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Strengthening the Capacity of African Evaluators to Conduct High Quality Health Evaluations

Technical Report

Supporting “Made in Africa” Evaluations: The USAID African Strategies for Health project’s Organizational Support to the African Evaluation Association

May 22, 2014

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ACKNOWLEDGMENTS

The ASH project wishes to thank USAID for sponsoring the African Strategies for Health Strand of the 7th International Conference of the African Evaluation Association. We further applaud all Evaluators who submitted abstracts to the African Strategies for Health Strand as well as those who submitted full papers for inclusion in the African Evaluation Journal. Finally, we thank presenters for sharing their papers during the Conference sessions and participants for their useful comments and debates.

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I. Introduction

Founded in 1999, the African Evaluation Association (AfrEA) is a regional organization created in response to a growing demand for information sharing, advocacy and advanced evaluation capacity building in Africa. With its head office in Accra, Ghana, AfrEA serves as an umbrella body for more than 20 national Monitoring & Evaluation (M&E) associations and networks in Africa. Every two years AfrEA organizes an international conference, attracting evaluators from Africa, and across the globe. The biannual conferences are attended by African evaluators ranging from experts/senior evaluators to junior evaluation practitioners. The conference acts as the foundation for promoting and advocating AfrEA’s “Made in Africa” approach, and allows knowledge sharing, collaboration and networking with a wide range of international organizations and individuals. It is a unique opportunity for hundreds of African and international participants to submit and present paper and poster presentations on cutting-edge public health programs, chair panels, and upgrade their knowledge and skills through professional development workshops.

As part of its mandate to strengthen African organizations, the USAID-funded African Strategies for Health (ASH) project organized a skills building workshop with African evaluators and managed the Health Evaluation Strand of the African Evaluation Association (AfrEA)’s 2014 International Conference. The following report documents and summarizes key results from ASH’s support to the conference.

The AfrEA Conference brought together a wide range of government constituencies, universities, non-governmental organizations, national evaluation association representatives and individual participants. Representatives from international donor agencies, such as the World Bank, the African Development Bank, UNICEF, the Bill and Melinda Gates Foundation, and USAID, also participated in the conference. More than 500 participants from over 70 countries attended the Conference.

Highlights from the conference included the establishment of an African Parliamentarians Forum for Development Evaluation parliamentary network. With support from the African Development Bank (AfDB), UNICEF, UN Women, EvalPartners and AfrEA, twenty-five (25) Parliamentarians from seven countries from the Africa region gathered in a two-day pre-conference meeting at the Conference to discuss

At a Glance: USAID/ASH support to AFREA

Total Number of delegates:

500

Number of countries represented:

70

Total number of abstracts submitted for the conference (all strands):

325

Number of abstracts submitted for the Health Strand:

56

Number of abstracts accepted for the Health Strand:

48

Number of participants to Health Strand sessions:

6 to 17 per session.

Number of participants to the USAID Evaluation workshop:

35

existing evaluation systems and mechanisms at country levels and pledged to work towards the establishment of national evaluation policy in each African country to ensure accountability, transparency and development results.

2. USAID Evaluation Workshop

In line with USAID's , the ASH project co-designed and facilitated, together with USAID/Africa Bureau Senior M&E Advisor Alphonse Bigirimana, a knowledge sharing and skills building workshop on “The USAID Evaluation Policy: Quality Standards, Lessons Learned, and Experiences”. The workshop enabled 35 participants to: 1) become familiar with key aspects of the USAID Evaluation Policy; 2) define and apply USAID evaluation quality standards and checklists to design and implement useful and high quality evaluations for USAID; 3) understand the key elements of USAID Evaluation Scopes of Work (SOW) and Reports and how to assess their quality, and; 4) Gain a better appreciation of the successes and challenges USAID and its partners face in meeting evaluation quality standards and contribute to a discussion on overcoming these challenges.

After a presentation made by the USAID/Africa Bureau M&E Advisor on the USAID Evaluation Policy, evaluation design and methodology, and progress made to date in implementing the policy, the ASH M&E Advisor led a participatory “role play” style presentation guiding participants through a typical USAID evaluation process—from responding to requests for proposals to planning, implementation and report writing. The workshop presentation on “USAID Evaluation Policy: Quality Standards, Lessons Learned, and Experiences” can be found in Annex 1.

During the small group exercise portion of the workshop, participants practiced assessing the technical quality of findings from the final report of real-life evaluation of a USAID child health project in Benin, and develop conclusions and recommendations for existing findings.

The workshop concluded with a highly animated and stimulating panel discussion during which the field-based USAID M&E Officers from four country missions, and participants from African and international evaluation firms shared their experiences designing, managing and conducting evaluations with a particular emphasis on opportunities, constraints, and suggestions for improvement.

Key issues discussed as part of the panel discussion included:

- *Budgets and Timelines:* Too often the evaluation scopes of work and request for proposals call for the evaluation to be completed with budgets and timeframes that are unrealistic for producing highly qualify results. Highly qualified consultants (whether international or local) are in high demand and it is therefore difficult to find strong consultants that are available to modify with a short notice (e.g. within 30 days from the evaluation contract being awarded). In some cases, evaluations could be conducted with a more optimal approach (e.g. with more time for design and planning, and a more intensive engagement with governments and other key stakeholders) in they were planned earlier in advance rigorous instead of when a project is about to close out. With more advanced planning, the same level of effort (or number of days) could be used but over a longer period of time.
- *Collaboration between USAID and Evaluation Teams:* Once the evaluation team has been selected, it is important for the team and USAID to meet and agree on specific roles and responsibilities, methodology, political sensitivities, and details related to deliverables. The evaluation team needs to adhere to the scope of work, and so does USAID.

- *Local Capacity:* In most cases, and in line with USAID Forward’s focus on strengthening local capacity, USAID missions would prefer to use local evaluation consultants. However, in most African countries, there seem to be a limited number of consultants with the interpersonal and technical skills required for producing high-quality evaluations. Proven local consultants are in high demand and are thus often not available. One solution used by some USAID missions is to require that local consultants are part of the team—even if the team leader is an international consultant.
- *Government Participation:* To increase the likelihood that evaluations findings will be inform future programming, USAID may want to consider, at times and as appropriate, involving local or national government counterparts as part of the evaluation team. In deciding whether or not to involve government officials, USAID needs to take in to consider factors such as the risk of introducing potential biases and the opportunity for building local capacity in program evaluation.

The main expected outcome of this workshop was for African evaluators, particularly those interested in bidding on USAID evaluation contracts, to acquire an enhanced understanding of the quality standards set by the USAID Evaluation Policy and be able to design and conduct high quality evaluations. The workshop, and particularly its panel discussion, created a greater appreciation of the challenges related to conducting high quality evaluations and generated good ideas on how to solve some of these challenges, including improving collaboration and dialogue between USAID and evaluator teams.

3. AfrEA Health Strand Support

The 2014 AfrEA Conference enabled program evaluation practitioners, governments, and donors to present evaluation findings and methodologies, and to discuss evaluative approaches and priorities related to 16 critical areas. These critical areas were organized into the following conference strands¹:

Strand 1 “Linking Evaluation With Policy Making”	Strand 9 “Evaluation Perspective in Francophone Countries”
Strand 2 “Impact Evaluation”	Strand 10 “Strengthening VOPEs”
Strand 3 “Agriculture & Food Security”	Strand 11 “African Strategies for Health”
Strand 4 “Made in Africa”	Strand 12 “Education”
Strand 5 “Evaluation in Poverty Alleviation”	Strand 13 “Evaluation in Gender Responsiveness”
Strand 6 “ Methodological Innovation”	Strand 14 “Technology-enabled M&E
Strand 7 “ Environment & Climate Change”	Strand 15 “Market-based Solutions”
Strand 8 “Knowledge Management & Information Dissemination”	Strand 16 “Donor Strand: What is Emerging and Working?”

To further contribute to strengthening the capacity of African evaluators to conduct high quality health evaluations, ASH provided technical and logistical support to the Health Evaluation Strand of the conference by: 1) reviewing and selecting abstracts, papers and presentation submitted by evaluators; 2) securing and organizing panel discussions, presenters, and other posters within the Health Evaluation strand; 3) disseminating health evaluation papers and explore areas where further analytic work is needed.

¹ The final conference program is available online at:
<http://www.afrea.org/sites/default/files/Final%20Overall%20Programme%20Online.pdf>

3.1 Reviewing and selecting abstracts, papers and presentation submitted by evaluators

Of the 325 abstracts submitted for all of the conference's strands, 56 were submitted for the Health Strand. Abstracts were submitted by independent evaluators as well as evaluation experts from African universities, governmental and non-governmental organizations, donor agencies, and private evaluation firms. The ASH project reviewed, assessed and scored each health-related abstract using the following selection criteria: Relevance to AfrEA, Relevance to the Health Strand, Technical Quality, Innovativeness, Development, and Diversity.

As a result of the review process, 48 of the 56 abstracts submitted were selected to be presented and discussed in Health Strand sessions at the conference. The ASH project provided technical support and guidance authors of abstracts that selected for presentation. Based on selected papers, strand themes were identified. Selected abstracts included:

- the systematic review on “Delivering the Millennium Development Goals on Maternal and Child Mortality: A Systematic Review” submitted to the AfrEA conference by the World Bank's Independent Evaluation Group
- a Case Study of UNICEF's Community Management of Acute Malnutrition (CMAM) “Evaluation Addressing Complexities in Conducting Multi-Country Evaluations” submitted to the AfrEA conference by UNICEF headquarters.
- an evaluation of “The effects of Performance-based-Financing on the use of healthcare in Fundong, Ndop, Nkambe and Kumbo East Health Districts of the North West Region of Cameroon” submitted to the AfrEA conference by the Catholic University of Cameroon's Department of Health Economics, Policy and Management

The complete list of selected abstracts can be found in Annex 2.

