



**USAID** | **LIBERIA**  
FROM THE AMERICAN PEOPLE

# FINAL PERFORMANCE EVALUATION OF THE LIBERIA GRANTS SOLICITATION MANAGEMENT (LGSM) PROJECT

FINAL REPORT

**March 2015**

This publication was produced through an internal evaluation carried out by USAID/Liberia. The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

**PREPARED BY:**

**Courtney Babcock, USAID/ Liberia**

**Jannie Horace, USAID/ Liberia**

**Mulbah Reed, Liberia Monitoring and Evaluation Project**

**Alexander Siafa, USAID/ Liberia**

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>1</b>
A. Introduction .....	1
B. Key Findings, Principal Lessons Learned, and Recommendations .....	1
C. Conclusion .....	2
<b>I. INTRODUCTION .....</b>	<b>4</b>
A. Purpose and Scope of the End of Project Performance Evaluation .....	4
B. Evaluation Methodology .....	4
C. Evaluation Techniques .....	5
D. Evaluation Management .....	6
E. Limitations Undertaking the Final Evaluation .....	7
F. Structure of the Evaluation Report.....	8
<b>II. BACKGROUND.....</b>	<b>9</b>
A. Country Context.....	9
B. Healthcare in Liberia.....	9
C. The Government of Liberia (GOL) Strategy in Health .....	10
D. USAID Programs in Response to These Problems .....	10
D. Description of LGSM .....	12
<b>FINDINGS .....</b>	<b>15</b>
<b>Key Evaluation Questions .....</b>	<b>15</b>
Detailed Exploration of Key Evaluation Questions.....	18
Lessons learned and Recommendations.....	31
Conclusion .....	33

**III. ANNEXES ..... 34**

ANNEX I: STATEMENT OF WORK (SOW) FOR THE INTERNAL EVALUATION OF THE USAID/LIBERIA LIBERIA GRANTS  
SOLICITATION MECHANISM (LGSM) .....34

ANNEX II: Data Collection Instruments.....43

ANNEX III: Respondents.....51

# ABBREVIATIONS AND ACRONYMS

AOR	Agreement Officer's Representative
BPHS	Basic Package of Health Services
CDCS	Country Development and Cooperation Strategy
CHANOL	Christian HIV and AIDS Network of Liberia
CHEP	Christian Health Education Program
CONHOL	Consortium of National Health Organizations of Liberia
COP	Chief of Party
CSA	Civil Service Agency
CSO	Civil Service Organization
CWAC	Children Without Appropriate Care
DCOF	Displaced Children and Orphans Fund
DO	Development Objective
DSW	Department of Social Welfare
ECOWAS	Economic Community of West African States
EPHS	Essential Package of Health Services
EPVC	Educating and Protecting Vulnerable Children
FGD	Focus Group Discussion
GEMS	Governance and Economic Management Systems
GHI	Global Health Initiative
GOL	Government of Liberia
HR	Human Resources
ICT	Information Communications Technology
IEE	Initial Environmental Examination
KII	Key Informant Interview
LGSM	Liberia Grants and Solicitation Mechanism
LIPA	Liberia Institute for Public Administration
L-MEP	Liberian Monitoring and Evaluation Program
LNP	Liberia National Police
LOP	Life of Project
M&E	Monitoring and Evaluation
MERCI	Medical Emergency and Relief Cooperative International
MOHSW	Ministry of Health and Social Welfare
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NHP	National Health Plan
NHSWP	National Health and Social Welfare Plan
OFDA	Office of Foreign Disaster Assistance
OVC	Orphans and Vulnerable Children

PBF	Performance Based Financing
PIA	Participatory Institutional Assessment
PTA	Parent Teacher Association
PMU	Pentecostal Mission Unlimited
PPD	Presidential Policy Directive
PPSW	Para-Professional Social Worker
RBHS	Rebuilding Basic Health Services
RHG-L	Reproductive Health Group-Liberia
SCI	Save the Children International
SHALOM	Serving Humanity with Affection Love and Open Mind
SWA	Social Welfare Assistants
TAI	Trauma Aid International
TOEFL	Test of English as a Foreign Language
UN	United Nations
USAID	United States Agency for International Development
USG	United States Government
WL	World Learning

# ACKNOWLEDGEMENTS

The research, data gathering, analysis, and writing of this final performance evaluation report took place from September through December 2014. A four-person team contributed to conducting the evaluation:

- Ms. Courtney Babcock, Team Leader, Monitoring and Evaluation Officer, USAID/Liberia
- Ms. Jannie Horace, Community Health Services Specialist, USAID/Liberia
- Mr. Mulbah Reed, Health M&E and Knowledge Management Specialist, Liberia Monitoring and Evaluation Project (L-MEP)
- Mr. Alexander Siafa; Budget, Program Management, and M&E Specialist; USAID/Liberia Health Team

The Evaluation Team wishes to express appreciation to all of the respondents for taking the time to be interviewed, take a survey, and/or for providing in writing their frank views and opinions about Liberia Grants Solicitation Mechanism (LGSM) project. One United States Agency for International Development (USAID)/Liberia official in particular provided documentation, names and contacts, which were crucial to the team. Dr. Ochiawunma Ibe, USAID/Liberia Senior Community Health Advisor, provided many key documents and responded to requests promptly, provided contact information for key respondents, as well as spending time with the team and providing valuable insight on the project and evaluation needs. All of the interviewees; including representatives from LGSM/World Learning, USAID/Liberia, Save the Children International, the Ministry of Health and Social Welfare (MOHSW), local Civil Service Organizations (CSOs), scholarship recipients, and others contributed time and effort to this evaluation, and without their frank and nuanced assessment of the LGSM project, the Evaluation Team would have been unable to complete this evaluation.

# EXECUTIVE SUMMARY

## A. INTRODUCTION

This end-of-project evaluation of the Liberia Grants Solicitation Mechanism (LGSM) award aims to understand how USAID support contributed to an improvement in the quality of care for orphans and vulnerable children (OVC) and improvements in the human resources capacity in the health sector as well as organizational capacity of the indigenous civil society organizations (CSOs) and Department of Social Welfare (DSW) of the Ministry of Health and Social Welfare (MOHSW).

The LGSM activity was a five-year Associate Agreement, run from 2009 to 2014 with World Learning. The activity was designed as an umbrella grant making mechanism to support service delivery, training and related activities aimed at assisting vulnerable populations. The grants were proposed to work in four areas: OVC, HIV/AIDS, Youth (Reproductive Health), promoting Maternal and Child Health (Family Planning), and CSO capacity building activities in Health and Social Welfare (Social Services).

A shift in focus from the original grant-making mechanism led LGSM to add components to provide capacity building services for the Social Welfare and Training and Human Resources departments of the Ministry of Health and Social Welfare (MOHSW). LGSM worked with the divisions to identify gaps in performance, and design and execute capacity building plans and technical training to address those gaps. LGSM also implemented in-country and international scholarship support for personnel either employed by the MOHSW or working in affiliated training institutions to pursue Masters degrees and/or Certificates.

The LGSM end of project performance evaluation attempts to capture the LGSM activities' strengths and weaknesses and the degree of satisfaction from participants of the various components. The analysis, which included document review, key informant interviews (KII), focus group discussions (FGD), and an online survey provided local context and represents concrete examples of findings.

## B. KEY FINDINGS, PRINCIPAL LESSONS LEARNED, AND RECOMMENDATIONS

A shift in the initial design and strategy of LGSM, due to a number of factors, meant that the award was slow to get off the ground. For a capacity building activity, this was highly detrimental to the overall success of the activity, and though the activity finally got going, the slow start and initial challenges were never fully overcome. Despite that, capacity building to MOHSW's Department of Social Welfare (DSW) was a great success, guidelines for Children without Appropriate Care (CWAC) were put into place and utilized during the Ebola response, and LGSM-supported CSOs made strides in back office functions, while implementing service delivery at the county level. Some of the CSOs have already received direct funding in response to the Ebola outbreak, and they are certainly well-placed to continue work with the MOHSW, particularly as further decentralization to county-based service provision continues.

A sub-grant with Save the Children International, Educating and Protecting Vulnerable Children (EPVC), achieved significant outcomes in terms of capacities and systems built and laying a foundation for addressing the needs of vulnerable children in Liberia. The activity drew from existing Government of Liberia (GOL) policies and built upon them, setting into motion the Essential Package of Social Services (EPSS), and alternative care guidelines, which have already been adopted in the Ebola response. Community level staff—recruited and trained through

the activity—are better prepared and at the time of the evaluation, were still working within their communities of assignment, largely on the Ebola response. Recognizing the potential that the DSW would be moved from the Ministry of Health to the Ministry of Gender, the activity worked with both ministries, and increased coordination between the two. They also made strides in establishing, where necessary, or revitalizing existing community structures to serve as community focal points around community mobilization.

While work with the MOHSW’s human resources/ planning unit was complicated by several insurmountable factors, processes, requirements, guidelines, and documentation were developed and put into place for an international and domestic scholarship program, and students were supported through that program to get various graduate degrees. The students were very satisfied with the program and most have returned to Liberia. There remain challenges with getting them into increased roles of responsibility and ensuring that they are on the government civil service payroll, but there is commitment from MOHSW to ensure this happens following the Ebola crisis.

Organizational systems development of the DSW and local CSOs was to varying degrees successful. As discussed already, the work with DSW was universally lauded, and CSOs appreciated the training and support they received through LGSM. While very complicated to measure capacity in such a short period of time, it is clear that some of the CSOs are on a “ladder of progression” and a few are likely ready for direct support. Moving forward it will be important for USAID/Liberia, the MOHSW, and other donors to continue to work with the ten CSOs identified by LGSM to build their capacity. While they remain at varying levels of organizational development, if direct implementation with MOHSW is the end goal, continued capacity development support will be necessary. As plans move forward around further decentralization of the health system, these organizations could play a critical role if they continue to receive support.

The consultancy carried out by Maestral International via Save the Children to develop an alternative care system for children in Liberia achieved some significant progress, which should be continued through future community based social services support.

## **C. CONCLUSION**

While there were challenges to LGSM, principally around management, much of the work can be built upon and lessons can be learned from the challenges faced and overcome. Lessons can also be gleaned from how to deal with management of an award whose scope is dramatically shifting, or where communication challenges and or personality differences are present.

Despite that seemingly insurmountable list of challenges, LGSM had some real successes, and in some places laid a foundation that can be built upon with future USAID/Liberia funding. The evaluation of this activity, while not required, will hopefully shed some light on some of these areas, and translate some of the victories and lessons learned through LGSM implementation into current and future USAID/Liberia health activities. Lessons - around capacity building and adherence with USAID Forward local solutions guidelines and frameworks, regular joint field monitoring, the development of guidelines for alternative care of OVCs, and management of complex activities should serve as a foundation for future USAID/Liberia efforts.

Despite the limited scope of this evaluation due to the ongoing Ebola response, findings and lessons learned can still be utilized for further work in the areas covered by LGSM. Important lessons around capacity building, the USAID local solutions agenda, the managing of scholarship programs, and general management of USAID mechanisms are universal and the findings from this evaluation could be used for a broad range of USAID programming, in Liberia and worldwide. In addition, lessons learned by the Mission team around carrying out a hybrid internal performance evaluation will be further discussed in an After Action Review.

# I. INTRODUCTION

## A. PURPOSE AND SCOPE OF THE END OF PROJECT PERFORMANCE EVALUATION

This end of project evaluation is a hybrid internal evaluation that seeks to provide an opportunity to reflect on the overall management of the Liberia Grants Solicitation Mechanism (LGSM) award and to understand how the USAID support contributed to an improvement in quality of care for OVC and improvements in the human resources capacity in the health sector as well as organizational capacity of the indigenous CSOs and Department of Social Welfare. Objectives of the evaluation are:

- To assess the overall management of the LGSM associate award from USAID's and World Learning's perspective.
- To assess the contribution of the Educating and Protecting Vulnerable Children (EPVC) in Family Settings in Liberia sub-grant managed by Save the Children International (SCI) towards the improvement of the wellbeing of Orphans and Vulnerable Children (OVC) and families who were beneficiaries of the project.
- To determine if investments in MOHSW's human resources (HR) in terms of sponsorships for both local and international scholarships contributed to improvements in the HR capacity.
- To identify lessons that can inform future programming addressing similar issues and follow-on activities.

The Liberia Grants Solicitation Mechanism (LGSM) project is a five-year Associate Agreement (2009-2014) with World Learning under a Leader with Associate Cooperative Agreement - the Health Grants and Solicitation Management (Health GSM). The LGSM associate award was designed as an umbrella grant making mechanism to support service delivery, training and related activities aimed at assisting vulnerable populations. The grants were proposed to work in four areas: OVC, HIV/AIDS, Youth (Reproductive Health), promoting Maternal and Child Health (Family Planning), and CSO capacity building activities in Health and Social Welfare (Social Services).

The purpose of this evaluation is to provide information to USAID/Liberia, the Displaced Children and Orphans Fund (DCOF) office in Washington DC, and stakeholders including the GOL on how well LGSM's strategy and activities contributed to achieving the expected outcomes and to provide guidance and lessons learned to inform future similar projects. Please see Annex I for the evaluation Scope of Work.

## B. EVALUATION METHODOLOGY

The LGSM end of project performance evaluation attempts to capture the LGSM activities' strengths and weaknesses and the degree of satisfaction from participants of the various components. The analysis, which included document review, key informant interviews (KII), focus group discussions (FGD), and an online survey provided local context and represents concrete examples of findings. The evaluation team conducted the evaluation in a participatory manner, engaging the USAID Mission, the implementing partner, beneficiaries, the GOL, and other stakeholders and using situationally appropriate methods - conducting data collection in person, on paper, and electronically. The approach to selecting the appropriate methodology is based on the USAID Evaluation Policy as well as the team's experience conducting evaluations in the field.

The interview questionnaires, FGD guide, and web survey (Please see Annex II) were developed to address the assessment questions put forward by USAID and also were informed by the literature review. A list of key respondents was provided to the Assessment Team by USAID prior to the data collection. The list of respondents,

40 in all, is provided in Annex III, including which data collection method was used with each person or group. A complete list of documents the Evaluation Team reviewed and individuals interviewed is included in Annex IV, Sources of Information.

## **C. EVALUATION TECHNIQUES**

To gather data required for this evaluation, the Evaluation Team used several techniques and a number of sources, encompassing many stakeholder perspectives, corroborating findings, and reducing bias. This mix of mutually reinforcing qualitative methods reflect the research questions being addressed and results of each technique were combined to capture the diversity of opinions and perceptions of stakeholders about the impact of the LGSM project.

### **Document Review**

A review of project related documentation and data - provided at the onset by USAID/Liberia – was undertaken at the beginning of the evaluation period, forming the foundation for understanding of the activity and the basis for tool development. Please see the Bibliography (Annex IV) for a full list of documentation provided and reviewed by the evaluation team.

Following the exhaustive desk review, the Evaluation Team developed tailored tools and identified which type of tool would be used for each set of informants. Once the tools were developed, they were vetted by the entire Evaluation Team and reviewed to ensure that questions were not cognitively difficult, double barreled, culturally insensitive, or included words that created biased responses.

