

Working towards more effective consortia

Findings from UK Aid Connect consortia health checks



About the Learning from Consortia programme

The Learning from Consortia programme brings together 13 consortia formed by diverse organisations to facilitate collective learning and support consortia to deliver their outcomes. The programme aims to learn from their experiences and insights to draw out good practice in consortium working, as well as helping organisations and donors understand how they can best support consortia.

About The Partnering Initiative

An internationally-recognised pioneer of the field, TPI is a global NGO dedicated to unleashing the power of partnership for a sustainable future. TPI combines cutting-edge partnering theory, policy interventions and direct action globally to support and build the capacity of organisations, partnerships and platforms to deliver effective, value-creating collaboration.

About Bond

Bond is the UK network for organisations working in international development. We unite and support a diverse network of over 450 civil society organisations and allies to help eradicate global poverty, inequality and injustice. We also deliver a range of services to help organisations be more effective and improve the quality and impact of their work.

Jointly published by:

The Partnering Initiative, 21B Park End Street, Oxford, OX1 1HU. UK Registered Charity No. 1154259. Company Registration No. 8528402 (England and Wales)

Bond, Society Building, 8 All Saints Street, London N1 9RL. UK Registered Charity No. 1068839. Company Registration No. 3395681 (England and Wales)

© The Partnering Initiative and Bond 2021
This work is licensed under a Creative Commons Attribution-Non Commercial 4.0 International License <https://creativecommons.org/licenses/by-nc/4.0>



Acknowledgements

The consortium health check process was developed and implemented by [The Partnering Initiative](#). This report was written by Tom Harrison, based on consortium health checks carried out by Rachel Houghton, Niall Marriott, Jo Pyres, and Catherine Russ. Much of the health check data was collated by Anna Hirsch-Holland and Kaushalya Gupta.

We would like to thank the 12 UK Aid Connect consortia for their openness and willingness to engage in the health check process. These were: Approaches in Complex and Challenging Environments for Sustainable Sexual and Reproductive Health and Rights (ACCESS); Advancing SRHR through the Promotion of Innovation and Resilience (ASPIRE)*; Aswat Horra (Free Voices); Civil Society Collective; The Development Alternative; Evidence and Collaboration for Inclusive Development (ECID); Freedom of Religion or Belief Leadership Network (FoRBLN); Inclusion Works; Innovation to Inclusion (i2i); The Partnership to End Child Exploitation (PACE)**; Protecting Rights, Openness and Transparency Enhancing Civic Transformation (PROTECT); Smart Peace.

*The ASPIRE consortium is registered with the FCDO as 'Building resiliency and gender equality of the most marginalised communities through multi-sector approaches to delivering quality sexual and reproductive health and rights'

**The PACE consortium is registered with the FCDO as 'Effective approaches to ending the worst forms of child labour in fragile contexts (EAPAC)'

The Learning from Consortia programme is led by Bond, The Partnering Initiative, and an academic advisory board, and is funded by UK aid. Due to the FCDO's cuts, the programme will be closing early in July 2021. [Read Bond's statement here.](#)

Find out more about the programme by visiting: www.bond.org.uk/resources-support/learning-from-consortia

To find out more about the consortium health checks, contact: info@TPIglobal.org

Contents

1	Executive summary
2	Introduction
3	The consortium health check
3	I. Purpose
3	II. Development
4	III. Elements
7	Results for consortia
7	I. Participation
7	II. Hopes compared with lived experiences
8	III. Issues that arose most commonly in the health check reports
13	IV. Support interventions requested by consortia
14	Lessons about use of the Learning from Consortia health check
14	I. How the health check results helped the consortia
17	II. What could be improved in the health check
18	Conclusion
19	Endnotes
20	Bibliography

Executive summary

The UK Government's UK Aid Connect was established in 2018, funding 14 consortia working on eight themes. The Learning from Consortia programme was designed to run in parallel to UK Aid Connect to provide support to the consortia, while undertaking action research to draw out good practice in effective consortia working. The health check was designed as part of the support offered by specialist consortia advisers.

Consortium approaches share many of the challenges and benefits of multi-stakeholder collaboration. The health check is a way of monitoring the health and efficiency of a partnership's setup, relationship, operation and processes, ensuring the building blocks of effective partnerships are in place, optimising impact. The health check for the Learning from Consortia programme was adapted from an existing [TPI health check tool](#) with additional input from the CAFE Standards¹ (Consortium Alignment Framework for Excellence) and applied to each of the consortia. It used a survey to collect perceptions from each consortium member on key indicators of effective consortia. The results, complemented by one-to-one interviews, were collated and analysed and shared with consortium members, through a report and a workshop. At the workshop, issues of concern were highlighted and discussed, to enable the consortia to identify areas where improvements could be made to optimise their efficacy.

While each consortium was unique, the most commonly occurring results across the consortia were:

- ▶ There was over-optimism about what they hoped to achieve through working in a consortium. Members' lived experience did not correspond to their initial ambitions for delivering more transformational change and for innovation.
- ▶ In general consortia were perceived to have reliable and responsible members and strong commitment from senior leaders.
- ▶ Consortia were perceived to be doing well in areas that would constitute normal internal processes for consortium members, such as having effective work processes in place.

- ▶ Many consortia scored well in some aspects of leadership. However, overall, there was a difference of perception between the lead organisation and other consortium members on the effectiveness of leadership, with the lead organisation consistently rating itself higher than the other members.
- ▶ The areas where consortia were identified as having issues were linked to the more challenging aspects of working collaboratively. Consortia scored lowest in managing disagreement and friction between members. Effective governance was felt to be lacking, as was clarity over roles and responsibilities.
- ▶ With some exceptions, finding ways of innovating together was a challenge for many consortia.

The health check was found to benefit consortia in the following ways:

- ▶ Identifying areas for improvement and opportunities to benefit from adviser support.
- ▶ Revealing the extent to which members are comfortable with consortium working.
- ▶ Providing a valuable opportunity for reflection.
- ▶ Helping members of the consortia better appreciate the potential value of collaboration.
- ▶ Building understanding within members of effective consortium working.
- ▶ Enhancing the voice and equity of all members.

The health check was well received by the consortia. The process has proved insightful for UK Aid Connect consortia, enabled support to be delivered through the Learning from Consortia programme, and been a source of learning. It is recommended that future consortia use a similar approach and that donors make budget provision to enable this.

Introduction

UK Aid Connect was established by the UK Government's Department for International Development (DFID)². It launched in 2018 and was planned to run for four years. Funding was provided to 14 consortia working on eight themes³ but one consortium was discontinued in September 2020.

