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EVALUATION

Performance Evaluation of the World Learning Eye Kutoloka Project

September 2015

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ACRONYMS

ACTs	Artemisinin-based combination therapy
ADPP	Ajuda de Desenvolvimento de Povo para Povo
BCC	Behavior change communication
CDC	U.S. Centers for Disease Control and Prevention
COP	Chief of party
CRS	Catholic Relief Services
DNSP	National Directorate of Public Health
DPS	Provincial Health Directorate
EPI	Expanded Program on Immunization
FGD	Focus group discussion
FOJASSIDA	Fórum Juvenil de Apoio à Saúde e Prevenção do SIDA
GH Pro	Global Health Program Cycle Improvement Project
GRA	Government of the Republic of Angola
IBEP	People's Wellbeing Inquiry
IMCI	Integrated Management of Childhood Illness
IPT _p	Intermittent preventive treatment for pregnant women
IRS	Indoor residual spraying
ITN	Insecticide-treated mosquito net
M&E	Monitoring and evaluation
MENTOR	Malaria Emergency Technical Operations Response
MIS	Malaria Indicator Survey
MOH	Ministry of Health
MSH	Management Sciences for Health
NCC	National Counseling Center
NGO	Non-governmental organization
NMCP	National Malaria Control Program
OCSI	Obra de Caridade de Criança Sta Isabel
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMP	Performance monitoring plan
PMR	Performance monitoring report
PSI	Population Services International

RDT	Rapid diagnostic test
SASH	Strengthening Angola Systems for Health
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
USAID	United States Agency for International Development
WL	World Learning

EXECUTIVE SUMMARY

USAID/Angola, through the President’s Malaria Initiative (PMI), is financing the five-year Eye Kutoloka Project (October 2011 to September 2016) at an overall estimated cost of \$47,300,000. The project’s overall goal is to improve the capacity of non-governmental organizations (NGOs) and local government to deliver quality basic services related to health (including malaria), education and other key technical areas to the Angolan population. The project’s malaria objective (the focus of this evaluation) is to increase the capacity of municipal health teams to deliver and expand better quality health services. The principal outcomes are:

- Municipal health teams plan, budget and deliver better quality health services with support from NGOs.
- Municipal health teams advocate for resource allocations for health with support from NGOs.

EVALUATION PURPOSE

This performance evaluation’s primary purpose is to assess USAID’s investments in malaria case management, training and capacity building through the Eye Kutoloka Project, implemented by World Learning. The objectives of this evaluation are:

- To understand the successes, challenges and lessons learned through the implementation of World Learning’s Eye Kutoloka Project, if it has achieved its objectives and outcomes, and if so, how.
- To generate recommendations for ongoing project implementation and future USAID/Angola PMI activity designs that will maximize progress towards PMI objectives and local sustainability of interventions.

The primary audience of the evaluation results is the Angola PMI team (based in Angola and the U.S.), along with the National Malaria Control Program (NMCP) in Angola.

PROJECT BACKGROUND

This performance evaluation aims to determine if the Eye Kutoloka Project increased the capacity of municipal health teams to deliver and expand better quality health services, as implemented by World Learning, an international NGO registered in Angola since 1996 with vast experience implementing projects in the country. The project is expected to directly contribute to USAID/Angola’s health result “Increased participation and engagement of civil society and private sector in health care provision,” and its democracy and governance result “Local governance strengthened (municipal government increasingly democratic).”¹ The award agreement states that by dedicating two thirds of project funds to sub-grants, largely to Angolan NGOs, the project will promote a learning-by-doing culture in a context that increases these NGOs’ technical capacity and organizational strengths. It was expected that by integrating technical capacity and institutional development into a single, coherent and flexible package, World Learning would target a core group of Angolan NGOs to build their capacity to improve

¹ Cooperative agreement 654-A-11-00003 FINAL page 16.

their organizational structures. The project was also expected to strengthen the ability of NGOs to advocate for improved services and resources on behalf of their communities.

Utilizing a flexible approach to sub-granting, World Learning maximizes funding for local and international NGOs to scale up malaria prevention and treatment interventions initiated under the PMI. The intention of the project is to enable international and local NGOs to engage with each other and build capacity to deliver high-quality health services consistently.

The project focuses on the eight PMI provinces of Benguela, Huila, Huambo, Kwanza Norte, Kwanza Sul, Malanje, Uige and Zaire. Given the success of malaria interventions in Huambo, as a result of combined interventions undertaken by the Government of the Republic of Angola (GRA), the donors (PMI) and NGOs, which led to a significant decrease in morbidity and mortality, it was agreed with the NMCP and PMI that for the last year of the project (2016), Bié Province instead of Huambo Province will be the focus of attention. Activities are implemented by CONSAUDE in Kwanza Sul and Malanje; by MENTOR (Malaria Emergency Technical Operations Response) in Huambo, Uige and Zaire; by Catholic Relief Services (CRS) in Benguela; and by World Vision in Kwanza Norte. The partner in Huila Province changed from Africare to Prazedor (a grassroots Huila-based NGO), and since 2015, World Learning has directly implemented activities there. World Learning will do the same for Bié in 2016. This direct implementation by World Learning excludes local NGOs from the opportunity to be involved and receive technical assistance in the USAID project tools developed.

EVALUATION QUESTIONS

The evaluation was guided by the following assessment questions:

1. How effective is Eye Kutoloka in strengthening the technical and management capacity of **local NGOs** regarding implementation of malaria control activities?
2. How effective is Eye Kutoloka in strengthening the technical and management capacity of the **NMCP and municipalities** regarding implementation of malaria control activities?
3. How appropriate and effective are Eye Kutoloka's trainings, including training approaches and materials for health workers?
4. How effective and efficient is World Learning's operations and management approach to support project implementation and achieve desired results? Included in this question, consider management structure, geographic coverage, work with local NGOs, etc.
5. Sustainability: To what extent can and will the GRA, NMCP and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?

DESIGN, METHODS AND LIMITATIONS

The evaluation used qualitative and quantitative data collection methods. An exploratory research design was used, as it allowed for the discovery of insights and identification of main issues that should be addressed during the remaining implementation period and that should be taken into account for future similar programs.

Qualitative data collection methods involved the use of semi-structured interviews with individuals and focus group discussions (FGDs) to collect data from participating health workers (nurses, laboratory technicians, pharmacists, doctors). Quantitative data were obtained through

the use of a structured questionnaire for socio-demographic information and from secondary sources such as project documents, including performance monitoring plans (PMP) and performance monitoring reports (PMR).

Geographical Scope

In consultation with USAID and stakeholders, three provinces of the eight covered by Eye Kutoloka were selected, in addition to the central level (Luanda). Selection criteria included at least one hyper-endemic province and two municipalities per province, one nearest to the provincial capital and the one furthest from the provincial capital. The three provinces selected were Uige, Huila and Kwanza Sul. Uige is a Malaria hyper-endemic province, whereas Huila and Kwanza Sul are meso-endemic. At the central level, data collection was centered on obtaining information from stakeholders and beneficiaries, including USAID, World Learning, the NMCP, the implementing NGOs, other USAID contractors, and local NGOs from the democracy and governance objective whose capabilities have been strengthened. There were 84 FGD participants and 25 people interviewed at the central level, in addition to interviewees at municipal and provincial levels.

Data Analysis

Qualitative analysis employed a general inductive approach and systematic procedure. Statistical approaches using SPSS and Excel were used for quantitative analysis.

Qualitative data analysis

Open coding through the creation of themes and categories involved the following steps:

- Preparation of raw data into a common format
- Close reading of the text and familiarization with themes and categories
- Identification of categories and themes for open coding, breaking the data into first-level concepts or master headings, and then second-level headings or subheadings
- Description of most important themes in the report.

Quantitative data analysis

Quantitative data were obtained through the administration of the socio-demographic questionnaire and from the secondary data sources (progress reports, PMP, PMR). The socio-demographic data included the age, education levels and the functions of the health personnel who participated in the FGDs of the participating municipalities and were analyzed using SPSS and Excel. The PMRs were also used to assess actual progress against annual targets since the program's inception.

Methodological Limitations

- *Representation:* While the selected provinces are representative of both hyper- and meso-endemic areas, the evaluation only covered three PMI provinces.
- *Interviewer bias:* A significant amount of data were collected through interviews. To mitigate potential interviewer bias, all data collectors were familiarized with data collection tools and interview techniques to keep within interview guidelines.

FINDINGS

Question 1. How effective is Eye Kutoloka in strengthening the technical and management capacity of **local NGOs** regarding implementation of Malaria control activities?

- World Learning has been effective in developing and training NGOs on a series of tools, systems and databases to be used in the management of the Eye Kutoloka Project, which NGOs use on a daily basis to report progress on project implementation.
- The project assists NGO implementing partners to prepare work plans and budgets and to set annual targets that are regularly monitored, in addition to quarterly meetings to present laboratory assessment results and share lessons learned.
- The project is open to both local and international NGOs, but CONSAUDE is the only local NGO that is currently implementing activities.
- Prazedor, a grassroots local NGO based in Huila, was removed, as it did not meet reporting requirements due to lack of systematic processes, and because the organization had internal staff issues that made it challenging to provide the support to the municipalities in a timely and effective manner.
- World Learning implements activities in Huila and will do so in Bié in 2016.
- One of the major interventions of Eye Kutoloka is NGO capacity building. However, no strengthening of technical and management capacity of international or local NGOs (other than the training provided in the project tools) took place. This was apparently agreed to informally by the previous USAID technical officer with no formal agreement or contract amendment. Even though USAID is aware of the changes in the implementing NGOs, USAID lacks a formal document (i.e., an addendum to the cooperative agreement) that legitimizes the process.

Question 2. How effective is Eye Kutoloka in strengthening the technical and management capacity of the **NMCP and municipalities** regarding implementation of Malaria control activities?

- No NMCP strengthening was contemplated in the project agreement, and it was an error to include NMCP as a focus for strengthening in the performance evaluation terms of reference. The NMCP, according to the cooperative agreement, is a sub-grantee that provides technical advice and capacity building to health workers in malaria case management.
- To ascertain progress, the 38² indicators that are reported on by World Learning were compared with project targets set in the PMP (2011), the annual targets set and actual achievements up to the third quarter of 2015, showing:
 - Fifteen indicators (39 percent of all indicators) met expectations, reaching their performance target of 80 percent or more.

² Eye Kutoloka numbers on indicators show 37, but as there is 11 and 11.1 numbered this results in a total of 38 project indicators.

- Fifteen indicators (39 percent) had adequate performance and reached of 51-79 percent of expected target.
 - Three indicators (8 percent) had a low performance of 50 percent or less.
 - Three indicators had no or uncertain targets set, and no reported data.
 - Performance (achievement towards targets) could not be assessed on two indicators, as targets were set in percentages, but actual data were reported in numbers (counts).
- Assuming that performance will be improved over the remaining five quarters (fourth quarter of 2015 in addition to the four quarters in 2016), it is expected that the project will meet its targets on the 15 indicators currently over 80 percent target achievement, as well as some of the indicators that currently show adequate achievement (51%-79% achievement towards target). At best, it is presumed that this only represents only about half of the indicators, leaving a large margin for performance improvement by Eye Kutoloka. (Note, this assumes that the indicators and targets were properly set at the onset of the project.)
- Target setting may be an issue; targets may be overambitious or unrealistic.
 - External factors—the GRA financial crisis, the departure of the Global Fund, the skeleton NMCP staff, and others—are having a negative effect on target achievement.
 - According to the NMCP Monitoring Plan, up to 2015, some of their indicators were already reached (100 percent) by 2014 for PMI provinces by the Eye Kutoloka project.
 - The project’s target for health workers trained is 8,312 of the known 13,312 workers in the eight PMI provinces. According to World Learning, as of June 30 2015, “62% of health workers in the eight target provinces [are] trained.” The numbers reported through World Learning’s quarterly and annual reports do not reconcile with this figure, unless the difference can be explained by “actual trainings” as opposed to “people trained.” There are other slight data discrepancies in indicators and targets and with what is reported in the PMP and quarterly reports.
 - Despite training databases in which all trained staff are listed, municipalities often propose repeat trainings for the same individual. Training per diem used to be used as an incentive, but even with the shift to accommodation in kind, using training as an incentive persists. Even private sector employees attend the two-week laboratory training intended solely for GRA health workers. World Learning, however, mentioned that the database has decreased the number of individuals trained repeatedly.
 - Other reasons for training repeats are the poor educational capacity of health workers and their limited performance following supervision and on-the-job training.
 - NGOs undertake joint supervisory visits with the DPS and municipality supervisors to health facilities. In some instances, NGOs undertake direct supervisions when the municipality supervisors/focal points are not available.
 - Municipalities are now able to make plans and budgets, as intended by the project.

Question 3. How appropriate and effective are Eye Kutoloka’s trainings, including training approaches and materials for health workers?

- Quality materials were developed and adopted by NMCP in both PMI and non-PMI provinces.
- Only two full NMCP staff are certified national trainers, causing implementation bottlenecks.
- Certification of other national and provincial trainers is slow.
- All PMI provinces follow the same training approach, and in most cases, NMCP and provincial levels are actively involved in the facilitation and training and supervision of personnel at the municipality levels.
- World Learning developed a monitoring and evaluation system, which is mostly aligned to its PMP and is being used by all the implementing NGOs at the provinces.
- In Huila province, World Learning supervisors and, at times, officials from the Provincial Health Directorate (DPS) facilitate the training instead of the DPS or municipal officials.

Question 4. How effective and efficient is World Learning’s operations and management approach to support project implementation and achieve desired results? Included in this question, consider management structure, geographic coverage, work with local NGOs, etc.

Significant progress has been made in the fight against malaria in Angola, and data from the 2011 Malaria Indicator Survey (MIS) show an almost 40 percent decline in parasitemia among children under 5 years of age from the 2006/7 MIS (from 21 percent to 13.5 percent). According to the 2011 MIS, the mortality rate for children under 5 has fallen by 23 percent over the last five years, and it is currently estimated at 91 deaths per 1,000 live births. In 2013, there were 3,144,100 reported cases (confirmed and suspected) of malaria reported in the public sector in Angola, with 7,300 deaths (NMCP 2014).

The significant decrease in malaria morbidity and mortality has been partly due to the efforts of USAID sub-recipients working on malaria activities in the PMI provinces. The work of World Learning and the Eye Kutoloka Project has in part contributed positively to the decrease, thanks to their concentrated efforts in training health workers and municipalities. World Learning has instigated a systematic approach to improving the capacity of municipalities to better approach malaria management by strengthening their technical and management capacity. World Learning developed databases and systems and invested in training the implementing NGOs to apply these tools correctly. The lack of involvement of local NGOs other than CONSAUDE has had negative repercussions. According to World Learning there is no strengthening component in this project, given changes from the cooperative agreement that were informally discussed with the previous PMI Project Management Malaria Specialist, though not formalized or endorsed by USAID. As a result, there is no budget associated with management and technical strengthening activities.

However, World Learning management structures were found to lack required full-time malaria technical staff, as pointed out by USAID and NMCP, or a deputy Chief of Party (COP) to ease management bottlenecks.

Question 5. To what extent can and will the GRA, NMCP and municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?

- Lack of local NGO capacity building threatens project sustainability, as only CONSAUDE is likely to remain in country working on malaria activities following the end of the project.
- Local NGOs are on-the-ground partners able to access remote locations. They can operate with a lower cost structure, as they are unlikely to employ expatriate staff. Following the end of the project, they are more likely to continue malaria activities if a reliable source of finance is identified.
- The two NMCP-accredited national trainers are insufficient to provide training to all PMI provinces, and when the project ends there will be no financial incentives to continue the support. The NMCP has been slow to certify new trainers already trained by Eye Kutoloka.
- External to the project, but relevant to sustainability, is the operational structure of the malaria program within the MOH and its skeleton staff, which is unsustainable.
- It can be argued that the knowledge acquired through training programs will have a residual effect on health workers. Their low education level, however, has had a negative impact on the number of trainings a person can have and the intense supervision required to ensure the new knowledge is applied.
- World Learning data showed that health workers trained but not supervised performed worse than those not trained and not supervised, highlighting the need for supervisory resources to maintain trainees' performance. Training alone does not yield results.
- Municipalities continue to have limited success in advocating for financial resources for medicines, supplies, fuel, etc.
- The project has demonstrated that despite the level of training received thus far, municipalities are still weak in planning, monitoring and supervision.
- The GRA is currently facing a financial crisis that is affecting critical interventions at the ministry level. The health budget has not increased, and the MOH is yet to commit to paying for NMCP salaries—which for a period of time were paid by the Global Fund grant—or for artemisinin-based combination therapy (ACTs), rapid diagnostic tests (RDTs) or laboratory equipment. Given that the NMCP lacks the institutional profile and systems to attract substantial GRA support and resources, sustaining gains made by USAID's implementing partners (including World Learning) following the end of this project is a major concern. The NMCP is critically underfunded, understaffed and unable to provide malaria program leadership and guidance without the support of the Eye Kutoloka Project. While this is outside the realm of World Learning responsibility, it remains a key sustainability concern.

CONCLUSIONS AND RECOMMENDATIONS

The Eye Kutoloka Project has performed well in the development and training of USAID project tools, the training of NGO implementers on these tools and on project operational requirements, and monitoring both NGOs and the municipality and provincial structures. It has produced high-quality training materials and supported the NMCP in the development and provision of training modules to health workers. While support through the NGO

implementers to build municipality management and organizational capacity has started, there is more to do.

The project has been less successful in improving the capacity of NGOs (both local and international) beyond project tools, and in reaching targets for indicators. In particular, strategic objective 5, pertaining to municipality strengthening, remains weak.

Recommendations

For USAID

- Clarify or reinstate the original intention of the project to strengthen local NGO capacity. However, given that there are only 12 months left in the project and that World Learning is implementing in two provinces (Huila and Bié), it may be more cost-effective to identify the handful of reasonably robust local NGOs that already work in malaria and strengthen their internal management structures to enable them to become viable NGO partners in future USAID contracts.
- Changes in contractual arrangements require formal agreement from USAID/Angola. Without it, World Learning is unable to change the focus of the project. Formal decisions must be reflected in contractual addendums.
- Address World Learning's approach to implementing directly in the provinces with formal agreements and an addendum to the cooperative agreement. Future deviations should be communicated to and agreed upon with USAID.
- Capitalize on the expertise of other USAID/PMI contractors working on malaria activities to have a wider geographical coverage and scope.
- For future programming, ensure the participation of local NGOs working alongside an international NGO for capacity building and future sustainability.

For World Learning

- In consultation with USAID, review how targets are set and whether they are reasonable to meet. If USAID believes that these are feasibly attainable targets, then USAID should request a remediation plan from World Learning that explains how it can step up their performance related to these indicators.
- Focus especially upon improving the performance of strategic objective 5, because those indicators are performing the poorest.
- Where local NGOs are of sufficient quality, strengthen their institutional capacity to take an active role in malaria prevention, training and supervision for long-lasting effect.
- Hire a full-time malaria technical staff.
- Hire a deputy COP.
- For long term sustainability, ensure capacity is actually built at both the DPS and Municipality health teams so that they are able to take on training and supervision tasks, instead of NGOs doing them on their behalf.

- Intensify training of health workers, focusing on creating certified local trainers at provincial level to address bottlenecks.
- Municipalities must be able to manage and constructively use appropriate tools, such as databases, developed through Eye Kutoloka, beyond the project's end.
- Reinforce municipalities' ability to advocate for financial resources for malaria, because a predictable workforce, medicines and supplies are required.
- Intensify community engagement (where local NGO have competence) and behavior change communication (BCC) efforts.

For NMCP

- The GRA and MOH should address the employment gap that the end of the Global Fund malaria grant left behind. While it is unrealistic the MOH will be able to rehire more than 50 positions paid with the Global Fund grant, key NMCP positions such as monitoring and evaluation (M&E) and logistics should be absorbed by the government.
- The GRA and NMCP should ensure an uninterrupted supply of RDTs and medicines.
- The NMCP should expedite the accreditation of both national and provincial trainers to resolve bottlenecks in the training program of the Eye Kutoloka Project and of others. This additional accreditation will free up national trainers that are employees of the NMCP, who give limited attention to non-PMI provinces.
- The Ministry of Health (MOH) should equip laboratories with required infrastructure, utilities and equipment.
- The NMCP should ensure that intermittent preventive treatment for pregnant women (IPTp) is implemented by a majority of health facilities.
- To minimize high turnover, the DPS and the municipalities must address the lack of employment predictability of employees providing health services on a temporary contractual basis.

I. INTRODUCTION

The overall objective of the World Learning Eye Kutoloka Project, financed by USAID/Angola through the PMI, is to improve the capacity of NGOs and local government to deliver quality basic services related to health (including malaria), education and other key technical areas to the Angolan population. This PMI evaluation is dedicated to the project's second objective of *increasing the capacity of municipal health teams to deliver and expand better quality health services.*

EVALUATION PURPOSE

This performance evaluation was solely focused on increasing the capacity of municipal health teams' (objective 2) interventions that are linked to malaria case management in the municipalities of the target provinces. Thus, the primary purpose is to assess USAID's investments in malaria case management, training and capacity building through the project.

The objectives of this evaluation were:

- To understand the successes, challenges and lessons learned through the implementation of the World Learning Eye Kutoloka Project, and how and if the activity has achieved its objectives and outcomes.
- To generate recommendations for ongoing project implementation and future USAID/Angola PMI activity designs that will maximize progress towards PMI objectives and local sustainability of interventions.

The primary audience of the evaluation results will be the Angola PMI team (based in both Angola and the U.S.), along with the NMCP in Angola.

The evaluation was guided by the following principal assessment questions:

1. How effective is Eye Kutoloka in strengthening the technical and management capacity of **local NGOs** regarding implementation of malaria control activities?
2. How effective is Eye Kutoloka in strengthening the technical and management capacity of **NMCP and municipalities** regarding implementation of malaria control activities?
3. How appropriate and effective are Eye Kutoloka's trainings, including training approaches and materials for health workers?
4. How effective and efficient is World Learning's operations and management approach to support project implementation and achieve desired results? Included in this question, consider management structure, geographic coverage, work with local NGOs, etc.
5. Sustainability: To what extent can and will the GRA, NMCP and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?

II. PROJECT BACKGROUND

“Eye Kutoloka, NGOs Engaged in Health” is a five-year project implemented by World Learning and Pathfinder International. The overall goal is to improve the capacity of NGOs and local government to deliver quality basic services related to health (including malaria), education and other technical areas to the Angolan population. The project comprises three objectives:

1. Strengthen NGOs in management, planning and budgeting for improved community health and HIV prevention and education programs. Principal outcomes are:
 - Eleven NGOs demonstrate the ability to plan, budget for and implement health education and HIV prevention programs.
 - Eleven communities benefit from improved health education, HIV prevention and care programming, and municipal support for improved services.
2. Increase the capacity of municipal health teams to deliver and expand better quality health services. Principal outcomes are:
 - Municipal health teams plan, budget for and deliver better quality health services with support from NGOs.
 - Municipal health teams advocate for resource allocations for health, with support from NGOs.
3. Enhance the capacity of NGOs to advocate for better basic service provision. Principal outcomes are:
 - Seven NGOs plan, budget for and organize advocacy campaigns resulting in increased access to water and educational opportunities, improved sanitation, and/or better protection for OVCs.

The performance evaluation of this project centers on objective two (malaria), solely managed by World Learning, an international NGO registered in Angola since 1996 with vast experience implementing projects in the country. This is a five-year project, from October 2011 to September 2016, with an overall estimated cost of \$47,300,000. The project will directly contribute to USAID/Angola’s health result “Increased participation and engagement of civil society and private sector in health care provision” and its democracy and governance result “Local governance strengthened (municipal government increasingly democratic).”³ The cooperative agreement states that by dedicating two thirds of project funds to sub-grants, largely to Angolan NGOs, the project will promote a learning-by-doing culture in a context that increases these NGO’s technical capacity and organizational strengths. It was expected that by integrating technical capacity and institutional development into a single, coherent and flexible package, World Learning would target a core group of Angolan NGOs to build their capacity to improve their organizational structures. The project was also expected to strengthen the ability of NGOs to advocate for improved services and resources on behalf of their communities.

³ Cooperative agreement 654-A-11-00003 FINAL page 16.