### **Key Informant Interviews (KIIs)**

The Evaluation Team conducted structured interviews with entities as identified but not limited to the list provided by USAID/Liberia. To ensure that comparable information was collected during interviews, the team developed standard guides reflecting the questions posed by the evaluation scope of work. Each KII Questionnaire began with an informative introductory statement that described to respondents the subject of the survey and some basic details about the confidential and voluntary nature of their participation. For example, the introduction informed respondents about the LGSM activity and the purpose of the survey, the client and evaluators, and a statement that their participation is voluntary, that their responses will remain confidential and used in aggregated summaries only. The survey questions were tested and additional changes were made as necessary throughout the evaluation period. Surveys for key informants outside of Liberia were electronically sent and received during the evaluation period. Survey instruments for KIIs are included in Annex II.

The target population for KIIs included individuals at World Vision, Save the Children Liberia, the Ministry of Health and Social Welfare, USAID/Liberia, and local CSOs who received grants and contracts through the activity. The Evaluation Team met either separately or in groups with 40 individuals whose discussion helped to inform this evaluation. A list of those individuals is included in Annex III.

### **Focus Group Discussion**

The Evaluation Team conducted one structured Focus Group Discussion (FGD) with social workers trained through the EPVC project. The discussion, held at the Save the Children office, began with an informative introductory statement that described to respondents the subject of the survey and some basic details about the

confidential and voluntary nature of their participation. Like the KII, the introduction informed respondents about the LGSM activity and the purpose of the survey, the client and evaluators, and a statement that their participation is voluntary, that their responses will remain confidential and used in aggregated summaries only. The FGD guide is included in Annex II.

### **Web-Based Survey**

The Evaluation Team developed a survey for the students who participated in LGSM's scholarship activity, both to international and domestic institutions. While the Evaluation Team initially planned to hold interviews or focus groups with these students, some were still studying in their LGSM-supported programs, and many others were directly engaged with MOHSW in the fight against Ebola. Thus, a web-based survey using the online service, Survey Monkey, was designed and distributed to the students via email. In addition, the Evaluation Team called and emailed students to encourage them to respond to the survey. In one case, a respondent was not able to access reliable enough internet to take the whole survey, so the Evaluation Team allowed that student to send back answers to the questions via email. The survey included 18 quantitative and qualitative questions, designed to provide the students an opportunity to reflect on the overall management of the LGSM award, measure their level of satisfaction with various aspects of the program, and collect their reflections on how the scholarship program has affected their work specifically and improved (or not) the human resource capacity of the MOHSW.

## **D. EVALUATION MANAGEMENT**

Due to resource and time constraints and the burgeoning Ebola crisis in Liberia, the Mission was unable to carry out a traditional external performance evaluation, and due to the size of the project, an external evaluation was not required by the USAID Evaluation Policy. Despite the challenges, the Mission determined that LGSM was a priority evaluation for the health team and the Mission, and determined that the best solution was to carry out an internal evaluation. Four evaluators – three USAID Liberia employees, and one employee of the Mission's monitoring and evaluation contractor, the Liberia Monitoring and Evaluation Project (L-MEP) - conducted the evaluation. The Evaluation Team included the following relevant expertise: Team Leader with training, technical and leadership experience in USAID project design and implementation in developing contexts, project-related assessment and documentation, who currently serves as the Mission evaluation focal person; a Community Health Services Specialist with research and assessment experience on community health in Liberia; the M&E and budget focal person for the USAID/Liberia Health team; a Monitoring and Evaluation (M&E) Specialist with the Liberia Monitoring and Evaluation Project (L-MEP), with knowledge of USAID's monitoring and evaluation expectations and standards, especially with methodologies for data collection such as facilitating focus group discussions in Liberia, and health experience.

The evaluation team started their work through a meeting to clarify team roles and responsibilities; develop the work plan, finalize the tools; and to create a timeline and action plan for completing the deliverables. In the meeting, the team specifically shared their background, experience, and expectations of each of the team members for the assignment; formulated a common understanding of the assignment, clarifying team members' roles and responsibilities; agreed on the objectives and desired outcomes of the assignment; established a team working relationship; revisited and finalized the assessment timeline and strategy for achieving deliverables; developed and finalized data collection methods, instruments (survey questionnaire), tools and guidelines; and developed preliminary outline of the team's report for review and approval by Health team lead and assign drafting responsibilities for the final report.

As the first Internal Evaluation in recent memory at USAID/ Liberia, the team prioritized learning and adapting into the evaluation management. Following the completion of the evaluation, an after-action review of lessons learned, best practices, and recommendations for future internal evaluations will be circulated internally in the Mission for the purpose of learning and furthering the evaluation agenda at USAID/Liberia.

## **E. LIMITATIONS UNDERTAKING THE FINAL EVALUATION**

Some limitations and constraints were encountered in the planning design stages and through the course of conducting the evaluation. Adjustments were made for most when they became known to the Evaluation Team. Some of the more relevant limitations are discussed below.

The most significant challenge to the evaluation was the timeframe. As many of the components of this project are around capacity building, it will take many years to produce concrete quantitative results and project sustainability cannot yet be seen beyond the basic foundations. In addition, at the time of the evaluation, the project had, for all intents and purposes, completed the majority of its major components. Thus in some cases it was difficult to convince respondents that they should take the time to participate in KIIs or FGDs as they felt that the project was over and they were moving on to other things. The time allotted for the evaluation was also a limiting factor. Because this was an internal evaluation and the first of its kind at USAID/Liberia, the Evaluation Team were all engaged in their day jobs throughout the time of the evaluation and it was challenging to find time to carry out interviews, review documents, analyze data, and write the evaluation report due to competing Mission priorities.

Throughout planning, USAID/Liberia and the Evaluation Team were aware of the burgeoning Ebola crisis. However, in late July and early August, the crisis became significant enough that a State of Emergency was declared on August 6, 2014. The State of Emergency limited movement, instituted curfews, and restricted large public gatherings. The already-developed evaluation SOW was updated to reflect that no field visits would be conducted, and all interviews were to be conducted at the offices of implementing partners in Monrovia. A focus group discussion was organized at the Monrovia office of Save the Children to speak to beneficiaries of the EPVC project, but due to the crisis, many of the beneficiaries were otherwise engaged with the Ebola response and turnout was low. In addition, the location of the Save the Children (donor) office may have meant that responses were more biased than they may have been in a more neutral environment.

In addition, many International staff of World Learning, including the Chief of Party and Senior Capacity Building Advisor were evacuated from Liberia, so their KIIs were conducted via phone and email. The evaluation team was very cognizant that many of the relevant stakeholders were engaged in the Ebola crisis. A balance was required to avoid expending too much of their time and energy that should be spent engaged in the response. Some were not available for interview at all because of their work requirements towards the response. In addition, while all attempts to reduce biases in data collection methodologies, to identify key stakeholders and program beneficiaries, the Evaluation Team relied on assistance from USAID, World Learning, and Save the Children staff, meaning that the respondents were selected by those who presumably have stake in a positive evaluation. To reduce this bias, the evaluation team took great pains to explain the reasons behind the evaluation and how critical honest and frank responses were for a useful evaluation. In addition, much emphasis was placed on the confidentiality of responses, both in-person and in electronic questionnaires.

Another limitation of the evaluation was related to the online survey using the SurveyMonkey platform. The sample size was small, and due to Liberia's lack of ICT infrastructure, the web based survey was limited in scope as many of the beneficiaries and local CSOs are located in counties outside Monrovia and have very unreliable

access to internet or even phone service. Despite those challenges, the evaluation team personally reached out to the respondents to request their participation. The team is pleased to have received a 50 percent response rate.

Finally, there is always a difficulty in attributing results to specific program activities. There are many factors or variables beyond the LGSM program that may contribute to the results described in this report, given the number of donors active in this field.

The above limitations, however, did not prevent the Evaluation Team from gathering the information and data needed to produce findings, conclusions and recommendations for this particular performance evaluation.

## **F. STRUCTURE OF THE EVALUATION REPORT**

This Evaluation Report is organized in four sections: (1) Background, which examines Liberia’s context and the healthcare sector, the GOL’s health strategies, USAID’s response, and a description of the LGSM project; (2) Findings; and (3) Conclusions, Lessons Learned, and Recommendations.

Data from the KIIs, FGD, survey, and project documents were analyzed and triangulated for consistently reported achievements, challenges, opportunities, and trends and to identify where there were divergent experiences and perspectives on the project. These findings were further analyzed against the literature review, including some of the opportunities and challenges associated with the intervention choices that were made by USAID/Liberia and LGSM. The evaluation’s findings, lessons learned, and recommendations are based on these data and analyses.

The Evaluation Report reflects the views of the Evaluation Team, which are based solely on the data the Team collected, analyzed, and results reported.

## II. BACKGROUND

### A. COUNTRY CONTEXT

Liberia, a country on the West Coast of Africa was founded in 1847 and is the oldest Republic in Africa. The population as reported in 2008 census was 3.5 million people but is now estimated to be over four million people. Life expectancy at birth is 59, and poverty, underdevelopment, and social fragmentation are the legacies of Liberia's past. Its colonial history created privileged elite of Americo-Liberian "settlers" who monopolized political and economic power for over 130 years, while excluding indigenous Liberians from voting or owning property. Following independence, exclusionary politics and extractive economic systems were continued, along with widespread partisanship, economic mismanagement, and an extensive record of human rights abuses. With the attack in December 1989 on the Samuel Doe government by insurgent forces led by Charles Taylor, the country began its descent into a devastating civil war. Over 200,000 people died and the entire social and economic fabric of the society destroyed. Fourteen years later, the war was finally brought to an end with the intervention of ECOWAS, UN, and US peacekeeping forces, and the Accra Comprehensive Peace Agreement was signed in 2003.

Due to its history of underdevelopment and poverty, Liberia is one of the poorest and least developed countries in the world; indicators of poverty and dimensions of human development rank Liberia at or near the bottom of sub-Saharan African countries. Its 2011 Human Development Index score places it 182 out of 187 countries and 64 percent of the population lives below the poverty line. Poverty and underdevelopment are not the only challenges. Liberia emerged from its protracted civil war as a deeply divided country, its social fabric torn by ethnicity, religion, geography, and history. There are 16 ethnic groups, and Christianity, Islam, and indigenous religions are practiced. The division between urban and rural populations is substantial, with those who live in Monrovia commanding much greater access to basic services than those who live in rural areas.

After a largely successful initial period of recovery and reconstruction, the country has so far defied the high odds of sliding back into conflict and in 2012 concluded a second round of national elections which returned President Ellen Johnson Sirleaf to office for another six years. The Government of Liberia, in partnership with International partners and donors, is committed to shaping Liberia's growth with a comprehensive economic, political, and social recovery agenda.

### B. HEALTHCARE IN LIBERIA

Liberia's health sector exhibits the devastation from years of conflict superimposed on a negative and rudimentary health system that failed to meet most basic needs of the largest share of the population even before the war. In actuality, most of the health facilities before the war were either privately owned or concession based facilities; and existing Government facilities were not adequately addressing the needs of the Liberian people, as few could afford the high hospital and medical bills. Following the war, many of the health facilities were destroyed and Liberia had to start almost completely over in terms of extensive rehabilitation or construction of healthcare facilities and staffing those facilities with a skilled work force.

In 2007, as part of the national reconstruction effort, the MOHSW led a participatory process of revising the National Health Policy and developed a five-year transitional National Health Plan (NHP) to cover 2007-11. The cornerstone of the 2007-11 NHP was the Basic Package of Health Services (BPHS), a package of high impact interventions that the GOL committed to providing to the entire population. Overall, implementation of the 2007-

11 NHP is considered to have been a success, and as a result Liberia is seeing progress on some health indicators, including family planning, rates of skilled attendance at delivery, and immunizations, all indicators which LGSM activities contributed to.

Despite the improvement over the past years, poor road infrastructure and distribution of health facilities in rural areas means that 40 percent of Liberians must still walk over an hour to reach a public facility. Due to the limited geographic scope and cultural barriers to access of public services, many opt for the formal and informal private sector for services and commodities – accounting for the high cost of healthcare. As the economy continues to grow and the national budget increases, it will be important for GOL’s public expenditure on health to continue to increase. Additionally, weak human and institutional capacities remain major impediments to building an effective and decentralized health care system.

### **C. THE GOVERNMENT OF LIBERIA (GOL) STRATEGY IN HEALTH**

In support of GOL’s transition from a post-conflict orientation to a long-term vision for sustainable progress in health outcomes, the MOHSW spearheaded a 12-month, participatory process of revising the National Health and Social Welfare Policy and developed the 2011-21 National Health and Social Welfare Plan (NHSWP). With the overall goal of improved health status of the population, the 2011-21 NHSWP focused on three key objectives:

- i) Increasing access to and utilization of high quality services;
- ii) Making services more responsive to the population, with attention to equity; and
- iii) Providing services that are affordable to the country.

To achieve these objectives, the MOHSW expanded its BPHS, renaming it the Essential Package of Health Services (EPHS) and introduced two-year county level cost action plans. The EPHS includes all components of the 2007-11 BPHS (gender-sensitive maternal, newborn, and child health; reproductive and adolescent health; mental health; communicable diseases; and emergency care), as well as non-communicable diseases, neglected tropical diseases, environmental health, nutrition and school health.

### **D. USAID PROGRAMS IN RESPONSE TO THESE PROBLEMS**

USAID/Liberia’s program under Development Objective (DO) three reflects the USG Global Health Initiative (GHI) Strategy for Liberia, which was approved in September 2011. Consistent with the Mission’s two-track approach as well as the core principles of the GHI, DO three resources will be invested in two GHI Focus Areas: 1) Health Service Delivery and 2) Health Systems Strengthening.

Under Health Systems Strengthening, USAID will support capacity building, system strengthening and institutional development activities by working through the MOHSW to improve the national health systems, including support for decentralization of service delivery. Under Health Service Delivery, USAID will fund direct interventions to scale up high impact interventions and best practices, particularly in the areas of maternal, newborn, and child health; family planning; malaria; nutrition; water, sanitation, and hygiene. Current support for the provision of the EPHS enables USAID funding for USG health program elements to be seamlessly integrated and aligned with the MOHSW’s priority health interventions.

Programs under DO three will follow a three-tiered approach: 1) nationwide investments; 2) intensive investments in three of the six priority counties (Nimba, Bong, Lofa); and 3) strategic investments in the other counties

that form the Mission's six target counties under the CDCS. The health sector investments will benefit all Liberians accessing the MOHSW's integrated package of health services, but especially women and children.

### **USAID's Country Development Cooperation Strategy (CDCS)**

USAID's Country Development Cooperation Strategy (CDCS) for supporting Liberia's development covers the period from 2013 to 2017. In designing this strategy, USAID/Liberia engaged Mission staff, other United States Government (USG) agencies in Liberia, senior representatives of the Government of Liberia, international development partners and donors, the private sector and other stakeholders in Liberia, the region, and Washington.