DFID also funded the Learning from Consortia programme, led by Bond, The Partnering Initiative (TPI) and an academic advisory board, to improve international development practice by supporting and learning with UK Aid Connect consortia. The Learning from Consortia programme was planned to run in parallel to UK Aid Connect until the end of 2021 but was closed prematurely in July 2021 because of Foreign, Commonwealth & Development Office (FCDO) (previously DFID) budget cuts.

The health check was designed as part of the support available through the Learning from Consortium programme's Consortium Advisers ('advisers'). The advisers were partnership specialists from the Partnering Initiative who both ran the health check and provided needs-based support. It was hoped the health check would also provide significant insights into effective consortium practice. It was part of the 'consortium working' theme, with the other themes being gender, community engagement, innovation and value for money.



The consortium health check

Purpose

The consortium is one particular model of multi-stakeholder, multi-disciplinary partnership working. According to the Literature Review⁴ written as part of the programme:



The consortium model has emerged relatively recently as an approach to delivering development programmes and is becoming increasingly popular, particularly with donors. Currently, there is not an agreed definition of the term “consortium”, which would distinguish it from other types of multi-stakeholder collaboration.



Consortium approaches share many of the challenges and benefits of multi-stakeholder collaboration. The right ‘building blocks of effective partnership’⁵ need to be in place to create enough added value in comparison with the resources expended (see Figure 1).

The health check is a way of monitoring the health and efficiency of the partnership’s setup, relationship, operation and processes, ensuring these building blocks of partnerships are in place, optimising the potential impact. It works by supporting members of a consortium to compare key aspects of their collaboration with a set of features and success factors of healthy, effective multi-stakeholder partnerships. These have been observed in many multi-stakeholder partnerships in a variety of settings over the last two decades. Many of these features are also noted as ‘practical lessons’ in a literature review of working in consortia commissioned by UK Aid Connect⁶.

Development

The health check for the Learning from Consortia programme was adapted from the TPI health check tool, with additional input from the CAFE Standards and an internal review of relevant aspects of UK Aid Connect’s thematic areas.

TPI health check tool

The TPI health check tool is distilled from TPI’s experiences supporting and researching a wide variety of multi-stakeholder partnerships, platforms and networks⁷. It helps partners in a multi-stakeholder partnership to assess its strengths and weaknesses. It enables partners to act where necessary to strengthen a partnership so it can achieve its potential collaborative added value and achieve its goals.

TPI introduced the health check to the programme to support better consortia working and identify where help was needed from the advisers.

CAFE Standards

The Consortium Alignments Framework for Excellence (CAFE) was developed by Catholic Relief Services and arose from its Malawi team’s experience of consortium working. The CAFE Standards⁸ address programmatic roles more deeply than the TPI tool, examining the capacities of the individual members at country, regional and head office level. They also help in understanding how collaborative processes are adjusted to changes in the operating environment.

Figure 1: Building blocks of effective partnership



Data collection

The advisers developed the health check around the four building blocks from the TPI tool, integrating some consortium-specific indicators from CAFE. They were also mindful of the relevant significant features of UK Aid Connect, such as donor accountability through a lead member. The advisers then decided which data collection method would be best for each of the indicators, choosing a survey as the primary means of collecting data, backed up by interviews with representatives of members of each consortium.

The team selected questions to put into the survey that would best inform the indicators, limited to 40 questions to make it manageable for respondents. Each member organisation was asked to provide one respondent, who was requested to get the views of their colleagues before completing the survey with an institutional response.

As a further refinement, a version of the same survey was developed for consortium members to send to their colleagues in country offices where this was felt to be appropriate, with a French language version also available. This country office version of the survey had fewer questions than the main instrument, to provide a country-level perspective without requiring a lot of time from busy programme staff or generating excessive data for analysis.

Consortia feedback on the survey

The questions were tested with some representatives from consortia and colleagues from the Learning from Consortia programme, and their feedback was used to refine and improve the questions.

Elements

The health check had several elements, which were deployed in the sequence shown in Figure 2.

Survey

Within a particular consortium, the survey collected each member's views on relevant indicators for the four building blocks:

- ▶ **Fundamentals and foundations:** The questions in the survey relate to indicators of the potential to create net-value by working together as a consortium (collaborative advantage). They explore the commitment and shared vision of consortium members and the potential to combine complementary capacities and expertise. They also ask if respondents believe there is an appropriate allocation of resources.
- ▶ **Relationship and culture:** The questions and related indicators assess the quality of the relationship among the members, including whether the behaviour of the members creates a culture supportive of collaboration. Ideally, consortium principles are co-created by all partners and are flexible enough to change as the consortium evolves. They also should create the conditions for learning and innovation.
- ▶ **Structure and set up:** The questions assess indicators of effective consortium governance and processes, how the consortium understands and measures success, and if it has access to sufficient resources to achieve its programmatic goal. This building block is also about how a consortium's management structures and collaborative processes will support effectiveness and benefit from collaborative advantage.

Figure 2: Elements in a consortium health check review



- ▶ Management and leadership: Respondents are asked to reflect on whether leadership is collaborative and collective at all levels, whether it is shared as appropriate, and if it supports adaptive working. These questions also enable the capacity for joint problem solving and decision making to be assessed.

Data analytics

A small team of two TPI staff managed and analysed the data from the surveys, enabling the advisers to have ranked data for each indicator, mapped to the building blocks and presented in engaging infographics. This was used by the advisers to guide the interviews that were carried out after the survey.

Interviews

Interviews were held to prepare for the health check, to gather information, and for the advisers to get to know their counterparts from member organisations. The number of interviews and when they happened varied between adviser and consortium, depending on factors such as the availability and willingness of individuals and the stage the consortium had reached.

Interviews were also used to help understand and clarify how the respondents had answered questions and the comments they had provided. In a small number of cases, respondents then amended their answers where there were very sensitive issues or where a respondent felt their response, when set alongside what others had said

or when they had better understood the question, did not actually represent their views.

As one adviser reported:



There's something important around not just going with quantitative data and for the need for moderating based on the fact that people had a bad day or came out of a particularly frustrating meeting... [or at the time of responding] had gaps in knowledge.



Report

A report was prepared by the adviser, shared with members and used to guide the workshop discussion. This was organised in five main sections: a section for each of the four building blocks, and a fifth on member expectations of the consortium compared with their lived experience at the time of the survey.

Data was presented in a traffic light scheme that highlighted for the reader the range of scores, from highest (dark green) to lowest (red). Figure 3 is an example of a consortium's feedback on the 'fundamentals of a healthy consortium' building block.

A second set of the same data was also provided in ranked order (Figure 4). In this case, the colours do not have an absolute value but were designed to highlight potential disagreements and topics for discussion.

