

LEARNING AGENDA

Apeldoorn
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1 OBJECTIVES AND STRATEGY OF THE DCR PROGRAMME 2011-2015

The members of the Dutch Consortium for Rehabilitation (DCR) are CARE, Save the Children, ZOA and HealthNet TPO. The DCR has developed a multi-sectoral programme for rehabilitation in fragile states, focusing on countries in Africa that have experienced violent conflict in the recent past: Burundi, Democratic Republic of Congo (East), Sudan (Southern States, Darfur, Transitional Areas), Uganda (North) and Liberia. The consortium applies a range of interventions across various sectors: education, health, water, sanitation, livelihood, governance and advocacy. The **objectives** (result areas) are defined as follows:

1. Basic services are available, accessible and used, with shared responsibility of civil society;
2. Households' livelihoods are improved, promoted by civil society;
3. Community-level governance bodies (=local civil society) are functional, effective and inclusive;
4. Sectoral systems are functional and effective, with participating civil society.

To achieve these results, DCR's **strategic approaches** are the following:

(a) Linking community-based and system approaches.

The community-based approach is based mainly on the experience of ZOA and CARE and has proven a successful approach towards strengthening local civil society in fragile states. In this approach, community-based structures are empowered to take responsibility for community level development and peace activities. Local ownership is key. The approach is based on working with all actors and factors influencing life at the community level. The systems approach is based mainly on the experience of HealthNet-TPO (in health) and Save the Children (in education and child survival) and aims to strengthen the whole chain of service delivery. The approach targets all relevant stakeholders and processes – from the local to the national level – that play a role in the delivery of basic services. The integration of these two approaches results in an all-encompassing strategic approach that is able to achieve lasting change (i.e. sustainability).

(b) Linking economic activities with supply of basic services.

Financial means are needed to sustain basic services; basic services enable the population to produce and carry out economic activities. The four Consortium members have experience and a proven track record in the key sectors of healthcare, education, water and sanitation, livelihood and economic development.

(c) Hybrid partnering approach.

Working in a fragile context often means there are weak civil society partners on the ground. Next to selecting partners for an optimal implementation of the programme, capacity building of these partners is part of the Consortium's strategy to strengthen civil society. Given the stage of development of civil society in the selected countries/regions, the Consortium's approach also includes shared implementation by local civil society organisations and local staff of international NGOs, which appears to be a powerful strategy to build local capacity in fragile states. The share of local CSO's in implementation will gradually increase.

2 KNOWLEDGE NEEDED

We expect that the multi-sectoral strategic approaches described above will be more effective in serving the communities that have to rebuild their lives and society in fragile contexts. To demonstrate and measure effectiveness¹, the consortium's learning agenda needs to be focussed on exploring which intervention models create a sustainable beneficial change and reduce poverty in these contexts. With this knowledge the consortium will be able to better develop or fine-tune intervention models, and build the capacity of local civil society actors to replicate and scale up these models.

Of particular interest are the interrelationships and dependencies between result areas essential for fragile states, for example protection; service delivery; legitimacy; conflict sensitivity. Considering civil society strengthening, we are interested to see whether this ultimately reduces the fragility of the contexts where we work. Learning is needed on participation of civil society in programming and development. For example how can our hybrid partnering approach be most effective in contributing to effective, pro-poor and sustainable community development? We tend to focus on classical relation between civil society and the government, but what is role of the private sector in rehabilitation and early economic recovery? How best to link with the state and the market economy? What is feasible within the scope of rehabilitation? The WRR argues that there should be less focus on direct social service delivery and more on (economic) development. But what is realistic in a fragile context?

The consortium aims to combine existing knowledge in the field of rehabilitation in fragile states in the different locations with new insights from the DCR programme, and to feed back lessons learned into the body of international expertise. The idea is to provide access to state-of-the-art knowledge on rehabilitation to all programme sites, while at the same time create a short loop that feeds analyzed outcomes of results back into the improvement of our intervention models.

¹ Effectiveness is defined as "the extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance" (OECD Glossary of Key Terms in Evaluation and Results Based Management 2002).

3 LEARNING OBJECTIVES

The objectives of the learning agenda are (1) to contribute to the quality of inter-sectoral² programming in fragile states by identifying and applying lessons learned in programming, and (2) to contribute to constructive dialogue around lessons learned (between CSO's, governments, partners, the DCR and other international actors). In the process of doing this, we also aim to improve the quality of analysis of data generated by DCR's inter-sectoral M&E systems and research, and its transformation into knowledge (through interpretation, discussions, expert consultation, and comparisons between contexts) without posing an additional burden on partners and programme staff.

