

Evaluation report – Mission India

Evaluation of capacity development within the partnership relations between a Belgian NGO and their partners in the South

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List of abbreviations

DFIT

ANM	Auxiliary Nurse Midwife
APHC	Additional Primary Health Center
ASHA	Accredited Social Health Assistant (one for every 1 000 population, to promote maternal health; assists the ANM)
CMS	Chief Medical Supervisor
DFIT	Damien Foundation India Trust
DGDC	Directorate General of the Development Cooperation (of the Belgian Government)
DMC	Designated Microscopy Centre
DOT	Directly Observed Treatment
DST	Drug Susceptibility Testing
DTO	District TB Officer
DTC	District TB Center
DTST	District Technical Support Team
EQA	External Quality Assessment
GoI	Government of India
HIV	Human Immunodeficiency Virus
HSC	Health Sub-Centre (one per 5,000 to 10,000 population)
ILEP	International Federation of Anti-Leprosy Associations
LT	Laboratory Technician
MC	Microscopy centre
MPHW	Multi-Purpose Primary Health Care Worker
MC	Microscopy Center
MO	Medical Officer
MoU	Memorandum of Understanding
NLEP	National Leprosy Elimination Program
NMS	Non-Medical Supervisor
NSP	New Sputum Positive case
NTCP	National TB Control Program
PHC	Primary Health Center (one per 150,000 to 200,000 population)
QC	Quality Control (internal)
RNTCP	Revised National Tuberculosis Control Program
SMA	Senior Medical Advisor
STDC	State Tuberculosis Training and Demonstration Centre
STS	Senior TB Supervisor (posted at TB unit and supervises TB control programme implementation in 500,000 population)
STLS	Senior TB Laboratory Supervisor
STO	State TB Officer

TST	Technical Support Team
TU	TB Unit (1 per 500,000 population)
WHO	World Health Organisation

SURABI DO

CBO	Community based Organisations
CFO	Chief Finance Officer
CPPD	Commission for project planning and development
DO	Development Office
ID	Inclusive Development
LC	Local Communities
MSC	Most Significant Change
OPP	Object oriented Project Planning
PIU	Project Implementation Unit
PME	Project monitoring and evaluation
PSP	Participative Strategic Planning
PP	Programme Project
RPO	Regional Project Officer
TVET	Technical Vocation Educational trainings

ADECOM

ADECOM	Animation, Development, Employment & Communication network
CD	Capacity Development
EF	Entraide et Fraternité
DALM	Dalit Agricultural Labourers Movement
DACS	Dalit Action Solidarity Collective
LFA	Logical Framework of Action
LPG	Local Partner Group
NACDOR	National Conference of Dalit Organisations
SAND	Social Action for New Development
SDD	Society for the Development of the Depressed
SVED	Society for Village Education and Development
SWOT	Strengths, Weaknesses, Opportunities and Threat
TN	Tamil Nadu

Chapter 1 Introduction

This draft evaluation report describes and analyses the capacity development in partnership relations between three Belgian NGOs (Damiaan Actie, DMOS-COMIDE and Entraide et Fraternité) and their partners in India (Damien Foundation India Trust working with the Ministry of Health in the State of Bihar, Surabi Development office in the State of Tamil Nadu and Adecom based in Pondicherry also working in Tamil Nadu). This country report is about one of the six countries (Peru, South-Africa, Burkina Faso, DR Congo, India and Cambodia) that have been visited within the same evaluation exercise.

The aim of this thematic evaluation is to gain insight into the way support for capacity development by Belgian NGOs could be effective within the context of a partnership. The evaluation has two objectives:

- to evaluate the effects and impact of the Belgian NGO interventions with regard to capacity development of their partners in the framework of their partnership relations (accountability);
- knowledge building with regard to capacity development within partnerships (experiences are documented and lessons learnt and shared).

A three days field visit was planned per partner with the following objectives:

- mapping the resources/instruments used for capacity development, of changes regarding capacities on an individual level, organisational changes, institutional changes, changes in output, changes in outcome;
- identification of explanatory factors for the results and analyses of the following evaluation criteria: effectiveness, efficiency, relevance, sustainability and when possible, impact;
- appraisal of the partner relation and the interventions regarding capacity development supported by the Belgian partner;
- analysing practice with the proposed analysis models regarding varieties of partner relationships; strategies for capacity development, etc.
- stimulate the partners to reflect on the capacity development of organisations and the role donors could play. Share the lessons learnt throughout the evaluation with the relevant partners.

The two evaluators focused during the first day of their visit on the partnership and the output of programmes that are/were financed. By means of individual- and/or group interviews with the partner's staff and the SWOT analysis tool, the evaluators took a close look at the strengths and weaknesses of the partnership and the outputs of the programme.

During a participative workshop with (part of) staff all through the second day, the focus was on capacity development. In fact, processes of capacity development within

the organisation and the external support of these processes were critically reviewed. During the morning session, a time-line was completed with the major changes that had occurred over time within the organisation, such as institutional milestones, successes and crises and internal and external factors that had an influence on these changes. In the afternoon, the organisation was assessed by identifying the ten elements that made the organisation a good one. Each of the elements received a scoring, and the elements relating to the support of capacity development were discussed in particular.

The evaluators focused the third day on 'outcome' in group discussions with beneficiaries, interviews with local capacity builders, interviews with other stakeholders and, if possible, with other donors. Two of the Indian partners (Surabi DO and Adecorn) were also asked before the arrival of the evaluators, to apply the Most Significant Change (MSC) technique with their beneficiaries. This technique gives a very good insight into the effects at the level of the beneficiaries.

The visits to the three organisations in India went very well, and the evaluators were warmly welcomed in each of the organisations. All three organisations had prepared our visit in a professional way and were keen to participate in the methodological exercises that were proposed. At the end of the three visits, the evaluators were appreciated for the participative exchanges, and the Southern partners believed they could use the methodological tools in their future work.

The visit in the State of Bihar with DFIT and the Ministry of Health, however, was planned in a slightly different way, because in this particular partnership the Indian partner is a public authority (the Ministry of Health) and the Belgian partner is in fact DFIT (Damien Foundation Indian Trust). The first and the third day of our visit in Patna were the same as the other visits, but the participative workshop on the second day was not organised, and instead, the evaluators visited several field activities, interviewing patients and field staff of DFIT and the Ministry of Health. As will be explained further in this report, capacity development within a partnership with a Government Ministry is particular, and that was also the way the evaluators have dealt with it during their visit to Patna and the State of Bihar.

Chapter 2 Brief description of the political and social context of the country

There is a vibrant and dynamic civil society in India.¹ With its highly competitive elections, relatively independent judiciary, boisterous media, and thriving civil society, India continues to possess one of the most democratic political systems of all developing countries. Over the years, NGOs have grown and evolved to better suit the needs within the country. The initial role played by non-government or voluntary organisations was to fill in the gaps left by the government in the development process. Initially, organisations organised handloom weavers in villages to form co-operatives through which they could market their products directly in the cities, and thus get a better price. Similar co-operatives were later set up in areas like marketing of dairy products and fish. In almost all these cases, the organisations also helped in other areas of development, for example, running literacy classes for adults.

According to Patralekha Chatterjee, in the 1980s, the NGOs became more specialised, and the voluntary movement was, in a way, divided into three major groups. There were those considered the traditional development NGOs, who went into a village or a group of villages and ran literacy programmes, crèches for children and clinics, encouraged farmers to experiment with new crops and livestock breeds that would bring more money, helped the weavers and other village artisans market their products and so on - in short became almost a part of the community in their chosen area (usually in rural India) and tried to fill all the gaps left in the development process by the government. The second group of NGOs were those who researched a particular subject in depth, and then lobbied with the government or with industry or petitioned the courts for improvements in the lives of the citizens, as far as that particular subject was concerned. In the third group were those who saw themselves more as activists than other NGOs did and fought for rights of people. There is no strict boundary between these three groups of NGOs - in fact, some of it may be overlapping. There are now other categories of NGOs, whose role is to do research, conduct training and do capacity development of other smaller NGOs.

In a large country like India, there are numerous gaps left by the government in the development process - sometimes due to lack of funds, sometimes due to lack of awareness. These are the gaps that many NGOs try to fill. Some of them may work in areas that the government does not want to get into - like fighting discrimination on the basis of caste and providing livelihood options to people from marginalised groups, especially the very poor.

There are many NGOs who work in areas where the government effort proves inadequate. Two examples are the areas of education and healthcare. In the area of healthcare, NGOs play a stellar role in India - by supplementing the government effort to provide health care to citizens, and by raising awareness in society about issues like child and maternal malnutrition, maternal health which is perhaps more important

¹ Extracts from: Civil Society in India. A Necessary Corrective in a Representative Democracy by Patralekha Chatterjee, DSE, Germany.

than adding a few more clinics. Again, it is NGOs who have battled social evils in the area of healthcare, like the neglect of the girl child, which can sometimes take the extreme form of female foeticide or infanticide. It is largely through the lobbying by NGOs through the media that many state governments have now passed laws banning sex-determination tests of foetuses, as such tests were often leading to the abortion of female foetuses.

According to the academic scholars, Rajni Kothari and Mahmood Mahajan, civil society offers more opportunity for democratic practice. According to Kothari, civil society is not a space to foster greater involvement in state politics, but one in which to engage new politics outside of the state. Civil society is an alternative domain of people centred politics. In this domain, a whole range of organisations emerges that aim to address people's real needs and concerns. These people-centred organisations constitute a 'grassroots model of mass politics, ... in which people are more important than the state.'

India is a diverse country and there are states which have very poor social indicators while others have made tremendous progress on health and social indicators but still lag behind in certain aspects. The NGOs visited – DFIT working with the Ministry of Health in Bihar, the Surabi development office and the Adecom Network were situated respectively in the state of Bihar, in the northern part of Tamil Nadu, and in the southern part of India.

Bihar is a large populous state with poor social and health indicators. It is also regularly ravaged by floods and droughts. It has struggled earlier with poor governance, crime and poor status of women and the girl child. The situation has improved but there is still more that needs to be done. The state is lobbying for special status from the Government of India which will allow it to access more funds and benefits. The government health system is struggling with problems, such as flow of funds, lack of trained staff, facilities, infrastructure and procurement of drugs.

Tamil Nadu is a state with good social and health indicators and a functioning bureaucracy. There is active civil society in the state with a number of faith based organisations traditionally working in different geographic areas. Some of the problems include the lack of livelihood options and services reaching the very poor, marginalised communities such as the tribals, dalits especially in remote, far flung areas. This is further compounded by mafia interests who are trying to corner tribal land, forest products and resources leaving no space available for the tribals.

The three NGOs visited are very different from each other, working on different important needs in the country with different partners. The organisation DFIT supported by Damien Foundation Belgium was focused on technical support on tuberculosis provided to the government of Bihar's Department of Health (support to RNTCP = Revised National TB Control Programme). The project is working in 28 districts of the state and supported the government in technical updates, information, trainings, logistics and staffing. Surabi Development office in Chennai, affiliated with the Don Bosco network of organisations in the Chennai province of northern Tamil Nadu, worked as an intermediary organisation to other organisations in the network and has supported the establishment of people's structures and organisations. They have facilitated the livelihoods and savings capacities of the people, helping people to become more self-sustaining. The third organisation, Adecom network, an intermediary and rights based organisation working on dalit emancipation issues, through training and developing smaller dalit organisations and networks.

