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MALAWI PARTICIPANT TRAINING PROGRAM OUTCOMES STUDY

November 2009

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MALAWI PARTICIPANT TRAINING PROGRAM

OUTCOMES STUDY

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CAS	Country Assistance Strategy
DCE	Domasi College of Education
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GOM	Government of Malawi
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health Strategy
IR	Intermediate Result
LCE	Learner Centered Education
MANEB	Malawi National Examinations Board
MCHS	Malawi College of Health Sciences
MGDS	Malawi Growth and Development Strategy
MGCD	Ministry of Gender, Child Welfare and Community Development
MHP	Malawi National Health Plan
MIE	Malawi Institute of Education
MOEST	Ministry of Education, Science and Technology
MOHP	Ministry of Health and Population
MPH	Master's Degree in Public Health
MPRS	Malawi Poverty Reduction Strategy
NGO	Non-Governmental Organization
PAP	Poverty Alleviation Programme
PVO	Private Voluntary Organization
SO	Strategic Objective
SPSS	Statistical Package for the Social Sciences
STAFH	Support to AIDS and Family Health Project
TTC	Teacher Training College
UMASS	The University of Massachusetts at Amherst
UPIC	University Partnership in Institutional Capacity in Education
USAID	United States Agency for International Development
VA Tech	Virginia Polytechnic and State University

I. EXECUTIVE SUMMARY

Participant training has long been a centerpiece of United States Agency for International Development (USAID) activities in all of its Missions. This is true in Malawi where an array of sophisticated program designs in long-term degree training and short-term participant workshops have been carried out over the last decade. The following Outcomes Study report provides details gathered from a review of specific participant training programs in education and health sponsored by the USAID Mission in Malawi (USAID Malawi) between 1999 and 2009.

As the time approaches for USAID to prepare the next Country Assistance Strategy (CAS) for Malawi the need to know specific answers to questions of effectiveness grows in importance. Mere impressions of successful outcomes are not sufficient to justify costly long-term participant training in the future. However, reported successes do provide valuable information about the effects these programs have had on their participants and institutions. Three fundamental questions define the need for reviewing recent education and health programs:

1. *What specific outcomes and lessons learned can be attributed to the education and health participant training programs sponsored over the last decade?*
2. *Are participant training activities still relevant and appropriate as a capacity building approach in the education and health sectors in Malawi?*
3. *What kinds of training, if any, should be part of a capacity building approach under a new USAID strategy?*

I.1. The Development Rationale

In 1994 the Government of Malawi (GOM) announced the Free Primary Education Initiative, which provided universal primary education and led to a massive increase in enrollment in primary schools. Before this time, only about 50 percent of children between years six and thirteen attended primary school and only 23 percent of pupils enrolled actually completed their primary education.

The GOM made no advance preparation for additional classroom space or teacher training before announcing the Initiative, and the impact on schools was devastating and difficult to redress. The Initiative resulted in a shortage of basic physical and human resources. The quality and efficiency of education dropped to a critical low point, with less than half the children making it to grade six and pupils at the same level not able to comprehend grade-level texts. USAID's support to Malawi included a dual effort to train primary level teachers and to strengthen local institutions which could then take on the teaching degree programs.

In health, the Ministry of Health and Population (MOHP) introduced the Malawi National Health Plan (MHP) for the years 1999-2004, which identified four key problems that needed urgent attention: (1) high child mortality and morbidity; (2) high maternal mortality and morbidity; (3) high HIV prevalence and deaths due to HIV- and AIDS-related illnesses; and (4) high mortality and morbidity due to infectious diseases. USAID responded to these needs with its efforts to lower the risk of HIV/AIDS, to reduce fertility and population growth, and to lower infant and child mortality rates. It also focused on capacity building in the health sector by strengthening human resources and increasing training for health workers.