3.2 Securing and organizing panel discussions, presenters, and other posters within the Health Evaluation Strand

A few authors of selected abstracts successfully applied for AfrEA scholarship to come attend and present their work at the conference. Upon reviewing and selecting abstracts, papers and presentation submitted by evaluators, the ASH project organized panel discussions within the Health Evaluation Strand according to the following themes:

- Monitoring Health Standards
- Evaluation in Key Disease Programs
- Evaluation for MCH
- Documenting Good Practices
- Indigenous Practices
- Indigenous Practices
- Evaluation for Development
- Evaluation Methods and Methodologies
- Health and Poverty Evaluation
- Applications of M&E Systems

Highlights from the Health Evaluation Strand sessions included discussions on: how to define and evaluate best practices in reproductive health; approaches for building Monitoring and Evaluation capacity in Africa; a methodology that enables communities to evaluate the quality of services offered by health centres, and; a

process for implementing standards to improve health development organizations' M&E practices. For more details related to each of the Health Strand sessions, please see Annex 3.

3.3 Disseminating health evaluation papers

Abstracts submitted to the AfrEA by evaluators were revised, edited and published in the Book of Abstracts compiled by AfrEA for the conference. The book of abstracts can be found:

http://www.afrea.org/sites/default/files/resources/AfrEA%20Conf%20Book%20of%20Abstracts_Final.PDF

Authors who submitted abstracts were requested to submit full papers. Papers were reviewed and those of sufficiently high quality were proposed for inclusion in the AfrEA journal. The first ever volume of the open-source African Evaluation Journal was launched at the conference and can be found online at:

<http://www.aejonline.org/index.php/aej>

4. Conclusion

African governments, international partners and civil society need to know how policies and programs shape the lives of people today and in future generations. The AFREA Conference facilitated a dialogue among African regional and national evaluation actors, evaluation-focused staff of International Organizations, including USAID, UN agencies and the World Bank, private foundations and other key stakeholders. The main aim of the dialogue was to advocate and promote high quality evaluation and evidence-based policy making in Africa through 2015—the International Year of Evaluation (EvalYear)—and beyond.

By engaging participants in experiential learning (through hands-on exercises and role playing) as well as in lively discussions around the USAID Evaluation Policy, the knowledge and skills transfer workshop contributed to strengthen the capacity of African evaluators to conduct evaluations for USAID and other partners. ASH's support for the Health Evaluation strand of the AfrEA conference provided a unique opportunity for south-south information exchange on emerging health issues and cutting-edge public programming in Africa.

USAID support for the AFREA conference—both through ASH and the participation of staff from Washington and USAID missions—was greatly valued by event organizers. In a thank you note, AFREA President Dr Adam Souleiman stated: “USAID’s financial support, mobilization of staff, strand commitment and thought-provoking discussions on Health Evaluation in Africa contributed greatly towards the success of the Conference! We specifically received very positive feedback about the USAID pre-conference workshop.”

5. Recommendations for Future Support to AFREA

Several activities are proposed as follow-on support to AfrEA and African Evaluators—building on ASH's initial efforts to strengthen evaluations in Africa and African evaluators:

- Conduct an online survey with members of evaluation networks in Africa to identify gaps in skills and resources for conducting effective evaluations, data quality assessments and performance assessments in health. ASH would develop and disseminate a resource and skills directory listing training opportunities and resource materials (including web-based resources).
- Technical Assistance in M&E to the Parliamentary Forum created during the 7th AfrEA conference. Technical assistance to the parliamentary forum should seek to strengthen the M&E capacity of parliamentarians across a selected number of African countries.
- Support to the AfrEA Journal. ASH could provide resources (skilled personnel) to aid in the review of evaluation papers related to health systems. These personnel would also mentor evaluators who seek to publish by guiding them through the paper writing process. This would increase the number of high quality papers considered for publishing by the journal panel.
- Develop M&E Curricula for Health Professionals: ASH could develop different M&E curricula such as degree, diploma and certificate levels to be used by institutions offering Health programmes.
- Organize Health Evaluation BootCamps: As part of strengthening local evaluators, ASH could facilitate regional bootcamps for Evaluators and Health M&E professionals.
- Support other regional conferences such as SAMEA 2015, AfrEA 2016: ASH and USAID could use these conferences to hold a USAID Evaluation workshop as part of the dissemination strategy for this policy document and to build the capacity of local evaluators.

ANNEXES

- Annex 1: USAID Evaluation Workshop Presentation
- Annex 2: List of Abstracts Received for the Health Strand
- Annex 3: Health Strand Sessions
- Annex 4: Tank You Letter from the AfrEA President

Annex I: USAID Evaluation Workshop Presentation



The USAID Evaluation Policy: Quality Standards, Lessons Learned, and Experiences

Knowledge Sharing and Skills Building Workshop

7th International Conference
of the African Evaluation Association

Yaounde, Cameroon

March 4, 2014



Workshop Schedule

Time	Session
8:30-9:15	Evaluation Policy and its Quality Standards
9:15-9:45	Technical approaches for USAID evaluations
9:45-10:30	Q&A
10:30-10:45	Tea break
10:45-11:30	Small group work
11:30-12:30	Panel discussion: USAID evaluation successes, constraints, and suggestions



Workshop Objectives

By the end of this workshop you will:

- 1 • Be familiar with key aspects of the USAID Evaluation Policy
- 2 • Be able to define USAID evaluation quality standards
- 3 • Understand the key elements of USAID Evaluation SOWs and Reports
- 4 • Be able to discuss successes and challenges associated with meeting evaluation quality standards



Session 1:

The USAID Evaluation Policy and its Quality Standards



Session 1: Outline

1. Why a USAID Evaluation Policy?
2. Evaluation Definition and Purposes
3. Types of Evaluation at USAID
4. Evaluation Standards and Practices
5. Criteria for Quality Evaluation Report
6. Achievements to Date and Areas Needing Improvement



Why a USAID Evaluation Policy?

- Global Trends in Development Evaluation
 - Paris declaration
 - Impact evaluations to inform policy and practice
 - Demand for greater transparency in decision making
- Decline of Evaluation Quantity and Quality at USAID
- USG emphasis on evidence-based decision making
- USAID Forward focus on Results and Impact

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Evaluation: Definition and Purposes

- USAID Definition: "The systematic collection and analysis of information about programs and projects as a basis for judgments, to improve effectiveness, and to inform programming and management decisions"
- Addresses the 'why', 'why not', 'why' and 'what else' of program/project performance
- **Purposes: Accountability and Learning**

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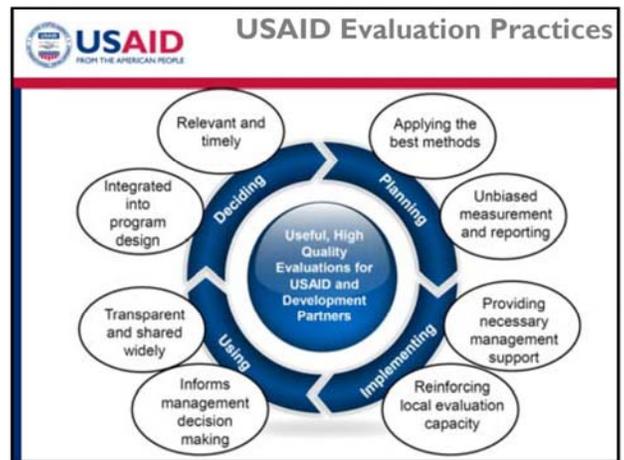
Types of Evaluation at USAID

	Performance Evaluations	Impact Evaluations
Use	<ul style="list-style-type: none"> • Explore a range of issues linked to program design and implementation; e.g., how a project is being implemented or what is has achieved. • Lack a rigorously defined counterfactual 	<ul style="list-style-type: none"> • More narrowly defined; provide a quantifiable measurement of change attributable to a given intervention with a high level of confidence • Requires rigorous counterfactual or comparison group
Questions	Generally, descriptive and normative	Cause-and-effect
Design	Wide variety depending on purpose & questions	Experimental (randomization) or quasi-experimental
Methods	Mix of qualitative and quantitative methods	Quantitative, though sometimes include qualitative methods

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Evaluation Standards and Practices

Integrate Evaluation into Design	Include evaluation specialists in strategy and project design teams, identify questions, plan for baseline data collection.
Minimize Bias	Disclosure of conflicts of interest, external evaluation experts as team leads.
Ensure Relevance to Future Decisions	Evaluation questions developed with stakeholders and are linked to future decisions.
Use the Best Methods	Qualitative and quantitative methods that generate reproducible and high quality evidence.
Reinforce Local Capacity	Work with local expert evaluation leads, use host country systems, and build local capacity.
Be Transparent	Findings from evaluations are shared publicly and in a timely manner.
Dedicate Sufficient Resources	Goal of approximately 3 percent of a USAID operating unit's total program funds to be set aside for external evaluations.