Chapter 3 Assessment partner Damian Foundation Indian Trust (DFIT)

Partnership	Damien Action / Damien Foundation India Trust – DFIT	Ministry of Health in Delhi, TB Division, State Health Society in Bihar	
<i>Region and Country</i>	State of Bihar, India	<i>Context</i>	Urban and Rural
<i>Type partner</i>	Local and regional public authorities	<i>Number of staff</i>	Ministry - NA
<i>Sector</i>	Health		
<i>Target group</i>	Population in general and TB patients in particular		
<i>Other donors</i>	60% of the RNTCP (Revised National TB Control Programme) is financed by the Government of India. The remaining has to be taken care by the State of Bihar and other donors. Very few other resources available (Worldbank, GFATM) and DFIT is the main donor to the RNTCP is Bihar.		
<i>Duration of partnership</i>	Damien Action is already more than 20 years present in India. Support to the RNTCP in Bihar was signed in a MOU for three years (Oct. 2007 – Oct. 2010)	<i>Financing/year</i>	+/- €900,000
<i>Percentage of CS in total budget of NGO</i>	Between 58% till 73% over the years	<i>% in budget partner</i>	NA
<i>Objectives of capacity development</i>	Running of a TB health programme: improved patient management and supervision (control), programme management and co-operation with other stakeholders in the health sector.		
<i>Forms of support</i>	Support by Belgian NGO (DFIT), Partner develops its own training.		
<i>Activities with regard to Capacity Building</i>	Peripheral staff at the local level received on the job trainings. Contribution to strengthening the capacities is done through monitoring and coaching during field visits, funding and logistical support (salaries of staff such as lab technicians, procurements and maintenance of microscopes, ...). Capacity building of stat level staff is done through the participation of senior level staff in monthly review meetings.		
<i>Strategy of supporting capacity development (refer to the five routes)</i>	Route 1: Direct capacity development (technical skills) through DFIT staff in supervision and monitoring activities. Logistical support (funds, materials-microscopes, substitution of staff as stop-gap measure).		

Program periods	Program 2003-2007					2008-2010	
	2003	2004	2005	2006	2007	2008	2009
Budget by NNGO	461,954.09	378,688.92	374,378.31	319,287.77	877,249.00	918,921.14	897,408.00

EQ 3 To what extent are policy principles and strategic choices regarding capacity development in partnerships applied to the interventions and cooperation with the partners?

JC 3.1 The partner policy of the NNGOs is based on a professional identification-selection process of partners

The partnership with the Ministry of Health in Bihar has lasted for more than 10 years, first on leprosy and now on tuberculosis, and was not the result of an identification or a selection process of partners, but was based on a request by the Government of Bihar (GoB). The collaboration with the government on the TB programme (support to RNTCP = Revised National TB Control Programme) started in 2005 and a formal Memorandum of Understanding (MoU) was signed for a period of three years on October 5th 2007. This contract for three years may be renewed based on the satisfactory support by DFIT in the RNTCP activities.

In the MoU, capacity building activities have been agreed and signed (organisation and conducting of community interaction meetings, patient provider meetings, training of Directly Observed Treatment -DOT- providers, one day sensitisation meetings, on the job trainings, supervision and monitoring of the TB programme). Drugs and logistics transportation as well as infrastructure support for the health system has also been mentioned in the MoU. As this MoU is ending in October 2010, it provides an opportunity to review the partnership and re-assess capacity development needs and activities for the state government.

JC 3.2 The NNGO contributes to processes of capacity development with the partners in a relevant way

As DFIT has been collaborating with the Government of Bihar (GOB) since 1998, trust and credibility has been established through the technical support and implementation of the leprosy programme. According to government officials and activity reports of earlier years, the DFIT support helped to reduce the leprosy prevalence in the state. The project was well evaluated and the results were achieved successfully. DFIT built on that experience which led to the continued partnership with the government on the TB programme using the same strategy of district support teams.

The government considers the capacity development provided as relevant and of high quality because of the trust built over the years. However, the GOB does not have any systematic procedure for monitoring and supervision of the capacity development provided by DFIT. This clearly means that the learning by the partner is not or poorly documented.

JC 3.3 The NNGO has the necessary resources and capacities to support the processes of capacity development

DFIT staff in Bihar (109 persons not including the drivers) has adequate knowledge about capacity building within the technical sphere of tuberculosis, as it was requested in the programme design. However, DFIT staff has less capacities in providing capacity building on other organisation and management aspects.

All DFIT staff in Bihar have been trained by consultants from DFIT Headquarters in Chennai, and are supported by computers, vehicles and furniture. A senior Lab co-ordinator was placed in Patna to assist the state in training the STLS and LTs. The evaluators did not receive any complaints on the insufficiency in budgets planned for capacity development. DFIT staff in Bihar also expressed satisfaction for the assistance they receive (building their capacities), from DFIT teams from the South that are sent to Bihar periodically.

The state of Bihar is very vast and the evaluators were impressed by the coverage and reach of DFIT's programme, as they are working in 28 of a total of 38 districts in the State, covering +/- 70 million people. This is, amongst others, certainly due to the impressive fleet of 54 vehicles (jeeps), which are based in the districts and are out 20 days per month in the villages, visiting patients, DOT providers, community members and groups, Primary Health Centres, Microscopy centres along with the supervisory staff of the Ministry, whenever possible to improve the quality of services.

EQ 4 How is the management of the partner relation developed and how are the processes of capacity development followed up?

JC 4.1 Sound management of the partnership relation

The partners do not consciously share responsibilities regarding CD. In fact, there is no real partnership with the Ministry, but the purpose is the same, which means the sustainability of the TB programme or the integration/mainstreaming of TB in the public health programmes, once DFIT ends its activities.

Consequently, the three year MoU is a short and general document, which does not contain details of the milestones, processes and added value for the partnership. However, a document called 'programme performance assessment tool' was designed with a series of indicators to assess the management capacities of the partner and to assist the Ministry and the TB programme with supervision and monitoring activities.

JC 4.2 Sound management of the support to capacity development as part of the partnership relation

The partners do not share responsibilities consciously regarding capacity development of the partner. At the state health official level, there is receptiveness for the work undertaken by DFIT, but there is no or a very poor official dialogue on capacity development in the partnership relation. However, this dialogue increases as you go down to the district level and further. Also a rigorous system for follow-up does not exist and it tends to be ad-hoc.

Monthly District review meetings and quarterly State review meetings provide a forum for dialogue and, in particular, for -problem- solving in relation to the technical aspects of the TB programme.

In tuberculosis control there are two important elements: diagnosis and treatment. For both, one needs community involvement. A strong community support base through DOT providers will ensure good cure rates. Once this is accomplished a major constraint in the programme will be resolved. The other aspect of the programme is sputum microscopy. This needs a lab facility, a microscope and a trained technician. The first two elements are almost accomplished, and under the new health reform programme called National Rural Health Mission (NRHM), the absorption by the Government of the 40 Laboratory technicians appointed and paid by DFIT, should not be, in principle, a major problem.

JC 4.3 Both partners address 'learning in the organisation'

The evaluators did not witness any documentation of learning and sharing between the two partners.

However, the awareness level among the community has improved, suspect referral from the community has gone up, elements contributing to a quality patient management system have been put in place (counselling, categorisation, DOT, follow-up examination coverage, default retrieval). On the other hand, supervision by the Medical Officers at PHC, Medical Officers at TB Units and District TB Officers is a big problem. Lack of mobility, clarity in guidelines on hiring vehicles, and lack of co-operation from district administration are all factors impeding the realisation of this learning exercise.

EQ 5 What changes can be determined regarding the capacity of the partner organisations?

JC 5.1 There are indications for the partners' development of the capacities

The organisation's capacity (Ministry) is not the aim of this partnership. This partnership focuses, in particular, on strengthening the technical capacities to run and implement the TB program (sharing the same vision on the TB programme). However, peripheral staff at the local level received on the job training from DFIT, including mentoring and accompanied field visits. At the higher levels of the Ministry of Health (districts and state levels) health staff received training on TB issues through the regular health training programmes organised by the Ministry.

Contribution to strengthening capacities is also realised through monitoring and coaching during the field visits, as well as by funding and logistical support. For example, the National TB programme is centrally sponsored only covering 60% of the required key staff (laboratory technicians, STS, STLS). The remaining has to be taken care by the State, but the State of Bihar (being poor) could not realise the infrastructural coverage. Therefore, DFIT was requested to fill the gaps. Forty lab technicians were provided with the understanding that in 3 years they would be in a phased manner absorbed by the Government; DFIT also provided staff for two TB Units (Kishanganj and West Champaran) and all key staff (5STLS) in Vaishali district with the same understanding. DFIT also provided 30 microscopes and spare parts and has placed at least one microscope as a spare part in each of the 28 districts.

The strategy of supporting capacity development follows clearly route 1 (direct capacity development by NNGO/DFIT through improving technical skills and logistical support). This is an obvious choice because this partnership is about implementing the TB 'programme' in the first place.

JC 5.2 The results of the partner's capacity development are long-lasting

Monitoring of the TB programme, in particular at the peripheral level, improves attitudes of government officials, although they have a different management style and commitment to their work (a lot of problems such as flow of funds and mobility, job insecurity, etc.). For the moment no or poor budget facilities have been developed at the Ministry level for capacity development unless its within the overall training programme of capacity development of the state and the national government. So the chances to be able to share the responsibilities taken by DFIT are poor, also no other donors have been found to invest in that aspect of the work.

The Ministry has its own budget, but the spending is low and flow of funds is a problem because of bureaucratic slowness (only 40% of the budget is spent every year). Therefore, the TB programme within the government of Bihar is dependent on DFIT, especially for mobility, logistics and substitution of staff.

However, a number of health weaknesses in the State health system may be resolved in the future with the leveraging of the new Government of India's National Rural Health Mission (NRHM) at the central and national level. This most important health reform programme in India designed in 2005-2006, is now slowly being rolled out in the State of Bihar.

An exit strategy has already been planned by DFIT, but it has not been communicated yet with the Department of Health, Government of Bihar. The perceived exit strategy foresees another period of collaboration of three years to be signed in 2010, with a phase out period to start by the end of 2011. This exit might be challenging as the TB programme in Bihar is highly dependent on DFIT, especially for mobility, logistics and substitution of staff.

EQ 6 To what extent is the partner organisation better able to realise its development objectives (output and outcome level)?

JC 6.1 Changes regarding the partner's outputs as a result of processes of capacity development

The objectives of the Revised National TB programme are better reached, in particular, through human resources development (management skills and technical skills). This statement is also confirmed in Dr. Lalitha's *Evaluation of DFIT support to NLEP & RNTCP in the state of Bihar*, January-February 2007. Following activities are relevant in that context: drafting of checklists for supervision and monitoring at all levels (key to the success of the TB programme and its sustainability), operational management skills transferred through on the job training and monthly review meetings at all levels, training of DOT providers –ASHAs, ANMS, AWWs (peripheral health staff), RMPS and other community volunteers, lab technician training, training of sub-district staff (STS/STLS/MO of TB Units), accompanied field visits, supervision and on the job coaching for staff at different levels – DTO, MOTC.

The evaluators witnessed an increased number of community involvement in the TB programme (increased number of trained village people helping the programme in suspect referral and DOT). The DFIT activity report 2008 mentioned on page 33 that in Bihar there were 27,467 DOT providers of whom 2,507 were from the community and 17,167 were ASHA. The proportion of patients on DOT from community members among patients on DOT from all other categories of DOT providers in Bihar was found to be 60% (gone up from 47% in 2007).

JC 6.2 The support to processes of capacity development has influenced the outcome of the partner organisation – changes on the level of the ultimate Beneficiaries

The evaluators witnessed an important increase in numbers of TB patients detected in the covered 28 districts in Bihar. The total number of NSPs (New Sputum Positive case) detected in 2008 was 25,217, it was 17,675 in 2007. The case notification for NSP which was 18 per 100,000 at the beginning of 2008 went up to 33 per 100,000 at the end of the year (Activity Report 2008, page 14). Also the awareness level among the community has gone up from 50% to 57% (Activity Report 2008, page 12). This is also confirmed in Chapter 8 of Dr. Lalitha's *Evaluation of DFIT support to NLEP & RNTCP in the state of Bihar*, January-February 2007.

All indicators in the annual report 2008 of result 1 (case notification improves) and result 2 (quality patient management system is established) of the logical framework of the programme, are very promising and achieving the foreseen levels.

However, the establishment of a care and support centre for HIV/TB co-infection could not be accomplished for several reasons (result 6 of the programme). The State has not given priority to the establishment of service for HIV/AIDS, and the priority is in establishing TB control under DOTs. It is, therefore, doubtful whether DFIT would be able to accomplish this result within the project period.

