

Impact report

Programme Partnership Arrangement Self-assessment Review

Reporting Year	2009–2010
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Part A – Basic Information

PPA partner	VSO
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Niche statement	VSO is the world's leading independent, international development organisation that works through volunteers to fight poverty in developing countries. It recruits skilled people worldwide, from a wide range of professions. Volunteers work in partnership with colleagues and communities to share skills and achieve positive change.
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	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
PPA funding (£)	24,860	27,960	27,960	27,960	28,800	29,660*	30,550**
As % of total income to the VSO Federation			63%	59%	54%	51%	48%
As % of total income to VSO in the UK	75%	71%	69%	64%	58%	58%	59%

	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
Other DFID funding (£)	982	1,777	901	1,691	2,868	2,625	
Other DFID funding (Cumulative) £	982	2,759	3,660	5,351	8,219	10,844	

* Actual income received from DFID PPA in 2009/10 was £31,660. This is because in 2009/10 VSO received a proportion (£2m) of the 2010/11 agreed PPA income early. This relates to activity and spends in 2010/11 and therefore has been treated as accrued income in 2009/10.

** The % of total organisational income for 2010/11 is based on the current budget and not actual income.

Summary of partnership with DFID and other DFID funding

Regional AIDS Initiative of Southern Africa (RAISA) – April 2005 to March 2009
 HIV and AIDS Programme Area – Vietnam, April 2007 to October 2008
 HIV and AIDS Programme Area – Nigeria, April 2007 to October 2008
 Strengthening Nigeria's Response to HIV and AIDS – Nigeria, September 2004 to August 2009
 Disability Rights, Empowerment and Mobilisation - Indonesia and Thailand, December 2002 to March 2006
 Support to Realise the Rights of Disabled People – Rwanda, May 2006 to April 2009
 Addressing Exclusion of Disabled People in India, April 2009 to December 2013
 Physiotherapy Development Gondar – Ethiopia, April 2005 to March 2006
 Higher Diploma Programme – Ethiopia, April 2005 to December 2009
 Zambia Community Schools – Zambia, January 2000 to December 2004
 Education Project – The Gambia, March 2005 to February 2010
 Improved Education in the Far North Region of Cameroon – January 2009 to December 2011
 Initiative for Sustainable Development in Education – Rwanda, September 2001 to August 2004
 Capacity Building for provincial government – Vanuatu, April 2002 to March 2004
 Transformation of Education in Pakistan – April 2007 to January 2008
 Education Teacher Development Centres – Malawi, January 2005 to February 2010
 Research into teachers' and health workers' motivation in Mozambique – January 2007 to March 2008
 Pacific Skills Link – Vanuatu, February 2002 to June 2006
 Capacity Building for Good Governance – Sierra Leone, May 2004 to April 2007
 Gender Based Approach to the Prevention of HIV and AIDS – April 2006 to March 2009
 Health Programme – Malawi, April 2005 to March 2008
 Sharing and Promotion of Awareness and Regional Knowledge – Indonesia and Thailand, January 2004 to August 2007
 Small Grants Project Nigeria – Cross cutting goals, July 2003 to March 2004
 Diaspora Volunteering Programme, April 2008 to March 2011

Approximate % of total organisational expenditure allocated by sector or theme

Goals	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
HIV and AIDS	No data	5,609 16.8%	7,091 19.8%	7,414 19.1%	8,768 19.9%	8,420 19%
Disability		3,445 10.3%	3,434 9.6%	3,637 9.4%	4,822 10.9%	4,086 9%
Education		10,396 31.1%	9,655 26.9%	12,144 31.3%	12,265 27.8%	11,365 25%
Participation and governance		5,405 16.2%	6,069 16.9%	6,437 16.6%	6,993 15.9%	7,244 16%
Health		2,456 7.4%	2,421 6.8%	2,771 7.1%	3,921 8.9%	5,140 12%
Secure livelihoods		6,077 18.2%	7,163 20.0%	6,408 16.5%	7,275 16.5%	8,373 19%
Total charitable expenditure (£)		33,388	35,833	38,811	44,043	44,628

Part B – Progress against PPA Strategic Objectives

Progress to date against PPA purpose statement		
<p>VSO's purpose is to develop the capacity of government and civil society partners to realise the rights of poor and marginalised groups, especially women. Using this experience, to build the support of the UK public for development.</p>		
<p>The PPA has enabled VSO to grow into a strong international organisation with a distinctive approach to development through volunteering. The partnership is characterised by the increasing financial independence of VSO, innovation (such as National Volunteering), dialogue on shared areas of concern (such as education, HIV, gender and disability), and commitment to the development awareness of UK citizens. Progress against PPA strategic objectives has been excellent (all rating 1).</p> <p>Impact Assessment of VSO's Performance Framework has shown that VSO volunteers are successful in improving quality of services in a way that corresponds to the demands and needs of poor women and men. Some specific examples of improved quality, as defined by beneficiaries, were the need for respect for individuals using HIV services, the need for increased girls' participation in classrooms and the need for national organisations to include disabled people in rural areas. VSO partners have also increased their policy work, becoming more confident about advocating from their experience. Improved quality has been achieved through co-ordinated organisational strengthening of partners, and helping partners to respond to beneficiary voice. It is dependent on long-term partnership relationships and volunteers working, side by side, with the staff of partner organisations.</p> <p>Access was not expected to increase in this PPA period but we have found that increasing quality, along the lines that partners and beneficiaries themselves define, has dramatically increased the uptake of services, and in particular, by poor and marginalised beneficiaries. Policy change and sharing models for scale up has had an indirect impact on far more beneficiaries than reported below.</p>		
<p>VSO Direct Global Reach in HIV, education, and disability¹</p>		
Areas of work in sample	Beneficiaries reached in these areas annually	
Receiving better quality HIV and AIDS services	4,840,084	
Receiving better quality of education	8,883,883	
Disabled people realising rights	1,070,968	
TOTAL	14,794,935	
UK citizens with raised development awareness	114,000	
<p>Below are the numbers of short and long-term volunteers who have actively contributed to the results described in this report for 2009–10. These numbers show what can be achieved with few resources.</p>		
	Short term volunteers (3–6 months)	Long term volunteers (1–2 years)
HIV and AIDS	15	233
Education	38	360
Disability	16	130

¹ These numbers represent selected areas of the three-goal sample for PPA reporting. VSO has equal numbers of programmes in Secure Livelihoods, Health and Governance.

TOTAL	69	723
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Note on MDGs VSO's strategic objectives relate directly to priorities in MDGs:

- Universal primary education (goal 2)
- Gender parity targets in education (goal 3)
- Prevention and gender targets in HIV and AIDS (goal 6)
- In disability, VSO follows MDG recommendations on access to all other goals.

Progress against PPA Performance Framework by each Strategic Objective

Strategic Objective 1:

Improved capacity of partner organisations, including coalitions and networks of people living with HIV and AIDS, to advocate for and increase access to quality prevention, treatment, care and support services to men and women, girls and boys, affected by HIV and AIDS in 19 countries.

Please explain choice of indicators reported on below

Why were these indicators chosen?

- The chosen indicators are:
1. Quality of prevention interventions
 2. Quality of care and support services
 3. Internal capacity development of partners
 4. Policy change in respect to HIV and AIDS
 5. Workplace policy development.

The indicators were informed by internationally recognised goals in HIV and AIDS (Universal Access and the UNGASS core indicators), whilst also reflecting VSO's niche approach to development through long-term capacity development of partners and evidenced-based national and international policy work.

How do VSO volunteers relate to the indicators? A variety of VSO interventions contributed towards progress in each indicator:

- Long-term volunteers coach staff to create sustainable organisational development plans, stronger systems, more robust monitoring and evaluation, mobilise resources and support gender mainstreaming.
- Volunteers also accompany colleagues in HIV-related skills development such as counselling, and communication of prevention information.
- Partners in all six countries have participated in VSO-supported study tours, encouraging knowledge brokering across partners and countries.

VSO's contribution has been measured in volunteer months and years over the 2009–2010 period. This covers support provided by short-term volunteers (three- to six-month stays), and long-term volunteers (one to three years). Volunteers are placed for different lengths of time according to partner need, and work on local terms and conditions where possible. This first-hand experience gives volunteers more insight into problems and achievements of the partner organisation and demonstrates a shared commitment to responding to the pandemic.

Methodology It was agreed with DFID in 2008 that six programmes would act as the sample for impact assessment in HIV and AIDS (Bangladesh, Cameroon, Malawi, Mozambique, Nepal and Zambia) and would be a reliable guide to the progress made in the 13 countries where VSO now works on HIV and AIDS issues.

It was extremely valuable for VSO staff to speak directly with beneficiaries (e.g. sex workers, men who have sex with men, orphans and vulnerable children, community members, youth and drug users), making their voice more central to impact assessment and planning. A total of 37 focus groups were held with direct beneficiaries of partner services across the six programmes to validate changes identified by partners in terms of quality improvements to services. This provided a deeper insight into changes in beneficiary experience.

Improvements in quality of prevention (indicator 1.1) and in treatment, care and support (indicator 1.2) have

been measured through assessing progress in the three key areas of quality below. These were identified in 2008 through focus group discussions with target groups:

1. Continuity of services
2. Respect and participation
3. Appropriate access (e.g. for rural citizens, information tailored for specific groups).

In 2010, 33 partner organisations from the six sample countries used the standard **progress scale** below to measure change in these areas of quality. All 33 partner organisations – 16 related to prevention services and 17 related to care and support services – scored themselves in all three areas of quality:

1. No progress
2. Some progress
3. Good progress
4. Excellent progress

Changes in improved systems, structures and skills of partner organisations (indicator 1.3 on capacity building of partners) have been captured in reviews held between VSO and all their partner organisations, as part of VSO's annual planning and review cycle.

Progress towards policy implementation (indicator 1.4) has been measured using **VSO's Advocacy Success Scale**. This scale is a monitoring and evaluation tool, which features eight stages of a successful policy and advocacy initiative:

- Stage 1. Identify the issue
- Stage 2. Research conducted
- Stage 3. Strategy developed
- Stage 4. Issue in debate in public realm
- Stage 5. Policy makers agree need to address issue
- Stage 6. Policy change/blocks to effective implementation removed
- Stage 7. Policy change implemented
- Stage 8. Monitoring and evaluation.

Progress in the development of workplace policy (indicator 1.5) has been assessed by reviewing the baselines set in 2008 against the four headings:

1. No workplace policy
2. Policy in development
3. Policy developed
4. Policy fully developed and implemented.

Finally, the figures included in indicators 1.1–1.4 give a sense of VSO's reach (or scale). Reach is defined as the number of poor and marginalised women and men who have **directly** benefited from a service that a partner is providing, with VSO support (or example, HIV testing). Whilst the focus is not specifically on expanding that reach, there is a clear relationship between improved quality of those services and increased reach.

Indicator 1.1:

Improved quality of 3,374,748 prevention interventions² in six sample countries (Bangladesh, Cameroon³, Malawi, Mozambique, Nepal and Zambia).

Progress achieved and challenges faced

² Prevention interventions are: prevention of mother to child transmission, voluntary counselling and treatment, peer outreach, education, awareness raising, information education and communication, positive prevention, harm reduction, condom awareness and distribution, behaviour change communication, comprehensive sexuality education, gender programmes and male circumcision.

³ Excluding Cameroon, whose prevention programme was delayed.

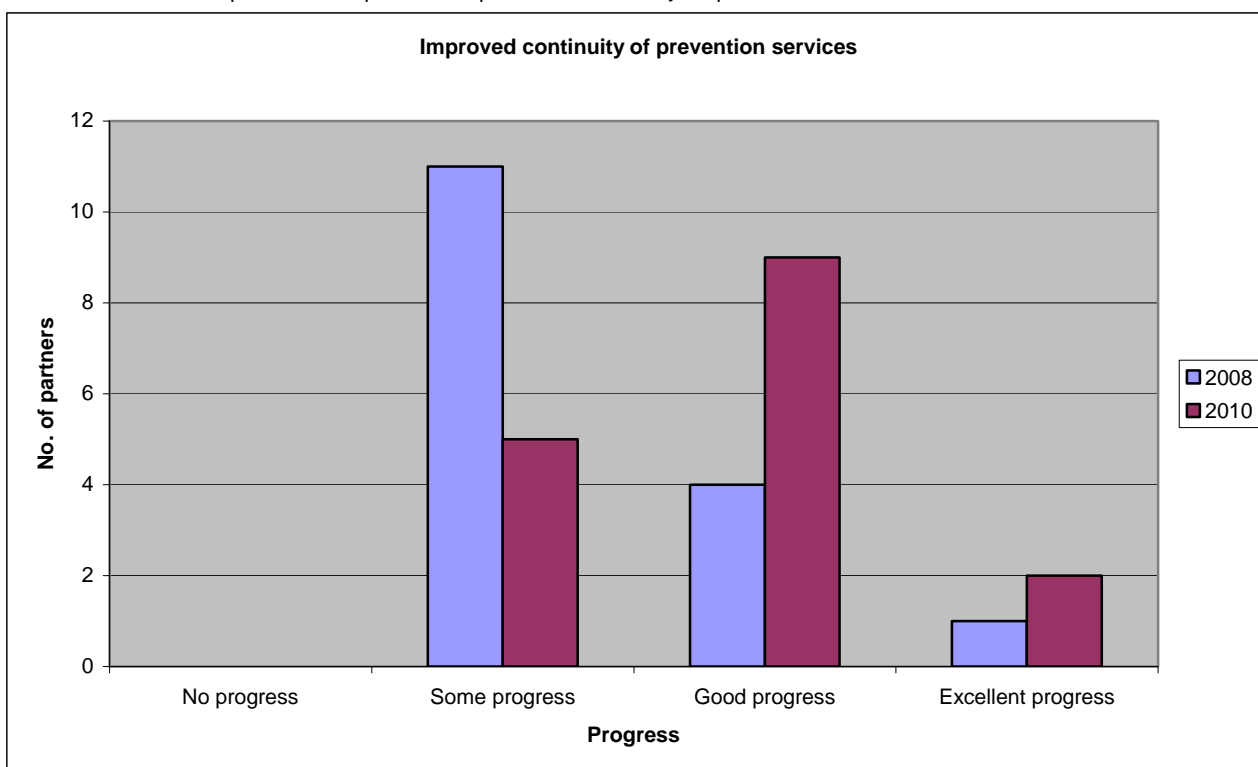
Summary statement

- There has been excellent progress, anticipated to continue to March 2011.

Improvements in quality

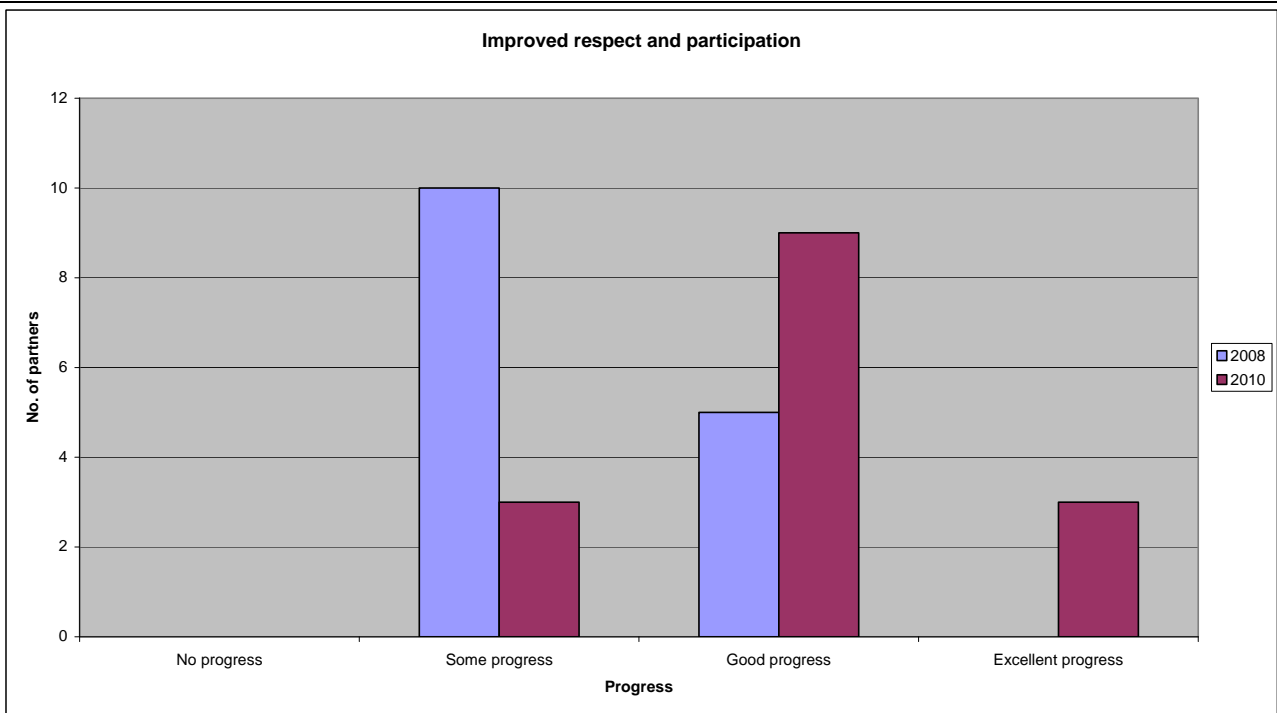
Improvements in quality have been measured by 16 partners in the sample five countries, in three key areas identified by partners and beneficiaries:

1. In 2010, 63% of partners reported improved continuity of prevention services since 2008.



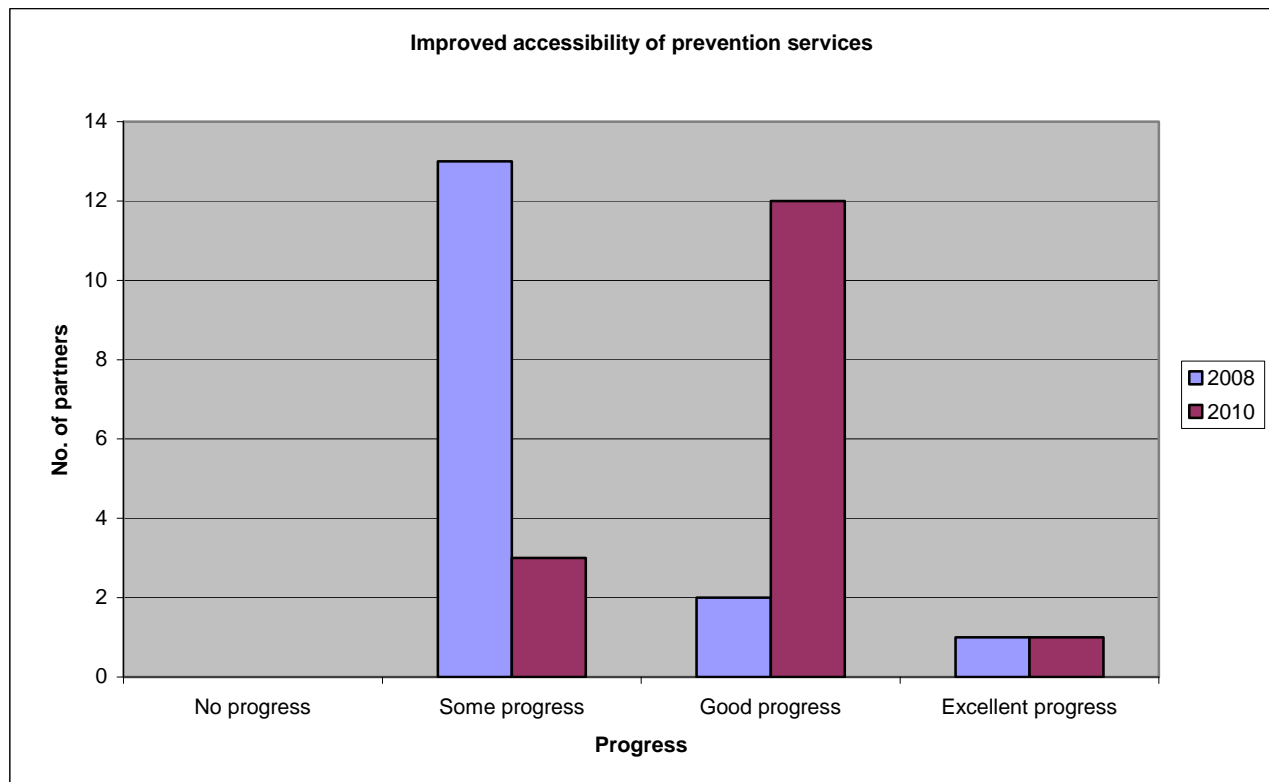
Many partners had improved integration of prevention of mother to child transmission, voluntary counselling and testing, and antiretroviral therapy. Twenty service user groups reported improved antiretroviral therapy adherence or behaviour change as a result.

2. In 2010, 69% of partners reported improved respect towards service users and increased participation of service users since 2008.



Many partners improved engagement with service users, with ten service user groups reporting increased participation and 17 groups reporting increased uptake of services.

3. In 2010, 69% of partners reported improved accessibility of services since 2008.



Many partners improved accessibility of services to marginalised groups including disabled people. Eight partners reported this as a direct result of the VSO inclusion workshops.

Sample reach (interventions)

- Total number of prevention interventions by 31 VSO partners across five⁴ countries increased from 3,374,748 interventions in 2008 to 10,917,434 in 2010.

⁴ The reduction in programmes from six to five reflects Cameroon's delay in starting prevention work.
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Points to note

- Distribution of condoms increased by more than three million.
- Total number of people reached in the five countries increased from 1,112,429 people in 2008 to 2,936,639 in 2010.
- 18% overall increase in the number of women reached.

Global reach (interventions)

Globally, 93 VSO partners undertook a total of 11,962,195 interventions across 13⁵ countries.

Points to note

- Globally, these interventions are reaching over 3,406,809 men, women and transgender groups, mostly in preventing mother to child transmission of HIV and voluntary counselling and testing in high-prevalence countries.
- However, the figures should be approached with caution as some data on interventions/activities (e.g. the number of HIV tests) has been mixed with numbers of people receiving the intervention.

VSO's contribution

- In 2009, VSO awarded 25 small grants, arranged 25 learning/study visits around best practice and provided 593 months (equivalent to more than 49 years) of volunteer support to partners in the five countries. This has contributed to increased and better quality prevention services and partners' ability to collect accurate data.

Challenges

- The global economic crisis has led to funding cuts for a number of organisations.
- Stigma and discrimination remain barriers to marginalised groups accessing prevention services.
- The major challenge was in the consistency of data collection – some partners collected data on the interventions and others collected data on the recipients of interventions.

List any documentary evidence of achievements

1. Bangladesh: A success story on inclusion, changing behaviour and attitude and regaining respect and dignity
2. Bangladesh: An organisational success story on introducing a helpline for information disseminating and counselling and increased staff capacity
3. Zambia: A success story on increasing access to voluntary counselling and testing.

Summary of anecdotal evidence from the six sample countries.

Indicator 1.2:

Improved quality of care and support services received by 347,915 women, men, girls and boys infected and affected by HIV and AIDS in six sample countries (Bangladesh, Cameroon, Malawi, Mozambique, Nepal and Zambia).

Progress achieved and challenges faced

Summary statement

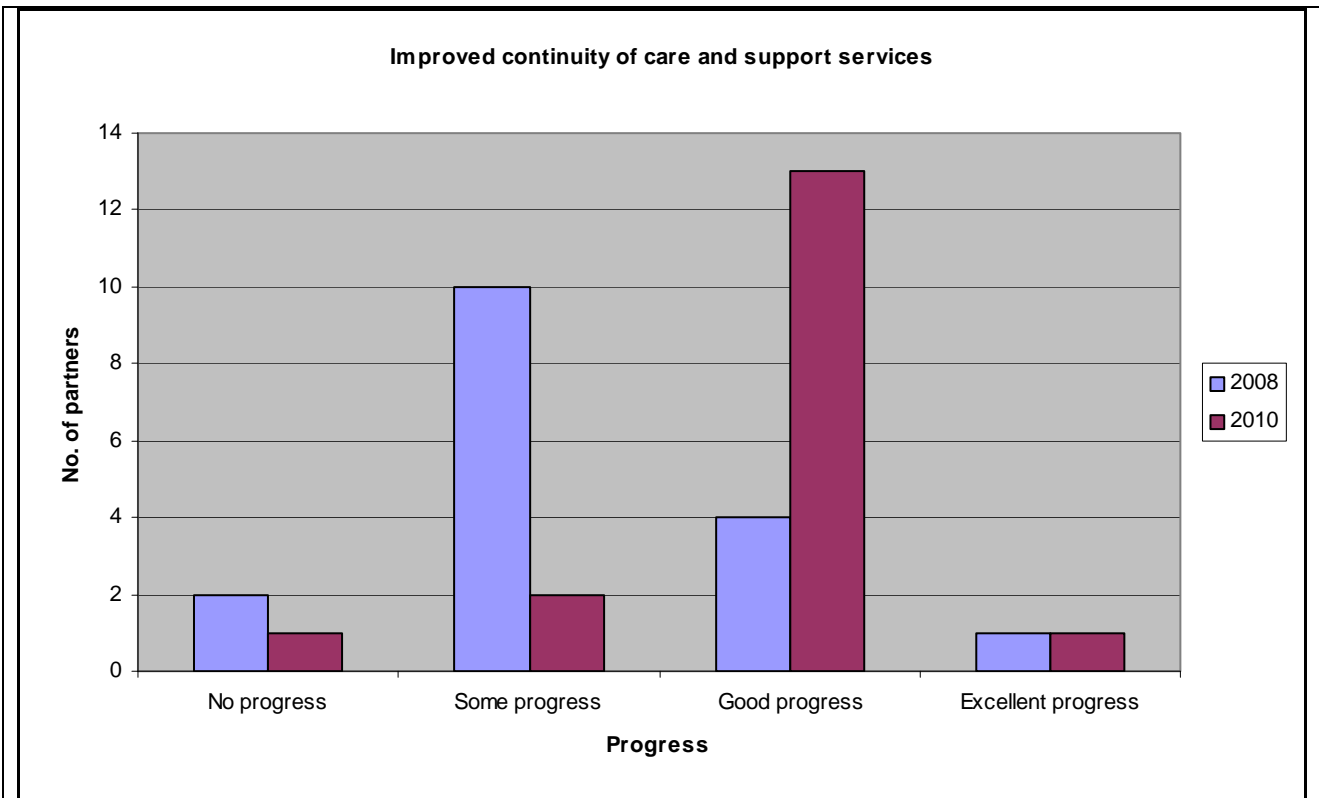
- There has been excellent progress, anticipated to continue to March 2011.

Improvements in quality

Improvements in quality have been measured by 17 partners in the six sample countries, in three key areas identified by partners and beneficiaries:

1. In 2010, 65% of partners reported **improved continuity of care and inter-relatedness of services** since 2008.

⁵ Although globally VSO has 18 HIV and AIDS programmes, only 13 have completed data collection on reach.

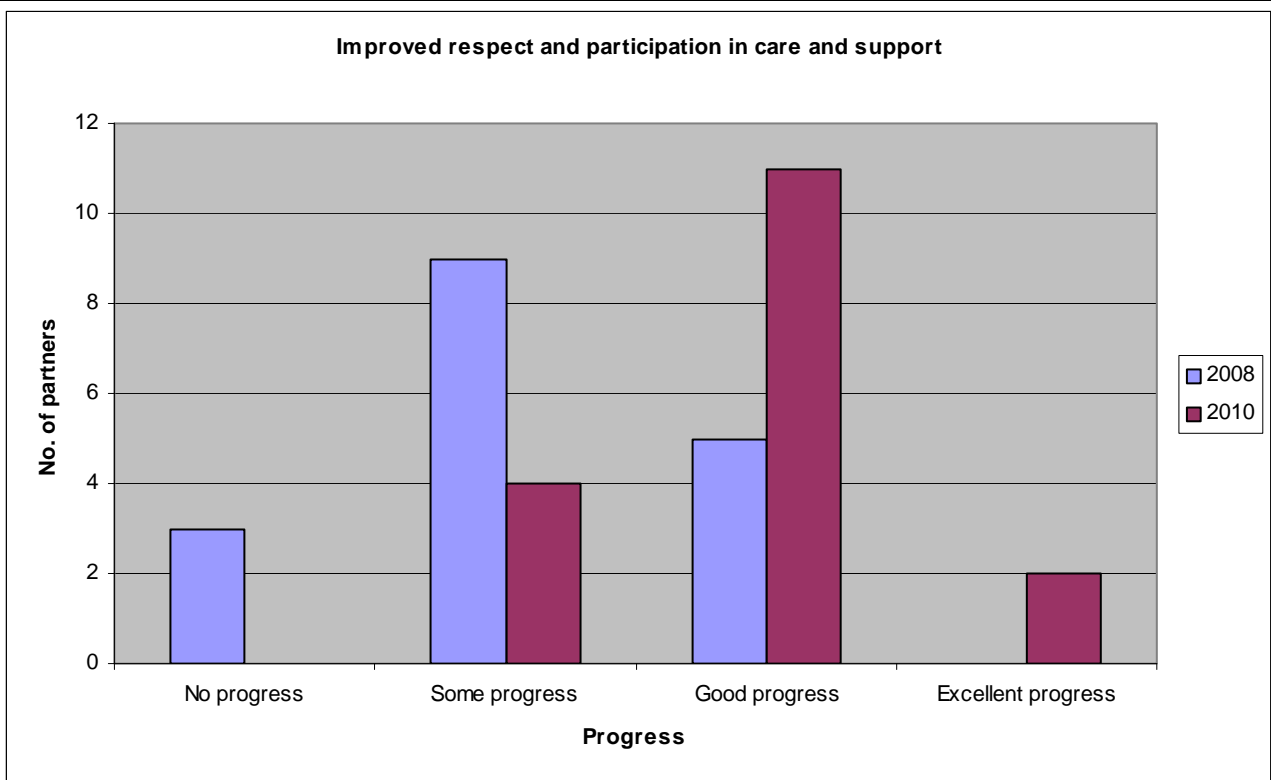


Many partners improved home-based care kits, remuneration for carers and increased numbers of community health volunteers. Correspondingly, many carers increased their community visits and service users cited improved counselling and support from carers.

2. In 2010, 71% of partners reported **improved respect towards service users and increased participation of service users** since 2008.

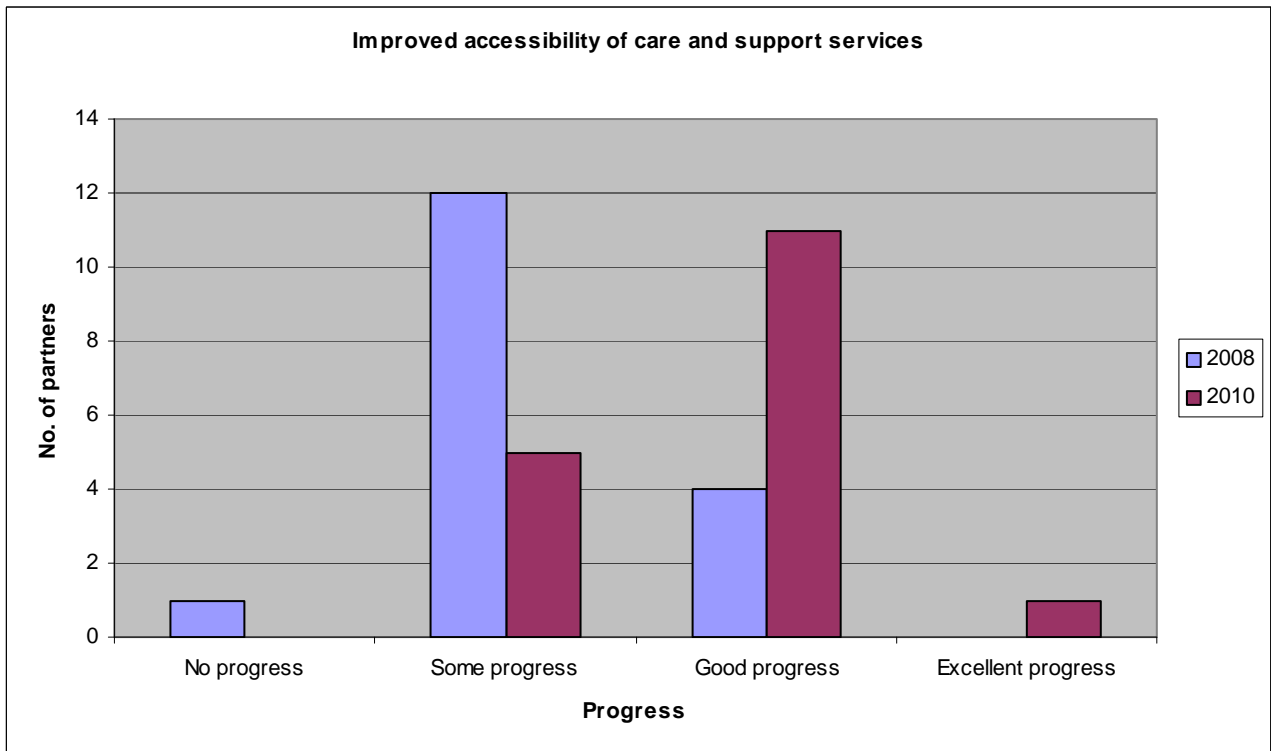
⁶ Although globally VSO has 18 HIV and AIDS programmes, only 13 have completed data collection on reach.

⁷ Care and support services include: psychosocial, clinical, social-economic and human rights and legal support.



Partners in all countries reported strengthened confidentiality, improved beneficiary engagement and increased provision of income generating activity opportunities, including vocational training. Fifteen groups of service users reported increased family respect, reduced stigma and discrimination, and improved economic status and independence as a result.

3. In 2010, 71% of partners reported **improved access** since 2008.



Partners in all countries reported improved tailoring of services, service decentralisation or increased community sensitisation resulting in an increased uptake of services, as reported by 15 focus groups.

Sample reach (beneficiaries)

- Total number of people reached by 42 VSO partners in six countries increased from 347,915 to 761,308 in 2010.

Points to note

- Within this total, 216,196 women increased their access to care and support services between 2008 and 2010.

Global reach (beneficiaries)

Globally in 13⁶ countries, 89 VSO partners are reaching a total of 1,433,275 women, men, girls and boys with care and support services⁷.

VSO's contribution

- VSO has supported the capacity development of 40 partners in the six sample countries to improve the quality of care and support services through volunteers (786 volunteer months, equivalent to more than 65 years), the provision of 36 small grants (enabling service decentralisation and the provision of home-based care kits) and through 24 VSO study tours to exchange learning.

Challenges

- The shift in donor support to more direct budgetary funding through National AIDS Committees and other multilaterals has reduced funding opportunities for community-based responses.