Three capacity building activities in education and health were implemented by USAID Malawi between 1999 and 2009. The Outcomes Study reviewed two education programs: (1) the multi-faceted

University Partnerships in Institutional Capacity in Education (UPIC) Program¹, which provided long-term degree training in several related programs in the U.S., and (2) the Bachelor of Arts in Education Program with Lakeland College, which was created in support of the Ministry of Education, Science and Technology's (MOEST) need to train teachers for the local Teacher Training Colleges (TTCs). In health, the Support to AIDS and Family Health (STAFH) Project supported the efforts of the MOHP to address key health problems in Malawi. The Project supported a variety of activities related to family health and HIV/AIDS; the Outcomes Study, however, focused solely on the participant training components.

1.2. The Outcomes Study Approach

The task undertaken by the Outcomes Study team focused on gathering and analyzing information directly related to the last decade of USAID-sponsored participant training activities in education and health in Malawi. The objectives of the Outcomes Study were:

- 1. To determine the extent to which participants applied skills learned, contributed to institutional growth as a direct or associated result of the training/degree program, contributed to societal growth as a direct or associated result of the training/degree program, were satisfied with their study or training, and encountered challenges.*
- 2. To elaborate the profile of returned participants.*
- 3. To determine the extent to which employing institutions utilized the skills of returned participants.*
- 4. To provide recommendations on capacity building approaches to consider in future USAID strategies.*

A four person team comprised of two U.S.-based and two Malawian researchers, all specialists in education, health and research methods, gathered data from returned and current participants, employers, sponsors and other collaborating players between June 18 and July 10, 2009 in Malawi.

The findings, lessons learned and outcomes were corroborated by analyzing data from quantitative surveys filled out by returned participants and qualitative pocket surveys filled out by employers, donors and other knowledgeable collaborators. The identified outcomes and conclusions detailed in this report describe the effects of the participant training programs on the individual, on Malawian institutions and on Malawian society in general.

1.3. Lessons Learned

The overriding conclusion derived from analyzing the various data sources is that the participant training programs carried out in the U.S., and later locally, have indeed been an effective development tool in Malawi. In education, degree programs for primary teachers are slowly becoming the norm, replacing the diploma as the recognized preparation for the crucial early years of education.

Another training result learned from the survey is that regardless of the training approach, whether U.S.-based or local, 86 percent of the participants surveyed returned to their previous organizations, while 75 percent returned to the teaching profession. Thus, a striking majority of participants, whether they were abroad or trained locally, returned to use their skills in the education and health sectors.

A number of lessons emerged from reviewing the implementation of USAID's participant training activities in Malawi. The following lessons learned may provide a guide for future USAID decisions.

¹ The UPIC Program included: a) The partnership between the University of Massachusetts at Amherst (UMass) and Chancellor College, the Ministry of Education, Science and Technology (MOEST), and the Malawi National Examinations Board (MANEB) to train educators through advanced degree programs in policy and planning, testing and measurement; and b) The partnership between Virginia Polytechnic Institute and State University (VA Tech) and the Malawi Institute of Education/Domasi College of Education (MIE/DCE) to develop a Bachelor of Arts in Education degree program with a primary education specialization.

1.3.1 Education Sector

1. Fully funded scholarship programs provided upward mobility for aspiring teachers, planners and future leaders who otherwise lacked resources to fund extended education. The mix of capacity development program designs implemented through participant training, especially the long-term training in the U.S. and in Malawi, allowed the team to draw clear conclusions about the benefits of training abroad to the individual, the institution and Malawian society.
2. The merit-based, competitive application and selection process culled superior candidates for both education participant training programs. The competitive system was also supported by employers and donors.
3. Access to up-to-date resources, materials and exposure to expert professional instructors multiplied the teachers' abilities to progress beyond the expected. Ultimately these teachers contributed to their institutions and to society to greater degrees than others.
4. The strong critical thinking, research and computer skills gained from curricula in the U.S. degree programs did not seem to have an equivalent result in local institutions despite the successful implementation of degree and post-graduate programs in Malawi.
5. Outside training appeared to correlate with individuals' contributions to the wider community, as well as with increased creativity and effectiveness in initiating community networks and programs, such as parent teacher associations, literacy initiatives, and outreach, e. g., information sessions on the impact of HIV and AIDS on their communities.
6. Familiarity with the Malawian context (understood as experience with the realities of the rural and poorer areas) was broadly recognized as important for both teachers and planners. Those locally trained appeared to be more able to understand the realities of the Malawian environment, something particularly important for teachers.