Chapter 4 Assessment partner Surabi development office

Partnership	DMOS-COMIDE		Surabi Development Office
<i>Region and country</i>	State of Tamil Nadu, India		<i>Context</i> Urban and Rural
<i>Type partner</i>	Service providing org that became a programme oriented org working with CBO.		<i>Number of staff</i> 5
<i>Sector</i>	Vocational Education, Employment and Economic development		
<i>Target group</i>	In particular Young people and women		
<i>Other donors</i>	JDW (Germany), EU, APIS (Italy), Manos Unidas (Spain)		
<i>Duration of partnership</i>	Since 1999	<i>Financing/year</i>	€450-500,000 (45,000 euro for Surabi)
<i>Percentage of CD in total budget of NGO</i>	35 to 50% in period 2005-2008	<i>Percentage in total budget of the partner</i>	10%
<i>Objectives capacity building</i>	Establishment of a development office with a programme approach Application of different methodologies (PCM, PSP, SWOT, ...) Programme management (M&E) Coaching of partner organisations and contacts with other donors		
<i>Forms of support</i>	Support by Belgian NGO Local capacity builders in India Partner develops its own endogenous forms of support and training		
<i>Activities with regard to capacity building</i>	CD on project management related issues, strategic thinking, tools, approaches (more so in the earlier years) DMOS/COMIDE facilitated sharing between provinces of salesian network and linking local action to national policies and programmes		
<i>Strategy of supporting capacity development</i>	-Direct CB activities by Comide for project management related issues (route 1) -Capacity building activities through local capacity providers (route 2) Participation in thematic and sectoral networks and alliances (route 3)		

<i>Program periods</i>	Program 2003-2007					2008-2010	
<i>Years</i>	2003	2004	2005	2006	2007	2008	2009
<i>Total budget by NNGO</i>			447,900.00	507,100.00	462,300.00	464,900.00	438,400.00

EQ 3 To what extent are policy principles and strategic choices regarding capacity development in partnerships applied to the interventions and cooperation with the partners?

JC 3.1 The partner policy of the NNGOs is based on a professional identification-selection process of partners

In the inception phase of this evaluation, a preliminary interview (May 4th 2009) was taken with DMOS/Comide by Huib Huyse and Ignace Pollet, and their report mentioned that identification and selection of partners by DMOS/COMIDE always happens within the salesian (worldwide) family, and is based on a number of selection criteria, such as reaching the target group of economic weak and social deprived people, prioritising the transversal themes of gender, HIV/AIDS and environment, efficient use of financial and human resources, etc. (a complete list of these selection criteria can be found in the report of the above mentioned initial interview). That selection process for India was already implemented in the nineties.

Before 2003, Surabi was merely 'a service' available for the Don Bosco institutes within the Chennai salesian network, writing project proposals for funding different ad hoc projects (in particular for building schools). At the occasion of a seminar, Surabi was invited by DMOS/COMIDE to become a development office. A long transitional dialogue phase started (2003-2004) in order to agree on the necessary shift to become a programme oriented organisation.

Considerations for opportunities regarding capacity development were not part of the identification and selection phase, because Surabi started as a service to all members of the same salesian family, writing project proposals. The elements for CD were determined during the drafting of the funding programme 2005-2009.

The duration of the partnership was determined in the partner agreement and is about to terminate on December 31st 2009, which is respected by all partners.

JC 3.2 The NNGO contributes to processes of capacity development with the partners in a relevant way

Comide brought about a shift in Surabi's thinking from a local project to a more programme oriented organisation. Different methodological tools (PRIMS, QIMS, PSP, SWOT) were proposed to Surabi. The PSP (Participative Strategic Planning) process was very important to the aim of becoming a programme oriented organisation (training provided by South Research) and very much appreciated now for the change of approach and inputs on strategic thinking during the transition phase 2003-2004. This approach to planning and implementation will also be further utilised after the funding period (2005-2009) and has been integrated into the larger organisation of the salesian network in the Chennai province. Surabi is also moving now from a development aid organisation towards a rights oriented organisation.

Also several other donors from ten different countries linked to the salesian network align their funding and training now to the Surabi approach. However, DMOS/COMIDE is the sole programme funder, while the others continue to fund ad hoc projects within the wider strategic programme developed by Comide/Surabi. No programme approach is foreseen in the near future with these other donors.

During the SWOT analysis of the partnership between Surabi development office and DMOS/COMIDE, following strengths were detected: guidance through review and evaluations, open dialogue, communication, mutual learning and support to establish a lot of trust between the partners. Limited input in the implementation phase and limited follow-up of the capacity building process were seen as weaknesses in the relationship.

JC 3.3 The NNGO has the necessary resources and capacities to support the processes of capacity development

DMOS contracted in the past, Belgian expertise (South Research) for building capacities within the salesian network in Chennai and, in particular, for the Surabi development office. Several workshops were organised on Organisational Development and Project Cycle Management (PCM), as well as on DIP methodology. DMOS/COMIDE learned from those processes and is now also capable to build capacities within new partner relationships. PCM, PSP (introducing methods and instruments for programme formulation) and the introduction of management and monitoring tools, operational planning and budgeting are now part of the capacity building programmes proposed and created by COMIDE/DMOS.

Furthermore, DMOS/COMIDE staff in Belgium understands the context and knows the organisation well, being part of the same network. And because of the trust between the partners, COMIDE was able to bring Surabi to a higher level of programme oriented strategic thinking. COMIDE also compliments the work of other donors, as they are all members of the same salesian network.

EQ 4 How is the management of the partner relation developed and how are the processes of capacity development followed up?

JC 4.1 Sound management of the partnership relation

The collaboration agreement 2005-2009 on the execution of a development programme was signed between DMOS/COMIDE, Surabi development office, the Salesian Province of Chennai (legal representative) and seven local executors (Don Bosco institutes), to improve need-based job skills, better access to labour markets and income generation programmes for socially excluded rural/slum women and disadvantaged youth in particular. In annex to that agreement a Logical Framework of the Action and a complete Operational Planning at the level of the main activities was added.

Very strict planning- and reporting systems exist between the partners, whereby capacity building is one of the aspects to plan and report on. For example during the preparation of the programme a survey was made on the institutional capacities of the partner. This analysis was structured along 6 axes being: general management, operational systems, human resources, financial management, networking and international development issues. The planning- and reporting system consisted in identifying for each of the components withheld, the quantified status at the time of project launch, the desired status at the end of the programme, the priority level, and finally a course of action. In the reporting on a yearly basis the partner had to

complete and update the scores on each of those aspects, whilst writing a small comment in the cell next to it.

JC 4.2 Sound management of the support to capacity development as part of the partnership relation

A total budget of 2.5 million euro was approved and an active dialogue between the partners exists on the annual plans and narrative progress reports which are related to the five results and the agreed indicators that are mentioned in the logical framework. Progress is also measured in quantitative terms as part of a very strict planning- and progress reporting system.

Follow-up was assured through annual visits from DMOS/COMIDE to Surabi (in the beginning two times a year), by frequent e-mail communication and exchanges on progress reporting, and problems were solved wherever required. Furthermore, DMOS/COMIDE gave a lot of input on strategic thinking, approach and change in outreach. Amongst other things COMIDE initiated the idea to form a 'development office' and provided tools in PSP (Participatory Strategy Planning) and PCM (Project Cycle Management). COMIDE also facilitated and funded south-south exchange, linking local action to national thinking.

JC 4.3 Both partners address 'learning in the organisation'

Progress reports contain narrative progress on capacity development related to the six results of the logical framework (elaborated with and attached to the collaboration agreement on the execution of the development programme 2005-2009), and between the partners there exists informal sharing of experiences on capacity development during annual visits.

The evaluators also received signals from Surabi that the proposed management tools and the very strict planning and reporting systems, requested by DMOS/COMIDE, were not easy to understand and to complete on a regular basis. In a way these instruments were more used, particularly in the beginning period, to please the partner than to be seen as learning moments.

So learning was limited as knowledge management systems were not in place.

Informal institutional learning was certainly part of Surabi's daily work through exchange of knowledge and experiences within the Chennai salesian province (sharing between programme heads – RPOs- their coordinators and the heads of the federations) and exchanges of learning and models with the other 9 salesian provinces in India.

The evaluators also witnessed a great willingness within the Surabi team to learn from the methodological tools used during the evaluation visit (Wall of wonder, SWOT, MSC, etc.). The Most Significant Change exercise implemented as a preparatory phase for this evaluation within the Surabi network, will even lead to a Surabi publication, we were told, with the strongest cases showing the impact of their work at beneficiary level.

COMIDE along with German and other donors within the salesian family informs all members of the network of training programmes being developed and implemented in the country and the state of Tamil Nadu. COMIDE also inspired and funded a lot of sharing between the provinces of the salesian network and in that way linking local action to national policies and programmes. Surabi even serves as an incubator for new initiatives that can grow to an independent identity at country level.

EQ 5 What changes can be determined regarding the capacity of the partner organisations?

JC 5.1 There are indications for the partners' development of the capacities

The objective of fund related management capacity building is certainly attained in this programme (participatory planning and thinking, management tools, approaches and methodology, and a very strict planning- and reporting system requested by the NNGO).

Also other factors improved the partner's development of capacities such as linkages to national programmes and policies, linkages with other salesian provinces and at country level, increased outreach because of a shift from faith based to a secular approach, a fully fledged and equipped office established in Chennai with professional management and monitoring systems.

During the workshop on the second day of our visit, the staff of Surabi developed a whole set of indicators and identified changes that were materialised during the implementation of the programme. In annex 4 all details (indicators and identified changes) of this workshop can be consulted.

Amongst others following identified changes were listed:

- increased capacity of own trainers instead of hiring outside capacity builders;
- outreach to target groups and communities increased;
- act as catalyst/role model for self help groups, federations and community at large;
- shift from top down to bottom-up approach;
- formulation of meaningful proposals;
- transfer of skills and systems to people's organisations (transfer of ownership);
- access to resources increased;
- paradigm shift at all levels, and shift to inclusive and integrated approach;
- improved procedures and processes in Surabi, new work culture, ...;
- in annex 4 also all internal and external factors are listed that provoked changes.

JC 5.2 The results of the partner's capacity development are long-lasting

Surabi's leadership and the RPOs feel strongly about the cause of economic empowerment and building of people's organisations, self sufficiency and open to learning new techniques and methodologies. Within the established people's organisations, the leadership is developing and exploring ways to be self-dependent. Strong and visionary leadership is certainly an element for a long lasting result. The only concern to leadership relates to the salesian principle of rotation, which brings a rather frequent leadership change to the Surabi development office. On the other hand leadership at Surabi is well supported by external Indian expertise, for example a social audit was completed to determine new future strategies for the social sector.

Also the federation structures of self help groups has an in-built guarantee for sustainability.

DMOS/COMIDE brought a shift in Surabi's thinking from a local project service provider to a more programme oriented organisation that stands on its own and has a proper vision for the future. Also its role as Development Office (DO) changed from a fundraising office to a project management office. In the future, Surabi will/might be offering PC Management to third parties (project writing, providing technical and managerial support, and channelling funds to development projects).

After the programme funding (31st December 2009), Surabi DO will be supported by the Chennai salesian Province in 2010, but needs to explore other funding for the future. No particular support has been foreseen by DMOS/COMIDE to help Surabi DO for getting new funding. On the other hand Surabi DO is only for 20% of its financial resources depending from DMOS/COMIDE. And new resources might be expected through training (PSP and PCM) and in preparing project proposals for other salesian institutions in the Province.

Although Surabi DO was well aware of the end of the programme in December 2009, they argue that five years are indeed a limited period of time for the empowerment of rural poor groups with their shortage of education, self and social esteem and motivation and abundance of social stigmas. Furthermore, entrepreneurship which was the core of the programme, is a combination of personal savings, bank support, assistance from the government and the overall growth of the country. The target people, who belong to the lower income strata, therefore, need some more time for consolidation. And the federations of the people's movements need also to follow a well drawn strategy. For all these reasons, Surabi is proposing to extend the support to the federations for the coming two to three years.