List any documentary evidence of achievements

1. Cameroon: A success story about income generating activities
2. Malawi: Impact of a VSO small grant leading to micro-credit scheme for carers in Chitipa district
3. Mozambique: Impact on carers experience of partner service.

Summary of anecdotal evidence from six sample countries

Indicator 1.3:

Improved systems, structures and skills (e.g. financial management, planning and review systems, and improved donor relations) will be achieved by 173 partners in 19 countries by March 2011.

Progress achieved and challenges faced

Summary statement

- There has been excellent progress, anticipated to continue to March 2011.

Progress in capacity development

The outcomes resulting from internal capacity strengthening of partners have been reported under indicators 1.1 and 1.2. The five areas of internal capacity below were identified as either priorities in the discussions with service users in 2008 or as common areas identified through partner organisational assessments across 33 partners (as a sample of 161 partners) in the last year:

1. 27 partners in all six countries reported increased levels of **inclusion** within their organisational structures and programmes, and increased participation of target groups, including women and children. Increased participation and strengthened feedback mechanisms were highlighted in ten focus group discussions with service users.
2. Ten partners in three out of six countries reported strengthened systems to improve **confidentiality**. Eight focus group discussions reported improved confidence and trust in partners' storing of confidential data.
3. 16 partners in all six countries reported **improved data collection systems**, reflected in more accurate target and reach data gathered in 2010.
4. 16 partners in five out of six countries reported increased **donor funding** as a result of volunteer resource mobilisation initiatives and financial system strengthening.
5. 14 partners in five out of six countries reported improved **information dissemination**, and 14 focus group discussions reported behaviour change, including safer sexual practices.

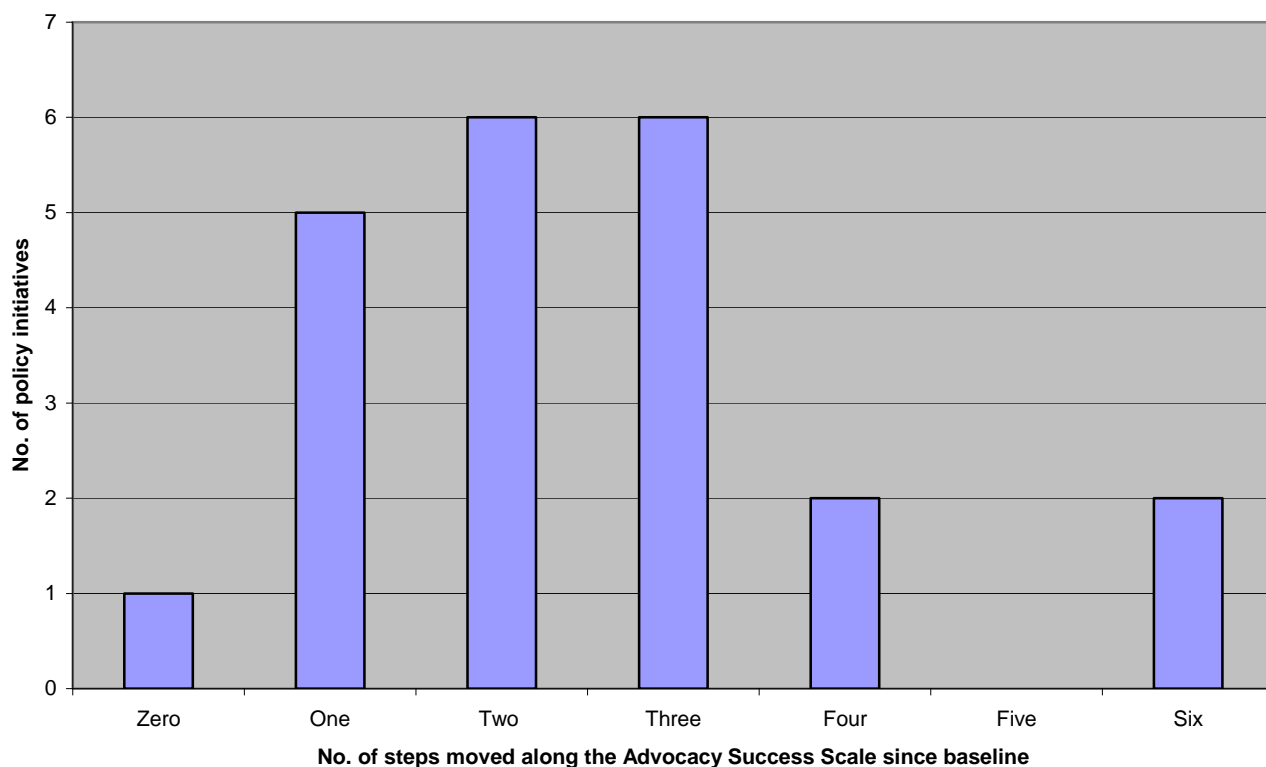
<p>Sample reach (partners)</p> <ul style="list-style-type: none"> • 33 partners in six countries.
<p>Global reach (partners)</p> <ul style="list-style-type: none"> • 161 partners in 13 HIV and AIDS programmes.
<p>Points to note</p> <ul style="list-style-type: none"> • Of the 161 partners in HIV and AIDS programmes, 93 are partners working in prevention, 89 are partners working in care and support and 74 are partners working in policy and advocacy. • The number of partners has decreased as only 13 programmes out of 19 collected data. <p>VSO's contribution</p> <ul style="list-style-type: none"> • VSO has strengthened the internal capacity of organisations through over 354 inputs (including 135 small grants, 112 study tours and 107 other inputs, including training) and 2,381 volunteer months (equivalent to more than 198 years) deployed across all 13 programmes since 2008. Most volunteers have supported partners in organisational development (i.e. strategic planning, monitoring and evaluation, fundraising and human resource management). • The inclusion workshops facilitated by VSO in 2008 also played a key role in supporting partners to better understand their target group, and plan and deliver more responsive and relevant programmes.
<p>List any documentary evidence of achievements</p> <ol style="list-style-type: none"> 1. Bangladesh: An organisational success story on establishment of a training, education and research centre to provide quality trainings and research support to different partner organisations 2. Malawi: Impact of increased funding <p>Summary of anecdotal evidence from six sample countries</p>

<p>Indicator 1.4:</p>
<p>24 policy initiatives (seven national, 17 local) in four sample countries (Bangladesh, Nepal, Malawi, Zambia) will make significant progress⁸ on their 2008 baseline position by March 2011. These are policy initiatives that aim to realise women and men's rights with regard to prevention, treatment, care and support services.</p>
<p>Progress achieved and challenges faced</p>
<p>Summary statement</p> <ul style="list-style-type: none"> • As of April 2010, excellent progress has been made in this indicator. 21 out of 22⁹ remaining policy initiatives made significant progress of at least one step on the Advocacy Success Scale. <p>Progress in advocacy</p> <p>As of April 2010, in the four sample countries, most partners had made progress of at least one step:</p>

⁸ Significant progress would constitute movement on the Advocacy Success Scale. The steps are: 1. Identify the issue, 2. Research conducted, 3. Strategy developed, 4. Issue in debate in public realm, 5. Policy makers agree need to address issue, 6. Policy change/blocks to effective, implementation removed, 7. Policy change implemented, 8. Monitoring and evaluation

⁹ 24 initiatives have reduced to 22 as VSO has stopped working with two partners.

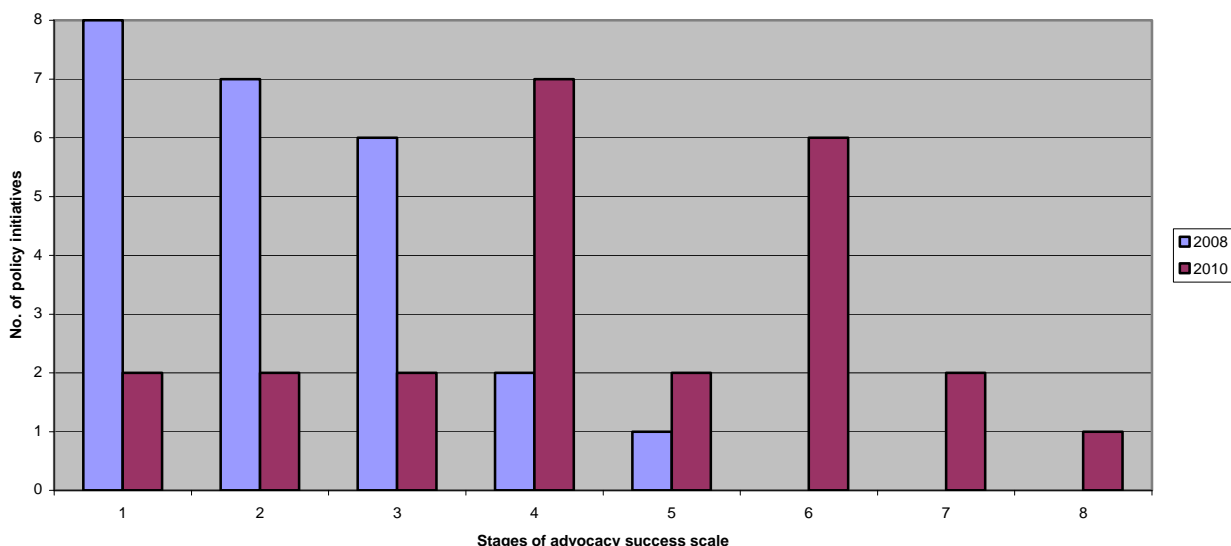
Number of policy initiatives that have progressed since 2008 and by how many steps



Success has been due to advocacy opportunities identified during baseline and, as with education, increased confidence of staff and partners in using their experience to influence policy change.

Of all the advocacy initiatives 11 had reached stages 5 or 6 at the time of reporting.

Number of policy initiatives in 2008 and 2010 achieving different stages of the Advocacy Success Scale

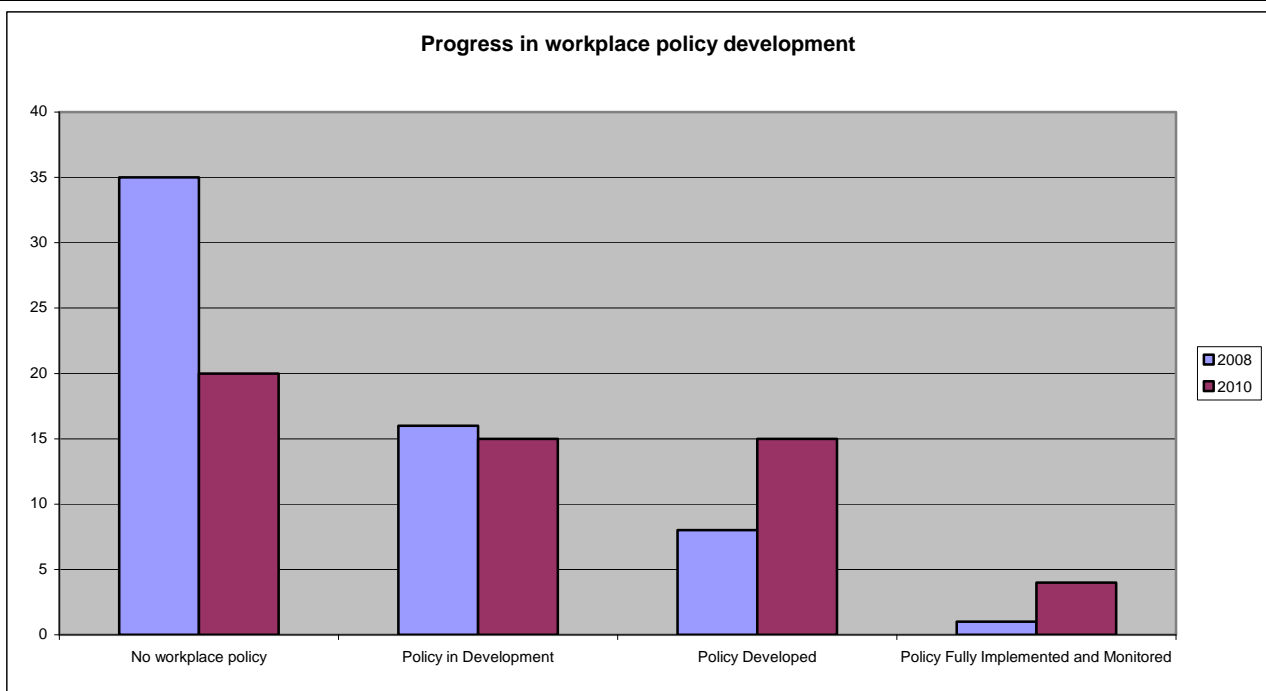


The Network of Organisations for Vulnerable and Orphaned Children (NOVOC) in Malawi conducted the most successful policy initiative and is now at stage 8 (monitoring and evaluation). The VSO volunteer trained secretariat staff and member organisations and strengthened district networks. This led to a review of government policies for orphans and vulnerable children and an increase in budgetary allocation for these programmes. 12,000 orphans, street children and girls in prostitution have been able to go back to school and 2,520 caregivers have indirectly benefited.

<p>Sample reach (policy initiatives)</p> <ul style="list-style-type: none"> In 2008, 20 partners set baselines for a total of 24 current policy initiatives (seven national, 17 district and local) in the four countries (Bangladesh, Nepal, Malawi and Zambia). <p>Points to note</p> <ul style="list-style-type: none"> VSO stopped working with two partners in Malawi, so no information exists on two of the initiatives.
<p>Global reach (policy initiatives)</p> <ul style="list-style-type: none"> As of April 2010, VSO is supporting 47 partners in ten countries to conduct 101 HIV advocacy initiatives.
<p>VSO's contribution</p> <ul style="list-style-type: none"> In all four countries, VSO volunteers supported partner staff with advocacy training and in the development of advocacy strategies. VSO also funded and facilitated partners to share skills and establish joint advocacy initiatives through networks and coalitions. <p>Challenges</p> <ul style="list-style-type: none"> The main challenges faced were: inadequate advocacy skills amongst district staff, reluctance of donors to support advocacy, prohibitive government protocols and little political support.
<p>List any documentary evidence of achievements</p> <ol style="list-style-type: none"> Nepal: Change in law to recognise lesbian, gay, bisexual, transgender and intersex (LGBTI) community Zambia: Success of VSO-supported Zambia AIDS Advocacy Alliance Zambia: Advocating for the rights of orphans and vulnerable children and provision of services to enable children go back to school <p>Summary of anecdotal evidence from six sample countries.</p>

<p>Indicator 1.5:</p>
<p>50% of partner organisations in six sample countries (Bangladesh, Cameroon, Malawi, Mozambique, Nepal and Zambia) have workplace policies in place¹⁰ by March 2011.</p>
<p>Progress achieved and challenges faced</p>
<p>Summary statement</p> <ul style="list-style-type: none"> There has been good progress in this indicator. There has been an increase from 15% to 35% in the number of partners with workplace policies in place and this is on track to reach the 50% target by March 2011. <p>Progress in workplace policy development</p> <p>As of April 2010, in the six sample countries, 54 partners reviewed progress against their baseline positions with good progress seen. Numbers of partners without a workplace policy have decreased and more now have a policy developed.</p>

¹⁰ Workplace policy 'in place' means either 'policy developed' and/or 'policy fully developed and implemented'.
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There has been good progress by partners in low prevalence countries, where recognition of the need for a policy has previously been a challenge. Of the 19 partners with workplace policies now in place, nine of those are from lower prevalence countries.

Sample reach (partners with workplace policy)

- In 2008, a total of 60 partners in the six sample countries set individual baselines on workplace policy development.¹¹

Points to note

- Partner staff and volunteers within the 54¹² partner organisations total more than 11,200 people.
- Some partners were able to collect data regarding the number of disabled staff within their organisations (which did not happen in 2008).

Global reach (partners with workplace policy)

- In VSO's other seven countries with HIV and AIDS programmes, a total of 61 partners set baselines for workplace policies between 2008 and 2010.

Points to note

- In 2009, 20 partners out of 61 had already developed a policy, ten had a fully implemented and monitored policy and seven had policies in development.

VSO's contribution

- VSO volunteers have played a key role in supporting partners with workplace policy development, through training on policy development, gender mainstreaming, development of implementation plans and through learning visit opportunities.
- VSO small grants have supported partners to launch their workplace policies and to purchase supplies.

Challenges

- The confidential nature of the policy means that information around increased uptake in benefits is not always available.
- A reduction in donor funding has caused resourcing difficulties.

¹¹ Baselines were set using four headings: 1. No workplace policy, 2. Policy in development, 3. Policy developed and 4. Policy fully developed and implemented.

¹² The numbers of partners has reduced by six (from a total of 60 to 54), as VSO is no longer working with these partners.