This CDCS is grounded in the principles of country-led development articulated in the Paris Declaration on Aid Effectiveness, Accra Agenda for Action, and Busan Partnership for Effective Development Cooperation. It implements the U.S. Government's commitment to multi-year strategic development planning, articulated in the Presidential Policy Directive for Global Development (PPD-6) and the Quadrennial Diplomacy and Development Review. It directly addresses the four pillars of the U.S. Strategy toward Sub-Saharan (PPD-16). Finally, the CDCS draws on and implements USAID's re-invigorated policy environment, including USAID Forward, the new Policy Framework, Program Cycle Guidance, and Gender Policy, as well as the new USAID strategies for Education and the Feed the Future and Global Health initiatives.

Consistent with the principle of country-led development, this CDCS is aligned with the priorities established in: Liberia's Poverty Reduction Strategy, which covered the period from 2008-2011; the Government's new medium term development strategy, the Agenda for Transformation through Action (AfT); Liberia's National Vision 2030 statement (the "Gbarnga Declaration") and draft summary report Liberia's "Strategic Roadmap for National Healing, Peace-building, and Reconciliation; and a range of other country-led sector policies, plans, and strategies. The GOL has committed to developing a compact under the international New Deal for Engagement in Fragile States, which is likely to be completed in 2013. The Results Framework for this CDCS is closely aligned with the New Deal's peace-building and state-building goals.

This CDCS is strategically focused. Liberia's short- and long-term needs are diverse and complex and USAID cannot effectively address them all. In establishing strategic priorities, this CDCS takes into account USAID's comparative advantage as a donor in the Liberian context, as well as various Liberian partners' own level of interest, commitment and effort. It also anticipates both program budget constraints and the realities of the mission's own capacity limitations, including anticipated staffing levels and skills, constrained office and accommodation space, and the recent history of long-term vacancies in key, hard-to-fill positions.

The core institutional foundations required for sustainable growth and poverty reduction include:

- Inclusive political institutions that ensure the accountability, responsiveness and legitimacy of the state;
- Inclusive economic institutions that encourage creative individual initiative, mobilize and coordinate the use of labor and other public and private resources, and allocate those resources to their most productive uses; and
- Inclusive education and health services institutions that expand all Liberians' abilities and opportunities to contribute to and benefit from development progress.

Therefore, the Results Framework for this CDCS is built around four development objectives:

- DO-1 More effective, accountable, and inclusive governance;

- DO-2 Sustained, market-driven economic growth to reduce poverty;
- DO-3 Improved health status of Liberians; and
- DO-4 Better educated Liberians.

## **D. DESCRIPTION OF LGSM**

### **Overview**

LGSM came to effect under its Leader Cooperative Agreement No GPO-A-00-04-0021-00 and Associate Agreement No 669-A-00—10-00057 Managed by World Learning, a US based Education Development Exchange Organization. This project commenced in December 2009 and ends December 2014. It is a five year capacity building project whose goal is to increase the quality of essential health services in Liberia through increasing the capacity of the MOHSW especially the Department of Social Welfare (DSW) as well as increasing the capacity of health-sector civil society organizations.

### **Program Components**

LGSM provided capacity building services for the Social Welfare and Training and Human Resources departments of the MOHSW. LGSM worked with the divisions to identify gaps in performance, and design and execute capacity building plans and technical training to address those gaps.

LGSM also worked on capacity building and grants and contract management support for local CSOs working in the health and social welfare sectors to their capacities to manage direct funding from the Government of Liberia and international donors. They developed Requests for Applications from International Private voluntary Organizations and Local CSOs in the Liberian health sector with expertise in the following areas: Management of Orphans and Vulnerable Children, Youth and Reproductive Health; Maternal and Child health and Activities in health Advocacy and subsequently hiring of these qualify organization to implement the various activities as per their respective expertise. All of these were to be done in close collaboration with USAID. They managed three contracts for level one CSOs: Pentecostal Mission Unlimited (PMU), Medical Emergency and Relief Cooperative International (MERC I), Consortium of National Health Organizations of Liberia (CONHOL); as well as six grants for level two CSOs: Christian Health Education Program (CHEP), Equip Liberia, Reproductive Health Group-Liberia (RHG-L), Christian HIV and AIDS Network of Liberia (CHANOL), Serving Humanity with Affection Love and Open Mind (SHALOM), and Trauma Aid International (TAI). World Learning initially carried out Participatory Institutional Assessments (PIAs) conducted with the ten local CSOs LGSM and identified the following priority areas for intervention: trainings and technical assistance which are in the areas of strategic planning, program development and fundraising, and sustainability. Training and technical assistance were also provided to strengthen the Boards of Directors and financial management.

LGSM serves as a grant making mechanism to support service delivery, training and related activities aimed at assisting vulnerable populations in Liberia. Save the Children, UK is a current grantee under the Orphans and Vulnerable Children (OVC) component. LGSM collaborated with SCI to develop a case management system for Children Without Appropriate Care (CWAC) for the Department of Social Welfare.

LGSM also implemented in-country and international scholarship support for nurse midwives and laboratory technicians; for nurses seeking a Master of Arts (MA) in Nursing Education; and for personnel either employed by the MOHSW or working in affiliated training institutions to pursue MA degrees and/or Certificates. LGSM administers the USAID-funded scholarships for Masters of Nursing Education at Mother Patern, as well as scholar-

ships to train qualified practitioners as laboratory technicians and certified midwives several local institutions. LGSM arranges academic exchange and professional training programs for MOHSW staff and Liberian health care professionals. Master’s Degree and Certificate Degree programs in subjects relevant to the MOHSW and improved health care are conducted at institutions throughout Africa.

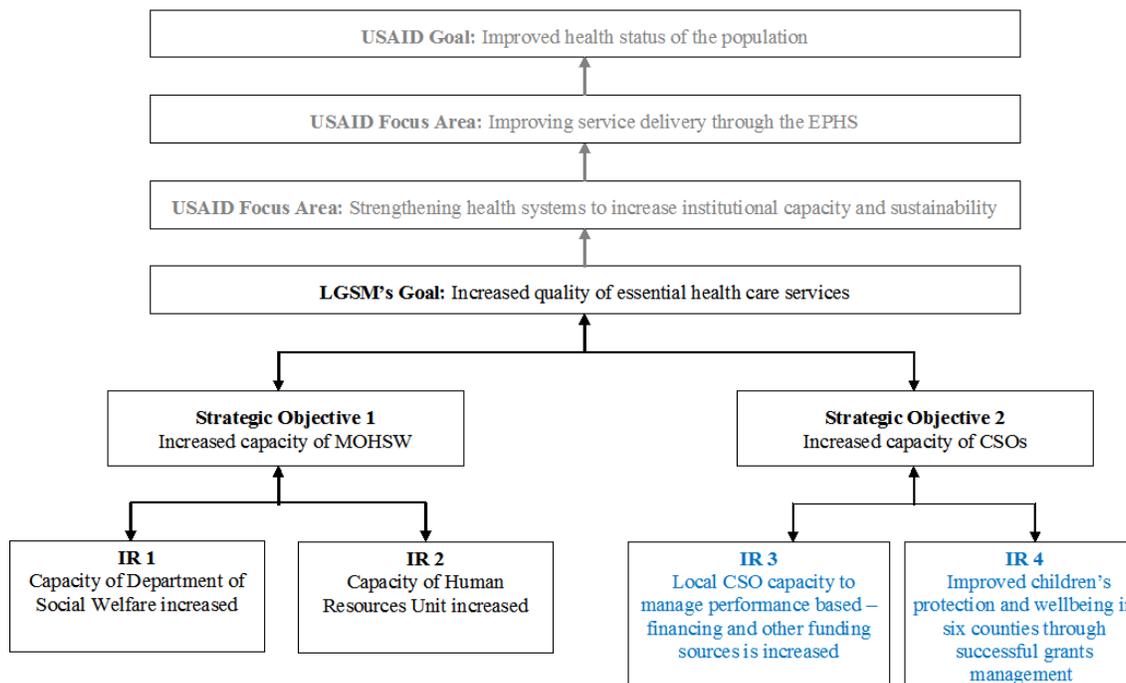
Though the LGSM Project was meant to start 2010, for various reasons, active implementation did not start until two years later after several adjustments were made on the scope of work.

**Expected Outcomes for the LGSM award**

The activity after scope revision concluded two years post -award date, was intended to produce at least seven outcomes based on its implementing interventions:

- Department of Social Welfare with completed baseline assessment for services will be conducted in at least one county.
- Department of Social Welfare with performance indicators for essential services fully integrated into MOHSW’s M&E systems.
- Department of Social Welfare with a case management system developed for Children Without Appropriate care and with a generic case management system for use in all divisions.
- Ministry of Health and Social Welfare with increased human resource capacity from personnel trained with Master’s Degrees and Certificates.
- Ten CSOs with strengthened capacity in core competency areas and able to access more efficiently and effectively MOHSW performance based financing.
- Thirty Nurse Educators are administering improved teaching methods and curricula in the key training institutions throughout Liberia.
- Fifty-seven nurse-midwives are practicing to lower the infant mortality and morbidity rates in Liberia.

**LGSM Results Framework (IRs in blue were modifications from original)**





# FINDINGS

## KEY EVALUATION QUESTIONS

### **What were the facilitating or limiting factors impacting the effective and efficient implementation of the LGSM Award?**

The LGSM activity had a number of issues that limited the effective and efficient implementation of the award, particularly at the beginning of implementation. A shift in the initial design of LGSM as the Agency shifted its focus to USAID Forward and the Mission refined its strategy, and a direct request from the Ministry of Health to support capacity building, meant that the award was never properly defined. Communication and personality issues between USAID, the implementing partner, and sub-grantees meant that there was a lack of chemistry, and more importantly trust, among the stakeholders, and so the response to the realignment on all sides was slow. For a project that meant to build capacity, the length of time that active implantation occurred was too short to see real progress.

Because of the initial poor program management with the activity, USAID had lost faith, and even when the project started to show some achievements, no additional resources were available. Because of the troubled history and a lack of consistent leadership including two Chief of Party (COP) changes and four different Agreement's Officer's Representative (AORs) in four years, there was little incentive on the part of USAID to find funding for them in a tough budget environment. In the time when the activity was floundering, the Health Team had added new projects that would continue many of the aspects of work that LGSM had begun. Eventually LGSM was forced to cut their funding, which trickled down to the local CSOs. The activity trimmed its program implementation about four months before the original end date, leaving many of the local CSOs surprised and feeling that they would have been able to show more in terms of results with the original time allotted.

At the point LSGM was designed, USAID Forward was in its infancy in the Agency, and most activities were designed around direct funding as the end goal. Those assumptions have subsequently been modified towards organizational strengthening conforming to the organization's own goals and capacities. Focusing on compliance with USAID regulations and direct implementation capacity can distort the local service delivery market, as well as divert local organizations from their own goals. At the stage of LGSM when Agency focus shifted from USAID targets to an understanding of capacity development, organizational change, and goals suited to context, the LGSM activity was unable to effectively change focus.

Despite these challenges, there were some real successes of the award. Capacity building to the DSW was consistently considered a success, and guidelines for CWAC were put into place and utilized during the Ebola response, a real indication of ownership and sustainability. Universally the evaluation team heard that there was high performance at the end of the project once the organizational and management challenges had been sorted out. And as with all capacity building activities, real success will only be able to be measured years down the road. But the inconsistency of activity purpose, the too large and constantly shifting scope, and the lack of long-term leadership (from USAID, the Implementing Partner, and the GOL) meant that the results that were achieved were too little, and too late.

**To what extent did the key sub-grant implementing partner Save the Children International meet the objectives of the EPVC sub-grant under the LGSM project? How did the outcomes achieved and sustainable capaci-**

**ties and systems developed, fare in terms of addressing the needs of Vulnerable Children in Liberia? What is the potential of activities initiated by the project to continue after the project ends? What lessons can USAID draw from this project and the results achieved?**

Save the Children supported the GOL, drawing their intervention from GOL policies such as the EPSS, to develop alternative care guidelines, which were adopted into the Ebola response. They also recruited and trained community level staff who are still, for the most part, working within their communities of assignment. Due to the Ebola outbreak, some have taken on other roles, but they seem to largely be gainfully employed in the community social work sector. Save the Children also noted early that the DSW would likely be merged into the Ministry of Gender, and worked with both ministries through staff training and building linkages between the Ministries. They established a child placement committee and revitalized community structures - including women's groups, Parent Teachers' Associations (PTAs), and Child Welfare Committees - to serve as "gatekeepers" at the district and community level, to identify and refer vulnerable children to available services in their respective communities, and to serve as community focal points around social mobilization. They also worked closely with the Liberia National Police to ensure understanding of the issues of child welfare.

Para-professional social workers (PPSWs) who benefitted from the activity are currently providing case management services to children affected by Ebola. The MOHSW/DSW was able to recruit, train, and retain social welfare assistants (SWAs) in all six target counties and fill critical gaps. The average caseload of each PPSW over the final 12 months of the activity was 97 children. A total of 2,283 children were supported through the project, including those who were placed in apprenticeships, children reunified from the street and institutions, children enrolled in skills training, and children supported in schools.

Overall, 477 children, largely female, were referred for health services in the six counties where the project was implemented. Over 2,600 children returned to school, and 1,253 families with reunified children and children at risk of separation were provided with small startup capital to be invested in small-scale economic activities. These beneficiaries also received unconditional cash transfers of \$25 US per family per month to help protect the small businesses during their start-up period. The activity also offered six-nine month apprenticeships to children in baking, tailoring, auto mechanics, and other locally contextualized fields. Following the apprenticeships, children were provided start-up tools, access to basic health and educational opportunities, and additional psychosocial support.

Five hundred and ninety four children were deinstitutionalized from care institutions and orphanages, and seventy two percent of the reunified children were still within the families they were reunified with as of the close of the project. However, all children were out of school and most children in Liberia were unable to access primary health care at the end of the project, due to the Ebola crisis. Thus at the point that this evaluation was undertaken, it was impossible for the evaluation team to draw conclusions on this aspect of the activity.

**How did the human resource strengthening interventions of LGSM impact the Ministry of Health and Social Welfare's HR capacity gaps?**

The LGSM activity had continuous challenges strengthening the human resources capacity gaps. This was due to a number of issues, including a lack of drive from the Ministry itself, particularly around the issue of workforce planning. Work within the human resources department was also meant to strengthen the scholarship committee. While some progress was made and processes were put into place at the MOHSW, challenges existed throughout implementation, some solved, and others not. The scholarship students, particularly those who

went abroad, have returned to Liberia with added skills and most have been retained by the Ministry. However, the realization that a Memorandum of Understanding (MoU) with the Civil Service Agency (CSA) would also be necessary to get them on the official payroll meant that the process was significantly delayed. At the point that the evaluation was undertaken, the Ebola crisis was in full swing, and while many of the scholarship students were employed in the response, getting them back on the official payrolls was not the priority, though MOHSW did state that this was their intent.

The lack of political will at the Ministry called into question the integrity of the system. Requirements, guidelines, and appropriate documentation were put in place, but there was never political will to instill a systems-oriented approach and fight the challenges of patronage that often exist in scholarship programs. A lack of clear communication and expectations between USAID and World Learning and the Ministry meant delays in identification of scholarship students, improper logistical management, and mismatches between the students' backgrounds and the programs they were being identified for. The program was a source of frustration for all of the stakeholders involved in LGSM. USAID was disappointed in the performance of the contractor, and questioned the support they were getting from headquarters, as this was the area where they seemed to have the most experience and past performance. World Learning was disappointed that the Ministry lacked vision and saw the program as an opportunity for patronage, and the Ministry felt that they were not provided with the material assets that they needed to maintain the systems.