Utilizing a flexible approach to sub-granting, the project aimed to maximize funding for local and international NGOs to scale up malaria prevention and treatment interventions initiated under the PMI. The intention of the project is that this strategy will enable international and local NGOs to engage each other and build capacity to deliver high-quality health services consistently.

The project focuses on the eight PMI provinces, namely Benguela, Huila, Huambo, Kwanza Norte, Kwanza Sul, Malanje, Uige and Zaire. Given the success of malaria interventions in Huambo Province, for the last year of the project (2016), Bié instead of Huambo will be the focus of attention. Table I shows the partners implementing Eye Kutoloka activities by province since the start of the project.

TABLE I. IMPLEMENTING NGOS WITH ASSOCIATED PROVINCES

Year	2012	2013	2014	2015	2016
Province(s)	NGO Partners				
Benguela	Catholic Relief Services				
Huila	Africare	Prazedor		World Learning	
Huambo*	The MENTOR Initiative				
Kwanza Norte	World Vision				
Kwanza Sul	AFRICARE		CONSAUDE		
Malanje	CONSAUDE				
Uige	The MENTOR Initiative				
Zaire	The MENTOR Initiative				
Bié*					World Learning

*Note: Given the success of malaria interventions in Huambo Province, for the last year of the project (2016), Bié instead of Huambo will be the focus of attention. Periods of project inactivity are indicated by the blue shading in the table above.

While the focus of this project is to improve the capacity of NGOs and local government, it was expected that much of the capacity to be improved would be at the local level. However, the project works with NGOs that applied to be considered as implementers. Local NGOs with reliable funding, relatively robust management and financial systems, and capacity to be candidates for project implementers are only a few. CONSAUDE is a local private NGO that has been working under the project from the outset in Malanje Province, and it took over for Africare in Kwanza Sul Province in 2014. Africare implemented activities in Huila, but its management approach and lack of follow-up did not suit the systematic and frequent monitoring visits from World Vision, to which Africare did not respond. A Huila-based NGO, Prazedor, implemented the project for two years following the termination of Africare. Catholic Relief Services (CRS) and World Vision have been implementing the project in Benguela and Kwanza Norte, respectively.

III. EVALUATION METHODS AND LIMITATIONS

The evaluation team employed both qualitative and quantitative data collection methods for the purpose of this mid-term assessment. An exploratory research design was used to discover insights and identify issues that should be addressed during the remaining implementation period of the Eye Kutoloka Project and that should be taken into account for future similar programs.

Qualitative data collection methods involved semi-structured interviews with individuals and FGDs with participating health personnel (nurses, laboratory technicians, pharmacists, doctors). The quantitative data were obtained through a structured questionnaire exclusively for socio-demographic information from the health workers who participated in the focus groups. Quantitative data were also obtained from secondary data sources such as Eye Kutoloka’s program documents, including progress reports, PMPs and PMRs.

GEOGRAPHICAL SCOPE

Out of the eight provinces covered by the Eye Kutoloka Project, three were selected for the evaluation, in addition to the central level (Luanda). The selection of provinces and municipalities was done in accordance with both USAID and World Learning specifications. The criteria used for selection included the following:

- At least one hyper-endemic province
- Two municipalities per province, one nearest to the provincial capital and the other one furthest from the provincial capital.

Uige, Huila and Kwanza Sul Provinces were selected. Uige was chosen because it is one of malaria hyper-endemic provinces; Huila and Kwanza Sul are meso-endemic provinces (Table 2).

TABLE 2. GEOGRAPHICAL COVERAGE OF EVALUATION TEAM FOR DATA COLLECTION

Province	Reason for selection	Municipalities	Implementing NGO
Luanda	Key stakeholders	Luanda	USAID (PMI); World Learning International; CONSAUDE; NMCP; MENTOR Initiative
Uige	Malaria hyper-endemic	Bungo and Buengas	MENTOR Initiative (International NGO)
Huila	Malaria meso-endemic	Humpata and Chicomba	World Learning (International NGO)
Kwanza Sul	Malaria meso-endemic	Seles and Cassongue	CONSAUDE (Local NGO)

DATA COLLECTION PROCESS AND PARTICIPATION

Data collection was centered on obtaining information from Eye Kutoloka’s beneficiaries, which include the NMCP, the NGOs implementing the programs and the health personnel working at

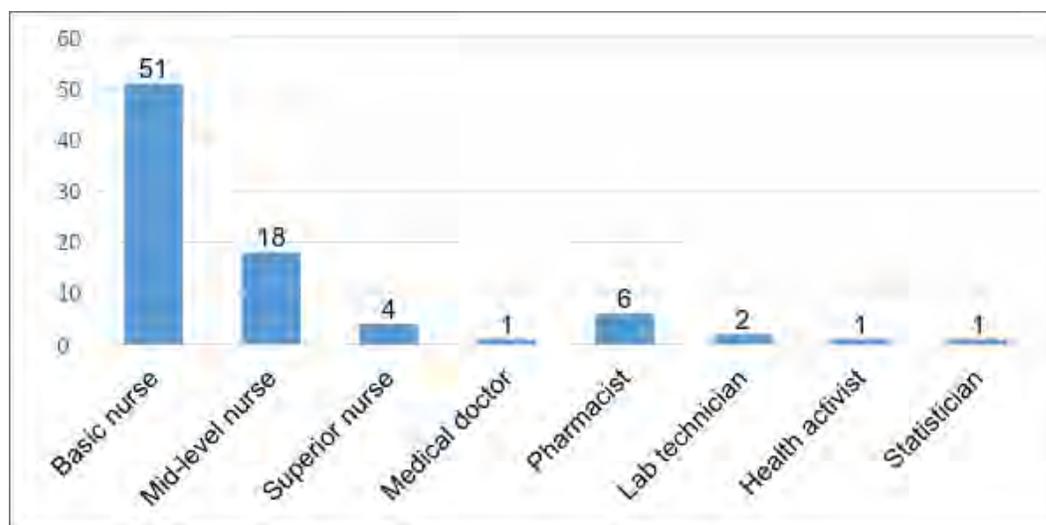
the various health facilities in the participating municipalities. Table 3 shows the number and types of data collection activities by province.

TABLE 3. OVERVIEW OF INTERVIEWS & FGDS

Location	Number of interviews	Type of interviews
Luanda	25	Key informant interviews
Uige	13	Key informant interviews
	3	Focus groups
Huila	10	Key Informant interviews
	3	Focus groups
Kwanza Sul	9	Key informant interviews
	2	Focus groups

The health personnel from the municipalities participated in FGDs, where a structured questionnaire tailored to collect socio-demographic information was also administered. Eighty-three health personnel participated in the evaluation. The average age of the participants was 43.8 years, and the youngest was 24 years old and the oldest was 58. A majority of the health personnel at the health facilities in the municipalities were male. Figure 1 shows the focus group participants by job function category characteristics of the FGD participants (province, gender, job function).

Figure 1. Functions of focus group participants per category



Source: Focus group participant data

DATA ANALYSIS

Qualitative data were systematically analyzed using the general inductive approach, whereas statistical approaches using SPSS and Excel were applied to analyze the quantitative data.

Qualitative data analysis

Open coding of the qualitative data involved the following steps:

- Preparation of raw data into a common format
- Close reading of the text and familiarization with themes and categories
- Identification of categories and themes, breaking the data into the first-level concepts or master headings, and second-level headings or subheadings
- Description of the most important themes.

Quantitative data analysis

Quantitative data were obtained through the administration of the socio-demographic questionnaire and from the secondary data sources (progress reports, PMP and PMR). The socio-demographic data provided the age, education levels and functions of the health personnel who participated in the FGDs. SPSS and Excel were used to produce descriptive statistics including frequencies, cross-tabulations, averages and ranges. The PMRs were also used to assess actual progress against annual targets since the program's inception.

METHODOLOGICAL LIMITATIONS

- *Representativeness*: The selected provinces represented both hyper- and meso-endemic areas. While these provinces are representative of the overall malaria landscape, only three provinces were visited during the evaluation.
- *Interviewer bias*: A significant amount of data was collected through interviews, introducing potential interviewer bias (such as first impression error and non-verbal bias). To mitigate this, all data collectors were familiarized with the data collection tools and interview techniques to ensure they operated within the interview and focus group guidelines, and multi-coders were involved during the data analysis.

IV. FINDINGS

QUESTION 1. HOW EFFECTIVE IS EYE KUTOLOKA IN STRENGTHENING THE TECHNICAL AND MANAGEMENT CAPACITY OF LOCAL NGOS REGARDING IMPLEMENTATION OF MALARIA CONTROL ACTIVITIES?

World Learning has been effective in developing and training NGOs on a series of tools and databases solely developed and used in the management of the Eye Kutoloka Project. These tools and methods are used on a daily basis by the 4 NGO implementers plus World Learning to report progress on project implementation.

The Eye Kutoloka Project assists NGO implementers to prepare work plans and budgets and to set annual targets. Specifically, the project provides ongoing technical assistance for:

- Reporting statistical analysis of laboratory assessments
- Implementation of the monitoring tool on knowledge, attitudes and practices in malaria prevention and treatment
- Maintenance of the six project databases: output, outcome, supervision, training, laboratory and BCC
- Development of advocacy action plans.

In addition, the project organizes quarterly meetings for the NGOs to present laboratory assessment results and share lessons learned. World Learning routinely undertakes monitoring field visits to all eight PMI project provinces, conducts annual data quality assessments and monitors the financial reports of the implementing NGOs. The project has a strong monitoring component to ensure that all NGO implementers are compliant with their roles and expected deliverables and that the project successfully ensures correlation of NGOs' performance to periodic targets set.

When NGOs do not meet the required management and operational standards, World Learning replaces them. From the outset, the activities in Huila were implemented by Africare, an international NGO, but World Learning considered it a poor implementer, as Africare did not respond to recommendations provided during routine M&E visits. World Learning decided to replace it with a Huila-based local NGO called Prazedor. After two years of implementation, Prazedor also did not meet the strict reporting requirements due to unsystematic processes, and the organization had internal staff issues that made it challenging to provide the support to the municipalities in a timely and effective manner. Rather than training another NGO on the USAID project tools, World Learning made the decision to self-implement. USAID/PMI was informed of the changes of NGO implementers, although according to World Learning, permission is not required. World Learning estimates that it takes around six months to onboard a new NGO, which is why it has also proposed to self-implement in the new province of Bié for the last 12 months of the project.

Based on interviews and secondary source data analysis, it can be concluded that:

1. **Local NGOs are not a project priority.** The project is free to use both international and national NGOs, as stipulated by the cooperative agreement between USAID and World Learning⁴. The agreement notes that interventions in the provinces will be implemented through international and local NGOs that will be selected through competitive bidding coordinated via World Learning. However, opportunities for strengthening reasonably robust national NGOs, where appropriate, were not taken. Decisions were based on NGOs that applied for this project. World Learning conducted a mapping exercise of local NGOs, concluding that most are ill-equipped or have systems (particularly financial) that are too informal to be engaged as reliable project partners. CONSAUDE, an Angolan NGO, has been part of the project from the outset and has expanded its implementation activities to the two provinces of Malanje and Kwanza Sul, but Prazedor was removed after two years of operations in Huila in favor of World Learning. For the new province of Bié, World Learning will self-implement.

In initial discussions with World Learning, the evaluation team learned that once Huila reaches a certain level of proficiency (expected at the end of year 2015), Prazedor could take over implementation for the last 12 months of the project. However, it is evident that World Learning has no intention of handing over the province to Prazedor; there is no communication with Prazedor, and there has been limited success in closing accounts and retrieving the project vehicle lent

2. The strengthening component is limited to the training given on project tools.

It can be argued that the NGOs' training in project tools⁵ has served to strengthen the NGO management and possibly technical capacity, albeit only in malaria and specifically on the relevant project tasks. World Learning argues that there is no strengthening component in this project, given changes from the cooperative agreement that were informally approved by the previous PMI Project Management Malaria Specialist, though not formalized or endorsed by USAID. As a result, there is no budget associated with management and technical strengthening activities.

Both CONSAUDE and MENTOR, when interviewed in Luanda, mentioned that they do not consider the project tool training as strengthening their own management and technical capacities. Both mentioned that they have pre-existing effective systems and processes. At the request of World Learning, however, both NGOs were invited to submit statements of support to World Learning. These emails were overt and effusive affirmations of the benefits associated with working with the project and differ from the information received through the interviews.

The lack of NGO strengthening activities in the Eye Kutoloka project contrasts with World Learning's tasks under the democracy and governance objective given that it aims to strengthen the management and financial capacities of local NGOs. Fórum Juvenil de Apoio à Saúde e Prevenção do SIDA (FOJASSIDA), National Counseling Center (NCC) and Obra de Caridade de Criança Sta Isabel (OCSI) unreservedly spoke of their gratitude to World Learning for improving their internal systems and management arrangements to a level where can operate by themselves and advocate for resources. Learning to liaise with the GRA was a key skill

⁴ Taken from the Cooperative Agreement page 25 under Objective 2: *'This second stream of subgrant solicitations will be opened to both national and international NGOs'*.

⁵ Training in project tools included planning, project management and provision of tools and templates to facilitate reporting and harmonize the activities in the different provinces. World Learning also provides on-the-job training, particularly on the M&E system used to collect data on financial requirements, and briefs new NGO staff members.

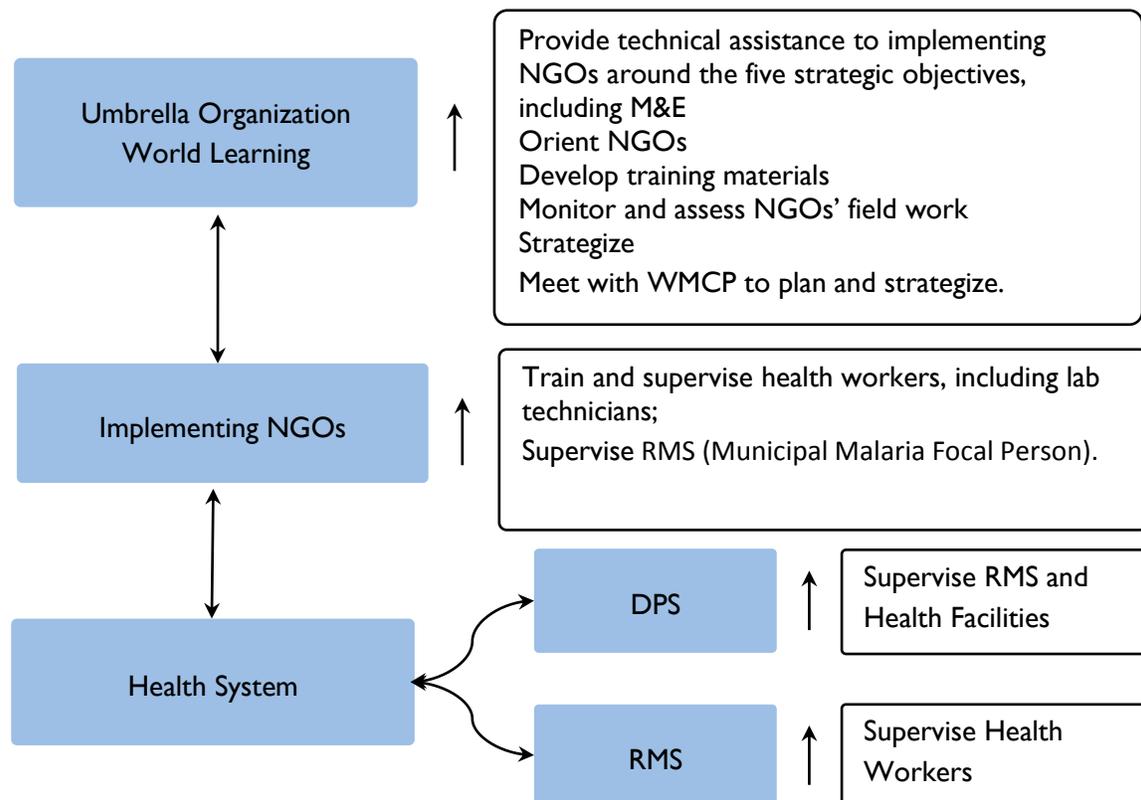
specifically mentioned. Further, World Learning is supporting OCSI to apply for public utility status, which would provide predictable GRA funding and would keep the organization in operation for the foreseeable future.

“Without the support of World Learning we would not be able to stand in our own two feet.”

FOJASSIDA Director

Figure 2, below, shows the roles and responsibilities of the various project implementers, including World Learning.

Figure 2. Roles of World Learning and implementing NGO partners in the eight target provinces



Source: World Learning email dated September 1, 2015

Field Findings

From field visits to Huila, it was evident that the two changes in implementers have had a negative effect on project implementation. Changes have delayed activities, even though World Learning is intensifying training efforts to allow the province to catch up. Table 4 shows comparative data between Uige, Huila and Kwanza Sul provinces and illustrates the low performance in Huila, mostly in training activities for health personnel. For the last indicator on refresher training for health personnel, the PMR lacks information on the refresher course for the supervisors, and no target was set.

TABLE 4. COMPARATIVE INDICATOR DATA FOR UIGE, HUILA AND KWANZA SUL PROVINCES, CUMULATIVE ACHIEVEMENTS UNTIL THIRD QUARTER 2015

Indicator	Uige		Huila		Kwanza Sul	
	Total Number Achieved	Percentage Achieved	Total Number Achieved	Percentage Achieved	Total Number Achieved	Percentage Achieved
Number of program supervisors and malaria focal point persons trained in the full NMCP's training package on malaria case management and prevention (4-5 days)	64	100%	72	96%	38	93%
Number of health facility workers trained in the full package on malaria case management and prevention (3 days)	342	114%	25	25%	317	93%
Number of health facility workers trained in ANC, malaria prevention and malaria treatment in pregnancy (3 days)	60	120%	21	28%	110	96%
Number of doctors and/or nurse heads of clinical services who participate in case management meetings (1 day)	138	173%	55	120%	83	138%
Number of supervisors trained in refresher courses, RDTs, reproductive health, case management, prevention (1 day) ⁶	64	100%	No training done, hence no reported figures		9	9%
Number of health facility workers trained in refresher courses (1 day) ⁷	No training done, hence no reported figures		0	0%	374	94%

Source: PMRs provided by NGO implementers in the three provinces

It can be concluded, based on the findings above, that while Eye Kutoloka has successfully trained and set up management and supervisory systems, NGO capacity-strengthening activities outside of project tools have been overlooked. Further, CONSAUDE is the only local NGO providing services under this project, when it was originally intended to identify and build the capacity of local NGOs as well as international ones. The removal of Prazedor from Huila indicates that training on USAID project tools is insufficient to build in-house system capacity.⁸ The trend for World Learning to self-implement in both Huila and Bié provinces seems contrary to the intention of this project.

⁶ No set target for Huila and low target for Kwanza Sul

⁷ 150 set as target for Huila, yet no activity to date, no information for Uige

⁸ World Learning did not facilitate an interview with Prazedor, despite numerous attempts and requests.

QUESTION 2. HOW EFFECTIVE IS EYE KUTOLOKA IN STRENGTHENING THE TECHNICAL AND MANAGEMENT CAPACITY OF NMCP AND MUNICIPALITIES REGARDING IMPLEMENTATION OF MALARIA CONTROL ACTIVITIES?

While the scope of work (see Annex I) mentions strengthening the technical and management capacity of the NMCP, this is an error. Instead, the NMCP is considered a sub-grantee according to the contractual arrangements, along with the National Institute of Public Health. This issue was brought up during the initial USAID debriefing, and it was agreed that NMCP was a sub-grantee and not the focus of Eye Kutoloka’s strengthening activities. However, the Institute of Public Health, when interviewed, was surprised to be named as a sub-grantee, as the Eye Kutoloka Project has not yet reached out to them.

The project has five strategic objectives to support strengthening the technical and management capacity of municipalities:

1. Strengthen and reinforce the technical capacity of MOH health staff in targeted facilities to effectively implement malaria control activities.
2. Improve the operational capacity of laboratory services.
3. Strengthen the provincial and municipal pharmaceutical system.
4. Improve the knowledge, attitudes and practices of the target communities.
5. Increase availability and accessibility of malaria services through strengthening the health system.

Project Effectiveness

The evaluation team examined each of the 38⁹ indicators associated with the five strategic objectives and compared the project targets as initially set in the PMP against both the annual targets set by Eye Kutoloka and actual achievements to determine project progress to date. Tables 5, 6 and 7 show project progress categorized as follows:

Green	Meets expectations: Target achievement of 80 percent or more
Yellow	Adequate performance: Target achievement of 51-79 percent
Red	Unsatisfactory performance: Target achievement of 50 percent or under

It can be argued that since the project had five quarters remaining from when the evaluation took place, the project has potential to attain 100 percent of the project targets for those indicators in green (meets expectations), as will some of those that are only showing adequate performance (yellow) at this time. Thus far, 15 out of the 38 indicators (Tables 5, 6, & 7) attained 80 percent or more (39% of all project indicators). Eye Kutoloka has met or exceeded project targets on four indicators as measured by 98% or higher attainment of set target (see details below under specific objectives). Three indicators (8% of total) spread across the five strategic objectives had an unsatisfactory performance of 50 percent or less. Additionally, indicators #20 and #21 (Table 6) have a ‘0’ target, and show achievement data. Document review shows Indicator #26, production of documentaries, has either a target of zero or two

⁹ Eye Kutoloka numbers on indicators show 37, but as there is 11 and 11.1 numbered this results in a total of 38 project indicators.

movies, depending on the document viewed. Annual data reports show a target of '0', except FY 2012 which has an annual target of '1'. Regardless of target, no documentaries were produced. Given the time left to the project's end, these low and no performance indicators are unlikely to be achieved. Also, two indicators (#18 & #19 in Table 6) have data reported, but not in the same format as the target, making it impossible to note achievement towards target. Indicators #18 and #19 targets are set as minimum thresholds reported in percentages, but the data reported by Eye Kutoloka are numbers not percentages, nor do they report denominators from which percentages could be calculated.

The indicators and some of the data capture are often inconsistent. The PMP and the quarterly and annual reports are numbered differently, making it difficult to track progress.. Although the project does produce a consolidated data report each year that shows the data by quarter, there does not appear to be a narrative to accompany these indicator reports that could explain changes, achievements and obstacles. The project is rich in data and material, but annual data is contained in the fourth quarter reports, rather than in a summarized annual performance report. On some occasions, reported targets change between quarterly and annual reports. Further, indicator #37, "number of health workers completing training on IMCI for nurses and doctors (5-10 days)," was added in 2014 (and shows zero performance). This results in indicators numbered differently in the PMP and quarterly and annual documents. In the tables that follow, these inconsistencies are shown in red.

Target setting seems to be unsystematic, even if the process is considered and collaborative with all NGO implementers. As the tables below show, targets do not follow a logical growth, particularly when performance is low or over-performed. To illustrate this, indicator #36 (Table 7) has a target of 20 in 2012, 225 in 2013, 25 in 2014, but zero in 2015. When performance is unsatisfactory in one year, the next year's annual target does not include an increase to ensure achievement of the overall target of that indicator. It is unclear, therefore, whether target setting should be revised in line with constraints and resources available in the malaria field, or set on an incremental basis to ensure the targets are all achieved at the end of the project. As these indicators stand, the project will not be able to achieve many of its targets, particularly in strengthening municipalities under strategic objective 5. Only fifteen indicators attained 80 percent or higher; and if we lower the attainment threshold, twenty-two indicators attained to 70 percent or higher. Given these level of performance (achievement towards targets), we optimistically estimate 60% of the indicator targets may be achieved by the closeout of Eye Kutoloka. This indicates that Eye Kutoloka is underperforming, or that the targets set were not attainable given project issues and external country factors.

Objective 1: Strengthen the technical capacity of MOH staff in targeted facilities to effectively implement malaria control activities

The project has six indicators related to this objective (Table 5). The performance on these indicators, as measured as percent of target achieved, is 'adequate' or better. The lowest achievement recorded (70%) is indicator #5, 'number of supervisors trained in refresher courses, RDTs, reproductive health, case management, prevention (1 day)'; while the highest achievement attained (106%) is indicator #4, 'number of doctors and/or nurse heads of clinical services who participate in case management meetings (1 day)'. It is plausible that Eye Kutoloka will reach all six indicator targets by the close of the project.