List any documentary evidence of achievements	
1. Zambia: How a workplace policy works in a hospital Summary of anecdotal evidence from six sample countries	

What is the likelihood that Strategic Objective 1 will be achieved? Rate 1 to 5.	1
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Strategic Objective 2:	
Improved capacity of schools, teacher training colleges and professional development centres to deliver quality education for disadvantaged learners in 19 countries.	
<p>Please explain choice of indicators reported on below Why were these indicators chosen?</p> <p>All six indicators set under this objective are included here in order to report on VSO's approach to education as fully as possible.</p> <ol style="list-style-type: none"> 1. Indicator 1 is concerned with the overall quality of education in summary of indicators 3, 4 and 6 2. Indicator 2 focuses on improved enrolment rate of girls 3. Indicator 3 focuses on improved teaching methodology 4. Indicator 4 focuses on improved education management 5. Indicator 5 focuses on education policy initiatives 6. Indicator 6 focuses on the level of community engagement in school management. <p>The indicators were chosen to reflect VSO's multi-layered systemic approach to education – the three interventions of improved teaching methodology, education management and community engagement – when carried out simultaneously, will have the greatest long-term impact and lead most directly to an improved quality of education for girls¹³.</p> <p>How do VSO volunteers relate to indicators? A variety of volunteer interventions contributed towards progress in each indicator.</p> <p>For example, VSO supports improvements in teacher skill (indicator 2.3) through volunteers working as teacher trainers and continuous professional development (CPD) co-ordinators with clusters of schools and within teacher training colleges.</p> <p>VSO also supports improvements in education management (indicator 2.4) through volunteers providing short-term head teacher accompaniment, long-term organisational development support for district education offices and improving the reliability of management systems data.</p> <p>Finally, VSO supports improvements in community engagement in education (indicator 2.6) through volunteers supporting community advocacy initiatives and mobilising community-based organisations (CBOs) and PTAs (parent-teacher organisations). In addition, in some countries, regional and national-level research and advocacy interventions (indicator 2.5) through volunteers building the capacity of civil society organisations and teachers' unions, also contribute to national-level efforts to improve the quality of education.</p> <p>VSO's contribution has been measured in volunteer months and years over the 2009–2010 period. These volunteer months are a combination of short-term volunteers (three- to six-month stays), and long-term volunteers (one to three years). VSO places volunteers for varying lengths of time according to partner need.</p> <p>Methodology An in-depth assessment was carried out of changes in the areas of quality of teaching methodology (see indicator 2.3), education management (see indicator 2.4) and community engagement (see</p>	

¹³ See VSO PPA baseline report 2008 for a more in depth explanation of multi-layered approach to education programming.

indicator 2.6) in five out of the six sample education programmes that set a baseline back in 2008 (Ghana, Cameroon, Namibia, Ethiopia, Pakistan¹⁴ and Thai-Burma). 25 partner organisations in these countries measured change in these areas of quality using a standard progress scale¹⁵. Of the 25 partner organisations involved, 13 have been supported by VSO in all three areas of quality (seven in two areas and five in one area¹⁶). There are 58 different partner scorings, with 50 showing an improvement in quality by one place on the scale, one improvement of two places on the scale and the rest remaining static.

Progress in the areas of quality, and stories of change related to better quality of education experienced by girls, were validated and discussed in 36 focus groups conducted in the five sample countries. Focus groups were made up of boys and girls, disabled children, parents and teachers, all of whom were drawn from schools, PTAs or education offices directly supported by VSO.

Progress towards policy implementation (indicator 2.5) has been measured using **VSO's Advocacy Success Scale**. This is a monitoring and evaluation tool, which features eight stages of a successful policy and advocacy initiative:

Stage 1. Identify the issue

Stage 2. Research conducted

Stage 3. Strategy developed

Stage 4. Issue in debate in public realm

Stage 5. Policy makers agree need to address issue

Stage 6. Policy change/blocks to effective implementation removed

Stage 7. Policy change implemented

Stage 8. Monitoring and evaluation.

It is assumed that the results of the impact assessment from the five sample countries are indicative of change across all 17 education programmes. Numerical trends are accurate throughout the report but it has to be pointed out that VSO staff were not confident about the accuracy of some numerical data collected from and by partners. This is a challenge for VSO in its learning and reporting.

Changes since 2008 baseline survey

- VSO's international volunteer work was suspended in Pakistan in 2009 due to conflict, reducing the original sample of six pilot countries to five. In order to avoid distortion of the overall figures for children, teachers and schools reached by partner organisations, calculations were made for 2008 that omit the figures for Pakistan.
- Two education programmes (Eritrea and Pakistan) have been forced to close since 2008, reducing the original 19 programmes globally to 17.

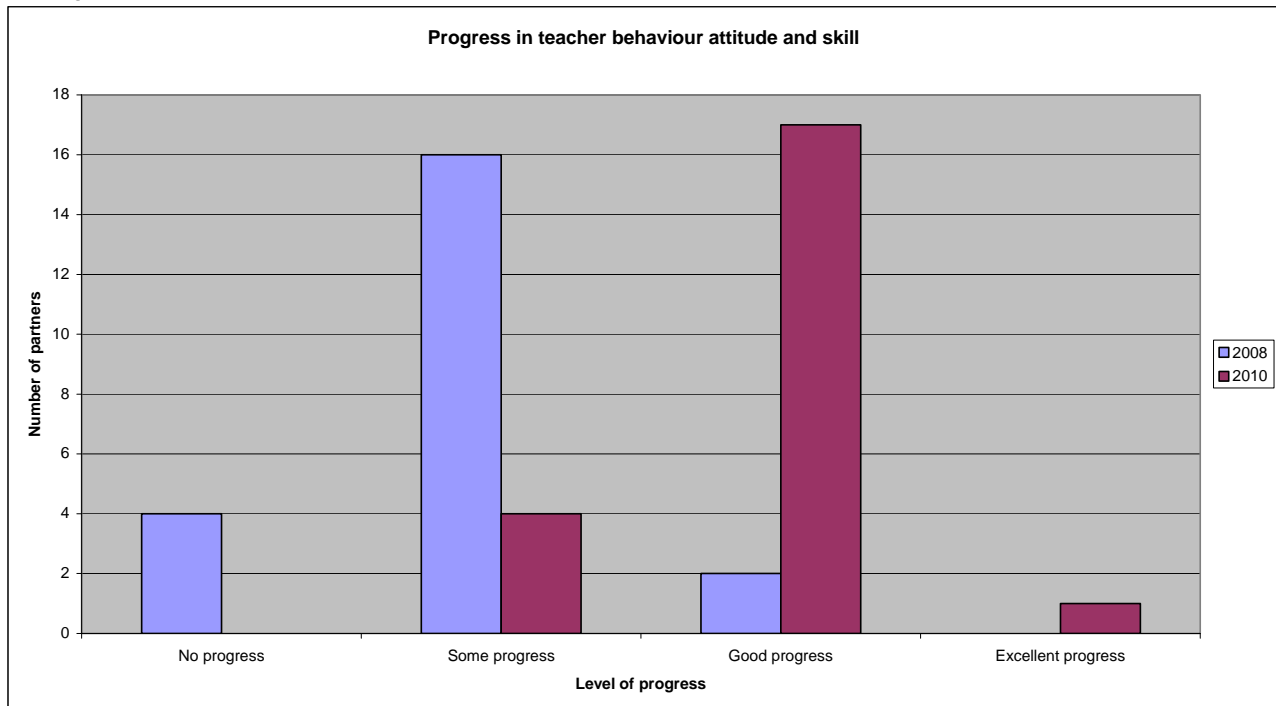
Indicator 2.1:
Improved quality of education for 472,638 girls in five sample countries (Ghana, Cameroon, Ethiopia, Namibia, and Thailand) by March 2011.
Progress achieved and challenges faced
<p>Summary statement</p> <ul style="list-style-type: none"> • Overall there has been good progress made towards this indicator, anticipated to continue to March 2011. <p>Summary of progress in improving quality of education</p> <ul style="list-style-type: none"> • Improvements in quality have been measured by partners in the sample five programmes, in three key areas identified by partners and beneficiaries:

¹⁴ Pakistan education programme was suspended due to conflict.

¹⁵ The standard scale measures progress as: 1. No progress, 2. Some progress, 3. Good progress and 4. Excellent progress.

¹⁶ This potentially could be any combination of the three areas: teacher skill, education management or community engagement.

1. Progress in teacher behaviour, attitude and skill



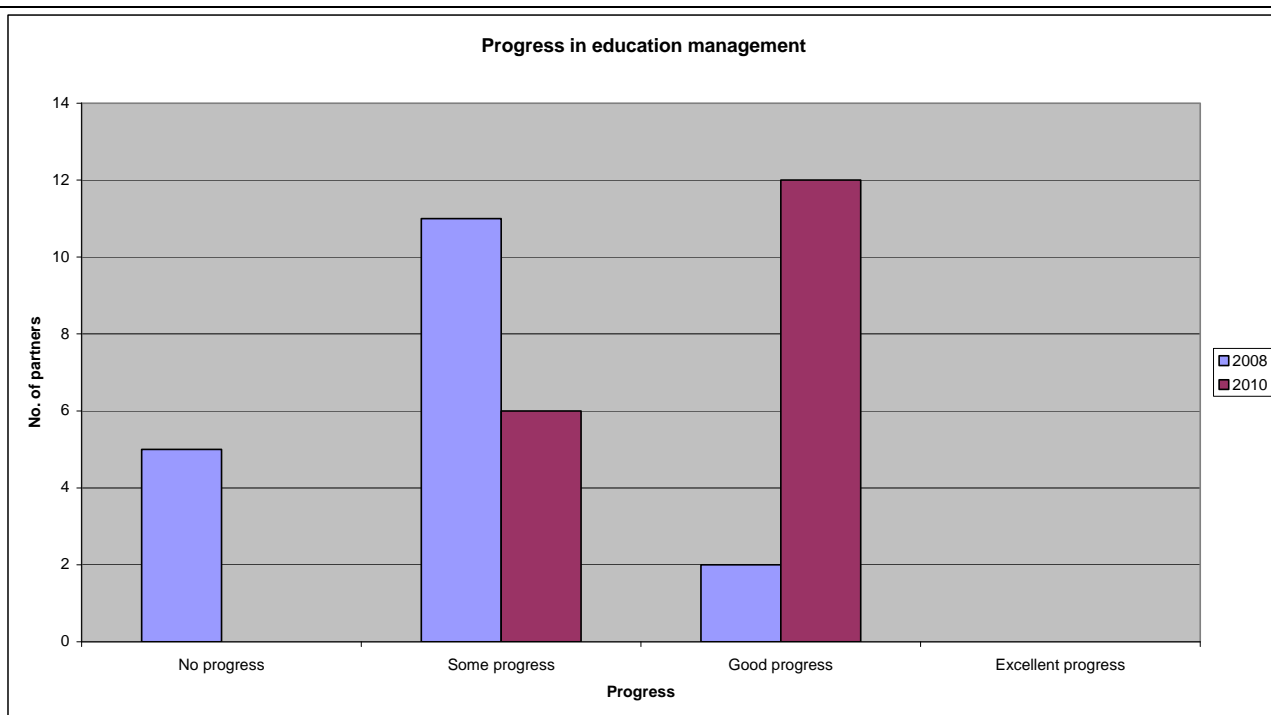
Most partners have made good progress, particularly with encouraging girls' participation in classroom learning and use of alternative forms of discipline (see 2.3 and documentary evidence for more details).

2. Progress in education management

¹⁷ These constitute schools where two or three of VSO's key areas of intervention at district and school level aimed at improving the quality of education are in place: in-service teacher training (indicator 2.3), education management (indicator 2.4) and community engagement (indicator 2.6).

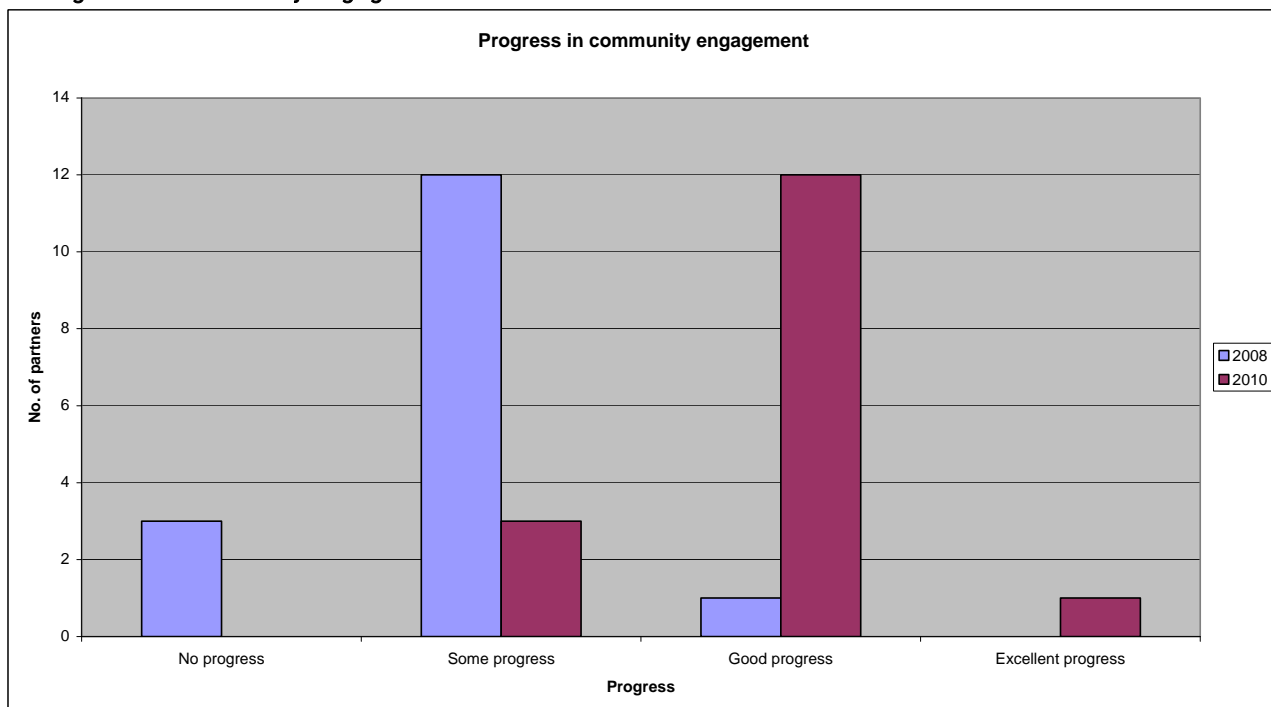
¹⁸ These constitute partners where two or three of VSO's key areas of intervention aimed at improving the quality of education are in place: in-service teacher training (indicator 2.3), education management (indicator 2.4) and community engagement (indicator 2.6).

¹⁹ LINKS stands for Learning through International Networking and Knowledge Sharing.



Most partners have made good progress, particularly with improvements in quality support and supervision to teachers (see 2.4 and documentary evidence for more details).

3. Progress in community engagement



Most partners have made good progress in school management, particularly with improvements in school environment and shifts in parental attitudes to education (see 2.6 and documentary evidence for more details).

Sample reach (girls reached by quality education)

- In total 1,189,145 children (572,218 girls and 616,927 boys) in 4,495 VSO-supported schools have benefited from improved quality of education¹⁷ since 2008 in the five sample programmes.

Points to note

- For girls, this is an increase of 21% in total from the baseline in 2008.

- 49 partners in the five sample countries are being supported by VSO to improve the quality of education¹⁸.
- Of these, 18 partners set baselines in 2008 and are monitoring progress towards improved delivery of quality education.

Global reach (girls reached by quality education)

- Globally VSO is improving the quality of education for a total of 8,883,883 children (4,506,631 boys and 4,377,202 girls).

Points to note

- 188 VSO partners are supporting **263,948 teachers**.
- VSO is supporting 24,636 schools in 17 programmes.
- 151 VSO partners (including district education offices and colleges of teacher education) are supporting improvements in **education management** across 17 countries.
- 101 VSO partners are supporting 12,598 schools across 17 countries to **engage more effectively with their school communities** on education issues.

VSO's contribution

- VSO has contributed to this indicator through a combination of 1,398 volunteer months (equivalent to more than 116 years), where long-term and short-term volunteers have been working in a variety of capacity-building roles, such as teacher trainers, organisational development advisers and community advocacy officers.
- Three VSO-facilitated LINKS¹⁹ study tours were also arranged between Ghana and Kenya, Thai-Burma and Cambodia, and Namibia and Cameroon (National Volunteering).

Challenges

- Girls continue to report sexual harassment and domestic chores as major challenges for them at school. VSO is responding to this through awareness raising and community engagement work (see indicator 2.6).

List any documentary evidence of achievements

1. Ethiopia: VSO's approach to gender and education in Ethiopia:
 - Part 1 (of 5): [Introduction to key stakeholders](#)
 - Part 2 (of 5): [Haramaya University – supporting female student enrolment](#)
 - Part 3 (of 5): [Training packages](#)
 - Part 4 (of 5): [Academic level disparities and sexual harassment policy](#)
 - Part 5 (of 5): [Education agenda in Ethiopia and retention rates](#)
 2. Cambodia: A holistic approach to supporting inclusive education: *See how VSO is supporting inclusive education at different levels of the education system through its multi-layered approach to improving the quality of education for all children.*
 - Part 1 (of 8): [Introduction](#)
 - Part 2 (of 8): [Mondulhiri Province – ethnic minorities](#)
 - Part 3 (of 8): [Kampot Province – children with disabilities and teacher training programme](#)
 - Part 4 (of 8): Duch Dokha – [how VSO's training improved his work as teacher](#)
 - Part 5 (of 8): Kampot Krong School – [MIE project in primary school](#)
 - Part 6 (of 8): Koh Kong province – [MIE project in secondary school](#)
 - Part 7 (of 8): Boeungka Chhang Island – [MIE project and community engagement](#)
 - Part 8 (of 8): [Conclusion](#)
 3. Ghana: Increased community engagement in girls' education girls as a result of VSO support to District Assembly Women
 - [Sandra \(VSO volunteer\) speaks](#)
 - [Grace \(parent\) speaks](#)
 - [Margaret \(District Assembly woman\) speaks](#)
 4. Namibia: Progress towards inclusive education in Oshikoto region: the VSO contribution to the work of its partner organisation, the Oshikoto Regional Education Directorate
 5. Ethiopia: Tekle-Haimanot Tazebe's story
- Summary of anecdotal evidence from five sample countries

Indicator 2.2:

A 5% increase in the number of girls enrolled in schools from 1,467,038²⁰ in November 2008, as a result of VSO interventions, in five sample countries (Ghana, Cameroon, Ethiopia, Namibia, Thailand) by March 2011.