The students who participated in the program tell a different story. The evaluation team created an online survey, which was distributed to international and domestic scholarship recipients. Due to the ongoing Ebola crisis and the fact that many of the recipients were heavily involved in the response, the majority of respondents were international scholarship students, some of whom had returned, and a few who were still finishing up their programs. They, across the board, reported being pleased with the scholarship program, preparation provided through LGSM, their studies, and self-reported that they felt more prepared and better equipped to perform their jobs well upon return.

While the students were universally satisfied with the scholarship program and the relevance of their studies to their employment, most reported that their jobs and responsibilities had not yet changed, but all reported that they had expectation and were hopeful that once the Ebola crisis settled down, the MOHSW was committed to doing so. It is important to note that while the students were pleased with the results of their programs, an inherent limitation remains with the evaluation team's ability to appropriately gauge their capacity after such a short period of time. Thus the evaluation must only focus on their self-reported opinions, which were across-the-board exceedingly optimistic.

**To what extent did the LGSM award impact the organizational systems development of the DSW and the indigenous partner CSOs? To what extent will the consultancy carried out by Maestral International with project support through Save the Children International strengthen the development of the alternative care system for children in Liberia?**

The LGSM Activity had much greater success with the DSW within MOHSW and local CSOs in terms of organizational systems development. Work with the DSW was lauded from all stakeholders, and the warm relationship between the partner and Ministry was evident. Through the LGSM activity, the Essential Package for Social Services (EPSS) and related indicators were put into place; social welfare indicators for performance based financing (PBF) were created; and a community-level baseline assessment of the social welfare situation in the counties was carried out. Guidelines and plan for Children without Appropriate Care were put into place, and while it will

take time to see the true success of the implementation of these activities, all of the stakeholders, including DSW, believe that they are ingrained and owned by the Ministry. Some amount of sustainability appears to be taking place, as many of these successes are being fully utilized in the Ebola response.

LGSM's efforts to increase CSO capacity were hampered by the abrupt closeout of the project and short timeline for capacity building and technical assistance. CSOs reported that useful tools were created and an effective working relationship was built, but they were disappointed that the budget was cut despite their results and achievements. It is not possible for the Evaluation Team to evaluate capacity within the local CSOs, but they reported that they took a leading role in the implementation while World Learning provided guidance and support at the back end, and they felt that their capacity had been strengthened due to this approach. However, the project wasn't designed to also measure the impact that improved capacity had on the provision of healthcare services, and some stakeholders felt that this was the larger result of their work. They also noted that World Learning was not always in a position to assist them with the technical challenges, as that was not their value addition. All reported satisfaction with the development of financial and reporting tools, and the CSOs reported that they felt more prepared to take on direct engagement from the MOHSW or other donors due to the support provided through LGSM.

The EPVC grant managed by Save the Children was successful, though lacked significant oversight from World Learning. One aspect of that aspect of the activity was to strengthen the development of the alternative care system for children in Liberia through the EPVC sub-grant, and more specifically, a consultancy carried out by Maestral International. The approach, which took into account international, regional, and national frameworks, attempted to be participatory and transparent and worked to establish a capacity building plan and framework to ensure that DSW fully owned and bought into Children Without Appropriate Care (CWAC) guidelines.

The Ministry was complimentary of the consultants who were brought in to work on the alternative care system. The initial step of the process was defining OVC, and what alternative care meant in the Liberian context. The consultancy clarified the legal roles and responsibilities regarding the identification, placement, and care of CWAC; and jointly developed a process for intake, processing, and monitoring of CWAC. A certain amount of capacity building around MOHSW/DSW's ability to execute that framework and process was also taken into account. A detailed roadmap was put into place, and interviewees reported ownership and optimism around the guidelines, but due to the Ebola response and the short timeframe, it was impossible for the Evaluation team to determine to what extent the consultancy will be able to strengthen the alternative care system in Liberia, outside of the fact that they are well-equipped to do so.

## **DETAILED EXPLORATION OF KEY EVALUATION QUESTIONS**

*To what extent did the management of the LGSM award both internally in USAID and on the part of World Learning impact the achievement of project goals in a timely manner? What were the challenges or changes in circumstances that explain these successes or failures?*

Timeliness and consistency were factors that came up again and again in the evaluation of LGSM. The initial design of LGSM was in two major parts—a sub-grant for OVCs, and a mechanism that was designed for quick response to supplemental funding. While the OVC piece took off quickly and moved forward from the outset, the other side of the project did not. At the same time, the Agency was increasing its focus on the principles of USAID Forward. The Mission and the health team were undergoing strategic planning sessions and realigning of priorities and finding that the design of the LGSM award was not strategic; the award was not properly defined,

nor was it particularly tied to the portfolio as a whole. At about the same time, the MOHSW made a specific request that LGSM focus on capacity building at the Ministry and building the capacity of its local partners to align with the EPHS. Those changes brought about a shift in focus from the initial focus of service delivery for youth/children and a fast-acting grants mechanism to USAID Forward-style capacity building for MOHSW and CSOs. The geographic focus of the service delivery component was consolidated from its previously nationwide focus to Bong, Lofa, and Nimba counties.

As can be expected, that massive shift in scope affected the management and implementation of the award. World Learning did not respond quickly to the realignment, and a project that was designed to be five years ended up really fully implementing for a much shorter period of time, which affected the project in meeting its objectives. Capacity building of any kind, but particularly for government and CSO stakeholders, is a long-term process, and the two years in which LGSM had to achieve those goals was simply too short.

Considering the various components of the activity especially after 2012 when the objectives of the project were revised, the overall success of the award was mixed. The capacity building to the DSW was successful—LGSM was able to help create and put into place the EPSS and indicators. Social welfare indicators for performance based financing were created, and a baseline assessment at the community level of the social welfare situation in the counties was carried out. Guidelines and plan for Children without Appropriate Care were put into place, and while it will take time to see the true success of the implementation of these activities, all of the stakeholders, including DSW, believe that they are ingrained and owned by the Ministry.

On the Human Resources side, particularly the scholarship program, the project was less successful. LGSM was meant to provide technical assistance in the area of workforce planning, but the Ministry could not finalize a Scope of work and timing so the consultancy was not implemented. The person who had been driving this from inside the Ministry left, and without a long-term champion in place, the Ministry did not see appreciate an external consultant without a counterpart in-house long-term to be mentored. Processes and planning around workforce management were prioritized, and the capacity building was not actualized.

The activity was not able to achieve the goal of strengthening the scholarship committee. Some progress was made and some systems and standard processes were put in place at the MOHSW. But there were substantial challenges throughout implementation.

One specific implementation challenge that was delayed was the MoUs for returned students to be assured of position at MOHSW upon completion of studies. This was more involved than expected because World Learning did not immediately recognize that the Civil Service Agency is actually the government agency that manages the government payroll, and the MoU was signed late in the process. World Learning recognized those challenges, but is pleased that the students have returned to Liberia, and while they may not yet be on the MOHSW payroll, they have skills that are being employed and the MOHSW has stated their intent to get them all on the payroll once the Ebola crisis has calmed.

Integrity of the system was a real challenge so while requirements, guidelines, and documentation were put in place, questions of patronage remained. World Learning was never able to find the political will necessary inside the HR unit for a fair and system-oriented approach to scholarships. The lack of clear expectations on this front led to delays from the MOHSW on identifying the scholarship candidates, and mismatches between the students' backgrounds and the training they were being identified for.

In addition to the problems inside the MOHSW, USAID generally felt that due diligence was not done by LGSM to get candidates into schools. An example of this was when South African universities did not accept Liberian students because of improper school accreditation paperwork. Application deadlines passed, and visas were not completed correctly. In addition, many students were unable to pass the English proficiency exam, leading to cancellations of admissions, thus causing significant delays. USAID suspected that perhaps World Learning headquarters was not providing the technical support needed for the scholarship program. Overall this component of the activity caused significant disappointment on the side of USAID as they felt that the real value addition of World Learning was in management of scholarship programs, and that was one of the biggest challenges throughout implementation.

World Learning also reported challenges on the scholarship component, feeling that the Planning/HR Unit at best lacked vision, and at worst, saw the scholarship program as an opportunity for patronage, and were not responsive when World Learning worked to put in place safeguards against this. In one case, a Senior Ministry Official called off an English exam as it was beginning because World Learning refused to give him an advance copy of the exam.

Despite the challenges, the scholarship recipients were overwhelmingly positive about the experience. They reported universal satisfaction with the advertisement, application process, selection process, the TOEFL exam, and their academic programs. While this is admirable, it is important to remember that these are the students who were selected and were able to get through the process, and the Evaluation Team noted that it would have been interesting to also hear from those students who were not able to participate in the project. The one area where students showed some dissatisfaction with the scholarship program was post-scholarship assistance from LGSM after they completed their graduate program. However, given the early closeout of the project, the fact that many students had not yet completed their studies, the Ebola crisis, and the fact that this was not an explicit output of the activity, this is not a surprising result.

Students noted that they felt more prepared, particularly in analytical work and the ability to make decisions, and reported that their practical experiences were buttressed by the theory and policy work many of them undertook through the scholarship program. They did note that they didn't feel that systems were necessarily in place to allow them to share their skills gained through studies, but most felt that this would be resolved following the Ebola crisis. They also felt optimistic about their contributions to Liberia's health sector, but noted that this would be difficult to fully understand and measure so soon following their return to the MOHSW. The students were largely complimentary to World Learning's management of the scholarship activities, but did provide some areas for improvement, largely around preparation and more assistance to potential scholarship students in rural counties.

*How well has World Learning been able to manage its sub-grantees/contractors so that they are strengthened enough to maximize health impact towards attainment of the LGSM activity goal of increasing quality of essential health care services throughout Liberia?*

Under Strategic Objective 2, LGSM was to increase CSO capacity, which all stakeholders agree was not fully achieved, largely due to the abrupt closeout of the project and the short timeline for capacity building and technical assistance. There are mixed views about the effectiveness of World Learning in managing the various sub-grantees/contractors. The project was originally conceived as a grants making project, but they didn't start making grants until the last 24 months of implementation, which was a fundamental problem. In addition, following the shift to capacity building, and in terms of managing the sub-grantees in their health-related activities, World Learning did not have the technical expertise to backstop the organizations and so USAID was forced to fill that

role. Despite those challenges, LGSM was able to make progress, and CSOs did provide essential health care services in Liberia, just not at the scale that the project intended.

For the purpose of evaluation, the Evaluation Team separated the EPVC grant managed by Save the Children and the local CSOs. For the EPVC sub-grant, there was little significant technical oversight over that agreement, because there was a belief that Save was a premier organization in child protection. World Learning did not see the need to spend much time managing or monitoring their activities, and some activities fell through the cracks, despite Save the Children consistently meeting their targets and submitting timely reports. For example, USAID staff on one field visit found that some of the “children” beneficiaries were actually youth.

For the local CSOs, capacity building was mixed. Useful tools were created, and a real understanding was built, but there was no follow through, largely due to the short timeframe and the budget cut. The budget was cut because of the ongoing issues with the project but trickled down to the local CSOs. In terms of management, World Learning considered management of the grantees and contractors as getting progress reports and financial information, and based on that, they were doing well and producing results.

The project was designed in a way that the contractors and grantees took the driver’s seat in implementing projects while World Learning was providing guidance and support at the back end. The approach was intended to allow World Learning and the CSOs to work together to identify capacity gaps through the monitoring of implementation and identifying key competency gaps. On the capacity side, this approach seems to have been effective, but World Learning didn’t have the technical expertise, reach, nor were asked to involve themselves heavily in the monitoring of the technical implementation approaches outside of some site monitoring. So while one would assume that back-end engagement would inevitably benefit the provision of healthcare services, that was not explicitly measured, and several stakeholders saw this as a gap in the design in the activity. In addition, when there were technical problems with the MOHSW, there were issues. For example, the government did not always have drugs for the CSOs, in which cases contracts had to be changed. But despite these challenges of design, LGSM did provide high-quality monitoring and oversight over the CSOs outcomes.

The most valuable support reported by CSOs arrived through the provision and development of financial and reporting tools, and these tools were universally regarded. But in terms of achievements, it is difficult to truly assess the results of those activities outside of anecdotal evidence to determine the effectiveness of those tools over a short period of time. For example, they received training in fundraising, but due to the time constraints, no proposal writing has occurred since that training was given. While there were few output or outcome level indicators to track the results of the local partners, trainings were well attended, well received, and had reportedly a “very high level of engagement.” The groups interviewed through the evaluation universally reported that they were pleased with their technical assistance and hungry to take on more.

Universally the local CSOs provided positive feedbacks on the session and technical assistance provided through LGSM. They reported that LGSM provided tools and appropriate guidance, and moved them in the right direction. They feel as if they understand reporting and are more accountable to county health offices. But also collectively, they were disappointed by the early end of the activities and felt that it hindered their performance and ability to fully realize their goals. Many expressed a desire for LGSM to continue and reported a lack of clarity on why the budget was cut and the project ended early.

*To what extent did the program advance the DSW of the MOHSW and indigenous CSOs on a “ladder of progression” in terms of strengthened systems and capacities? To what extent is World Learning’s approach to capacity building meet the needs of their partners (MOHSW) and the CSOs sub-contractors and sub-grantees? In what*

*ways has sustainability been achieved (by SWD and HR units of the MOHSW and by the 10 indigenous CSOs), due to LGSM's assistance? To what extent has the project's effectiveness helped or hindered the ability of the entities to attain sustainability?*

Without a doubt, LGSM put both DSW and the CSOs on a “ladder of progression.” All of the challenges aside, the capacity building activities with the CSOs were largely effective. They were able to put in place structures and policies, decision-making boards, and financial management practices. They also helped register the CSOs so that they can apply for grants. However, given the vastly different starting places of the CSOs assisted through LGSM, it is difficult to draw common conclusions across them. Universally the CSOs reported gratitude with the trainings and technical assistance and certainly feel that more effective systems and processes were put in place through LGSM. They all reported that they feel more able to take on grants and contracts through the MOHSW or International organizations.

Several reported close working relationships with World Learning, and specifically appreciated that they were able to use World Learning as a resource when they had questions around processes and reporting. But several CSOs questioned the nature of the trainings and technical assistance, suggesting that the reporting requirements were not all that stringent. This suggests that the level of CSO capacity was vastly different, and while LGSM recognized this, separating the CSOs into those that were able to take on a contract versus those that were able to take on a grant, the capacity building exercises were still uniform. In addition, several CSOs discussed their concern that due to space constraints, only one or two employees were able to attend the training, and the lessons were not passed down effectively within their organization.

The Evaluation Team feels that LGSM did put the CSO's on a “ladder of progression” but that the activity was too short to see what outcomes may have come out of the assistance. While several of the CSOs are undoubtedly prepared to take on direct contracting mechanisms with the MOHSW or other donors, it is not clear that they were not already at this level before LGSM began.