Objective 2: Improve the operational capacity of laboratory services for malaria

There are nine indicators under objective 2 in the PMP. Out of these nine indicators, three indicators, #8, #10 & #13 (Table 5) show achievement towards targets at 80% or higher; four indicators (#7, # 9, #11 & #14) achieved 51-79% of the expected target; and two indicators (#11.1 & #12) show poor performance at 50% or lower. The limited success in improving the operational capacity of laboratory services for malaria proves to be a challenge, as anticipated levels of improvement may not be achieved by the project once it finishes at the end of 2016.

There are two indicators that measure ‘on-the-job training activities’ (#11 & #11.1). Given the sequential numbering and wording of these two indicators (Table 5), it appears that on-the-job training of laboratory technicians (#11.1) is a subset of “on-the-job training activities (#11). However, both the targets and actual data reported is greater under #11.1 than 11. One would anticipate that laboratory technicians are included in indicator #11 that reports on-the-job trainings, with #11.1 as subgroup reporting on only laboratory technicians. Clear definitions of these two indicators were not in the documents reviewed, so it is uncertain if these two indicators are mutually exclusive as the number suggest, or if one is a subset of the other as the wording would suggest.

TABLE 5. CONSOLIDATED PROJECT PERFORMANCE AGAINST TARGETS FOR STRATEGIC OBJECTIVES 1 AND 2

Indicator	Project Targets 2012/15	Annual Targets (T) and Actuals (A)				Actual Total	Project Progress
		2012	2013	2014	2015 ¹⁰		
SO1: Strengthen the Technical Capacity of Ministry of Health Staff in Targeted Facilities to Effectively Implement Malaria Control Activities							
1. Number of program supervisors and malaria focal point persons trained in the full NMCP training package in malaria case management and prevention (4-5 days)	796	T: 260 A: 233 (90%)	T: 297 A: 246 (83%)	T: 93 A: 70 (75%)	T: 146 A: 117 (80%)	666	84%
2. Number of health facility workers trained in the full package of malaria case management and prevention (3 days)	4843	T: 863 A: 585 (68%)	T: 1,235 A: 1,153 (93%)	T: 1,375 A: 1,469 (107%)	T: 1,370 or 1,390 A: 1,292 (93%)	4,499	93%
3. Number of health facility workers trained in antenatal care, malaria prevention and malaria treatment in pregnancy (3 days)	1298	T: 340 A: 276 (81%)	T: 223 A: 231 (104%)	T: 365 A: 350 (96%)	T: 370 A: 296 (80%)	1,153	89%

¹⁰ Includes data through the end of the third quarter (Q3).

Indicator	Project Targets 2012/15	Annual Targets (T) and Actuals (A)				Actual Total	Project Progress
		2012	2013	2014	2015 ¹⁰		
4. Number of doctors and/or nurse heads of clinical services who participate in case management meetings (1 day)	498	T: 155 A: 64 (41%)	T: 38 A: 68 (179%)	T: 125 A: 219 (151%)	T: 180 A: 175 (97%)	526	106%
5. Number of supervisors trained in refresher courses, RDTs, reproductive health, case management, prevention (1 day)	434	T: 20 A: 12 (60%)	T: 41 A: 46 (112%)	T: 296 A: 217 (73%)	T: 77 A: 27 (35%)	302	70%
6. Number of health facility workers trained in refresher courses (1 day)	2325	T: 20 A: 17 (85%)	T: 556 A: 492 (88%)	T: 728 A: 710 (98%)	T: 1,021 A: Q3 481 (47%)	1,700	73%
SO2: Improve the Operational Capacity of Laboratory Services for Malaria							
7. Number of complete assessments of laboratory services using recommended tool	880	T: 207 A: 160 (77%)	T: 214 A: 157 (73%)	T: 225 A: 201 (89%)	T: 234 A: Q3 38 (16%)	556	63%
8. Number of laboratory technicians trained in basic laboratory skills including malaria microscopy (10 days)	520	T: 145 A: 90 (62%)	T: 136 A: 151 (111%)	T: 133 A: 170 (128%)	T: 106 A: Q3 98 (92%)	509	98%
9. Number of laboratory technicians trained as supervisors (10 days)	318	T: 75 A: 54 (72%)	T: 108 A: 79 (73%)	T: 63 A: 57 (90%)	T: 72 A: Q3 56 (78%)	246	77%
10. Number of laboratory supervisions (1 day)	1032	T: 272 A: 163 (60%)	T: 211 A: 236 (112%)	T: 273 A: 241 (88%)	T: 276 or 291 A: Q3 250 (86%)	890	86%
11. Number of on-the-job training activities (minimum of 2 working days)	775	T: 162 A: 52 (32%)	T: 197 A: 166 (84%)	T: 182 A: 134 (74%)	T: 234 A: Q3 88 (38%)	440	57%
11.1. Number of laboratory technicians trained in on-the-job training activities (minimum of 2 working days)	1402	---	---	T: 760 A: 386 (51%)	T: 642 or 672 A: Q3 264 (39%)	650	46%
12. Number of laboratory technicians completing 5 days of internship in a reference laboratory	25	0	0	T: 10 A: 0 (0%)	T: 15 A: Q3 0 (0%)	0	0%

Indicator	Project Targets 2012/15	Annual Targets (T) and Actuals (A)				Actual Total	Project Progress
		2012	2013	2014	2015 ¹⁰		
13. Number of health facilities providing slides quarterly for Laboratory Control	1225	T: 265 A: 110 (42%)	T: 273 A: 239 (88%)	T: 281 A: 404 (144%)	T: 406 A: Q3 270 (67%)	1,023	84%
14. Number of slides cross-checked by supervisor for quality assurance	19555	T: 4,645 A: 1,459 (31%)	T: 4,180 A: 3,977 (95%)	T: 5,260 A: 5,376 (102%)	T: 5,470 A: Q3 3,414 (62%)	14,226	73%

Note: Numbers in red indicate discrepancies across documents.

Objective 3: Strengthen the pharmaceutical health system

Table 6 shows five indicators under objectives 3 and 4. Among the five indicators under object 3, three met expectations (green), with 80% or higher achievement towards targets. The remaining two indicators (#18 & #19) that deal with the pharmaceutical supply chain cannot be judged by the evaluation team as the targets are set as minimum level of percent required as a target. However, the data reported by Eye Kutoloka are numbers and not a percentages, making it impossible to determine achievement.

Objective 4: Knowledge, attitudes and practices in malaria prevention and treatment

This objective, with five indicators, shows two indicators that exceed the targets well before the close of the project (#22 & #24), and two indicators that show adequate performance (#23 & #25); however indicators #20 and #21, related to the 'number of bed nets distributed' have no set targets and no reported data (Table 6). Distribution of bed nets supported by USG funds is a PMI indicator; therefore it is expected that targets and the actual number of bed nets distributed would be reported. Eye Kutoloka routinely reports its indicator data, but these data tables do not have an accompanying narrative within the same document, making it difficult to assess why targets and data are not recorded and reported, yet these indicators remain in the annual consolidated data reports.

TABLE 6. CONSOLIDATED PROJECT PERFORMANCE AGAINST TARGETS FOR STRATEGIC OBJECTIVES 3 AND 4

Indicator	Project Targets 2012/15	Annual Targets (T) and Actuals (A)				Actual Total	Project Progress
		2012	2013	2014	2015		
SO3: Strengthen the Pharmaceutical Health System							
15. Number of warehouse managers and pharmacy technicians trained in planning, distribution, storage and ordering of medicines (3 days)	983	T: 273 A: 201 (74%)	T: 225 A: 264 (117%)	T: 211 A: 232 (110%)	T: 244 A: Q3 166 (68%)	863	88%
16. Number of health workers in facilities trained in management and reporting of stock (1 day)	1,789	T: 129 A: 35 (27%)	T: 450 A: 334 (74%)	T: 619 A: 655 (106%)	T: 591 A: Q3 408 (69%)	1,432	80%

Indicator	Project Targets 2012/15	Annual Targets (T) and Actuals (A)				Actual Total	Project Progress
		2012	2013	2014	2015		
17. Number of technical support visits to provincial or municipal warehouses (1 day)	1,597	T: 219 A: 236 (108%)	T: 511 A: 449 (88%)	T: 485 A: 406 (83%)	T: 382 or 392 A: Q3 231 (59%)	1,322	83%
18. Number of stock control and reporting kits distributed to health facilities	80% REQ	T: 80% REQ A: 13	T: 80% REQ A: 788 (100%)	T: 80% REQ A: 274	T: 80% REQ A: 296	1,371	
19. Number of days PMI supported transport for distribution of medicines or RDTs	50% REQ	T: 50% REQ A: 40	T: 50% REQ A: 77 (100%)	T: 50% REQ A: 55	T: 50% REQ A: 63	235	
SO4: Strengthen Knowledge, Attitudes and Practices in Malaria Prevention and Treatment							
20. Number of bed nets distributed in health facilities or through MOH campaigns with U.S. Government funds	0	0	0	0	0	0	
21. Number of bednets distributed in group education meetings in health facilities or in institutes of education with USG funds	0	0	0	0	0	0	
22. Number of participants in group education meetings supported by the U.S. Government in health facilities	214,425	T: 8,075 A: 15,517 (192%)	T: 41,850 A: 62,458 (149%)	T: 88,100 A: 86,390 (98%)	T: 76,400 A: Q3 74,958 (98%)	239,323	112%
23. Number of individuals reached outside health facilities through community outreach campaign on malaria prevention and control supported by the U.S. Government	528,158	T: 48,075 A: 13,676 (28%)	T: 61,333 A: 62,753 (102%)	T: 98,440 A: 99,887 (101%)	T: 320,310 or 324,310 A: Q3 155,277 (48%)	331,593	63%
24. Number of posters produced and disseminated to target groups	32,611	T: 2,436 A: 353 (14%)	T: 6,605 A: 12,771 (193%)	T: 8,900 A: 11,538 (130%)	T: 14,670 Q3 A: 10,220 (70%)	34,882	107%
25. Number of TV and radio spots aired to target groups	4,319	T: 55 A: 25 (45%)	T: 262 A: 431 (165%)	T: 1,218 A: 469 (39%)	T: 2,784 A: Q3 1,765 (63%)	2,690	62%

Indicator	Project Targets 2012/15	Annual Targets (T) and Actuals (A)				Actual Total	Project Progress
		2012	2013	2014	2015		
26. Number of documentary and movies produced	0-2*	T: 1 A: 0 (0%)	T: 0 A: 0 (0%)	T: 0 A: 0 (0%)	T: 0 A: 0 (0%)	0	0%

* varies by document reviewed

Objective 5: Increase availability and accountability of malaria services through strengthening the health system

This strategic objective, aimed at systems strengthening, has the most indicators, eleven (Table 7). Only three of these indicators (#27, #28 & #29) meet expectations, ranging from 81% to 86% of achievement towards targets. Only one indicator (#37), related to IMCI training, falls at the 'unsatisfactory performance' level. Data on this indicator show that Eye Kutoloka trained health workers on IMCI in 2012, but reported that no health workers have completed this training since. Again, without a complementary narrative within the data reports, it is difficult to know why no data were reported in 2013, 2014 and 2015.

TABLE 7. CONSOLIDATED PROJECT PERFORMANCE AGAINST TARGETS FOR STRATEGIC OBJECTIVE 5

Indicator	Project Targets 2012/15	Annual Targets				Annual Total	Project Progress
		2012	2013	2014	2015 to Q3		
SO5: Increase Availability & Accessibility of Malaria Services through Strengthening the Health System							
27. Integrated plan for DPS and PMI-NGO for training and supervision (annual, can be revised quarterly)	47	T: 13 A: 10 (77%)	T: 9 A: 10 (111%)	T: 9 A: 12 (133%)	T: 16 A: Q3 6 (38%)	38	81%
28. Number of U.S. Government-supported supervision visits to provincial teams (accompanied by PMI-NGO) to municipal health team or health facilities (1 day)	910	T: 110 A: 84 (76%)	T: 222 A: 231 (104%)	T: 269 A: 313 (116%)	T: 309 A: Q3 159 (51%)	787	86%
29. Number of PMI-NGO/RMS supervision visits from municipal to health facility (1 day)	4,547	T: 445 A: 420 (94%)	T: 1,185 A: 1,074 (91%)	T: 1326 A: 1272 (96%)	T: 1,591 or 1,665 A: Q3 1,023 (61%)	3789	83%
30. Number of PMI-NGO technical support visits to municipal health teams	1,346	T: 68 A: 95 (140%)	T: 354 A: 237 (67%)	T: 452 A: 282 (62%)	T: 472 Or 466 A: Q3 189 (41%)	803	60%

Indicator	Project Targets 2012/15	Annual Targets				Annual Total	Project Progress
		2012	2013	2014	2015 to Q3		
31. Number of PMI-NGO supervision visits to health facilities (1 day)	1,780	T: 387 A: 153 (40%)	T: 406 A: 404 (100%)	T: 531 A: 321 (60%)	T: 456 or 518 A: Q3 292 (56%)	1170	66%
32. Number of health information kits distributed	1,424	T: 380 A: 0 (0%)	T: 298 A: 505 (169%)	T: 304 A: 200 (66%)	T: 442 A: Q3 387 (88%)	1092	77%
33. Number of health workers trained in basic statistics and health Information	673	T: 104 A: 89 (86%)	T: 186 A: 197 (106%)	T: 135 A: 142 (105%)	T: 248 or 218 A: Q3 97 (44%)	525	78%
34. Number of technical meetings to support the preparation of municipal plans and budgets	110	T: 29 A: 17 (59%)	T: 40 A: 38 (95%)	T: 41 A: 3 (7%)	0	58	53%
35. Number of supported advocacy activities with MOH staff, municipal administration or provincial government staff	518	T: 72 A: 39 (54%)	T: 48 A: 51 (106%)	T: 132 A: 105 (80%)	T: 266 or 276 A: Q3 80 (29%)	275	53%
36. Number of students and teachers of health schools (middle institute of health and medicine university) trained in full package of malaria case management and prevention (3 days)	270	T: 20 A: 0 (0%)	T: 225 A: 181 (80%)	T: 25 A: 20 (80%)	0	201	74%
37. Number of health workers completing training in IMCI for nurses or doctors (5-10 days)	40	T: 40 A: 20 (50%)	0	0	0	20	50%

NMCP Target Setting, Eye Kutoloka Progress

The Global Fund project financed provincial malaria officers to collect data at the provincial level. However, the contracts of these provincial malaria officers were terminated when the Global Fund discontinued support to the NMCP in mid-2015. The Eye Kutoloka Project opted to train existing staff in the provincial health departments and to consolidate training for the municipal malaria focal persons. The strategy was intended to mitigate the potential effect of the loss of the Global Fund-sponsored positions. The training for supervisors was extended to provincial supervisors and municipal health staff responsible for essential medicines and reproductive health to promote a more integrated approach to malaria prevention and management. The data-gathering process consists of the collection of health facility data by the municipality focal person, and the collection of municipality-level data by the province. The provincial data are then gathered by each DPS and sent to the national level.

The NMCP reports on its M&E indicators with targets set for 2015. There is a new M&E plan for 2016-2020, but for the purpose of this report, data from the 2011-2015 M&E report were used. Table 8 shows NMCP outcome indicators taken from the national health information system NMCP M&E Plan for 2011-2015, with performance reported (by World Learning) solely for the PMI provinces (though national information is available). The Eye Kutoloka Project tracks PMI provinces' progress as they work towards achievement of the NMCP targets. The performance achievement for 2014 is presumed to include the outputs of other PMI malaria contractors such as Population Services International (PSI), Management Sciences for Health (MSH), etc.

TABLE 8. NMCP MALARIA INDICATORS WITH EYE KUTOLOKA PERFORMANCE, BASED ON 2014 DATA

Indicator	Baseline Fiscal Year 2012	2014 Target	Performance Fiscal Year 2014	2015 NMCP Target
Percentage of pregnant women who receive intermittent preventive treatment for malaria during last pregnancy ¹¹	37% 20% ¹²	95%	48%	95%
Percentage of confirmed cases of malaria treated with approved first line anti-malaria medication	82% 80% ¹³	100%	87%	100%
Percentage of health workers completing an integrated package of training for malaria prevention and treatment	0%		26%	
Percentage of suspected malaria cases confirming malaria diagnosis according to national policy ¹⁴	61% 70%	95%	90%	95%
Percentage of health workers working in a laboratory who successfully completed full laboratory training	0%		60%	
Percentage of health facilities reporting no disruption of stock of ACT for more than one week during previous 3 months	81% 84% ¹⁵	96%	97%	97%
Percentage of health facilities reporting no disruption of stock of RDT diagnostics for more than one week during previous 3 months	88% 80% ¹⁶	96%	88%	97%

¹¹ This indicator is slightly changed in the NMCP M&E 2011-2015 Plan as it mentions “percent of pregnant women who receive at least two doses of IPT preventive treatment during last pregnancy.”

¹² The indicator differs from the M&E plan, which is 20 percent for 2012, not 37 percent as stated by the project.

¹³ As above, M&E Plan on page 47.

¹⁴ It is assumed that the above indicator corresponds to: “percent of confirmed cases treated through microscopy or with RDTs in health facilities.”

¹⁵ The NMCP M&E plan 2011-2015 (page 49), shows the indicator to be 84 percent and not 81 percent. In fact, it shows that the goal of 84 percent was attained in 2011, not 2012.

¹⁶ As above

Indicator	Baseline Fiscal Year 2012	2014 Target	Performance Fiscal Year 2014	2015 NMCP Target
Percentage of health facilities submitting complete monthly reports	75% 78% ¹⁷	95%	87%	95%

Source: NMCP and DPS data, from Eye Kutoloka’s Fourth Quarterly Report, July-September 2014 (page 70) and the Annual Work Plan, October 1, 2014 to September 30, 2015 (page 14). Note that where indicators have two baselines, the first one belongs to the NMCP program, and the second one is from World Learning, as indicated in the footnotes. World Learning uses its own baselines to calculate and show achievements.

Outside the two indicators with no target figures for 2014 and 2015, it can be seen that the Eye Kutoloka Project has had a positive impact on the NMCP malaria indicators, as most of them are close to attainment or already attained. For example, “percentage of health facilities reporting no disruption of stock of ACT for more than one week during previous three months” has a target of 96 percent, and actual achievement in 97 percent. In contrast, the indicator “percentage of pregnant women who receive intermittent preventive treatment for malaria during last pregnancy” is performing the worst, with a 2014 target of 95 percent and a 2014 performance of 48 percent. This is disappointing, given the work that Work Learning undertakes in IPTp training. The attainment of future targets may be compromised by the end of the Eye Kutoloka Project, the limited financial resources devoted to the malaria program, and the Global Fund absence. However, other USAID malaria contractors may have also had positive contributions towards the attainment of these indicators. Without a reliable financial resource stream to secure capacity building, supervision and commodity procurement, indicator achievements may be constrained.

Eye Kutoloka is using the following approaches to strengthen malaria control in the provincial health directorates and the municipalities:

- Treatment and diagnosis of suspected malaria cases
- Planning and distribution of medicines
- Monitoring and evaluation
- Reinforcement of municipal health systems
- Improvement of laboratory services

The approach being implemented by World Learning seems to be effective; however, it is currently hampered by the insufficient number of certified trainers at the NMCP level (only two nationwide are certified to train trainers at the provincial level). This results in training bottlenecks. The lack of certified trainers is not due to a lack of trained people available to be certified, but rather to the NMCP’s reluctance to certify new trainers. According to the project, a number of trainers are awaiting certification, but approvals have not been forthcoming. Reasons for this include the desire to keep the training under NMCP control or not wanting to share the financial benefits that result from training courses outside Luanda. The two certified trainers receive compensation for their added training duties, which significantly boosts their salaries. Adding certified trainers could reduce the training workload and associated extra compensation for the two existing trainers. The certification process, therefore, has been slow and provinces

¹⁷ M&E Plan, page 52.

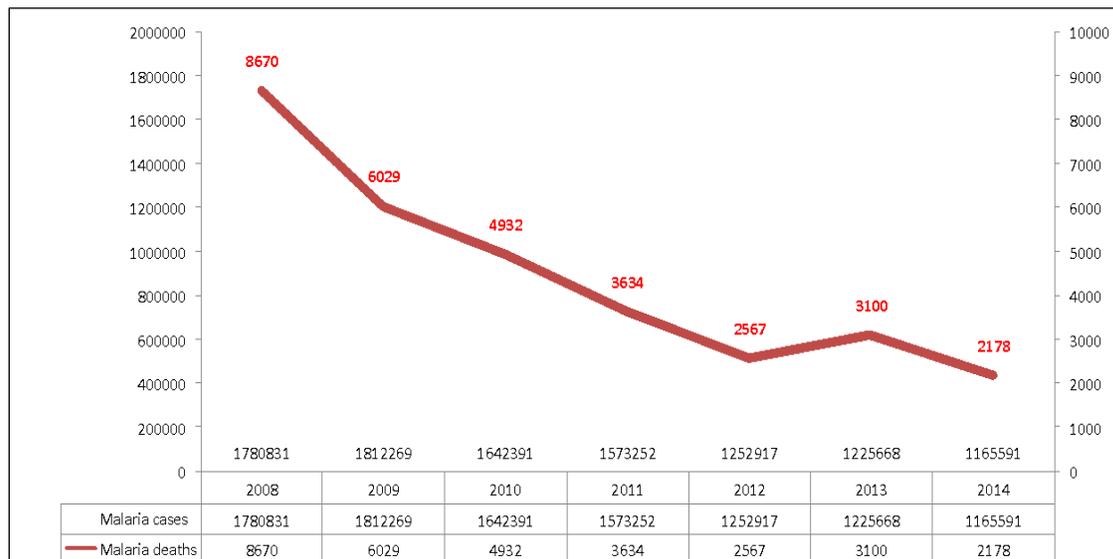
with no trainer had to share trainers from elsewhere, hampering project training plans. In Kwanza Sul, for example, there is no accredited laboratory technician supervisor, so the province uses the Malanje supervisor, which limits his supervisory visits to four times per year.

“We have only benefited from one training-of-trainers workshop in this province, which was conducted by the NMCP officials from Luanda. No supervisory visits have been undertaken yet to certify those trained; therefore, only two people can train the health personnel at the municipality levels: the provincial malaria supervisor and myself.”

Provincial public health official

The Eye Kutoloka Project is bringing change in the municipalities, particularly through improved malaria indicators, as was highlighted by a majority of the provincial officials interviewed. These affirmations are supported by the national data from the health management system in Figure 3. However, despite obvious improvements in malaria morbidity and mortality due to concerted efforts of the Angolan Government, USAID and PMI contractors and others, there is still some way to go to attain the targets that have been set for the project.

Figure 3. Trends in malaria morbidity and mortality across eight provinces covered by PMI (2008-2014)



Source: NMCP/DPS provincial data

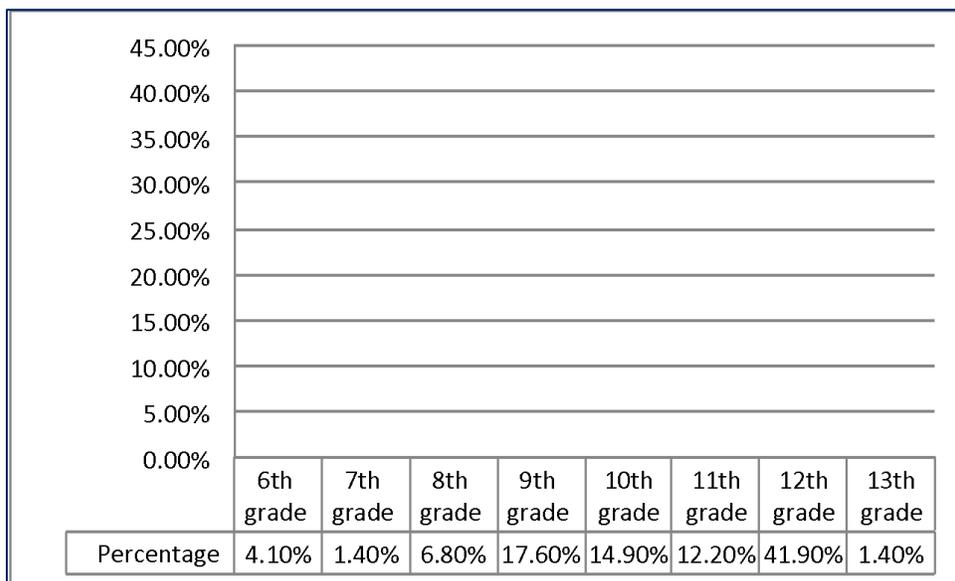
QUESTION 3. HOW APPROPRIATE AND EFFECTIVE ARE EYE KUTOLOKA’S TRAININGS, INCLUDING TRAINING APPROACHES AND MATERIALS FOR HEALTH WORKERS?