1.3.2 Health Sector

1. Long-term degree programs were highly valued in the health sector; little value was placed on doing the short, specialized courses offered locally. Distance learning models were not used for the health sector, and curricula would need to be adapted specifically to use in a web-based format.
2. Those participants trained outside of Malawi appeared to feel more motivated in their work; critical thinking, research and computer skills were stronger among participants who studied abroad.
3. Public-sector workshop curricula typically responded to the immediate needs of the institutions, and therefore topics and materials were current and valuable. It was noted that such curricula have been adopted by private-sector health and training agencies.
4. Though workshops were designed to meet a particular skill gap, the benefits of the training were short lived as there was little follow-up by way of supervision and virtually no recognition of accomplishments. This diminished participants' motivation to apply knowledge and skills gained during training.
5. Workshops were not long enough nor frequent enough to improve participant skills, though they did tailor to local needs. Little discernable change was seen in the skills or knowledge of workshop participants.

1.4. Challenges

A number of challenges remain in the education and health sectors, and these were identified by the Outcomes Study team as a result of speaking with participants, local institutions, Ministry staff and implementing partners. Though many of the following points raise concerns, these challenges can be overcome with a degree of advanced planning, and are addressed further in the Recommendations.

1. Limited capacity of local institutions to offer demanding courses in education and health reduces the possibilities that local teachers and health workers will receive the highest level of training in Malawi, without continued institutional strengthening.
2. Limited access to experts in the education and health fields within Malawi for returned participants, as well as those who undergo their trainings in-country, narrows opportunities for continued growth.
3. Little has been done formally to establish follow-on networks or mechanisms to recognize and encourage participants who finish training and degree programs beyond the established salary increases. A supportive work environment, whether in the school, TTC or a Ministry division, contributes to maximizing the benefits of the participant training.
4. The merit-based selection process, which functioned completely independently of sponsors and the Government in the education programs, has a potential flaw when the primary objective is institutional strengthening. This flaw is the possibility of selecting an excellent candidate, but one who is not in the area most needed by the target institution.
5. Workshops and other short-term trainings, especially in the health sector, which have no immediate relevance to participants' work and which are unsupported by the participants' institutions fail to produce positive results.
6. In education, a shortage of teachers continues to be a problem; the primary teacher-student ratio is 1:87 and the secondary school ratio is 1:50.² Teaching as a career does not enjoy high status in the country.

1.5. Recommendations

The following recommendations were specified at the program, institutional, and individual level for the education and health sectors. Though substantial gains have been made in building institutional capacity in the country, much remains to be done, especially in areas of the health sector. Approach-specific recommendations for education and health are included in Section 9 of the full report.

1.5.1 At the Program Level

Prioritize education and health goals based on the needs and goals of the GOM. A first step in planning participant training activities in the future is prioritizing the health and education goals such that efforts can be targeted to the needs of the Government of Malawi.

- In education, USAID has already supported the MOEST efforts to develop an Education sector Capacity Development Strategy and Plan. In light of these efforts, the Strategy and Plan can help inform USAID plans for a participant training plan in education.
- In both sectors differentiate the detailed training plan from the strategic document. The training plan provides a clear blueprint for implementing all the types of capacity development activities in the near and long term.

² Statistics provided by a source in the MOEST.

- In health, a needs assessment is fundamental to determining the knowledge and skills gaps and developing a multi-year, capacity development plan. As in education, collaboration with the MOHP will inform the needs of the Ministry.

Implement targeted long-term and short-term participant training programs. The overarching recommendation is that participant training programs are relevant and needed in the Malawi context. Suggested participant training approaches include:

1. Long-term Bachelor of Arts degree training in the U.S.: This approach should be continued but with a stronger Malawi component. This applies to the health sector as well, though training abroad may be more appropriate in a nearby third country. In both fields part of the degree training should be a research component in Malawi, whether a practicum or an internship.
2. Long-term degree training in Malawi with a U.S. component: Students could be enrolled in a degree program in Malawi that includes a semester or a one year “topping off” program in the U.S. Though this has been done in reverse with the Bachelor of Education in Arts Program, having a majority of the degree training in Malawi could build further local capacity.
3. Higher level PhD programs: Participant training programs on the successful UPIC model should continue but for a reduced number of participants. The UPIC model, which was designed specifically toward institutional strengthening, is adaptable to the health sector especially when health education and the strengthening of local training institutes are goals.
4. Targeted short-term training: These trainings should be specifically targeted to the needs of Malawian institutions or health and education staff. These could include funding for visiting professors to give short courses on health management or specific teacher training issues.
5. Alternative short-term training in both education and health: This approach could be developed using returned participants from U.S.-based training. Institutions which have been “energized” by the enthusiasm and new ideas of returned staff could develop a series of workshops based on the characteristics of the “energized” teacher/health professional.
6. Professional development programs: These programs should be instituted for all health educators and primary and secondary teachers in Malawi. Such programs should be a regular and carefully planned part of the system. A full day once a month devoted to a specific topic would be a good trial for a professional development curriculum.
7. Distance education: Certain Malawi students could utilize distance learning centers for courses at U.S. universities. Many universities in the U.S. now use distance learning as an option, and students could take some classes online from the U.S. or elsewhere while remaining in Malawi.

Establish clear capacity-building outcome indicators for each participant training program. Appropriate targets set for participant training programs help track progress of participants who not only attend the trainings, but are able to apply their new skills and knowledge upon return to their institution. The capacity of the programs to educate and strengthen capacity can also be monitored.

Adopt professional standards for workers in the education and health sectors. Professional standards are a necessary tool to measure the capability, performance and aptitude of professionals in each field. These can include ethical standards as well as performance-based or testing benchmarks. USAID in collaboration with the GOM could explore aligning with professional organizations or groups to publish these professional standards in each of the two sectors.

Ensure future participant training programs include a merit-based selection process. The merit-based selection process was very successful in the Bachelor of Arts in Education Program and the UPIC Program. The

benefits suggest that it become the standard for future training activities. However, when the objective of training is to strengthen an institution in a particular way, a representative from the institution should be on the interview board.

Increase community outreach and awareness of careers in teaching and public health. To develop a positive attitude toward careers in education and health, USAID could develop a clever advocacy campaign to convey the importance of these careers to the development of Malawi. Publicize accomplishments of returned participants to enhance the status of teachers and health professional in Malawi.

1.5.2 At the Institutional Level

Build in-country institutional capacity to generate more trained personnel in education and health. The ultimate goal of capacity building is to strengthen Malawian institutions to provide trainings relevant to the needs of the teaching and health staff. The degree program created at Domasi College is an example of successful local capacity. In health, similar endeavors can be done with the University of Malawi College of Medicine, College of Health Sciences, or Kamuzu Nursing College.

Invite U.S. partner universities or institutions to bring timely courses regularly to Malawian institutions. This approach would match U.S. specialists with Malawi institutions to bring courses in new techniques and methods in education and health to Malawi. U.S. specialists could also provide mentoring and support to Malawian professors, and, if the mentoring process would continue down to the participant, would provide an opportunity to create a partnership among the participant and the U.S./Malawi mentors.

Create sharing mechanisms between Domasi and Chancellor Colleges and health institutions. Education institutions have been successful in developing institutional capacity in Malawi; health institutions could quickly learn from the processes of Domasi and Chancellor Colleges, who likely had to overcome some of the challenges of developing curricula in the Malawi context.

1.5.1 At the Individual Level

Encourage and recognize participants who finish participant training programs. One of the challenges faced by individuals who return from participant training is applying their skills and being recognized for their achievements. For short-term training, USAID or a Malawi institution could issue certificates of program completion. For long-term training, debrief sessions could be held upon return with other program participants to see how skills have been applied and challenges to working in the local context.

Create a mentoring program between degree participants and Malawian and/or U.S. experts. Mentoring partnerships between U.S. professors, Malawian professors, and training participants have not yet been developed. Degree participants could write their dissertations under the mentorship of their professors from the U.S. and Malawi, creating lasting relationships and involving both countries in the research.