Figure 3: Example of health check survey results

	Shared vision	High-level commitment	Sufficient resources	'Right expertise'	Clear roles and responsibilities	Mutual support to achieve collective goals	Transparent decision making	Shared theory of change	Complementarity is valued
Member 1	Light Green	Orange	Red	Light Green	Orange	Light Green	Orange	Light Green	Light Green
Member 2	Grey	Light Green	Light Green	Light Green	Orange	Light Green	Light Green	Light Green	Dark Green
Member 3	Light Green	Dark Green	Red	Light Green	Light Green	Orange	Red	Light Green	Light Green
Member 4	Light Green	Dark Green	Orange	Dark Green	Light Green	Dark Green	Dark Green	Light Green	Dark Green
Member 5	Orange	Light Green	Light Green	Light Green	Red	Red	Orange	Dark Green	Light Green
Member 6	Grey	Dark Green	Light Green	Light Green	Orange	Light Green	Orange	Grey	Dark Green

Key

Response	Tables	Numeric value
Strongly agree	Dark Green	4
Somewhat agree	Light Green	3
Somewhat disagree	Orange	2
Strongly disagree	Red	1
Don't know/Not applicable	Grey	-

Figure 4: Example presentation of survey results in ranked order

Shared theory of change	3.9
Complementarity is valued	3.6
High-level commitment	3.3
Mutual support to achieve goals	2.9
'Right expertise'	2.8
Shared vision	2.7
Sufficient resources	2.6
Transparent decision making	2.5
Clear roles and responsibilities	2.4

For some consortia, the adviser sent a version of the report with top-level findings before the workshop. Points raised in the workshop were then integrated into a second version of the report. Other consortia only received the report after the workshop. The advisers report advantages and disadvantages with each approach. When a report was available before the workshop, the discussion tended towards being a validation of the report findings, whereas not having the report allowed a more open discussion. On the other hand, having access to the report before the workshop allowed members to better understand the issues they were discussing, but they may then have paid less attention to the final report than members who only saw the post-workshop version.

One adviser decided that:



The issue with circulating the report beforehand is that, if things drastically change, people either don't really notice a change from the first and the second draft, or don't really read the second draft. So, what remains in people's mind is the first draft.



Health check workshop

Each workshop, held virtually, brought together all the consortium's members. The facilitators reminded participants that the data was a starting point for a conversation, and that the scores, analysis and adviser feedback were not about judgment or blame, but a positive opportunity to bring up issues, learn together and improve consortium working.

The format was then:

- ▶ Presentation of the analysis, talking through each indicator and members' positive experiences or challenges.
- ▶ A discussion to fully understand and appreciate each perspective, especially when there were differences in perception.
- ▶ Talking through how each aspect of collaborative working could be enhanced or improved.
- ▶ Determining what actions should be taken.

Action plan

The findings from the health check review were used by consortium leads and other members to identify where they could benefit from support from the adviser or take other actions to improve their consortium's effectiveness. These were being gathered into action plans when the programme ended.

Follow-up workshops

Advisers conducted follow-up workshops their consortia members on a range of issues that were highlighted in the health check reports, covering issues such learning and knowledge management, roles and responsibilities, decision making and governance structures to further tease out issues and explore possible solutions and actions.

Results for consortia

Participation

There were 82 individual respondents from 68 participating consortium members. In addition, survey respondents reported that a further 135 colleagues were consulted in the process of completing the survey. Six consortia undertook the country office health check, with 53 respondents representing 15 organisations.

Hopes compared with lived experience

Respondents were asked about their ambitions for the consortium when they first set it up. The three options offered were that the collaboration would enable members to:

1. do more and better together through coordination ('Coordinate and maximise our organisations' activities, which are delivered separately').
2. do new together ('Combine our organisations' assets to create new approaches, delivered collectively').
3. do change together ('Work collaboratively to bring about systems-level change').

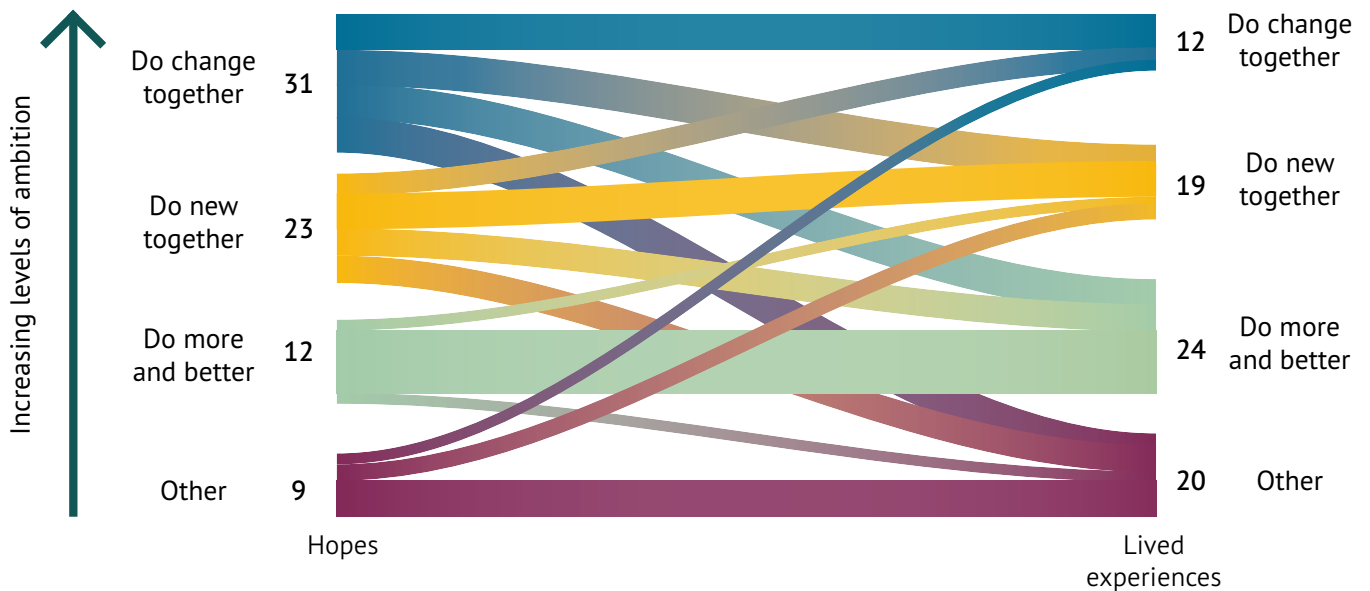
They were then asked what their lived experience had been of the same three options.

