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# Monitoring and Evaluation

**PALESTINIAN HEALTH SECTOR REFORM AND  
DEVELOPMENT PROJECT (FLAGSHIP PROJECT)**

**SHORT-TERM TECHNICAL ASSISTANCE REPORT (FINAL)**

**Prepared by:**

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# ACRONYMS

AIMS	Achieve, Innovate, Measure, Share
BCC	Behavior Change Communication
BL/EP	Baseline/End-of-Project
CBO	Community-Based Organization
CCA	Champion Community Approach
CCB	Community-Clinic Board
CHW	Community Health Worker
DC	Data Collection
Geo-MIS	Geographic Management Information System
HIS	Health Information System
HQ	Headquarters
IDaRA	Institutional Development and Reform Associates
IDP	Institutional Development Plan
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSC	Most Significant Change
NGO	Non-governmental Organization
PHC	Primary Health Care
PHIC	Palestinian Health Information Center
PMP	Performance Monitoring Plan
PMU	Project Management Unit
SHC	Secondary Health Care
SOW	Scope of Work
SPSS	Statistical Package for the Social Sciences
STTA	Short-Term Technical Assistance
USAID	United States Agency for International Development
USG	United States Government

## **ABSTRACT**

Monitoring and evaluation (M&E) plays a critical role in understanding, demonstrating, and communicating the results of the Palestinian Health Sector Reform and Development Project (Flagship Project), a five-year initiative funded by the U.S. Agency for International Development (USAID). The Flagship Project's M&E system serves as an important management tool to track progress of the planned activities, strategically guide project decision-making and resource allocation, guarantee comprehensive and timely capturing of important change, and identify evidence-based best practices for dissemination through its local and global leadership. Efforts continue to refine key aspects of the M&E system to ensure the best possible quality, productivity, efficiency, and scope of its data collection, analysis, and reporting across the complex range of its integrated technical programming activities, and the diverse set of technical partners and subcontractors. This consultancy concentrated mainly on M&E capacity building of external partners, identifying mechanisms for ensuring data quality, and assessing the level and appropriateness of current data collection activities and systems.

## SUMMARY OF RECOMMENDATIONS

### Within the next month:

#### NGO M&E capacity building

- Conduct thorough review, together with NGO grants team and other members of technical team, of proposed M&E capacity building strategy and corresponding tools for NGO grantees. Adjust and modify strategy and tools accordingly.
- Reassess the continuity of the NGO capacity building strategy across the major areas of technical assistance (needs assessments, IDP and grant awards), particularly in terms of effective M&E strategies.

#### Champion Community Approach M&E strategy

- Investigate the feasibility of introducing complementary participatory M&E methodologies in the newly supported CBOs.

#### Other M&E activities

- Modify existing logic model and process maps to ensure they accurately reflect the current situation.
- Identify a template for study protocols and include informed consent on all surveys.

### Within the next six months:

#### NGO M&E capacity building

- Carry out field testing (when practicable) of the M&E capacity building strategy and tools (assessment, on-the-job coaching, and data audits) and modify tools accordingly.

#### Champion Community Approach M&E strategy

- When appropriate, roll-out complementary participatory M&E strategies with newly supported CBOs.

#### Other M&E activities

- Draft study protocols for all relevant data collection (surveys) activities.
- Develop additional logic models and process maps for key project components and activities.

### Within the next year:

#### NGO M&E capacity building

- Assuming the proposed M&E capacity building strategy is adopted; further assess the usefulness and appropriateness of the strategy and corresponding tools. Obtain direct feedback and input from the NGOs on the suitability of the strategy in meeting their M&E needs.

#### Champion Community Approach M&E strategy

- Obtain feedback from CBOs implementing new M&E methodologies on the usefulness and sustainability potential of these activities.

## SECTION I: INTRODUCTION

The Flagship Project is a five-year initiative funded by the U.S. Agency for International Development (USAID), designed and implemented in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, selected non-governmental organizations, and selected educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

Monitoring and evaluation plays a critical role in understanding, demonstrating, and communicating the results of the Flagship Project and in guiding the management of the contract. It is an essential tool for USAID and project management to make informed decisions. As a high profile project for USAID/West Bank and Gaza, the Flagship Project is committed to showing measurable improvements in the Palestinian health system, both through monitoring project implementation activities and at project's end. In order to demonstrate successful outcomes, the Flagship Project has designed an M&E system as a management tool to track progress of the planned activities and to accomplish its desired impact through ongoing technical refinements, strategically guide project decision-making and resource allocation, guarantee comprehensive and timely capturing of important change, and identify evidence-based best practices for dissemination through its local and global leadership.

In March of this year, USAID approved the Flagship Project's Performance Monitoring Plan (PMP), the central guiding document for the M&E activities of any USAID-funded project. This achievement, in combination with an expansion of budget, technical scope, and staff in Year 2, has prompted the Flagship Project to further strengthen M&E strategies to ensure consistent, accurate, and comprehensive tracking and communication of project outcomes and impact. Moreover, the Flagship Project is currently working on other important M&E-related activities, such as Year 3 work planning efforts and preparing for the USAID-led mid-term project evaluation (set for November 2010). As a consequence, the Flagship Project is concentrating its efforts on ensuring the best possible quality, productivity, efficiency, and scope of its data collection, analysis, and reporting across the complex range of its integrated technical programming activities, the geographical scope of its interventions, and the diverse set of technical partners and subcontractors.

This report contributes to Flagship Project Component 1, Objective 1 Improve good governance and management practices in the Palestinian health sector, Task 1.1.2 Strengthen the capacity of non-governmental organizations to manage quality healthcare services, Deliverable 1.1.2.3 Expanded opportunities for intensive on-the-job training and mentoring for NGO counterparts in health management and administration.

In addition, this report also contributed to Flagship Project Component 2, Objective 2.2 Support delivery of a quality package of community-based health promotion and disease/injury prevention services, Task 2.2.1 Strengthen the capacity of Palestinian health institutions to provide effective outreach services in partnership with local communities for

improved health and safety outcomes, Deliverable 2.2.1.5 Other deliverables as specified in the institutional development work plan for community health services.