In terms of meeting the needs of the CSOs, several interviewees reported that the approach was not demand-driven, but rather based on a broad needs assessment of all ten CSOs. Given the different starting levels, several CSOs reported that the trainings were too basic and others reported that they were too high-level. There was collective appreciation for the technical assistance, as that was specific to the organization, and many reported that the activity from which they learned the most was field monitoring; again because it was specific to their specific technical needs. Some CSOs also reported that their greatest need was working with the MOHSW, particularly around commodities and stock outs. This was not initially conceived as part of the LGSM activity, so progress in this area was limited.

Work with the DSW through LGSM was undeniably a success. World Learning created a very conducive and trusting relationship with the department and all stakeholders reported that they benefitted greatly from the program. Three DSW staff received scholarships, two on policy related issues and one for social work. DSW reported that those students have come back and were already heavily involved in Ebola response coordination, a testament to the capacity built through LGSM. The Department was particularly pleased because in the past, scholarship programs were not available for the social work side of the Ministry, so they saw LGSM as opening doors for them in terms of putting them on more equal footing with the health side of the MOHSW. There was very obviously a warm and cordial relationship between World Learning and the DSW, which was beneficial to all. A deep trust was built, and many hours put into nurturing that relationship. Because of that chemistry, DSW seemed pleased to utilize World Learning's expertise on the creation of EPSS. Originally World Learning was to bring in consultants, but due to the close working relationship, they suggested that the DSW

social workers themselves should write the plan, and experts would lead a validation process. As reported by the Deputy Minister, the EPSS tool didn't exist before LGSM and the development of that EPSS roadmap put DSW on a trajectory and gave them a sense of purpose. The Deputy Minister spoke fondly of "Monday Meetings," or working sessions at World Learning with white boards and brainstorming sessions even on issues like costing/ budgets. These meetings reportedly "helped [DSW] think outside of the box and look at the bigger, global picture." Following LGSM, the DSW has policies in place and a better understanding of their mandate. As the Deputy Minister stated, "USAID put us on the road, now we need support for real implementation." Particularly post-Ebola, she feels that there will be a greater need and equipment and implementation support would be valuable.

DSW was also pleased with the participatory nature of the needs assessment process and the planning that came out of it, leading to the vulnerable population assessment and the alternative care guidelines and indicators. They were quite complimentary of the consultants that were brought in to help assist the set-up of the alternative care guidelines, and while the evaluation team cannot speak to the sustainability of this activity, the "roadmap" certainly exists. Close coordination at the county level with the Ministry of Gender is happening and social welfare issues are appearing in county planning documents. But despite the achievements, the DSW is under-funded, and at the time of the evaluation, there was ongoing discussion that the department of social welfare will be moved to the Ministry of Gender, which has since happened. There remains a dearth of social workers deployed in the counties. So while much progress was made, and indubitably the needs of the DSW were met through LGSM, questions of sustainability remain.

World Learning put into place many processes and structures and seemingly created an environment where the DSW felt ownership and took on the activities themselves. DSW felt that World Learning staff were flexible and had open personalities, expats and Liberians alike. They listened and were open to suggestions, but also were able to say when they didn't agree. It was a very familial, cordial, and warm working environment, where the DSW staff were encouraged to discuss problems and they helped find solutions. At the same time, they were also very knowledgeable. This really enhanced the work.

The progress with the HR/Planning Unit was less impressive. The HR Unit was pleased that LGSM responded to their needs for domestic scholarships; the activity was originally designed to only support a small number of International scholarships but was shifted to add domestic programs, through local colleges and universities and the Liberia Institute for Public Administration (LIPA). The Unit was particularly pleased with this as they saw it as LGSM responding to local needs with local solutions. From the World Learning perspective, they felt that they never had political will or a champion within the unit to achieve the goals under LGSM. Their lack of engagement and vision was a problem that World Learning never felt was resolved and seriously hindered their results in this aspect of the activity.

The HR unit reported pleasure with the level of capacity of returning students (though admitted that it is difficult to measure this in the short term), and were working on a deployment plan for those students at the time of the evaluation. They reported that many were already employed by the MOHSW or training institutions but they wanted to formalize those positions and in some cases shift personnel based on priority HR gaps or give them more responsibility. They reported their desire to carry out an evaluation on the long-term performance of the scholarship students, which the Evaluation Team recommends that USAID follow up on if the results are important. The challenge with measuring capacity building activities is always that quantitative measurement is a challenge, particularly in the short period following the activities. Real progress and understanding of successes will only truly be seen in the future.

The HR unit reported pleasure with the systems and processes that were put in place through LGSM around the scholarship committee and selection process, but both LGSM and USAID reported disappointment on this front. The largest complaint from the HR/Planning unit was a desire for more physical assets, as their priority are providing counties with laptops for the purpose of furthering the MOHSW decentralization agenda. They also expressed disappointment that no staff from the HR unit benefitted from the scholarship program, but admitted that this was due to the fact that the selected candidates did not pass the TOEFL test or had visa issues.

One success with the HR unit on scholarships was that advertisements about the scholarship program were circulated and put in place the process of selection and testing of students. However, there were some challenges with the scholarship committee maintaining a regular meeting schedule, causing some students delays. In a few cases, students missed the opportunity to participate in their scholarship program because of these delays. LGSM worked to improve the process, putting into place a system of regular meetings and ensuring that the committee has a greater understanding of the importance of timing in the admission process.

A specific example of a missed opportunity was a shift from the British government that all students studying in the UK needed to pass an English exam. This caused a last minute need to send the students to take an English test in Cote d'Ivoire, which was a major expense that the project has not budgeted for and many of the students did not pass the test. It is believed that WL should have been better informed about policies so as to alert the participants/AOR further in advance. Those sorts of issues were why they were an attractive bidder, and the expectation was that their global experience and knowledge of scholarship policies is their comparative advantage and that incident was an example of a failure/missed opportunity on that front.

*To what extent did the EPVC sub-agreement meet its expected results? What were the key successes and failures? What were the facilitating or limiting factors for project implementation, effectiveness and efficiency? What were the variations among the counties in which it operated, and what caused these variations? What are the prospects for sustainability of the interventions of the EPVC sub-grant towards alleviating the OVC challenges in Liberia?*

The EPVC sub-grant was successful in many ways; most critically Save the Children was able to support the government of Liberia develop alternative care guidelines which are already being implemented solely by DSW, as seen through the Ebola response. The recruitment and training of community level staff as social welfare assistants (SWA) was an achievement in a sense that these personnel are currently using such skills to support vulnerable children in their communities of assignment. These SWAs have also worked within the CHSWT structure to support the Social welfare supervisors to identify and support vulnerable children in communities.

Interventions proposed by Save the Children were drawn from government policies that made it easier for such interventions to be sustainable. Save the Children influenced key interventions into government policies throughout the life of the project. For example, the project activities were built into the EPSS, a key policy for the Department of Social Welfare.

Save the Children supported the establishment of child placement committee and revitalized community structures like women groups, Parent Teachers Associations (PTAs) and Child welfare committees at the district and community levels who continue to serve as gate keepers. These groups are involved with the identification and referral of vulnerable children to available services in their respective communities. Other organizations including government are working with such groups for social mobilization and related activities.

Save the Children had the skills and experience in building government's and national CSOs capacity. They also saw the potential for the merger of the Department of Social Welfare and the Ministry of Gender and Development and during the life of the project were able to work with both ministries, train their staff equally, and strengthen coordination and linkages between the two. They maintained strong relationships with MOHSW, particularly at county level.

The project also addressed referral pathways with relevant county offices, such as gender, Liberia National Police (LNP), and social welfare officers. Communities who identified street children were educated on reporting procedures and they worked with the various stakeholders to increase collaboration. Substantive work with the police strengthened the linkage with community structures at the county and district levels. Trainings in child protection, parenting, and some materials/tools led to success in the street children work, and these activities are built into the EPSS policy. However, sustainability is challenged by the shortage of social workers, and while Save the Children signed an MOU with the government to ensure that social workers would be rolled into the government payroll, due to the Ebola outbreak, that has not yet happened. There is common belief that the government would like to place them, and many of them are working for the MOHSW, but are just not on the CSA approved GOL payroll, and funds availability for them to be added to the payroll remains an issue.

There were also some challenges, including work with proprietors of orphanages, who often saw their centers as a source of income or a fundraising opportunity. Thus they were hesitant to share basic information about the children in their centers. There was also an ongoing challenge with reintegrating children to communities with no basic healthcare or education opportunities, and some families rejected their children. They also had complications with Ministry guidelines and accreditation processes for orphanages, from the government and the orphanage.

They were able to find some solutions for some of these issues. For example, they strengthened the Ministry's independent accreditation committee process to make it more transparent, and pushed for the inclusion of the Union of Orphanages, a well-respected and trusted association of orphanage proprietors.

*How well did the project respond to the US Government's desired direction for Liberia in terms of capacity building for both the MOHSW and Civil society organizations?*

The activity did not adjust appropriately to Agency priorities and needs for flexibility in working with the MOHSW. This was due to many challenges, including management from USAID, personality challenges between USAID and World Learning, and a lack of cohesion in the design (i.e. the project tried to do too many things). The shift in Agency policy around what support to local organizations should look like also probably took a toll on the project, as the Agency has changed its idea of support for local solutions dramatically during the time that LGSM was implemented.

All of that said, once the initial challenges were smoothed out and the project really got going, the capacity building activities were incredibly successful for the DSW. Lack of political will dampened the results with the HR/Planning Unit, and with many of the local CSOs, there was just too little time. Once the communication and trust issues were resolved, World Learning brought in the right people who had the right vision, but at that point, they were too far behind to be able to accomplish all the goals. Throughout the project, there was not enough support from World Learning headquarters to make up for the lack of expertise of staff or to be able to rebound from the initial challenges.

Some of the CSOs did make significant progress. They were able to put in place structures and policies, decision making boards, and financial management practices. They also helped register the CSOs so that they can apply for grants. A testament to this is the fact that at the time of the finalization of this report a group of LGSM supported indigenous CSOs formed a consortium, led by EQUIP, and were successful in accessing Office of Foreign Disaster Assistance (OFDA) funds to implement social mobilization activities to address the Ebola outbreak.

*How did the LGSM activity complement the work of other donors, CSOs and MOHSW health programs? Were there any missed opportunities? Are there recommendations that would be useful to consider in future activities with similar aims?*

Different interviewees had vastly different views about how LGSM activities complemented the works of other donors. One view is that the capacity building work was complimentary to RBHS, but others felt that they missed opportunities to work together and ensure coordination within the MOHSW. UNICEF also supports the DSW, and the work there was mostly complimentary as it allowed UNICEF to directly fund the DSW and county social workers on deinstitutionalization. Social workers were trained at Mother Pattern, and in some counties, the social workers are on the payroll.

Another view is that it was a disappointment to miss out the opportunity to leverage the systematic approach to capacity building that RBHS had developed for the “health” side of the MOHSW for the DSW side. RBHS already had systems and tools in place and early on, USAID tried to convince World Learning to use those and modify them for their needs. Eventually they came up with a hybrid, but not until they brought in a new person to manage capacity building for DSW. There also appeared to be little interaction with the Governance and Economic Management Support (GEMS) activity, which also worked on back office functions at the MOHSW and around payroll issues with the Civil Service Association (CSA).

*How well did the overall administrative and implementation structure from the inception of the project work to manage and carry out the LGSM activity objectives? How has the LGSM team throughout the life of Project (LOP), including management structure and staff positions, interacted with the Agreement Officers’ Representative (AOR) and AO, USAID health team? Discuss relative strengths and weaknesses? How well does communication flow between the USAID and the prime and subsequently between the prime and sub-grantees? What are the successes and challenges? Discuss any lessons learned?*

While there were a multitude of administrative and personality challenges from the inception of the project, many of these issues were substantially smoothed in the later years of implementation. However, due to the administrative structure of the activity, simple things like getting approvals could prove to be extremely challenging because there were so many steps. For example, on the EPVC project, Save the Children would have to get approval from World Learning who would need approval from USAID. These extra layers caused some sub-partner agreements to be delayed by up to two months, and workplans consistently took between two to three weeks for approval. Time was also added because many things had to go through the field offices and headquarters offices of both Save the Children and World Learning. There were multiple meetings and discussions on this topic, but there was no real resolution and it was a problem throughout the life of the project.

There were also challenges with the original COP, and in general, key personnel were an issue early in implementation and it appeared that World Learning was not receiving appropriate support from its headquarters. Several interviewees noted that local staff were consistently strong throughout the activity. It is difficult for the

Evaluation Team to look back and make substantive comments about what happened during that time, but it is very clear that there were real personality clashes and a general lack of trust. In addition, with the shifting scope, it is possible that World Learning just had not hired the correct people or had the wrong technical expertise. A short term consultant brought in to work on the EPSS had a clear understanding of capacity building in ministries and a warm relationship with the DSW, and was asked to stay, covering for a long-term ineffectual capacity building advisor. USAID and World Learning preferred the interim candidate, but due to labor laws, there was a delay in replacing the key personnel.

While there were clear issues with trust and working relationships, communication was very strong through the beginning phases of implementation, notably on the IEE, work planning, and documentation of the M&E plan. But as discussed previously, management delays and shifts in programming were not well communicated (and thereby not well-managed), particularly in regards to the personality conflict between the AOR and the COP at the activity's inception. World Learning was caught in shifting USAID policies, but they also failed to recognize and react to those shifts, and thus opportunities and time were lost.

Once the initial communication issues were resolved, communication to USAID flowed through Chief of Party and was largely conducted through emails, phone calls, and occasional letters. Most importantly, disagreements were discussed and resolved. World Learning submitted written updates for the biweekly meetings which was helpful to the AOR. With the sub-grantees, there was good interaction from World Learning, but in the instances when there were technical problems, there was not always an immediate response. For example, some of the local organizations were dependent on drug commodities supplied by the government. On some occasions, the government did not provide those commodities, causing issues for the CSOs in meeting the requirements of their contracts. The CSOs reported concern over World Learning's communication and timely response to this issue. There was also good monitoring and oversight over the CSOs. For the CSOs, they believe that communication was very cordial and mostly via telephone and email. Some felt that World Learning had an open door policy, which they appreciated. In addition, they felt that the joint monitoring and regular implementation meetings with USAID and the MOHSW was helpful for access/communication with all the stakeholders.

While USAID and World Learning held regular meetings and met all communications requirements, the realignment process remained fraught and communication tense. Without having been there at the time, it is the opinion of the Evaluation Team that that sort of change in scope would have required a certain level of trust on all sides, and that was simply too broken. USAID tried early on to include headquarters in meetings to help provide support for the shifts, but that broke the trust from the country team even further. From the World Learning perspective, a belief that USAID was out to "shut them down" was pervasive. Meanwhile, due to the early issues, USAID had little confidence in World Learning. The in-country tension was symptomatic of a larger Agency-level concern that World Learning headquarters was having issues with responding to USAID Forward and that this project was being used as an example of how the policy was poorly conceived. The issues became so loaded that World Learning threatened to bring in lawyers to fight changes. At the breaking point, the Mission Director personally called high-level World Learning officials, who flew to Monrovia to attend a mini retreat to work through the issues. At that point the implementation started to turn around and personnel changes were initiated.