There is wide range of ambition in these options, from least ambitious (better coordination – 'do more and better') to most ambitious (system-level change – 'do change together'). Figure 5 shows the number of respondents who identified with the option indicated. Many of the organisations that hoped to deliver transformational system-level change together found a downgrade in their lived experience to 'doing new together' and 'doing more and better'. Those who initially hoped to 'do new together' mainly downgraded to 'do more and better', although in one case upgraded to 'do change together'.

These results suggest there was over-optimism about what working in a consortium could achieve in the time available, which was quite short in some cases. They could also indicate that the consortia were not fully effective at realising the benefits of collaboration. A major factor was also that consortia were having to operate during the Covid-19 pandemic and navigate extensive budget cuts during the period they were reporting on, and many opportunities for direct expected collaboration were paused.

An adviser reflected that this section provided one of the most illuminating findings from the health check review, revealing the difference between "people's ambitions of what they thought... were going to be the benefit[s] of working in a consortium, and the lived experience."

Figure 5: Hopes compared with lived experience results



Issues that arose most commonly in the health check reports

Overview of issues

Health check reports were prepared for 12 consortia. Table 1 presents the issues most commonly highlighted in the reports as having the highest and lowest scores.

All the consortia were perceived to be doing well in areas that are closer to what would constitute normal internal ways of working for consortium members. For example, it was almost universally found that consortia were perceived to be running meetings effectively, used documentation well to inform decision making, and had the ‘right’ representation at meetings.

The areas where all consortia were felt to be having challenges were generally linked to working collaboratively with other organisations, especially when things are not going well. For example, frictions that arose between consortium members were not felt to be well managed in most consortia. Neither was there often reported to be effective problem solving, or processes for dealing with disagreements effectively.

The fact that consortia were perceived to be doing less well when presented with situations and challenges that demanded skills in collaborative working is not an unexpected finding, given that UK Aid Connect was testing new ways of working, and that some consortia were in a relatively early stage of implementation.

The rest of this section presents in more detail where the consortia were most frequently reported to be doing well and where the health check results suggested there were challenges to address.

Table 1: Most commonly highlighted issues in health check reports

	Fundamentals of a healthy consortium	The consortium relationship	Structure and set up	Management and leadership
Higher and reinforcing responses: perception of healthy collaboration reported in most consortia health check reports	Senior management commitment A shared theory of change The right members to achieve consortium goals (‘right’ expertise)	The consortium has reliable and responsible members	Key documentation informs decision making There is the ‘right’ representation at meetings	Lead promotes respectful interaction Ability to influence strategic issues
Lower and/or diverging scores: perception that there were weaknesses reported in most consortia health check reports	Lack of clarity about the roles and responsibilities Lack of transparent decision making Lack of mutual support to achieve goals	Innovation is not enabled There is not effective problem solving	Lack of effective process to manage disagreement Lack of clear and effective governance	Frictions are not well managed

Where the consortia were doing well

Member characteristics

Most consortium members felt the consortia had been put together with the 'right' expertise and with reliable and responsible members, and there was a strong commitment from senior leaders across the consortia. A health check report noted that for one consortium:



Getting these foundational aspects of consortium working "right" early on in a consortium's journey sets it up for greater likelihood of success over time. Well done! This suggests that the time and resources spent establishing the consortium during the co-creation phase, notwithstanding delays and budget cuts, was well used.



A workshop early in the set-up phase of this consortium was considered by the majority to have been particularly pivotal, with a respondent to an interview saying that the "first workshop was critical. We focused on understanding the mission, vision and principles of each organisation in the first instance. This gave the sense that everyone was on the same page. Only once this information was known did we then talk about the vision."

Another typical response was that "that all our strengths come together and each amplifies the other."

An adviser noted in a health check report that it was valuable to have these positive scores, even if they weren't yet addressing some of the more difficult aspects of collaborative working:



While high level commitment has some divergence, it is included in the "positive responses" category since the overall score is oriented to the positive. [The consortium] members should take heart at this as it indicates there is a strong foundation from which to address some of the lower scoring aspects within the rest of this Building Block.



Work processes

In another report, an adviser noted that in this consortium effective meetings, effective project management, and clear and effective governance had been mutually reinforcing in playing a key role in successful adaptation activities. This adaptation was in response to the pandemic but had set firm foundations for the adaptive nature of the approach the consortium was taking. One respondent commented:



Sharing of information, key project documents and decisions/updates/priorities relating to the consortium's work has [improved] significantly since the co-creation phase/initial implementation period though there remains room for improvement. Regular consortium email updates/newsletters have been shared since April 2020 ...these are a good initiative which ideally should have been in place since the start of the project.



Many consortia were also felt to be doing well in adopting an effective learning culture, with one respondent reporting that in their consortium "...moments of tensions have been a real challenge for all, it does feel like some real learning has taken place to make sure that implementation can be successful for all partners in the consortium. [The lead organisation] is encouraged by the learning culture cultivated within the consortium and the increasing sense of collaboration."

However, one adviser notes that in at least one consortium the understanding of what is required for a good learning culture was patchy on closer examination.

There was also good practice evident in some areas that do require collaborative work styles, such as systems that enable all members to influence strategic issues, and having a shared theory of change. The very positive perception of the theory of change even included one consortium that had only just started to discuss it, suggesting that the process of collectively working on it was enough to promote a positive perception.

Leadership

Some facets of leadership were perceived to be positive across many consortia. For example, many lead organisations were thought to be promoting respectful interactions and sharing leadership with others as appropriate. One consortium prompted the following praise in the health check report:



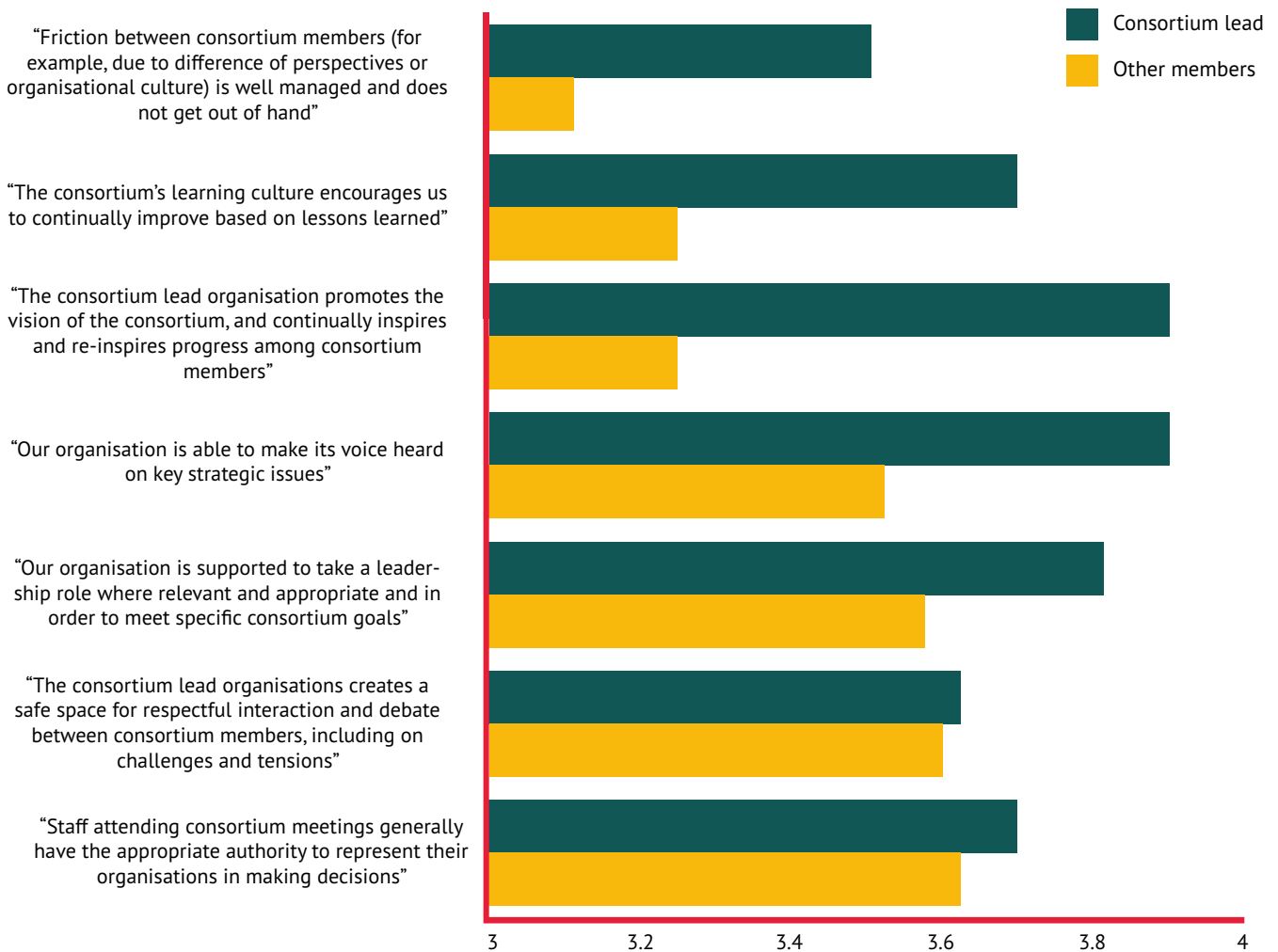
This is an extraordinary set of results for consortium leadership and inspiring for me to read! It is backed up by the qualitative interviews with consortium members who used words like “constructive”, “positive”, “open” and “inclusive” to describe the leadership provided by the lead agency. The lead agency also spoke about finding the leadership provided by the other consortium members as “inspiring”.



In another consortium, the lead organisation was keen to be collaborative and inclusive and would have liked to see more leadership coming from other partners. They see themselves as “chief amongst chiefs” but reported that it was challenging to find ways to incentivise partners to “be more propositional rather than reactive”, so that the group can lead together. The adviser reports that there was tension in this consortium between wanting to be led and wanting to lead, and that has been difficult to navigate.

At the same time, some members felt their proposals had often not been taken on board, with a respondent saying that instead of rejecting their proposal it would have been better if the lead had adopted the position: “Leads don’t need to have all the answers, but a lead can say we don’t know, lets figure this out together.”

Figure 6: Difference in scoring between consortia leads and other members*



*Respondents were scoring on a four point scale: strongly disagree (1); somewhat disagree (2); somewhat agree (3); strongly agree (4).

On some of the other leadership indicators, there were generally lower perceptions of effective leadership, for example, for the lead inspiring progress towards a vision, or, as noted in the next section, frictions between members being well managed. One health check report captured a dissonance between the higher scoring aspects of leadership and, in the case of this consortium, the lower score for ability to influence strategic decisions. The adviser suggests this is likely to relate to the core tension of balancing a more hierarchical structure (inherent in the concept of 'lead agency' inbuilt into the UK Aid Connect funding mechanism) with the aspiration for more collaborative and distributed leadership.

A difference of opinion on leadership between the lead organisation and other consortium members was clear in the data. Respondents and consortium leads and other members were asked questions that mirror each other, giving a score of one to five. Figure 6 shows the difference of opinion. For example, on average, consortium leads rated their 'key role on promoting the vision of the consortium and inspiring progress to achieve consortium goals' at 3.91 on the scale, whereas other members responded to a statement that 'the consortium lead ... promotes the vision of the consortium and ...inspires... progress' at 3.25.

Where the consortia had challenges to address

Managing friction and disagreement

The areas where all consortia were felt to be having challenges were generally closely linked to working collaboratively with other organisations when things are not going well. These are not challenges many consortium members have to address in their normal operations. For example, frictions that arose between consortium members were not felt to be well managed in most consortia. Neither was there often reported to be effective problem solving, or processes for dealing with disagreements effectively.

For example, in one consortium, which was otherwise working very collaboratively, the question on whether there were effective disagreement processes resulted in the lowest score across the whole survey and had the only 'strongly disagree' among all responses. In another consortium, a respondent shared an example where:



...a disagreement between consortium members did escalate quickly and unnecessarily in such a way that disrupted the usual management processes. Although the situation was resolved, we felt this negotiation could have been more constructive and collaborative from the start.



There were some exceptions. In the case of one consortium, a health check report noted a positive perception of managing frictions well and linked this to one respondent's comment that, "We may not agree with every agenda, but they are not hidden!" The adviser wrote in the report that it was 'a real achievement to be able to have healthy disagreement early on in the life of a consortium'.

For another consortium, disagreement processes were noted as a particular strength as well, though in this case two members selected 'don't know' for the disagreement process, suggesting it may not have been put to the test.

Governance

Clear and effective governance was felt to be a weak area in most consortia.

For example, one adviser said it is 'noticeable that every consortium partner is concerned about the current governance set-up and that this is the lowest ranking indicator of all', echoing a comment from a respondent that:



Given the complicated nature of the consortium, with three country teams and a central management team, we feel that the governance arrangements for the consortium are sometimes a little confusing and it's unclear who should be making decisions about issues on various levels.



Adviser support

Such was the frequency of this governance issue arising that a learning meeting was convened with an open invitation to all consortia to focus on this topic. The advisers running the meeting presented a framework for understanding governance in terms of structures, processes and behaviours. They then shared key design principles and core functions of governance.