Consider internship, on-site, and experiential training for program participants. The purpose of the internship would be to work with a Malawian teacher or professional identified as particularly successful or who uses created techniques in the workplace. Ideally the participant would be attached to a department or school before departing for training.

Establish follow-on networks between current, future and past participants. Follow-on networks where returned participants can meet with each other and discuss their return, or where past participants can speak to future participants about their experience, could further improve the participants' feelings of encouragement and support throughout the training process.

2. PROJECT OVERVIEW

2.1. Background of Task

Over the last ten years the United States Agency for International Development's Mission to Malawi (USAID Malawi) included a range of long- and short-term capacity building activities in its Mission strategy. These activities included degree programs at the Bachelor's, Master's and Doctoral levels, as well as certificate programs and workshops.

Mission personnel observed over time that many of the strongest contributors to Malawian society seemed to have had the benefit of one of USAID's participant training programs. However, little concrete information was available to identify the actual outcomes and impacts resulting from these activities. As time nears for the preparation of the new Country Assistance Strategy (CAS) the Mission requested technical assistance to fill the information gap regarding the direct outcomes of capacity building approaches, particularly as regards prior and current participant training programs.

To that end the Mission requested further study in the following specific areas:

- Extent to which USAID Malawi program goals and objectives have been met;
- Identification of successes and lessons learned;
- Relevance and appropriateness of participant training as a relevant and valued approach in the education and health sectors; as well as
- Recommendations for possible capacity building approaches in the future.

2.1.1 Description of Activity

The task undertaken by the Outcomes Study team focused on gathering and analyzing information directly related to the last decade of USAID-sponsored participant training activities in education and health in Malawi. Two Strategic Objectives guided USAID Malawi's activities:

1. Strategic Objective 4 (SO4) *Improved quality and efficiency of basic education* provides the foundation for USAID's assistance to the Government of Malawi. This objective includes specific primary education activities aimed at institutional improvement. It undertakes to improve teachers' professional skills as well as to create more effective schools. USAID's goal of strengthening primary education is made specific in the Intermediate Results (IRs):
 - (IR4.1) *Teachers' professional skills improved*: Identifies the need to provide capacity building among teachers;
 - (IR4.2) *More effective schools*: Provides the goal for institutional strengthening activities; and
 - (IR4.3) *Key policies reformed and implemented*: Speaks to the capacity building programs in leadership and planning, testing and measurement.
2. Strategic Objective 8 (SO8) *Behaviors adopted that reduce fertility and risk of HIV/AIDS and improve child health* identifies health activities as the fundamental objective guiding its activities.

To make this Outcomes Study operational USAID Malawi executed a Task Order with the Aguirre Division of JBS International, Inc.³ to send a team comprised of two expatriate members and two local consultants with skills and experience in education, health and research methodology to Malawi.

³ GEM II BPA Number EDH-E-15-08-00003-00.

2.1.2 Scope of Work

During the Outcomes Study the team was to conduct information gathering around the following areas and (summarized) questions:

1. At the program level:
 - Were the Mission's goals for participant training met?
 - What were the direct results, as well as the strengths and weaknesses, of training?
 - To what extent should the Mission consider using participant training in the future?
 - What kinds of participant training activities should be considered?
 - What elements should be retained and which eliminated?
 - Should the Mission shift to other levels or types of assistance?
2. At the institutional level:
 - What has been the effect of participant training on Malawian institutions in the health and education sectors?
 - Did the specific Programs make a difference on the institutions? Describe the differences.
 - Describe trends that have emerged from having personnel participate in the Programs.
 - How have the Programs been received? What do the institutions perceive as the strengths, weaknesses, successes and challenges of the Programs?
 - Are the institutions interested in continuing such activities? If yes, what suggestions do they have to ensure programs are most appropriate to their needs or what alternatives do they suggest?
3. At the individual level:
 - What is the effect on participants of participating in training activities?
 - What do they see as the strengths, weaknesses, successes and challenges of these Programs?
 - What suggestions and recommendations do they have for capacity building?
 - Where are the participants now physically and professionally?
 - What are their contributions to the institutions or sector?
 - What are the participant profiles and what success stories can be told?
 - What challenges or issues have the participants encountered and how have they addressed these issues?