One real success in administrative management of the activity was the quarterly joint field monitoring, implemented about halfway through the activity, between World Learning, Save the Children, and DSW, and was universally lauded. The visits, coordinated by Save the Children, brought together the stakeholders to visit project sites and visit with county officials and provided a critical platform for monitoring, learning, and adapting. Re-

porting from Save the Children came through county health teams and these visits were of critical importance in strengthening the quality of reporting.

*How has LGSM activity been managed (both technically and financially)? Discuss the degree to which this management approach adequately documents decisions made, accomplishments and changes. Discuss any challenges to the management approach that affect outcomes. How effectively has USAID been able to manage the LGSM Project with regards to providing needed management and technical direction? What have been successes, barriers or shortcomings?*

There were a few specific concerns around the financial management of the award early on. There was confusion over what pipeline meant, and the field staff just did not seem to have a firm grasp on USAID budgeting processes. But once these issues were managed, the real issue was the tracking of the Save the Children grant. As there was little technical direction, there was also not sufficient financial direction. World Learning was not monitoring spending and made serious financial practice errors like signing an agreement to give them \$1.9 M for their first obligation, but only obligating \$1.2 million, causing them to spend money that they didn't actually have. The design of the activity did not seem to take into account financial concerns, as overall it is not cost effective for USAID to fund one international organization to grant to another, which means essentially two overheads. There was clearly tension between the two organizations for this reason. USAID financial planning was not done well either, and the project ran out of money. Further funding was not fought for because of all of the early problems and the delayed progress in meeting project objectives.

In terms of management and technical direction, almost all parties agreed that USAID was too involved in the scholarship program, though USAID felt that it was out of necessity because LGSM was not on top of the program. But after the initial hiccups, a positive, interactive relationship was established and there was a good rhythm. The USAID level of engagement was right, communications were good and there was "clarity of purpose". One benefit of rapidly shifting USAID staff meant that a new AOR was brought in, who provided a clean slate for the project and did not carry the baggage of the historical challenges. At this stage, communications were good, regular meetings were held, and frequent updates were received. However, the new AOR quickly recognized that site visits had not been carried out, attention had not been paid to LGSM (in particular, the Save the Children component), and the CSO proposals had not been reviewed carefully.

*What are overall impressions of the LGSM project and recommendations for current and future programming? What are the key lessons learned that Mission should focus on to guide implementation of follow-on activities in fulfillment of the current CDCS and GHI strategy?*

Across the board, stakeholders were very appreciative of the LGSM project and expressed sadness that the project was ending early. While the Evaluation team was unable to talk to beneficiaries due to the Ebola crisis, it was reported that they were very aware of LGSM and happy with the services provided. CSOs reported that they appreciated the opportunity for tailored capacity building and assets on top of implementation opportunities. DSW was appreciative, and HR, while expressing a wish for more physical assets, appreciated the scholarship program. The Evaluation Team was unable to speak with other donors or implementing partners due to their roles in the Ebola response, but it seems clear that there could have been more synergy between LGSM and RBHS and GEMS in particular.

From the beginning, a clearer understanding of the scope of work on everyone's part would have been very beneficial. Washington based key personnel was also a problem. It would be better in the design stage to spend more time thinking about how to select the appropriate key personnel. In addition, many interviewees expressed that looking back, they knew there were communications and personality issues at the beginning of the project, but everyone waited to see if it would resolve itself. A quicker, more decisive change would have saved a lot of time that could have been used for project implementation. This was particularly problematic as the goal of the project was capacity building. For future work, it will be important to allocate enough time for mentorship and "learning by doing." To really build capacity around project-based work, the capacity building needs to last at least the length of the project. LGSM was essentially forced to do five years' worth of work in two years, as three years were taken up with the planning stages, reworking of SOW, and then re-planning. The Save the Children grant was the only one that was operating from inception.

*What recommendations can be made regarding sustainability of the indigenous CSOs that have been supported by LGSM and USAID's intention to directly engage these organizations for project implementation?*

The local CSOs are at very different places in terms of preparedness to be directly engaged, and to be frank, probably were at the beginning of the project as well. That said, they all have made much progress, and they self-report that they are prepared. A significant amount of oversight would be necessary for some of the organizations, but this project was too limited in scope to truly prepare all ten organizations for direct engagement.

Best practice is that the grants program was demand driven from the partners who identified their own weaknesses. LGSM was also strong in its holistic view of capacity building and sustainability. They created an open and safe environment where CSOs were able to identify their issues. Also it helps that there was a clear end goal of working with MOHSW. One of the real strengths of the activity from the perspective of the CSOs was that capacity building was a necessary element of the grants mechanism project, but that the technical side was lacking and could have been more unified. This hybrid approach between the technical side and capacity building could really be effective, and did seem to work at DSW, but one aspect cannot overshadow the other.

Closer alignment with the local systems framework would be important for capacity building with local CSOs moving forward. At the point LSGM was designed, USAID Forward was in its infancy in the Agency, and most activities were designed around direct funding as the end goal. Those assumptions have subsequently been modified towards organizational strengthening conforming to the organization's own goals and capacities.

Real consideration at the front of whether these organizations are fully prepared for direct funding would be critical, as a singular focus on compliance with USAID regulations and direct implementation capacity may not always be the most appropriate option. In fact it has been found that in some cases it has distorted the local service delivery market, as well as diverted local organizations from their own goals. Looking forward, it will be important to consider local solutions work within the context of the local solutions framework developed through five years of working with USAID Forward, and using those best practices to design appropriate activities.

Some of these organizations are prepared, and in one case, several of them joined forces and are successfully implementing an OFDA Ebola response grant. Future research around their success with this activity could be an interesting addendum to this evaluation in terms of learning for USAID/Liberia around local solutions. Other CSOs have the necessary systems in place, thanks to LGSM, but they would likely need continued technical assistance and training from CSO experts, as well as health, service-delivery CSOs. Moving forward it will be im-

portant for USAID/Liberia, the MOHSW, and other donors to continue to work with these ten organizations and build their capacity, as direct implementation with MOHSW is the end goal, particularly as plans move forward around further decentralization of the health system.

*What should USAID's support for Orphans and Vulnerable Children in the future look like drawing from the lessons learned from the EPVC sub-grant?*

While significant progress was made around support for OVC, more effort through future USAID/Liberia activities will be necessary if USAID/Liberia wants to continue to engage in this area. The EPSS was developed, but implementation has been limited. While Save the Children recognized the potential switch from Ministry of Health to Ministry of Gender, the Evaluation Team expects that more work will be required in this area while the transition happens. However, the Evaluation Team is optimistic that the mandate is clear, and guidelines to protect OVCs have been created. While many OVC remain in unaccredited and unmonitored institutions, more effort around a formalized foster care system with a solid legal framework to guide placement or provide monitoring services will be crucial. Further work on decentralizing these functions to the county levels, to the Save the Children-established county child placement and child welfare committees, will be critical to success for purely logistical reasons. Regular meetings and monitoring, and engagement with other actors, will need to continue at the local level. The groundwork was really laid by Save the Children, but further engagement by USAID/Liberia or other donors, particularly following any downturn as a result of the Ebola crisis, will be necessary.

*How have the program activities been perceived by beneficiaries and stakeholders: end-users, CSOs, MOHSW, other donors, mission and the embassy? What have been the drawbacks of the US visibility and/or invisibility?*

The CSOs supported through LGSM are most certainly more engaged, in part due to LGSM and in part because many of them have been engaged in other activities and projects through other USAID/Liberia projects, direct funding from the MOHSW, or other donors. This group of CSOs truly represents the universe of CSOs working in the Liberian health sector. Of the ten of them, six are still managed in a project-to-project way, but regardless, this was still a watershed moment for health sector CSOs. The starting point for all of them was very low. People recognize the improvements and there is great interest in employing these CSOs as they are less expensive and Liberia-driven. Many of the implementation decisions are made at the county level and the counties are very interested in working with these CSOs, particularly as decentralization of the health sector continues to move forward. The MOHSW is excited about the possibility of utilizing local CSOs in general—and are extremely interested in engaging with the LGSM-supported CSOs, particularly as the activity worked to align the CSOs with the MOHSW funding cycles. Sub-grantees Helping Hands and Liberia Children Foundation, who played a key role in implementation for community engagement for the EPVC activities, gained some capacity through trainings, some physical assets, and through advocacy with the government, led by Save the Children.

While the Evaluation Team was unable to speak with direct beneficiaries due to constraints around the Ebola crisis, the reports from CSOs, Save the Children, and World Learning suggested that the perception from the communities was positive and that they would like to see the work continue. Scholarship recipients were excited by the selection process and responded particularly well to the perceived integrity of that process. LGSM was seen as picking deserving candidates rather than well-connected candidates. The perception in the development community, particularly on the EPVC aspect of the activity, has also been positive and Save the Children is

presenting at several regional and international conferences on the project. They would like to continue the model, and they are sharing the alternative care guidelines.

With the layers of management, visibility may have been an issue. Particularly at the beneficiary level as there were so many players—USAID, World Learning, Save the Children, MOHSW, local CSOs, county-level health authorities, etc. Thus it is likely that at the beneficiary level there may have been some confusion about who the donor was, but at the higher levels it was very obvious. Regulations and rules were followed, but another unintended consequence of so many layers of administration is that at the local levels, branding and marking disappears and messaging becomes watered down.

## LESSONS LEARNED AND RECOMMENDATIONS

- Communication and trust between the Implementing Partner, USAID, the Government of Liberia, is paramount, particularly for capacity building activities. While there is no magic bullet to create a trusting relationship, when it is clearly lacking, all efforts need to be made to make corrections as early in the process as possible, by all parties. Waiting for change causes delays that in some cases, like LGSA, dramatically reduce the period of performance and results achieved.
- Great strides and progress were made with the Department of Social Welfare. Since the end of the award, the Department of Social Welfare has been integrated into the Ministry of Gender and Social Protection. While LGSM was aware of this change and attempted to make activity results transferable, that switch and its implications were outside of the scope of this evaluation. Further research and analysis into the impact of this change and how USAID can continue upon the progress of LGSM will be critical for potential engagement with the DSW. In addition, political will for the work carried out by DSW under the Ministry of Gender and Social Protection and future budget allocations should be closely monitored.
- The CSOs engaged through LGSM have experienced varying levels of success, both through the work with LGSM and other activities, including the ebola response. Thus additional capacity assessments are needed to determine their current capacity and to determine what level of engagement, either directly or indirectly, with US government funds. However, the progress and efforts made through the LGSM activity should be built upon if the Mission wishes to further the USAID Forward agenda. Their expertise should be of great use as the Ministry of Health moves forward with its decentralization process.
- Progress made through the Save the Children International sub grant, both around the Government EPSS and alternative care guidelines provide a strong foundation to build upon, as seen through the Ebola crisis. Para-professional social workers (PPSWs) and social welfare assistants can fill a critical role in the Ministries around targeting and identifying vulnerable groups. Existing community structures for child protection supported through LGSM like women's groups, Parent Teachers' Associations (PTAs), and Child Welfare Committees can be utilized for future health, social protection, or community level interventions.
- Follow up with returned scholarship students is necessary to ensure that they get on the civil service payroll and have the opportunity to take on increased roles of responsibility. While the government had a reasonable excuse to delay on this with the Ebola crisis, once things have calmed down, this should be revisited. This could be taken on by direct USAID work with the Ministry of Health or CSA or with other ongoing health or governance support mechanisms. In addition, to truly understand the effects of this intervention, further follow up will be required with scholarship students to gauge how their scholarship affected their long-term job prospects and career trajectories.
- USAID/Liberia and the health team in particular should consider how to strategically engage with USAID Forward reforms in the future. While the focus of USAID Forward reforms have changed (and the lack of

focus caused real problems for LGSM), the Mission's current emphasis is work with the government, particularly the Ministry of Health, and their ability to manage direct service delivery contracts with CSOs. An alternative approach is simultaneously working to strengthen the CSOs, as was the goal of LGSM. Regardless of the approach, the Mission should consider how to further incentivize Government ownership to promote sustainability of these interventions and whether further work, particularly direct implementation with CSOs, could also be successful.

- USAID/Liberia is putting significant resources into governmental capacity building, in the health sector and otherwise. More coordination and synergy between these activities is required so that different partners are not "reinventing the wheel" in terms of GoL systems and processes and to ensure information and resource sharing. Partners are unlikely to do this on their own accord; thus more internal coordination between USAID technical teams is required.
- The joint field monitoring visits were universally lauded and believed to be very useful to the management of the activity. This model should be shared and utilized for future monitoring activities, both be USAID/Liberia and the Ministry of Health.

## CONCLUSION

The LGSM activity was designed in a time of great change at USAID/Liberia, the Agency, and in the Liberian health sector. Due to a rocky start with clashing personalities, real implementation took a very long time to begin, and meant that the project was significantly reduced in terms of time and funding a real challenge to a project that is meant to build capacity. The critical, but difficult to qualify, trust between the Mission and the implementing partners was lost, and the process of rebuilding took several years. The scope of the project was very disparate, and required technical expertise that wasn't necessarily available, and expectations were never clear about what the project was trying to accomplish and how that fit into a larger USAID/health portfolio.

Despite that seemingly insurmountable list of challenges, LGSM had some real successes, and in some places laid a foundation that can be built upon with future USAID/Liberia funding. The evaluation of this activity, while not required, will hopefully shed some light on some of these areas, and translate some of the victories and lessons learned through LGSM implementation into current and future USAID/Liberia health activities.

For example, this evaluation, in tandem with other evaluations around capacity building and adherence with USAID Forward local solutions guidelines and frameworks should direct USAID/Liberia in future capacity building work. The lessons learned about managing a scholarship program, from how to create an integrity-filled process, to the importance of leadership within the committee should serve as a guide for other activities who offer scholarship activities or try to set up a system within a Ministry. The successes of World Learning's work with the DSW should serve as a reminder of how critical finding the right people and developing warm and trusting relationships is in the pursuit of systems strengthening. The benefit of regular joint field monitoring is something that all activities can learn from, particularly those that have a large number of stakeholders. The efforts of Save the Children to develop guidelines for alternative care of OVCs should serve as a foundation for future community-based social protection for children work. And while "gut feeling" that an activity design is wrong, a scope too big, or key personnel is not working is impossible to qualify, and there are few incentives to voice those concerns on all sides of an activity, if an activity goes too far down the wrong path, it can take a tremendous amount of time, energy, and effort to shift.

While the scope of this evaluation was also limited by the ongoing Ebola outbreak and response, the Evaluation Team sincerely hopes that this report can be of use for future programming and direction in health programming, capacity building, local solutions, OVC, scholarship programs, general management of USAID mechanisms, and the act of carrying out an internal performance evaluation.

# III. ANNEXES

## ANNEX I: STATEMENT OF WORK (SOW) FOR THE INTERNAL EVALUATION OF THE USAID/LIBERIA LIBERIA GRANTS SOLICITATION MECHANISM (LGSM)

### I. TITLE

Activity: **USAID/Liberia- LGSM Associate Agreement No.: 669-A-00-10-00057-00 under Leader Cooperative Agreement No.: GPO-A-00-04-00021-00**

### II. PERFORMANCE PERIOD

The period of performance will be on or about - **September 8 -22.**

### III. FUNDING SOURCE

The funding source will be through USAID/Liberia Health Team.