Participants from 12 consortia discussed the issues they were having and then shared top tips, which were collected for written guidance on consortium governance. This led to a follow-up meeting on collaborative/distributed governance models, at which representatives from three consortia presented models of decentralised governance arrangements and a 'Learning Lab' on dynamic accountability.

Roles and responsibilities

There was also a feeling across many consortia that, although the 'right' expertise was available, there was a lack of clarity on roles and responsibilities. This suggests that some basic elements of working collaboratively had been challenging. One of the health check reports included the following commentary from the adviser:



Lack of clarity in terms of roles and responsibilities has been one of the main challenges for the UK Aid Connect consortia overall, as found in various discussions with a variety of consortia members about co-creation. It is important to achieve balance between knowing what each member has got to do at the same time as having the flexibility to be responsive to change; this may mean a looser definition of roles and responsibilities to allow this.



This was explained by respondents in the following terms: "During the co-creation phase, it was difficult to harness each other's expertise because our roles within the consortium were unclear."

A representative from a lead organisation had a slightly different perspective, saying that their own role: "...is very transactional. We know what we have to do, it is business as usual for us and we feel very confident about it. However, we are unclear of how roles fit together; it is work in progress though and it feels like we are going to get there."

Another respondent agreed, saying: "We shouldn't have too many cooks. Getting everyone to work on everything can be confusing (can there be too much consultation/ democracy?). We need to continually assess the balance between who should be involved and who shouldn't."

There was learning for consortia around why some things were not going well. A representative of one member commented that in their consortium "most of the problems track back to co-creation". Another agreed, saying: "Something wasn't done right at the beginning. There was no clarity around principles, e.g. transparency and sharing budgets. This [doing this differently] would have meant the whole mood around the leadership would have been different."

Innovating

With some exceptions, finding ways of innovating together was a challenge for many consortia. One consortium member reported that capacity for innovation existed but was not exploited well. This was particularly the case at country level in that consortium, where they report that "existing programming models are followed without much appetite for review, adaptation or innovation". Again, there is a sense that consortia were following their usual ways of working and had not been able to exploit some of the potential benefits of working more collaboratively, or, as another consortium member put it, "there is not really a space for us to [innovate] that exists". This may have been a result of significant shocks in the external environment, such as the safeguarding scandal, Brexit, Covid-19, the DFID/FCO merger into FCDO, significant and multiple funding cuts, and ongoing uncertainty from the donor. There were also regional and national contexts that could have had an impact, including coups, natural disasters and the global Covid-19 pandemic.

Another respondent suggested that lack of innovation was due to different perspectives on the shared goal of the consortium, which suggests that in this consortium there had not been enough attention to developing the 'underlying principles of partnership that guide consortium design and collaborative working' referenced in the Learning from Consortia literature review⁹. A health check report for another consortium stated:



When asked whether [the consortium] has agreed on a set of principles that help guide how the consortium makes decisions and works together, all agencies responded "no". This raises questions about expectations from the lead agency as well as the other members about the extent to which co-creation underpins its way of working. Had [the consortium] been clear about its intent and been aware of the value of having such principles, the consortium may have found the journey so far a little easier.



A respondent from another consortium reported that: “Each brings expertise [and the] idea is to work together to create new approaches. Instead, we are in silos – this is what each partner [is] doing – it is hard to say how we are going to work together.”

This was linked to a lack of facilitation by the lead organisation in some consortia. For example, one respondent said:



We feel that the consortium lead struggles to identify opportunities for coordination, collaboration and innovation among the partners. This means opportunities are often not taken up, or it is reliant on partners themselves to push for coordination where activities are found to overlap/depend on one another.



In contrast, one consortium that was rated by its members as making good progress on innovation was also commended in the health check report for: ‘...having undertaken a good process with regard to principle definition and agreement. This is supported by the qualitative interviews that have been undertaken with members. These interviews yielded the additional observation that all members have “fundamental values in common”, which was observed to have made it easier to co-create a set of shared principles.’

Most consortia were felt to lack mutual support between members to achieve collective goals.



This was an issue initially as we felt that some of our experience and value add was not being recognised and incorporated across consortium planning however this has improved over the first year of implementation.



Working remotely because of the pandemic might also have contributed to this, with one member commenting that: “Working remotely makes it hard to understand how much each member is bought-in [to] the work of other members.”

Support interventions requested by consortia

Each consortium had a discussion with their adviser about the issues the health check revealed they were struggling with. The topics discussed provide another indicator of where consortia had challenges. They reinforce that the challenges have generally been around unfamiliar aspects of working collaboratively.

Help with consortium governance was requested most often, followed by ways of working (such as avoiding working in silos that reduce innovation), and communications. One consortium requested support in conflict resolution. The other areas covered were for technical support on topics such as value for money, consortium agreements, MEAL¹⁰ and knowledge management. One consortium asked for help in developing a strategy for sharing the health check results themselves in a way that would be constructive for members.

During the conversations between advisers and staff from consortium members, it became apparent that some of the issues emerging from the review might not have happened if there had been better knowledge of the underlying principles that guide consortium design and collaborative working. Topics were raised by many consortia that led advisers to believe that many consortia would have benefited from input on what the Learning from Consortia literature review¹¹ identifies as ‘partnership readiness (including relationships between the participants and skills in the process of partnering’.

These issues are strongly related to many of the challenges most consortia had in creating the conditions for collaborative innovation and resolving differences. Therefore, advisers planned to provide all consortia with training on ‘partnering basics’ (although this did not happen, due to the Learning from Consortia programme closing prematurely).

Lessons about use of the Learning from Consortia health check

The previous section summarised the most commonly occurring results from the health check. This section reflects on how the health check helped the consortia. It uses evidence from:

- ▶ the health check surveys and reports.
- ▶ interviews with advisers.
- ▶ a survey undertaken as part of the - Learning from Consortia programme's MEAL.
- ▶ written material that is part of the programme's archive.

How the health check results helped the consortia

The health check provided opportunities to identify areas for improvement

A consortium member representative explained that the health check was a:

“

...fundamental opportunity to remove some of the obstacles at the start of this next phase. [We have] come to realise that all have common goals and problems we want to see solved within the consortium and are working to get the project to its highest definition.

”

As reported in the previous section, the health check suggested areas that were perceived to be going well and also where there were challenges. Interviews and the workshop discussion were then essential to identify what lay behind the survey responses, and reduce the impact of any biases caused by power imbalances or different prior experience of working collaboratively.

Insights from the process were widely perceived to be very useful, with extremely positive feedback from consortia members, MEAL surveys, adviser feedback and the workshops.

The advisers report that some of the findings took the consortia by surprise, reflecting that people tend to work within their own organisation and to not see the whole picture in their day-to-day working. The health check gave them both detailed information and an invaluable overview.