World Learning coordinates all training interventions with the NMCP at the central level. The training materials, training and supervisory approaches, and monitoring templates are developed in conjunction with the NMCP, and the provincial and municipality trainers are from the NMCP. For instance, the manuals used for the laboratory technicians are standardized and have been adopted by both PMI and non-PMI provinces. This is also applicable to all the other training materials and charts that have been developed through the Eye Kutoloka Project. All the provinces follow the same approach, and in most cases, the government officials from the national (NMCP) and provincial (DPS) levels are actively involved in facilitating the training and

supervision of the trained personnel in the municipalities. This ensures standardization of materials and approach and eases comparability of progress of all Eye Kutoloka interventions in the eight provinces. To capture and analyze provincial data, World Learning developed a robust M&E system, mostly aligned to its PMP and used by all the implementing NGOs at the provincial level. The NMCP’s legitimization of the materials and collaborative process for training tool development is key to technical sustainability.

Health personnel trainees are predominantly selected due to prior misdiagnosis of malaria. It was noted that most health personnel have a low education level. Most of the FGD participants were health facility supervisors, yet some of them had completed only the sixth grade of primary education, as indicated in Figure 4 below. Consequently, repetition of some courses was required, through refresher courses and on-the-job training (during supervisory visits). The more complex two-week laboratory training, according to the NMCP national trainer, is allowed to be given up to three times to one single person to accommodate limited absorption capacity.

Figure 4. Education level of focus group participants



Source: Focus group participants

It was noted during the evaluation visits that the training of practitioners is being implemented through the DPS officials in Uige and Kwanza Sul provinces. In Huila province, the World Learning supervisors and at times the DPS officials facilitate the training, which is not the aim of the project.

“The World Learning supervisors are accredited through the NMCP; therefore they can undertake the training directly.”

World Learning official

Participants receive high-quality manuals and reference materials, including flow charts and brochures, for further reference. The training and supervisory visits were hailed as useful and effective at the municipality levels because of the following:

- Technical knowledge about diagnosis and treatment of malaria has improved (e.g., not every fever is malaria).
- In all of the municipalities visited, data show a drastic reduction in malaria cases due to correct diagnosis.
- In some municipalities, there is also improvement with regard to planning, data collection and monitoring of activities, providing real-time data of what is actually happening rather than speculation. The figure below shows how some supervisors are practically applying the acquired knowledge to their work.

“We are learning so much to treat malaria differently through the workshops, particularly on undertaking a differential diagnosis if the test is negative, and benefiting immensely from the supervisory visits, because during these visits, if we are doing something wrong, we are corrected immediately and learn from there not to repeat the same mistakes in the future.”

FGD participant

Figure 5 shows that there has been a positive impact on malaria deaths in the first six months of 2015. It shows that out of 3,170 malaria cases, there were 15 deaths, or four percent of the total cases for Buengas Municipality, Uige Province.

Figure 5. Monitoring and reporting of malaria cases

2015 BUENGAS.		
DADOS DA MALÁRIA DO I: SEMÉSTRE DE 2015		
U. S. EXISTENTES	- CASOS DE - MALÁRIA:	- ÓBITOS POR - MALÁRIA:
KILULENDO P.S.	103	00
BEMA P.S.	183	00
B. SUL C.S.	274	01
KISSEMO P.S.	217	00
K. ZULO P.S.	134	00
KINIDCA P.S.	204	00
K. BUNGA C.S.	132	00
KITUIA P.S.	138	00
K. TECA C.S.	214	00
KINGUMBA P.S.	232	00
CUIDO CAMBEO C.S.	185	01
H.M. BUENGAS	3170	15
BUENGAS		
O P.F. de MALÁRIA BANDD. 925 23 09 14		

Source: Report in Buengas Municipality (Uige) on the wall of the malaria focal point's office

There has been significant progress in both Uige and Kwanza Sul with regard to training of health personnel in malaria case management. Additional training efforts are still required for Huila province, because only a few personnel there (supervisors in particular) have participated in the malaria case management training. In addition to the actual training, the trained health personnel also benefit from formative supervisory visits, where on-job training takes place when needed. Repetition through refresher courses and on-the-job training is fundamental because of the low education levels of a majority of health personnel in the municipalities, as well as high turnover of the short-term contracted personnel.

“We have never received any feedback with regard to the laboratory diagnosis we have undertaken which we normally send to Sumbe for quality control.”

Laboratory technician from a municipality in Kwanza Sul

The capacity-building approaches used in the Eye Kutoloka Project include: training of trainers, training of practitioners, and supervisory visits.

Training of Trainers

The NMCP officials conduct the training of trainers for health personnel at the provincial health directorates. However, these interventions have been limited, due to the limited number of accredited trainers at the national level, as mentioned earlier. The lack of accredited trainers has resulted in bottlenecks across the project, since all eight provinces have targets to achieve and must negotiate time with the trainers. Further, since the Global Fund departure, only six NMCP staff remain out of 60 previous positions. Having two out of six full-time staff members dedicated to PMI capacity building as accredited trainers does not enable them to perform their routine NMCP tasks and work with non-PMI provinces.

Training of Practitioners

A number of trainings on malaria case management have taken place in the provinces. A total of 86.7 percent of the FGD participants have been trained in the complete package, and of those trained, 65.1 percent confirmed that they have received supervisory visits and on-the-job training (where needed) from the NGO and DPS officials. Due to low education levels, some supervisors pointed out their inability to transmit the information to their colleagues and recommended that it is preferable for their colleagues to be trained at the same time as them to enhance peer learning and consultations.

“Our colleagues in the health facilities should also be invited for training. As supervisors, we are expected to transmit the information to them; however, the course is so detailed and I have to confess that I cannot do a better job like the training facilitators because some of the information is still hazy to me. Peer learning and discussions at the health facility level are important to consolidate our knowledge. I cannot discuss the course contents with my colleagues at my health facility because they have not been trained yet.”

Health facility supervisor, Huila province

The complete malaria package workshop takes three days for the general nurses, and the training for the laboratory technicians (basic module) takes 10 days. The stock control and management training is normally undertaken in one day and usually embedded in the malaria case control training package.

The NGOs use a two-pronged approach that combines training of municipal health personnel on malaria case management with supervisory visits to the health facilities. Some of the NGOs are hands-on, while others are creating space for the local health directorate to take the lead while playing a backstopping role. An NGO implements the project at the provincial level and works closely with the local health directorate. In malaria case management capacity building, only the Eye Kutoloka Project and its NGO implementers seem to be working in all PMI provinces. However, other USAID contractors provide other malaria services in some PMI provinces, such as PSI, MSH and FHI360, to mention a few. For example, PSI is involved in the distribution of mosquito nets and reinforcing the practice of conducting RDTs before selling malaria tablets in private pharmacies and sending patients who test negative to a health facility for a differential diagnosis.

“We are now able to visit the remotest health facility, which was a challenge before the intervention of this NGO. We want this collaboration to continue, because we can note the

positive effects that this collaboration has created, particularly the improved malaria indicators in our municipality and competent health personnel who are now able to undertake the correct malaria diagnosis and treatment.”

Director of municipal health directorate

Implementing NGOs use the existing database to select participants for the training, and they use supervisory visit reports to recommend personnel in need of refresher courses. However, it was noted by some of the health personnel that in some cases, the same people go for training repeatedly, depriving other colleagues of training opportunities. In Huila, a majority of the health personnel in the visited municipalities complained that they have not participated in any malaria case management training and highlighted that the same people are considered multiple times for different courses.

“The same people participate in the training multiple times, while some of us have never had the privilege to attend even once.”

Health worker

The issue of health workers being trained more than once and persistently being put forward for the same training by their municipalities or provinces is not an exclusive challenge of the visited provinces, but is project-wide. Despite the database and processes developed by World Learning that show all health personnel trained and the course and date of attendance (thus highlighting those who have received repeated trainings), municipalities still insist on including workers already trained. If health workers have been trained more than once in a 12-month period, World Learning requests a change of participant, but the local structures have the final decision. In fact, according to World Learning data sets, the laboratory training courses include participants from the private sector, when the training is solely intended for MOH staff. While World Learning said the number of private sector participants has been reduced thanks to the database, it remains a persistent problem. It was also mentioned that in all provinces, the number of training repeats has decreased but has not been eradicated.

There may be a financial reason for training repeats: The project started paying per diems in cash, and these were used as incentives. Currently, participants receive transport, food and accommodation in kind, but this is still considered an incentive and a reason for favored candidates to repeat courses.

“We have very few people trained, because previously the same people were being sent for training multiple times. This was in part due to the per diem that the beneficiaries used to receive. As you well know, training for lab technicians lasts for 10 days. I am trying to rectify this situation since I took over this year as the provincial laboratory head to ensure that at least all the technicians at the provincial laboratory are trained.”

Provincial laboratory head

Supervisory Visits

NGOs undertake joint supervisory visits to health facilities with the DPS and municipality supervisors to reinforce knowledge of the trained practitioners. In some instances, however, the NGOs conduct direct supervision when the municipality supervisors or focal points are not available, though the municipality directorates are informed of these visits. In turn, World Learning conducts regular supervisory visits to all implementing NGOs in the field. Findings are reported and shared with the NGO, which is expected to address reported weaknesses.

To date, according to annual consolidated project reports, World Learning has trained 16,473 health workers and made 11,148 supervisory visits from 2012 through the third quarter of 2015 (Table 9).

TABLE 9. NUMBER OF MUNICIPAL HEALTH TECHNICIANS TRAINED AND SUPERVISED COMPARED TO PROJECT TARGETS (PROJECT TOTAL)

Year	Number of people trained			Number of supervisory visits		
	Planned Work plan	Actual	Achieved %	Planned Work plan	Actual	Achieved %
2012	2,460	2,546	103%	1,271	1,282	100%
2013	3,732	3,917	105%	1,901	2,889	152%
2014	3,483	4,923	141%	1,793	3,336	186%
2015 (through third quarter)	3,361	5,087	151%	1,793	3,641	203%
Total	13,036	16,473		6,758	11,148	

According to the evaluation presentation from World Learning (August 18, 2015), as of June 30, 2015, “62 percent of health workers in the eight target provinces trained [in] recognition with NMCP that all health practitioners should be trained. Total number of health workers in the eight provinces 13,312 and 8,312 trained.” (Note, the number in Table 9 covers an extra quarter of 2015). These figures are not reconciled with the table above, unless the difference can be explained by the number of participants at trainings as opposed to the number of individuals trained. As health staff can receive repeat training, this may explain the difference in the figures.

Despite the project not having a capacity-building component for NMCP staff, the national program has participated and benefited greatly. A good example is malaria training tools. The NMCP, through the Eye Kutoloka Project, was able to develop, pilot and adapt training manuals for laboratory technicians which are not only used in the PMI provinces but have been approved for all the provinces in the country. In fact, NMCP has ownership of all malaria manuals developed by Eye Kutoloka with its full technical involvement.

Another important achievement for the NMCP is the active involvement of NMCP officials who are engaged under the project to conduct training of trainers, while the malaria supervisors are actively involved in training the health facilities’ technicians at the municipality levels.

The approach used by the Eye Kutoloka Project for capacity building of municipal health workers is appropriate and effective. The only hurdle is the limited number of master trainers at the national level who are accredited and allowed to conduct training of trainers at the provincial levels, which has limited the number of accredited trainers at the provincial levels who in turn can train the health practitioners at the municipality levels.

QUESTION 4. HOW EFFECTIVE AND EFFICIENT IS WORLD LEARNING'S OPERATIONS AND MANAGEMENT APPROACH TO SUPPORT PROJECT IMPLEMENTATION AND ACHIEVE DESIRED RESULTS?

Included in this question, consider management structure, geographic coverage, work with local NGOs, etc.

Introduction

The commitment and investments of PMI to reduce malaria-related mortality by 70 percent in the original 15 high-burden countries in sub-Saharan Africa by the end of 2015 by continuing to scale up coverage to children under 5 and pregnant women has seen the use of proven preventive and therapeutic interventions, including ACTs, insecticide-treated nets (ITNs), IPTp, and indoor residual spraying (IRS) (according to the Angola Malaria Operational Plan FY2015). Large-scale implementation of ACTs and IPTp began in Angola in 2006 and has progressed rapidly with support from PMI and other partners such as the Global Fund. Rapid diagnostic tests, ACTs, and IPTp are now available and being used in public health facilities nationwide, and millions of long-lasting ITNs have been distributed.

Significant progress has been made in the fight against malaria in Angola, and data from the 2011 MIS show an almost 40 percent decline in parasitemia among children under 5 years of age compared to the 2006/7 MIS (from 21 percent to 13.5 percent). According to the 2011 MIS, the mortality rate for children under 5 has fallen by 23 percent over the last five years, and it is currently estimated at 91 deaths per 1,000 live births. In 2013, 3,144,100 cases (confirmed and suspected) of malaria were reported in the public sector in Angola, with 7,300 deaths (NMCP 2014).

Progress to Date

The significant decrease in malaria morbidity and mortality has partly been due to the efforts of USAID-funded implementers of malaria activities in the PMI provinces. The work of World Learning and the Eye Kutoloka Project has, in part, contributed positively to the decrease in malaria, thanks to their concerted efforts in training health workers and municipalities and their active work in malaria.

"We are happy of the work that the NGO is undertaking in our province, as it is the only one so far working in our municipality and we can see progress in this regard as the malaria indicators are improving day by day."

Municipal health director

As it can be seen from the previous evaluation questions, World Learning has applied a systematic approach to improving the capacity of municipalities to better approach malaria case management by strengthening their technical and management capacity. World Learning developed databases and systems and invested in training the implementing NGOs to apply these tools correctly and systematically. Training of municipalities and health workers across all eight PMI provinces have taken place, but not in the numbers expected, partly due to repeated trainings of the same participants. There may also be an issue of target setting either being unrealistic or overly ambitious. The lack of involvement of local NGOs other than CONSAUDE has had negative repercussions.

Project implementation has been slow due to external factors such as:

- Limited NMCP capacity to fully engage with the project, given the current skeleton staff
- Inadequate numbers of national trainers, creating bottlenecks in:
 - Providing all training required to all PMI provinces as planned
 - Certifying provincial trainers to augment the number of available trainers in malaria management
- The low educational level of health workers (most of the FGD participants were supervisors of the health facilities, yet 4.1% had a sixth-grade level of education)
- The poor setup of laboratories (limited functional equipment, intermittent or no utilities such as electricity and water) and poor access to diagnostic supplies
- Unreliable access to ACTs, partly due to no GRA budget increase to procure them and the departure of the Global Fund (the malaria grant finished in July 2015)
- With inadequate local government resources, limited success by municipalities to advocate for resources dedicated to malaria or to hire long-term health staff.

World Learning ensures strict compliance by NGOs to its systems, processes and deadlines. Following World Learning monitoring visits, NGOs are expected to resolve and comply with observations made by World Learning. If compliance is not adequate, their continued participation in the Eye Kutoloka Project is compromised. This resulted in the departures of Africare and Prazedor in Huila, as mentioned. Currently World Learning implements the Huila Province activities and for fiscal year 2016, it will implement in Bié province, disregarding local NGOs with likely future sustainability.

According to the World Learning website,¹⁸ the project's achievements under its three objectives are:

- Improved trends in malaria mortality and morbidity in eight provinces
- Developed 13 Municipality Health Plans for Malanje and Uige provinces
- Improved capacity for 100 percent of 17 target NGOs, including: human resources management systems, M&E systems with databases, project development and financial management systems, and strategic plans
- Improved use of technology and media as human rights tools, including 15 young people trained in technology and human rights
- Increased community resilience to climate change, and conducted advocacy work on public utility status

Of the above, the evaluation team found that World Learning has made a contribution to the decrease in malaria in the PMI provinces and developed the capacities of the municipalities to plan and monitor malaria cases (see Figures 3 and 5, trends in malaria morbidity and mortality

¹⁸ <http://www.worldlearning.org/what-we-do/angola-eye-kutoloka-ngos-engaged-in-health/>

across all eight PMI provinces, and monitoring reporting of malaria cases in Buengas municipality). World Learning has also supported the development of municipality health plans for Malanje and Uige provinces. Other achievements listed above pertain to the project's other two objectives (1 and 3).

Target setting is agreed with NGOs on an annual basis, though there seems to be no rationale for why these do not increase yearly but fluctuate significantly, regardless of annual achievements. The target setting rationale therefore seemed not to be based in previous achievements but on available capacity to deliver results. Some targets decrease or increase considerably one year but not the next. However, World Learning reported targets were not set in consultation with or with the approval of USAID, rather, World Learning during a consultative meeting with implementing NGOs set annual targets. Some of the target indicators in the PMP vary slightly from those in the quarterly reports. For instance, "number of laboratory technicians trained in on-the-job training activities (2 days)" seems an important activity only contemplated since 2014. Out of the current 37 indicators, only six (16 percent) achieved a performance level of over 80 percent and 10 (27 percent) achieved a performance of 50 percent or lower. This is based on targets set in 2011 for the end of the project; considering that the figures quoted reflect performance to the end of the third quarter 2015, it is unlikely that 31 indicators will improve their performance sufficiently to achieve at least 80 percent final project performance.

Management Structure

According to the World Learning PMP for October 1, 2011 to September 30, 2016, the project management structure identifies the COP as having overall responsibility for the project within Angola, supervising the project's senior technical and financial staff, and being responsible for liaising with USAID/Angola (page 23). World Learning's home office staff in Washington, DC serves as "technical backup." The in-country technical staff, in turn, supervise the junior staff members and technical assistants and facilitators who provide technical assistance to participating NGOs.

The COP heads the program administration and support, sub-grants, organizational development, M&E and technical support. However, to date, World Learning does not have full-time malaria technical expertise, relying instead on part-time, freelance consultancy. Both USAID and NMCP expressed their dissatisfaction with the project not including a full-time malaria technical expert, given that this is a malaria project and must have subject matter expertise. World Learning explained that the malaria content is provided by NMCP and shared for comments and approval to PMI, thus not requiring in-house full-time malaria expertise. However, this lack of full-time expertise has been detrimental to the project.

USAID reported that quarterly reports arrive late, and presentations to the evaluation team were also delayed because of changes made by the COP.

The management structure would be more effective if there were a deputy COP to whom work could be delegated to, as bottlenecks are caused by the COP's desire to get involved and control all project outputs. The lack of delegation was evident in the visit to Huila, where the Huila World Learning team was not allowed to be with the evaluation team without the presence of the COP. This impacted the information received, as content of presentations was organized by the COP, limiting discussion between the Huila World Learning team and the

evaluators. When questioned, the COP simply referred to providing “moral” support to the local team.

As mentioned earlier, World Learning in Huila has assumed activities that correspond to the province and municipality, compromising opportunities to strengthen these local structures. With World Learning’s decision to implement in Bié in 2016, under the rationale that it takes six months to familiarize an NGO with the project tools, the organization continues to disregard the objective to improve the capacity of local (and international) NGOs, which compromises the sustainability of the interventions.

Work with Local NGOs

Working with local partners would be a sustainable strategy. There is no formal agreement or acknowledgment of the change in direction that stopped seeking to improve the internal management structures of local NGO partners to reach vulnerable and isolated populations through local systems and mechanisms. World Learning claims that there was an informal agreement with the previous PMI technical officer and insisted that NGO implementer changes are the prerogative of the Eye Kutoloka Project and that approval is not required. World Learning mentioned that no strengthening activities take place for CONSAUDE (the only local NGO) or for the international NGOs. This is because no budget is allocated for capacity-building activities, and identifying relatively robust local NGOs that could become implementers is not a priority. This is evident in World Learning’s direct implementation, currently in Huila and planned for Bié.

The removal of Prazedor from Huila is particularly discouraging. World Learning cited Prazedor’s internal management conflicts and lack of systematic implementation of systems as reasons for removal. The evaluation team wanted an interview with Prazedor and requested that World Learning facilitate this meeting. World Learning gave a number of conflicting reasons why this was not possible, and when the evaluation team requested contact details to approach Prazedor directly, these requests were denied. Prazedor has not closed its accounts with World Learning, nor has it returned a project vehicle, so it was believed that World Learning wanted to limit the evaluation team’s contact with Prazedor. Unfortunately, USAID had no recent contact details for Prazedor, and therefore, the evaluators were unable to have a first-hand conversation with its director. Under pressure from the evaluation team, World Learning suggested an interview with a World Learning staff member who previously worked for Prazedor. As expected, this person did not provide details of the relationship between the two organizations, as he was conflicted and fully briefed by World Learning on the request by the evaluation team. USAID is aware of the situation and confirmed that changes had been undertaken by World Learning without USAID’s explicit consent.

In summary, while World Learning’s structures are functional and operational, efficiency could be improved by additional management staff to whom tasks could be delegated to as this would increase project effectiveness. The hiring of a full-time malaria technical expert would provide World Learning with in-house expertise, which, in the opinion of NMCP and USAID, is required. Malaria technical inputs are hired in through consultancy. The decision to not provide capacity-building to NGOs (aside from training in USAID’s project tools) and World Learning’s takeover of implementation in two areas deny capacity-strengthening opportunities to NGOs.

QUESTION 5. TO WHAT EXTENT CAN AND WILL GRA, NMCP AND THE MUNICIPALITIES IMPLEMENT AN EFFECTIVE MALARIA CONTROL PROGRAM ONCE THE CURRENT PMI FUNDING FOR EYE KUTOLOKA ENDS?

Institutional Sustainability

Institutional capacity of the Eye Kutoloka NGO implementers has not improved, because World Learning apparently received informal agreement from the previous PMI officer to stop improving the management capacity of local and international NGOs and limit support to training, technical assistance and supervision related to the project tools. This change was not formalized nor reflected in the contract arrangements. World Learning does not include NGO strengthening activities in the budget, so none take place. A sustainable strategy would be to support robust local NGOs with built-in capacity to undertake malaria activities. Their salary base is more cost-effective than international NGOs that need to pay for expatriate staff, and they are knowledgeable of local structures, culture and environment. Those Angolan NGOs that are able to contribute to malaria activities in the country may be few, but the lack of support to them may be a lost opportunity for sustainability and access to remote areas.

All NGOs rely on external financial resources to continue project operations; however, international NGOs will likely leave Angola when the project ends, taking with them the expertise and technical know-how applied to this project. In contrast, local NGOs are more likely to continue malaria activities in the country, as long as they identify a reliable funding source. The project has not been successful in increasing the technical capacity of NGOs, because World Learning claims this was not its role.

While there are many NGOs working in Angola most have informal structures which lack the system robustness expected to manage projects and budgets to the satisfaction of international donors. These NGOs have been catalogued in a publication by World Learning. However, there are still a handful of NGOs that comply to operational standards. For instance, USAID identified Episcopal Relief and Development as an NGO with the potential to provide technical support to the PMI malaria project. Ajuda de Desenvolvimento de Povo para Povo (ADPP) was also mentioned as another NGO currently working in malaria activities in some of the focused provinces, which could be considered for future involvement. These local NGOs and others have had USAID support to strengthen their capacity. NMCP also put forward names of local NGOs that are understood not to have the robust financial systems in place necessary to be considered as likely partner implementers due to their limited scope.

Organizational Sustainability

There is an existing structure at the country level linked to malaria activities headed by the NMCP. However, the NMCP currently has a six-person skeleton staff to implement malaria activities countrywide, following the departure of Global Fund. Therefore, it is only able to undertake very limited functions. The NMCP accredited an insufficient number of national and provincial trainers to conduct malaria training in all provinces. Only the national staff can facilitate the training-of-trainers workshops, limiting the number of such trainings. This creates system bottlenecks, because there are not enough national trainers to cover the needs of the project and complete their own program tasks. This scarcity of trainers also has the potential to neglect non-PMI provinces, because there are no incentives to work in malaria activities there. Sustainability will be hampered unless additional trainers are accredited.