### IV. PURPOSE AND OBJECTIVES

This end of project evaluation is an internal evaluation that seeks to provide an opportunity to reflect on the overall management of the LGSM award and to understand how the USAID support contributed to an improvement in quality of care for orphans and vulnerable children (OVC) and improvements in the human resources capacity in the health sector as well as organizational capacity of the indigenous NGOs and Department of Social Welfare.

#### **Objectives of the evaluation:**

To assess the overall management of the LGSM associate award from USAID's and World Learning's perspective.

To assess the contribution of the Educating and Protecting Vulnerable Children in Family Settings in Liberia (EPVC) sub-grant managed by Save the Children International (SCI) towards the improvement of the wellbeing of OVC and families who were beneficiaries of the project

To determine if investments in MOHSW's human resources (HR) in terms of sponsorships for both local and international scholarships contributed to improvements in the HR capacity

To identify lessons that can inform future programming addressing similar issues and follow-on activities

## **Key Implementation Issues:**

This evaluation shall aim to review enabling or impeding factors contributing to the overall LGSM award implementation. More specifically, the evaluation team is expected to assess the factors that led to the delayed activity take-off under the LGSM grant and subsequent inability to conclude the award by the originally determined end date. The emphasis of this assessment is to understand the process factors that served as facilitators and/or bottle necks in achieving the stated objectives and results of the LGSM activity as stated in the program modification of 2012. With this modification the goal of the LGSM program was revised to increase quality of essential health care services throughout Liberia. This was to be achieved through two Strategic Objectives: 1) Increased capacity of the Ministry of Health and Social Welfare (MOHSW) and 2) Increased capacity of Civil Society Organizations (CSOs). LGSM's Strategic Objectives will be measured through four Intermediate Results namely 1) Capacity of Division of Social Welfare increased; 2) Capacity of Human Resources Unit increased; 3) Institutional capacity assessments of local CSOs completed and capacity building practicums implemented; 4) Grant solicitation and management successfully implemented (Save the Children International and three local CSOs).

The review should also include a look at the reason for the program modification in 2012 and the prolonged lag in effectively absorbing the financial resources outlined for the LGSM project. There should be specific emphasis on the performance of the strengths and weaknesses of the EPVC sub-award managed by SCI and its contributions towards the improvement of the welfare of vulnerable children who benefitted from the interventions. The evaluation team shall identify lessons learned and provide suggestions for the future direction of any follow-on activities in support of OVC within the USAID Liberia Health Team.

The team will allocate approximately 60 percent of its effort to assessing both USAID's and World Learning's management of the LGSM activity, 30 percent on assessing the performance of the SCI-managed EPVC sub-grant and the remaining 10 percent will be allocated to recommendations for the consideration of potential follow-on activities.

USAID/Liberia will inform MOHSW about the evaluation and request concurrence and cooperation during the implementation of the evaluation.

The main audience for the evaluation is USAID/Liberia and the DCOF office in Washington DC.

## **V. BACKGROUND**

The Liberia Grants Solicitation Mechanism (LGSM) project is a 5-year Associate Agreement (2009-2014) with World Learning under a Leader Cooperative Agreement - the Health Grants and Solicitation Management (Health GSM). The LGSM project was designed as an umbrella grant making mechanism to support service delivery, training and related activities aimed at assisting vulnerable populations. The grants were proposed to work in four areas: OVC, HIV/AIDS, Youth (Reproductive Health), promoting Maternal and Child Health (Family Planning), and non-governmental organization (NGO) capacity building activities in Health and Social Welfare (Social Services).

LGSM's goals and strategic objectives directly support the Global Health Initiative's (GHI) focus area of strengthening health systems to increase institutional capacity and sustainability. It is anticipated that with increased capacity and strengthening of health and social welfare systems, arising from LGSM's program interventions, there will be improved service delivery through the MOHSW's Essential Package of Health Services (EPHS) and Social Services (EPSS). With increased capacity of indigenous CSOs, there will be more cost-effective delivery of services at the community level as well as enhanced sustainability of programs using local solutions. These outcomes of LGSM interventions are expected to result in an overall improvement of the health status of the population in Liberia.

Through LGSM USAID has been able to support MOHSW candidates with scholarship (international and local); sponsored nurse-midwives, nurse educators and laboratory technicians through their training; administered sub-grants to nine NGOs working in the health sector, provided capacity building in organizations systems strengthening for 10 indigenous NGOs, supported extensive system strengthening for the DSW including the development of the Essential Package of Social Services and an in collaboration with Save the Children an alternative Care system for Children Without appropriate Care.

In spite of the above the management and implementation of the LGSM associate award was fraught with a lot of challenges which led to the early closure of the award due to unavailability of projected funds to meet up to the total estimated cost. The purpose of the internal evaluation is to document these challenges so as to inform the USAID/Liberia Health Team in order to avoid a reoccurrence in future and to assess the outcomes of the largest sub-grant under the LGSM managed by Save the Children International.

## **VI. Guiding Evaluation Questions**

In undertaking the internal evaluation, the following key questions to be considered in order of importance are:

- What were the facilitating or limiting factors impacting the effective and efficient implementation of the LGSM Award?
- To what extent did the key sub-grant implementing partner Save the Children International meet the objectives of the EPVC sub-grant under the LGSM project? How did the outcomes achieved and sustainable capacities and systems developed, fare in terms of addressing the needs of Vulnerable Children in Liberia? What is the potential of activities initiated by the project to continue after the project ends? What lessons can USAID draw from this project and the results achieved?
- How did the human resource strengthening interventions of LGSM impact the Ministry of Health and Social Welfare's HR capacity gaps
- To what extent did the LGSM award impact the organizational systems development of the DSW and the indigenous partner NGOs? To what extent will the consultancy carried out by Maestral International with project support through Save the Children International strengthen the development of the alternative care system for children in Liberia?

Evaluation questions will be expatiated upon during the tool development process.

## **Detailed exploration of key Evaluation Questions**

### ***Programmatic/Technical***

To what extent did the management of the LGSM award both internally in USAID and on the part of World Learning impact the achievement of project goals in a timely manner? What were the challenges or changes in circumstances that explain these successes or failures?

How well has World Learning been able to manage its sub-grantees/contractors so that they are strengthened enough to maximize health impact towards attainment of the LGSM activity goal of increasing quality of essential health care services throughout Liberia.

To what extent did the program advance the DSW of the MOHSW and indigenous CSO's on a "ladder of progression" in terms of strengthened systems and capacities?

To what extent is World Learning's approach to capacity building meet the needs of their partners (MOHSW) and the CSOs sub-contractors and sub-grantees?

To what extent did the EPVC sub-agreement meet its expected results? What were the key successes and failures? What were the facilitating or limiting factors for project implementation, effectiveness and efficiency? What are the prospects for sustainability of the interventions of the EPVC sub-grant towards alleviating the OVC challenges in Liberia?

### ***Cross Cutting***

How well did the project respond to the USGovernment's desired direction for Liberia in terms of capacity building for both the MOHSW and Civil society organizations?

In what ways has sustainability been achieved (by SWD and HR units of the MOHSW and by the 10 indigenous CSOs), due to LGSM's assistance? To what extent has the project's effectiveness helped or hindered the ability of the entities to attain sustainability?

How did the LGSM activity complement the work of other donors, CSOs and MOHSW health programs? Were there any missed opportunities? Are there recommendations that would be useful to consider in future activities with similar aims?

### ***Management***

How well did the overall administrative and implementation structure from the inception of the project work to manage and carry out the LGSM activity objectives?

How has the LGSM team throughout the life of Project (LOP), including management structure and staff positions, interacted with the Agreement Officers' Representative (AOR) and AO, USAID health team? Discuss relative strengths and weaknesses?

How has LGSM activity been managed (both technically and financially)? Discuss the degree to which this management approach adequately documents decisions made, accomplishments and changes. Discuss any challenges to the management approach that affect outcomes.

How well does communication flow between the USAID and the prime and subsequently between the prime and sub-grantees? What are the successes and challenges? Discuss any lessons learned?

How effectively has USAID been able to manage the LGSM Project with regard to providing needed management and technical direction? What have been successes, barriers or shortcomings?

### ***Future Direction***

What are overall impressions of the LGSM project and recommendations for current and future programming?

What are the three key lessons learned that Mission should focus on to guide implementation of follow-on activities in fulfillment of the current CDCS and GHI strategy?

What recommendations can be made regarding sustainability of the indigenous CSOs that have been supported by LGSM and USAID's intention to directly engage these organizations for project implementation?

What should USAID's support for Orphans and Vulnerable Children in the future look like drawing from the lessons learned from the EPVC sub-grant?

How have the program activities been perceived by beneficiaries and stakeholders: end-users, CSOs, MOHSW, other donors, mission and the embassy? What have been the drawbacks of the US visibility and/or invisibility?

## **VII. METHODOLOGY AND PROCEDURES**

A number of sources of data should be used, encompassing many stakeholder perspectives to corroborate findings and reduce bias. Data sources should also include partner monitoring reports, partner progress notes to USAID and USAID portfolio reviews and monitoring reports. Data collection methods may be conducted electronically, in paper and/or in person, as appropriate,

Appropriate evaluation methods are:

**Document review:** Review of all available assessment, review and output documents produced and submitted by USAID and the implementing partners over the course of the assistance period.

**Key informant interviews:** Interviewees suggested by USAID (USG personnel, implementing partner staff, MOHSW officials at national and county levels and beneficiaries) should be interviewed to obtain individual input and perception on program activities and outcomes.

**Field visits and direct observations**

## **Documents for Review**

- RFP for LGSM
- The LGSM cooperative agreement and amendments
- LGSM annual work plans (2010-2014)
- USAID Liberia GHI strategy
- Mission Semi-annual Performance Reports
- Baseline assessments for program implementation
- LGSM Activity Monitoring Plan (PMP) at the inception of the award and any revisions
- Quarterly, semi-annual and annual progress reports
- Financial reports and pipelines
- The EVPC Grant Agreement and the annual implementation plans
- Key line ministry's MOHSW and other key stakeholder reports on LGSM's activities if available
- Any signed agreement with local partners
- Reports produced by Maestral International through the consultancy it carried out regarding alternative care in Liberia.

## **Team Planning Meeting (TPM)**

The assessment team will start their work with a two-day planning meeting. All the USAID Liberia staff participating in the evaluation will meet for the first two days following arrival of the H/Q colleague prior to meeting any stakeholders or field work. The purpose of the TPM will be to clarify team roles and responsibilities; to develop the work plan, finalize the tools; and to create a timeline and action plan for completing the deliverables. In the meeting, the team will specifically:

Share background, experience, and expectations of each of the team members for the assignment;

Formulate a common understanding of the assignment, clarifying team members' roles and responsibilities;

Agree on the objectives and desired outcomes of the assignment;

Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion;

Revisit and finalize the assessment timeline and strategy for achieving deliverables;

Develop and finalize data collection methods, instruments (survey questionnaire), tools and guidelines;

Develop preliminary outline of the team's report for review and approval by Health team lead and assign drafting responsibilities for the final report.

## **Data collection:**

The evaluation team will use a variety of methods for collecting and analyzing qualitative and quantitative information and data. The information collected will be mainly qualitative guided by a key set of questions. Information will be collected through document review, personal and/or telephone interviews with key contacts,

stakeholder meetings. The team will draw up a full list of stakeholders and<sup>1</sup> contacts in consultation with the LGSM AOR. Additional individuals may be identified by the Evaluation Team at any point during the evaluation.

### Key informant interviews

The team will conduct structured interviews with entities as identified but not limited to the list below. To ensure that comparable information is collected during interviews, the team will develop standard guides reflecting the questions posed by the evaluation scope of work.

- LGSM AOR/Alternate AOR
- LGSM senior management staff
- LGSM program managers and sector specialists in the field
- GOL/MOHSW counterparts including County health and Social welfare teams in counties where the EPVC sub-grant was implemented?
- Project directors for other USAID projects such as RBHS
- Staff from selected partner CSOs of LGSM
- LGSM Scholarship (local and international) beneficiaries
- Staff of health worker training institutions where LGSM supported candidates include Mother Patern School
- Staff of Save the Children Implementing the EPVC grant and one sub-grantee organization
- To the extent possible EPVC beneficiaries -social workers trained through the EPVC project and members of gatekeeping committees initiated through the EPVC project.
- LGSM beneficiaries

Field visits: No field visits will be conducted. Only visits to offices of implementing partners in Monrovia. If there is need to speak to beneficiaries of the EPVC project, then a focus group discussion can be organized at the office of save the Children or any other location that may be appropriate- like the Montserado County Social welfare office

### **Briefing/final debriefing meetings** with USAID/Liberia Staff:

The Evaluation Team will meet with the USAID/Liberia Health Team to review the scope of the final evaluation, the proposed schedule, and the overall assignment. The initial briefing will also include reaching agreement on a set of key questions and will take place over one day (or could be incorporated into the TPM).

At least two days prior to ending the in-country evaluation, the team will hold a debriefing with USAID to present the initial findings and recommendations of the evaluation that will focus on the accomplishments, weaknesses,

---

<sup>1</sup> Stakeholders and “consumers” - SWD and CSO services: This evaluation is expected to look at the increased institutional capacity, systems strengthening and sustainability of the Ministry and CSOs as well as the quality of health and social services provided by all the entities that LGSM supported and therefore, these groups will have to be interviewed.

and lessons learned in the program including recommendations for improvements for consideration in upcoming related activities.

**VIII. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT**

USAID anticipates that the evaluation team will consist of the following individuals and groups (TBD): Profile of Evaluators (see descriptions below for a four person team):

**Should be USAID Program Office staff (Mission Evaluation focal person, two person from the Health team (AOR/Alternate – Community Services Specialist; M&E Focal person, at least one DCOF staff from H/Q**

Should have expertise in monitoring and evaluation especially with methodologies for data collection such as – facilitating focus group discussions

**Level of Effort**

An illustrative table of Level of Effort (LOE) follows:

Activity	USAID Liberia Team
Preparation	2 days
Team Planning Meeting	1 day
Interviews with key informants <b>(in-country work)</b> and Site Visits <b>(in-country work)</b>	3 days
Review of data gathered from Site visits and KII	1 day
Drafting of Evaluation Report document <b>(in-country work)</b>	3 days
Debriefing Meeting with USAID/Liberia Health team <b>(in-country work)</b>	1 day
Finalizing Report	3 days
<b>Total LOE (estimated)</b>	<b>14</b>

**IX. LOGISTICS**

The Community Health Services Specialist will work with the Health Team Program Assistant to arrange local meetings and provide transportation assistance for appointments in Monrovia that require the participation of Mission staff.