This request shows some weakness in the capacity development support delivered to Surabi in relation to the end or exit of the development programme 2005-2009 with DMOS/COMIDE. No particular exit programme or strategy has been developed by the NNGO for Surabi DO, although both partners might meet again as they remain in the same salesian network and DMOS/COMIDE intends to continue its work at province and national level in India.

EQ 6 To what extent is the partner organisation better able to realise its development objectives (output and outcome level)?

JC 6.1 Changes regarding the partner's outputs as a result of processes of capacity development

On the credit side of the balance sheet of this programme, the Surabi staff determined following factors before our arrival in Chennai:

- the empowerment of 200 rural groups annually for the last five years will leave a strong impact in the annals of Tamil Nadu;
- in most cases of the self help groups, the initial financial support from the programme has been multiplied by five times as they were supported by the banks and government schemes during the period;
- during the third year of the programme the initiation of the federations or clusters accelerated the enthusiasm of the groups and simultaneously power and governance of the self help groups has been transferred to the federations (beginning of an integral empowerment).

In all progress reports, the evaluators found very promising comments in relation to the different results in the Logical Framework of Action. Also the shift to a secular approach was of utmost importance and changed Surabi's way of functioning considerably. Increased community presence and outreach in communities, as well as building people's organisations and structures were the immediate result of that change. The bargaining power of the people increased and a transfer of ownership to the people's organisations was the effect.

Surabi also served as an incubator for new initiatives that can grow further to an independent identity (DB Tech is now a national programme, Vazikatti a career and guidance and job placement agency became an important actor for corporate and the government).

JC 6.2 The support to processes of capacity development has influenced the outcome of the partner organisation – changes on the level of the ultimate beneficiaries

The exercise of the MSC stories was well implemented in the Surabi network and a total of 147 stories were recorded in three different domains of change (confidence, sustainability and training or capacity building). In four selection rounds 7 stories were finally selected showing the most significant changes. The Surabi staff was very much impressed by the results they got from this exercise and decided to publish a brochure on the results.

Following some of the changes that were recorded:

- a women's group that won a tender against a Muslim Business Monopoly (selling of fish);
- a women's group that came up for the rights of the dalit women and improved the business opportunities for their members. The result for the members was reduced poverty, increased education for the children, increased income in small scale businesses. The women are now aware of their strengths and they unite against the traditional Caste hierarchy and sustain their rights;
- a women that stood up against inequality and became an entrepreneur and a role model for other members in self help groups.

Also the federations of the self help groups and people's movements were able to bring changes to the live of their individual members:

- before public transport (bus) did not stop in their community;
- a cement road was build to the communities;
- people representing the federations were elected in local councils and defend their rights;
- tank water was brought to the communities;
- self help groups are recognised by other casts (big improvement) and treated on a more equal basis;
- night schools were opened for their children and the federation pays for the teachers;
- it was easier to get loans from the bank for fertilisers, for a mill, for buying goats, ...;

- a lot of skill training was delivered: brick making, book binding for schools, milk treatment, ...

Chapter 5 Assessment partner Adecom

Partnership	Entraide et Fraternité	Adecom	
<i>Region and country</i>	State of Tamil Nadu & Puducherry, India	<i>Context</i>	Rural
<i>Type partner</i>	Service NGO and coordinating agency for 7 partner organisations	<i>Number of staff</i>	14
<i>Sector</i>	Social infrastructure, emancipation of minorities (Dalits)		
<i>Target group</i>	People's movements of Dalits		
<i>Other donors</i>	No		
<i>Duration of partnership</i>	1998-2009	<i>Financing/year</i>	€200,000 for last 5 years
<i>Percentage of CD in total budget of NGO</i>	+/-25%	<i>Percentage in total budget of the partner</i>	100%
<i>Objectives capacity development</i>	Co-ordination of grass root level social groups and people's movements for the developments of Dalits in social, economic, political, cultural and spiritual rights. To eliminate all kinds of social discrimination imposed on the oppressed communities.		
<i>Forms of support</i>	Light support by Belgian NGO, Local capacity builders in India, Partner develops its own endogenous forms of support and training.		
<i>Activities with regard to capacity building</i>	<p>-A few fund/programme related formal trainings were given by EF during the ten years (e.g. LFA), however, some funds available to Adecom and the local partner organisations were designed to contract local resource persons.</p> <p>-EF developed fund related tools (e.g. LFA), and supported the organisational infrastructure (computer equipment, photocopier, publications).</p> <p>-EF also facilitated linkages with international forums and conferences. Increased credibility and confidence.</p>		
<i>Strategy of supporting capacity development</i>	Capacity building through a service NGO and other local capacity providers (route 2). Light direct CB on fund related issues by EF (route 1).		

<i>Program periods</i>	Program 2003-2007					2008-2010	
	2003	2004	2005	2006	2007	2008	2009
<i>Total budget by NNGO</i>	167,880.79 (16,432.46)*	174,215.02 (19,265.95)	185,911.97 (19,840.66)	90,353.10 (18,997.79)	98,820.00 (21,500.00)		

* Between brackets figures for Adecom.

EQ 3 To what extent are policy principles and strategic choices regarding capacity development in partnerships applied to the interventions and cooperation with the partners?

JC 3.1 The partner policy of the NNGOs is based on a professional identification-selection process of partners

No clear criteria are used for the selection of partner organisations. EF said they have defined some selection criteria, but they are not taken into account in a formal manner. EF's partnerships are intended to support community based organisations that have a political and/or a rights based agenda. 70% of EF's partners are community based organisations and 30% are intermediary support organisations.

EF met during their occasional visits to India interested individuals and organisations working in the area of dalit emancipation. Adecom was asked by EF to review the organisations to be selected for funding as well as the various partner project proposals. This first contact was based on a personal relationship based on mutual trust between the director at that time of Adecom (who also spoke very good French) and the head of the India programme at EF. The open dialogue with EF allowed Adecom to propose additionally new partner organisations. A tripartite agreement between EF, Adecom and the partner organisations was signed twice during the ten year period, once in the beginning (1998-2002) and then at the 5 year mark (2003-2007). These agreements were closely linked to the funding periods of DGCD. There was little consideration given to capacity development in these agreements.

EF informed Adecom and the partner organisations of a phasing out period of two years after the closing stages of the 2003-2007 programme. Subsequently, EF decided to fund during the two years of the phase out period (2008-2009) only 50% and 25% of the original funding.

JC 3.2 The NNGO contributes to processes of capacity development with the partners in a relevant way

EF did not define any CD policy, and therefore all capacity building efforts were implicit. As a consequence no mention to CD was written in the agreement or in the memorandum of collaboration, only a common objective was phrased, namely the liberation of the oppressed groups in rural South India, and particularly the dalits, from all exploitative forces, and the establishment of a more just and humane society. The respective perspectives, expectations and commitments were defined in those agreements, as well as the follow-up of the programme by writing annual plans of action and six monthly activity reports.

As a result EF introduced in a few workshops management and financial tools (formats for financial and narrative reporting) and the LFA format and methodology which was well appreciated by the partners and gave them the opportunity to improve their own strategic thinking and planning. No capacity development strategy was agreed between the partners.

Capacity development on dalit issues are in this partnership endogenous processes facilitated by Adecom, the partner organisations and local resource persons, all funded by EF. Adecom and the partner organisations agreed individually with EF on their budget and aims to reach. However, Adecom was seen as a meeting place to find

answers and solutions to issues such as lobbying land disputes, or how to deal with police harassment, etc. Adecorn also organised trainings and acted as go-between for the local resource persons.

There is no alignment with other donors, because EF was the only donor for the Indian partners.

EF's partnership was in fact completely hands-off and for the biggest part funding related.

JC 3.3 The NNGO has the necessary resources and capacities to support the processes of capacity development

Only two/three trainings were given by EF on the LFA and the revival agreement. No other formal training have been organised during the ten years. And EF personnel was not at all specialised in supporting processes of capacity development. However, funds were available for Adecorn and the partner organisations to hire local resource persons as mentioned before.

Between 25% to 30% of the annual budget of +/- 200,000 euro was available for trainings and another 30% for salaries of local staff who participated partly in the capacity development of the local groups.

EQ 4 How is the management of the partner relation developed and how are the processes of capacity development followed up?

JC 4.1 Sound management of the partnership relation

Annual and six monthly reports contained narrative progress on the implementation of the programme and occasionally on capacity development as a specific issue. At the occasion of annual visits by EF to Adecorn and all the partner organisations, sharing between the partners on capacity development was limited and organised in an informal manner.

During the year e-mail correspondence was used in relation to ongoing activities and for problem solving.

The SWOT analysis of the partnership between Adecorn and EF, detected following strengths: follow-up and coaching, fund related management tools, networking at international level, trust and long-lasting funding partners. As weaknesses were mentioned the lack of mobility and training facilities, the insecurity for the ongoing projects and programmes with a possible loss of capacity development, and a one-sided and difficult exit strategy.

It is hard to see a close partnership relation between EF and the funded organisations in India. Although they have the same vision that brought them together, namely the liberation of the oppressed groups in rural South India, and particularly the dalits, from all exploitative forces, and the establishment of a more just and humane society.

JC 4.2 Sound management of the support to capacity development as part of the partnership relation

A concrete dialogue existed between the partners in relation to the annual action plan. However, no proper dialogue on details of individual projects related to capacity development was installed. The partnership relation between EF and Adecorn was very

formal and Adecom was officially used by EF as an intermediary organisation to support the local groups and to improve the situation of the Dalits.

In relation to capacity development only fund related management capacity was developed (LFA, reporting formats, ...). An efficient reporting system, which was set up by EF, to follow up the results of the programme, was agreed between the partners.

JC 4.3 Both partners address 'learning in the organisation'

EF encouraged and supported financially Adecom to participate in South-South exchanges and learning about capacity development. As a result Adecom became part of national and state level alliances. Also the visit in 2007 to Southern India by Pierre Gillet from EF (Asian Network EF) stimulated South-South sharing and learning, in particular in relation to their Vietnamese experiences.

Further initiatives or learning activities have not been undertaken or initiated by both partners.

EQ 5 What changes can be determined regarding the capacity of the partner organisations?

JC 5.1 There are indications for the partners' development of the capacities

The objective of fund related capacity development (through the LFA) was certainly achieved and consequently more strategic thinking and planning linked to budgetary expenditures became reality. EF developed fund related tools, and supported the organisational infrastructure (e.g. computer equipment, photocopier, publications, ...). EF also facilitated linkages with international forums and conferences.

Sensitisation on Navayana Buddhism helped the people in the organisation to embrace spiritual liberation from caste identification. Navanyana Buddhism does not believe in caste divisions

During the workshop on the second day of our visit, the staff of Adecom developed a whole set of indicators and identified changes that were materialised during the implementation of the programme. In annex 5 all details (indicators and identified changes) of this workshop can be consulted.

Amongst others following identified changes at Adecom and partner organisation level were listed:

- efficient monitoring and report writing brought systematisation in their work;
- increased confidence and effectiveness of action through participation in national and international forums;
- increased sharing of experiences and political activities by dalits (elections), as well as more exposure of dalit issues at state and national levels;
- more support from government schemes and budgets;
- increased unity within the communities and reduced casteism and discrimination;
- strengthened cultural identity (with support of dalit culture and theatre group) and political awareness of dalits.

Local external resource persons were hired/contracted for organisational development, counselling and problem solving activities at Adecom and at the partner organisation level.

EF's programme funding and very loose relationship with the partners in India, made it possible for these organisations to grow and capacitate themselves through endogenous processes, as well as with the support of local resource persons that were hired for this purpose.

JC 5.2 The results of the partner's capacity development are long-lasting

Capacity development on dalit related issues are endogenous processes facilitated by Adecom, the partner organisations and local resource persons, all funded by EF. No other donor investment has been received so far in capacity development and therefore, are/were Adecom and the partner organisations totally dependent on EF funding.