The NMCP is not only understaffed, but also underfunded, as it does not have a program budget. Its sustainability is threatened by the operational structure in which it sits under the National Directorate of Public Health (DNSP). DNSP is divided into chronic and communicable (tuberculosis, leprosy and malaria) diseases. Malaria has no visibility and very limited resources. Given the current GRA financial situation due to declining oil prices and revenue, the malaria program is unable to purchase medicines, malaria nets or RDTs, even with external donor funds for commodity procurement. Equally, it has no resources to absorb (or rehire) the staff previously paid by the Global Fund grant, which the country agreed to absorb following the grant's end. In an effort to assist, World Learning discussed providing some financial resources to support the program data transfer from the previous malaria M&E officer to a dedicated program computer (which also needs to be acquired). The NMCP is keen to retain some of the key staff, but salaries from the Global Fund grant were misaligned with those from the government, and even if the government could offer standard salaries, it is not hiring. The international community in Angola is rallying to see what can be done to support the NMCP, but in the end it is the GRA that needs to prioritize its support. A new concept note is being developed to request further funding to the Global Fund; however, this will not address the long-term organizational sustainability of the malaria program.

Technical Sustainability

It can be argued that the knowledge acquired through training programs will have a residual effect on the health workers, as some knowledge will remain and continue to be applied well after the project is finished. However, the project has faced challenges: the low education level of health workers, particularly at the municipal health facilities, favoritism (i.e., the same person being nominated to undertake the same course a number of times), and using the training courses (and previous per diems) as incentives.

In the introductory presentation that World Learning gave to the evaluation team leader, World Learning presented a graph that showed that those who have been trained but who have had no follow-up (on-the-job training or supervision) performed worse than those who have had no training whatsoever. Those who were trained and also received regular supervision and on-the-job training improved their performance significantly. While it was hoped that the local structures would have been sensitized and trained sufficiently by this project to be able to supervise health workers, without financial resources to afford transport and procure ACTs, RDTs and reagents, supervision will not be as prominent an activity as hoped. Information from field data interviews showed that municipalities continue to have limited success in advocating for financial resources. However, the project has made significant strides in training municipalities on planning and budgeting systems, and some municipalities are now able to put plans together, which should have long-lasting benefits. However, according to World Learning, municipalities require more training in planning, monitoring and supervision in order to function at an adequate level.

At the end of the third quarter of 2015, the project claims to have trained 16,473 people (though not necessarily new people, as some would have been the recipients of more than one training) and 11,148 supervisory visits. This project has depended on resource-intensive, vertical training and supervision mechanisms rather than utilizing other, more sustainable, training approaches (e.g., peer-to-peer learning). The consequences of health workers' low level of education—the need for repeat trainings and the inability to share learning with peers—suggest

that the training model may need to be modified to be more sustainable and supported by peer mechanisms.

Most of the municipal malaria supervisors who participated in the individual interviews acknowledged improvement in malaria diagnosis and treatment. However, information from these interviews also highlights sustainability concerns. For example, during supervision, the NGO personnel implement all the work and leave a report of their findings at the municipality level. In addition, the World Learning databases are managed by the implementing NGOs and not by the municipalities. Once the project finishes, it is not clear to what extent municipalities would have acquired the relevant knowledge, skills and resources to continue instituting good malaria practices and appropriately using the information systems provided.

“As you well know, the government has no money due to current financial situation in the country so we have to work with what we have. The NGOs’ vehicles are helping us with the supervision while all the trainings are being supported through the NGO. On the other hand, we would like more courses to help us at the municipality health directorate level to plan and monitor our activities better because we are still struggling in this regard.”

Municipality director

The few trainers at the provincial and municipal levels that could provide continuity if the project ends will not have the financial incentives to support the PMI provinces, thus potentially leading to a decline in the provinces’ ability to manage malaria issues. The lack of accredited trainers at the provincial level will also have a detrimental effect on sustaining the knowledge and maintaining the systems acquired through the Eye Kutoloka Project.

“We are not sure when the current financial crisis in the country will end. If the project is terminated for one reason or another, definitely we will try our level best to implement because it is our duty to do so, but it will not be with the intensity it is now with the help from the NGOs. Presently, we are even able to visit the remotest of the health facilities, which was not possible even when the financial situation was stable. We currently have very limited fuel to undertake constant supervisions, and we are not sure yet how long this situation will last’.

Provincial head of public health

Funding for supervision in the municipalities (vehicles, fuel, etc.) will ensure that the knowledge provided by the project will continue to be utilized.

Financial Sustainability

The GRA is currently facing a financial crisis that is affecting critical interventions at the ministry level. The health budget has not increased, and the MOH is yet to commit to paying for additional NMCP salaries, which for a period of time were paid by the Global Fund grant, or for ACTs, RDTs and laboratory equipment. Given that the NMCP lacks the institutional profile and systems to attract substantial government support and resources, a major concern is how the gains made by the USAID malaria contractors (World Learning included) would be sustained following the end of this project. The NMCP is critically underfunded, understaffed and unable to provide malaria program leadership and guidance without the Eye Kutoloka support. While this is outside the realm of World Learning responsibility, it remains a key question related to sustainability.

Eye Kutoloka’s presence has facilitated support to municipalities to address malaria issues and has complemented other efforts to supply provinces with preventive interventions. Without

training, supervision, and a continuous supply of medicines, laboratory equipment, reagents, supplies and transport funds, the country will not be able to sustain the advances in malaria made thus far in the PMI provinces.

V. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

This performance evaluation's primary purpose was to assess USAID's investments in malaria case management, training and capacity building through the Eye Kutoloka Project, implemented by World Learning. The objectives of this evaluation were:

- To understand the successes, challenges and lessons learned through the implementation of World Learning's Eye Kutoloka Project, if it has achieved its objectives and outcomes, and if so, how.
- To generate recommendations for ongoing project implementation and future USAID/Angola PMI activity designs that will maximize progress towards PMI objectives and local sustainability of interventions.

The conclusion section provides a summary of the evaluation outcomes, whereas the recommendation section addresses the second purpose of the evaluation.

World Learning has made great efforts to develop USAID project tools and train implementing NGOs in their systematic and correct use. The project has also successfully set up databases, training manuals and training materials in malaria to train municipalities and health workers, with positive results. World Learning's work shows a contribution to a decrease in malaria morbidity and mortality.

The NGOs have a consistent implementation approach in the provinces and use the same tools and systems for training, monitoring and supervision of the health facilities, provided by World Learning. However, the last NGO group training took place in 2013, due to budget constraints and a change in project direction. The project no longer offers NGO capacity building beyond the USAID project tool training as World Learning seemed to informally agreed with USAID PMI project officer not to support NGO capacity building. NGOs are regularly supervised by World Learning and have opportunities on a quarterly basis to share their challenges with World Learning and other implementing NGOs.

Performance, however, is mixed in terms of indicator target attainment, and the project's target setting is unsystematic. More than half of the indicators are not on course to be achieved by the end of the project.

World Learning changed implementing NGOs in Huila due to non-compliance and currently serves as the implementer in that province. These changes have had a negative impact on the province's performance.

External factors such as the GRA financial crisis, the departure of the Global Fund grant resources, the NMCP skeleton staff, the limited number of accredited national trainers and the low educational level of health workers and municipality staff have had a negative impact on project performance.

However, intensive training and supervision is taking place in the provinces as planned. Malaria cases and indicators in all the visited provinces have improved due to the enhanced ability of health workers to provide a correct diagnosis.

“The health personnel know that all fever is not malaria and a rapid test diagnosis has to be undertaken before any malaria treatment is administered; if the test is negative, a differential diagnosis has to be undertaken.”

Malaria supervisor

Health personnel training is taking place through various approaches, including intensive three-day workshops for a complete simple package of malaria case management, 10-day workshops for lab technicians and one-day workshops for pharmacists. It was apparent that there was disturbance in training when there was a change in the implementing NGO. Uige and Kwanza Sul are way ahead. In Huila province, on the other hand, considerable efforts are required to increase the number of health workers participating in basic malaria case management training. Beyond training workshops, there is a need for refresher courses, on-the-job training and follow-up supervision.

Supervision is planned as a joint action involving the NGO supervisors, the provincial directorate officials and the municipality focal points. However, it was noted that in all three provinces on some occasions, the NGO supervisors are undertaking supervisory visits alone, missing the capacity-building opportunity to provide tools and coaching to health officials to improve their supervision skills.

There is a tendency for World Learning to take over NGOs' role at the provincial level in order to accelerate implementation. This approach aims to facilitate the conclusion of some activities rather than to improve the capacity of the local health teams to undertake those activities in the future. For example, some of the World Learning supervisors are facilitating training and undertaking supervision directly, rather than empowering the local health personnel to do so themselves. In addition, there is no formal documentation/addendum indicating that this approach of direct intervention was agreed upon between USAID and World Learning.

RECOMMENDATIONS

USAID/Angola

- Clarify or reinstate the original intention of the project to strengthen local NGO capacity. Given that there are only 12 months left to the end of the project and that World Learning is directly implementing in Huila and Bié, it may be most cost-effective to identify the handful of reasonably robust local NGOs that already work in malaria and strengthen their internal management structures to enable them to become viable NGO partners in future USAID awards.
- Changes in contractual arrangements demand a formal agreement from USAID/Angola. Without such agreement, World Learning is unable to change the focus of the project. Formal decisions must be reflected in award modifications. Specifically, World Learning's direct implementation in the provinces should be formally approved with proper documentation and an addendum to the cooperative agreement. Future deviations in approach should be communicated to and approved by USAID. All agreements must be formalized.

- USAID project monitoring should be effective, with routine information sharing. The monitoring system should ensure proper feedback is delivered continuously to World Learning to enhance the achievement of project objectives.
- Capitalize on the expertise of other USAID/PMI contractors working on malaria activities to have a wider geographical coverage and scope.
- For future programming, ensure participation of local NGOs working alongside an international NGO for capacity building and future sustainability.

World Learning

- In consultation with USAID, review how targets are set and whether they can be reasonably met or exceeded. If USAID believes that these are feasibly attainable targets, it should request a remediation plan from World Learning that explains how the project can improve performance related to these indicators.
- In particular, focus on improving performance under strategic objective 5, given that those indicators are the poorest performing.
- Where local NGOs are of sufficient quality, strengthen their institutional capacity to take an active role in malaria prevention, training and supervision for long-lasting effect.
- Hire a full-time malaria technical staff.
- Hire a deputy COP to provide support to the COP.
- Intensify training of health workers, particularly in the provinces, and focus on creating certified local trainers at the provincial level to address bottlenecks.
- During training, reinforce knowledge in the following malaria case management areas, as these were highlighted as a challenge even for those who have participated in the training:
 - Treatment of severe malaria for all, as well as in pregnant women and infants under 6 months
 - Calculation of dosage of malaria treatment to be administered intravenously
 - Differential diagnosis when a malaria test is negative
 - Familiarization with malaria treatments other than ACT and how those are to be administered to patients
 - IPTp
- Devise peer-to-peer training rather than the vertical system currently used.
- Ensure that medical doctors are also introduced to the country's new malaria case management protocol.

“The medical doctors are still making the same mistakes that we used to make, of diagnosing all fever cases as malaria and prescribing malaria treatment without a test.”

Nurse

- Where trainers receive a government salary, discontinue subsidies, as these create a disincentive to working in non-PMI provinces.
- Align all per diem to national standards with the same currency.
- Strengthen advocacy and BCC efforts.
- Intensify community engagement (where local NGOs have competence).
- For long-term sustainability, ensure capacity is built in both the DPS and municipality health teams, as it is essential that they are able to take on training and supervision tasks instead of NGOs doing so on their behalf.
- It was noted that NGOs have functional M&E systems; however, some health officials, particularly in the municipalities, still need to have their capacity reinforced in planning and monitoring of activities.
- Municipalities must be able to manage and constructively use the tools developed through the Eye Kutoloka Project, such as databases, beyond the project's end.
- In order to enhance technical sustainability, NGOs should concentrate on reinforcing the implementation efforts of provincial health officials and the municipality health teams (i.e., training and supervision) rather than directly implementing activities themselves.
- Ensure an equitable selection of health personnel for training by ensuring that the existing database of trained vs. untrained health personnel is put into good use. The focus group participants noted that the same people are selected over and over for the same training.
- Reinforce municipalities' ability to advocate for financial resources for malaria to local government and external donors, as they require a predictable workforce and medicines and supplies.
- Produce end-of-year summaries of performance against targets.

NMCP

- The GRA and MOH should address the employment gap that the end of the Global Fund malaria grant left behind. While it would be unrealistic for the MOH to rehire more than 50 positions paid by the Global Fund grant, key NMCP positions such as M&E, logistics, etc., should be absorbed by the government.
- The NMCP and local government should ensure an uninterrupted supply of RDTs and medicines.
- The NMCP should expedite the accreditation of both national and provincial trainers to resolve training bottlenecks. Additional accreditation will free up national NMCP trainers, who place limited attention on non-PMI provinces.
- The MOH should equip laboratories with required infrastructure, utilities and equipment.
- Strengthen provincial planning capacity for to include budgetary allocation for community engagement.

- Increase the project's training portfolio to include severe malaria treatment in children and pregnant women.
- The NMCP should ensure that IPTp is implemented by a majority of the health facilities. Currently only a few health facilities near the municipalities' center offer IPTp; therefore, a majority of the mothers do not benefit from that intervention.
- The DPS and the municipality must address the lack of predictable employment for employees providing health services on a temporary contractual basis to minimize the high turnover of this cadre.

ANNEX I. SCOPE OF WORK

- A. Purpose:** Why is this evaluation or analysis being conducted (purpose of analytic activity)? Provide the specific reason for this activity, linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

The primary purpose of this evaluation is to assess USAID's investments in **malaria** case management, training and capacity building through Eye Kutoloka project implemented by World Learning.

The objectives of this evaluation are:

- To understand the successes, challenges and lessons learned through the implementation of the World Learning's Eye Kutoloka activity, and how and if the activity has achieved its objectives and outcomes.
- To generate recommendations for ongoing project implementation and future USAID/Angola PMI activity designs that will maximize progress towards PMI objectives and local sustainability of interventions

- B. Audience:** Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

The Angola PMI team based in Angola and U.S. out of USAID and CDC.

National Malaria Control Program (NMCP)

- C. Applications and use:** How will the findings be used? What future decisions will be made based on these findings?

USAID/Angola will use the evaluation's conclusions and recommendations to inform the strategic and sustainable direction and design of PMI resources in Angola to ensure maximum impact and value for money. Additionally, shared lessons will also benefit other donors and the GRA who aim to reduce the prevalence of malaria in Angola.

- D. Evaluation questions:** Evaluation questions should be: a) aligned with the evaluation purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.), they must be incorporated into the evaluation questions. **USAID policy suggests 3 to 5 evaluation questions.**

Evaluation Question

For each evaluation question, the evaluation team should note a) best practices, successes and facilitating factors; b) gaps, shortcomings and obstacles faced; c) lessons learned; and d) recommendations for current program and future programming.

How effective is Eye Kutoloka in strengthening the technical and management capacity of **local NGOs** regarding implementation of malaria control activities?

How effective is Eye Kutoloka in strengthening the technical and management capacity of **NMCP and municipalities** regarding implementation of malaria control activities?

How appropriate and effective are Eye Kutoloka's trainings, including **training** approaches and materials for health workers?

How effective and efficient is **World Learning's operations and management approach** to support project implementation and achieve desired results? Included in this question, consider management structure, geographic coverage, work with local NGOs, etc.

Sustainability: To what extent can and will GRA, NMCP and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?

Other Questions [OPTIONAL]

(**Note:** Use this space only if necessary. Too many questions leads to an ineffective evaluation.)

- E. Methods:** Check and describe the recommended methods for this analytic activity. Selection of methods should be aligned with the evaluation questions and fit within the time and resources allotted for this analytic activity. Also, include the sample or sampling frame in the description of each method selected.

The evaluation team will be responsible for developing an evaluation strategy and methodologies that include a mix of qualitative and quantitative data collection and analysis approaches. The methodology will be presented as part of the draft work plan as outlined in the deliverables below and included in the final report. The evaluation team will have available for their analysis a variety of activity implementation documents and reports. Methodology strengths and weaknesses should be identified as well as measures taken to address those weaknesses. All data collected and presented in the evaluation report must be disaggregated by sex and geography.

The team will make field visits to selected municipalities in Angola. Eye Kutoloka currently works in eight provinces that cover the epidemiological spectrum of case incidence rates. Dependent on time and budget, the team will plan to visit two municipalities in three provinces (six municipalities in total) that will be determined by the evaluators in consultation with USAID/Angola. One municipality will need to be near the capital, while one other will be in a more remote location. These visits will be used principally to answer assessment questions that cannot reasonably be answered in any other way. The benefit of field visits is that they enable the assessment team to verify and better understand information in reports, and to hear the views of recipient of services and local program partners.

■ **Document Review** (*list of documents recommended for review*)

PMI and its partners will work with the consultants to make background materials available for review and content analysis by the consultants. Prior to field work, consultants will be given as many relevant background materials as possible. The team is also expected to collect and annotate additional documents and materials, which it will make available to PMI for future use. The team will review all available materials prior to conducting key informant

interviews and as necessary throughout the course of the assessment. Documents may include but are not limited to the following:

- 2006/7 and 2011 Malaria Indicator Surveys
- People’s Wellbeing Inquiry (IBEP)
- PMI Angola Malaria Operational Plans
- USAID Angola Country Development Cooperation Strategy
- World Learning quarterly and annual reports
- World Learning financial reports and expenditure data
- World Learning annual work plans
- World Learning activity description
- World Learning M&E Plan
- List of contacts for GRA counterparts and key donors
- Malaria Indicator Survey (MIS), 2011 [A DHS Program survey]

Secondary analysis of existing data (list the data source and recommended analyses)

Data Source (existing dataset)	Description of data	Recommended analysis
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Key Informant Interviews (list categories of key informants, and purpose of inquiry)

To gain information about successes, best practices, limitations and obstacles, and other information related to evaluation questions (above), the representatives from the following organizations will be interviewed using a semi-structured question guide:

- Eye Kutoloka staff
- Angolan NGOs that are sub-grant recipients under Eye Kutoloka
- Other sub-grantees and partners on Eye Kutoloka
- Ministry of Health (NMCP, DPS, RMS) representatives
- NMCP staff that have been supported through the PMI and implementing partners
- Community leaders (regedores and sobas) from municipalities where Eye Kutoloka works
- Trainers of Eye Kutoloka supported trainings
- USAID and CDC Angola mission (in-country PMI team)

- World Learning HQ backstop team

When appropriate, question guides for the interviews will include organizational capacity assessment (OCA) questions and/or probes.

Interviews will be conducted in person, but when not feasible can be conducted via Skype or phone (e.g., interviews with World Learning headquarters staff).

Focus Group Discussions *(list categories of groups, and purpose of inquiry)*

Group Interviews *(list categories of groups, and purpose of inquiry)*

Groups of health workers who have completed Eye Kutoloka’s supported trainings will be interviewed using a semi-structured question guide to gain information on the effectiveness of the training, educational tools and health workforce needs.

The evaluation team may select to cluster key informants in group interviews for efficiency and to get consensus responses, as needed.

Client/Participant Satisfaction or Exit Interviews *(list who is to be interviewed, and purpose of inquiry)*

Facility or Service Assessment/Survey *(list type of facility or service of interest, and purpose of inquiry)*

Verbal Autopsy *(list the type of mortality being investigated (i.e., maternal deaths), any cause of death and the target population)*

Survey *(describe content of the survey and target responders, and purpose of inquiry)*

Observations *(list types of sites or activities to be observed, and purpose of inquiry)*

Data Abstraction *(list and describe files or documents that contain information of interest, and purpose of inquiry)*

Case Study *(describe the case, and issue of interest to be explored)*

Rapid Appraisal Methods *(ethnographic / participatory) (list and describe methods, target participants, and purpose of inquiry)*

Other *(list and describe other methods recommended for this evaluation, and purpose of inquiry)*

If impact evaluation—

Is technical assistance needed to develop full protocol and/or IRB submission?

Yes No

List or describe case and counterfactual”

Case	Counterfactual
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ANALYTIC PLAN

Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data is to be triangulated (if appropriate). For example, a

thematic analysis of qualitative interview data, or a descriptive analysis of quantitative survey data.

All analyses will be geared to answer the evaluation questions. Additionally, the evaluation will review both qualitative and quantitative data related to Eye Kutoloka’s achievements in relation to the project’s objectives and targets.

Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age and location. Other statistical tests of association (e.g., odds ratio) and correlations will be run as appropriate. In the report, the evaluators will describe the statistical tests used.

Thematic review of qualitative data will be performed, connecting the data to the evaluation questions, seeking relationships, context, interpretation, nuances, homogeneity and outliers to better explain what is happening and the perception of those involved. Qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data do not exist.

Use of multiple methods that are quantitative and qualitative, as well as existing data (e.g., project performance indicator and MIS data) will allow the team to triangulate findings to produce more robust evaluation results.

ACTIVITIES

List the expected activities, such as team planning meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and deliverables may overlap. Give as much detail as possible.

Background reading—Several documents are available for review for this evaluation. These include World Learning’s Eye Kutoloka proposal, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data. This desk review will provide background information for the evaluation team, and will also be used as data input and evidence for the evaluation.

Team Planning Meeting (TPM)—A three-day TPM will be held at the initiation of this assignment and before the data collection begins. The TPM will:

- Review and clarify any questions on the evaluation SOW;
- Clarify team members’ roles and responsibilities;
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion;
- Review and finalize evaluation questions;
- Review and finalize the assignment timeline and share with other units;
- Develop data collection methods, instruments, tools and guidelines;
- Review and clarify any logistical and administrative procedures for the assignment;

- Develop a data collection plan;
- Draft the evaluation work plan for USAID’s approval;
- Develop a preliminary draft outline of the team’s report; and
- Assign drafting/writing responsibilities for the final report.

Briefing and Debriefing Meetings—Throughout the evaluation, the team leader (TL) will provide briefings to USAID. The in-briefing and debriefing are likely to include the all evaluation team experts, but will be determined in consultation with the mission. These briefings are:

- **Evaluation launch**, a call/meeting among USAID/Angola, GH Pro and the TL to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations and agenda of the assignment. GH Pro will introduce the TL and review the initial schedule and other management issues.
- **In-briefing with USAID/Angola**, as part of the TPM. This briefing may be broken into two meetings: (a) at the beginning of the TPM, so the evaluation team and USAID can discuss expectations and intended plans; and (b) at the end of the TPM when the evaluation team will present an outline and explanation of the design and tools of the evaluation. Also discussed at the in-briefing will be the format and content of the evaluation report(s). The time and place for this in-briefing will be determined between the TL and USAID/Angola prior to the TPM.
- The TL will brief USAID/Angola **weekly** to discuss progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.
- **A final debriefing** between the evaluation team and USAID/Angola will be held at the end of the evaluation to present preliminary findings to USAID/Angola. During this meeting, a summary of the data will be presented, along with high level findings and draft recommendations. For the debriefing, the evaluation team will prepare a **PowerPoint Presentation** of the key findings, issues and recommendations. The evaluation team shall incorporate comments received from USAID during the debriefing in the evaluation report. (**Note:** *preliminary findings are not final and as more data sources are developed and analyzed these finding may change.*)

Fieldwork, Site Visits and Data Collection—The evaluation team will conduct site visits to for data collection. Selection of sites to be visited will be finalized during the TPM, in consultation with USAID/Angola. Preference is to collect data in six municipalities, two in each of three provinces, but given limited resources for this evaluation, the number and selection of sites will be purposively selected and finalized in consultation with USAID during the TPM. The evaluation team will outline and schedule key meetings and site visits prior to departing to the field.

DELIVERABLES AND PRODUCTS

Select all deliverables and products required on this analytic activity. For those not listed, add rows as needed or enter them under “Other” in the table below. Provide timelines and deliverable deadlines for each.

Field work to occur in June/July 2015 with a preliminary report in August, and final edited report in September.