The report also contributes to the effective utilization of the Flagship Project's Performance Monitoring Plan (PMP).

## SECTION II: ACTIVITIES CONDUCTED

The following activities, tasks and capacity building efforts were accomplished during this short-term assignment (see Annex B for list of meetings):

- I. **Monitoring and Evaluation Capacity Building Support to Non-Governmental Organization Grantees** – The Flagship Project’s Component I - Health Sector Reform and Management – identified “strengthening the capacity of NGOs to manage health care services” as a priority area for technical assistance. In addition to providing tailored capacity building support to manage quality health care of eligible NGOs, the Flagship Project awards grants to NGOs. An important element in the management of the grants is the development of a monitoring and evaluation plan. The plan serves as an important tool for the NGOs to measure their performance towards accomplishing the expected results of their projects.

Due to the varying levels of M&E capacity of the NGO counterparts, particularly with regard to experience with USAID-funded initiatives, the Flagship Project’s capacity building approach needs to be flexible enough to meet the needs of all NGOs. The aim of the M&E capacity building is to establish a common understanding of the key M&E concepts and terms (according to USAID guiding principles), while providing supplemental assistance to meet the diverse levels of knowledge and experience of the grantee organizations.

A primary focus area of this STTA was to develop a plan (including protocols and tools) to provide training / capacity building for NGO counterparts in technical results measurement and reporting. In order to effectively carry out this task, the following activities were done: 1) field visits to three NGOs; 2) a thorough review of relevant NGO documents; 3) meetings with Flagship Project staff; and 4) attendance at NGO meeting to present achievement (to date) and provide updates on M&E strategies. In response to these information-seeking activities, a Flagship Project NGO M&E Coach’s Manual and NGO Grantee M&E Handbook were developed.

- a. **M&E Coach’s Manual** - The purpose of the manual is to outline the overall monitoring and evaluation (M&E) capacity building approach to working with non-governmental organizations (NGOs) receiving Flagship Project/USAID grants. It serves as a reference guide for Flagship Project (staff and/or its contracted agencies) to promote consistency and alignment of M&E technical assistance with USAID’s guiding principles. The intended users are members of Flagship Project M&E Unit staff, grants program supervisors, and relevant sub-contractors/consultants offering M&E capacity building support to NGO grantees on behalf of the Flagship Project. Key components included in the manual are the following:
  - M&E Core competencies for NGO grantees
  - On-the-job coaching strategy
  - M&E capacity assessment tool
  - Data audit protocol and form
  - M&E plan (template)
  - Outline for “M&E Made Easy” workshop (including sample pre/post test questions)

b. **NGO Grantees M&E Handbook** - The purpose of the handbook is to provide non-governmental organizations (NGOs) receiving Flagship Project/USAID grant funding a reference guide on key monitoring and evaluation (M&E) concepts and tools. This document was developed to promote consistency in M&E practices and align grantees' M&E activities with USAID's guiding principles. The intended users are relevant personnel (e.g., M&E contact person, technical reporting staff) of non-governmental organizations (NGO) receiving grant money from the Flagship Project/USAID. Included in the handbook are the core M&E competencies, M&E plan (template), a glossary of key terms and concepts, sample outcome indicators, and a list of USAID M&E on-line resources.

2. **Document the Monitoring and Evaluation Strategies of the Champion Community Approach** - A focus area of the Flagship Project is to strengthen the capacity of Palestinian health institutions to provide effective outreach services, in partnership with local communities, for improved health and safety outcomes. The Champion Community Approach (CCA) is Flagship Project's primary mechanism for engaging communities in health promotion and identifying "local solutions to local problems" concerning health services. The CCA plays an important role in fostering partnerships and linkages between communities and primary health care and referral services.

The CCA is part of the larger integrated multi-sectoral approach implemented by the Flagship Project to further health sector reform and development. CCA functions in coordination with the Project's Primary Health Care Approach which aims to strengthen the capacity of the ministry of health clinics (through human resources development and equipment procurement).

The stated aim of the CCA is "...mobilizing the Palestinian communities in making an impact in raising awareness in health, change in behavior, and engagement in decision making that would lead to healthier and more educated communities." In order to accomplish this goal, the Flagship Project identifies communities to provide needed assistance and engages with community based organizations (CBOs), through subcontracts, to carry out services in support of this initiative. The CBO subcontractors implement structured activities which address specific health needs of the communities. The CBOs are required to report on the above-mentioned activities on a monthly basis (which is linked to the subcontract reimbursement scheme). In addition, they are required to support the Flagship Project's corresponding M&E activities.

In order to carry out this task of the STTA, the following preliminary activities were conducted: compiling and assessing relevant documentation (e.g., CBO subcontract, Flagship Project technical reports, Flagship Project Performance Monitoring Plan, questionnaires, report submitted by technical partner (Alpha International) and information systems (SPSS database); discussions with key Flagship Project staff members, two community workers, 10 clinic community board members (of two different boards), and four staff members from one CBO; and observations of one community health education event (held onsite at a CBO) and one community-clinic board (CCB) meeting (held at a primary health clinic).

Based on these activities, a logic model was developed to provide a graphic representation of the CCA. In addition to the logic model, a process map was designed to capture the key M&E activities of the CCA. A detailed explanation of the Champion Community Approach and the M&E strategies was produced.

### **3. Catalog of Data Collection Activities and Systems, Flagship Project -**

Given Flagship Project's multifaceted approach, the complex range of integrated technical programming activities, the geographical scope of interventions, and the diverse set of technical partners and subcontractors, a mechanism was needed to identify and catalog all the data collection activities and systems. Once compiled, comparisons could be made of existing data collection activities with areas of need according to important project documents and reporting requirements (e.g., PMP, Ministry of Health IDP/modules, USAID reporting requirements/web-based systems, etc.) For the purposes of this STTA task, "data collection activities" were defined as surveys, questionnaires, needs assessments, checklists, information systems (including web-based), forms, used for monitoring and evaluation purposes. The objectives of the task were as follows:

- 1) To identify the data collection activities that have been developed (to date) by the Flagship Project for monitoring, evaluation, reporting, and management decision-making purposes.
- 2) To compile the data collection activities descriptions in a centralized manner for review and input by the Flagship Project.
- 3) To identify gaps and/or duplication in the data collection activities actively being used by the Flagship Project.