All staff at Adecom and the partner organisations are very committed leaders, and staff feels strongly about the cause of dalit emancipation and are open to learning new techniques and methodology. Within the partner organisations, the leadership is strong and committed and exploring ways to be self-dependent through creation of people's movements.

An exit strategy was planned, decided and implemented by EF without a lot of dialogue. The partnership will definitely end on 31 December 2009 and this exit was experienced by Adecom as a 'bitter' experience. There is poor understanding in India why the partnership is coming to an end. Sustainability for Adecom is very insecure for the moment, because there is no other donor available for them and they were for 100% dependent on EF funding. No initiatives for a new future for Adecom have been taken by EF. However, when the programme funding by DGCD stopped at the end of 2007, EF continued with a bridging fund in 2008 and 2009 at a level of respectively 50% and 25% of the original funding per year.

EQ 6 To what extent is the partner organisation better able to realise its development objectives (output and outcome level)?

JC 6.1 Changes regarding the partner's outputs as a result of processes of capacity development

Improved capacities and support by external resources has resulted in effective rights based actions in favour of dalits (actions leading to decisions in courts in favour of dalits, participation in election whereby dalits became members in wards and local governance councils, ...).

Also the external evaluation by Jean-Louis Schmitz (July 2007), 'Evaluation de l'action -Emancipation de communautés Dalits- du Tamil Nadu, Inde' emphasised in its chapters on impact and conclusions (pages 81 to 86) the effectiveness of this programme, although regretting the absence of baseline data, which makes measurement of changes rather difficult.

The 7 partner organisations have established people's movements and women's organisations that could secure staff with monthly subscriptions. This has increased the sustainability of the programme strategy (emancipation for dalits and their organisations).

Participation in national and international forums/conferences e.g. World Social Forum increased the organisation's credibility inside India and within the sector of emancipation of dalit rights.

JC 6.2 The support to processes of capacity development has influenced the outcome of the partner organisation – changes on the level of the ultimate beneficiaries

The exercise of the MSC stories was also well implemented at Adecom and the seven partner organisations. A total of 20 stories were recorded in three different domains of change (violence and atrocities on women, basic needs (house registration) and property issues).

Following some of the changes that were recorded:

- a case in court where a woman was forcing an man to marry her;
- a young boy who was a drop out at school and with the support of non formal education could catch up with the formal education system and is now a driver in a company;
- the vice-president of a women's organisation who got the right from court to register 47 new houses for her community.

Establishing people's movements by partner organisations has increased sustainability for dalit organisations and all their members. These organisations have now the financial and moral strength to finance their own needs.

Chapter 6 Conclusions

Partnerships

1. The evaluators witnessed three completely different partnerships:
 - a loose partnership with a public authority with a poor critical dialogue (only technical dialogue) and aiming at the sustainability of a health 'programme' (programme supporter);
 - a strong partnership within the same faith based network of organisations, aiming at strengthening and guiding the partner to evolve from a fund-raising service to a strong development office (institutional supporter, visionary patronage);
 - a very formal partnership with intermediary organisation(s) which were funded to serve the same and shared aim (programme supporter, visionary patronage).
2. Sustainability of that relationship:
 - a public authority does not need a partnership to be(come) sustainable. However, the peripheral personnel of that Ministry received a lot of capacity development to run the 'health programme' in a sustainable way;
 - sustainability in the two other cases is reached through the development of people's movements and structures (particularly strong grassroots women's organisations). However, these new movements still need facilitation and minimal support. And that might be difficult in the case of Adecom, whose future as an organisation is rather insecure, whereas Surabi became a development office within a strong network, and will certainly be able to pursue its activities;
 - the exit strategy in the last two cases was not felt ideal (too soon) and even painful in one case. Furthermore, the coaching of the phasing out was not sufficiently supported by the NNGO (only small financial support);
 - the two southern partners in Tamil Nadu are very strong civil society organisations defending their (rights based) causes without fear. They are inspired by a powerful leadership and decision making processes are based on bottom-up participatory thinking and action;
 - the partner agreements did not explicitly define a capacity development strategy of dialogue.

Capacity Development

3. The evaluators witnessed several methods of capacity development: peer-to-peer interaction (DFIT), funding of participation in thematic and sectoral networks or alliances (EF, DEMOS/COMIDE and DFIT), service NGO or other local capacity providers (EF, DEMOS/COMIDE), direct capacity development through NNGO (Damien Foundation, DEMOS/COMIDE).

4. Two ways for capacity development, in particular, have attracted the attention of the evaluators:

- relating to others, networking, alliance building at different levels (also at international level) is completely integrated in the day to day programming/work of the southern partners. There is a strong conviction that bringing organisations or partners together to learn from each other, gives a powerful strength to all;
- the availability of strong and indigenous external resources for capacity building and training (lawyers, writers, social auditors, financial auditors, government agencies, etc.), is a (potential) force for civil society organisations in India. None of the three NNGOs have Belgian staff in India.

5. Light Belgian support was developed mainly in relation to programme development, monitoring, follow-up, and ad hoc coaching of programme implementation linked to reporting, as well as the development of capacity development tools in relation to management/monitoring of the programme (LFA, PMES, etc.). The Belgian partner was instrumental in improving the strategic thinking, new ways to plan and new methodologies, especially in the case of Surabi and to a lesser degree for Adecom. This hands-off approach is probably the best in the Indian context, with powerful civil society organisations and strong local resource persons for capacity building.

6. The establishment of a knowledge management process is only in a preliminary phase, and documenting the learning is starting slowly (eg. how an agitation and police harassment against dalits rights can be overcome more easily). Printing of brochures and other publications or awareness raising materials is well done, but that is not necessarily the same as knowledge building. This is a new area of capacity development (for India) and might be an interesting field for further work by NNGOs to support their partners. However, the evaluators are not convinced these capacities are available for the moment within the three Belgian NNGOs we have visited.

7. Reputation, trust and credibility are very important factors in capacity building processes and confidence raising. Capacity building often goes together with (radical) changes in the organisational culture of an organisation (for example the shift from a service provider to a programme oriented organisation or the shift to more rights based approaches) and that needs trust and credibility between partners to jump into unknown situations, or a new environment, ...

8. The evaluators witnessed a great desire to learn and openness to new techniques and methodologies amongst the Southern partners. All methodological tools for this evaluation were well received and appreciated.

Increased effectiveness due to capacity building and partner relationships

9. Intermediary organisations (such as Surabi development office and Adecom) need to be well plugged into national and, if possible, international alliances and networks in order to learn from each other, get their lobbying and/or advocacy capacities increased and acquire a greater credibility.

10. Importance of guidance/encouragement/moral support (by Northern partners, but also by peer organisations or external resource people), in particular, in rights based contexts where less technical skills are needed. On the other hand, working with a government partner in a poorly resourced environment and where implementation is always a challenge, needs not only technical skills and training, follow-up and monitoring of the programme, but also procurement support (transportation, light investments in laboratories, ...).

11. A point of concern (danger) is the temptation to substitute government partners instead of capacitating them. In the case of the DFIT/Bihar programme, aiming at increasing the sustainability of a health programme, it is/was essential to strengthen the capacities of the peripheral staff of the TB programme (the ASHAs, ANMs, AWWs, STS and STLS).

12. Bringing experiences to scale (scaling up) needs a lot of techniques, manuals, processes and documented experience. Because making your own successes available on a bigger scale needs promotion, conviction, lobbying, etc. That kind of capacitating is certainly an element for more effectiveness as will serve to a larger area and as a result to a (potential) bigger group of beneficiaries.

13. Withdrawal of NNGOs from (richer) states such as Tamil Nadu towards poorer states, or an increased support to national structures, networks or other fora/platforms, requires new capacity development support in areas such as lobbying, advocacy, etc.

In general terms, it could be said that the Belgian support to capacity development was light and mainly directed to fund related management capacities of the Indian partners, except for the DFIT case where capacity development was aimed at running and implementing a health programme in a sustainable way. Furthermore, funds were made available for South-South exchanges and for funding national expertise and that seemed to be very efficient and effective. Exit strategies are a very weak point in the relationships and need a lot of attention for future new partnerships.

Annexes

1. Planning of the mission
2. List of persons interviewed
3. List of documents consulted
4. Overview of indicators and identified changes at Surabi development office
5. Overview of indicators and identified changes at ADECOM

Annex 1 Agenda Evaluation Mission: India, Capacity Building and Partnership (July 12-25, 2009)

Mission India	Patna: DFIT	Chennai: Surabi	Pondicherry: Adecom and SVED
13/7 Monday	<ul style="list-style-type: none"> -Meeting with the DFIT officials from Chennai and Bihar - Secretary, Program Director, CFO, TB Coordinator, State Coordinator TB Medical Advisors, TB Medical Consultants and Zonal Supervisors at Hotel Patliputra Meeting Hall -Introduction to the evaluation team, presentation by DFIT on their program financed by the partnership. Followed by discussions – large group and smaller group with the TB Medical Advisors and Zonal Supervisors. -SWOT Analysis on the partnership between DFIT and the Ministry of Health, GOB -Group interview with the DFIT management – Dr. Krishnamurthy, Dr. Vijayakumaran, Premkumar Velu, Dr. Pandey and Mr.Thiagrajan 		
14/7 Tuesday	<p>Field visit in Patna district:</p> <ul style="list-style-type: none"> Akbarpur village: Interview with ASHA, DOT provider Interview with 2 patients Interview with Sr. Treatment Supervisor (STS) – Binod Kumar <p>Nawbatpur Referral Hospital:</p> <ul style="list-style-type: none"> -Group interview with MO, Health Manager, STS -Interview of ASHA (DOT provider) and 1 patient -Visit to lab and interview of STLS and TB Supervisor <p>-Agamkuan D T Office:</p> <ul style="list-style-type: none"> -Visit to microscopy centre and TB unit, Interview with MOTC and DTO -Met with STS, STLS, LT and 2 nurses (DOT providers) -Health Secretariat: Interv. with State TB Officer 		
15/7 Wednesday	<p>Visit to Bihar Health Society:</p> <ul style="list-style-type: none"> -Meeting with Dr. Raman, Addl. Director and Rajesh Pandey, WHO Consultant for TB -Interview with Dr. Krishnamurthy and Dr. Pandey -Meeting with District Consultancy teams – TB Supervisors, Zonal 		

	Supervisors, Medical Consultants and Medical Advisors at the DFIT office		
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Mission India	Patna: DFIT	Chennai: Surabi	Pondicherry: Adecom/SVED
16/7 Thursday		-Work on DFIT report and preparation for visit to Surabi -Travel to Chennai	
17/7 Friday		-Introduction of the evaluation team -Introduction of the Surabi team – Director, RPOs and the Surabi Chennai staff -Presentation by Surabi – on program projects, DB Tech, Vazikatti -Group interview with Surabi team – Director, RPOs, Social Auditor and Surabi staff -SWOT analysis of the partnership with Comide -Meeting with the CFO, Chennai province – Fr. Sagayaraj	
18/7 Saturday		-Interview with Provincial Head - Fr. Stannislaus Swammikannu -Participative workshops with staff – RPOs, Surabi Chennai staff, Coordinators, Animators Wall of wondera Elements that make a strong organisation -Group interview with the Coordinators -Interview with a Federation in-charge -Discussion on the MSC process followed, methodology, selection with Fr. Francis Bosco, Benjamin	
19/7 Sunday		-Interview with Jochim Lourduswamy, DMOS-Comide -Lunch with Surabi team – Director – Fr. Mark, Fr. Sebastian, Fr. Antony Samy, Fr. Andrew, Fr. Francis Bosco and Jochim, DMOS Comide, Belgium -Work on DFIT and Surabi report	
20/7 Monday		-Group interview with Regional project officers – Fr. Andrew, Fr. Sebastian, Fr. Francis Bosco, Fr. Lawrence Soosai -Focus group discussion with SHG and federation leaders -Group interview with local capacity builders -Group interview with the MSC story final selection people -Group interview with the Surabi Chennai staff	