Deliverable / Product	Timelines & Deadlines (estimated)
<input checked="" type="checkbox"/> Launch briefing	June 15, 2015
<input checked="" type="checkbox"/> Work plan with timeline	June 26, 2015
<input checked="" type="checkbox"/> Analytic protocol with data collection tools	June 26, 2015
<input checked="" type="checkbox"/> In-briefing with mission or organizing business unit	June 22-26, 2015
<input type="checkbox"/> In-briefing with target project/program	
<input checked="" type="checkbox"/> Routine briefings	Weekly
<input type="checkbox"/> Findings review workshop with stakeholders with PowerPoint presentation	
<input checked="" type="checkbox"/> Out-briefing with mission or organizing business unit with PowerPoint presentation	July 21, 2015
<input checked="" type="checkbox"/> Draft report	August 5, 2015
<input checked="" type="checkbox"/> Final report	September 7, 2015
<input checked="" type="checkbox"/> Raw data	September 7, 2015
<input type="checkbox"/> Dissemination activity	
<input type="checkbox"/> Other (specify):	

Estimated USAID review time

Average number of business days USAID will need to review deliverables requiring USAID review and/or approval? 10 Business days

TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT (LOE)

Evaluation team: When planning this analytic activity, consider:

- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leaders for evaluations must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an evaluation specialist, who should have evaluation methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with related methodological expertise.

- Note that all team members will be required to provide a signed statement attesting that they have no conflict of interest, or describing the conflict of interest if applicable.

Team Qualifications: Please list technical areas of expertise required for this activity.

The team will include the following competencies:

A team leader with strong skills in assessment and analysis of USG health activities, and extensive experience working in sub-Saharan Africa. S/he will have experience in conducting similar evaluations. The team leader will have strong writing skills and demonstrated ability to manage a team of professionals, and will ensure quality and timeliness of the final product. It is preferable that the team leader speak Portuguese or Spanish. If not, at least one of the team members must speak Portuguese.

Malaria programming expertise, including capacity building for malaria programs

Health systems and governance expertise

Evaluation expertise in leading evaluation teams in a developing country context and serving as a lead author on evaluation reports in English, is required. Experience evaluating public health programs is preferred.

List the key staff needed for this analytic activity and their roles. You may wish to list desired qualifications for the team as a whole, or for the individual team members

Team Leader: This person will be selected from among the other key staff, and will meet the requirements of both this and the other position.

Roles & Responsibilities: The team leader will be responsible for (1) managing the team's activities, (2) ensuring that all deliverables are met in a timely manner, (3) serving as a liaison between the mission and the evaluation team, and (4) leading briefings and presentations.

Qualifications:

- Minimum of 10 years of experience in public health
- At least five years' experience in M&E, preferably on USAID projects/programs
- Excellent skills in planning, facilitation and consensus building
- Demonstrated experience leading an evaluation team
- Excellent interpersonal skills
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline
- Good writing skills
- Familiarity with USAID policies and practices
 - Evaluation policy
 - Results frameworks

- Performance monitoring plans

Key Staff 1 Title: Evaluation Specialist

Roles & Responsibilities: Serve as a member of the evaluation team, providing quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. S/He will oversee the training of all engaged in data collection, ensuring highest level of reliability and validity of data being collected. S/He is responsible for all data analysis, and will coordinate the analysis of all data, assuring all quantitative and qualitative data analyses are done to meet the needs for this evaluation. S/He will participate in all aspects of the evaluation, from planning, data collection and data analysis to report writing.

Qualifications:

- At least five years of experience in USAID M&E procedures and implementation
- At least five years managing M&E, including evaluations
- Strong knowledge, skills and experience in qualitative and quantitative evaluation tools
- Experience in design and implementation of evaluations
- Experience in data management
- Experience using analytic software
- Experience evaluating health programs/activities
- An advanced degree in public health, evaluation or research or related field
- Competency in spoken Portuguese

Number of consultants with this expertise needed: 1

Key Staff 2 Title: Organizational Development Specialist

Roles & Responsibilities: Serve as a member of the evaluation team, providing technical expertise to evaluate organizational capacity strengthening activities and their contribution towards developing sustainable capacity within developing countries for implementing SBCC programs/activities.

Qualifications:

- Background and at least five years' experience in organizational capacity development/strengthening.
- Knowledgeable in capacity building assessment (e.g., OCATs) and evaluation methodologies
- Experience working in organizational capacity development/strengthening among governmental and non-governmental entities in developing country settings to strengthen health programs/activities
- Experience working in organizational development for social and behavioral communication programs is desirable

- Competency in spoken Portuguese

Number of consultants with this expertise needed: 1

Other Staff: Titles with Roles & Responsibilities (include number of individuals needed):

Two Evaluation Assistants (local) will be hired to assist with qualitative and quantitative data collection, data entry, data analyses and transcription of qualitative data.

1 Logistics/Program Assistant (local) will be hired to assist the team with arrangements for transportation, lodging, venues (as needed), setting appointments and other assistance as needed.

NMCP Participation

It is anticipated that the one person from NMCP at the central and one person at the local level will participate in the evaluation in all the various stages from the initial meeting, site visits and interviews, but will not support the team in data analysis and validation. USAID will identify these individuals prior to Evaluation start-up, and communicate their names and contact information to GH Pro and the Team Lead.

Will USAID participate as an active team member or designate other key stakeholders as an active team member? This will require full time commitment during the evaluation or analytic activity.

Yes–If yes, specify who:

No, but PMI will be engaged during the TPM and will provide technical assistance on malaria, as needed, especially regarding methods, data collection tools and interpretation of data.

Staffing Level of Effort (LOE) Matrix (Optional):

This optional LOE matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH Pro can assist you to complete this table.

- For each column, replace the label "Position Title" with the actual position title of staff needed for this analytic activity.
- Immediately below each staff title enter the anticipated number of people for each titled position.
- Enter row labels for each activity, task and deliverable needed to implement this analytic activity.
- Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.
- At the bottom of the table total the LOE days for each consultant title in the 'Sub-Total' cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

Level of effort in **days** for each evaluation/analytic team member

Activity / Deliverable		Evaluation/Analytic Team				
		Team Leader / Key Staff	Key Staff	NMCP*	Evaluation Assistants	Logistics/ Program Assistant
Number of persons →		1	1	2	2	1
1	Launch Briefing	1				
2	Desk review, data synthesis	4	4	4		
3	Preparation for team convening in-country					2
4	Travel to country	2	2			
5	Team planning meeting	3	3	3	1	2
6	In-briefing with mission	1	1	1		.5
7	Training on data collection	2	2	2	2	2
8	Preparation/logistics for site visits					2
9	Data collection/site visits	18	18	18	18	18
10	Data analysis	5	5	5	3	3
11	Debriefing with mission with presentation, including preparation	1.5	1.5	1.5		.5
12	Incorporate mission's feedback	1	1	1		
13	Depart country	2	2			.5
14	Draft report(s)	6	4	1		
15	GH Pro report quality review and formatting					
16	Submission of draft report to mission					
17	USAID report review					
18	Revise report per USAID comments	4	2	1		
19	Finalization and submission of report					
20	Portuguese translation of report					
21	508 compliance review					
	Upload evaluation report(s) to the DEC					
Sub-Total LOE		51	45	47	24	30.5
Total LOE		51	45	47	72	30.5

Note: GH Pro will not pay consulting fees to NMCP staff, but will cover their travel, lodging and per diem when NMCP staff are away from home base.

If overseas, is a 6-day workweek permitted Yes No

Travel anticipated: List international and local travel anticipated by what team members.

If possible, the evaluation team will travel to two municipalities in each of three selected provinces among the eight target provinces to collect data. One of the selected municipalities

will be near Luanda. Final selection of the number and location of sites will be determined by the evaluators in consultation with USAID/Angola.

LOGISTICS

Note: Most evaluation/analytic teams arrange their own work space, often in their hotels. However, if facility access is preferred GH Pro can request it. GH Pro does not provide security clearances. Our consultants can obtain **facility access** only.

Check all that the consultant will need to perform this assignment, including USAID facility access, GH Pro workspace and travel (other than to and from post).

USAID facility access

Specify who will require facility access:

Electronic County Clearance (ECC) (International travelers only)

GH Pro workspace

Specify who will require workspace at GH Pro:

Travel-other than posting (specify):

Other (specify):

GH PRO Roles and Responsibilities

GH Pro will coordinate and manage the evaluation team and provide quality assurance oversight, including:

Review SOW and recommend revisions as needed

Provide technical assistance on methodology, as needed

Develop budget for analytic activity

Recruit and hire the evaluation team, with USAID POC approval

Arrange international travel and lodging for international consultants

Request for country clearance and/or facility access (if needed)

Review methods, work plan, analytic instruments, reports and other deliverables as part of the quality assurance oversight

Report production: If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH Pro website. If the report is internal, then copy editing/formatting for internal distribution.

USAID Roles and Responsibilities

Below is the standard list of USAID's roles and responsibilities. Add other roles and responsibilities as appropriate.

USAID Roles and Responsibilities

USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

Before Field Work

- SOW
 - Develop SOW.
 - Peer-review SOW.
 - Respond to queries about the SOW and/or the assignment at large.
- Consultant Conflict of Interest (COI). To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CVs for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.
- Documents. Identify and prioritize background materials for the consultants and provide them to GH Pro, preferably in electronic form, at least one week prior to the inception of the assignment.
- Local Consultants. Assist with identification of potential local consultants, including contact information.
- Site Visit Preparations. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.
- Lodgings and Travel. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

During Field Work

- Mission Point of Contact. Throughout the in-country work, ensure constant availability of the point-of-contact person and provide technical leadership and direction for the team's work.
- Meeting Space. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e., USAID space if available, or other known office/hotel meeting space).
- Meeting Arrangements. Assist the team in arranging and coordinating meetings with stakeholders.
- Facilitate Contact with Implementing Partners. Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

After Field Work

- Timely Reviews. Provide timely review of draft/final reports and approval of deliverables.

ANALYTIC REPORT

Provide any desired guidance or specifications for the final report. (See How-to Note: Preparing Evaluation Reports)

The report should include an executive summary with key recommendations, discussion of the findings across each of the technical domains, and the team's recommendations for the future. Following comments by the mission, a final report will be submitted within 30 days.

Following USAID/Angola's approval of the final evaluation report, this report will be translated into Portuguese.

Report Outline

Acronyms

Executive Summary (no more than five pages)

- Evaluation Purpose and Evaluation Questions
- Project Background
- Evaluation Questions, Design, Methods and Limitations
- Findings and conclusions

Introduction

- Evaluation Purpose
- Evaluation Questions

Project Background

Evaluation Methods & Limitations

Findings

Conclusions

Recommendations

Annexes

- Statement of Work
- Full description of evaluation methods
- All evaluation tools (questionnaires, checklists, discussion guides, surveys, etc.)

List of sources of information (key informants, documents reviewed, other data sources)

If applicable, a Statement(s) of Differences regarding any significant unresolved differences of opinion on the part of funders, implementers, and/or members of the evaluation team.

Reporting Guidelines: The draft report should be a comprehensive analytical evidence-based evaluation report. It should detail and describe results, effects, constraints and lessons learned, and provide recommendations and identify key questions for future consideration.

The report shall follow USAID branding procedures. The report will be edited/formatted and made **508 compliant** as required by USAID for public reports and will be posted to the USAID/DEC.

The evaluation methodology and report will be compliant with the USAID Evaluation Policy and Checklist for Assessing USAID Evaluation Reports

All data instruments, data sets, presentations, meeting notes and report for this evaluation will be presented to USAID electronically to the Evaluation Program Manager. All data will be in an unlocked, editable format.

USAID CONTACTS

	Primary Contact	Alternate Contact
Name:	Eliane Mbounga	Lilia Gerberg
Title:	Project Management Malaria Specialist	Malaria Technical Advisor, PMI
USAID Office/Mission	USAID/President’s Malaria Initiative USAID/Angola	USAID/GH/HIDN
Email:	embounga@usaid.gov	lgerberg@usaid.gov
Telephone:	244 222641034	571-551-7431
Cell Phone (optional)		571-225-1149

List other contacts [OPTIONAL]

REFERENCE MATERIALS

Documents and materials needed and/or useful for consultant assignment, that are not listed above

ANNEX II. EVALUATION METHODS AND LIMITATIONS

INTRODUCTION

USAID/Angola has commissioned a midterm performance evaluation through GH Pro to assess USAID's investments in malaria case management, training and capacity building through the Eye Kutoloka Project implemented by World Learning.

The objectives of this evaluation are:

- To understand the successes, challenges and lessons learned through the implementation of World Learning's Eye Kutoloka activity, and how and if the activity has achieved its objectives and outcomes.
- To generate recommendations for ongoing project implementation and future USAID/Angola PMI activity designs.

The evaluation will be guided by the following five evaluation questions:

1. How effective is Eye Kutoloka in strengthening the technical and management capacity of **local NGOs** regarding implementation of malaria control activities?
2. How effective is Eye Kutoloka in strengthening the technical and management capacity of **NMCP and municipalities** regarding implementation of Malaria control activities?
3. How appropriate and effective are Eye Kutoloka's **trainings**, including training approaches and materials for health workers?
4. How effective and efficient is **World Learning's operations and management approach** to support project implementation and achieve desired results? Included in this question, consider management structure, geographic coverage, work with local NGOs, etc.
5. **Sustainability:** To what extent can and will the GRA, NMCP and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?

PARTICIPANTS

The Eye Kutoloka program covers eight provinces including Uige, Zaire, Kwanza Norte, Kwanza Sul, Bengo, Huambo, Malanje and Bengela. Other than the central level, data will be collected from three provinces in accordance with both USAID and World Learning. These are:

- Uige Province, where the MENTOR Initiative, an international NGO, is the implementer
- Huila Province, working directly with World Learning
- Kwanza Sul, where strengthening activities are implemented through CONSAUDE, a local NGO.

These provinces were chosen for representativeness of the malaria situation in the country, given the malaria hyper-endemic and meso-endemic provincial pattern. Uige was chosen to illustrate a hyper-endemic province, whereas Huila and Kwanza Sul are meso-endemic

provinces. For each province, two municipalities will be visited for data collection, one near the provincial capital city and the second one further away from the capital). The six participating municipalities are as follows:

- Bungo and Buengas (Uige)
- Humpata and Chicomba (Huila)
- Seles and Cassongue (Kwanza Sul)

The participants (interviewees/respondents) will include government, NGOs, Eye Kutoloka’s program beneficiaries, implementers and stakeholders, as shown in Table I below.

Table I: Target participants

Government	
Ministry of Health	Central and provincial levels
National Institute of Public Health	Central level
Malaria supervisors	Central and provincial levels
NMCP	Central and provincial levels
Beneficiaries	
NGOs CONSAUDE, MENTOR Initiative, local governance NGOs working with World Learning: FOJASSIDA, NCC and OCSI	Central and provincial levels Central level
Municipality health workers (nurses, lab technicians, pharmacists)	Municipality level
Municipality health team leader	Municipality level
Other NGOs in malaria control	Central and provincial levels
Program implementers	
World Learning	Headquarters, central and provincial levels
MSH [Systems for Improved Access to Pharmaceuticals and Services (SIAPS)]	Central level
PSI	Central level
Stakeholders	
USAID	Central level
Other	Central level

RESEARCH DESIGN

The mid-term performance evaluation generated findings at the central, provincial and municipality levels for ongoing project implementation and future USAID/Angola PMI activity designs. It utilized an exploratory research design, which allows for discovery of insights and tendencies of a particular phenomenon and helps identify the main issues that should be addressed. As the data collection was mainly qualitative, the sample was relatively small and subjectively selected to maximize generation of insights. Interviews from central, provincial and municipality key informants, together with analysis of secondary data, enabled the evaluation team to have detailed information of the project’s progress.

Moreover, because the evaluation design was mainly exploratory, the data collection methods employed *open-ended* questions to allow the respondents to provide detailed feedback linked to the five key evaluation questions. Semi-structured interviews using an interview guide were used to collect qualitative data from key informants. Qualitative data were utilized to explain or provide insights into the contextual elements that have facilitated or hindered the project in achieving its objectives. Relevant documents to the Eye Kutoloka project, such as PMPs, work plans and strategic plans, were reviewed and triangulated with secondary analysis of the project's performance monitoring data reports to answer the evaluation questions. Quantitative data were utilized to quantify World Learning and Eye Kutoloka's project performance in order to provide recommendations for current and future programming (See Annex B for the data collection matrix).

Data collection methods were also triangulated to include the review of secondary data, while primary data sources were collected through individual interviews [beneficiaries (MOH, NGOs, NMCP officers, National Institute of Public Health) and implementers (World Learning)] and through FGDs with health workers in the municipalities who had been trained through the Eye Kutoloka Project.

A survey questionnaire was used mainly to collect socio-demographic information of the health workers who participated in the FGDs. This information cannot be generalized to the general population because of the small sample size (n),¹⁹ but it provided important insight with regard to the technical sustainability of the project's trainings. In addition, other quantitative data (e.g., total number of health workers trained to date, total number of trainers, project financial information, total number of NGOs benefiting from the project, number of NGO trainings that have taken place, target indicators achieved to date vs. target as per the PMP) were obtained from the secondary data sources related to the project's implementation.

DATA COLLECTION TOOLS

The following data collection tools were developed in order to facilitate responding to the five evaluation questions (See Annex A for detailed information regarding the relationship of the tools and the key questions):

- **Informed consent form:** This was used to provide information on the evaluation purpose and process while emphasizing upholding the anonymity of the respondent.
- **Key informant interview/Individual interview for beneficiaries guide:** These open-ended questions were administered to the NGOs, NMCP, municipality health worker representatives, National Institute of Public Health and other beneficiaries of the Eye Kutoloka program (recommended list of interviewees provided by USAID/Angola). These were leading questions, and depending on responses, probing questions could be asked to seek clarity, as indicated in the guide.
- **Key informant interview/Individual interview for implementers, donors and other NGOs that are involved in malaria case control guide:** This guide contained open-ended questions that facilitated collecting qualitative data through semi-structured interviews. The guide was

¹⁹ Approximately 60-health workers will participate in the evaluation in the six municipalities.

used to interview World Learning, the donor and other NGOs involved in malaria control activities.

- **FGD guide:** This guideline was used to collect data from the health workers who had benefited from Eye Kutoloka's training interventions. The suggestion was to have a minimum of 6-10 participants per group for this particular evaluation. These health workers were selected from different health facilities and were beneficiaries of Eye Kutoloka's malaria control training activities. In addition, some untrained personnel, particularly in Huila province, participated in the FGDs. In order to get sufficient information by involving different health workers, it was recommended that two focus groups be held per municipality for a total of six.
- **Socio-demographic questionnaire:** this form was used together with the FGDs or for individual interviews with health workers. Before starting FGDs or individual interviews, the interviewer collected individual demographic information from all participants.

DATA ANALYSIS

Data was collected through qualitative methods and analyzed using the *general inductive approach*. This approach is a systematic procedure for analyzing qualitative data, in which the analysis is guided by specific evaluation questions (Malhotra 2000). This evaluation was guided by the five key questions listed above; hence, qualitative data analysis was used for most of the data collected.

Qualitative data analysis

Both the team leader and the evaluation specialist were involved in the data analysis phase, with an additional data collector and the head of malaria in pregnancy from NMCP. The following steps were observed during the data analysis:

For field data analysis:

- Preparation of raw data into a common format.
- Close reading of the text and familiarization with themes and categories.
- Identification of categories and themes where open coding was done. This involved breaking the data into the first-level concepts or master headings, and second-level headings or subheadings. Color-coding was applied to distinguish each broad category (3-5 colors were used to highlight the broad categories).
- Presentation of findings involved the description of most important themes.

Quantitative data analysis

Quantitative data analysis included:

- Primary data analysis: Data that were primarily obtained from the participants involved in the evaluation (health workers' socio-demographic information).
- Secondary data analysis: Desk review of reports and other relevant documents, such as PMPs, PMRs and annual plans obtained from USAID and World Learning on Eye Kutoloka implementation.

Excel and, where applicable, SPSS software were used for data analysis of primary and secondary data. Outputs of this analysis included descriptive statistics through tables, graphs, frequency distributions and cross-tabulations included some of the outputs of this analysis. Table 2 is a summary of quantitative and qualitative analysis undertaken:

Table 2: Methods for data analysis

Data collection	Data type	Tools for analysis	Output and purpose
Survey	Quantitative	Excel and SPSS	Descriptive statistics on social-demographic information of health workers who will participate in the focus groups
Information obtained from USAID–Secondary data	Quantitative	Excel and SPSS	Statistics on trends compared to target indicators (to be obtained from the project’s PMP)
Individual interviews	Qualitative	Open coding	Themes and categories only from the individual interviews, which will be analyzed separately for each category: 1) Interviews from beneficiaries 2) Interviews from the implementers and donor
Focus group discussions	Qualitative	Open coding	Themes and categories–Data from the focus group discussions to be analyzed separately

METHODOLOGICAL LIMITATIONS

- *Representativeness*: The selected provinces were a representation of both hyper-endemic and meso-endemic areas; therefore, the evaluation findings offered clarity on areas that needed reinforcement, best practices and lessons learned for other provinces with similar characteristics. To enhance the findings’ validity, triangulation was employed, making sure that data were collected from different sources.
- *Interviewer bias*: Significant amounts of data collected were through interviews with a potential interview bias. To mitigate this, all data collectors were trained on interview techniques to enable them to operate within the FGD and interview guidelines, and multi-coders were used during the data analysis.

References

- Malhotra NK Birks, 2000. Marketing Research: An applied approach. European Edition.
- Nargundkar, R, 2008. Marketing Research, text and cases. Tata McGraw Hill Education.
- Neenlankavil JP, 2007. International Business Research. ME Sharpe.
- USAID, 2015. Eye Kutoloka PMI Angola Mid-term Evaluation Statement of Work.
- USAID, 2011. World Learning Cooperative Agreement.

ATTACHMENT A: DATA COLLECTION TOOLS AND THE KEY QUESTIONS

Data collection tool	Method	Contributes to answering what key question?
1. Informed consent form		All interviews, seeking permission to proceed. All respondents should voluntarily participate and be guaranteed anonymity.
2. FGD guide	Qualitative	How appropriate and effective are Eye Kutoloka’s trainings, including training approaches and materials for health workers? Sustainability: To what extent can and will the GRA, NMCP and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?
2a. Demographic form	Quantitative	Sustainability: To what extent can and will the GRA, NMCP and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?
3. Individual interview guide for beneficiaries	Qualitative	How effective is Eye Kutoloka in strengthening the technical and management capacity of local NGOs regarding implementation of malaria control activities? How effective is Eye Kutoloka in strengthening the technical and management capacity of the NMCP and municipalities regarding implementation of malaria control activities? How appropriate and effective are Eye Kutoloka’s trainings, including training approaches and materials for health workers? Sustainability: To what extent can and will the GRA, NMCP and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?
4. Individual interview guide for implementers	Qualitative	How effective is Eye Kutoloka in strengthening the technical and management capacity of local NGOs regarding implementation of malaria control activities? How effective is Eye Kutoloka in strengthening the technical and management capacity of the NMCP and municipalities regarding implementation of malaria control activities? How appropriate and effective are Eye Kutoloka’s trainings, including training approaches and materials for health workers? How effective and efficient is World Learning’s operations and management approach to support project implementation and achieve desired results? Included in this question, consider management structure, geographic coverage, work with local NGOs, etc. Sustainability: To what extent can and will the GRA, NMCP and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?