Approaches suggested as part of the Scope of Work were modified and supplemented. The specifics of data gathering, definitions of the primary and secondary data sources, as well as methodological tools are covered fully in Section 3, Study Design.

2.1.3 Deliverables per Task Order

The deliverables per the Task Order are outlined in Table 1.

Table 1. Deliverables	
A work plan detailing the timeline and major tasks for the assignment	Submitted June 18, 2009
Draft interview tool for USAID approval/comments	Submitted June 26, 2009
Regular progress reports	Submitted weekly
Final debriefing and presentation of the draft report highlights	Submitted July 10, 2009
Draft Outcomes Study report that includes key findings, analysis of the findings and recommendations	Submitted July 21, 2009
A Final Outcomes Study report submitted after receipt of the Mission's comments of the Draft Report	Submitted September 23, 2009

2.2. Context of Participant Training

2.2.1 Malawi

Malawi – a landlocked and densely populated society in Southern Africa – has moved slowly along the economic pathway to “developing country” status. The mostly rural society depends on tobacco as its primary crop, which accounts for over half of export earnings and contributes substantially to GDP (about 45 percent according to one source). Most agricultural produce comes from rural small holders.

Despite forward thinking social development policies in the Malawian Government, described in part below, both the health and education of the population remain a major challenge. Infant mortality is 89 per 1000 live births, life expectancy is 44 years and the 2007 figure for HIV/AIDS adult prevalence rate is close to 12 percent.⁴

Though it gained independence from England in 1964, Malawi finally became a multi-party democracy under a provisional constitution in 1994. Since the birth of multiparty politics in 1994 the Government introduced a number of reforms in an attempt to address challenges to development. These relate directly to USAID’s activities in health and education. Initially the Malawi Poverty Reduction Strategy (MPRS), and later the Malawi Growth and Development Strategy (MGDS), has been the major social policy driver for the country. The Poverty Alleviation Programme (PAP) lays out the plan for the Government’s strategy which expresses the goal of, “a healthy and educated population [as] necessary to achieve economic growth.”

2.2.2 Challenges to Development

A report by the World Bank in 1997 identified low education and nutrition levels as factors that hinder labor productivity and impede growth in Malawi. The report further described the country’s low level of education three dimensionally, namely through inefficient access, low quality, and poor policy and management.

Before 1994, which set a baseline of sorts for USAID interventions, only about 50 percent of children between years six and thirteen attended primary school and only 23 percent of pupils enrolled actually completed their primary education. High repeat and dropout rates were very common. Less than 20 percent of primary school graduates were enrolled in secondary level schools before 1994.

The sudden announcement of the Free Primary Education Initiative in 1994 led to a massive increase in enrollment in primary schools, from 1.9 to 2.9 million or more pupils between 1994 and 1997. The Government of Malawi made no advance preparation for additional classroom space or trained teachers before announcing the Initiative. The impact on schools throughout the country was devastating and difficult to redress. The sudden increased enrollment did increase access and greater gender equity, but inundated the schools. Thus the highly popular policy brought its own challenges.

The Initiative resulted in a shortage of basic physical and human resources, especially trained and capable teachers, leading to a decline in attainment of learning. The quality and efficiency of education dropped to a critical low point, with less than half the children making it to grade six and pupils at the same level not able to comprehend grade-level texts.

In the health sector, through a bottom-up process involving consultations with 26 District Health Offices, community interviews and focus group discussions in selected villages, the Ministry of Health

⁴ World Fact Book, 2009.

and Population (MOHP) introduced the Malawi National Health Plan (MHP) for the years 1997-2004, which identified four key problems that needed urgent attention:

- High child mortality and morbidity;
- High maternal mortality and morbidity;
- High HIV prevalence and deaths due to HIV- and AIDS-related illnesses; and
- High mortality and morbidity in the general population due to infectious diseases.

Donors were encouraged to support issues identified in the Plan and USAID identified the following items for support:

- Lowering the risk of HIV/AIDS mainly due to its impact on human resources and productivity;
- Reducing fertility and population growth which are essential for attaining broad-based economic growth; and
- Lowering infant and child mortality rates which, if left unchecked, continue to foster high fertility as parents compensate for high under-five mortality.