Comments from staff from consortium members included, “We thought that everything raised was useful,” and “[there were] very helpful findings and report[s]”.

The health check enabled opportunities to benefit from adviser support

The advisers were appreciated for their role in managing the health check workshops, with one consortium representative saying,

“

“We appreciated [the adviser] taking the time to walk through the findings with us [and] the consortium lead and then [their] facilitation of the workshop and helping us to identify some concrete areas we can improve on as a consortium.”

”

The health check results also enabled the consortia to identify where they would benefit from follow-up support. The advisers report receiving feedback throughout the process that the consortia were sometimes pleasantly surprised by some of the findings but showed a high level of commitment to addressing the issues that arose. One adviser said, “None of [the consortia I was supporting] were trying to brush issues under the carpet and move on.”

In a survey of consortia for the Learning from Consortia programme's MEAL:

- ▶ 86% of respondents reported having had support from advisers in the form of facilitation of the health check.
- ▶ 38% reported having discussions with advisers about issues and how to solve them.
- ▶ respondents reported that the support had been useful (86%) and timely (66%).

Nine respondents out of 21 said that elements of their work had then been adapted as a result of the support provided.

There were positive comments in the survey from consortium members on the role of the advisers. A respondent named one of the advisers who:

“

...has been a great adviser, very supportive and available whenever I needed her. In addition to the health check, [the adviser] has also helped my MEAL colleague organise a few MEL workshops which were interactive and put a strong foundation in place for our consortium.

”

The analysis in the health check report was also appreciated, with one consortium member commenting, “Framing [in the health check report] helped us to see from a new perspective; the domino effect of some of the ratings was interesting to see.”

The health check reveals how comfortable partners are with consortium working

Some consortium members don't perceive any benefit from working collaboratively. When asked about their expectations of working in a consortium in the survey, one respondent said, “So far, we feel we have not been able to contribute fully or see the benefits of our inclusion in the consortium. There have been limited opportunities to truly partner.” Another stated, “We are currently struggling to see the value addition.”

In some cases, the health check review has exposed a lack of alignment between a member and the rest of the consortium. One health check survey respondent noted, “With regards to frictions in the group, we are aware of tensions between certain partners and the consortium lead (though not ourselves).” There can also be other differences that have to be confronted, with

a respondent from the same consortium saying, “The biggest disjuncture that hampers effective consortia working is, I think, between the head office level and the field offices.”

An adviser pointed out that it can be unhelpful to expose rifts between members, as happened in one health check, when that “can open up wounds that may have been starting to heal”. They pointed out that the role of the adviser can be critical here, and that “[the adviser has] ongoing communication channels and check ins that mean that there's not too much that's coming up as a surprise”.

Advisers note that in these situations it is a valid choice that a consortium may choose not to investigate further or act. The consortium may have already tried to address the issue and decided it's better to work around the issues. They may have decided to adopt a transactional way of working if they feel this will lead to a reasonable outcome without having to address the issues that are preventing effective collaboration.

The health check provided a valuable opportunity for reflection

The advisers who facilitated the health check reviews reported that the health check provided an opportunity for reflection for staff from consortia who were moving forward at a great pace and not having time to think about what was working and not working.

A consortium member representative reported that they were “happy to have such an initiative to help us reflect on our learning and how we can improve as a consortium...” and that they “appreciate the work done to collect all this information, and... will learn from it”.

Having an engaging process that involved both individual reflection to answer the questions and then group discussion around issues that emerged helped the staff of consortium members to take stock of their organisation's actions.

It also helped them appreciate how counterparts from other members perceived issues, which otherwise they wouldn't have known. One participant noted that the health check was “especially useful for orgs that haven't worked together before to identify diverging cultures, etc and helps [us] look at objectives/change intended from a different perspective (internally)”.

Doing the health check helped consortium members better appreciate potential collaborative value

A representative of each member of the consortium answered the survey questions, but they were asked to consult with other colleagues first, which built a familiarity with the questions. The fact these questions were based on observed traits of successful collaborative working means that every organisation had to think about and appreciate relevant issues they may not otherwise have thought about.

An adviser reflected:

“

[The process] distributed learning in a way that was systematic and real time. [The respondents] were looking at the issue in relation to an actual experience, which is something that a workshop or training, even with lots of case studies, cannot really do. So... as a learning tool I think it was fabulous.

”

Many consortia indicated to the team managing the programme that reviewing the draft survey gave them valuable ‘food for thought’ about areas of work that may require attention.

The way the process was run led to greater voice and equity

It appears that having the programme team and advisers as a neutral third party was seen as positive by consortium members. As one respondent said, “Overall, the health check process seems very useful, particularly coming from a third party – data is powerful and enable[s] critical thinking about consortium.”

One adviser reported:

“

I wanted to just facilitate the process and let the process deliver the value. I just wanted [it] to run smoothly, basically making sure everybody understood and felt comfortable with it, because I think the independent nature of the process is sufficient.

”

The fact that data was presented anonymously also supported the integrity and independence of the review process. Advisers suggested this meant both large and small organisations could have an equal voice and have confidence in what was being reported.

The fact that there was also a survey of country-level consortium members is also believed by advisers to have sent a positive message from the international partners to the country-level partners and hubs that they were important. One consortium shared that this was that something that no other tool could have done, and it worked because it was independently managed.

The health check has value when organisations and individuals trust the process

There were positive comments from representatives of consortia about the robustness of the health check review process, and how this gave them confidence in the results. This extended to having a well-run process with high-quality data analysis, effective presentation of the results, and effective and engaging facilitation, and overall good and professional organisation.

One workshop attendee said:

“

I'm not much of a process person, I'm a doer, but I really thought this was helpful and good and affirming – that everyone feels so positive about the process.

”

The amount of process was balanced with the time and resources available

Careful thought went into a process that would bring the most benefit to consortia within the time and resources available to the programme.

While a good balance was achieved, some issues were noted. Concerns over the length of the survey and capacity to manage additional resources meant the version developed for the country offices was shorter, but this caused problems with being able to compare data. It was also decided to ask one person from each organisation to represent other colleagues, which may also have reduced the detail that can come from many different respondents. However, it did include open questions, which are harder to analyse but gave richness and texture to the survey results.

Some advisers were concerned that some of the steps for developing the survey had been rushed, and there had not always been as much time as would have been needed to refine the whole review process. However, given the positive feedback on so many aspects of the health check review, it can be concluded that the approach may not have been perfect but was certainly ‘good enough’ to enable extremely useful learning.

What could be improved in the health check

Assumptions that could be challenged

The health check requires assumptions to be made about what will be useful information for consortia. The Learning from Consortia programme team later reflected that a few of these assumptions could usefully be examined to further improve the value of future health checks.