ATTACHMENT B: DATA COLLECTION MATRIX

Evaluation Questions	Data Source/Collection Methods	Sampling/Selection Criteria	Data Analysis Method
<p>1. How effective is Eye Kutoloka in strengthening the technical and management capacity of local NGOs regarding implementation of malaria control activities?</p>	<p>World Learning documentation Key informant interviews</p>	<p>Representatives of NGOs in the respective provinces Interview with key representatives of World Learning, Pathfinder, donor, MOH</p>	<p>Open coding to create themes and categories, as the interviews will generate qualitative data Coding will be done separately per category–NGOs, beneficiaries, implementer and donor–to establish meaning of the data.</p>
<p>2. How effective is Eye Kutoloka in strengthening the technical and management capacity of the NMCP and municipalities regarding implementation of malaria control activities?</p>	<p>World Learning documentation Key informant interviews</p>	<p>Officers of NMCP at central level Representatives of MOH at central and provincial levels Representatives of health teams at municipality level Malaria supervisors at municipality level (all), implementers and donor</p>	<p>Open coding, as the interviews will generate qualitative data to create themes and categories using the transcribed summaries from the respective interviews</p>
<p>3. How appropriate and effective are Eye Kutoloka’s trainings, including training approaches and materials for health workers?</p>	<p>World Learning documentation Focus group discussions Key informant interviews Short survey</p>	<p><i>Focus group:</i> Members of health facilities trained by Eye Kutoloka (nurses, lab technicians, pharmacists). Each focus group should contain a minimum of six and a maximum of 10 persons from different health facilities.</p> <p><i>Short-survey:</i> Each health worker who will participate in the focus group will also participate in a short survey, collecting mainly demographic data.</p> <p><i>Key informant interviews:</i> data from the representatives as well as from individual interviews of health workers who do not form a quorum for focus group, and also from key health representatives at the municipal level</p>	<p>FGDs and interviews will lead to qualitative data (transcribed summaries); therefore, open coding will be used to create themes and categories.</p> <p>Short survey on health workers will yield mainly quantitative data on socio-demographic information. SPSS will be used for analysis for descriptive statistics and cross-tabulations, and Excel when necessary for graphs.</p> <p>Key informant interviews will yield qualitative data; therefore, open coding will be used to create themes and categories.</p>

Evaluation Questions	Data Source/Collection Methods	Sampling/Selection Criteria	Data Analysis Method
<p>4. How effective and efficient is World Learning's operations and management approach to support project implementation and achieve desired results? Included in this question, consider management structure, geographic coverage, work with local NGOs, etc.</p>	<p>World Learning documentation Key informant interviews</p>	<p>Interview with key government officials working with the project Interview with World Learning and Pathfinder key representatives Interview with USAID team supporting malaria case management</p>	<p>All interviews will lead to qualitative data; therefore, open coding to create themes and categories will be used.</p> <p>PMRs will be used to gauge actual indicators to date against targets.</p>
<p>5. Sustainability: To what extent can and will the GRA, NMCP and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?</p>	<p>World Learning documentation Key informant interviews Focus groups Short survey</p>	<p><i>Focus group:</i> Members of health facilities trained by Eye Kutoloka (nurses, lab technicians, pharmacists). Each focus group should contain a minimum of six and a maximum of 10 persons.</p> <p><i>Short-survey:</i> Each health worker who will participate in the focus group will also participate in a short survey, collecting mainly demographic data.</p> <p><i>Key informant interviews:</i> data from the representatives as well as from individual interviews of health workers who do not form a quorum for focus group</p> <p>Interviews from key partners: MOH, NGO beneficiaries, NMCP and representatives of health teams at municipality levels</p>	<p>FGDs and interviews will lead to qualitative data (transcribed summaries); therefore, open coding will be used to create themes and categories.</p> <p>Short survey on health workers will yield mainly quantitative data on socio-demographic information; hence SPSS will be used for data analysis for descriptive statistics and cross-tabulations, and Excel when necessary for graphs.</p> <p>Key informant interviews will yield qualitative data; therefore, open coding will be used to create themes and categories.</p>

ANNEX III. PERSONS INTERVIEWED

Name	Position	Organization
Jason D. Fraser	Mission Director	USAID/Angola
Paige Miller	Program Office Director	USAID/Angola
Eliane Mbounga	Project Management Malaria Specialist	USAID/PMI
Ranca Tuba	AOR/World Learning	USAID/Angola
Analdina Nouemou	Assistant AOR/World Learning	USAID/Angola
Domingo Menezes	Small Grants Manager	USAID/Angola
Domingas Canhanga	Budget Management Assistant	USAID/Angola
Fern Teodoro	Chief of Party	World Learning
Fernando David	M&E Coordinator	World Learning
Teodoro Fortes	Director	NMCP
Rafael Dimbu	Adjunct Program Coordinator	NMCP
Carolina Ferreira G. Miguel	National Trainer Laboratory	NMCP consultant
Ricardo Yava	M&E Coordinator	NMCP consultant
Paula Figueiredo	Director	CONSAUDE
Rukaaka Mugizi	Medical Coordinator	MENTOR Initiative
Margarita Gurdian	Chief of Party	ForçaSaúde/SASH/Jhpiego
Anya Fedorova	Chief of Party	PSI
Marie F. Baptiste	Social Marketing Project Director	PSI
Rikke Viholm	Director	ADPP
Manuel Modesto	Director	National Counseling Center
Ana Paula Aguiar	Administration	National Counseling Center
Jesse Lufendo	Communication	National Counseling Center
Leonardo Samunga	Coordinador de Projecto	Development Workshop
Sister Domingas	Director	OCSI
Nelson Pedro	Director	FOJASSIDA
Manuel Bunga	Head of Public Health Department	Uige Province
Carlota Paula Chiangango	Provincial Malaria Supervisor	Uige Province
Nohra Villamil Torres	Program Coordinator	MENTOR Uige Province
Lindez Englasia Antonio	Program Manager	MENTOR Uige Province
Ndombele Ihondo	Malaria Supervisor	MENTOR Uige Province
Luis Antonio Martins	Municipality Head of Public Health	Buengas Uige Province
Artur Vidal	Municipality Health Supervisor	Buengas Uige Province
Paul Samuel	Municipality Director	Buengas Uige Province
Sebastiao Mavinga	Municipality Malaria Focal Point	Buengas Uige Province

Nkosi Nginama	Municipality Head of Public Health	Buengas Uige Province
Elisa Natalia	Provincial Laboratory Head	Uige Province
Evarina	PSI Provincial Technician	Uige Province
Fatima Barros	Deputy Director Public Health	Huila Province
Antonio Chimbile	Malaria Supervisor	Huila Province
Isaias Gaieta	Laboratory Supervisor	Huila Province
Fern Teodoro	COP with local supervisors	World Learning team Huila Province
Alberto Luis	Municipality Health Director	Humpata Huila Province
Luis Dombassi	HR Head, municipality level	Humpata Huila Province
Idalina Lucamba	Malaria Supervisor	Humpata Huila Province
Francisco Kapingala	Municipality Health Director	Chikomba Huila Province
Augusto Cassona	Municipality Malaria Focal Point	Chikomba Huila Province
Maria Lussinga	Deputy Health Director DPS	Kwanza Sul Province
Agostunho dos Santos Madeira	Malaria Supervisor DPS	Kwanza Sul Province
Felix Spaliates	Head of Public Health DPS	Kwanza Sul Province
Francisco Miguel	Laboratory Supervisor DPS	Kwanza Sul Province
CONSAUDE	Coordinator and local supervisors	Kwanza Sul Province
Silva Viana Catumbela	Municipality Health Director	Cassongue Kwanza Sul Province
Francisco Henrique	Municipality Malaria Supervisor	Cassongue Kwanza Sul Province
Jonito Michel	Municipality Health Director	Seles Kwanza Sul Province
Bernado Pedro	Municipality Malaria Supervisor	Seles Kwanza Sul Province

ANNEX IV. SOURCES OF INFORMATION

Global Health Program Cycle Improvement Project, GH Pro Contract No. AID-OAA-C-14-00067. Evaluation or Analytic Activity Statement of Work (SOW).

President's Malaria Initiative, Angola. Malaria Operational Plan FY 2015.

República de Angola, Ministerio de Saúde Programa Nacional de Controlo da Malaria. Plano Nacional de Monitoria e Avaliação 2011-2015.

NMCP. M&E Plan 2016-2020.

USAID. Cooperative Agreement between PMI/Angola and World Learning. 2011.

<http://www.worldlearning.org/what-we-do/angola-eye-kutoloka-ngos-engaged-in-health/> accessed on September 9, 2015.

World Learning Eye Kutoloka Project: NGO Strengthening through Health Service Delivery and Technical Activities:

- NGO Strengthening through Health Services Delivery and Technical Assistance: *The Eye Kutoloka Project*
- Performance Monitoring Plan October 1, 2011 to September 30, 2016
- Program plan for monitoring outcomes for PMI-NGOs 2012-2016
- 5-year targets
- PowerPoint presentations: M&E dated 18 August
- PMI NGO output indicators 2012-2016
- Summary of databases for Objective 2
- Summary Analysis of the Contextual Environment of Angolan NGOs and Brief Overview of the Organizational Capacity of Target NGOs
- Monitoring systems 2
- Consolidated results 3rd quarter FY2015, July 22, 2015
- Quarterly reports for Years 2012, 2013, 2014 and 2015
- Report 1: Start-up technical meeting with the NGOs partners for “*Support to the scale up Malaria Prevention and Treatment in Angola*” 2012
- Approved revised NGO strengthening annual work plan October 2011 to September 2012
- Annual work plan October 2012 to September 2013
- Annual work plan October 2013 to September 2014
- Annual work plan FY15, approved February 17, 2015

- Orientações sobre Formato e Datas Relatórios Trimestral das ONGs 2012-2016. Luanda 22 Novembro 2012.
- NGO field monitoring assessment consolidated report FY 2012, 2013 and 2014
- Guide to NGO supervision for municipal health teams
- Quarterly reports for all quarters from 2012 to June 2015
- Annex I Summary information by province FY2013
- Annex II Summary NGO performance FY2013
- Annex 9 Field assessment report
- Annex 7.1 Visao geral do programa WL 2012-2016 and plans
- Orientation NGO conduct supervision November 2012
- Plan NGO Supervision April 1, 2015
- Tabela custos formação y supervisão
- NGO Output consolidated results 3rd quarter
- Output indicator reference sheet
- Outcome collection data forms
- Output consolidated data October 2011–September 2012
- Output consolidated data October 2012–September 2013
- Output consolidated data October 2013–September 2014
- Output consolidated data October 2014–June 2015
- Outcome targets
- Objective 2. Quarterly report October-December 2014
- Annex I Consolidated results 1st quarter October-December 2014
- Objective 2 2nd quarter January-March 2015
- Project output consolidated actuals 2nd quarter January-March 2015
- PMI output indicators by quarter of FY2014
- Annex I Best practice municipal health plans report
- Annex I Draft quality assurance of malaria microscopy December 2012
- Annex I laboratory database
- Annex 2 Questionnaire access. Use Nets

- NGO output spreadsheet consolidation
- Annex 2 Warehouse database
- Objective 2 Consolidated data
- Summary information province
- Summary assessment province
- Annex 5 M&E Report
- DQA Kwanza Sul II and IV trimester 2014
- Field monitoring assessment report Kwanza Sul FY2014
- Flow Chart of the Roles of World Learning and Implementing NGO Partners in the 8 Target Provinces
- Number of health and laboratory technicians trained (consolidated)
- CRS Work plan for FY2015
- CRS Work plan matrix FY2015
- CONSAUDE Kwanza Sul Work plan FY2015
- Development Workshop base de dados April 26, 2015
- Development Workshop logframe April 26, 2015
- Development Workshop PMP April 26, 2015
- Development Workshop M&E plan January 29, 2015
- Development Workshop Logic intervention
- Capacitação de ONGs através Assistência Técnica e prestação de cuidados saúde Reunião Bi-Anual ONGs, 27-28 Setembro, 2012 Luanda.
- Kwanza Sul presentation September 21
- Huila Presentation Apoio da Redução da Morbi-Mortalidade por Malária na Província da Projecto em Huíla, Outubro 2011–Setembro 2016. PERÍODO DO RELATÓRIO: 01/10/2011 à 30/06/2015
- Uíge Presentation (MENTOR)

In addition, for the field level data collection, the following were consulted:

- Charts and tables—included the sources below the table and the charts. Mostly from the focus groups (demographic data)

- Deductions and findings, mainly from interviews and FGDs (included the direct quotes to support the deduction)
- The table that highlights the number of personnel trained is from the PMR; this is from the secondary data (M&E system maintained by World Learning).

ANNEX V. DATA COLLECTION INSTRUMENTS

FOCUS GROUP DISCUSSION GUIDE FOR THE HEALTH WORKERS

World Learning's Eye Kutoloka Program

The ideal number of participants should be between six (6) and ten (10) for the purpose of this evaluation.

To contribute to answering key questions 3 and 5:

Q3. How appropriate and effective are Eye Kutoloka's trainings, including **training** approaches and materials for health workers?

Q5. **Sustainability:** To what extent can and will the Government of the Republic of Angola (GRA), National Malaria Control Program (NMCP) and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?

First step: Consent form (3 minutes)

Facilitator's welcome, introduction and instructions to participants

My name is _____ a consultant from GH Pro on behalf of USAID undertaking a midterm evaluation of the Eye Kutoloka Project, which is being implemented by World Learning.

Welcome and thank you for volunteering to take part in this focus group. You have been asked to participate, as your point of view is important. I realize you are busy and I appreciate your time.

Introduction: This focus group discussion is designed to assess your current thoughts and feelings about the training interventions for malaria control through the Eye Kutoloka program. The focus group discussion will take no more than 1 hour. May I tape the discussions to facilitate recollection during transcription?

If yes, switch on the audio recorder!

Anonymity: Despite being taped, I would like to assure you that the interview will be anonymous. The recordings shall be kept safely until the transcribed reports are completed. The transcriptions of the interview will contain no information that would allow linkage to individual specific statements, particularly names of the individuals. You should try to answer and comment as accurately and truthfully as possible. I and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however, please try to answer and be as involved as possible.

NOTE: These are leading questions, and as discussions progress, probing questions that are not listed here could be used to seek clarity.

Warm-up question (5 minutes)

Without mentioning your names, use the numbers that have been allocated to you to introduce yourselves by highlighting your role as a health worker (nurse, laboratory worker, medical doctor....) and the name of your health facility.

Focus Group Discussion guiding questions (45 minutes to 1 hour).

1. Thank you again for your time. When we talk about malaria control activities, what comes into your mind?
 - a. What Intermittent Preventive Treatment (IPT) services are provided in your respective health facilities for infants, children and pregnant mothers? (*Probing question if this not covered under question 1*)
2. Can you please tell me what in-service training you have participated related to malaria control? (Probe more to know whether it was a training of trainers or training of practitioners? Emphasis on: practical or theoretical, or both)
 - b. Were the IPT and treatment standards covered in the training that you participated in? If yes, can you describe at length what was covered? (*Probing question if not discussed previously by participants*)
 - c. What organization promoted this training? (*Probing question if not mentioned when responding to question 1 or 2*)
 - d. If given another chance for training, what would you recommend to be undertaken differently compared to your first training?
3. How were you selected to participate in this training? Who did the selection and where was the training? How long was the training? How many were trained at the same time together with you?
4. How often have you received malaria case management training?
5. Did you benefit from the training? If so how?
6. Did you undertake a test before and after the training to measure how your knowledge was improved?
 - e. If yes, did you get a before and after score?
 - f. Otherwise, how was the success of the training measured?
7. Are there any performance-related bonuses for improved performance?
8. What materials did you receive before, during and after training? Do you think the materials are sufficient to help you do your job?
9. Do you get any visits from the trainers for supervision? (If yes, what are these visits for, and when, how often)?
10. Do you think you are well prepared for malaria control and treatment?
 - g. If yes, why do you think you are well prepared?
 - h. If no, what do you think should be done during the remainder of the program to ensure that you have the ability needed for malaria control?

11. What other topics in malaria case control do you still think are important and relevant to facilitate your current work at the health facilities that have not been covered in the training you have received?
12. Of all the issues that we have discussed today on the Eye Kutoloka Project with regard to malaria control, which one do you think that needs to be emphasized or might have been forgotten and is very important to facilitate with Malaria control?

Thank you very much for your time!

Central-level interview guide

For: World Learning, Pathfinder and Eye Kutoloka.

NMCP, Institute of Public Health, other malaria partners such as MSH/SIAPS and PSI

NGOS: CONSAUDE and democracy and governance NGOs working with World Learning and any other key NGO working in Luanda.

Date ____ / ____ /2015

Evaluation Questions

1. Eye Kutoloka's effectiveness in strengthening the technical and management capacity of local NGOs regarding implementation of malaria control activities
2. Eye Kutoloka's effectiveness in strengthening the technical and management capacity of NMCP and municipalities regarding implementation of malaria control activities
3. Appropriateness and effectiveness of Eye Kutoloka's trainings, including training approaches and materials for health workers
4. Effectiveness and efficiency of World Learning operations and management approach to support project implementation and achieve desired results
 - 4.1 Management structure
 - 4.2 Geographical coverage
 - 4.3 Work with local NGOs
 - 4.4 Other
5. Extent to which the GRA, NMCP and the municipalities implement an effective malaria control program once the current PMI funding for Eye Kutoloka ends?

Issues that relate to USAID

- Tactical/process explanation and description of the support project today
- What does the World Learning project do well and what not so well?
- Indicators of performance available to track progress of the World Learning project
- How are these tracked and monitored? Discussion of performance requirements, outcomes, measurements
- Parameters used by USAID to track World Learning's performance
- How does the U.S. Government/USAID/PMI measure performance or at least ascertain that what is provided adds value and is effective?
- What routine reports does the U.S. Government/USAID/PMI request from World Learning other than the quarterly reports, and how are they used to measure performance/effectiveness or for decision-making?
- How is technical assistance/capacity building fine-tuned based on performance outcomes of USAID and GRA priorities?

- How responsive is World Learning to address the changing needs of the malaria landscape in the country?
- How do you track strengthening of the NGOs' and municipalities' ability to use financial management tools, budget planning, etc.?
- What exit strategy is being promoted or expected as Angola strengthens malaria delivery and management systems as it moves towards 'graduation'?
 - Specific approaches—organized and planned?
 - Ad hoc?
- What is missing or not working?
- If you were to do this all over again, what changes to the project would you have made?

Issues that relate to the implementing partners

- Describe the project set-up and management structure (which grantees and sub-grantees and how it is operationalized)
 - How activities and training are identified to be part of annual PMPs and work plans
 - Describe the strategies and approaches the Eye Kutoloka Project uses to train health workers in the municipalities and NGOs? What challenges exist, and what mitigating actions are in place?
- How does World Learning respond to NMCP and local NGO requirements? Based on an overarching 5-year plan?
- Selection of local NGOs vs. international NGOs. Why the imbalance?
- What are the persisting gaps in strengthening NGOs, NMCP and municipalities?
- What performance metrics do you employ to ensure your activities have the desired impact? (pre- and post-training, complete and timely budget planning, etc.?)
- How often does World Learning use OECD criteria to assess project success, and what measures does it take to redress the situation if it had not attained the desired indicators?
- How do you measure, and with what frequency, the project's contribution to achieving USAID objectives and their alignment with GRA development priorities?
- How do you measure whether the services delivered to beneficiaries respond to beneficiary needs?
- How do you track/know whether the project is achieving the stated objectives?
- How do you measure your interventions' effectiveness in strengthening NGO capacity and in quality and quantity of health service delivery?
- How do you ensure that interventions will have a long-lasting effect well after the project funding is finished?
- If you were to do this all over again, what would you change?

Issues that relate to other partners, such as PSI and MSH

- What malaria-related activities do you undertake?
- What management strengthening activities at the municipal and or NGO level do you undertake?
- Do you interact with the Eye Kutoloka Project, and if so, how?
- Do you have shared objectives?
- Do you undertake any activities on their behalf, such as training?
- Or send some of your staff to Eye Kutoloka's training, and if so, which ones?
- Do you work with local NGOs, and if so, what are successes and challenges to working with them?
- If you were to do this all over again, what would you change?
- If any of your work falls under the Eye Kutoloka Project, are you accountable to deliver to indicators? If so which ones?
- How is your performance measured otherwise by USAID? (Process indicators? Outputs? Intermediate indicators? Impact?)

Issues that relate to Eye Kutoloka's implementing partners, such as NMCP, CONSAUDE, National Institute of Public Health and others

- How does the Eye Kutoloka project support your organization?
- Has their support yielded benefits or problems?
- Who within the organization has received training (malaria case management or management)? What criteria is used for staff selection?
- What strategy do you have for staff retention?
- Is the project addressing key system gaps and issues related to operational management, management capacity and malaria case management training? If not, why not?
- What are the persistent challenges that remain unresolved?
- Do you participate in the annual work plan sessions with Eye Kutoloka, and do you think your organization's views are considered in the programming of activities?
- How is your performance measured to ensure the Eye Kutoloka Project achieves its objectives?
- What feedback do you receive to improve your performance?
- The Eye Kutoloka Project is currently covering eight provinces, which were selected in 2011 because they were malaria hyper-endemic and meso-endemic areas. Is this situation still current and do you think resources are channeled to the right provinces, or has the situation changed?
- If you were to have this engagement all over again, what would you change?

For all interviewees

ORAL CONSENT FORM

Title of Project: World Learning's Eye Kutoloka Project

My name is _____, a consultant from GH Pro currently undertaking a midterm evaluation of the Eye Kutoloka Project.

The purpose of this evaluation is twofold:

- To understand the successes, challenges and lessons learned through the implementation of the World Learning's Eye Kutoloka Project and how and if the activity has achieved its objectives and outcomes.
- To generate recommendations for ongoing project implementation and future USAID/Angola PMI activity designs that will maximize progress towards PMI objectives and local sustainability of interventions.

I would like to ask you some questions linked to the project's implementation. I will not mention your name throughout the interview and will not share this information with unauthorized persons.

Participation in this evaluation is completely voluntary. If you decide to participate, you may stop participating at any time, and you may decide not to answer any specific question. I will be taping this conversation as we go on for our reference during transcription at a later stage.

Do you agree to participate? _____

If you have any questions about this evaluation, please do not hesitate ask me before or after our conversation.

Demographic Data of health workers

To be used on health workers participating in focus group discussions

Please answer the following questions in the spaces provided, appropriate options.

1. Province Uige Huila Kwanza Sul Other _____
2. Municipality _____
3. Name of your health facility _____
4. Is this facility under the auspices of an NGO? Yes No If yes which one? _____
5. Age _____
6. Are you: Male Female
7. What is your level of education?
(Multiple answers possible) Secondary school: Grade level _____
 Diploma Bachelors degree
 Masters degree Doctorate
 other health degree _____
8. What is your position in your health facility?
(One answer) Elementary Nurse Basic Nurse Medium nurse
 Superior Nurse Midwife Medical officer
 Obstetrician Paediatrician/Neonatologist Internist
 Pharmacist Traditional birth attendant
 Specialist (other) _____
 Other: _____
9. How many years of experience do you have in practice as a health care provider? _____
10. For how long have you been working at your facility? _____
12. What field are you working in your health facility?
(Multiple answers possible) Reproductive health (Family planning, HIV/AIDS,...)
 Maternal Newborn Child Healthcare
 General health care
 Malaria
 Other: (please describe) _____
13. Have you received any skills training specifically related to Malaria case management? Yes No
14. What kind of training Training of Trainers Training of practitioners Other (please specify)
15. What topics were covered in the training?
(Multiple answers possible) Intermittent Preventive treatment
 Treatment (Infant treatment, pregnant mothers)

 Other: _____
16. Where was the training? At my health facility Elsewhere
17. What year did the training take place? _____
18. What organization was responsible for organizing this training? _____
19. Have you received any supervisory visits since training? Yes No
20. When did that supervisory visit happen? One month after training
 Two months after training
 Three or more months after training
 Cannot remember but it took place
 On a regular basis (what frequency)

ANNEX VI. DISCLOSURE OF ANY CONFLICTS OF INTEREST

Name	Beatriz Ayala-Öström
Title	Team Leader
Organization	Self Employed
Evaluation Position?	✓ Team Leader
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Eye Kutoloka Project, Angola
I have real or potential conflicts of interest to disclose.	Yes ✓ No
<p>If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i></p> <p><i>Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.</i></p> <p><i>Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.</i></p> <p><i>Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.</i></p> <p><i>Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.</i></p> <p><i>Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i></p> <p><i>Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i></p>	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	6 September 2015

Name	Rotafina Donco
Title	Evaluation Specialist
Organization	Maraxis B.V
Evaluation Position?	Team Leader ✓ Evaluation specialist
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Eye Kutoloka Program, Angola
I have real or potential conflicts of interest to disclose.	Yes ✓ No
<p>If yes answered above, I disclose the following facts:</p> <p><i>Real or potential conflicts of interest may include, but are not limited to:</i></p> <p><i>Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.</i></p> <p><i>Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.</i></p> <p><i>Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.</i></p> <p><i>Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.</i></p> <p><i>Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i></p> <p><i>Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i></p>	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	16 September 2015

ANNEX VII. STATEMENT OF DIFFERENCES FROM WORLD LEARNING

World Learning

Education | Development | Exchange

1015 15th Street, NW, 7th Floor, Washington, DC 20005 USA
Tel 202 408-5420 | Fax 202 408-5397 | www.worldlearning.org

June 3, 2016

Paige Miller
Program Office Director, USAID/Angola

Dear Ms. Miller,

As per our conversation on May 23rd, World Learning submits the following Statement of Differences in response to the *Performance Evaluation of the World Learning Eye Kutoloka Project* dated September 2015. This follows earlier Statements of Difference submitted April 26th and March 22nd. It also follows our May 25th message describing our belief that the evaluation design itself was flawed. The evaluation design and the way in which the evaluation was carried out undermine the validity of key findings and conclusions under Evaluation Question 1. In addition we have remaining concerns about information presented in the report regarding Evaluation Questions 2-4. In this document we outline our concerns.