2.3. USAID Capacity Building Activities

Three capacity building activities in education and health were implemented by USAID Malawi between 1999 and 2009; these formed the focus of the Outcomes Study.

2.3.1 University Partnerships in Institutional Capacity in Education (UPIC)

The university partnerships under the UPIC umbrella were established to provide institutional strengthening to various Malawian institutions by providing long-term degree and certificate training to selected teachers and Ministry planners. Additionally, the partnerships provided U.S. university lecturers to work jointly with Malawian institutions. The two main partnerships included:

1. The partnership between the University of Massachusetts at Amherst (UMass) and Chancellor College, the Ministry of Education, Science and Technology (MOEST), and the Malawi National Examinations Board (MANEB). This Program identified two goals:
 - To train educators through advanced degree programs in policy, planning and leadership, and testing and measurement. Upon completion of the degree training individuals were to return to their posts at the Ministry, MANEB, or Chancellor College; and
 - To design and implement new degree programs and curricula in policy and planning, testing and measurement at Chancellor College.
2. The partnership between Virginia Polytechnic Institute and State University (VA Tech) and the Malawi Institute of Education/Domasi College of Education (MIE/DCE) to develop a Bachelor of Arts in Education degree program with a primary education specialization at MIE/DCE. The Program identified three goals:
 - To train six PhD candidates, one each in literacy education, mathematics, science, social studies, English language arts, support for educational technology and instructional design;
 - To train two twelve-person M.Ed. cohorts in Malawi, but receiving their degrees from VA Tech; and
 - To develop and institute the Bachelor of Arts in Education Program with a specialization in primary education methods to train teacher educators for the Malawi Teacher Training Colleges

(TTCs). Cooperating in this endeavor was MIE/DCE, Chancellor College, VA Tech, and Mzuzu University through its online courses.

2.3.2 Bachelor of Arts in Education Program

The Bachelor of Arts in Education Program was created in support of the MOEST's need to train teachers for the TTCs in support of, and focusing on, primary education. This complete undergraduate Program was compressed into three years by offering courses continuously throughout the calendar year at Lakeland College in Sheboygan, Wisconsin, capped off with a twelve week practicum at Mzuzu University in Mzuzu, Malawi. Each year, a cohort of five new candidates was selected through a competitive merit-based process and began coursework at Lakeland College. A cadre of fifteen students was present at any given time. Participants in the Program were on the Government of Malawi payroll during the duration of their Program in the U.S., and the Government ensured posting of the students once they completed their training in Malawi. The purpose of the Program was to provide a cadre of highly trained teachers holding a Bachelor's degree with a specialization in primary education.

2.3.3 Support to AIDS and Family Health (STAFH) Project

The STAFH Project supported the efforts of the Malawi Ministry of Health and Population to address key health problems in Malawi, as described in the previous section. The STAFH Project, amended several times in 1998, 2000, and again in 2002, supported a variety of activities related to family health and reducing HIV/AIDS and fertility, including distribution of condoms, family planning, and other strategies. The Outcomes Study, however, focused solely on capacity building activities in the health sector. Capacity development activities supported under the STAFH Project ranged from sponsoring degree programs in- and out-of-country, to conferences and short workshops aimed at building capacity among Malawi's health workforce.

3. STUDY DESIGN

This Outcomes Study examines originally proposed activity indicators and desired outcomes across USAID education and health participant training programs in Malawi from 1999 – 2009. The objective was not intended to evaluate the USAID Programs, but rather to identify and review the outcomes from these capacity building activities and draw conclusions as to the relevance of the activities and the suitability of such models in the future.