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Evaluation Requirements

Required	Recommended <small>(in addition to large and pilot projects)</small>
<p>Large projects: at or above average dollar value for projects within each development objective managed by an OU</p> <p>Innovative or pilot projects of any size: demonstrate new approaches that are anticipated to be expanded in scale or scope if the approach is proven successful.</p>	<p>Evaluations at the program or sector level, particularly valuable in a period preceding the development of a new strategy.</p> <p>Any other evaluations identified by an operating unit as needed for learning or management purposes.</p>

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Criteria for Quality Evaluation Reports

- Thoughtful, well researched, and well organized effort
- Address all the questions included in SOW
- Evaluation design and methodology explained in detail
- Limitations of the evaluation fully disclosed in the report, particularly those related to methodology
- Evaluation findings presented as analyzed facts, linked to evidence and data
- Evaluation findings assess outcomes and impacts on both male and female men and women
- Recommendations specific, action-oriented, and supported by a specific set of findings
- Evaluation SOW and all sources of information clearly identified and included in Report Annex

12

CRITERIA TO ENSURE THE QUALITY OF THE EVALUATION REPORT

- The evaluation report should represent a thoughtful, well-researched and well organized effort to objectively evaluate what worked in the project, what did not and why.
- Evaluation reports shall address all evaluation questions included in the scope of work.
- The evaluation report should include the scope of work as an annex. All modifications to the scope of work, whether in technical requirements, evaluation questions, evaluation team composition, methodology or timeline need to be agreed upon in writing by the technical officer.
- Evaluation methodology shall be explained in detail and all tools used in conducting the evaluation such as questionnaires, checklists and discussion guides will be included in an Annex in the final report.
- Evaluation findings will assess outcomes and impact on males and females.
- Limitations to the evaluation shall be disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence and data and not based on anecdotes, hearsay or the compilation of people's opinions. Findings should be specific, concise and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an annex.
- Recommendations need to be supported by a specific set of findings.
- Recommendations should be action-oriented, practical and specific, with defined responsibility for the action.

Achievements to Date

- Increase in Quantity of Evaluations

The Number of Evaluations Submitted to the Development Experience Clearinghouse Each Year

Year	Number of Evaluations
2002	131
2003	135
2004	140
2005	116
2006	82
2007	73
2008	97
2009	112
2010	142
2011	159
2012	201

Figure 4: Number of Evaluations Submitted to the Development Experience Clearinghouse Each Year

Trends in Overall Scores

Table 3. Quality Factors With the Most Improvement Between 2009 and 2012

#	Evaluation Report Quality Factors Description	2009-12 Net Change	Percentage Rated Positively in 2012
Net Improvement of More Than 10 Percent on These Quality Factors Between 2009 and 2012			
6	Questions in report same as in SOW	57%	69%
33	SOW is included as a report annex	29%	74%
16	Study limitations were included	26%	64%
35	Annex included data collection instruments	25%	81%
12	External team leader	19%	82%
30	Recommendations—specific about what is to be done	19%	77%
18	Evaluation questions addressed in report (not annexes)	15%	74%
15	Report indicated conflict-of-interest forms were signed	12%	12%
22	Findings supported by data from range of methods	12%	80%
4	Management purpose described	11%	81%
23	Findings distinct from conclusions/recommendations	11%	48%

Trends in Overall Scores, 2009-12

Figure 45. Trends in Overall Scores, 2009-12

Year	Average Score
2009 Average	5.56
2010 Average	4.95
2011 Average	6.36
2012 Average	6.68
Overall Average	5.93

Areas Needing Improvements

- Still too many questions included in evaluation SOWs and reports
- Data collection methods not linked to each question
- Data analysis often weak
- Evaluation findings not always distinct from conclusions/recommendations
- Evaluation findings not disaggregated by sex nor analyzed to uncover differential impacts between men and women
- Evaluation specialists and local evaluators still not sufficiently included on teams
- Recommendations often not specific or actionable

Areas Needing Improvements (Cont'd): Evaluation Partnership

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- Background
- Theory of Change
- Purpose
- Questions
- Team composition
- Time and budget

Evaluation Team

- Report Structure
- Findings
- Purpose
- Recommendations
- Annexes
- Executive Summary

Methods



Session 2:

Technical Approaches for USAID Evaluations



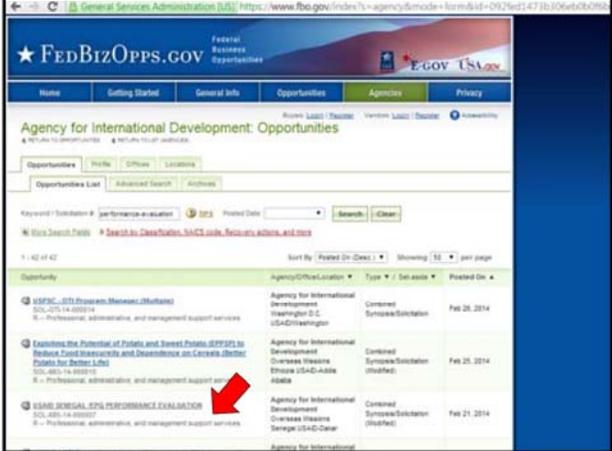
Session 2: Outline

1. Preparing/Responding to a USAID Evaluation SOW
2. Evaluation Questions
3. Evaluation Design and Methods, including data analysis
4. Responsibilities – Evaluation Team vs USAID
5. Evaluation Task Schedule, Deliverables, LOE and Budget
6. Evaluation Findings and Recommendations
7. Evaluation Reporting



Accessing USAID Evaluation Solicitation Opportunities

- ❑ All business opportunities for U.S. Federal agencies, including USAID are available at: www.fbo.gov
- ❑ Google search keywords: "USAID fbo.gov"
- ❑ <https://www.fbo.gov/index?s=agency&mode=form&tab=notices&id=092fed1473b306eb0b0f6be7ba456f80>



General Services Administration (GSA) | <https://www.fbo.gov/index?s=agency&mode=form&tab=notices&id=092fed1473b306eb0b0f6be7ba456f80>

FEDBIZOPPS.GOV | Federal Business Opportunities | E.GOV USAID

Agency for International Development: Opportunities

Keyword: Solicitation # **performance evaluation** | 2013 | Posted Date: [] | Search | Clear

1 - 42 of 42 | Sort By: Posted On (Desc) | Showing 10 | per page

Opportunity	Agency/Office/Location	Type	Set aside	Posted On
RFQ# 1473B306EB0B0F6BE7BA456F80 - Professional, administrative, and management support services	Agency for International Development Washington D.C. USA-D/Washington	Contract	Business/Qualification	Feb 28, 2014
Establishes the Potential of Proteins and Sweet Proteins (EPFSP) to Reduce Food Insecurity and Dependence on Carbohydrate Staples for Better Life	Agency for International Development Overseas Mission Ethiopia USAID-A/Asis (Ethiopia)	Contract	Business/Qualification	Feb 25, 2014
USAID FEDERAL SPIL PERFORMANCE EVALUATOR	Agency for International Development Overseas Mission Senegal USAID-C/Car	Contract	Business/Qualification	Feb 21, 2014



Typical Elements of a USAID Evaluation Scope of Work

1. Description of Program/Project/Activity to be Evaluated
2. Background
3. Purpose
4. Questions
5. Design and Methods
6. Deliverables and Timeline
7. Team Composition
8. Scheduling and Logistics
9. Budget



Preparing/Responding to a USAID Evaluation RFP/SOW

- ❑ Access RFPs on FedBizOps
- ❑ Study, study, study the RFP and SOW thoroughly!
- ❑ Review the USAID Evaluation Policy
- ❑ Perform online research on the project or program to be evaluated
- ❑ Follow the RFP/SOW instructions and address all its requirements
- ❑ RFP/SOW either include, others will ask the consultant to develop the design and methods or refine the partial evaluation design and methods from the SOW
- ❑ Propose a rigorous evaluation design and methods
- ❑ If you have never evaluated a USAID project, work with someone who has (in the development of the proposal)
- ❑ Submit realistic timelines and LOE tables, including for the planning phase
- ❑ Propose strong, experienced consultants

 **Online Resources**

USAID Website: <http://www.usaid.gov/evaluation>

- USAID Evaluation Policy
- How-To Notes
 - [Preparing Evaluation Reports](#)
 - [Evaluation Statements of Work](#)
- Technical Notes
 - [Conducting Mixed-Method Evaluations](#)
 - [Impact Evaluations: Technical Note](#)

USAID Learning Lab: <http://usaidealarninglab.org/evaluation-resources>

- Materials from all 20 modules of the USAID Course "Evaluation for Evaluation Specialists"

 **Evaluation Questions**

What Constitutes a Good Evaluation Question?

- Listed in priority order
- Link clearly to the evaluation purpose
- Realistic in number and appropriate in type given the time and resources available
- Can be answered definitively
- Reflects stakeholder needs and interests; including those of women and minority groups
- Considers the timing relative to the program or policy cycle—reflect the requirement for utility
- Is not two (or more) questions in one
- Is an "extent, how, what" question rather than yes/no questions

 **Evaluation Questions**

1. Descriptive questions → Represent "what is"
2. Normative questions → Comparisons of "what is" to "what should be"
3. Cause and Effect questions → Identify if results have been achieved due to the intervention

 **Evaluation Questions**

What Type of Question is This?

Did the initiative provide advice and support to the 30,000 rural women during the second year of operation as specified in the project Logical Framework?

- a. Descriptive
- b. Normative/comparative
- c. Cause & Effect
- d. None of the above—needs rewriting
- e. I am clueless/don't know

 **Evaluation Questions**

What Type of Question is This?

How satisfied are participants with the quality of the services they received?

- a. Descriptive
- b. Normative/comparative
- c. Cause & Effect
- d. None of the above—needs rewriting
- e. Hmmm/don't know

 **Evaluation Questions**

What Type of Question is This?