Evaluation Question 1: How effective is Eye Kutoloka in strengthening the technical and management capacity of local NGOs regarding implementation of Malaria control activities?

Executive Summary, Evaluation Question 1, Finding 6: *One of the major interventions of Eye Kutoloka is NGO capacity building. However, no strengthening of technical and management capacity of international or local NGOs (other than the training provided in the project tools) took place. This was apparently agreed to informally by the previous USAID technical officer with no formal agreement or contract amendment. Even though USAID is aware of the changes in the implementing NGOs, USAID lacks a formal document (i.e., an addendum to the cooperative agreement) that legitimizes the process.*

Statement of Differences 1.1: The evaluation design itself was flawed, because the evaluation criteria did not align with the scope of data gathering and analysis. At the outset, the evaluation was designed to evaluate Objective 2 only, which is one of three project objectives. **World Learning was evaluated on results for all objectives, however the evaluators only analysed data for objective 2.**

While the overall project goal was "improved capacity of NGOs and local government..." Objective 2 is "Increase the capacity of municipal health teams to deliver and expand better quality health services." The evaluators analysed data from the portion of the project designed to improve local government capacity but did not analyse data from the two objectives (Objectives 1 & 3) under which the project's NGO capacity building activity took place.

Had the evaluation design equipped the evaluators to examine the full array of World Learning's work across all objectives we believe the evaluation would have presented a different picture – please see the tables on the next page for a list Angolan NGOs (CSOs) supported under the two objectives upon which the evaluation did not focus.

Objective 1: Strengthen NGOs in management planning, budgeting for improved community health, and HIV prevention and education programs.		
Angolan CSO	Province	
1. AJS – Associação Juvenil para a Solidariedade	Benguela	
2. CRB – Circulo Rastafari de Benguela		
3. OMUNGA		
4. Twayovoca		
5. ADESPOV - Associação para o Desenvolvimento e Enquadramento Social das Populações Vulneráveis	Huambo	
6. JUPV – Jovens Unidos Pela Vida		
7. Okutiuka		
8. Otchimunga		
9. ASD – Associação de Solidariedade e Desenvolvimento	Huila	
10. Prazedor		
11. ACADIR - Associação de Conservação do Ambiente e Desenvolvimento Integrado Rural	Kuando Kubango	
12. MKABITA		
13. Acção Humana	Luanda	
14. APDCH – Associação para a Promocao do Desenvolvimento da Comuna do Hoji Ya-Henda		
15. FOJASSIDA – Forum Juvenil de Apoio a Saude e Prevencao da SIDA		
16. OCSI – Santa Isabel Charity for Child		
17. SOS - Habitat		

Objective 3: Enhance the capacity of NGOs to advocate for better basic service provision.		
CSO	Project	Province
1. ADESPOV (Associação para o Desenvolvimento e enquadramento Social das Populações Vulneráveis)	Health Sector Resource Monitoring	Huambo
2. Development Workshop	Climate Change – “Improving Climate Resilience and Governance in the Cuvelai Basin”	Uige
3. AJS (Associação Juvenil para a Solidariedade)	Education – Basic Literacy and Math for early grade students	Benguela
4. Okutiuka	Education – Basic Literacy and Math for early grade students	Huambo
5. NCC (National Counseling Center)	Advocacy – Youth Action Through Technology for Democracy and Human Rights	Luanda

Under Objective 2 World Learning is accountable for the delivery of malaria case management and prevention activities as determined by the Presidents Malaria Initiative (PMI) operational plans and as described in the Cooperative Agreement. The Cooperative Agreement did not call for World Learning to develop the capacity of local NGOs to deliver technical assistance to the Ministry of Health in the context of the PMI program. Furthermore, following the approval of the World Learning Technical Submission, signed Cooperative Agreement, Annual Work Plans, and during subsequent annual visits by USAID and PMI planning teams, USAID never indicated that it wished World Learning to use PMI resources to build the capacity of local NGOs to replace international NGOs.

To provide context as to why Eye Kutoloka was designed in this manner, USAID's original request for applications (RFA No. 674-11-33), which solicited this project, requested submissions to address different work streams supported by different congressionally approved sources of funding. World Learning developed a technical narrative which structured the main work and funding streams under different objectives to facilitate coherent delivery and consistent accountability. Thus activities conducted with PMI funding, the focus of this project evaluation, were captured under Objective 2 while activities funded through other streams were included in Objectives 1 & 3.

The RFA requested submissions for the following components of the USAID Strategic Plan for Angola (quoted below):

RFA: *"For component 1: Increased participation and engagement of civil society in health care provision. In order for that to happen, the following two sub-results should be achieved:*

- 1) *Civil society strengthened in management, planning, budgeting, advocacy and technical areas"*

As noted above World Learning strengthened the organizational capacity of 17 local NGOs through activities implemented under Eye Kutoloka Objective 1 however this Evaluation was not designed to analyse data from this objective.

- 2) *"Health Services provided by civil society groups increased"*

PMI began in 2005 in Angola and sought to develop and expand the delivery of malaria case management and prevention activities by strengthening the delivery of malaria interventions in primary health care services managed by municipal health teams and supervised by provincial health teams. The World Learned technical proposal, incorporated into Cooperative Agreement AID-654-A-11-00003, sought to build on existing PMI achievements using the following approach. It reads that while local NGOs will work directly with communities (Component 1-Objective 1 and Component 2-Objective 3):

"... sub-grants will fund NGOs with technical skills in the health sector to support municipal health teams, ensuring that work done to improve community health practices is not constrained by a weak delivery of essential municipal health services. This component seeks to improve clinical case management and outreach, strengthening of health information systems, building capacity of municipal health teams to plan and budget, and promoting a more efficient use of available resources for health". (Section 1.2 Vision, page 6 of Technical Proposal, Cooperative Agreement page 21)

As described in World Learning's technical proposal and in the Cooperative Agreement, different activities would be undertaken with different streams of funding, structured under different objectives. World Learning's proposal made the case that it would not be sustainable to build the technical capacity of local NGOs to deliver health services because the same

organizations would be exclusively dependent on donor funds and would not survive without PMI support or other donor support. World Learning thereby sought to identify NGOs, national or international, that demonstrated the institutional know and competence to deliver the required technical assistance to the Ministry of Health within the set up time required by the RFA. Following the award, World Learning solicited proposals from NGOs, national and international, who were then working in Angola and received 11 proposals from six organizations. None of the organizations cited in the evaluation document as potential local NGO PMI operators submitted applications. A five member selection committee included representatives from USAID, CDC, World Learning and the NMCP. World Learning did not unilaterally select the beneficiaries for the sub-grants.

RFA: *"For Component 2, the result relevant to this program is: Local governance strengthened (municipal government increasingly democratic) In order for that to happen, the following sub-result must be achieved:*

1) *Ability of civil society to advocate for services enhanced"*

As previously noted, under Objective 3 World Learning worked with five local organizations.

Statement of Differences 1.2: Under the Question 1 Findings the evaluation mistakenly states that *"no strengthening of technical and management capacity of international or local NGOs (other than the training provided in the project tools) took place. This was apparently agreed to informally by the previous USAID technical officer with no formal agreement or contract amendment."*

As noted above the project did provide technical and management capacity building under objectives upon which the evaluation did not focus. In addition, World Learning's strategy for not providing more extensive NGO capacity building under Objective 2 was **formally** agreed upon with USAID in the Cooperative Agreement. Thus the evaluation's six references to an informal agreement (found on pages x, xii, 10, 31, 32, and 37 of the evaluation) are factually incorrect.

Under the Objective 2 strategy described on page 34 of the Eye Kutoloka Cooperative Agreement AID-654-A-11-00003 it states "As these grants are expected to go to experienced NGOs, we do not anticipate a need for other organizational development assistance." Page 34 of the Cooperative Agreement describes the capacity building that World Learning will provide to NGOs under Objective 2:

"The Project will provide assistance to the NGOs implementing subgrants by doing an:

- *Early Implementation internal evaluation to ensure that the NGOs will implement activities according to the technical standards;*
- *Coordinating peer-to-peer learning with implementing NGOs through theme specific meetings promoting exchange of ideas and practices Developing databases based on the supervision lists that produce analytical reports; and*
- *M&E training with all NGOs immediately after receiving the sub-award to ensure standardized monitoring and evaluation system."*

World Learning did provide this capacity building to the Objective 2 NGOs and thus fully complied with the Cooperative Agreement.

Statement of Differences 1.3: We disagree with the opinion expressed in the evaluation that local NGOs could provide long term technical assistance to the Ministry of Health in a sustainable way. The evaluation document presents no evidence of potential resources to finance local NGOs to deliver high quality technical assistance to the public health sector, in

the long term context of declining donor funding and a falling Angolan GNP. The Government of Angola priority clearly lies with financing health service delivery in the public sector where services are accessible to the majority of the population.

Question 2. How effective is Eye Kutoloka in strengthening the technical and management capacity of the NMCP and municipalities regarding implementation of Malaria control activities?

Statement of Difference 2: World Learning notes that the evaluation team revised the output monitoring data found in tables 5-7 following the presentation of our first Statement of Differences. World Learning subscribes to the recommendation to review the targets. However, we underline the following relevant information which was provided to the consultants but not taken into consideration in the interpretation of World Learning’s performance.

Ten of the 38 indicators reported in the evaluation are not subject to a simple linear analysis of performance for reasons described in the following two tables. By not providing this context, the Evaluation improperly indicates that the project is underperforming on these indicators.

- a. Five activities were **cancelled by PMI** during the course of project implementation, as noted on the following table.

INDICATOR	Project Targets 2012/2015	Annual Targets (T) and Actuals (A)				STATUS
		2012	2013	2014	2015	
20. Number of bed nets distributed in health facilities or through MOH campaigns with U.S. Government funds	0	0	0	0	0	
21. Number of bednets distributed in group education meetings in health facilities or in institutes of education with USG funds	0	0	0	0	0	
26. Number of documentary and movies produced	0-2*	T: 1 A: (0%)	T: 0 A: (0%)	T: 0 A: (0%)	T: 0 A: (0%)	Activity cancelled by PMI in the annual work plan of FY14
34. Number of technical meetings to support the preparation of municipal plans and budgets	110	T: 29 A: 17 (59%)	T: 40 A: 38 (95%)	T: 41 A: 3 (7%)	0	Activity cancelled by PMI in the annual work plan of FY15
37. Number of health workers completing training in IMCI for nurses or doctors (5-10 days)	40	T: 40 A: 20 (50%)	0	0	0	Activity cancelled by PMI

- b. Five indicators do not lend to a “linear” interpretation of program performance.

INDICATOR	Project Targets 2012/2015	Annual Targets (T) and Actuals (A)				STATUS
		2012	2013	2014	2015	
7. Number of complete assessments of laboratory services using recommended tool	880	T: 207 A: 160 (77%)	T: 214 A: 157 (73%)	T: 225 A: 201 (89%)	T: 234 A: Q3 38 (16%)	Assessments are completed mostly in the final quarter of each year. The indicator is on track.
18. Number of stock control and reporting kits distributed to health facilities	80% REQ	T: 80% REQ A: 13	T: 80% REQ A: 788 (100%)	T: 80% REQ A: 274	T: 80% REQ A: 296	These indicators are included to capture effort and monitor task substitution. Low values indicate better performing municipal health teams.
19. Number of days PMI supported transport for distribution of medicines or RDTs	50% REQ	T: 50% REQ A: 40	T: 50% REQ A: 77 (100%)	T: 50% REQ A: 55	T: 50% REQ A: 63	
31. Number of PMI-NGO only supervision visits to health facilities (1 day)	1,780	T: 387 A: 153 (40%)	T: 406 A: 404 (100%)	T: 531 A: 321 (60%)	T: 456 or 518 A: Q3 292 (56%)	NGOs are encouraged to deliver on indicator 29, supervision with counterparts. Low value for this indicator indicates more engaged municipal health teams.
32. Number of health information kits distributed	1,424	T: 380 A: 0 (0%)	T: 298 A: 505 (169%)	T: 304 A: 200 (66%)	T: 442 A: Q3 387 (88%)	As for indicators 18 and 19. Low values indicate better performing municipal health teams.

In addition, the evaluation uses target achievement of 80% or more as the standard for "meets expectations" when it should have used 75% as the standard. The evaluation took place in August-September 2015 before Quarter 4, Year 4 of the project was complete. Thus the data available to the evaluators included data from 75% (15 of 20 quarters) of a five year project. If the evaluators had used 75% as the standard for meets expectations then an additional three indicators (noted below) would have met expectations.

Excerpted from Table 5 of the Evaluation Report:

Indicator	Project Targets 2012/15	Annual Targets (T) and Actuals (A)				Actual Total	Project Progress
		2012	2013	2014	2015 ¹		
SO2: Improve the Operational Capacity of Laboratory Services for Malaria							
9. Number of laboratory technicians trained as supervisors (10 days)	318	T: 75 A: 54 (72%)	T: 108 A: 79 (73%)	T: 63 A: 57 (90%)	T: 72 A: Q3 56 (78%)	246	77%

Excerpted from Table 7 of the Evaluation Report:

¹ Includes data through the end of the third quarter (Q3).

Indicator	Project Targets 2012/15	Annual Targets				Annual Total	Project Progress
		2012	2013	2014	2015 to Q3		
SO5: Increase Availability & Accessibility of Malaria Services through Strengthening the Health System							
32. Number of health information kits distributed	1,424	T: 380 A: 0 (0%)	T: 298 A: 505 (169%)	T: 304 A: 200 (66%)	T: 442 A: Q3 387 (88%)	1092	77%
33. Number of health workers trained in basic statistics and health Information	673	T: 104 A: 89 (86%)	T: 186 A: 197 (106%)	T: 135 A: 142 (105%)	T: 248 or 218 A: Q3 97 (44%)	525	78%

We would also like to clarify the following:

- The 5 year output target is fixed at baseline and was made available to the consultants. Similarly, the 5 year outcome target is fixed. World Learning does or did not change any five year target without requesting authorization from USAID. However, within the goalposts of reaching 5 year targets, the annual targets may change with changing needs, changing priorities and changes in the availability of resources on the ground.
- World Learning does produce end of year summaries of performance against targets as required by PMI. (The evaluation makes this recommendation.) The consultants were given the relevant Excel spreadsheets. World Learning also produced a summary of achievements to date relative to the five year target at the end of PF15. This was not available to the consultants at the time of evaluation.
- Finally Municipal Health Teams are not expected to know how to use the monitoring databases designed by World Learning for PMI partners to enhance rigorous reporting to PMI and to capture PMI NGO partner effort. (Evaluation recommendation). These tools are used only by PMI sub-grantees. PMI sub grantees are expected to strengthen Municipal Health Teams capacity to use and manage the information in the NMCP database which is used to monitor routine information for malaria in all 18 provinces and will continue to be used when PMI completes operations in Angola.

Question 3. How appropriate and effective are Eye Kutoloka's trainings, including training approaches and materials for health workers?

From Executive Summary, Question 3, Finding 2: *Only two full NMCP staff are certified national trainers, causing implementation bottlenecks*

Statement of Differences 3.1: We think this finding refers to trainers for laboratory technicians trained in basic laboratory skills including malaria microscopy and for training for laboratory supervisors. There are 11 certified national laboratory trainers but only two are permanent staff with the NMCP. Furthermore, in the context of training laboratory technicians as supervisors (output under strategic objective 2) to ensure quality control for malaria microscopy, there are seven municipal focal persons for laboratory.

From Executive Summary, Question 3, Finding 3: *Certification of other national and provincial trainers is slow.*

Statement of Difference 3.2: There is an established certification process in Angola for laboratory trainers only. The process was initiated with WHO sponsorship and World Learning expanded the training based on the WHO model. There is no established certification process for trainers in case management for malaria. However as Finding 4 for Evaluation Question 3 states, World Learning developed a standard training package with six modules. World Learning and the other NGO partners facilitate doctors and nurses to use the training package at the level of the province. By the end of FY2015, World Learning had achieved 118% of the 5-year project target for training supervisors and 88% of the target for training health workers in malaria prevention and case management.

To provide further context: There is no “institutional certification process” for trainers in Primary Health Care within the Ministry of Health/National Directorate for Public Health, which includes the NMCP and there is no plan to introduce one. There is a program within the National Directorate for Public Health for Continuing Education. The Ministry of Health expects that all initiatives on Continuing Education be channeled through this program. Training for better case management for malaria falls into this category. However some provinces have more organized and active Continuing Education programs compared to others.

The evaluation document notes that training is more effective when accompanied by regular supervision. The evaluators also comment on the significant reduction in resources for health. A commitment of short-term external finance to train “nationally accredited trainers” who are not likely to have resources to do outreach training may not be a viable sustainable strategy in the current medium to long-term context. The NMCP previously trained “trainers” for all provinces with the support of Global Fund. The expectation was that these trainers would do outreach training with local resources. This did not happen because of a combination of limited resources and many of the trainers had clinical responsibilities in hospitals and were not available to train outside the provincial capital. World Learning seeks to learn from previous experiences and work within the context of available human and financial resources.

World Learning does not have an activity or assigned budget to train “trainers”. An acceptable training of trainer course would require a minimum of 10 days participation. World Learning (in Bie and Huila) already uses the budget line for training supervisors to strengthen the knowledge and competencies of existing supervisors to more actively promote peer to peer learning as recommended in the evaluation document.

Evaluation Question 4. How effective and efficient is World Learning’s operations and management approach to support project implementation and achieve desired results? Included in this question, consider management structure, geographic coverage, work with local NGOs, etc.

From Evaluation Findings, Question 4, Management Structure: *World Learning does not have full-time malaria technical expertise, relying instead on part-time, freelance consultancy. Both USAID and NMCP expressed their dissatisfaction with the project not including a full-time malaria technical expert, given that this is a malaria project and must have subject matter expertise. World Learning explained that the malaria content is provided by NMCP and shared for comments and approval to PMI, thus not requiring in-house full-time malaria expertise. However, this lack of full-time expertise has been detrimental to the project.*

Statement of Differences 3.3: The Evaluation fails to note that the project had a full time malaria technical expert on staff until two months before the evaluation took place. The evaluation provides no evidence to support its claim that the project’s shift to a dedicated expert consultant has been detrimental to the project. In addition, the evaluation mischaracterizes the role of NMCP.

World Learning fielded more than 1.5 person time malaria technical expertise from project inception until June 2015. It included a full time Luanda-based on staff Technical Advisor from January 3, 2012 to June 30, 2015 and a part-time consultant technical advisor who is resident in Angola from November 7, 2011 to January 30, 2015. The consultant technical advisor was increased to full time on the Project beginning in May 2015.

When the expatriate Technical Advisor notified World Learning that she would leave the project, World Learning sought to identify suitable candidates already working in Angola because of difficulties in obtaining work visas for expatriates. No suitable candidate was found and World Learning opted to retain the consultant technical advisor, who is a resident in Angola, for the remainder of FY2015. The advisor is a medical doctor specialized in public health with more than 30 years of experience working in primary health care in Angola and other countries in Africa.

The consultant technical advisor was available to meet with the evaluation team. The evaluator met with the consultant technical advisor for an informal lunch but not for a formal key informant interview.

No member of the World Learning team said that the *"malaria content is provided by NMCP"*. Furthermore, the evaluation document emphasizes the leadership of World Learning in developing standardized training material for laboratory training, and standardized material for training in malaria prevention and case management.

From Evaluation Findings, Question 4, Management Structure: *"...presentations to the evaluation team were also delayed because of changes made by the COP"*.

Statement of Differences 3.4: World Learning requests that the evaluators provide evidence for the preceding statement. The COP did not make any changes to the evaluator schedule. The COP organized the field visits to the provinces and accommodated all requests. The COP answered all phone calls and emails at all times including weekends, early morning and late evening. She also provided list of documents requested by the evaluators and additional materials.

The COP was informed on Tuesday, August 11, 2015 that one of the evaluators had arrived in Angola, and that the team leader was still waiting for her visa. On the same day the COP met with the evaluator briefly at World Learning's office to confirm that World Learning would support the evaluators to organize the field visits. The lead evaluator arrived in Angola on Friday, August 14. The only opportunity the evaluators provided the COP to meet with both evaluators together was at 5:00 pm in the hotel on the same day. The discussion was brief and informal. The evaluators did not convene a debriefing and feedback meeting with World Learning staff before leaving Angola.

The evaluator emailed the Uige schedule to the COP on Thursday, August 13, 2015 at 2:23 pm, requesting that the evaluation begin on Monday, August 17. The public service working day in Angola finishes at 3:30 pm. The COP managed to schedule the requested meetings with government officials over one working day, on Friday. The COP did request that the evaluators meet with the Provincial Supervisor for Laboratories, a key informant not included in the evaluator list. Similarly, the COP assisted with the scheduling of requested meetings with Ministry of Health staff and other government counterparts in Huila and Kwanza Sul. In Luanda, the COP organized all the requested meetings with local organizations. One local NGO director postponed his vacation in order to meet with the evaluator. In addition, a World Learning driver guided the driver contracted by the Evaluator to the offices of the local organizations in Luanda to ensure that time was not lost trying to find the NGO locations. In Huila, World Learning paid for the fuel for a Ministry of Health vehicle to accompany the

Evaluation Team. The vehicle of the evaluation team broke down and it was the Ministry of Health vehicle which facilitated the work of the evaluators in one municipal area.

From Evaluation Findings, Question 4, Management Structure: *The lack of delegation was evident in the visit to Huila, where the Huila World Learning team was not allowed to be with the evaluation team without the presence of the COP. This impacted the information received, as content of presentations was organized by the COP, limiting discussion between the Huila World Learning team and the evaluators. When questioned, the COP simply referred to providing "moral" support to the local team.*

Statement of Difference 3.5 The COP accompanied the evaluation in Huila because the Huila team leader was absent. World Learning was advised of the arrival of the evaluation team in country after the team arrived in Luanda and was therefore not able to ensure that essential personnel would be available in all provinces at such short notice. The Technical Advisor for Health Programming had resigned in June 2015 and the consultant technical advisor was on annual leave. The only remaining World Learning staff member with knowledge and competence to provide the evaluators with information relating to institutional obligations was the COP. The COP did not prepare the Huila team presentation, did not accompany the evaluators when they visited health facilities in the field in Huila, and did not accompany the evaluators to the other two provinces (Uige and Kwanza Sul).

From Evaluation Findings, Question 4, Working with Local NGOs: *The removal of Prazedor from Huila is particularly discouraging. World Learning cited Prazedor's internal management conflicts and lack of systematic implementation of systems as reasons for removal. The evaluation team wanted an interview with Prazedor and requested that World Learning facilitate this meeting. World Learning gave a number of conflicting reasons why this was not possible, and when the evaluation team requested contact details to approach Prazedor directly, these requests were denied. (Page 33, Paragraph 2).*

Statement of Differences 3.6: World Learning disagrees with the paragraph quoted above and notes that the evaluators do not provide evidence for the opinions and statements expressed therein. Prazedor was selected by World Learning to replace Africare (an international NGO). Over two years, in spite of intensive support from World Learning full time malaria officer and the consultant technical advisor, Prazedor fell behind significantly on output delivery as evidenced in *Table 4: Comparative Indicator data for Uige, Huila and Kwanza Sul provinces*, in the Evaluation Report. World Learning opted to intervene directly because as noted in the evaluation reports, frequent changes in management was having a deleterious effect on PMI deliverables. World Learning COP did not deny evaluator access to Prazedor. World Learning COP provided the consultant evaluator with the contacts. The consultant evaluator subsequently informed World Learning COP that Prazedor's director was in Portugal for medical treatment. The COP suggested the interview with an ex staff member of Prazedor as a default option in the absence of the director of Prazedor.

Submitted on behalf of World Learning,



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