The catalog, created in MS Excel, contains approximately 28 data collection activities. Included in the catalog are the following: a reference to the corresponding Flagship Project component (including cross-cutting and operations), brief descriptions of the activities, and frequency of data collection, reporting requirements, primary users, and data storage. Descriptive summary statistics were provided of the data collection activities and comparisons were made to the PMP. Lastly, conclusions and recommendations, when appropriate, were made based on the information collected.

### **4. Other M&E support – Progress made on several tasks within the Scope of Work are outlined below:**

- **Flagship Project Work Planning Meeting** – Contributions were made during the two-day, project-wide Year 3 work planning meeting, particularly concerning identification of relevant indicators for project tasks and activities.
- **Quarterly report** – Support was provided to both the M&E Unit as well as the Technical Writing Team in terms of interpreting and incorporating key results of indicators for the quarter (narrative and graphic representation of data). Suggestions were offered on ways improve the use of M&E data in future technical reports.
- **Mid-term evaluation** – In addition to written suggestions on ways to prepare for the upcoming mid-term evaluation, the following deliverables were submitted to the mid-term evaluation team:

- Process maps for: development of Behavior Change Communications (BCC) modules, training events, and M&E for training events (in addition to previously mentioned logic models/process maps for NGO capacity building, M&E support for NGO grantees, Champion Community Approach (CCA), M&E support for CCA)

## SECTION III: FINDINGS, CHALLENGES, RECOMMENDATIONS, AND NEXT STEPS

### A. Findings

The major findings of this short-term technical assistance were as follows:

- **Monitoring and Evaluation Capacity Building Support to Non-Governmental Organization Grantees (M&E Coach’s Manual and NGO Grantees M&E Handbook)**

Critical to this STTA was the opportunity to meet individually with key representatives from NGOs, observe NGO presentations and open dialogue during the NGO meetings, and review the M&E plans of the various NGOs. Varying degrees of M&E capacity and familiarity with USAID’s guiding principles of the NGO grantees make designing an appropriate strategy challenging. While the ultimate aim is to adequately prepare the grantees to ensure high quality data collection, reporting and informed decision-making; identifying one approach suitable for all grantees was not the intention. Furthermore, the NGOs specifically asked for customized trainings and capacity building activities to meet their existing needs.

Consequently, an attempt was made to identify the most essential M&E principles according to USAID guidelines, and to develop a set of core competencies (knowledge and skills) that would be consistent with both USAID’s guidance and the needs of the NGOs. These core competencies were used as a basis for the development of all tools. These competencies serve as a reference to determine the specific needs of the various NGOs and design strategies accordingly.

Fortunately, capacity building activities were actively being carried out by the M&E Unit, which made identifying a feasible strategy easier. Furthermore, comprehensive organizational capacity self-assessments (with the assistance of FP contractor, IDaRA) done by the NGOs are useful tools that can easily be incorporated into the proposed M&E capacity building strategy. These existing activities were expanded upon to create a draft capacity building strategy which incorporated three main phases: needs assessment, implementation and evaluation/data audits. The only novel aspect of the M&E capacity building strategy was the introduction of data audits.

- **Documenting the Monitoring and Evaluation Strategies of the Champion Community Approach (CCA)**

Similar to the visits and meetings with NGO representatives, the opportunity to observe community events, attending community clinic board meetings and conducting meetings with key representatives of the CBOs were essential to understanding the larger context in which the M&E strategy is found. The CCA is an important part of the integrated multi-sectoral approach implemented by Flagship Project; correspondingly, the CCA has several mechanism/indicators for measuring success. In addition, considerable emphasis has been placed on finding “local solutions to local problems”. Accordingly, the Flagship Project has incorporated into the subcontracts an important requirement that encourages participation in the M&E activities of their respective projects. This innovative approach serves to facilitate

opportunities for communities to participate in the reform process and encourages transparency and accountability of the health care providers. Ultimately, the expectation is that this approach will lead to improved health care services.

The documentation of the M&E strategy focused on two primary data collection activities: 1) customer satisfaction exit interviews, and 2) household survey on the perception of the community of the quality of services of the local PHC clinic. Both strategies aim to involve the participation of the local community. The primary findings of this activity were to improve written documentation of the M&E strategies, to include informed consent on all surveys, and to consider alternative participatory methodologies for future CBO subcontractors.

- **Catalog of Data Collection Activities and Systems, Flagship Project**

While the catalog was created, a thorough review of all the variables by the larger technical team was needed. Once verified, further analyses can be conducted. Nevertheless, the results thus far indicated an emphasis of the total data collection tools on quality-related issues. Much of the data collection efforts fell within the category of M&E, which is considered a cross-cutting activity; however, Component Two within the Flagship Project seemed to have considerable data collection activities underway. Although the results indicated that much of the information gathered is primarily for the use of the Flagship Project (to guide its activities), a large portion of the information was in a format which could not be readily analyzed (in MS Word). If feasible, the Flagship Project should consider transferring the existing data to a more flexible and functional program such as MS Access, SPSS or MS Excel. Lastly, although more than half of the data collection activities were not directly linked to the calculations contributing to the PMP indicators, several key systems were in place to inform decision-makers about the progress towards meeting the goals and objectives of the Flagship Project. In addition, all the PMP indicators were linked to a data source.