Progress achieved and challenges faced

Summary statement

- Overall there has been good progress made towards this indicator, anticipated to continue to March 2011.

Progress in girls enrolment

- The increase in girls' (and boys') enrolment has largely come about as a result of community-level initiatives addressing some of the key barriers to girls' and other disadvantaged children's access to education (see indicator 2.6 and documentary evidence). For example, in Cameroon, VSO volunteers, together with National Volunteers, have been supporting the mobilisation of 39 mother-teacher associations to encourage greater enrolment and retention of girls.
- In addition to an increase in enrolment, four partners in Ghana, Cameroon and Ethiopia reported a **reduction in the drop-out rate** of girls (see Cameroon case study), again as a result of increased recognition of the value of education. However, there was no reliable data to support this testimony.

Sample reach (girls enrolment)

- There has been a 7.3% increase (from 458,080 to 491,670) in the number of girls and a 7.5% increase in the number of boys enrolled in schools reached by VSO partners in Ghana, Cameroon, Namibia and Thailand (excluding Ethiopia).
- Overall (including Ethiopia) the numbers of girls enrolled in school has reduced from 1,467,038 to 1,384,635.

Points to note

- The reduction by 2.6% in Ethiopia of the number of girls enrolled in schools reached by VSO partners is the result of more accurate collection of partner management systems data in 2010 than in 2008.
- The number of children with disabilities enrolled in schools reached by VSO partners has increased from 20,002 to 29,463 since 2008. Of this new total, 10,688 are girls²¹.

Global reach (girls enrolment)

- Globally VSO is reaching a total of 38,900 schools with a total of 14,604,139 children (**7,374,984 boys and 7,229,155 girls**) enrolled in schools in 17 programmes.

VSO's contribution

- VSO has contributed to this indicator mainly through national and international VSO volunteers supporting community-led initiatives and raising awareness of education issues with parents in their regions/districts.
- In some cases, this work was carried out in conjunction with wider advocacy and policy initiatives in the five sample countries (see indicators 2.5 and 2.6).

Challenges

- The increase in enrolment is not being matched by adequate improvements in school facilities and numbers of teachers. VSO is responding to this through the Valuing Teachers research and advocacy work (see 2.5) in 14 countries and internationally.

List any documentary evidence of achievements

1. Cameroon: Mother-teacher associations supporting girls' education
2. Ethiopia segregated girls' and boys' toilets leading to improved attendance and performance
3. Cambodia: Changes in school leadership and management lead to increased enrolment and attendance (The lucky children of Boeung Ka Chang School)

²⁰ This is the number without Pakistan.

²¹ This is both as a result of awareness-raising activities at community level but also by volunteers supporting the diagnosis of children with disabilities and improved collection of management systems data, where data previously didn't exist for children with disabilities.

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Indicator 2.3:

Improved skills in using child-centred methodology will be demonstrated by 187,157 teachers in schools, teacher training colleges and professional development centres in 19 countries by March 2011.

Progress achieved and challenges faced

Summary statement

- Excellent progress is registered against this indicator, anticipated to continue to March 2011.

Progress in improved teacher skills

- 14 out of 17 VSO education country programmes have reported improved use of **child-centred, inclusive methodology** by teachers and teacher trainers.
- 21 out of 22 partner organisations have reported an improved level of teacher skill (one point on the scale – see graph in 2.1). Five focus groups of teachers in the five countries also expressed **increased confidence and willingness to extend inclusive strategies** to children with diverse learning needs (see evidence section – special education assistants). This is an important focus for VSO.

Sample reach (teachers)

- In the five sample programmes, VSO is reaching 53,357 teachers in 2010 through support to in-service, continuous professional development and pre-service teacher training.

Points to note

- Of these **53,357 teachers**, 24,670 are female.
- 71 partners in the five sample countries are being supported by VSO to improve teacher skill in using child-centred methodology.
- Of these 71 partners, 22 set baselines in 2008 and are monitoring progress towards improved teacher skill, attitude and behaviour.

Global reach (teachers)
• The total number of teachers currently reached by VSO through support to in-service, continuous professional development and pre-service teacher training is 263,948 (108,167 of whom are female) across 17 education country programmes.

Points to note

- The upward trend in the number of teachers reached is correct, but the numerical increases may be the result of more accurate counting by partners than in 2008.
- This equates to a global reach of 25,702 schools where VSO is supporting teacher training and reaching 9,450,658 children.

VSO's contribution

- VSO is building the capacity of 188 partner organisations across 17 countries to improve the quality of teaching and learning in schools and teacher training colleges, through a variety of volunteer interventions (long-term, short-term and National Volunteering), via in-service and pre-service teacher training, supporting curriculum development and facilitating mentoring programmes, etc.
- A total of 1,802 volunteer months (equivalent to 150 years) across the five pilot countries has contributed to increased partner capacity to deliver quality in-service and pre-service teacher training since 2008. In addition to long-term volunteer placements, VSO's National Volunteering programmes in Cameroon, Nigeria, Ghana, The Gambia and Guyana have contributed to the quality of teaching in schools.

Challenges

- See challenges under 2.2.

List any documentary evidence of achievements
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- | |
|--|
| 1. Tanzania: Raising Standards in Primary Schools |
| 2. Nepal: Inclusion Through Interactive Methods |
| 3. Ghana: Impact On Teachers: Jeremiah's story |
| 4. Ethiopia: VSO's approach to gender and education in Ethiopia: |

- Part 1 (of 5): [Introduction to key stakeholders](#)
 - Part 2 (of 5): [Haramaya University – supporting female student enrolment](#)
 - Part 3 (of 5): [Training packages](#)
 - Part 4 (of 5): [Academic level disparities and sexual harassment policy](#)
 - Part 5 (of 5): [Education agenda in Ethiopia and retention rates](#)
5. Cambodia: [A holistic approach to supporting Inclusive Education](#): See how VSO is supporting inclusive education at different levels of the Education system through its multi-layered approach to improving the quality of education for all children.
- Part 4 (of 8): [Duch Dokha – how VSO’s training improved his work as teacher](#).
- Summary of anecdotal evidence for 2.3.

Indicator 2.4:
Improved capacity to support teachers in a variety of ways (for example, delivery of in service training, providing management support) in 239 partners (such as district education offices) in 19 countries by March 2011.
Progress achieved and challenges faced
<p>Summary statement</p> <ul style="list-style-type: none"> • Good progress is registered against this indicator, anticipated to continue to March 2011. <p>Progress in education management</p> <ul style="list-style-type: none"> • 15 out of the 18 VSO partners from the five sample countries have reported an improvement of one point on the scale (see graph in 2.1 above). Four partners in Ethiopia, Namibia and Thai-Burma reported an increase in allocation and creative use of teaching and learning materials to schools as a result of volunteer support. This was validated by five focus groups. • Nine (out of 17) VSO country programmes have reported improvements in quality supervision and support to teachers as a result of VSO volunteers providing leadership and mentoring training to head teachers and education managers. VSO’s partnership with NAHT (National Association of Head Teachers) and placement of 22 NAHT head teachers in Rwanda, Nigeria, Namibia and Ghana has contributed to this. • There was a general increase in gender parity at different levels of the education system reported by ten (out of 17) VSO education country programmes and eight partner organisations in the five sample countries. Examples of this include the number of female teachers in Ghana increasing from 5,312 to 5,771 and women being empowered through VSO training or promoted to positions of authority as a result of more inclusive practices by VSO partners in Ethiopia and Namibia. • Improved partner systems and processes for collecting and analysing statistical data and increased capacity of partner staff to use information and technology as a result of volunteer support has been reported by five country programmes. <p>Sample reach (partners)</p> <ul style="list-style-type: none"> • 51 partners (regional and district education offices) in the five sample countries are being supported by VSO to build their education management capacity. • Of these 51 partners, 18 set baselines in 2008 and are monitoring progress towards improved education management and support to teachers.
<p>Global reach (partners)</p> <ul style="list-style-type: none"> • 151²² VSO partners (including district education offices and colleges of teacher education) are supporting improvements in education management across 17 countries.
<p>Points to note</p> <ul style="list-style-type: none"> • In 2008, 239 partners were recorded as receiving organisational development support from VSO. However, 151 is a more accurate number of partners having specific education management support, such as resource allocation and management systems data analysis.
VSO’s contribution

²² 151 would have been a more accurate figure for partners supporting education management in 2008 than 239.
 PPA Self-Assessment Form – Final

- VSO supported partners with a total of 1,464 volunteer months since 2008 (equivalent to 122 years) through both long-term and short-term placements and partner exchange visits within country.

Challenges

- Poor teacher terms and conditions, lack of female role models, lack of teacher voice in decision-making and continuing weak management systems.

List any documentary evidence of achievements

1. The Gambia: Redeeming a failing school
 2. Nigeria: Improved systems and processes
- Summary evidence for 2.4.

Indicator 2.5:

Nine policy initiatives (four national, five local) in six sample countries (Ghana, Cameroon, Ethiopia, Namibia, Pakistan, Thailand) will make significant progress on their 2008 baseline position by March 2011. These are policy initiatives that aim to realise girls' and boys' rights to education.

Progress achieved and challenges faced

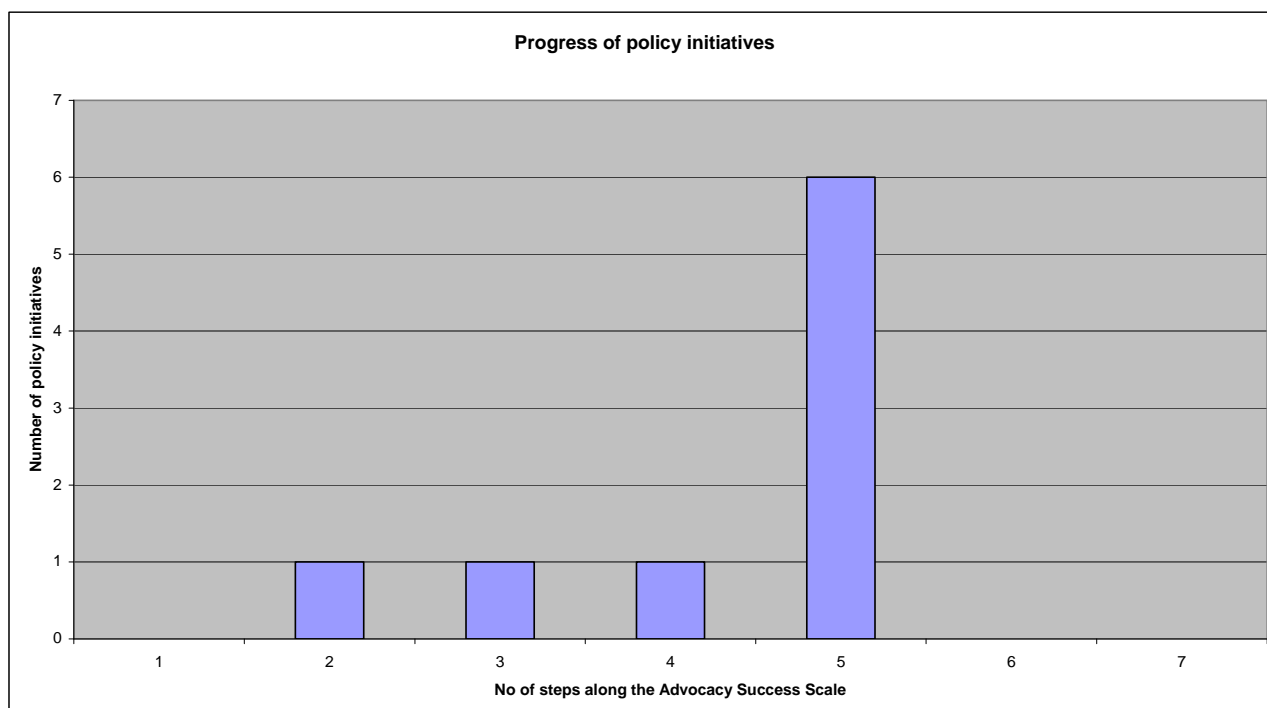
Summary statement

- Excellent progress is registered against this indicator, anticipated to continue to March 2011.

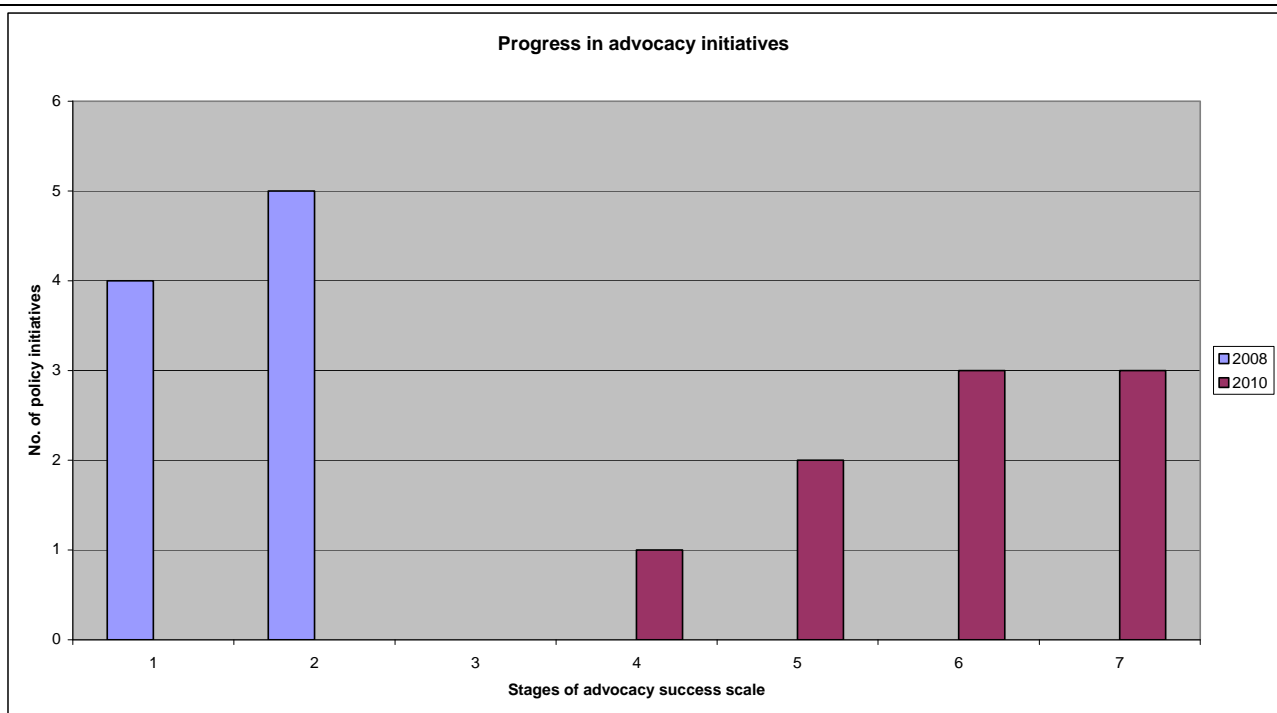
Progress in policy initiatives

All partners have moved two or more steps along the scale.

Out of eight national-level initiatives, **three have seen policy changes at stage 7**, three initiatives have reached stage 4 and 5 and the remaining two have reached stage 2 on the **Advocacy Success Scale**²³. Stage 7 national-level **policy changes** reach a large number of children through structural change.



²³ VSO Advocacy Success Scale is a monitoring and evaluation tool, which includes eight stages of a successful policy and advocacy initiative. Stage 1. Identify the issue, 2. Research conducted, 3. Strategy developed, 4. Issue in debate in public realm, 5. Policy makers agree need to address issue, 6. Policy change / blocks to effective implementation removed, 7. Policy change implemented and 8. Monitoring and evaluation. All policy/advocacy initiatives can be measured using this scale for baseline and end result.



Examples

- **Ethiopia:** the establishment of the National Framework for Continuous Professional Development of Teachers has resulted in 225,319 teachers having better CPD opportunities. In May 2008, VSO initiated an education development group comprising VSO volunteers, school management and school leaders. Good practices on CPD at school and regional level were shared with the Ministry of Education, leading to the construction of a new vision of CPD based on international good practice.
- **Namibia:** a policy has been passed that allows girls who have given birth to re-enter school. VSO built the capacity of FANEWA (Forum for African Women Educationalists in Namibia) in research and advocacy and, together with other NGOs, ran a successful campaign on allowing girls to continue their education after giving birth.
- **Ghana:** the government has doubled the capitation grant for all school-going children as a result of evidence-based lobbying with civil society partners, contributing to the increase in enrolment rates. VSO contributed to the Ghana National Education Campaign Coalition's (GNECC) organisational development. GNECC then launched an evidence-based campaign to increase the grant.

VSO's **Valuing Teachers research and advocacy work** is addressing issues of teacher motivation, and professional terms and conditions at national level in 14 countries and has led to significant change in a number of cases (see evidence section).

Sample reach (policy initiatives)

- Ten partner organisations have been supported by 12 advocacy volunteers to implement eight national and nine district/regional-level policy initiatives in the five sample countries since 2008.