How satisfied are participants with the quality of the services they received?

- a. Descriptive
- b. Normative/comparative
- c. Cause & Effect
- d. None of the above—needs rewriting
- e. Hmmm/don't know

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Evaluation Questions

What Type of Question is This?

To what extent did the program result in greater food security for households in the Northern region?

- Descriptive
- Normative/comparative
- Cause & Effect
- None of the above—needs rewriting
- Help/don't know

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Evaluation Design and Methods, including Data Analysis

Reminder:

Your method will depend on the evaluation design!

- Performance Evaluations:** Design is usually non quasi-experimental and can be pre/post design, or post only, case study, difference-in-difference with no counterfactual, etc.
- Impact Evaluations:** Design should be quasi-experimental (i.e., statistically significant models that appropriately define a treatment and control group), and experimental (i.e., using randomization to define treatment and control groups).
- Combination:** In some cases an evaluation may include both impact and performance evaluation design.
- Methods can be qualitative, quantitative, or mixed (both qualitative and quantitative)

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Evaluation Design and Methods, including Data Analysis

- Data collection and analysis methods must be appropriate to answer the evaluation questions
- Use the best design/methods available given time, budget resources, and data available
- Methodology must be described adequately
- Defend your choice of Methodology (e.g. explaining trade-offs to selecting certain methods over others),
- Describe limitations of the methodology and how risk of bias will be minimized
- Methods must be applied in a systematic way
- Discuss data disaggregation and gender differentials will be analyzed
- Describe how your choice of sample and inclusion/exclusion criteria are appropriate for the purpose and constraints of the evaluation

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Evaluation Design and Methods, including Data Analysis

Evaluation Design Matrix:

Question	Sub-Question	Measure or Indicator	Target or Standard (if normative)	Baseline Data?	Data Source	Data Collection Instruments

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Responsibilities – Evaluation Team vs USAID

	Before Fieldwork	During Fieldwork	After Fieldwork
USAID	<ul style="list-style-type: none"> Develop and share SOW/RFP Select Evaluators Provide feedback and approve evaluation plan and tools Provide background documents Provide a list of key informants Identify data sources Introduce eval team to stakeholders 	<ul style="list-style-type: none"> Respond to inquiries as needed 	<ul style="list-style-type: none"> Provide feedback at debrief Provide written feedback on draft report Approve final report Use findings and recommendation Disseminate findings and recommendation (if appropriate)
JOINT	<ul style="list-style-type: none"> Organize inbrief meeting Agree on report outline 		<ul style="list-style-type: none"> Organize debrief meeting
EVALUATOR	<ul style="list-style-type: none"> Propose an approach Organize team planning sessions Review background documents Develop and submit evaluation plan and tools Pilot test the tools Arrange logistics 	<ul style="list-style-type: none"> Collect data Keep USAID informed 	<ul style="list-style-type: none"> Organize data Perform data synthesis and analysis Present preliminary findings at debrief Write and submit draft report Make revisions and submit final report

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Evaluation Task Schedule, Deliverables, LOE and Budget

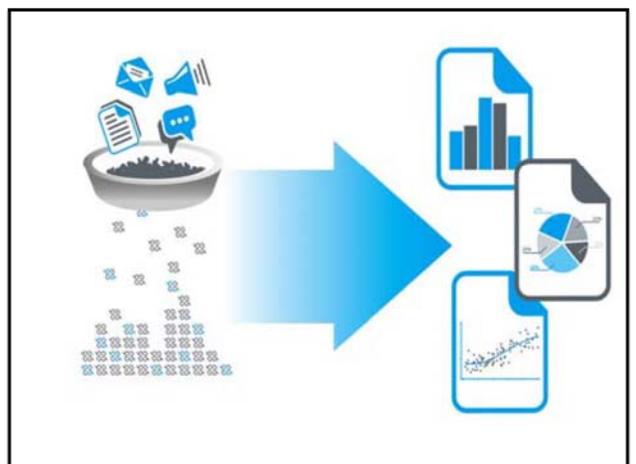
- Schedule and budget proposal should be responsive to the RFP and realistic
- Carefully organize the information in your proposal
 - Task schedule, LOE and budget are interrelated
- Will be asked to submit a workplan
- Show that you understand the sequence of event
- Budget should be detailed
 - Be ready to justify each expense
- Be cognizant of maximum daily rate

Strengthening the Capacity of African Evaluators to Conduct High Quality Health Evaluations

Stage	Percent of Total LOE	Activities Included	Activity as a Percent of LOE at Stage
Planning	15	Desk review of program documents	15
		Team planning meetings to reach agreement on objectives, measures, procedures, deliverables, schedules	45
		Establish detailed data requirements	40
Preparations	15	Select interviewers/sites/projects/groups	5
		Select and prepare sites	15
		Establish field procedures	20
		Train field staff and interviewers	25
		Field test data collection instruments/methods	15
Field Implementation	30	Develop detailed data analysis plan	20
		Provide coordination and administration	20
		Undertake data collection	50
Data Analysis	10	Maintain data collection quality control	10
		Complete preliminary processing	20
		Prepare preliminary analysis	65
Reporting	25	Solicit feedback and revise analysis	35
		Write and revise report. Prepare evaluation summary. Report quality assurance	85
Travel and logistics	5	Presentation of findings, conclusions, and recommendations to client and other stakeholders	15
		International and local travel	60
		Logistics	40



Responsibilities – Evaluation Team vs USAID			
	Before Fieldwork	During Fieldwork	After Fieldwork
USAID	<ul style="list-style-type: none"> Develop and share SOW/RFP Select Evaluators Provide background documents Provide feedback and approve evaluation plan and tools Provide a list of key informants Identify data sources Introduce eval team to stakeholders Organize inbrief meeting Agree on report outline 	<ul style="list-style-type: none"> Respond to inquiries as needed 	<ul style="list-style-type: none"> Provide feedback at debrief Provide written feedback on draft report Approve final report Use findings and recommendation Disseminate findings and recommendation (if appropriate) Organize debrief meeting
JOINT			
EVALUATOR	<ul style="list-style-type: none"> Propose an approach Organize team planning sessions Review background documents Develop and submit evaluation plan and tools Pilot test the tools Arrange logistics 	<ul style="list-style-type: none"> Collect data Keep USAID informed 	<ul style="list-style-type: none"> Organize data Perform data synthesis and analysis Present preliminary findings at debrief Write and submit draft report Make revisions and submit final report



 **Evaluation Findings and Recommendations**

- Present findings as analyzed facts clearly and explicitly backed by evidence
- Recommendations should be implementable and clearly linked to findings.
- One way to show this is to use a chart that links evidence, findings, and recommendations.

 **Evaluation Findings and Recommendations**

Typical Problems with FINDINGS

1. Are not organized to address the evaluation questions — the reader must figure out where they fit.
2. Lack precision and/or context —the reader cannot interpret their relative strength.
3. Mix findings, conclusions, and recommendations.

 **Evaluation Findings and Recommendations**

Choose the most appropriate “FINDING” statement:

1. “Some respondents said ‘x,’ a few said ‘y,’ and others said ‘z.’”

OR

2. “Twelve of the 20 respondents (60 percent) said ‘x,’ five (25 percent) said ‘y,’ and three (15 percent) said ‘z.’”

 **Evaluation Findings and Recommendations**

Activity - Choose the most appropriate “FINDING” statement:

1. “The fact that 82 percent of the target group was aware of the media campaign indicates its effectiveness.”

OR

2. “Eighty-two percent of the target group was aware of the media campaign.” Conclusion: “The media campaign was effective.”

 **Evaluation Findings and Recommendations**

Typical Problems with RECOMMENDATIONS

1. Are unclear about the action to be taken.
2. Fail to specify who should take action.
3. Are not supported by any findings and conclusions
4. Are not realistic with respect to time and/or costs.

 **Evaluation Findings and Recommendations**

Choose the most appropriate “RECOMMENDATION” statement:

1. “To improve extension services, the Ministry of Agriculture should implement a comprehensive introductory training program for all new extension workers and annual refresher training programs for all extension workers.”

OR

2. “Something needs to be done to improve extension services.”

 **Evaluation Findings and Recommendations**

Choose the most appropriate "RECOMMENDATION" statement:

1. "Sidewalk ramps for the disabled should be installed."

OR

2. "Through matching grant funds from the Ministry of Social Affairs, municipal governments should install sidewalk ramps for the disabled."

 **Evaluation Findings and Recommendations**

Choose the most appropriate "RECOMMENDATION" statement:

1. "The Ministry of Social Affairs should ensure that all municipal sidewalks have ramps for the disabled within two years."

OR

2. "The Ministry of Social Affairs should implement a gradually expanding program to ensure that all municipal sidewalks have ramps for the disabled within 15 years."