- **Other M&E support**

- Flagship Project Work Planning Meeting – A meeting of this kind had not yet been conducted with the majority of Flagship Project staff. It was an excellent opportunity to get input from other technical components, technical and non-technical staff members, and to search for different ways to better incorporate the wide array of project deliverables, activities and indicators into the Year 3 work plan.
- Quarterly report – While incorporating M&E data into the quarterly report was not new to the technical team, a concerted effort was being made to make best use of the available data, particularly given recent USAID approval of the PMP. The technical team was enthusiastic about knowing the specific variables collected in the M&E systems in order to make more pointed analysis requests of the M&E Unit based on available information.
- Mid-term evaluation – The team established to organize the preparations for the mid-term evaluation has been working diligently to gather relevant documents and inform the rest of the team about the upcoming evaluation. To date, the majority of the written comments provided at the beginning of this STTA had already been addressed or incorporated into the overall planning document.

## **B. Challenges**

With regard to proposing a strategy for monitoring and evaluation capacity building for non-governmental organization grantees, there were two main challenges: 1) finding a balance between the USAID reporting requirements, the varying needs of the NGOs, and a realistic approach given the current work load of the M&E Unit; and 2) identifying a clear M&E link between NGO organizational capacity assessments, IDPs, training and grantees' M&E plans.

Concerning documenting of the monitoring and evaluation strategies of the Champion Community Approach (CCA), the lack of written documentation on study protocols was the most challenging aspect of this task. The Flagship Project staff and community members were particularly willing to clarify various aspects of the data collection activities. Nevertheless, written materials would have streamlined the documentation process.

Other minor challenges that arose were related to competing and more urgent issues which put additional demands on technical staff. Specifically, the timing of the STTA coincided with submission of key technical reports, annual work planning activities, visits from PMU, overlapping M&E STTAs, and collection of important baseline data.

## **C. Recommendations**

### **NGO M&E Capacity Building**

- Although on-going input was provided by M&E team members on the development of the proposed strategy for monitoring and evaluation capacity building support to NGO grantees, a thorough review of the proposal and related tools is warranted. The usefulness of both the M&E Coach's Manual and NGO Grantees M&E Handbook should be determined. Modified versions of the tools may be the most suitable option given potential challenges in the field that were difficult to foresee given the limitations inherent in any short-term assignment.
- In an effort to maintain continuity in the measurement of Flagship Project supported activities, it is advisable to capitalize on existing strategies and strengthen the links between the NGO organizational capacity assessments, IDPs and innovative health reform grant projects. As a consequence, measurements of intervention outcomes would be simplified and more readily aligned with strategies currently underway.

### **Champion Community Approach M&E Strategy**

- Consider the feasibility of introducing new participatory approach and/or make modifications to the existing M&E strategies for the Champion Community Approach. If feasible, work closely with the community development team to identify other suitable and sustainable M&E strategies to introduce to the subcontracts of the next cohort of CBOs.

### **Other M&E Activities**

- Establish written study protocols and ensure that informed consent is incorporated into every relevant data collection activity.
- When appropriate, consider transferring Flagship Project data collected and captured in MS Word to more appropriate data analysis programs such as MS Access, MS Excel or SPSS.
- Continue to refine and develop logic models and process maps for key project areas that can be used as management and M&E tools. These models and maps serve as

means to succinctly communicate the Flagship Project's development hypothesis internally and with external partners, to orient project activities, and facilitate monitoring and evaluation activities.

#### **D. Next Steps**

The most important next steps can be grouped as follows:

- Perhaps the most urgent next step for each of the major deliverables of this STTA is to determine the feasibility of implementing the proposed strategies, tools or methodologies, taking into consideration the conditions in the field. A thorough review by the larger technical team should precede field testing.
- Institute project-wide adoption of documenting all data collection activities with clearly outlined protocols and informed consent elements (when applicable).
- Continue to refine and develop logic models and process maps as management, planning and M&E tools.
- Review preliminary results of catalog / gap analysis of data collection activities and receive additional input from technical team. Once information is verified, repeat summary analyses using established pivot tables. Compare findings to preliminary results and determine relevance of original conclusions and recommendations. Identify action steps needed to address gaps or overlaps in the data collection activities. If similar results are found, the technical team may consider prioritizing the transfer of data from MS Word into more appropriate data analysis programs such as MS Access, MS Excel or SPSS.

## **ANNEX A: SCOPE OF WORK**

### **Short-Term Consultancy Agreement Scope of Work**

SOW Title:	M&E Advisor to the Technical Team
SOW Date:	June 11, 2010
SOW Status:	Final
Consultant Name:	JoEllen Welter
Job Classification:	Short-Term (US expatriate Consultant)
Technical Reporting to:	Monitoring and Evaluation Specialist Support from Deputy Chief of Party for Operations

#### **I. Flagship Project Objective**

The Flagship Project is a five-year initiative funded by the U.S. Agency for International Development (USAID), and designed in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, select non-governmental organizations, and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional, democratic Palestinian health sector able to meet its priority public health needs. The project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Flagship Project will support the MoH implement health sector reforms needed for quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the Ministry will strengthen its dual role as a regulator and main health service provider. The Flagship Project will also focus on improving the health status of Palestinians in priority areas to the Ministry and public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening for women.

#### **II. Specific Challenges to Be Addressed by this Consultancy**

Monitoring and evaluation plays a critical role in understanding, demonstrating, and communicating the results of the Flagship Project and in guiding the management of the contract. It is an essential tool for USAID and project management to make informed decisions. As a high profile project for USAID/West Bank and Gaza, the Flagship Project is committed to showing measurable and significant improvements in the Palestinian health system, both during project implementation and at project's end. In order to ensure successful outcomes, the Project has designed an M&E system as a management tool to monitor the progress of our planned activities and to serve to ensure continued impact through ongoing technical refinements, strategically guide project decision-making and resource allocation, guarantee comprehensive and timely capturing of significant change, and identify evidence-based best practices for dissemination through its local and global leadership.

Following a significant expansion of budget, technical scope, and staff in Year 2 and in preparation for the Year 3 work planning effort, the Flagship Project is seeking to ensure consistent, accurate, and comprehensive tracking and communication of project outcome and impact. In addition, following the recent USAID approval of its Performance Monitoring Plan and in preparation for the USAID-led mid-term project evaluation (set for November 2010), the Flagship Project is reviewing its M&E tools and systems to ensure best possible quality, productivity, efficiency, and scope of its data collection, analysis, and reporting across the complex range of its integrated technical programming activities, the geographical scope of its interventions, and the diverse set of technical partners and subcontractors.