The learning agenda will focus on the following **key learning questions**:

1. What are effective and efficient inter-sectoral interventions to create sustainable positive change and poverty reduction in the context of fragile states?
2. How does a consortium best apply its combined expertise in rehabilitation in fragile states?
3. How can civil society actors in fragile states be empowered to implement and build on inter-sectoral intervention models?

The key learning questions will be studied in an inter-sectoral way by selecting themes of focus in each country. These themes will be broken down into specific research questions that can be measured at project level. The specific research questions are formulated together with target groups and other stakeholders in order to generate knowledge needed at grassroots level, which can be transformed to knowledge needed at the level of partner organisations and the DCR Alliance (see Figure 1). This process will be explained in chapter 5 below.

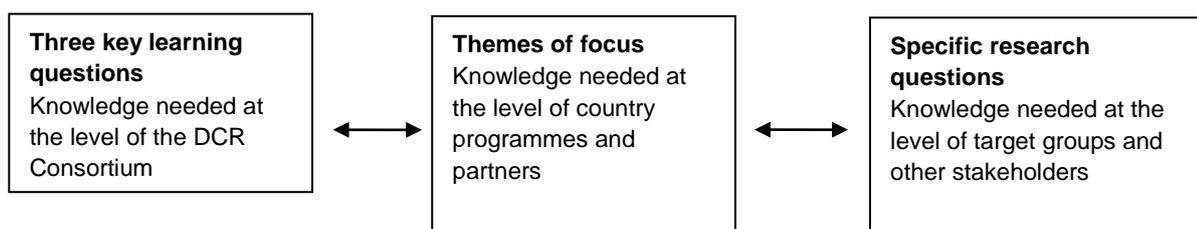


Figure 1: Inter-sectoral learning process at different levels

² Inter-sectoral: a combination of 2 of more of the sectors addressed by the consortium (education, health, water, sanitation, livelihood, governance and advocacy).

4 PEOPLE AND LEARNING INFRASTRUCTURE

The Learning Agenda will be managed by the **DCR Knowledge Network**, consisting of staff of the 4 members of the Consortium based in the Netherlands and in the field, partner staff (CBOs and NGOs) in the field, and several academics and experts around the world. The DCR Knowledge Network is chaired by HealthNet TPO and supported by HealthNet TPO's Knowledge Management Office and R&D Department. The DCR will build on the learning ability and enthusiasm of local CBOs and NGOs in its hybrid partnership approach. The CSOs and NGOs have detailed knowledge of local context and embeddedness in civil society. They have already played a key role in the context analysis and in translating this into a sensible and effective project.

The Knowledge Network will build on the primary level of information provided by the PME structure of the DCR in each country and the in-country joint management structures. The PME organisational structure of DCR comprises the following main actors:

- At country level, a PME country coordinator is appointed by the respective lead agency;
- In the Netherlands, a PME Consortium coordinator is based at ZOA headquarters;
- Both in each respective country and in the Netherlands, each of the organisations has a PME focal point;
- Both in each respective country and in the Netherlands, a PME Country Platform is in place, comprising the PME coordinator and the PME focal points in the respective country. These serve as a platform for joint analysis, exchange, monitoring and learning.

The idea is to combine the detailed knowledge generated by PME coordinators, PME focal points, other programme staff and partners with the wider, historic or comparative view of academics and experts. The Knowledge Network will build on the existing relationships of Consortium members with Universities in the Netherlands (e.g. Wageningen University through the IS Academy programme for fragile states; Utrecht University; VU University Amsterdam; Royal Tropical Institute) and in other countries (e.g. Antwerp Tropical Institute, London School of Hygiene and Tropical Medicine and Makerere University in Uganda). Where possible and relevant, students will be identified to conduct research on identified research questions. The Knowledge Network will also involve experts of other networks, like the UK-based Health and Fragile States Network.

By 'joint learning' on the basis of respecting each others' role and logic, a process is devised to develop a culture that promotes and rewards inquiry to test and develop DCR's intervention logic on an ongoing basis. The advantage of this approach is that programme staff and partners improve their analytical skills and increase their knowledge, thus contributing to capacity building. Both during the processes of information gathering as upon contributions through the coordination of the Knowledge Network (validation and interpretation), the lessons learned will be shared with other stakeholders outside the network.

5 LEARNING CYCLE

The following steps constitute the learning cycle for the Learning Agenda:

Step 1: Context and mechanisms of change.