Mission India 21/7 Tuesday	Patna: DFIT	Chennai: Surabi	Pondicherry: Adecom/SVED -Preparation for visit to Adecom and SVED -Introduction to the evaluation team -Meeting with Adecom and SVED staff -Presentation on Adecom -Group Interviews with Lalida, Perumal and team. -Presentation on SVED -SWOT Analysis – Adecom and SVED
22/7 Wednesday			-Participatory workshop with Adecom and SVED staff – Adecom office Wall of Wonder 10 Elements of a strong partnership -Meeting with Adecom Board members
23/7 Thursday			-Group interview with Adecom’s partner agencies -Discussion on MSC process followed and the MSC stories selected -Focus group discussion with beneficiaries of SVED – MSC stories -Group interview with local capacity builders
24/7 – 25/7 Friday/Saturday			-Work on the evaluation report -Return to Chennai/ End of mission

Contact Information

Damien Foundation, Chennai and Patna	Surabi Development Office, Chennai	Adecom Network, Pondicherry
1) Central Office of Damien Foundation: Dr. P. Krishnamurthy Dr. Vijaykumaran Damien Foundation India Trust, No. 14, Venugopal Avenue, Spur Tank Road, Chetpet, Chennai-600 031. Phone: 044-2836 0496 / 2836 1910 / E.Mail: damienin@airtelmail.in / damienin@vsnl.com 2) Patna office:	1) Fr Mark Vellangany (Director - Surabi) SURABI – Development Office 45, Landons Road, Kilpauk, Chennai – 600 010 – India Mobile: +91 98401 23221 Phone: +91 44 2642 1465 Fax: +91 44 2642 1465 Email : inmsurabi@gmail.com Website: www.surabi.org 2) Fr Francis Bosco (Program Coordinator)	ADECOM Network, 91 Montorsier Street, Pondicherry 605 001, India Main contact person: Mrs P. Lalidamballe E-mail: adecomn@gmail.com ; Phone : +91 413 222 4807 2 LPGs addresses are: SVED, Kanur Post 608 701, Kattumannar Toil Taluk, Tamil Nadu, India Main contact person: Ms Amuthamozhi (contact via ADECOM)

<p>Ajay Kumar Pandey Damien Foundation India Trust (North Office) 'NAVALAYA' H/o. Sri. Ashok Kumar Pandey, IAS (Retd.) Main Road, Buddha Colony PATNA – 800 001, BIHAR Phone: 0612 – 2520834, Mobile : 9431380790 Email : dfit@sancharnet.in</p> <p>Government officials in Patna: Dr. N.M.Sharma State Programme (TB) Officer, State Leprosy Office Swasthya Bhawan Sultanganj, Mahendru, Patna – 800 006 Tel : 0612 – 2370434 Mobile : 9431311025 Email : stobi@rntcp.org</p> <p>Dr.D.K.Raman Additional Director of Health services Bihar State Health Society Pariwar Kalyan Bhavan (Health and Family Welfare Building) Sheikhpura, Patna – 800 014, Bihar Tel : 0612 – 2291499 Mobile : 9431015246 E.mail : Slobihar@rediffmail.com</p>	<p>SURABI – Development Office 45, Landons Road, Kilpauk, Chennai – 600 010 – India Mobile: +91 9443394655 Phone: +91 44 2642 1465 Email : bochi21@gmail.com Website: www.surabi.org</p>	<p>DALM: Thirupani Trust Association (TTA), 13, Cholan Street, New Rajaji Puram, Periyakuppam 602 001, India Main contact person: M. Kalirathnam E-mail: thiruppani@gmail.com</p>
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Annex 2 List of Persons interviewed/met

DFIT

Met on July 13, 2009

Patna

Sl. No	Name	Designation	Based/Location
1	Dr. P. Krishnamurthy	Secretary	Chennai
2	Dr. P. Vijayakumaran	Director (Programme)	Chennai
3	Mr. D.V. Premkumar Velu	Chief Financial Officer	Chennai
4	Dr. Anne Mattam	State Coordinator	Patna
5	Dr. Ajay Kumar Pandey	TB Coordinator	Patna
6	Dr. Bishwanath Prasad	Short Term Medical Consultant	Patna
7	Mr. P.N. Thiagarajan	Administrative Officer (North)	Patna
8	Mr. T.S. Sugathan	Office Superintendent	Patna
9	Mr. R. Ramanujan	Senior Statistical Assistant	Patna
10	Dr. Satish Kumar	TB Medical Advisor	Rajgir (Nalanda)
11	Dr. Sheo Kumar Singh	TB Medical Advisor	Purnea
12	Dr. K.P. Sinha	Short Term Medical Consultant	Darbhanga
13	Dr. Shtrughan Tiwari	Short Term Medical Consultant	Patna
14	Mr. K.V.R. Murthy	Zonal TB Supervisor	Nalanda
15	Mr. S. K. Dwivedi	Zonal TB Supervisor	Sitamarhi
16	Dr. H.N. Pandey	Zonal TB Supervisor	Muzaffarpur
17	Mr. Ash Narayan Singh	Zonal TB Supervisor	Chapra (Saran)
18	Mr. Umesh Kharkar	Zonal TB Supervisor	Madhepura
19	Dr. Om Prakash Pathak	Zonal TB Supervisor	Nalanda
20	Mr. Prahlad Kumar	Junior Lab Coordinator	Patna

DFIT

District Patna – July 14, 2009

1. Akbarpur

DOT provider interviewed - Smt. Rita Devi, ASHA

Patients interviewed - 1. Sanjeev Kumar

2. Surender Ram

2. Nawbatpur Referral Hospital

MO I/C	-	Dr. D.N. Singh
Interviewed	-	Dr. Umesh Chandra Srivastav, M.O.
Health Manager	-	Md. Afroz Anwar
Senior Treatment Supervisor (STS)	-	Mr. Binod Kumar
Senior TB Lab Supervisor (STLS)	-	Mr. Booshan Kumar
DOT provider interviewed	-	Smt. Munni Devi, Asha
Patient interviewed	-	Sri. Bhagwan Prasad – has been having medicine for one month.
Mr. M. Francis	-	DFIT / TB Supervisor

3. DTC (Agamkaun)

Dr. Birendra Kumar Upadhyay	-	District TB Officer
Dr. Renu Singh	-	MO TC
Mr. Ranjan Kumar	-	Senior Treatment Supervisor (STS)
Mr. Rajaram Bharthi	-	Senior Tb Lab Supervisor (STLS)
Smt. Sangeetha	-	Lab Technician
Mr. Nagesh	-	BCG. Technician
Mr. Kamoth Jha	-	STDC – Lab Technician
Mr. Md. Saud	-	STDC – Lab Technician
Mrs. Shail Devi	-	A-grade Nurse / DOT Provider
Mrs. Sushila Devi	-	A-grade Nurse / DOT Provider
Mr. K. Srinivasan	-	DFIT / TB Supervisor

4. State TB Officer**- Dr. N. M. Sharma**

LIST OF PARTICIPANTS ATTENDED THE MEETING AT DFIT OFFICE, PATNA
ON 15/07/2009

Sl.	Name	Designation
1	Dr.P.Krishnamurthy	Secretary, DFIT
2	Dr.P.Vijayakumaran	Director (Prog.)
3	Mr.D.V.Premkumar Velu	Chief Financial Officer
4	Dr.Ajay Kumar Pandey	TB Coordinator
5	Dr.Anne Mattam	State Coordinator
6	Dr.Bishwanath Prasad	Short Term Medical Consultant
7	Mr.P.N.Thiagarajan	Administrative Officer
8	Mr.R.Ramanujan	Senior Statistical Assistant
9	Mr.T.S.Sugathan	Office Superintendent
10	Dr.Kameshwar Prasad Sinha	Short Term Medical Consultant
11	Dr.Shatrughna Tiwari	Short Term Medical Consultant
12	Dr. Satish Kumar	TB Medical Advisor
13	Dr. Sheo Kumar Singh	TB Medical Advisor
14	Dr. Hari Narayan Pandey	Zonal TB Supervisor
15	Dr. Om Prakash Pathak	Zonal TB Supervisor
16	Mr. Ash Narayan Singh	Zonal TB Supervisor
17	Mr. S.K.Dwivedi	Zonal TB Supervisor
18	Mr. K.V.R.Murthy	Zonal TB Supervisor
19	Mr.Umesh Ashok Kharkar	Zonal TB Supervisor
20	Mr.M.Francis	Consultant TB Supervisor
21	Mr.Remdeo Gope	Consultant TB Supervisor
22	Mr.S.Yesupatham	Consultant TB Supervisor
23	Mr.John Aruldoss	Consultant TB Supervisor
24	Mr. Peter Paul	TB Supervisor
25	Dr. Hari Shankar Mishra	TB Supervisor
26	Dr. Ramjeet Mishra	TB Supervisor
27	Mr. R.Ramanujam	TB Supervisor
28	Mr. M.S.Antony Samy	TB Supervisor
29	Mr. S.William	TB Supervisor
30	Mr. T.Mohanraj	TB Supervisor
31	Mr. P.Jayapal	TB Supervisor
32	Mr. D.Manavalan	TB Supervisor
33	Mr. K.Srinivasan	TB Supervisor
34	Mr. James Nag	TB Supervisor
35	Mr. V.K.Ravikumar	TB Supervisor
36	Mr.Dilip V. Kharkar	TB Supervisor
37	Mr. Raghuvir Gope	TB Supervisor
38	Mr. Saryoo Prasad	TB Supervisor
39	Mr. Loknath Mahato	TB Supervisor
40	Mr. K.Dhekshinamoorthy	TB Supervisor
41	Mr. M.Rajan	TB Supervisor
42	Mr. Rajendra Prasad	TB Supervisor
43	Mr. Joy Daniel	TB Supervisor
44	Mr. Bishwapati Mahato	TB Supervisor
45	Mr. Binod Kumar	TB Supervisor
46	Mr.Durgeshwar Jha	TB Supervisor
47	Mr.Binod Kumar Chaudhary	TB Supervisor
48	Dr.R.K.Mishra	TB Supervisor

49	Mr.Suresh Kumar	TB Supervisor
50	Mr.Sunil Kumar	TB Supervisor
51	Mr.D.George	TB Supervisor
52	Mr.M.Karunanidhi	TB Supervisor
53	Mr.Goutam Kumar	TB Supervisor
54	Mr.Chandra Prakash Dwivedi	TB Supervisor
55	Mr.P.J.Sebastine	TB Supervisor
56	Mr.Kumar Gaurav	TB Supervisor
57	Mr.Susanko Kalindi	TB Supervisor
58	Mr.Rajendra Pandey	TB Supervisor
59	Mr.Binod Kumar Srivastava	TB Supervisor

Surabi, Chennai

Meeting with Surabi staff, RPOs and others

DAY 1 (17/07/2009)

S. No	Participants	Designation
1	Fr. Sagayaraj Philominathan SDB	Chief Finance Officer, SURABI and Province Economist
2	Fr. Mark Vellanganny SDB	Director, SURABI
3	Fr. Francis Bosco SDB	PROGRAM PROJECT Coordinator, Regional Project Officer (RPO) of Pondicherry Region, Director of Centre for Social Action, VILLUPURAM
4	Fr. Lawrence Soosai SDB	RPO Chennai and Former Director of SURABI and Program project Coordinator
5	Fr. Andrew Joseph SDB	RPO and Director of Bosco Institute of Social Work (BISW), Tirupattur Region
6	Fr. Jeromedas Varuvel SDB	Asst RPO, Kotagiri Region
7	Mr. Benjamin	Program Project Formulation Team member
8	Mr. Vivek Gandhi	Program Project Formulation Team member and In-charge of Social Audit Team and Director of World Academy for Peace & Development, Chennai
9	Mr. John Bosco	Special Officer, Research of Coordinating Centre
10	Mr. Francis Xavier	DBTech Coordinator
11	Mr. Christi Anandan	Project Coordinator, SURABI
12	Mr. Francis Emmareddy	Coordinator and Project Writer SURABI