### **III. Objective of this Consultancy**

To ensure timely, comprehensive, and accurate capturing and communication of Flagship Project results through reviewing, refining, and/or developing relevant M&E systems and tools for use by the technical team to capture project outcome/impact and communicate evidence-based best practices developed through project implementation.

This consultancy will work in parallel with and be complementary to the tasks performed by the Impact M&E Advisor.

### **IV. Specific Tasks of the Consultant**

Under this Scope of Work, the Consultant shall perform, but not be limited to, the specific tasks specified under the following categories:

#### **A. Background Reading Related to Understanding the Work and Its Context.**

The Consultant shall read, but is not limited to, the following materials related to fully understanding the work specified under this consultancy:

- Performance Monitoring Plan
- Impact Baseline Assessment SOW
- Flagship Project Year 2 Implementation Plan (with associated Action Plans)
- Flagship Project Year 1 Annual Report
- Flagship Project Y2Q1 and Y2Q2 Quarterly Reports
- MoH Health Systems Needs Assessment
- MoH Institutional Development Plan
- MoH National Health Strategic Plan
- NGO institutional development plans
- STTA report of Impact M&E Advisor (May 2010)
- Impact Baseline Data Collection reports

#### **B. Background Interviews Related to Understanding the Work and Its Context.**

The Consultant shall interview, but is not limited to, the following individuals or groups of individuals in order to fully understand the work specified under this consultancy:

- Flagship project management team and technical staff
- MoH officials recommended by the management team
- USAID officials in the office of Health and Humanitarian Assistance and the program office

- Partner NGO officials recommended by the management team

**C. Tasks Related to Accomplishing the Consultancy's Objectives.** The Consultant shall use his/her education, considerable experience and additional understanding gleaned from the tasks specified in A. and B. above to:

- Support the technical team in developing, refining or streamlining data collection systems, protocols and instruments to respond to M&E and reporting needs. Current examples of ongoing data collection include: health facility assessments, community surveys, and health reform assessment tools. Technical teams have additional needs for data to guide project interventions and monitor activities. Activities include:
  - Identify existing work products including assessments, surveys, and tools;
  - Compile inventory of Flagship work products that can be used for M&E and decision making;
  - Conduct a gap analysis of current activities where surveys/ tools are needed;
  - And work with key staff members to design tools to address gaps (as needed);
- Work closely with the technical team to refine and prioritize strategies for the analysis, interpretation, and reporting of results of activities, particularly those measured by the aforementioned instruments and develop systems for accessing information from these instruments;
- Develop a plan (including protocols and tools) to provide training/ capacity building for NGO counterparts in technical results measurement and reporting, as relevant to project objectives and with guidance from the DCOP/ Technical Programs;
- Document and assess the M&E methodology for the Integrated Multi-Sectoral Approach and in particular the Champion Community Approach for replication;
- Support the technical team and the M&E Unit as needed during the work planning for Year 3;
- Where possible, document the process and provide assistance to the technical team in developing strategy, mechanisms, and tools for producing evidence-based best M&E practices for dissemination to project partners and the international health community through local and global leadership (including enhancing the integration of M&E in various reporting mechanisms such as progress reports);
- Undertakes any additional duties requested by the Deputy Chief of Party or the Chief of Party;
- In the event that new priority tasks are introduced during the consultancy, the consultant will work with the Flagship project staff to revise the tasks and expected products to accommodate for the new priorities;
- In addition to the above-listed tasks, the Flagship Project welcomes additional contributions and creative ideas in support of the Flagship objectives;
- The consultant is encouraged to support the identification of additional STTA and scopes of work to help accomplish Flagship goals and objective where possible.

## **V. Expected Products.**

Within three days of the consultant's arrival (unless otherwise specified), the consultant should provide the methodology for successfully completing the work (using Annex I: STTA Methodology). The substance of, findings on, and recommendations with respect to the

above-mentioned tasks shall be delivered by the Consultant in a written report, policy statement, strategy, action plan, etc. for submission to USAID (using Annex II: the Flagship-provided STTA report template). A draft of this report is due no later than 3 business days prior to the consultant's departure (unless otherwise specified) and final no later than 10 business days after the consultant's departure.

## **VI. Timeframe for the Consultancy.**

The timeframe for this consultancy is six weeks, starting on or about **June 19** and will conclude on or about **July 30**.

## **VII. LOE for the Consultancy.**

The days of level of effort are estimated to be six (6) days for travel; around 40 days for work in West Bank; and around no days for work outside of West Bank and Gaza. Unless otherwise specified, up to two (2) days may be allocated for preparation of the work and up to two (2) days upon conclusion of work in West Bank to complete the assignment.

## **VIII. Consultant Qualifications.**

The Consultant shall have the following minimum qualifications to be considered for this consultancy:

### **Education, Qualifications and/or Equivalent Experience**

At least 10 years of proven experience with:

- Monitoring and evaluation methods and approaches (including quantitative, qualitative, and participatory)
- Implementation of monitoring and evaluation systems
- Design of monitoring and evaluation tools and systems, particularly for identification of impact and long-term system and behavior change as a result of project outcomes
- Identifying and communicating evidence-based best practices, preferably in public health systems
- Training in monitoring and evaluation development and implementation and/or facilitating learning-oriented analysis sessions of monitoring and evaluation data with multiple stakeholders
- Data and information analysis
- Report writing
- A solid understanding of health reform and challenges toward implementing reform
- Ability to come with innovative approach to address health reform project impact
- Familiarity with capacity building tools to strengthen Public and NGOs M&E systems
- Willingness to carry out regular field visits and interact with different stakeholders