 **Evaluation Reporting**

Planning Stage/Before Report Writing:

- Establish clear and defensible findings, conclusions, and recommendations that clearly address the evaluation questions
- Decide how to organize the report in a way that conveys these elements most effectively
- Agree in advance with USAID on report outline
- Agree in advance with USAID on number of pages

 **Evaluation Reporting**

Report Writing:

- Remember the primary audience: project and program managers, policymakers, and direct stakeholders
- Report should be in easy to understand and concise
- Address all the evaluation questions and issues
- Include accurate and data-driven findings, justifiable conclusions, and practical recommendations
- Reports must meet the USAID quality standards

 **Online Resources**

USAID Website: <http://www.usaid.gov/evaluation>

- USAID Evaluation Policy
- How-To Notes
 - [Preparing Evaluation Reports](#)
 - [Evaluation Statements of Work](#)
- Technical Notes
 - [Conducting Mixed-Method Evaluations](#)
 - [Impact Evaluations: Technical Note](#)

USAID Learning Lab: <http://usaidlearninglab.org/evaluation-resources>

- Materials from all 20 modules of the USAID Course "Evaluation for Evaluation Specialists"

CHECKLIST FOR EVALUATION REPORTS



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Acknowledgements

Special thanks to:

- USAID/PPL/LER
- Social Impact
- MSI

The content of this presentation draws heavily from various USAID evaluation materials produced by these organizations.

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Small Group Exercise

INSTRUCTIONS

1. Review the findings from the Executive Summary
2. Determine whether the findings are well-stated
3. Develop up to 2 conclusions and recommendations

Annex 2: List of Abstracts Received for the Health Strand

	First Name	Last Name	Email	Organization	Abstract Title
1	Adetola	Adeoti	jadeoti89@gmail.com	Department of Agricultural Economics, University of Ibadan	Impact Of Access To Safe Water And Improved Sanitation On Diarrhea Incidence In Rural Nigeria
2	Ekaette Godwin	Udoh	ekaido@yahoo.com	University of Uyo Teaching Hospital, University of Uyo, Nigeria	Outcome mapping of Hypoglycemic Activity of the Aqueous Extract of Musa Paradisiaca (Plantain) Leaf in the Management of D
3	Emem Bassey	Inyang	embainy@yahoo.com	Department of Agricultural Economics and Extension, University of Uyo, Akwa Ibom State, Nigeria	Evaluation of Adoption of Indigenous knowledge on Musa paradisiaca Leaf as Complementary and Alternative Medicine in the Management of Diabetes in Akwa Ibom State, Nigeria
4	Emem Bassey	Inyang	embainy@yahoo.com	Department of Agricultural Economics and Extension, University of Uyo, Akwa Ibom State, Nigeria	Evaluation of Service Delivery Responsiveness and Attitudinal Dispositions of Youths towards HIV/AIDS Voluntary Counseling and Testing in Itu, Akwa Ibom State
5	Emem Bassey	Inyang	embainy@yahoo.com	Department of Agricultural Economics and Extension, University of Uyo, Akwa Ibom State, Nigeria	Evaluation of Health Inequity Status of Youths among Households in Uyo, Akwa Ibom State
6	Emmanuel	Forlack	forlackallo@yahoo.com	Regional Malaria Control Unit for the Centre [Unité Régionale de lutte contre le Paludisme du Centre], Regional Delegation of Public Health	Determinants of intermittent preventive malaria treatment coverage among pregnant women in the East region of Cameroon
7	Fadima YAYA	BOCOUM	fadimabocoum@yahoo.fr	Institut de Recherche en Sciences de la Santé	Evaluation of the malaria preventive measures expenditures in Burkina Faso
8	Fasil Walelign	Fentaye	fasilowa2@yahoo.com	Undisclosed	Process Evaluation of Antiretroviral Therapy Program in Southwest Ethiopia: a case study
9	Mark	Kabue	Mark.Kabue@jhpiego.org	Jhpiego—an affiliate of Johns Hopkins University	An evaluation of family planning service integration in urban low income setting
10	Mitsuru	Toda	mitsuru@post.harvard.edu	Nagasaki University Institute of Tropical Medicine	Preliminary baseline survey results from the mSOS pilot project in Kenya
11	Abibou	Mamadou	abibou.mamadou@plan-international.org	National Suivi Evaluation et Recherche / Plan Bénin	Résultats de l'évaluation finale du Projet de Prévention à base communautaire du Paludisme par l'Approche Collaborative au Bénin.
12	John Marc	Beugre	beugrei.marc@gmail.com	RISE (Réseau Ivoirien de Suivi-Evaluation)	Evaluation des actions des pouvoirs publics sur le système de santé en Côte d'Ivoire depuis la fin de la crise post-électorale de 2010-2011
13	Mika	Kunieda	mkunieda@unicef.org	UNICEF	The never-ending story of monitoring individual behaviour change and immunization outcomes through polio campaign data and household KAP surveys
14	Jeffrey	Tanner	jtanner@worldbank.org	Economist Independent Evaluation Group World Bank Group	Delivering the Millennium Development Goals on Maternal and Child Mortality: A Systematic Review
15	Martin	Noltze	martin.noltze@DEval.org	Institutional affiliation of authors:	Evaluating development cooperation in a Sector-

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	First Name	Last Name	Email	Organization	Abstract Title
				German Institute for Development Evaluation (DEval), Germany	Wide Approach – the case of the Rwandan-German cooperation in health
16	Susan M	Igras	Smi6@georgetown.edu	Institute for Reproductive Health, Georgetown University	Linking scale up theory to scale up M&E: Findings from a multi-country prospective study of scaling up a reproductive health innovation
17	James	Nganga	jimmynganga@gmail.com	Africa Centre for Health and Population Studies, University of KwaZulu-Natal, South Africa	Hospitalisation and mortality in the context of antiretroviral treatment in rural high HIV prevalence setting in South Africa
18	Mabvuto	Kango	kango@email.com	African Union Commission	Evaluation of the National Eye Care Coordination Programme in Zambia
19	Nepali	Sah	nsah@unicef.org	UNICEF unite for children, Field Office, Tamale, Ghana	Regional disparities in nutritional status of children in Ghana: Reflections from trend and differential analysis from Mores perspectives Nepali Sah
20	Sandile	Ginindza	sandile.ginindza@uky.edu	MPH Fulbright Student-Swaziland University of Kentucky College of Public Health Lexington, USA.	Application of the M&E Systems Strengthening Tool to evaluate Tuberculosis and Malaria programs in Swaziland.
21	Karen	Foreit	kforeit@futuresgroup.com	Senior Fellow, Futures Group International	Building M&E capacity in community-based HIV programs in Tanzania: from diagnosis to assessing impact (Paper)
22	Jen	Byrne	Jennifer.pierre@ilcafrica.com	ILC Africa	Documenting Good Practices for the UNFPA/Government of Ghana 5th Country Programme
23	Krishna	Belbase	kbelbase@unicef.org	UNICEF, New York and Eric Kouam, Consultant, University of Montreal, Canada	Addressing Complexities in Conducting Multi-Country Evaluations. A Case Study of UNICEF's Community Management of Acute Malnutrition (CMAM) Evaluation
24	Incidencia	Ciudadana	iiiciudadana@gmail.com	Instituto de Investigación e Incidencia Ciudadana, Guatemala	Questioning indicators in Guatemalan health policy: building a bridge between users and policy makers
25	Miché	Ouedraogo	ouedmiche@gmail.com	OUEDRAOGO Miché, Assistant de Recherche au Centre d'Etudes, de Documentation et de Recherche Economiques et Sociales de l'Université Ouaga 2, Burkina Faso.	Evaluation des centres de santé par les communautés
26	Mouhamadou	Sow	mouhamadoussow@gmail.com	GERCOP/UGB/ Saint Louis Sénégal.	L'évaluation dans les ISC au Sénégal : nouveau métier ou refus de rénovation institutionnelle ?
27	Vanessa	Corlazzoli	vcorlazzoli@sfcg.org	Institutional Learning Team	The use of evaluation for improvement of governance systems: A case study in Sierra Leone
28	Sampson Nuvaga	Ntangtang	nuvaga@yahoo.com	Impact of HEALTH & POVERTY EVALUATION on Cameroon development. 20 years after.	Impact of HEALTH & POVERTY EVALUATION on Cameroon development. 20 years after.
29	Asham Assazene	Baysa	asham.assazene@rescue.org	International Rescue Committee (IRC)	A performance evaluation of HIV/AIDS Projects Community Conversations in Shimelba and

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	First Name	Last Name	Email	Organization	Abstract Title
	w				My'Ayni Camps and Host Communities, Tigray Region, Ethiopia, January 2012.
30	Giulia Besana (NEW AUTHOR)	Eva Bazant	eva.bazant@jhpiego.org	Jhpiego, an affiliate of Johns Hopkins University	Postpartum Care and Family Planning in Tanzania: M&E Challenges and Solutions
31	Linda	Fogarty	Linda.Fogarty@jhpiego.org	Jhpiego—Innovating to Save Lives	Implementing Standards to Improve Health Development Organizations' Monitoring and Evaluation Practices: Experiences using an operation tool and process
32	Yacouba	Ouedraogo	Yacouba.Ouedraogo@jhpiego.org	Jhpiego—Innovating to Save Lives	Ensuring cervical cancer prevention data are used for decision making at the facility level in Burkina Faso by using facility posters to track key indicators monthly
33	Bali	Andriantseho	b.andriantseho@gmail.com	Malagasy Association for Evaluation (MASSE)	Adapting the Health Services Utilization Behavior Models to Developing countries – The case of Madagascar
34	Alfonso	Rosales	arosales@WorldVision.org	World Vision US, Maternal and Child Health Senior Advisor	A Population Based Survey to Evaluate Essential Newborn Care in Rural Settings: The Case of Warrap State in South Sudan
35	Aisha	Nansamba	nansamba.aisha@gmail.com	Research and Evaluation Unit BRAC Uganda	Initial Findings from Randomized Evaluation of BRAC's Community Health Programme in Uganda
36	Iwi Lacey	Kum	iwilacey@yahoo.com	AEDES/IRESKO CONSORTIUM, Performance Performing Agency Northwest Region	Addressing Low Demand Of Family Planning In The Northwest Region: The Case Of Ndop, Fundong, Kumbo East And Fundong Health Districts"
37	Ngwa-Nebane	Suh Mulah	nsuhmulah@yahoo.com	Department of Health Economics, Policy and Management, Catholic University of Cameroon (CATUC), Bamenda	The effects of Performance-based-Financing on the use of healthcare in Fundong, Ndop, Nkambe and Kumbo East Health Districts of the North West Region of Cameroon
38	Paul	Kariuki	pamirry@gmail.com	Pearl Africa Evaluation Consulting, Durban, South Africa	Youth-Friendly Mobile Health Services: Opportunities and Lessons
39	Vincent wanyama	Wanyama	Vincent_Wanyama@wvi.org	World Vision International, Uganda, Kampala	Evaluation utilization: a trigger for amplified citizen's voice and accountability for improved child health service delivery in Nabiswera, Uganda
40	Tieko jean-luc	Bebei	tiekojeanlucbebei@yahoo.fr	MACOM- Université des Collectivités/MACOM	Evaluation de la performance d'un outil (organe) de renforcement des capacités des collectivités territoriales
41	Pierre	Daou	pierredaou@yahoo.fr	Département de Médecine Traditionnelle/Institut National de Recherche en Santé Publique (INRSP) Université d'Oxford/ Angleterre	Evaluation Des Ressources Humaines Pour La Sante Au Mali Et Difficultes Liees A Leur Gestion
42	Emmanuel	Bodzewan	ebodzewan@gmail.com		Need To Implement Performance-Based Financing Scheme In Cameroon Health System:

Strengthening the Capacity of African Evaluators to Conduct High Quality Health Evaluations

	First Name	Last Name	Email	Organization	Abstract Title
43	Reynolds	Zahra	watsongr@email.unc.edu		Using LQAS and HMIS to routinely assess the performance of health services
44	Folorunsho	Moshood	folorunshomoshood@gmail.com	Educare Trust	Methodological Innovation in Community Development Project Evaluation
45	Miliswa	Magongo	mmagongo@AfricaCentre.ac.za	Africa Centre	Evaluation for Development: From Analysis to Impact
46	Mikhail	Yossa	mikacol@yahoo.fr	Université Catholique d'Afrique Centrale	Démontrer l'amélioration de la performance des hôpitaux camerounais par implémentation de la Gestion Axée sur les Résultats (GAR) dans ces derniers.
47	Keugoung	Basile	keugoung@gmail.com	Ministère de la Santé Publique, Cameroun ; Institut de Médecine Tropicale d'Anvers-Belgique	Nécessité d'une meilleure gestion des savoirs et de partage d'expériences en Afrique subsaharienne : Expérience innovante de la Communauté de Pratiques 'Prestation de Services de Santé
48	Mary Pat	Selvaggio	mpselvaggio@khulisa.com	Khulisa Management Services	A Framework for Perf Assess of Service Delivery
49	Mary Pat	Selvaggio	mpselvaggio@khulisa.com	Khulisa Management Services	Internal Evaluation as an Approach to Ownership of Evaluation
50	Mary Pat	Selvaggio	mpselvaggio@khulisa.com	Khulisa Management Services	Data Mana Syst and Data Quality Workshop -
51	Mary Pat	Selvaggio	mpselvaggio@khulisa.com	Khulisa Management Services	Use of Moderating Factors in Evaluation Policy Implementation
52	Reynolds	Zahra			Subm LQAS and HMIS in Lofa MEASURE
53	Shelah	Bloom			The Women's Justice and Empowerment Initiative: Lessons learned and implications for gender-based violence Programming in sub-Saharan Africa
54	Esgen	Benti			Process Evaluation on TB
55	Vincent	Nyendwa			An Abstract On Community Research Methods
56	Vincent	Nyendwa			Building a Results-Based Monitoring and Evaluation System

Annex 3: Health Strand Sessions

Session Name:	Monitoring Health Standards
Session Type	Panel Discussion
Presentation(s)	Improving Standards to improve health develop organisations' M&E practices: Experiences using an operation tool and process

Four panel discussion members from JHPIEGO Mozambique, JHPIEGO Malawi, JHPIEGO Cote d'Ivoire and JHPIEGO Zambia discussed their experiences in using JHPIEGO's National M&E Standards. These standards consist of the following components that were drawn out of UNICEF's M&E Standards and AfrEA's Evaluation guiding principles

- Data are used for decision-making
- Rigorous evaluations are planned and implemented
- Adequate M&E human capacity
- Routine program monitoring systems are in place
- M&E is integrated into programs
- Have logic model, PMP and M&E work plan
- Data quality is assessed routinely
- Databases are used to facilitate routine M&E
- Verification criteria: IRB for evaluations

The M&E tool is excel based and uses a traffic light scoring system. Country results/experiences were as follows:

Mozambique

- The use of standards was more acceptable and put M&E back on the radar.
- M&E started to have a leading role in the application of Standards
- M&E team managed to involve technical team leaders in the discussion of scores
- Technical teams no longer had to scramble for data but were able to use information from the scores.

Malawi Experience

- M&E standards serve as a documented benchmark
- Improved relations between M&E people and Finance people
- In Malawi nothing is now done without M&E, everything has to involve M&E
- Finance Team is now part of the technical review since spending is compared with achievement.

Cote d'Ivoire Experience

- Improved adherence to Standards
- Reduced delays in submitting reports.

Zambia Experience

- Integrated evaluation findings into practice
- Contributed positively to successful program implementation – improved patient care, quality of services provided
- Improved data quality & communications between programs and M&E
- Reviewing of the standards became a routine activity during program quarterly meetings

Session Name:	Evaluation in Key Disease Programs
Session Type:	Papers
Presentation(s):	Process Evaluation of Antiretroviral Therapy Programme in SW Ethiopia Building M&E capacity in Community-based HIV programmes in Tanzania: from diagnosis to assessing impact

In this session of the health strand, two evaluators presented evaluation papers. The first paper was a *Process Evaluation of Antiretroviral Therapy Program in Southwest Ethiopia: A Case Study* by Fentaye F.W from Wollo University. The Evaluator employed a case study design and utilized mixed methods in the study. The evaluation was focused on a cohort study of patients who started ARVs from 2004 to 2009. The process evaluation explored issues such as adherence, availability of drugs, availability of guidelines/manuals/treatment charts at facility level and quality of service delivery. The evaluation found that people in the study area have taken up services but only about 54% of health facilities were implementing the program as planned.

The second evaluator, Zaddy Kibao, presented a paper by Karen Foreit of MEASURE Evaluation titled: *Building M&E Capacity in Community based HIV programs in Tanzania: from diagnosis to assessing impact*. Health and social services in Tanzania suffer from inadequate and poorly coordinated monitoring and evaluation systems as well as insufficient human and organizational capacity. This leads to poor-quality data for program planning, management and reporting. The presenter described MEASURE's approach to improving individual and organizational capacity to produce and use quality data for decision making through routine data quality assessments and Community Testing Verification (CTV) in identifying M&E challenges in community based HIV programs. CTVs were conducted at household level which provided opportunities to assess other indicators of program coverage. Mini DQAs were used to establish changes in the M&E capacity. CTV was found to effectively and efficiently pinpoint strengths and weaknesses in data collection. In addition, household visits provided opportunities to assess other indicators of child well-being and program coverage. DQA findings were used to focus training and on-the-job mentoring on identified weaknesses, beginning with systemic factors such as M&E staffing and documented procedures.

Session Name:	Evaluation for Maternal and Child Health
Session Type:	Papers
Presentation(s):	Delivering the Millennium Development Goals on Maternal and Child Mortality – A Systematic Review Impact of Access to Safe Water and Improved Sanitation on Diarrhea Incidence in Rural Nigeria. Essential New-Born Care in Rural Setting: The Case of Warrap State in South Sudan

Three evaluators presented papers during this session. First, World Bank Economist, and Impact Evaluations expert Jeffrey Tanner presented a paper that reviewed a number of reports on evaluation and child health. Titled *Delivering the Millennium Development Goals on Maternal and Child Mortality – A Systematic Review*, the paper aimed to answer the following questions: (i) What interventions demonstrate reductions in maternal and child mortality and increase skilled birth attendance? (ii) What do we know about the effects of increasing skilled birth attendance? (iii) What important knowledge gaps remain on interventions to reduce maternal and child mortality? The research found that: (i) Skilled Birth Attendance can be improved through Conditional Cash Transfers and Vouchers and Interventions that bundle quality improvements with increased accessibility. (ii) Solely training health workforce or increasing awareness of safe motherhood was not observed to yield significant results and (iii) Where reported, effects are larger for more disadvantaged households.

The second panelists, Adeoti Adetoal and Obasoro from Nigeria's University of Ibadan (department of agricultural economics), presented on an evaluation on *Impact of Access to Safe Water and Improved Sanitation on Diarrhea Incidence in Rural Nigeria*. The methodology employed was an analysis of secondary data Nigeria (DHS 2008) in trying to answer the question 'What will be the impact of improved water and sanitation on diarrhea incidence among under 5 children in rural Nigeria?'

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The last presentation was made by Peter Walyaula and prepared by Rosales Alfonso both from World Vision South Sudan and World Vision USA respectively on a quasi-experimental, community-based repeated cross-sectional study titled *Essential New-Born Care in Rural Setting: The Case of Warrap State in South Sudan*.