Workshop participants

Day 2 (18/07/2009)

S. No	Participants	Designation
1	Fr. Sagayaraj Philominathan SDB	Chief Finance Officer, SURABI and Province Economist
2	Fr. Mark Vellanganny SDB	Director, SURABI

3	Fr. Francis Bosco SDB	PROGRAM PROJECT Coordinator, Regional Project Officer (RPO) of Pondicherry Region, Director of Centre for Social Action, VILLUPURAM
4	Fr. Lawrence Soosai SDB	RPO Chennai Region and Former Director of SURABI and Program Project Coordinator
5	Fr. Andrew Joseph SDB	RPO and Director of Bosco Institute of Social Work (BISW), Tirupattur Region
6	Fr. Jeromedas Varuvel SDB	Asst RPO, Kotagiri Region
7	Fr. John Bosco SDB	Director, Vazhikatti
8	Fr. V. Sebastian SDB	Director of Village Integral Animation and RPO of Polur R
9	Mr. Benjamin	Program Project Formulation Team member
10	Mr. Vivek Gandhi	Program Project Formulation Team member and In-charge of Social Audit Team and Director of World Academy for Peace & Development, Chennai
11	Mr. Christi Anandan	Project Coordinator, SURABI
12	Mr. Francis Emmareddy	Coordinator and project writer SURABI
13	Mr. John Bosco	Special Officer, Research of Coordinating Centre
14	Mr. Francis Xavier	DBTech Coordinator
15	Mr. Michael	Career Guidance Coordinator, Vazhikaatti, Chennai
16	Mr. J. Richard	Job Placement Coordinator, Vazhikaatti, Chennai
17	Mr. P. Philip	Coordinator, Thalavadi, Kothagiri Region
18	Mr. Selvam	Coordinator, Thirupattur Region
19	Ms. Jaya	Coordinator, Polur Region
20	Ms. Kasthuri	Coordinator, Pondicherry Region
21	Mr. Venkadasen	Coordinator, Kotagiri Region
22	Mr. Ravi Rajan	Coordinator, Chennai Region
23	Mr. Paulraj	Coordinator, Jawadhi Region
24	Bro. Barathi	Coordinator, Kotagiri Region

Interview with Regional Project Officers (RPOs)

Day 3 (20/07/2009)

S.No	Participants	Designation
1	Fr. Mark Vellanganny SDB	Director, SURABI
2	Fr. Francis Bosco SDB	PROGRAM PROJECT Coordinator, Regional Project Officer (RPO) of Pondicherry Region, Director of Centre for Social Action, VILLUPURAM
3	Fr. Lawrence Soosai SDB	RPO Chennai and Former Director of SURABI and Program project Coordinator
4	Fr. Andrew Joseph SDB	RPO and Director of Bosco Institute of Social Work (BISW), Tirupattur
5	Fr. V. Sebastian SDB	Director of Village Integral Animation and RPO of Polur

Interview with Capacity builders of Surabi

Day 3 (20/07/2009)

S.No	Participants	Position
1	Dr. C. Azagirisamy	Asst Director, MSME DI, Ministry of MSME, Government of India, Chennai – 600 032
2	Mr. Inbakumar	National Advocacy, Polur
3	Mr. Vivek Gandhi	Program Project Formulation Team member and In-charge of Social Audit Team and Director of World Academy for Peace & Development, Chennai
4	Mr. Gangai Kumar	IRDT Media Academy, Thiruvannamalai

Interview with Federation Leaders

Day 3 (20/07/2009)

S.No	Participants	Position
1	Mr. A. Paulraj	SPECTRUM, Chennai Region
2	Ms. Periyannayagi	SPECTRUM, Chennai Region
3	Mr. A. Gnana Francis	SPECTRUM, Chennai Region
4	Mr. R. Selvam	SPECTRUM, Chennai Region
5	Ms. Vellaiyaththa	SPECTRUM, Chennai Region
6	Ms. D. Chandra	SPECTRUM, Chennai Region
7	Mr. P. Rajendran	SPECTRUM, Chennai Region
8	Ms. S. Sumathi	Thenguudu Federation, Tirupattur Region
9	Ms. A. Isabella	Thenguudu Federation, Tirupattur Region
10	Ms. I. Roselin Jeeva	Thenguudu Federation, Tirupattur Region
11	Mr. T. Murugan	Thenguudu Federation, Tirupattur Region
12	Ms. D. Kavitha	Thenguudu Federation, Tirupattur Region
13	Mr. M. S. Babu	Thenguudu Federation, Tirupattur Region
14	Ms. M. Rosithra	Thenguudu Federation, Dharmapuri Region
15	Ms. L. Lakshmi	Thenguudu Federation, Dharmapuri Region
16	Mr. A. Selvaraj	Thenguudu Federation, Dharmapuri Region
17	Ms. P. Bhanumathi	Thenguudu Federation, Dharmapuri Region
18	Ms. R. Kavitha	Thenguudu Federation, Dharmapuri Region
19	Ms. T. Rani	Thenguudu Federation, Dharmapuri Region
20	Ms. K. Muthuvalli	Thenguudu Federation, Dharmapuri Region
21	Ms. K. Kasthuri	Thenguudu Federation, Dharmapuri Region
22	Mr. K. Jesuraja	Thenguudu Federation, Dharmapuri Region
23	Mr. M. Munirathinam	Neelamalai Makkal Federation, Kothagiri Region
24	Mr. R. Subramani	Karikayur Adivasi Federation, Kothagiri Region
25	Ms. R. Roseline	Kurinji Federation, Karaikkal (Pondy Region)
26	Ms. A. Parimala Rakkini	Kurinji Federation, Karaikkal (Pondy Region)

INTERVIEW WITH BENEFICIARIES

(MOST SIGNIFICANT CHANGE)

Day 3 (20/07/2009)

S.No	Participants	Position
1	Mr. William Bernard Raj	Past Pupil of DBRITE, Cuddalore (DBTech)
2	Mr. V. Bharat	Past Pupil of Anbu Illam ITI, Kavaraipettai (DBTech)
3	Mr. Francis Xavier	Coordinator, DBTech
4	Fr. Mark Vellanganny SDB	Director, SURABI
5	Fr. Andrews Joseph SDB	RPO and Director of Bosco Institute of Social Work (BISW), Tirupattur Region
6	Ms. M. Sathyavani	Secretary, Annanagar Village Federation, Tirupattur Region
7	Mr. R. Selvam	Jamunamarathur, Jawadhi Region
8	Ms. M. Muruvayi	SHG Leader, Polur Region
9	Ms. R. Roseline	Kurinji Federation, Karaikkal (Pondicherry Region)
10	Ms. S. Prema	Gopuram SHG Member, Chennai Region
11	Ms. P. Kamali Rani	Gopuram SHG Member, Chennai Region
12	Ms. P. Bhuvaneshwari	Gopuram SHG Member, Chennai Region

Interview with Organizational staff of Surabi

Day 3 (20/07/2009)

S.No	Participants	Designation
1	Fr. Mark Vellanganny SDB	Director, SURABI
2	Mr. Christi Anandan	Project Coordinator, SURABI
3	Mr. Francis Emmareddy	Coordinator and project writer SURABI
4	Mr. M. Aruldas	Bosco Community Institute, Tirupattur
5	Mr. Francis Xavier	DB Tech Coordinator
6	Ms. Helen Mary	Accountant & Secretary, SURABI
7	Mr. A. Xavier	Receptionist & Documentation, SURABI
8	Mr. Suvakin	Driver, SURABI

ADECOM Network Team Members

SL.NO	Name	Qualification	Designation	Present Responsibilities
1	P. Lalidamballe	M.A., B.Ed., (Economics)	Managing Trustee (MT)	Management, Coordination of Activities, Mobilizing Funding, Monitoring and Evaluation.
2	S.Perumal	M.A., M.Phil., (Economics), M.A., (Sociology)	Facilitator & Trainer , Field officer	Facilitate the Team members and Conduct the Training for Beneficiaries & Coordinating the Management and Administration.
3	M. RathaKrishnan	LL.B., Dip in Cooperation, B.Com ., (Commerce) I.T.I Computer DCA., DTP, TALLY	Administrative, Accountant, HRD	Accountant, Monitoring the LPG's Programme Expenditure. Prepare the financial report with help of auditor, coordinating the day activities of Team members.
4	A.R. Mohamed Ali	B.A., (History)	Library In charge	Preparing Documents File Maintenance, Library In charge
5	I. Shakila	B.A., (History)	Typist	Typist, Maintenance the files
6	V. Maragadame	B.A (Tamil)	Project In charge	Coordinating the 7 LPG's Activities in T.N & Pondy, Facilitating Women Movement.
7	M. Ramesh	M.A (History)	Writer, Editor, Proof Reader and Facilitator	Organizing the Activities of NBSI, Training to the Team, crate to new concept to develop, responsible for the publishing documents, and news letter (parimattam)
8	K. Malarvizhi	B.A., C.C.Ted	Children Project in charge	Coordinating the Children programme in Pondicherry
9	S.Shenbagavalli	B.B.A., D.C.A.,	Project In charge	Coordinating the 15 SPG's Activities in T.N & Pondy
10	Vijiyakumari	B.Sc., (Chemistry)	Account Assistant	Type the accounts data and assist to the Accountant

11	Kumar	M.A., M.Phil., (Tamil) , (Phd.,)	Project In charge	Associating to the LPG'S and SPG'S planning, Activities, monitoring and Evaluation.
12	Arimavalavan	M.A., (Political Science)	Public Relation and catalyst	Coordinating the programs with the local organization and Collages, universities, Govt. Institutions.
13	Thamizharasi	B.com., (Commerce)	Children Project In charge	Coordinating the Children programme in Pondicherry and Tamil Nadu
14	Nagalakshmi	8 th Standard	Office Assistance	Maintaining the office clean and providing food

SVED Team Members

Sl.No	Name	Qualification	Designation	Present Responsibilities
1	Amuthamozhi	B.A	In charge	Coordinating the Activities and management of the team and Administration
2	G. Kavitha	B.A	Filed Coordinator	Coordinating the field activities
3	Gunasundari	B.A	Accountant, Filed Coordinator	Maintaining the day books and accounts, Coordinating the field activities
4	R. Kavitha	B.A	Filed Coordinator	Coordinating the field activities
5	Kurinchivalavan	B.A	Facilitator	Facilitating the team members and giving training to the people

Date : 24:07:09

Place: ADECOM NETWORK

Sl.No	Name	Organization	Address
1	Mrs. Amuthamozhai	SVED	Amuthamozhai Kumarakudi & Post, Kattumannarkoil taluk, Cuddlore – 608 702. Cell: 9942543436
2	Mr.M. Kalirathinam	State Organizer DALM Dalit agricultural labors Movement	M. Kalirathinam, 13, Cholan Street, New Rrajajipuram, Periyakuppam, Thiruvalluvar _ 602 001 Cell: 9443661124
3	Mr. Subramanian	SAND Trust Social Action for New Development	Mr. Subramanian, (Near Vellammal Maatric.Hr.Sec. School) Thiruppuvanam, Sivagangai Dist – 630 611. Ph: 04574 - 265694
4	Mr. N. Sivalingam	RWEDS Trust Rural Women Education and Developed Society	Mr.N. Sivalingam 4/2 F1, Vasantham Nagar, Polur – 606 803, Thiruvannamalai Dist. Cell: 9443098503
5	Mrs. J. Joys Roseline	WORD Trust Women Organization for Rural Development	Mrs.J.Joysroseline, Kanakamma Chatram, Thiruttani Taluk, Thiruvalllove Dist-631 204.
6	Mr. M. Manavalan	SDD Trust Society for the Development of the Depressed	Mr. M. Manavalan, 19, Arani road, Chetpet, Thiruvannamalai Dist-606 801.
7	Mr.Sankaranarayanan	Auditor	
8	Mr.Seenu Perumal	Trainer	
9	Mr. I.J.M. Inbakumar	Trainer	
10	Mr.Arokiyamaniraj	Trainer	
11	Saroja, Kumarakudi	SVED Beneficiary, Women's movement leader	
12	Jocelyn, Mudikandanallur	SVED beneficiary	
13	Padmini, Povuvellanur	Women's movement leader	
14	Jyotilaxmi, Nachiarpet	SVED Animator	
15	Kavita, Sollatarum	SVED Animator	