## ANNEX B: ASSIGNMENT SCHEDULE

DATE	TIME	MEETING WITH	MAIN AGENDA ITEMS
6/21/10	8:00am	Technical Staff Meeting	Introduction; updates on program activities
	9:30am	Health Program Officer	Overview of Component 2 by Health Program Officer of Clinical and Community-based Health
	11:00am	M&E Impact Advisor	Discussed status of impact indicators/tools with short-term M&E Impact advisor
	1:00pm	M&E Team	M&E component overview; dataflow for training events
	2:00pm	Deputy COP/Operations	Overview of project; discussed SOW
	3:00pm	Grants Team	Explanation of Flagship Project's capacity building efforts with NGOs and grants program
	4:00pm	M&E Unit	Reviewed USAID's TraiNet web-based system
6/22/10	9:00am	Quality Assurance Specialist	Discussed quality assurance activities - SHC/PHC
	11:00am	M&E Team	M&E database (Access)
	1:00pm	M&E Team	M&E database (Access)
	2:30pm	Community Development Team	Reviewed community-based organizations' subcontracts and the Champion Communities Program
	3:30pm	BCC Coordinator	Discussed Behavior Change Communications strategy
	4:00pm	Communications Specialist	Discussed technical reporting (focused on USAID requirements)
6/23/10	10:30am	M&E Team	M&E Unit - Patient Satisfaction Survey / Geo-MIS
	12:00pm	Deputy COP-Technical	Overview of Flagship Project and development strategy
	3:30pm	Medical Waste Management Coordinator	Medical waste focus area; needs assessment
6/24/10	9:30am	M&E Team	Overview of M&E strategies

	12:45pm	Component 3 Director/Procurement	Discussed procurement approach and activities
	3:00pm	M&E Team	Household survey/SPSS database
6/25/10	8:00am	Flagship Project Staff Meeting	Staff meeting, update on mid-term evaluation
	9:00am	Integrated Approach Team	Discussed integrated multi-sectoral approach - component 2
	10:00am	Hospital Management Team	Discussed hospital management system
	12:00pm	HIS Team	Health Information System overview
	1:00pm	Component I/Reform Team	Overall reform strategy; capacity strengthening for MoH and NGOs
	3:00pm	M&E Team	Surveys, debriefing from weekly meetings, finalized methodology
6/28/10	8:30am- 3:30pm	Field visit to Nablus:  MoH/PHIC  NGO field visit	Discussed Palestinian Health Information Center (PHIC)  Met with various staff member of the NGO: Nablus Association for Social and Community Development to discuss M&E plan and indicators
6/29/10	10:00am	Deputy COP-Technical	Discussion and clarification on SOW/methodology
	11:00am	Component I Team Leader	Component I overview; mid-term evaluation feedback; SOW/methodology
	3:00pm	Grants Team	NGO grants program and capacity building needs; discussed role in M&E capacity building for NGOs
7/6/10	8:30am- 4:00pm	Field visit - CBOs	Field visit (Nablus) community clinic board/community activity (Balata Society and Der Alhatab Clinic)

7/7/10	8:30am-4:00pm	Field visit - NGO	Field visit (Bethlehem) to discuss M&E plan with NGO - Holy Family Hospital
7/8/10	9:30am-1:00pm	Field visit - NGO	Field visit to discuss M&E plan (Jerusalem) to NGO - Princess Basma
7/12/10	9:30am	CCA Team, M&E Team	CBO M&E plan feedback; reviewed logic model and process map
	1:00pm	Chemonics PMU	Discussed overall M&E approach and activities of unit
	4:00pm	Procurement Team	Discussed potential indicators for measuring outcomes of the procurement efforts
7/13/10	10:00am	CCA Team	Discussed logic model and CCA evaluation techniques; quarterly report edits and graphs
7/14/10	8:30am-4:00pm	Project-wide meeting	FP work planning meeting
7/15/10	8:00am-4:00pm	Project-wide meeting	FP work planning meeting
7/19/10	9:00am	M&E Team	Preparation and planning for NGO meeting on Wednesday; modifications to quarterly report graphs;
7/21/10	9:00am-4:00pm	NGOs	NGO meeting / workshop
7/28/10	1:00pm	DCOP/M&E Specialist	Meet to discuss STTA report
7/29/10	2:00pm	USAID	Meeting with USAID

## ANNEX C: CONSULTANT CV

**JoEllen Welter, MPH**

E-mail: [REDACTED]

### SUMMARY OF QUALIFICATIONS

- Health professional with 16 years of experience, of which 5 years in low- and middle-income countries
- Areas of expertise include development and implementation of monitoring and evaluation frameworks and indicators (including health reform); project and program evaluation; project management; health promotion/disease prevention (infectious, chronic, vaccine-preventable); surveillance/epidemiology
- Training in community health education, public health, evaluation, field epidemiology
- Knowledge and experience with USAID, CDC and WHO policies and procedures
- Long term assignments in Dominican Republic; short term assignments in Ethiopia, Uganda, Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan, Uruguay
- Strong technical skills; team player; excellent communications skills
- Native English, working proficiency in Spanish and intermediate proficiency in German.

### WORK EXPERIENCE

#### **10/06-present – Freelance Public Health Consultant**

*4/10-6/10 – Food and Agriculture Organization of the United Nations, World Organization for Animal Health, World Health Organization*

Rapporteur and technical writer for FAO-OIE-WHO Joint Scientific Consultation: Influenza and other Emerging Zoonotic Diseases at the Human Animal Interface, Verona, Italy

*2/10-6/10 – Florida Department of Health, Division of Environmental Health, Florida Healthy Homes Program*

Conducted an evaluation of pilot projects aimed at reducing and/or eliminating environmental health hazards in the home; includes analysis of existing data sets, and data collection and analysis with program staff, partners and clients.

*1/10-2/10 – Kleos /Smith&Nephew, Baar Switzerland*

Prepared proposal for an implementation strategy and developed management tools for incorporating instructional design methodology into continuing medical education for orthopedic surgeons.

*2/09-12/09 – Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion*

Developed an evaluation plan and instruments for a series of bi-national workshops with reproductive health professionals along the US / Mexico border. Workshop topics included: epidemiology, biostatistics, data for decision-making, program planning, leadership, and bi-national collaboration.