Points to note

- The total number of policy and advocacy initiatives has increased as a result of increased partner confidence, collaboration between VSO country programmes and identification of advocacy opportunities during the baseline survey.

Global reach (policy initiatives)

- 25 civil society organisations and teachers' unions are being supported by 41 advocacy volunteers to implement 39 national and district/regional level policy initiatives in 14 countries.

VSO's contribution

- Policy and advocacy initiatives are supported by 41 long- and short-term advocacy volunteers building the capacity of 25 education civil society organisations and teachers' unions.

Challenges

- In some countries, the political situation and specific restrictions means engaging in policy and advocacy work is not possible. Where possible, VSO responds to this through strategic influencing work within government structures.

List any documentary evidence of achievements

1. Ghana and Ethiopia: UNGEI paper '*Working in partnership to address gender inequality in education: Lessons from VSO Ghana and VSO Ethiopia*' (available on request)
 2. Cambodia: Valuing Teachers – teacher motivation and rise in teacher salary
 3. Thai-Burma: Education for migrant children
- Summary of anecdotal evidence for 2.5.

Indicator 2.6:

An increased level of engagement in school management will be achieved by 4,298²⁴ parent-teacher associations and community organisations in five sample countries (Ghana, Cameroon, Ethiopia, Namibia, Thailand) by March 2011.

Progress achieved and challenges faced

Summary statement

- There has been good progress against this indicator, anticipated to continue to March 2011.

Progress in parent/community engagement in education management

- 15 out of the 16 VSO partners from the five sample countries have reported an improvement of one point on the scale (see graph in 2.1 above).
- Ten partners reported increases in enrolment rates and reductions in drop-out rates as a result of **increased recognition of the value of education** (see indicator 2.2). Some groups of parents demonstrated a shift in attitude towards their daughters and took practical steps towards enabling them to complete their schooling (see evidence section).
- **Increased multidisciplinary and collaborative work between education authorities and other bodies**, such as PTAs and CBOs, was seen across a number of the sample countries as a result of VSO support since the 2008 baseline. For example, education offices in Cameroon, Thai-Burma and Ghana have expressed recognition of the critical role that PTAs can play in improving the quality of education (see documentary evidence for more details).

Sample reach (parent-teacher associations and community organisations)

- In the five sample programmes, VSO is reaching 3,898²⁵ PTAs and CBOs in 2010 through support to school communities to engage more effectively with education and school management issues.

Points to note

- 47 partners (district education offices and civil society organisations) in the five sample countries are being supported by VSO to build their capacity to support improved community engagement in education.
- Of these, 16 partners set baselines in 2008 and are monitoring progress towards improved community engagement. The decrease in numbers of parent-teacher associations and community organisations reached is a result of more accurate collection of partner management systems data in 2010.

Global reach (parent-teacher associations and community organisations)

- 101 VSO partners are supporting 12,598 parent-teacher associations and community organisations across 17 countries to engage more effectively with education and school management issues.

VSO's contribution

- VSO has contributed to this indicator mainly through national and international VSO volunteers supporting community-led initiatives and raising awareness of education issues with parents in their regions/districts. This has been supported by a total of 1,331 volunteer months (equivalent to almost 111 years) since 2008.
- For example, volunteers have built capacity of parent/mother-teacher associations and staff responsible

²⁴ Updated number excluding figures for Pakistan.

²⁵ 3,898 is a more accurate figure for PTAs and CBOs supported by VSO partners than 4,298.

for making these community initiatives work (for example, training the school communities on **good governance, income-generating activities, and planning and structuring meetings**). In Cameroon, 12 community volunteers are working alongside international volunteers to support the implementation of participatory school development plans.

Challenges

- Vulnerability of poor communities to changes in the socio-economic environment (for example, migration).

List any documentary evidence of achievements

1. Ghana: [VSO Ghana support for Nadowli Assembly Women’s Advocacy Group \(NAWAG\) addressing barriers to Girls Education in Ghana](#)
2. Cameroon: mothers-teacher associations supporting girls’ education in the far north of Cameroon
Summary of anecdotal evidence for 2.6.

**What is the likelihood that Strategic Objective 2 will be achieved?
Rate 1 to 5.**

1

Strategic Objective 3:

Disabled people’s organisations (DPOs) at national and local level increase their capacity to raise awareness of women and men with disabilities, on how to access their rights to education, health, livelihoods and participation in decision making in 13 countries.

Please explain choice of indicators reported on below

Why were these indicators chosen? Two indicators were set for this objective:

1. Indicator 1 focuses on the capacity of disabled people’s organisations to engage with disabled people and reach out to more members.
2. Indicator 2 focuses on the end result of DPOs’ capacity development: disabled people’s access and awareness of rights.

The two indicators were chosen following the observation that in the countries of operation, DPOs (membership organisations of disabled people) are the only providers of disability rights awareness, both amongst disabled people and amongst the general population. Therefore, the most effective way to increase disabled people’s awareness of their rights is to support the capacity development of DPOs.

How do VSO volunteers relate to indicators? Long-term organisational development volunteers coached staff and boards of the organisations to strengthen their systems and mobilise resources. In all programmes, the impact of these volunteer placements has been strengthened by short-term volunteers bringing in specific skills on advocacy, community mobilisation, research, adaptive technology and human rights. Across the six sample countries, VSO also strengthened the capacity of organisations to network and engage with each other at district, national and international level through supporting exchange visits, study tours, facilitating the creation of national forums and by encouraging partners to share resources and knowledge brought in by international volunteers.

VSO’s contribution has been measured in volunteer months and years over the 2009–2010 period. These volunteer months are a combination of short-term volunteers (three- to six-month stays), and long-term volunteers (one to three years). VSO places volunteers for varying lengths of time according to partner need.

Methodology Besides measuring the progress in all 11²⁶ countries through VSO’s standard planning and review systems, more in-depth assessment was made of changes in 28 partners’ capacity in six sample countries (Nepal, Guyana, The Gambia, Kenya, Uganda and Rwanda). This was carried out using a scale to measure progress²⁷ in three areas of quality that had been identified by disabled people in focus group discussions in 2008.

- The three areas of quality are:
1. Being representative and inclusive of disabled people in rural areas and of disabled women
 2. Good governance, leadership and transparency
 3. Services and benefit provision (either as direct service provision, referrals to services or information on services).

Changes since 2008 baseline When setting the baseline for the first indicator in 2008, a conservative estimate was made of working with two national DPOs per country, estimating a total of 26 globally. However a far greater number of organisations have been successfully supported and there has been an increase in the number of district DPOs supported since 2008, especially in Kenya and Uganda.

Indicator 3.1:

Increased capacity will be achieved by at least 26 national disabled people’s organisations in 13 countries by March 2011.

Progress achieved and challenges faced

²⁶ The number of countries has decreased from 13 to 11 as two country programmes (Sri Lanka and Papua New Guinea) have either refocused or closed.

²⁷ The standard scale measures progress as: 1. No progress, 2. Some progress, 3. Good progress and 4. Excellent progress.

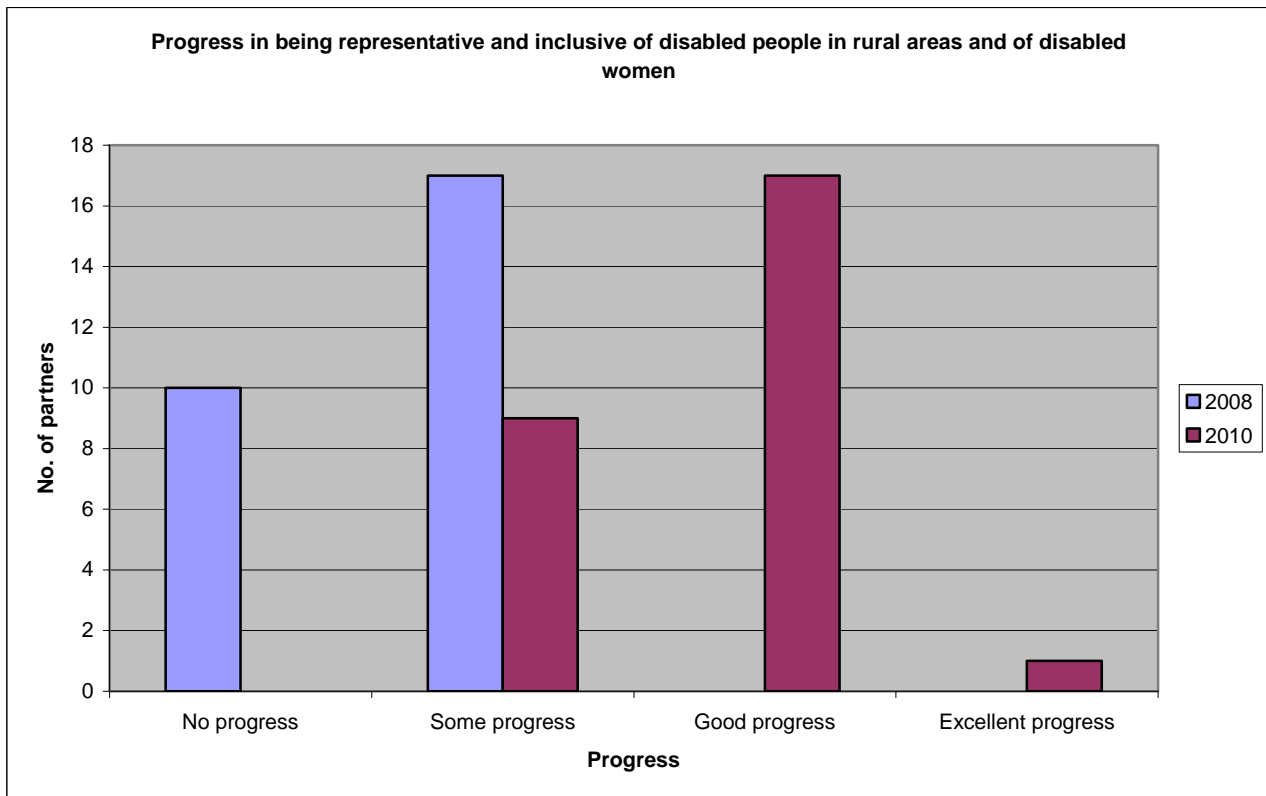
Summary statement

- Excellent progress has been registered under this indicator, anticipated to continue to March 2011.

Progress in capacity development of DPOs

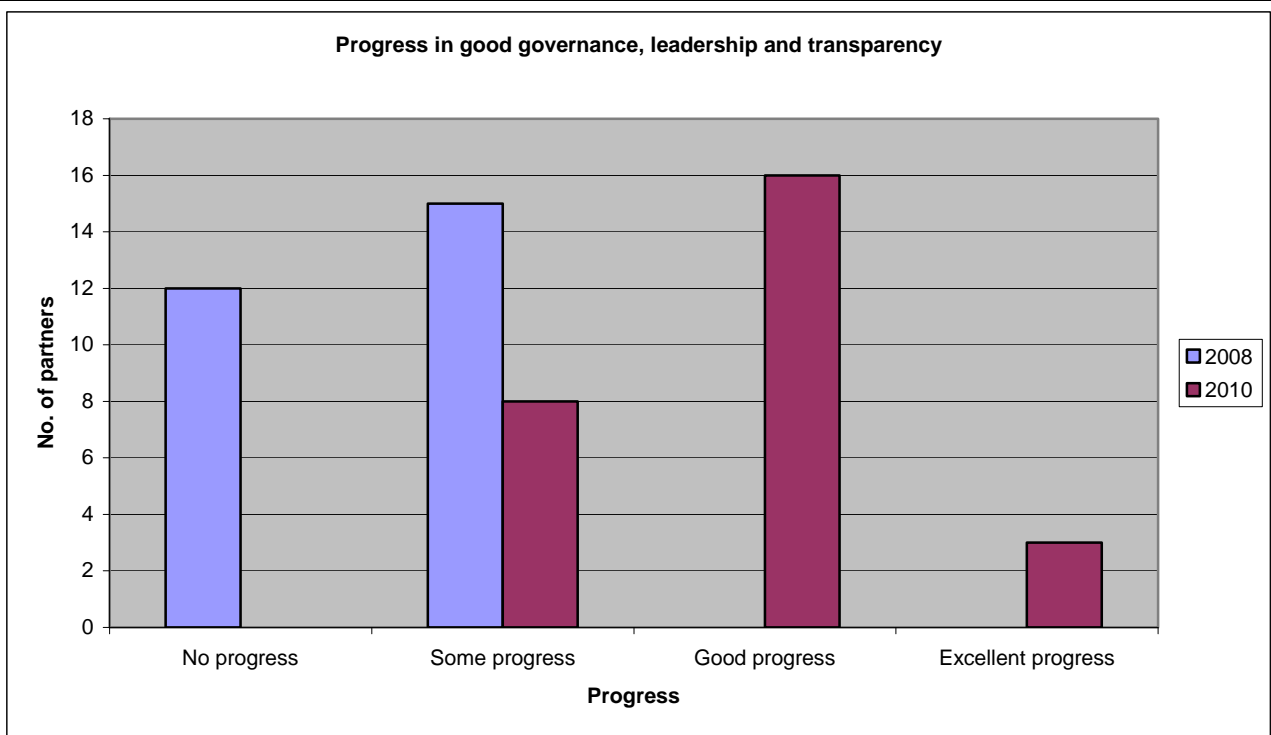
In summary 28²⁸ partners in the six countries made either some, good or excellent progress in all three areas of quality without exception.

1. Being representative and inclusive of disabled people in rural areas and of disabled women



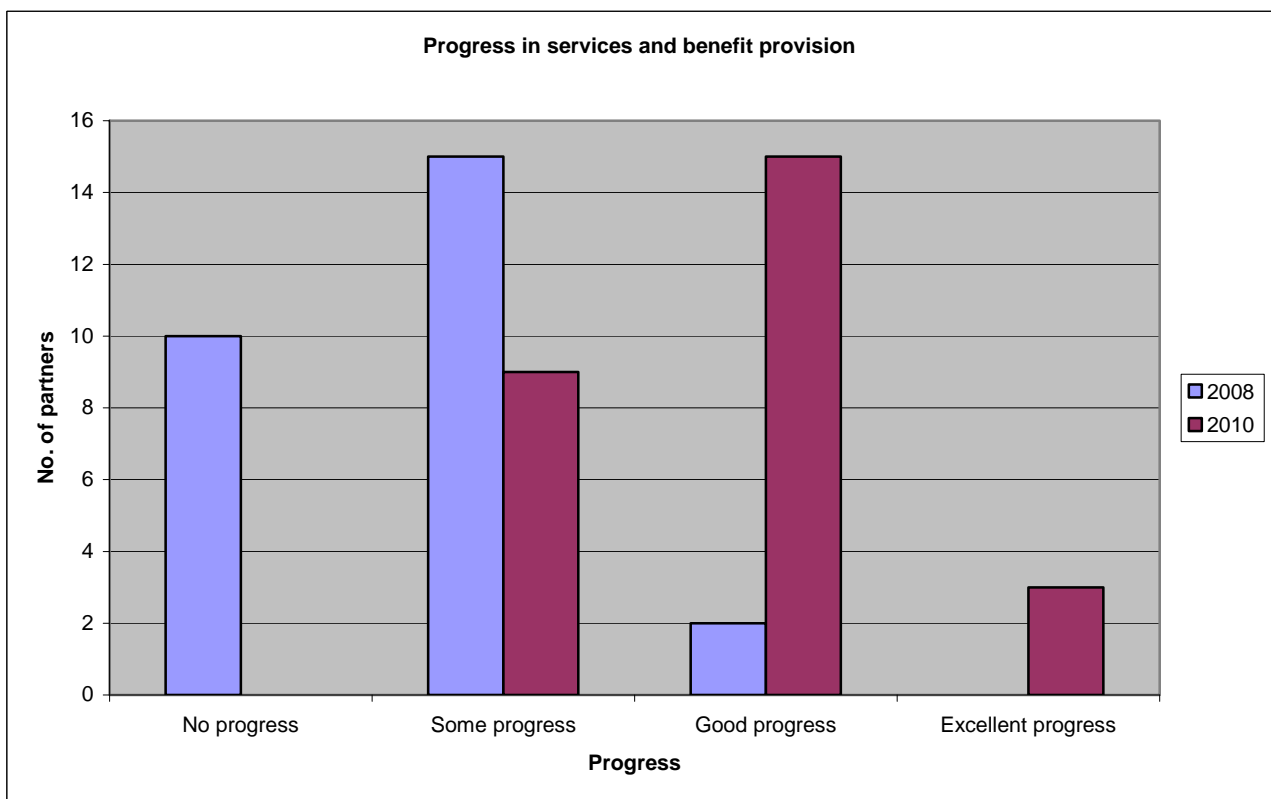
All 28 organisations envisage further increases in membership and increased capacity to reach and support their members in 2011.

2. Good governance, leadership and transparency



All 28 partners increased their capacity to engage with policy debates and mainstream development agencies.

3. Services and benefit provision



All district DPOs and ten national DPOs improved in their capacity to deliver services to their members, both in the form of referrals for information or the ability to provide direct services.

Sample reach (partners)

- 28 DPOs in the six countries carried out deeper assessment of the improvement in their capacity.
- 45 DPOs in the six countries have been supported by VSO and gathered data about the increase in their membership.

Global reach (DPOs)

- Between 2008 and 2010, VSO has supported 75 DPOs to increase their capacity to reach more disabled

people and to increase their awareness and access to their rights.