Annex 3 List of documents consulted

DFIT/Damien Foundation

- DFIT Activity Report 2008, p. 52.
- DGDC Report 2008, p. 15.
- DGOS Programmafinanciering, Ondersteuning van het TB controleprogramma in Bihar (India), Programma 2008-2010, blz. 33.
- DGOS Partnerfinanciering: Actie DA/PROG/PF/2007-4/India. Ondersteuning van de lepra- en TB controle programma's in BIHAR, ACTIEPLAN 2007, blz. 29.
- DGOS Partnerfinanciering: Actie DA/PROG/PF/2007-4/India. Ondersteuning van de lepra- en TB controle programma's in BIHAR, ACTIEPLAN 2006, blz. 22.
- DGOS Programmafinanciering (2008-2010): Specifiek objectief 4: India, Ondersteuning van het TB controleprogramma in Bihar, Rapport 2008, 15 blz.
- Memorandum of Understanding between Damien Foundation of India Trust (Bihar) and TB Division, State Health Society, 5 October 2007.
- Application for co-financing with DGIC for projects in Bihar: 2003-2007, p. 28.
- Van Deun Armand, MD, Evaluation of DFIT support to RNTCP in combination with NLEP in Bihar & Jharkhand States (North India), June 2005, p. 17.
- Lalitha K. Dr. MD, DNB, Evaluation of DFIT support to NLEP & RNTCP in the state of Bihar, February 2007, p. 36.
- Groenen Guido Dr., Evaluation Mission of the Damien Foundation supported project in Bihar, India, July 2007, page 37.
- Strategisch kader Damiaanactie, Brussel, September 2007, blz. 24.
- Plans of Action 2007 for different Districts.

Surabi/Comide-Dmos

- Collaboration agreement on the execution of a Development Programme 2005-2009, between DMOS-COMIDE, the Partner Organisation Surabi DO, the legal representative Salesian Province of Chennai and seven local executors (Don Bosco Institutes), p. 12.
- Monitoring Reports (Results and Financial Monitoring), 2006, 2007 and 2008.
- PSP (Participatieve Strategische Planning) stappenplan, blz. 11.
- Different power point presentations presented to the evaluators during the first day of our visit (Presentation of Surabi development office, Presentation of the 2005-2009 programme, Report on DB Tech, ...).

Adecom/Entraide et Fraternité

- Agreement of co-operation between Entraide et Fraternité asbl, and Adecom for the implementation of the project under title: Dalit's emancipation through the knowledge of their human and cultural rights, p. 6.
- Tripartite memorandum of collaboration between the Indian Partners represented by Adecom and Entraide et Fraternité, June 1998, p. 6.
- Charte d'Adecom, p. 6.
- Adecom's profile document, p. 4.
- Adecom Network, 10-years power point presentation, July 2009, p. 18.
- Plans d'action et rapports DGCD, 2003, 2004, 2005, 2006 et 2007.
- Rapports 2007 et 2008 d'Adecom.
- E.F. Partners six months activities report, 2008, 11 p.
- Compiled Activities report 2007, 12 p.
- Schmitz Jean-Louis, Evaluation de l'action 'Emanicipation de communautés Dalits' du Tamil Nadu - Inde, Juillet 2007, 121 pages.
- Lalida Perumal, Navayana, a revolutionary religion of modern dalits, 2008, 64 pages.

Annex 4 Overview of indicators and identified changes at Surabi development office

Participatory workshop with Surabi staff – RPOs, Coordinators, Surabi Head office team, Chennai

Ten elements that made Surabi a strong organisation	What changed in Surabi?
Legal entity	Independence in receiving funds Credibility increased Regular staff and full-fledged entity within the province
Dedicated and efficient staff and networking	Quality of staff Outreach increased Efficient implementation of programs Increased probability of sustainable programs Feedback of staff leads to better programs Act as catalyst/role models Development of new partnerships
People's centred approach and participation at all levels	Easier and effective functioning of Surabi (bottoms up approach) Formulation of meaningful proposals Bargaining power of people increased
Transition of project -> program approach	Realisation of need and importance of approach Approach – shift from top down to bottoms up approach Integrated and holistic approach
Documentation and transparency	Knowledge bank set up Change in methodology Training modules Reliability increased Transfer of skills and systems to people's organisations
Relevant and need based trainings at all levels	Better achievement of goals and reaching people and communities Database of trainers, skills and resources Increased capacity of own trainers instead of hiring outside capacity builders
Decentralised managerial style	Transfer of ownership to people's organisations Flexibility of operation increased Participation increased for beneficiaries and stakeholders Emerging of local models for learning Access to resources increased
Funding and guidance of local and international donors	Increase in quality and quantity of operations Organised spending and reporting Increased capacity development over

	long period Change of outlook – staff and management team
Scientific planning approach and methodology	Improved procedures and processes in Surabi eg. Way of thinking changed, new work culture Coordinating among regional offices Scientific data Paradigm shift at all levels Invited by government and other agencies for research, other activities etc.
Secular approach	Shift to inclusive and integrated approach Helps to unite communities Recognition by people Open doors to rights based approach

The identified organisational elements in the table below and in the second column the identified changes with regard to the capacity of the organization

Core capability	Indicators identified by the partner organisation	Identified change – give examples to make it concrete
1 The Southern organisation is capable to commit and act.	The organisation was registered as a legal entity with the government in March 2003 Relevant and need based trainings at all levels	Independence in receiving funds Credibility increased Regular staff and full-fledged entity within the state of Tamil Nadu Better achievement of goals and reaching people and communities Database of trainers, skills and resources Increased capacity of own trainers instead of hiring outside capacity builders
2 The Southern organisation is capable to deliver on development objectives	The organisation has a dedicated and efficient staff People's cantered approach and participation at all levels	Quality of staff Outreach to target groups and communities increased Feedback of staff led to efficient and better implementation of programs Increased probability of sustainable programs Act as catalyst/role models for SHGs, federations and community at large Development of new partnerships (government, other agencies)

	<p>Transition of project -> program approach</p> <p>Documentation and transparency</p> <p>Funding and guidance of local and international donors</p>	<p>Easier and effective functioning of Surabi (bottoms up approach) Formulation of meaningful proposals Bargaining power of people increased</p> <p>Realisation of need and importance of approach Approach – shift from top down to bottoms up approach Integrated and holistic approach</p> <p>Change in methodology Training modules Reliability increased</p> <p>Increase in quality and quantity of operations Organised spending and reporting Increased capacity development over long period Change of outlook/attitude – staff and management team</p>
3 The Southern organisation is capable to relate.		
4 The Southern organisation is capable to adapt and self-renew.	<p>Decentralised managerial style</p> <p>Scientific planning approach and methodology</p> <p>Secular approach in relation to earlier faith-based focus</p> <p>Surabi also serves as an incubator</p>	<p>Transfer of ownership to people's organisations Flexibility of operation increased Participation increased for beneficiaries and stakeholders Emerging of local models for learning Access to resources increased</p> <p>Improved procedures and processes in Surabi eg. Way of thinking changed, new work culture Coordinating among regional offices Scientific data Conducting social audit for all the programs Paradigm shift at all levels</p>

	for new initiatives that can grow further to an independent entity	<p>Invited by government and other agencies for research, other activities etc.</p> <p>Shift to inclusive and integrated approach including all religions and other target groups. Not only youth. Helps to unite communities Recognition by people Open doors to rights based approach Vazikatti (career guidance and job placement agency) has become a big and important actor for corporate and the government DB Tech (a national program) was started under Surabi's umbrella and then became an independent organisation</p>
5 The Southern organisation is capable to maintain consistency.	Surabi received a clear mandate from the Salesian province head office and developed a vision and strategy	From an ad-hoc support unit, Surabi changed into a development office that writes projects, provides technical and managerial support and channelizes funding to the development projects within the state salesian network

The identified internal and external factors influencing the evolution of the organization

Internal and external factors having an influence on the organisational performance	
Internal factors	<p>Paradigm shift from a project oriented approach (building of schools, technical institutes and covering a small no. of youth) to reaching out to the larger community and a program approach Shift from faith based to a secular approach Improved bottoms up approach for planning with people's structures and organisations established Fully fledged office established in Chennai after registration as a legal entity in 2003</p>
External factors	<p>Comide's inputs in providing tools, approaches, methodology (Participatory strategy planning- PSP, Project cycle management) and strategic thinking Comide's support to the establishment of a professional Development Office with management and monitoring systems Comide's facilitation to south-south exchange and linking to national level programs – from local action to national thinking Program funding by Comide influenced their organisational performance and helped to consolidate their work</p>

Annex 5 Overview of indicators and identified changes at Adecom

ADECOM's identified organisational elements and in the second column the identified changes with regard to the capacity of the organisation ADECOM

Core capability	Indicators identified by the partner organisation	Identified change – give examples to make it concrete
1 The Southern organisation is capable to commit and act.	<p>Dedication and volunteerism</p> <p>Planning, training and knowledge guidance by Adecom</p> <p>Collective decision making and women's leadership</p> <p>Accountability</p>	<p>Quality of output</p> <p>Efficiency</p> <p>Rotation of personnel</p> <p>Improved skills for supporting needs of dalits</p> <p>Program development of SVED</p> <p>Respect by population</p> <p>Increased quality in decisions</p> <p>Shared vision</p> <p>Focus on gender issues</p> <p>Trust by funding agency and govt.</p> <p>Efficient monitoring and report writing</p> <p>Systemisation of work</p>
2 The Southern organisation is capable to deliver on development objectives	<p>Funding and infrastructure</p> <p>Coordination/solidarity with partners</p> <p>Strategies to mobilise people (cooperation and support)</p>	<p>Conduct activity in regular way</p> <p>Space for creativity</p> <p>Employment</p> <p>Increased effectiveness of action</p> <p>Increased sharing of experience</p> <p>Increased confidence</p> <p>Increased political activity by dalits (elections)</p> <p>More support govt schemes and budgets</p> <p>Sustainability of life (increase in land)</p>
3 The Southern organisation is capable to relate.	Documentation and publication	<p>Exposure of dalit issues at national level</p> <p>Encouragement for dalit writers</p> <p>Ensuring future projects and programs</p>
4 The Southern organisation is capable to adapt and self-renew.	Awareness raising at the field level (bottoms up approach)	<p>Increased confidence to solve their problems</p> <p>Increased acquisition of knowledge by the people</p> <p>Increased unity within communities</p>

5 The Southern organisation is capable to maintain consistency.	Dalit ideology (defending the rights of the oppressed dalits – untouchables/lower caste)	Reduced casteism/discrimination Political awareness of dalits Strengthened cultural identity of dalits
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The identified internal and external factors influencing the evolution of the organization

Internal and external factors having an influence on the organisational performance

Internal factors	<p>The 7 partner organisations have established dalit people’s movements and strengthened women’s organisations and women’s movements. This has increased sustainability of the program strategy.</p> <p>Participation in national and international forums/conferences eg. World Social Forum increased the organisation’s credibility and confidence.</p> <p>Introduction of the LFA by EF and consequently more strategic thinking and planning linked to budgetary expenditures.</p> <p>Start of documentation and publication in a systematic manner helped to raise awareness about the organisation at the state and national level</p> <p>Formation of a dalit culture and theatre troupe helped to raise awareness about dalit issues.</p>
External factors	<p>Government schemes and budget allocations for the dalits are in place. However, operationalising is a problem in accessing the funds. Increased confidence as a result.</p> <p>Sensitisation on Navayana Buddhism helped the people in the organisation embrace spiritual liberation from caste identification. Navanyana Buddhism does not believe in caste divisions.</p>