## X. DELIVERABLES AND PRODUCTS

### *Deliverables*

- A written work plan and tools for interviews prepared during the TPM
- A draft report outline prepared during the TPM.
- A debriefing meeting will be held with the Health team lead and deputy team lead at the end of evaluation with a draft report. The team will prepare a PowerPoint presentation for this event.
- A draft report addressing evaluation findings, conclusions, recommendations and lessons learned will be submitted. Feedback from the final debriefing will be incorporated into this draft report. The health team and DCOF will have 5 days following the submission of the draft report to respond and provide written comments and feedback the team.
- The final report will be due five days after the receipt of the comments from the Health Team

### *Suggested Format for report*

- Executive Summary
- Table of Contents
- List of Acronyms
- Introduction
- Background
- Methodology
- Finding & Issues
- Conclusions
- Recommendations
- Lessons learned
- References
- Annexes (institutions visited, persons interviewed, etc)

## XI. RELATIONSHIPS AND RESPONSIBILITIES

In-country, the evaluation team will report to Ochi Ibe, LGSM AOR or her alternate Ms. Sophie Parwon They will also work with other members of the USAID/Liberia health team in preparing and drafting the required documents.

## XII. MISSION CONTACT PERSON

In preparation communication, the point of contact will be Ochiawunma Ibe, Senior Community Health Services Advisor, USAID/Liberia (E-mail: [oibe@usaid.gov](mailto:oibe@usaid.gov))

## ANNEX II: DATA COLLECTION INSTRUMENTS

### A. KEY INFORMANT INTERVIEW GUIDES

#### Key Informant Interview Guide USAID Interviews

##### DETAILS

Key Informant: \_\_\_\_\_

Category/ Organization: \_\_\_\_\_

Interview Date: \_\_\_\_\_

##### INTRODUCTION

Hello, I am \_\_\_\_\_. My colleague is \_\_\_\_\_. We are from the U.S. Agency for International Development (and/or the Liberia Monitoring and Evaluation Project). As I know you are aware, USAID recently completed an activity, the Liberia Grants Solicitation Mechanism (LGSM), a five year activity implemented by World Learning, to act as an umbrella grant making mechanism to support service delivery, training, and related activities aimed at assisting vulnerable populations in the following areas: orphans and vulnerable children; HIV/AIDS; youth reproductive health; promoting maternal and child health and family planning; and non-governmental organization capacity building in health and social welfare.

While I am associated with the U.S. Agency for International Development, I am not directly involved with the LGSM activity. The information you provide will help us understand how effective the LGSM activity has been in achieving its objectives and reflect on the overall management of the award. Please be as open and honest as possible, as we are committed to learning from the achievements and the challenges of LGSM.

##### QUESTIONS

This is a guide, consisting of both structured questions and points of discussion/ inquiry. Please feel free to expand upon questions where you think appropriate.

1. In your opinion, how effective was LGSM activity in meeting its objectives?
2. What were the major factors that impacted the implementation of the LGSM Award?
3. To what extent did the management of LGSM by USAID impact the achievement of project goals in a timely manner?
4. What were the challenges or changes in circumstance that explain the successes or failures of LGSM?
5. How would you rate the performance of the implementing partner, World Learning?

6. Did World Learning manage its sub-grantees/contractors in a way that they were/are strengthened to maximize health impact towards attainment of the LGSM activity goal of increasing quality of essential health care services throughout Liberia?
7. In what ways has sustainability been achieved or not (by SWD and HR units of the MOHSW and by the 10 indigenous CSOs), due to LGSM's assistance? To what extent has the project's effectiveness helped or hindered the ability of the entities to attain sustainability?
8. From your perspective, how did the LGSM activity complement the work of other donors, CSOs and MOHSW health programs? Were there any missed opportunities? Are there recommendations that would be useful to consider in future activities with similar aims?
9. How has the LGSM team throughout the life of Project, including management structure and staff positions, interacted with you as the AOR and the USAID health team in general? Specific strengths and weaknesses?
10. How would you rate the technical management of LGSM?
11. How would you rate the financial management of LGSM?
12. Did this management approach adequately document decisions made, accomplishments and changes. Discuss any challenges to the management approach that affect outcomes.
13. How well do you feel that communication flowed between USAID and World Learning, and subsequently between the World Learning and sub-grantees? What were the successes and challenges?
14. Do you feel that LGSM responded to the US Government's desired direction for Liberia in terms of capacity building for both the MOHSW and Civil society organizations?
15. Do you foresee directly engaging the indigenous CSOs for project implementation in the future?
16. From your experience with the project, how have the program activities been perceived by beneficiaries and stakeholders: end-users, CSOs, MOHSW, other donors, mission and the embassy? What have been the drawbacks of the US visibility and/or invisibility?
17. Finally, is there anything relative to the LGSM activity that has caught your attention that we may not have covered and which you would like to comment on?

**THANK YOU SO MUCH FOR YOUR TIME!**

## **B. FOCUS GROUP DISCUSSION (FGD) GUIDE**

**Focus Group Discussion Guide**  
**Social Workers from Margibi, Bong, and Montserrado Counties**

### **INTRODUCTION**

Hello, I am \_\_\_\_\_. My colleagues are \_\_\_\_\_. We are from the U.S. Agency for International Development (and/or the Liberia Monitoring and Evaluation Project). As I know you are aware, USAID recently completed an activity, the Liberia Grants Solicitation Mechanism (LGSM), a five year activity implemented by World Learning, to act as an umbrella grant making mechanism to support service delivery, training, and related activities aimed at assisting vulnerable populations in the following areas: orphans and vulnera-

ble children; HIV/AIDS; youth reproductive health; promoting maternal and child health and family planning; and non-governmental organization capacity building in health and social welfare.

While I am associated with the U.S. Agency for International Development, I am not directly involved with the LGSM activity. The information you provide will help us understand how effective the LGSM activity has been in achieving its objectives and reflect on the overall management of the award. Please be as open and honest as possible, as we are committed to learning from the achievements and the challenges of LGSM.

## **CONFIDENTIALITY**

We value receiving your input through participation in our focus group today. None of your comments will be attributed to you in any reports to USAID and participation in the focus group is voluntary. Although we ask everyone in the group to respect everyone's privacy and confidentiality and not to identify anyone in the group or repeat what is said in the group discussion, please remember that other participants in the group may accidentally disclose what has been said. You can choose not to answer any questions or end your participation in the focus group at any time. Since it is difficult to capture all that is said by everyone in a group discussion, we would like to digitally record this discussion, and seek your permission to do so. Again, we assure ***strict confidentiality*** for each of you.

## **INSTRUCTION**

**Note: turn on the recorder and say “for the record we would like to confirm again that we have your consent to record the discussion.” Wait to get everyone’s response. Ask if there are any concerns.**

In our discussion today I would like to ask some questions in regards to the LGSM project. Please note that there are no right or wrong answers in this discussion. We would like everyone to share their experience and give feedback, either positive or negative, and to be specific and provide examples when possible to support your observations. If you have any questions about this project after the discussion today, please contact the Evaluation Coordinator, Courtney Babcock, at 0777 712 803 or email her at [cbabcock@usaid.gov](mailto:cbabcock@usaid.gov). The contact information is also provided on the business cards in this room.

1. ICE BREAKER: First, I would like to go around the group and have each of you briefly describe your interaction with the LGSM project.
2. To what extent did you receive technical direction and/or management from Save the Children/ World Learning? Did you receive any training or technical assistance for your work?
3. To what extent did you deal with the Ministry of Health (either at the National or County or Community level)?
4. To what extent did you participate on child welfare and/or child placement committees?
5. To what extent did you engage with the LNP or the Ministry of Gender?
6. To what extent did you engage with local CSOs working on related issues?

7. From your experience with the project, how have the project activities been perceived by beneficiaries and stakeholders?
8. In your opinion, how effective was the LGSM project? Or more specifically, the EPVC sub-agreement with Save the Children?
9. What have you observed from the LGSM project that stands out and could be considered “good practice” and that you would recommend to be continued or replicated for future projects?
10. What have you observed from the LGSM project that stands out and could be considered “bad practice” and that you would recommend to NOT be continued or replicated for future projects?
11. Finally, is there anything relative to the LGSM activity that has caught your attention that we may not have covered and that you would like to comment on?

**THANK YOU SO MUCH FOR YOUR TIME!**

### **C. SURVEY FOR SCHOLARSHIP STUDENTS**

Hello, the United States Agency for International Development (USAID), is conducting an internal end of project evaluation of the Liberia Grants Solicitation and Management (LGSM) Project implemented by World Learning. This evaluation seeks to provide an opportunity to reflect on the overall management of the LGSM award, and to understand the extent to which this award has supported the Government of Liberia in achieving its development objective. The Department of Social Welfare is one of those government counterparts that benefited some capacity building activity through local and international scholarship, and so we would like to know the immediate impact of that intervention. As a direct beneficiary of this intervention, we would like for you to please answer the following questions, feel free to provide whatever comments you have in the comment section provided below, as your responses will be treated with high degree of confidentiality. Thank you for participating in our survey. Your feedback is important.

Inbox (925) - cbsal... PACS-Award\_Fin... Children without... Millie says... USAID - Calendar... SurveyMonkey Su... SURVEY PREVIEW... executive summa...

SurveyMonkey, Inc [US] https://www.surveymonkey.com/r/?sm=yckYzNJWhQ8fsljx0w%2b2h%2br118F1ahY1bnf98HvFKPNWJKDui4iTL88vaON74pW3joD8BLro7imMacDf

Program and Projec... ProgramNet... Office of U.S. Foreig...

### LGSM/DSW Scholarship Program

#### General Information

**1. Sex of Respondant**

Male

Female

**2. Which scholarship program did you benefit from under the LGSM project?**

National Scholarship Program

International scholarship

**3. If you participated in the International Scholarship, to what country were you assigned?**

**4. Did you work for the Ministry of Health before your selection in the program?**

Yes

No

**5. If you answered yes to question #4, in which department did you work?**

**6. If you answered no to question #4, where were you working before selection to the program?**

**7. What course did you earn your masters degree in during the scholarship program?**

Nursing education

Laboratory Technology

Social Work

Other (please specify)

6:22 PM 3/31/2015

SurveyMonkey, Inc [US] https://www.surveymonkey.com/r/?sm=yckY2NJWhQ8fsljx0w%2b2h%2br118F1ahY1bnf98HvFKPNWJKDui4iTL88vaON74pW3joD8BLro7imMacDf

### LGSM/DSW Scholarship Program

#### Outcomes

9. How satisfied were you with the following aspects of the program?

	Very satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very dissatisfied	N/A
The advertisement of the scholarship program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The application process for the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The selection process by the scholarship committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparation for the program by LGSM (assistance with logistics, visas, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TOEFL exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The application process for the masters program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Masters Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any post-scholarship assistance you've received from LGSM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

10. How did you hear about the scholarship program?

Prev Next

6:22 PM 3/31/2015

Inbox (925) - cba... PACS-Award\_Fin... Children without... Millie says... USAID - Calendar... SurveyMonkey Su... SURVEY PREVIEW... executive summa...

SurveyMonkey, Inc [US] https://www.surveymonkey.com/r/?sm=yckYzNJWhQ8fvsIjx0w%2b2h%2br18F1ahY1bnf98HvFKPNWJKDui4iTL88vaON74pW3joD8BLro7imMacDf

Apps Program and Projec... ProgramNet Office of U.S. Foreig...

### LGSM/DSW Scholarship Program

For the following questions, if you have completed your studies, please answer directly. If you have not yet completed your studies, please answer based on your best guess of what will happen following the completion of your studies.

11. Has your role in your organization changed since completion of your studies?

12. How relevant were your studies to your daily work?

13. What can you say about your present performance compared to your performance before the study?

14. To what extent is there a system in place at MOHSW (or your current place of employment) to share your knowledge and skills?

15. In what way does your study contribute to improved health in Liberia?

16. To what extent does the entire scholarship program improve the human resource capacity of the MOHSW?

17. What do you think USAID or other development partners can do in the future to improve scholarship programs or similar interventions?

6:23 PM 3/31/2015

Inbox (925) - cba... PACS-Award\_Fin... Children without... Millie says... USAID - Calendar... SurveyMonkey Su... SURVEY PREVIEW... executive summa...

SurveyMonkey, Inc [US] https://www.surveymonkey.com/r/?sm=yckYzNJWhQ8fvsIjx0w%2b2h%2br118F1ahY1bnf98HvFKPNWJKDui4iTL88vaON74pW3joD88Lro7imMacDf

Program and Projec... ProgramNet Office of U.S. Foreig...

13. What can you say about your present performance compared to your performance before the study?

14. To what extent is there a system in place at MOHSW (or your current place of employment) to share your knowledge and skills?

15. In what way does your study contribute to improved health in Liberia?

16. To what extent dose the entire scholarship program improve the human resource capacity of the MOHSW?

17. What do you think USAID or other development partners can do in the future to improve scholarship programs or similar interventions?

18. Is there anything relative to the scholarship program or LGSM that you'd like to comment on?

Thank you for your time! Please contact Courtney Babcock (cbabcock@usaid.gov) if you have any further comments or have any questions about the evaluation.

Prev Done

Powered by **SurveyMonkey**  
Check out our [sample surveys](#) and create your own now!

6:23 PM 3/31/2015

## ANNEX III: RESPONDENTS

Organization/Institution	Name	Title	Method of Interview
USAID/Liberia	Sophie T. Parwon	Deputy Health Team Leader/AOR/LGSM/WL	KII-in person
	Ochi Ibe	AOR/LGSM/WL	KII-in person
	Randolph Augustin	AOR/LGSM/WL	KII-in person
LGSM/WL	Denis Hynes	COP/LGSM	KII-via email
	Kevin Carew	Capacity Building Advisor	KII-via telephone
	Gina Farrales	LGSM Sr. Project Manager/HQ	KII-via telephone
	Carlos Sosa	Senior VP/WL Project Director/HQ	KII-via telephone
	Prince Tarnah	Acting Project Director/LGSM	KII-in person
	R. Van Ross	M & E Specialist	KII-in person
	Annie Flomo Saydee	NGO Program Coordinator	KII-in person
	Philimenah M'Bakelleh	Project Liaison Officer	KII-in person
	Lebah Bingo	NGO Capacity Building Coordinator	KII-in person
	MOHSW	Vivian Cherue	Deputy Minister of Health /DSW
Barrison T. White		Director/HR	KII-in person
SCI	Rashid Bangurah	Technical specialist/Reintegration	KII-in person
	Lovely Sie	Child Protection Officer	KII-in person
	Lydia Moore	Child Protection Officer	
	Victor Tweh	EPVC Project Coordinator	KII-in person
	Martha Lah	Social Welfare Assistant/Margibi Co.	FGD
	Margaret Konneh	SWA/Montserrado Co.	FGD
	Sam Walker	SWA/Bong Co.	FGD
CONHNOL	Monica S. Moore	Project Coordinator	KII-in person
SHALOM	Pate' Chon	Executive Director	KII-in person
EQUIP	Roland Suomie	Project Coordinator	KII-in person
	Albert Montgomery	Finance Officer	KII-in person
MERCY	David Halowanger	Project Coordinator	KII-in person
	Oretha Nimely		KII-in person
Scholarship Beneficiaries	13	Students	Online Survey

**U.S. Agency for International Development**

1300 Pennsylvania Avenue, NW

Washington, DC 20523

Tel: (202) 712-0000

Fax: (202) 216-3524

**[www.usaid.gov](http://www.usaid.gov)**