*10/06-1/10 – Florida Department of Health, Division of Environmental Health, Aquatic Toxins Program*

Designed, implemented and analyzed results of statewide survey on harmful algal blooms (HABs) with cross-section of public health partners; developed planning tools and strategies for statewide emergency response to HABs; created HAB-specific emergency response plans for relevant toxins (i.e., ciguatera, Florida Red Tide, saxitoxin, blue green algae/cyanobacteria); developed monitoring and evaluation plan for statewide strategic planning process.

**9/03-9/06 -- Centers for Disease Control and Prevention (CDC), Epidemiology Program Office, Public Health Prevention Service Atlanta, Georgia Prevention Specialist**

*Florida Department of Health, Bureau of Environmental Health (Two Year Assignment)*

Designed and carried out projects for several bureau programs: Aquatic Toxins, Rabies Prevention and Control and Childhood Lead Poisoning Prevention. Key projects included designing and conducting program evaluation; developing policies and guidelines for grantees; evaluation of rabies surveillance system; developing county reference guide for harmful algal blooms; and designed health education and outreach materials for various environmental health issues. Additional responsibilities included participation in research teams for household pesticide exposure study and red tide exposure study; epidemiology emergency response team for hurricane relief efforts (active surveillance with health care providers); and statewide outbreak investigations.

*World Health Organization/Stop Transmission of Polio, Ethiopia (9/05-12/05)*

*International Consultant*

Collaborated with Ethiopian Ministry of Health and various international childhood advocacy agencies on the Global Polio Eradication Initiative, Measles Mortality Reduction, Neonatal Tetanus Elimination Surveillance, and Integrated Disease Surveillance and Response activities; assessed routine immunization services and provided on-site training to healthcare professionals; designed and evaluated regional training workshop; and supervised and monitored national immunization days.

*CDC Division of International Health (Six-month rotation)*

Designed and conducted evaluation in Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan) with participants of US-based training course “Epidemiology, Biostatistics, and Scientific Communications”; participated in outbreak investigation of thyrotoxicosis in Uruguay in coordination with CDC’s Epidemic Intelligence Service (EIS) and Uruguayan Ministry of Health.

*CDC Division of Public Health Surveillance and Informatics (Six-month rotation)*

Coordinated peer-reviewed publication of 2003 National Syndromic Surveillance Conference Proceedings which entailed extensive contact with authors, peer

reviewers and editorial board from a wide variety of sectors; prepared grant applications; drafted technical / administrative reports and presentations; managed web board; and analyzed and interpreted data.

**10/00-8/03- Abt Associates Inc., Health Sector Reform and Decentralization Project (REDSALUD), Santo Domingo, Dominican Republic**

**Senior Technical Advisor/Monitoring & Evaluation Coordinator**

This USAID-funded project supported 17 demonstration sites aimed at improving the management of primary health care and hospital services. Initial projects focused on childhood health issues such as immunizations and diarrheal diseases. Primary duties included coordinating monitoring and evaluation (M&E) of project strategies, activities and interventions; assessing grant proposals and applications; training healthcare personnel; developing and managing databases; designing management tools for improved efficiency of demonstration projects; designing educational and outreach materials; conducting research and preparing technical/annual reports. Additional responsibilities included designing M&E workshop for staff at all levels of MoH; developing management software; developing project indicators to assess quality, effectiveness and accessibility of services; identifying country health indicators for USAID/DR; and supervising polio and measles mass vaccination campaign.

**6/00-10/00- Development Associates, Inc., Family Planning and Health Project, Santo Domingo, Dominican Republic**

**Technical Writer**

Researched, compiled, and interpreted data on all aspects of this seven-year, USAID-funded family planning and health project. Collaborated with technical team to prepare the Final Technical Report/Lessons Learned document whose primary purpose was to demonstrate project outcomes, impact and effective use of funds.

**3/99-10/99- Pan American Health Organization, National Center for Control of Tropical Diseases, Santo Domingo, Dominican Republic**

**Professional Intern**

Assigned to work as assistant coordinator of the National Filariasis Program. Primary function was to implement a countrywide filariasis prevalence survey with school-aged children. Responsibilities included training survey staff; managing all aspects of on-site survey implementation such as sample selection, data collection and communication with school staff; designing a strategic planning process for the National Filariasis Program; developing health education materials; and providing overall administrative support for the program.

**1/96-12/98—Healthier Schools New Mexico, Hatch Valley Public Schools, Hatch, New Mexico**

**Healthier Schools Coordinator**

Managed all aspects of comprehensive school health project in low-income agricultural community on U.S/Mexico border; conducted quantitative and qualitative assessments; coordinated community participative planning process; convened school/community advisory council comprised of wide range of stakeholders; prepared grant applications and reported on funded initiatives; oversaw budgets for numerous grant-funded initiatives; managed youth program that incorporated innovative strategies and concepts to foster leadership skills; developed health and life skills curriculum at district and state level; conducted health education for

students, staff, parents, and community; collaborated with local health care agencies to conduct community health outreach activities; supervised student interns; organized staff wellness, nutrition and summer recreation programs; coordinated two-day district conference showcasing educational programs and activities; and conducted district-wide strategic planning process.

**2/97-12/98--Safe and Drug Free Schools and Communities, Hatch Valley Public Schools, Hatch, New Mexico**

**Coordinator**

Managed all aspects of drug, alcohol, tobacco, and violence prevention program for school children throughout the district. Accomplishments included conducting a strategic planning with diverse group of adolescents; coordinating youth empowerment and leadership activities including peer mediation and education through drama, theater and video/documentary production; organizing group therapy for youth; and formulating health promotion campaigns.

**12/94-3/95-- InFocus - Interprofessional Fostering of Ophthalmic Care for Underserved Sectors, Houston, Texas**

**Health Education Consultant**

Created and designed preventive eye care/health education materials for children including nutrition, injury prevention, disease prevention, and hygiene.

**9/92-11/94-- University of Texas Health Science Center, School of Public Health, Houston, Texas**

**Behavioral Sciences Graduate Assistant**

Provided administrative support to department faculty; prepared grant proposals; developed instructional materials; and oversaw doctoral admissions application process.