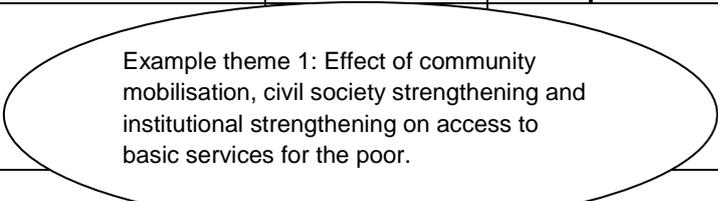
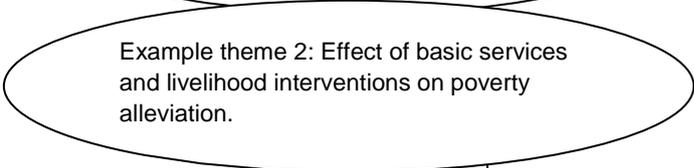
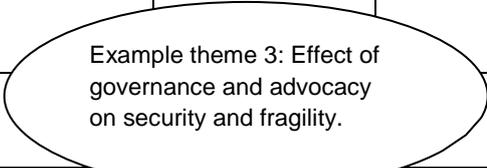
The learning agenda requires first and foremost a clear understanding of the contexts and the drivers and mechanisms of change in the contexts where we work. Context analyses are available for each of the five countries, and form the starting point for testing the hypotheses around our inter-sectoral intervention strategies and their “theories of change” in the different countries and at different levels (community, civil society and institutions).

Step 2: Selection of themes and interventions

Based on the context analyses, on the design of the interventions and on partner consultation, the consortium will select three to five inter-sectoral themes in relation to the key learning questions formulated above (see Matrix 1 below for examples of themes). A document review will be done on each selected theme to identify lessons learned and best practices formulated by the consortium members and by others, and findings will be shared for wider use. Particular reference will be made to lessons learned from the MFS I-funded programmes.

Within each theme, one or more inter-sectoral interventions will be selected for in-depth analysis of specific research questions (Step 3). If necessary, aggregated, meta and generalised indicators will be developed per theme that can measure change ‘caused’ by the inter-sectoral interventions next to the outcome indicators defined in the DCR result tables.

Matrix 1: Examples of inter-sectoral themes

Levels → Sectors ↓	Community development and mobilisation	Civil society strengthening	Institutional strengthening and development
Basic services <ul style="list-style-type: none"> - Health systems - Education - WASH 			
Livelihood <ul style="list-style-type: none"> - Agriculture - Village Loans and Savings Associations (VLSA) - Income Generating Activities 			
Governance			
Advocacy			

Step 3: Formulation of specific research questions

For each selected intervention, the involved CBOs, NGOs, local government, and programme staff will be invited to formulate two to four specific research questions, according to their knowledge needs. This will be organised through workshops and focus group discussions. Examples of research questions (e.g. in relation to psychosocial interventions for children in combination with institutional strengthening of schools) are: To what extent does the psychosocial care package for children strengthen the school system by increased school results, reduce school drop-outs and increase awareness among teachers? To what extent does the care package strengthen the family system and contribute to healthy family functioning by increased parental capacity? Agreements will be made on how the research questions will be addressed through a combination of existing M&E systems and additional research. Specific methodologies may have to be applied like randomized controlled trials or action research, depending on the research questions, the capacity and the context. The R&D department of HealthNet TPO will be consulted for advice.

Step 4: Formation of the DCR Knowledge Network

Based on the document review and on the (knowledge) networks of the 4 consortium members, key actors, academics and experts will be identified per theme. They will be invited to take part the DCR Knowledge Network to address the specific research questions in **thematic working groups** (as sub-groups of the Knowledge Network). The formation of the thematic working groups as well as the Knowledge Network will be dynamic and participants may come and go, depending on their interest. Use will be made of virtual meetings through internet and real meetings in the field – as much as possible coinciding with annual PME Platform meetings and other planned learning events.

Step 5: Validation and interpretation of data and information

The Knowledge Network is provided with information through the M&E and reporting systems, combined with additional research findings. Information will be validated and interpreted by the thematic working groups of the DCR Knowledge Network in relation to each research question.

Step 6: Application of lessons learned in ongoing interventions

Actions will be modified according to the difference between expected and obtained outcomes (single-loop learning). In addition, the thematic working groups will question the values, assumptions and policies that led to the actions in the first place; if they are able to view and modify those, then second-order or double-loop learning has taken place (double loop learning is the learning about single-loop learning). The lessons learned may also feed into local, national or international advocacy.

Step 7: Sharing of lessons learned and best practices

The overall methodology and findings will be documented and shared widely with the international community through internet and international forums.

6 MEANS AND CONDITIONS

The total budget for the DCR Knowledge Network – including the learning agenda – is €656,250 for 5 years. The budget is managed by the DCR Knowledge Network Coordinator located within HealthNet TPO.