VSO's contribution

- Between 2008 and 2010, 45 partners in the six sample countries received support from VSO in the form of 723 international volunteers months (equivalent to 60 years), 22 small grants and four international study tours.
- Long-term organisational development volunteers coached staff and boards of the organisations in strengthening their systems and mobilising resources. In all programmes, the impact of these volunteer placements has been strengthened by the more specific inputs of short-term volunteers bringing in specific skills on advocacy, community mobilisations, research, adaptive technology and human rights.
- Across the six sample countries, VSO strengthened the capacity of organisations to network and engage with each other at district, national and international level. This was done by supporting exchange visits, study tours, by facilitating the creation of national forums and by encouraging partners in sharing resources and knowledge brought in by international volunteers.

List any documentary evidence of achievements

1. Rwanda: case study on increased access to HIV and AIDS testing for disabled people
 2. Kenya: case study on increased membership of 20,000 disabled people of National Council for Persons With Disabilities
 3. The Gambia: case studies on organisational development of two partner organisations
- Summary of achievements in the sample countries.

Indicator 3.2:

Increased awareness, knowledge and access to services that realise their rights to education, health, livelihoods and participation in decision-making is received by 64,592 women and men with disabilities in six sample countries by March 2011.

Progress achieved and challenges faced

Summary statement

- Excellent progress has been registered under this indicator, anticipated to continue to March 2011.

Progress in increased awareness and knowledge and access to services

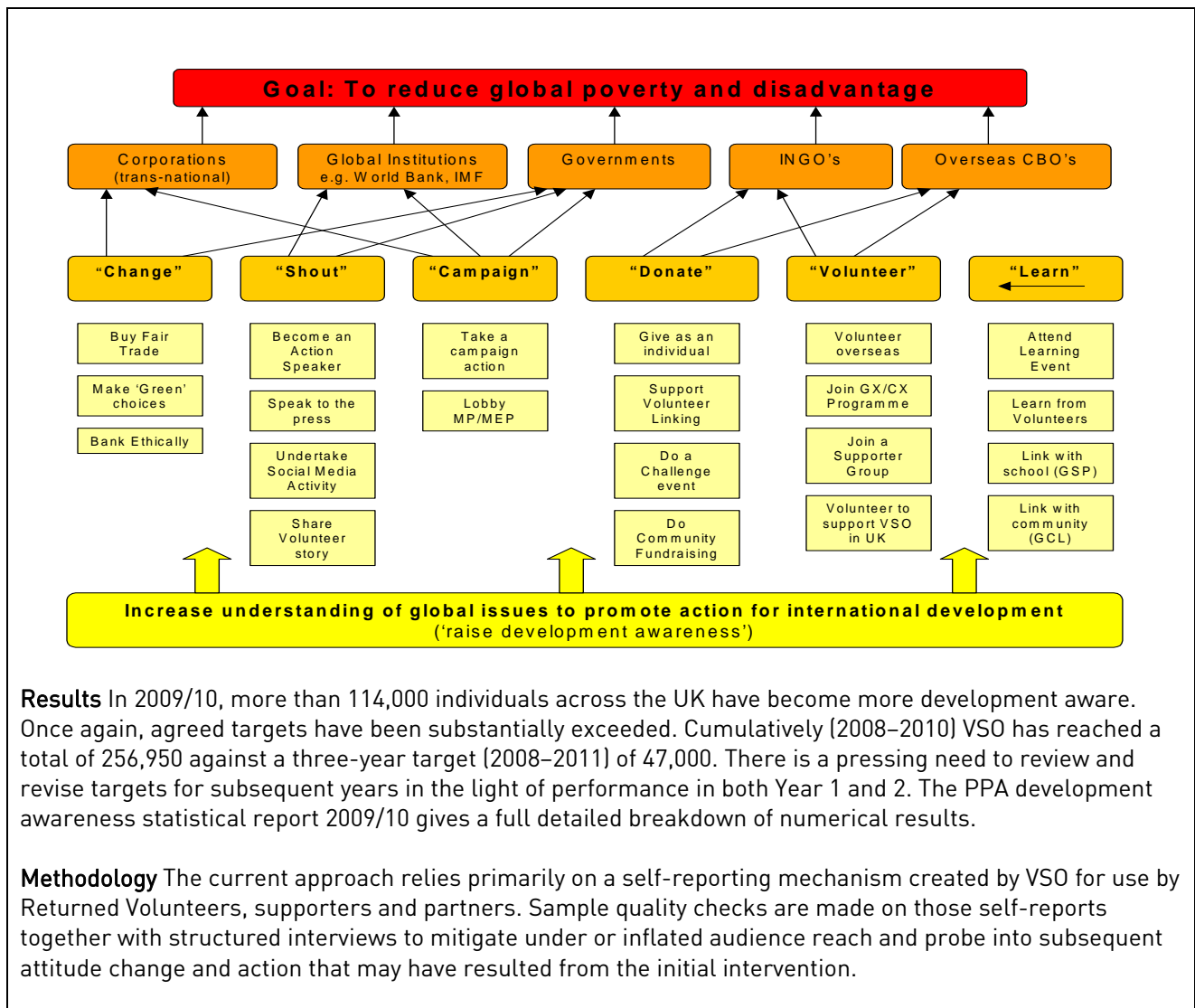
- The increase in scale since 2008 is due to the actual increase in membership of DPOs, their increased capacity to count and manage their membership and an increase in the number of partners VSO is supporting.
- Focus group discussions and individual interviews provided evidence that there is a direct link between membership of a DPO and increased awareness and knowledge of rights and services. Strengthening the capacity of DPOs to reach more disabled people has resulted in an increase in access to services.
- VSO's support has resulted in increased capacity of DPOs to engage with an extended membership, and an increased number of disabled people understanding their rights.
- For this evaluation, 27 focus group discussions were conducted with 169 disabled men and 161 disabled women in the six countries. Participants had either been members of VSO partners since before 2008 or new members reached after 2008.
- All people interviewed who joined a DPO after 2008 reported dramatic changes in their awareness of their rights and in their self-confidence. People reported being able to participate in their community and in some cases to be able to leave the house for the first time ever.
- New members reported changes in their attitude and behaviour, due to their increased self-confidence. Disabled people who joined district DPOs reported increased opportunities to access livelihood, health and education services.

Sample reach (women and men with disabilities)

- In the six sample countries, the membership has increased from 36,811 disabled people in 2008 to 184,285 in 2010 (against a projected increase to 64,592).

Points to note	
<ul style="list-style-type: none"> It is not possible to say exactly what percentage of the membership is composed of women. However a number of partners have been supported by VSO to collect gender-disaggregated data and, where this has happened, partners felt that it was useful. 	
Global reach (women and men with disabilities)	
<ul style="list-style-type: none"> The total number of disabled people currently reached by all 75 partners in 11 countries is 1,070,968 (both through direct membership and specific awareness initiatives by the same partners). 	
VSO's contribution	
<ul style="list-style-type: none"> VSO's contribution to developing the capacity of DPOs to increase their membership and reach more disabled people is covered under indicator 3.1. 	
List any documentary evidence of achievements	
<ol style="list-style-type: none"> Uganda: story of change from disabled woman in Uganda, increasing livelihoods opportunities Nepal: case study on ratification of UN Convention on the Rights of Persons with Disabilities Kenya: case study on how National Volunteering has helped advance support for autism in Kenya <p>Summary of achievements in the sample countries.</p>	
What is the likelihood that Strategic Objective 3 will be achieved? Rate 1 to 5.	1

Strategic Objective 4:
Raise development awareness in the UK.
<p>Please explain choice of indicators reported on below.</p> <p>How were these indicators chosen? Building development awareness remains integral to VSO's vision and purpose. If people understand the nature of global poverty, they are more likely to support state and non-state interventions to fight it and to take action themselves. Raising development awareness is 'action that increases understanding of global issues within the UK in order to promote action for international development'. VSO volunteers are able to make a 'double impact' – contributing to development outcomes in-country and achieving development awareness outcomes in their own UK communities too.</p> <p>How does VSO raise development awareness? Interventions are summarised in the diagram below but are focused in three areas:</p> <ol style="list-style-type: none"> Embedding development awareness throughout the volunteering journey (pre-departure, in country, on return) so that double impact is expected and rooted in a fuller understanding of international development. Offering a range of accessible, attractive development activism options to Returned Volunteers and potential supporters. Working with partners to build their capacity to raise development awareness within their communities.



Results In 2009/10, more than 114,000 individuals across the UK have become more development aware. Once again, agreed targets have been substantially exceeded. Cumulatively (2008–2010) VSO has reached a total of 256,950 against a three-year target (2008–2011) of 47,000. There is a pressing need to review and revise targets for subsequent years in the light of performance in both Year 1 and 2. The PPA development awareness statistical report 2009/10 gives a full detailed breakdown of numerical results.

Methodology The current approach relies primarily on a self-reporting mechanism created by VSO for use by Returned Volunteers, supporters and partners. Sample quality checks are made on those self-reports together with structured interviews to mitigate under or inflated audience reach and probe into subsequent attitude change and action that may have resulted from the initial intervention.

Indicator 4.1:

15,000 learners within the education sector learn more about development awareness.

Progress achieved and challenges faced

Target Year 2: 5,000 Achieved: 7,500

The target to reach 15,000 learners in total by March 2011 will be achieved.

Where do the learners come from?

84% of these learners are from UK primary schools where Returned Volunteer and supporter activity has been particularly focused this year through a range of imaginative and inspiring **school action projects, curriculum integration work and creative learning events** such as the 'Teacher's Got Talent' initiative.

For example, Magdelene, a Returning Volunteer from Malawi, produced a collection of African wisdom stories aimed at 7–11-year-olds as part of a VSO school action project.

Results

She worked with more than 20 Scottish schools on storytelling workshops, reaching 1,200 learners and staff.

Others learners were reached through VSO Returned Volunteers, **regional global educators and action speakers** sharing Millennium Development Goals development themes. They draw from their volunteering experience as well as using high-quality accessible education materials prepared by VSO, partnering with the Global Poverty Project, using in-country examples.

Achieving 'double impact' overseas and in the UK

VSO also embeds the expectation of raising development awareness right through the volunteer journey. For example, **Danielle, a Youth for Development volunteer in rural China** created a workshop to help children in China and the UK explore the global issue of education by looking at education systems in each other's countries. She carried out the workshop with classes in China and in community centres for disadvantaged children in the UK. Simple differences between the systems, such as classroom sizes, could be used to initiate discussion about wider issues such as population size, pressure on state funds and resources, and quality of life.

Results

Around 3,000 young people discussed topics that widened their views on the global picture. Back in the UK, Danielle works as a teacher and takes every opportunity to bring a global element into her lessons.

List any documentary evidence of achievements

1. Tales of African Dreamtime
2. [Teacher's got Talent](http://www.teachers-got-talent.org.uk) <http://www.teachers-got-talent.org.uk>

Indicator 4.2:

10,000 people²⁹, through project or partner working, learn more about development awareness.

Progress achieved and challenges faced

Target Year 2: 2,500 Achieved: 13,200

What sort of projects?

Development awareness has been raised through Returned Volunteers, supporter groups and individual supporters running a range of **community and campaign action projects** in their local communities across the UK, supported by VSO hard copy and web-based materials, bespoke staff support and, in some cases, small grants.

For example, the **'Take One Action' Film Festival in Scotland**, created a platform to increase understanding of global issues and inspire people to 'take one action' to make a change to support international development.

Results

- Through this community action project, Returned Volunteers facilitated a range of activities, including public debates and workshops for schools, with the festival reaching over 2,000 people, including MSPs, international speakers, business representatives and journalists.

How does VSO work with partners to widen the diversity and breadth of UK public engaged?

- VSO's associates network – created this year – has provided a grass-roots network of more than 50 **UK Diaspora organisations** with capacity-building support, training, mentoring and, in some cases, small grants to raise development awareness in their communities.
- For example, **The African Development Association for Progress (ADAP)** Returned Volunteer Mariana shared her learning from volunteering in Ghana with fellow healthcare professional skills to explore the similarities and differences between the UK and Ghana. She also led an HIV and AIDS workshop during ADAP's 'Africa Development Awareness Day'.

Results

Awareness of HIV and AIDS as a global epidemic reached 116 African Diaspora who reported attitudinal change.

The **'Understanding Mental Health Problems in Nepal'** initiative was organised by returned Diaspora

²⁹ "people" refers to general members of the UK public, which can include Diaspora communities, special interest groups, shared interest groups, faith-based groups and the UK public currently not engaged in any aspect of development

<p>volunteers. Fifty Nepali professionals based in the UK came together to be informed on the issues.</p> <p>A network to achieve further attitude change and response, both in Nepal and within their own local UK communities, was created by those attending, generating media coverage.</p>
<p>List any documentary evidence of achievements</p>
<ol style="list-style-type: none"> 1. Take One Action Film Festival. 2. Increasing Understanding of Mental Health Problems in the UK and Nepal Take One Action.

<p>Indicator 4.3:</p>
<p>20,000 people become more development aware.</p>
<p>Progress achieved and challenges faced</p>
<p>Target Year 2: 7,000 Achieved: 88,980</p> <p>This section differs from the other three. It includes those receiving development awareness messages through <i>requested</i> supporter communications. VSO <i>Life Changes</i> magazine accounts for 39% of the total reached, visitors to the <i>Act Now</i> pages of the VSO website and active VSO online community members account for 61%. (Global Xchange Host Home families and community contacts are also included in the latter).</p> <p>Visitors to the <i>Act Now</i> website have increased by 21% since 2008/09 through more effective promotion of VSO's work and clearer signposting of ways to become active. Content is accessible and action-orientated to inform, inspire and motivate those who access it to become aware and then involved in development awareness whether that entails attitudinal change, a small personal lifestyle choice or a campaign action.</p> <p>The challenge lies in tracking the impact of those communications. VSO's partnership with the Global Poverty Project has been helpful in registering intent to take action as a result of VSO communications. Research has also begun to establish how much web- and paper-based communications were instrumental in prompting the subsequent involvement of non-Returned Volunteers.</p> <p>As agreed in 2008, general visits to the VSO website and wider media circulation figures are excluded (the Media team collects this data separately). Any link to development awareness would be too general to count towards progress against this indicator. The imperative to capture breadth as well as depth of impact is one that is regularly revisited in review processes to strike an appropriate balance.</p> <p>This is the only section where it is not possible to eliminate double counting within the data. However the cumulative total for the development awareness audience reached under 4.1, 4.2 and 4.4 but excluding the data from 4.3 still remain in excess of overall target. This is 25,908 individuals against a Year 2 target of 8,200.</p>
<p>List any documentary evidence of achievements</p>
<ol style="list-style-type: none"> 1. Link: http://www.vso.org.uk/act/

<p>Indicator 4.4:</p>
<p>2,000 VSO supporters take action to raise development awareness.</p>
<p>Progress achieved and challenges faced</p>
<p>Target Year 1: 700 Actual 5,265</p> <p>Who does this 5,265 represent? VSO Returning Volunteers and supporters that report regularly on the actions have undertaken to <i>engage others to take action</i> to raise development awareness. VSO volunteer roles such as campaign supporter,</p>

action speaker, supporter group member, Youth for Development (YFD) volunteer and Global Exchange volunteer are included.

For example, **YFD volunteer, Hannah**, used red ribbons to bring about behaviour and attitude change around HIV and AIDS in Rwanda and the UK.

Results

A network of more than 500 friends, family and work colleagues were inspired to take action.

Volunteer numbers have increased by 16% due to clearer role definition and more effective targeting of Returning Volunteers and web-based supporter enquiries. Ensuring **retention and sustained action** by existing volunteers has been a focus with baselines now established to measure change in subsequent years. All Returning Volunteers and supporters do not engage in the same way or with the same frequency. The number of variables that can affect the timing and level of individual engagement, as well as the impetus to report on their action, presents a constant challenge. Longitudinal research by the Institute of Education, commissioned by VSO, is providing a deeper understanding of the complex nature of engagement.

How does VSO work with parliamentary volunteers?

20 UK MPs spent a short time overseas in roles that maximise their skills and status as parliamentarians through what is known as the VSO 'Polvol' initiative. VSO was voted Parliamentarian's Charity of the Year in 2009.

Sharon Hodgson MP, working with Disability Action Cambodia

'I got to see how development works first hand. I could see our tax money put to work. Now that I've seen it working, I can explain it to my constituents. Thank you very much for a fantastic experience – I wouldn't have missed it for the world. Yours was really an email that changed my life.'