Consortium context

The health check process was envisioned as a series of snapshots of each consortium, with the hope of demonstrating improvement over time. It was assumed the overall context would be sufficiently stable to allow such comparisons. In part to keep it to a manageable length, the survey did not explicitly ask about the context, and it was only during the workshops that contextual factors that affected the results, such as funding cuts making it difficult for consortia to establish effective ways of working, were brought out.

However, given the very turbulent environment in which the consortia had to operate, it is now apparent that an understanding of changes in context would have been helpful when analysing the results. Therefore, in future iterations, questions would be added such as 'How has the context changed since the last health check?' and 'How has the context affected your answers to these questions?'. It would also be useful to ask about the internal context, for example determining the stage of consortium set-up or implementation that had been reached at the time of the health check.

The value of creative tension

The questions on 'friction' were presented with an implicit assumption that conflict is something negative that might not exist in a well-run consortium. The health check would benefit from recognising that conflict in partnership is more nuanced than this would suggest, and that there will always be a level of organisational cultural friction, since no two organisations think and work the same. In most cases, as long as there is trust this can be managed smoothly.

Conflicts related, for example, to exploiting power differentials or members acting in bad faith can of course be very negative. However, tensions due to differences in approach and thinking can be recognised through the health check and harnessed to deliver better and more innovative ways of working. This is one of the key benefits of consortia working.

Collaborative advantage and collaborative cost

The health check was not sufficiently granular in asking consortia members to identify the specific collaborative advantages of the consortium and the added value they were hoping to deliver collectively, or how each

individual member was benefitting. It also did not ask about the collaborative costs. These are the often-hidden costs made up of the upfront investment in developing a consortium and the ongoing increased transaction costs in operating collectively.

The health check could help members understand this by asking specific questions that identify both added value and costs. This could extend to finding out how the consortium is meeting individual organisational goals, which was not covered in the survey.

What might improve the usefulness of the results

The intention was to run a second iteration of the health check when the consortia had been working for longer. Some of the questions would have been changed to improve the usefulness of the results. For example:

- ▶ Making sure that survey respondents understood that the health check is a current snapshots of the consortium, not a review of how it had been set up to reach that point.
- ▶ In addition to the questions on changing context already mentioned above, further questions would have supported consortia to explore their adaptiveness.
- ▶ Questions on tensions could have been re-framed to be about mechanisms or safe spaces for recognising and responding to conflict.
- ▶ Questions on consortium and individual member ambition would be amended, with some questions added, perhaps using the TPI value assessment framework¹².
- ▶ Some of the questions would have been amended or moved between building blocks to make analysis and reporting easier and more intuitive. Some introductory questions may have been dropped where they didn't contribute much to the value consortia got from the results.
- ▶ Some questions on gender, which were designed to try and explore how gender balance reflected other values, would have been dropped or amended as they weren't thought to have yielded much useful information.

What might have improved the health check process

Advisers have the following reflections on how the health check process could be improved:

- ▶ Additional explanations, descriptions, examples and narrative within the survey would make it easier to fill out, as well as building greater understanding of effective consortia working.
- ▶ Country offices could be part of the main survey and process, rather than completing it separately using different questions. Consideration could also be given to involving some implementing partners that aren't formally part of the consortium.

Conclusion

The health check was primarily designed as part of the support offered to consortia, and it fulfilled this role well. The process helped individual consortia to analyse and reflect on their effectiveness and efficiency and the degree to which they had in place the building blocks of an effective partnership. This allowed them to identify arising issues in a non-threatening, non-judgemental way, and put together plans to address those issues. In doing this, the process also built up consortium members' understanding of effective consortia practice.

The health check proved effective because it was based on the features of successful multi-stakeholder partnership observed in many different contexts, along with certain consortia-specific features, which were translated into indicators of effective collaboration. Using these indicators in a survey enabled a rich set of results that quickly identified areas where consortium members were doing well, and where they could improve (including through accessing support from specialist advisers on some of the more challenging topics).

It was very helpful and important to have skilful facilitation by trusted, neutral consortia advisers, who were able to moderate the responses, present the results in a constructive way, and lead discussions in workshops and interviews.

The process provided a valuable opportunity for general reflection on the value of collaboration, and had the further benefit of giving all members a voice and sense of greater equity. By openly discussing issues in a safe space, the health check helped to build the relationship among the partners.

As an additional benefit, the health check process provided a great deal of data about effective consortia, which has helped the Learning from Consortia programme to develop and share a range of knowledge outputs.

The health check was well received by the consortia. The process has proved insightful for UK Aid Connect consortia, enabled support to be delivered through the Learning from Consortia programme, and been a source of learning. It is recommended that future consortia use a similar approach and that donors make budget provision to enable this.



Endnotes

1. USAID and Catholic Relief Services, 2008
2. DFID then became the Foreign, Commonwealth and Development Office after a merger between two ministries.
3. The themes were: promoting sexual and reproductive health and rights; disability inclusion; working towards global security and stability; building civil society effectiveness; building open societies; tackling child labour and modern slavery; addressing lesbian, gay, bisexual and transgender inclusion; and supporting tolerance and freedom of religion or belief.
4. The Partnering Initiative and Bond, 2021.
5. Stibbe and Prescott, 2020.
6. The Partnering Initiative and Bond, 2021.
7. See, for example: Stibbe and Prescott, 2020.
8. USAID and Catholic Relief Services, 2008.
9. The Partnering Initiative and Bond, 2021.
10. Monitoring, evaluation, accountability and learning.
11. The Partnering Initiative and Bond, 2021.
12. Stibbe and Prescott, 2020.

Bibliography

Stibbe, D. and Prescott, D. (2020). THE SDG PARTNER-SHIP GUIDEBOOK: A practical guide to building high impact multi-stakeholder partnerships for the Sustainable Development Goals. The Partnering Initiative and UNDESA. www.thepartneringinitiative.org/wp-content/uploads/2020/07/SDG-Partnership-Guidebook-1.0.pdf

The Partnering Initiative and Bond (2021). Effective consortia working: Literature review and priorities for future research. www.bond.org.uk/sites/default/files/resource-documents/learningfromconsortia.literaturereview.pdf

USAID and Catholic Relief Services (2008). Consortium Alignment Framework for Excellence (CAFE). USAID and CRS. www.crs.org/sites/default/files/tools-research/consortium-alignment-framework-for-excellence.pdf



Working towards more effective consortia

Findings from UK Aid Connect consortia health checks

July 2021

To find out more about the **Learning from Consortia programme** visit:
www.bond.org.uk/resources-support/learning-from-consortia