Questions and comments raised to the presenters covered a number of issues, including methodology; sampling; generalizing findings in a different setting that was not part of the evaluation's target population, how variables were correlated and confounding factors accounted for in analyses (such as water source and hygiene in the homes; education with less child mortality, and education with less incidents of diarrhea); the effect of educated mothers who leave their children with domestic workers who are not educated. Household size with sanitation levels.

Session Name:	Documenting Good Practices
Session Type:	Papers
Presentation(s):	Nécessité d'une meilleure gestion des savoirs et de partage d'expériences en Afrique subsaharienne : Expérience innovante de la Communauté de Pratique 'Prestation de Services de Santé Evaluation Des Actions Des Pouvoirs Publics Sur Le Systeme De Sante En Cote D'ivoire Depuis La Fin De La Crise Post- Electorale De 2010-2011 Identifying Maternal Health GOOD PRACTICES from the United Nations Population Funds (UNFPA's) fifth country programme (CP5) in Ghana

Three evaluators held a round table discussion on the topic of good practices.

The first presenter for the session, Basile Keugoung presented a paper titled; *Nécessité d'une meilleure gestion des savoirs et de partage d'expériences en Afrique sub-saharienne : Expérience innovante de la Communauté de Pratique 'Prestation de Services de Santé*. The main aim of the paper was to share the experiences of a health services delivery community of practice.

The paper focused on three strategies employed for the circulation and sharing of knowledge; weekly newsletters, online discussion forums, and conferences with the last being the Dakar Conference of October 2013. The health services community of practice has created a network of professionals boosting more than 1500 members and contributes to the management of knowledge in treatment provision and health service delivery.

The second presentation—titled; *Evaluation Des Actions Des Pouvoirs Publics Sur Le Systeme De Sante En Cote D'ivoire Depuis La Fin De La Crise Post- Electorale De 2010-2011*—was presented by John Marc Beugre from the Ivorian Ministry of Finance and Tato Oumar Gbouazo, a member of the Ivorian Monitoring and Evaluation Network. The evaluation presented sought to understand and qualify public spending on essential health system interventions in Cote d'Ivoire since the end of the crisis post the 2010 – 2011 elections. The paper covered key interventions that have been carried out including; The free treatment policy; the fight against the Malaria-TB-HIV/AIDS; the expanded vaccination program; Human Resources for Health (personnel recruitment); and Investment in Health Infrastructure.

In addition, Jesse Firempong from the University of Toronto presented on “*Identifying Maternal Health Good Practices from the United Nations Population Funds (UNFPA's) fifth country programme (CP5) in Ghana*”. The UNFPA CP5 2006-2010 was designed to focus activities on three areas of reproductive health, population and development and gender equity and women empowerment and reproductive health with HIV and AIDS as the cross-cutting issue. Based upon UNFPA summative evaluation of the CP5 independent evaluators utilized mixed methods and analyzed both quantitative and qualitative data to identify good practices from the CP5. Good Practices were selected based on insider knowledge (UNFPA staff poll), interviews and surveys and comparing selections against scalability, relevance to SRH, innovation, data availability and correspondence to CP5 timeframe.

Session Name:	Indigenous Knowledge
Session Type:	Papers
Presentation(s):	Evaluation Utilization Adapting Health Services Utilization Behaviour Models to Developing Countries, the Case of

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a Community Health Project in Madagascar

Resultats de L'évaluation Finale du Projet de Prevention a Base Communautaire du Paludisme Par L'approche Collaborative

Questioning Indicators in Guatemalan Health Policy: Building a Bridge between Users and Policy Makers

This session had four presentations on evaluation conducted in Benin, Guatemala, Madagascar and Uganda. The first presenter, Wanyama Vincent from World Vision Uganda, presented a paper on local utilization of evaluation findings. The presenter discussed obtaining indigenous knowledge by means of citizen's voice action (CVA) and demonstrated a CVA model that was used in the case of Uganda for improving child health service delivery and generating new learning's and innovations. The CVA model combined several elements of Social Accountability Approaches promoting accountability between citizens and government around health issues.

Bali Andriantseho from Madagascar presented a paper on *Adapting Health Services Utilization Behaviour Models to Developing Countries, the Case of a Community Health Project in Madagascar*. The project funded by USAID Madagascar intended to answer two main evaluation questions: 1) to what extent did the project interventions contribute to the utilization of community health volunteer services by the rural population in the projects intervention zones, and; 2) to what extent the communal health development committee fulfil their roles and responsibilities in managing community health systems including support to CHVs. The evaluation is ongoing and plans to perform the following main analyses:

- A descriptive analysis of target population and households characteristics data related to the utilization of CHV services;
- A multidimensional analysis of the relationship between the utilization of CHV services and a few independent variables through a Probit regression to estimate the effect of these variables and an empirical test of the adapted model by measuring the respective weight of each variable/factor to objectively answer the evaluation questions.

The third panelist was Abibou Mamadou from PLAN International Benin, who presented results of a final evaluation that made use of a collaborative approach of the community based malaria prevention project. The evaluation was mainly quantitative using Lots Quality Assurance Sampling (LQAS). The approach used for this evaluation ensured participation and autonomy of the community for sustainable development. The collaborative approach is a proven quality assurance approach at community level in collecting data.

The fourth presenter, Maria Luisa Calderon from the Instituto de Investigacion e Incidencia Ciudadana in Guatemala, presented a paper questioning indicators in the National Guatemalan Health Policy. Her evaluation focused in critiquing indicators used in Guatemala in the monitoring of Maternal Health and aimed to building a bridge between health service users and policy makers. The presentation asked questions on what the Guatemalan Health System needs with regards to M&E knowledge, stakeholder knowledge and participation, information resources, financial resources and human resources.

Session Name:	Evaluation for Development
Session Type:	Papers
Presentation(s):	Evaluation Utilization Evaluating development cooperation in a Sector Wide Approach (SWAP) – the case of the Rwandan German cooperation in health Evaluation des centres de santé par les communautés <i>L'évaluation dans les ISC au Sénégal: nouveau métier ou refus de rénovation institutionnelle?</i>

In this session, the first evaluator Mr. Martin Noltze presented a paper on “Evaluating development cooperation in a Sector Wide Approach (SWAP) – the case of the Rwandan German cooperation in health.” The paper aimed to show participants how to assess aid effectiveness for a highly integrated program with multiple interventions operating at different levels in a multi-donor SWAp environment through contribution analysis. In this approach expected contributions of organizations involved in the Rwandan SWAP were linked to the Programme's theory of change and assumptions, risks and rival explanations identified using six steps: (i)

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Set out the cause-effect issue to be addressed; (ii) Develop the postulated theory of change and risks to it, including rival explanations (iii) Gather existing evidence on the theory of change; (iv) Assemble and assess the contribution claim, and challenges to it; (v) Seek out additional evidence (vi) Revise and strengthen the contribution story. Key findings in this evaluation were that Performance-based financing has contributed to intended improvements by increasing motivation and performance of health professionals even though negative motivational side-effects and resource constraints were prevalent. The Rwandan-German contribution to PBF was rated as moderate.

The second presentation was done by Ouedrage Miche a research Assistant at GRAAD (Groupe d'Analyse et de recherche Appliquées pour le Développement) Burkina Faso. He presented a paper titled "Evaluation des centres de santé par les communautés". The paper sought to answer one main hypothesis; Satisfaction of communities is dependent on the quality of services provided by the health centers. The study made use of SEP Project's baseline data collected in 2011 and analyzed data from respondents in both the test zone of and a control zone of the project. Generally, the study found that weaknesses in a few facilities with stock out of drugs registered at almost 38% of facilities. Long waiting times was reported at about 52% of facilities while in the implementation zone of the project, informal payment of officials (corruption) was less of an issue with rare occurrence (1%). The evaluators concluded that communities have the capacity to evaluate the services they receive from health facilities.

The third and final presenter of the session was Moumadou Sow of Senegal who presented a paper titled, "*L'évaluation dans les ISC au Sénégal: nouveau métier ou refus de rénovation institutionnelle?*"

The paper had as primary purpose to measure the state of the practice of policy evaluation at the level of the Senegalese administration and some of its institutions by collecting key actor's understanding and perceptions of evaluation, the role that these institutions play or are likely to play in the development of evaluation or evaluation practices in the country.

Session Name:	Evaluation Methods and Methodologies
Session Type:	Papers
Presentation(s):	Evaluation Utilization Addressing Complexities in conducting multi-country evaluations: A Case Study of UNICEF's Community Management of Acute Malnutrition (CMAM) Linking scale up theory to scale up M&E: Findings from a 5-country study of scaling up a reproductive health innovation Preliminary baseline survey results from the mSOS pilot project in Kenya

The session on Evaluation methods and methodologies had 3 presentations. The first was from Krishna Belbase and Camille Eric Kouam who presented on the *Addressing Complexities in conducting multi-country evaluations: Lessons from UNICEF's Community Management of Acute Malnutrition (CMAM) Evaluation*. The evaluation involved the assessment of community management of acute malnutrition (CMAM) in five countries (Chad, Ethiopia, Kenya, Nepal and Pakistan), a synthesis of findings and recommendations from broader research and a global internet survey targeting 63 countries implementing CMAM. It made use of both qualitative and quantitative methods with quality assurance ensured by the UNICEF Evaluation office and other Evaluation reference groups. The evaluation provided insight into issues faced when conducting multi-country evaluations and resulted in a number of lessons learnt;

- Plan ahead of time / allow sufficient lead time in each phase
- Centrality of the Inception phase (participation in 1st country visit)
- Define management roles/accountabilities at HQ and country level; one international team w/ subject/evaluation expertise;
- Set up management / support structures and define role / inputs in advance (national reference group; country-level manager); avoid complex structures
- Widening/richness of evidence base/lessons through cross country comparison
- Cost comparison (CMAM example) / scale up options
- Evaluation capacity development (thematic; national/international)
- Use of evaluation to influencing policies and resource leveraging (national/international)
- Important to stress utilization focus/awareness about management response/dissemination planning

- Show passion

The second presentation was done by Susan Igras of the Institute for Reproductive Health – Georgetown University on *Linking scale up theory to scale up M&E: Findings from a 5-country study of scaling up a reproductive health innovation*. She discussed the program theory for scale up of health innovations and implications for M&E. She later on talked about application of systems-oriented M&E of scale-up; defining the systems changes necessary for sustainable scale-up, M&E system – its variables of interest and methods. Her presentation also showed what measuring success in a complex systems context could look like. Finally she elaborated on some of the lessons learned in the scale-up process of which one important issue was the wide use of M&E methodologies to guide decision-making.