List any documentary evidence of achievements

1. Ribbons for Rwanda
2. Double impact in rural 'hard to reach' area
3. Polvol impact: Sharon Hodgson MP, Disability Action in Cambodia
4. VSO Parliamentarians' Volunteer Summary 2009/2010

**What is the likelihood that Strategic Objective 4 will be achieved?
Rate 1 to 5.**

1

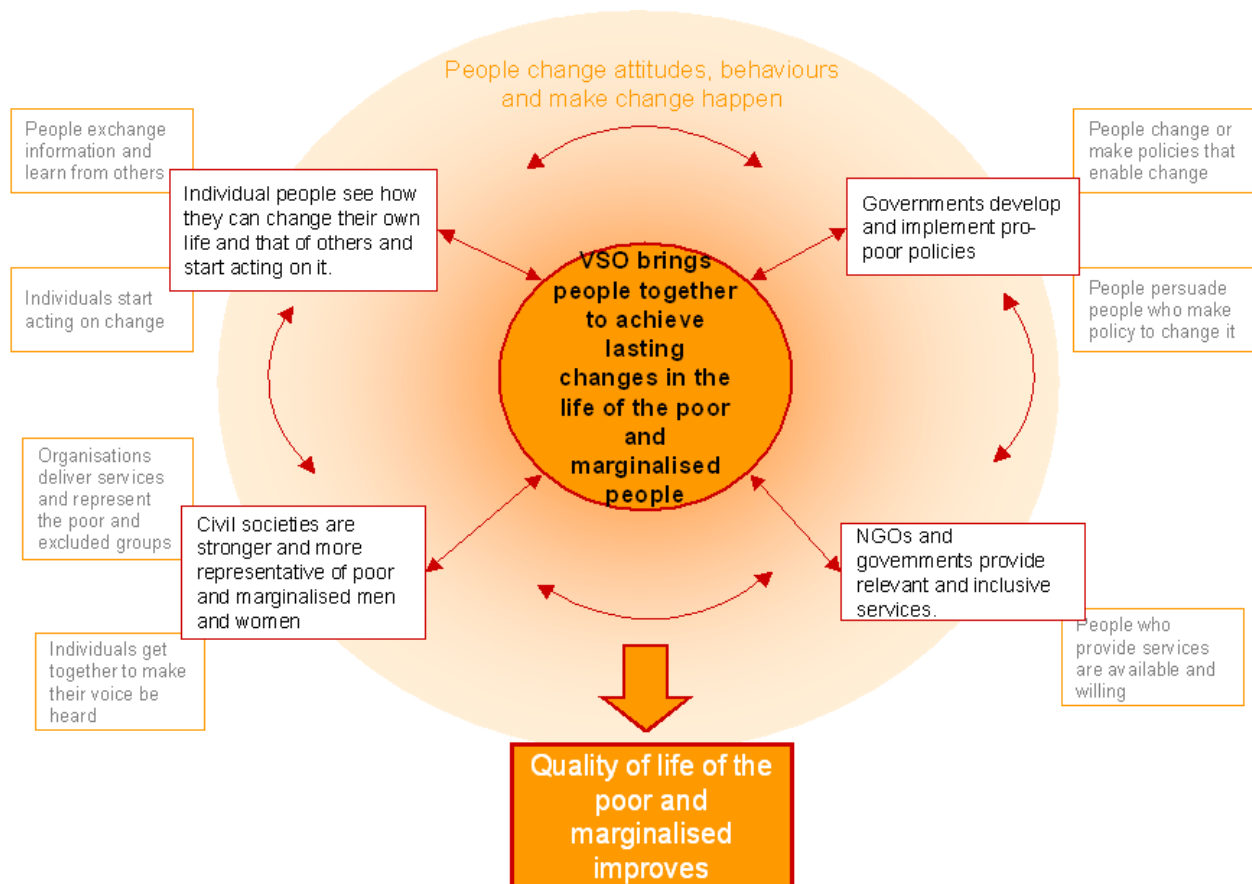
Part C – Lessons Learned

What lessons are being learned from this PPA?

In 2009–2010, VSO reviewed its corporate strategy in order to focus more sharply on its distinct approach to development through volunteering, and its impact on the lives of poor and marginalised people. The learning from this PPA has fed into the review process through identifying effective ways in which volunteers have contributed to partner-level impact (capacity building) has been achieved and understanding how these changes in quality affect poor women and men.

Impact is defined as lasting changes in people’s lives through VSO’s direct contribution in four areas: empowering individuals, strengthening civil society, making services more relevant and inclusive, and promoting pro-poor, evidence-based policy.

This causal relationship is shown in the **Theory of Change** below. This section outlines what has been learnt about ways of working within each strategic objective.



Strategic Objective One

Education: effectiveness of VSO’s multilayered approach in education

VSO has learned that it makes most impact when supporting different levels of the education system and civil society education groups concurrently. National and international volunteers coach:

1. colleagues in effective and inclusive educational management
2. pre- and in-service trainers, education managers, college staff on inclusive classroom practice
3. staff supporting communities and parent/mother associations around positive values and involvement in education.

In Ghana, VSO has won support from Comic Relief to pilot this ‘theory of change’ over 5–10 years in the whole of Northern Ghana. Comic Relief funding for research will enable VSO to disseminate learning in the sector and academia, and reach a wider international public through Red Nose Day. Learning has been shared with all VSO education programmes, and the approach to inclusive education has been shared with relevant sector networks.

Strategic Objective Two

HIV and AIDS: effectiveness of holistic and participatory programming

Focus groups of service users participating in the PPA impact assessment said clearly that co-ordination between, and continuity of, services, respect for service users, and the active participation of vulnerable groups in the planning of services has increased access to, and quality of, HIV services. For example, in one Malawi district, disabled people have begun to access services when a volunteer supported the formation of consultative committees.

This specific HIV learning has been shared through sector networks (e.g. UK AIDS Consortium) and VSO publications (*Capacity Building for HIV and Other Networks*). Corporate learning on how to work more realistically with excluded target groups has meant that VSO will now carry out exclusion analyses as part of country level programme planning for the new VSO strategy.

Strategic Objective Three

Disability: increased influence of disability movement through increased capacity

Lessons have been learned that VSO is most effective when supporting Disabled People's Organisations (DPOs) on:

1. stronger governance
2. stronger leadership and transparency
3. better services and benefits for members.

The last point has shown a critical link between increasing the membership of DPOs and their capacity to bring about change for disabled people. This has motivated DPOs to reach out to remote and rural areas. For example, in Uganda, members of the very rural Rwenzori Organisation of the Blind said that it was the first time in their history that the national disability umbrella organisation had consulted them. The end result of this was access to credit and training for disabled citizens in a rural region, and a link with the national umbrella organisation that can work for future initiatives.

Strategic Objective Four

Building support for development: how to raise development awareness through Returned Volunteers

VSO has used PPA support to work with the Institute of Education on longitudinal research into the motivation of returning VSO volunteers to raise development awareness in the UK and the impact of their international volunteering experience on their level of motivation.

Longitudinal research has not been conducted before in this area. Findings indicate that motivation levels among Returned Volunteers do not increase or decrease at the same rate over time. Some volunteers are keen to take on a more structured engagement option (such as VSO's action speaker service) while others resist this approach. Some become actively involved within six months of return but others may engage much later depending on a variety of lifestyle factors. This independent research is being used to inform future planning.

Specifically describe innovative learning, e.g. specific knowledge generation about new issues encountered or discovery of new means of solving specific problems.

1. Path to Partnership

The PPA enables VSO to work flexibly with partners to strengthen their agendas and this has advanced VSO's thinking on partnership. The 2009 VSO *Path to Partnership* is a practitioners' guide to VSO's innovative approaches to working with partners and beneficiaries in participatory planning, monitoring and evaluation and impact assessment. Many organisations work through partners but fewer have a comprehensive, standardised approach that can be used throughout the life of a partnership. This learning comes directly from the unique aspect of volunteering whereby the partner's agenda is identified and strengthened through skilled volunteer accompaniment and analysis. The results are quality of organisational outputs (such as services), increased monitoring and evaluation capacity and building effective feedback loops from target groups to partners.

2. Innovative approach to rights of unpaid female carers

PPA funding enables VSO to support long-term participatory advocacy that can impact on the lives of millions, but that would not fit within project funding. For example, VSO has developed its support to unpaid carers in Africa into an advocacy programme that is rooted in the views and rich experience of carers themselves. Carers (local and/or National Volunteers) are motivated by duty and not by gain

but have realised their rights to government/donor support and to the importance of men's contribution as carers (e.g. exchanges to male caring organisations in order to break gender stereotypes). The result is that VSO has defined this as a rights issue for policy makers ranging from UN agencies, DFID itself and the Southern African Development Coordination Conference (SADCC). VSO has used the grass-roots experience of partners and volunteers to give it 'authority' within the UK sector, for example, with the International Development Committee (where VSO gave oral evidence on this issue) and with the new global steering group reviewing gender and HIV indicators (UNIFEM, UNAIDS, UNICEF & WHO, and VSO) and with SADCC parliamentarians. This specific knowledge was shared with DFID in its review of global HIV care and support indicators. The review was also shared with the Indicators Technical Working Group (ITWG) of the UNAIDS Monitoring and Evaluation Reference Group. VSO has been asked to lead the global review of UNGASS Care and Support Indicators.

Part D – Partnership with DFID

Partnership with DFID

Financial

Historically VSO's funding level was high because of the importance attached by successive administrations to using volunteers. However VSO has not been complacent, and has used PPA funding to leverage money in from other sources, increasing year on year as a central element of its determination to reduce its dependence on DFID and to multiply the impact of every pound of official funding. So with a PPA that remained the same in real terms over the last four complete financial years, we were raising a further 59 pence for every £1 of PPA funding in 2006/07, increasing steadily to 96 pence for every £1 of PPA funding in 2009/10. This is anticipated to go up again to £1.08 of additional funding for every £1 of PPA funding in 2010/11. It should be noted that this success does not come *in parallel* with the PPA, but in large part *flows from* it.

Policy alignment

In tandem with the above trend, there is a purposeful dialogue with DFID on a range of policy issues from basic services to formal processes, such as consultations and VSO staff giving evidence to the International Development Committee on DFID Nigeria and Nepal. On many issues, VSO has been able to contribute to DFID work from its grass roots experience.

Example of this include:

- VSO has worked with DFID staff on the development of their Framework Paper for Development Awareness/Public Engagement
- VSO education programme staff and volunteers/partners worldwide fed back on the draft DFID Education Strategy
- VSO letters of support at country level for UN agency for women aligned with DFID's own position
- VSO programme and VSO Federation (Ireland, Canada and UK) participation in World Cup 1Goal campaign on education (DFID supported)
- Discussions with DFID health advisers on expanding VSO programmes in health in Zimbabwe, Sierra Leone, Tanzania and Uganda
- As co-chair of the Care and Support Working Group, VSO ran the review of global HIV care and support indicators with the DFID consultant (also the Co-chair of the Indicators Technical Working Group (ITWG) of the UNAIDS MERG (Monitoring and Evaluation Reference Group). This advocacy was successful and strengthened by DFID involvement.

Geographical alignment

VSO and DFID share a geographic focus in 25 countries in Africa and Asia. VSO's strategy articulates its commitment to invest more in fragile states. 13 VSO programmes are currently implemented in countries in Africa and Asia that are currently described as fragile in DFID literature.

Relationships with DFID country offices, with policy division staff, and the civil society team are excellent.

Examples include:

1. 22 VSO programme offices (out of 34 in Africa and Asia) have regular interaction with the DFID country offices. There are regular meetings between VSO country directors and DFID heads, as well as between sector staff in basic services, governance and livelihoods. The results are shared learning from different levels (local to national) and increased access to key networks. For example, partner workshops in DFID offices with DFID participation (Rwanda), participating in NGO learning networks (Bangladesh) and less duplication of support to education (Comic Relief – VSO project in Northern Ghana).
2. Policy division staff speak to VSO both directly, and through coalitions. For example, VSO was invited as one of only two UK NGOs to a DFID international teleconference with disability organisations around the world.
3. Civil society team in East Kilbride. Staff are scrupulous on reporting processes but flexible about being contacted and open about ongoing plans. The relationship is one of mutual trust and respect.

Partnerships with other PPA holders

VSO is part of the British Volunteer sending Agency Group (BVALG) that meets regularly with civil society on

the basis of a shared PPA relationship. On the basis of common sectoral or thematic interests we work with many other PPA holders both in programmes, and in national and international coalitions.

Communication of PPA Partnership

It is important for VSO that its supporters, Returned Volunteers and the wider public understands the contribution of the PPA partnership to its development work. In addition to acknowledgement on VSO websites (54,000 visits per month to UK home page with DFID information, 9,100 visits to VSO International), and in annual reports, publicity have been given to specific projects. For example, 14 articles on Diaspora volunteering were placed in the relevant Diaspora press (e.g. *Eastern Eye*). Joint work on Diaspora with DFID press office has worked well and VSO public campaigns will continue to be shared with DFID. VSO also communicates its PPA partnership through publications (e.g. paper for 2010 United Nations Girls' Education Initiative).

Part E – Corporate Governance and Organisational Change

Provide evidence of how your organisation demonstrates good corporate governance, whether this has changed as a result of the PPA, and if so how.

VSO complies with UK equalities legislation on disability, gender and child protection and PPA funding allows it to maintain high standards. Compliance has been strengthened by:

- A Jobcentre Plus review of recruitment, selection and working practices, which has confirmed that VSO can continue to use the 'two ticks' disability symbol. An information session on disability rights in the workplace was held to help raise awareness and encourage disability disclosure. Managers are encouraged to maintain disability awareness and have access to a managers' guide toolkit on the intranet. Training has been provided for managers and staff on the disability symbol commitments.
- Employee policies regarding absence and time off work have been amended to account for the social security (medical evidence) and statutory sick pay (medical evidence) amendment regulations in 2010 and the right to request time off for training.

Governance

In the last 12 months, a global leadership team has been established, with representation from across the VSO network in order to supervise operational activity and manage the risk with due regard to the interests of all stakeholders. The composition of the global leadership team represents internal composition of VSO employees, with a 50:50 gender split. The gender split of country directors is also 50:50.

2009–2010 environment initiatives

- Reducing consumption of energy through a significant reduction in the use of office space (from 35,000 sq ft down to 23,000 sq ft).
- Introduction of new arrangements for printing and copying (including installation of new energy-efficient machines).
- Reducing carbon emissions for staff journeys to work (upgrading facilities such as showers and cycle racks and promoting scheme for staff to buy discount bicycles).
- Climate change has been identified as a cross-cutting issue in the new corporate strategy.

Please provide any evidence to show how PPA funding allows you to take risks and innovate (if at all).

The PPA funding creates efficiency and agility through reduction in VSO's cost base and a major increase in funds raised through its leverage. For example, the establishment of the VSO Federation for the purposes of raising money and recruiting volunteers internationally (especially in Kenya, Philippines, Canada, Netherlands with India and Ireland also emerging as members) has been successful. This demonstrates the reach and value of the PPA for VSO, both in terms of practice and profile.

At country level, VSO's innovative approaches to local or National Volunteering are being scaled up in countries where it operates. National Volunteering increases accountability to citizens as they become more informed about services to which they are entitled and are supported to make an active contribution to the development agenda. This is one way VSO can share its 52 years of development

experience though volunteering.

Part F – Cross-cutting issues

Gender

VSO operates within employment legislation relating to gender but has not taken a gender-mainstreaming³⁰ route at an organisational level. However, this has not prevented VSO programmes prioritising gender/women's empowerment as a cross cutting issue in programme design and in partnership selection and development. The position of VSO programmes is that gender is holistic and includes the role of men (both as holders of power, and as vulnerable) and the rights of sexual minorities.

A lot has been learned from partners, and the awareness and commitment of programme staff to gender equality has increased over the last three years of impact reporting for the PPA. This is because indicators have been shaped around the rights of women and girls, and partners have been asked to self-assess against an inclusion scale, which has been both popular and led to programmes and partners taking action on gender and inclusion. Examples are given below of VSO programme successes. At a corporate level, gender is now a cross-cutting issue for implementation as part of the new VSO corporate strategy

Although VSO is aware that it could do more, it is nevertheless one of the few large, multi-sectoral UK NGOs maintaining a focus on gender in 2010:

- VSO has defined quality education as inclusive education and in all 17 country programmes supports education partners (mainly government) to include girls as well as boys in accessing school and succeeding in their studies. Through advocacy, VSO has promoted female teachers (e.g. Gambian policy pledges to recruit more female teachers as role models) and their rights to equal terms and conditions through its campaigns.
- All HIV and AIDS programmes are designed with a gender focus. The starting point for some programmes on prevention with sexual minorities (for example, in Nepal and Bangladesh) and in Africa (especially Southern Africa) is the effect of gender power relations on care and support, as well as prevention. This has led VSO to promote the involvement of men in the response (e.g. men as carers) as well as the rights of women carers (especially women and girls as unpaid carers, excluded from national budgets). Through advocacy, VSO has brought this issue to many fora, including the Southern African Development Coordination Conference.
- The pilot work on market chain analysis within Secure Livelihoods Programmes looks for added value for excluded groups, especially women (e.g. in Tanzania).
- Health and HIV programmes frequently focus on sexual and reproductive health (e.g. midwives programme in Cambodia).
- VSO UK public campaign on UN women's agency provided public support to DFID's own lobbying.

Challenges

- VSO needs a more consistent approach to gender. It is hoped that the implementation of the new strategy will provide that opportunity.

Faith

VSO does not monitor its partners from a faith perspective but its values working with partners, communities and volunteers (national and international) of any faith. There are some key trends noted for this report:

- In education, VSO partners with non-government education providers such as madrassas (e.g. teacher training in The Gambia) in order to include more marginalised girls and boys.
- In HIV and AIDS care and support programmes, VSO partners are largely faith-based organisations, and volunteer carers are often motivated by their personal faith.
- In prevention programmes, VSO tries to identify and work with progressive partners who advocate barrier methods of contraception. For example a capacity-building volunteer has been placed with INERELA+ – an organisation of senior religious leaders all living with HIV and prepared to speak out on prevention and against stigma. This is a multi-faith group speaking directly to

³⁰ "Gender mainstreaming is an organisational strategy to bring a gender perspective to all aspects of an institution's policies and activities, through building gender capacity and accountability, (including Human Resources policies) the role of monitoring and evaluation, indicators, training, incentives, advocacy, and budgeting." (BRIDGE Gender Mainstreaming tools & Approaches)

believers.

- WORD, a Christian Diaspora organisation, challenging stigma against those living with HIV, is one of the most interesting faith-based partners in the UK development awareness programmes.