**10/91-1/92-- Women's Medical Center of Nebraska, Omaha, Nebraska**

**Health Educator/Counselor**

Conducted patient counseling and group health education and family planning sessions.

**1/91-4/91-- New York City Department of Health - Bureau of Child Health, New York, New York**

**Health Educator: Intern**

Planned, developed and implemented small group and individual health education sessions on injury prevention and parenting skills for the clients of child and adolescent health clinics throughout Brooklyn; and designed health education materials for three clinics.

## **EDUCATION**

- 12/94 University of Texas Health Science Center, Houston, TX – Master of Public Health (International & Family Health), Thesis topic: “Information, Education and Communication Activities of Non-Governmental Organizations Working to Control Onchocerciasis in Uganda”

8/91 Florida State University, Tallahassee, FL – Bachelor of Science (Community Health Education)

## **PROFESSIONAL QUALIFICATIONS**

Languages: English (native language); Spanish (working proficiency); German (intermediate proficiency)

Special Skills: Excellent: Microsoft Word, WordPerfect 6.0 for Windows, Microsoft Excel, Microsoft Power Point, Microsoft Publisher, Microsoft Works, Microsoft Outlook

Good: EpiInfo, Microsoft Access

Working knowledge: SPSS

### Additional Training/Awards:

- Peer Recognition Award for Leadership, CDC Public Health Prevention Service, 2004
- Evaluation of Health Programs and Interventions, Harvard University/CDC
- International Chronic Disease Epidemiology and Surveillance Training Course for Public Health Professionals, CDC
- Certified to design and manage Search Conferences & Participative Design Workshops, New Mexico State University
- Certification in HIV/AIDS pre and post test counseling (New Mexico '95, New York '90)
- Emergency Medical Technician Basic, Doña Ana Community College
- Golden Key International Honor Society (academic accomplishment), 1991

### Publications/Presentations:

Navarrete, L., McDonald, J.A., Gomez-Muñoz, T., Denn, M., Welter J. A novel approach to workshop evaluation: an enhanced role for observers? *American Public Health Association Annual Conference, 2010.*

DeThomasis J., Ketchen S., Reich A., Blackmore C. Harmful algal blooms in Florida: survey results on knowledge, attitudes and practices of county health department environmental health and engineering directors. *The Florida Journal of Environmental Health; Summer 2006, #193.*

DeThomasis J., Blackmore C., Conti L. ELISA test not recommended for rabies pre-exposure titer or antemortem evaluation. *Epi Update: A weekly publication of the Florida Department of Health, Bureau of Epidemiology; February 2006.*

DeThomasis J., Reich A., Ketchen S., Blackmore C., An assessment of the information, education and communication (IEC) activities on harmful algal blooms (HABs) in Florida, August 2005. *Poster presentation at Florida Environmental Health Association annual conference, 2005.*

Sosin, D., DeThomasis, J. Evaluation challenges for syndromic surveillance: making incremental progress. *Conference Proceedings: 2003 National Syndromic Surveillance Conference. Morbidity and Mortality Weekly Report Special Supplement, September 2004, Vol. 53.*

Bartel, S., DeThomasis, J. A descriptive analysis of a participative planning process in the appraisal and design of a comprehensive school health program. *Conference Proceedings:*

*Processes of Community Change*. Publishing Unit, Central Queensland University, Australia  
1997.

“A Participative Planning Process for a Comprehensive School Health Program in Southern New Mexico.” Change Involving Groups Workshop held at the Colloquium on Processes of Community Change, Central Queensland University, Rockhampton, Australia, October 1996.

## ANNEX D: BIBLIOGRAPHY OF DOCUMENTS COLLECTED AND REVIEWED

- Aday, L. *Designing and Conducting Health Surveys: A Comprehensive Guide*. San Francisco: Jossey-Bass Publications, 1991.
- Davies, R. and Dart, J. *The Most Significant Change (MSC) Technique: A Guide to Its Use*. April, 2005.
- Görgens, M. and Zall Kusek, J. *Making Monitoring and Evaluation Systems Work: A Capacity Development Toolkit*. The World Bank, 2009.
- Hodell, C. *ISD From the Ground Up: A no-nonsense approach to instructional design*. ASTD Press, August 2006.
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- Palestinian Health Sector and Reform Project (Flagship Project). Strengthening Capacity to Save Lives: Year Two Quarter Two (January 1 – March 31, 2010). Palestinian Health Sector and Reform Project, Ramallah, 2010.
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- Palestinian Health Sector and Reform Project (Flagship Project). Health System Assessment Report. Palestinian Health Sector and Reform Project, Ramallah, 2008.
- United States Agency for International Development. *Building a Results Framework*. The Performance and Monitoring TIPS series, Number 13, 2000.
- United States Agency for International Development, MEASURE Evaluation Project. *Data Quality Assurance Tool for Program-Level Indicators*. January 2007.
- United States Agency for International Development, Global Health e-Learning Center. *M&E Fundamentals* (online course), 2006.

## **ANNEX E: LIST OF MATERIALS DEVELOPED AND/OR UTILIZED DURING ASSIGNMENT**

1. Monitoring and Evaluation Capacity Building for Non-governmental Organization Grantees - Coach's Manual
2. Monitoring and Evaluation Capacity Building for Non-governmental Organization Grantees - Grantees Handbook
3. Documentation of Champion Community Approach Monitoring and Evaluation Strategies
4. Catalog of Data Collection Activities and Systems, Flagship Project (MS Word report)
5. Catalog of Data Collection Activities and Systems, Flagship Project (MS Excel database)
6. Process maps/logic models
  - a. Champion Community Approach (CCA)
  - b. Behavior Change Communications
  - c. Monitoring and Evaluation Strategy for CCA
  - d. Flagship Project Training Events
  - e. Monitoring and Evaluation of Flagship Project Training Events
  - f. Capacity Building Approach for Non-governmental Organizations (NGOs)
  - g. Monitoring and Evaluation Approach for NGO Capacity Building