The third presentation was a paper on *Preliminary baseline survey results from the mSOS pilot project in Kenya*. The presentation was done by Mitsuru Toda from JICA. Her study and presentation on the Mobile SMS based disease outbreak alert system (mSOS) being introduced in Kenya highlighted partnerships, the functioning of mSOS, the aim of the study and the methods used. Using a baseline data collection (Survey of facilities) and later on assigning facilities to intervention and control groups will ensure that the analysis of end line data post intervention will show interesting facility characteristics. However, the baseline results presented showed a wide array of facilities included in the study and data also indicated that facilities (a number of them) are already using technology in some form to either report or manage data.

Session Name:	Health and Poverty Evaluation
Session Type:	Roundtable
Presentation(s):	A Performance Evaluation of HIV/AIDS Projects Community Conversations in Shimelba and My' Ayni Camps and Host Communities, Tigray Region Postpartum Care and Family Planning in Tanzania: M&E Challenges and Solutions

The first round table discussion was on “*Postpartum Care and Family Planning in Tanzania: M&E Challenges and Solutions*” led by Giulia Besana. She gave a brief presentation on the situation in Tanzania and goal of the postpartum Care Program; which is to provide a continuum of comprehensive and integrated postpartum care (PPC) services, inclusive of postpartum family planning (PPFP) and PMTCT for all women and women living with HIV and their HIV-exposed infants, through an integrated facility/community approach. Her presentation provided details on the interventions, the coverage, the method of routine monitoring and the program’s achievements. Some of these achievements included;

1. Development of PPC Materials in collaboration with the MoHSW:
 - National Post-Partum Care Guidelines
 - Learning resources package: including Facilitators Guide, Participants guide, PowerPoint slides, pre and mid-course knowledge assessments
 - Performance tools of PPC Standards Based Management at facility level
2. Training of health care providers and trainers in PPC
3. Implementation of the PPC package:
 - Pre-discharge counseling for newly delivered women,
 - Routine checkup of post-partum care women, encouraging them to attend PPC at: 48 hours, 3-7 days, 8-28 days and 29-42 days after delivery
 - Medical checkup: checking for sepsis, fistula, postpartum depression, breastfeeding, cord care etc.
 - HIV testing for mothers

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- PFPF,
- follow up of HIV + mothers and exposed infant

She concluded by providing recommendations that covered issues of indicator definition and reconciliation of indicators with 2014 WHO updates. She also indicated that increasing human capacity, cross facility systems, and job aids would all positively affect data collection outcomes.

The second roundtable presenter Ms. Asham Assazew Senior Monitoring, Evaluation and Learning officer at International Rescue Committee (IRC) - Ethiopia Program presented IRC Ethiopia's HIV/AIDS projects implemented in the Shimelba and My'Ayni Camps and host communities. The projects aim was to decrease the incidence of HIV/AIDS among target populations through impact-oriented HIV prevention activities, and to increase care and support for People Living with HIV/AIDS (PLWHA) and their families. To achieve this objective, IRC Ethiopia introduced a Community Conversations (CC) approach as part of the HIV/AIDS projects which was implemented in three phases (Phase I, II, and III). A performance evaluation of the project found that Phase I of the HIV/AIDS CC process in My'Ayni and Shimelba Camps and host communities achieved its ultimate aim to identify HIV/AIDS related problems and develop action plans to alleviate the effects of these problems with social assets from the community's. Initially, Phase I was expected to take 18 months, however most of the CC groups took more than 24 months to develop and implement the action plans. The CC groups perceived changes in behaviors by the CC groups' participants and the communities after beginning the CC sessions and activities, included improved condom use, faithfulness to sexual partners, use of VCT and ART services, reduction in harmful traditional practices, as well as reduction in stigma and discrimination of PLWHA

Session Name:	Applications of M&E Systems
Session Type:	Papers
Presentation(s):	Application of the M&E Systems Strengthening Tool in Evaluation of TB & Malaria Programs in Swaziland

The session on Applications of M&E Systems was the last African Strategies for Health Session. For this session, of the four planned presentation only one presenter was available (travel for the conference) to present. Sandile Ginindza an MPH Candidate in the University of Kentucky and originally from Swaziland presented his paper on the *Application of the M&E Systems Strengthening Tool in Evaluation of TB & Malaria Programs in Swaziland*. The assessment was necessitated by 3 reasons;

- Renewal phase for their Global Fund grants
- Routine M&E systems assessments due
- To test the application of the GF M&E Strengthening Tool

The assessment made use of an independent consultant and 3 M&E officers who were co-opted to work with the independent consultant. The assessment was country's health information system driven rather than program specific and focused on broader group of stakeholders rather than program specific ones. Information gathering was done in a 3-day workshop with all appropriate stakeholders using the MESS (M&E System Strengthening) tool. The assessment provided a rating and allowed the team to qualify several aspects of the national information system and particularly information systems of the Malaria and TB programs. The findings of the assessment included;

- Skills and capacities for M&E are in place but resources are not assigned for M&E functions.
- M&E functions including relevant SOPs are documented but remain in draft since 2009.
- Sub-reporting entities inadequately managed by the programs but can be improved.
- Procedures on data quality assurance missing or handled externally (by the GF).
- Systematic follow-up and feedback to sub-reporting entities not implemented

Annex 4: Thank You Letter from the AfrEA President



26 March 2014

Dear Lungi and Alphonse

Two weeks have passed since the kick-off of the 7th AfrEA Conference, held in Yaoundé, Cameroon.

We trust that you arrived home safely and that you are, again, settled in your work routine.

Firstly, we would like to thank you for your commitment and dedication to the Conference, and also to AfrEA as an organization. The interest in evaluation as an increasingly dynamic development paradigm, is inspiring. The AfrEA Conference pulled a vast diversity of government constituencies, donors, national association- and VOPE representatives and individual participants. Over 500 participants attended the Conference – a noteworthy amount of delegates that took the effort to travel to Central Africa, and explore the cultural diversity of Cameroon.

USAID's financial support, mobilisation of staff, strand commitment and thought-provoking discussions on Health Evaluation in Africa contributed greatly towards the success of the Conference! We specifically received very positive feedback about the USAID pre-conference workshop.

Our objective is to use the next two years to build a strong, robust Secretariat, supported by a Constitution that will dictate good governance, participation, transparency and accountability. The importance of building the capacity of national evaluation associations, or VOPEs as they are increasingly being referred to, was emphasized at the Conference. AfrEA is committed to strengthening its membership base and administration, support emerging African evaluators and promote and uphold evaluation standards and ethics, specifically in an African context, consciously intended to promote Made in Africa Evaluation (MiA).

We acknowledge that the Conference did not come without challenges. There were some logistical setbacks, information flow has not been clear in all instances, and the venue transition, as expected, presented integration problems.

However, we received unanimous positive feedback on the richness and quality of the Conference content, as well as the diversity of crowds and network opportunities that the Conference managed to attract.

Participants found the sessions engaging, of good quality, thought provoking and of a high standard. The conference theme, "Evaluation for Development: From analysis to impact", was covered at a macro and micro level. Firstly through several papers addressing issues of impact and use, while a significant number of papers focused on large scale studies, M&E systems and cross-country comparative studies.

There were also extensive discussions about Made in Africa Evaluation – a concept central to AfrEA's priority areas. AfrEA initially put forth this concept at previous conferences and it is gradually gaining momentum. The 7th AfrEA Conference again put emphasis on this critical concept. At its core, the concept seeks to identify and develop a uniquely African approach to evaluation. It emphasizes that context, culture, history and beliefs, shapes the nature of evaluations, specifically in the diverse, often complex African reality.

AfrEA's objective is to promote and adapt to an African evaluation framework – an approach initiated from inside the continent, and overwhelmingly supported from outside Africa. The Made in Africa concept will continuously enjoy prominence in the next two years, leading towards the 8th International AfrEA Conference.

We certainly hope to see USAID there and continue the relationship and partnership we managed to build. The newly elected Board is not unaware of the hard work that lies ahead. But we are equally excited to take on this journey and, hopefully, for USAID to become a more prominent contributor towards building the future.

We encourage you to send some brief Conference feedback. Where did we succeed? Where did we fail? What did you take home from the event?

We hope to use your insight and ideas to work towards an excellent Conference experience in 2016 but also inform the present efforts for the future! Once again thank you for supporting the 7th AfrEA Conference.

Sincerely,

Adam Suleiman
AfrEA President

For more information, please visit
<http://www.africanstrategies4health.org/resources.html>