3.1. Objectives

Specific objectives of the Outcomes Study were as follows:

1. *To determine the extent to which participants applied skills learned, contributed to institutional growth as a direct or associated result of the training/degree program, contributed to societal growth as a direct or associated result of the training/degree program, were satisfied with their study or training, and encountered challenges.*
2. *To elaborate the profile of returned participants describing who, what, when, where, why, and how.*
3. *To determine the extent to which employing institutions utilized the skills of returned participants.*
4. *To provide recommendations on capacity building approaches to consider in future USAID strategies.*

3.2. Process Steps

From June 17 to July 10, 2009, the following team gathered data, analyzed, drafted and finalized this report, and presented findings to USAID Malawi Education and Health units:

- Ann Skelton, Team Leader, Education/Evaluation Specialist
- Joseph Abisa, Health/Evaluation Specialist
- Lynne Cogswell, Health/Research Specialist
- Jephther Mwanza, Education/Evaluation Specialist

The team was organized into two-person teams so that more interviews and ground could be covered during the three-week period. The team visited Lilongwe, Blantyre, Dedza, Bunda, and Zomba to meet with study data sources.⁵ The timeframe was too short to physically visit Mzuzu, Kasungu, or Karonga, but data sources in these places were reached by phone or post. As well, the D.C.-based team of Sheila Husting, Rebekah Levi, and Mirka Tvaruzkova conducted phone interviews in the United States.

3.3. Data Sources

The team began its identification of possible participants to be interviewed and/or surveyed by thoroughly perusing USAID project documents and reports. Appendix A provides a complete list of the documents reviewed. The team compiled a list of 222 names sorted by USAID training program. This initial list was the basis for Appendix C, Participant Profile. This was later refined, based on collected data, to form what the team considers the “total population” of returned participants.

Data sources included:

- Returned and current participants;

⁵ A data source is anyone who has information pertinent to the study goals and objectives.

- Malawi- and U.S.-based implementing partners;
- Employers⁶ of returned and current participants;
- Donors and sponsors, i.e., USAID and Health and Education Ministry staff; and
- Training, health and education collaborating players.

3.3.1 Sampling, Selection and Sample Size

Sampling was purposive based on the criteria noted below, and then convenience based on the availability of the selected data sources. Table 2 provides details on the specific criteria used to select participants and to ensure a representative sample, as well as the actual demographics of the sample. The representative sampling was based on the total population percentages from the original identified participant list, as mentioned above. Surveyed participants were taken on a convenience basis and the full Participant Profile is found in Appendix C.

Table 2. Participant Selection Criteria and Sample Size					
Desired (N=20)	Actual (N=25)	Criteria	Desired (N=20)	Actual (N=25)	Criteria
		Gender			Approach Used
10	12	Male	5	7	Long-term training in U.S. (more than 6 months)
10	13	Female	2	2	Short-term training in U.S. (less than 6 months)
		Sector	7	8	Long-term training in home country
12	19	Education	7	2	Short-term training in home country
8	6	Health	3	6	Combination training
		Qualification			Training Institution
7	1	Certificate	3	5	Chancellor College with UMass
5	9	BA	3	5	UMass
4	9	MA/MS/Med	3	6	Virginia Tech
4	6	PhD	8	5	Lakeland College
			7	4	Health partners

Additional criteria were used to select the remaining data sources, and these are shown in Table 3.

Table 3. Additional Data Source Selection Criteria	
Data Source	Criteria
Implementing Partner	<ul style="list-style-type: none"> • At least three years experience in training or teaching and education or health • Institutional memory and/or experience with the training/degree programs
Employer	<ul style="list-style-type: none"> • Institutional memory of and/or experience with the training/degree programs • Decision-making responsibility regarding the program
Donor/Sponsor	<ul style="list-style-type: none"> • Institutional memory of and/or experience with the training/degree programs • Association with program or participants
Collaborating Player	<ul style="list-style-type: none"> • Be involved in health and/or education • Conduct training and/or teaching • Utilize at least one of the seven capacity building approaches

⁶ Employers were defined as anyone who had employed a returned participant, but was not an implementing partner. Implementing partners were also asked “employer” questions, but they also provided additional information not relevant to employer-only data sources.

Table 4 provides the sample size by data source type and sector.

Table 4. Total Sample Size				
Data Source	Interview Type	Total (N)	Sector	
			Health	Education
Returned and Current Participants	Interviews and Surveys	28	6	22
	Surveys Only	59	10	49
Implementing Partners: Malawi- and U.S.-based	Interviews and Surveys	10	2	8
Employers	Interviews and Surveys	5	1	4
USAID and Ministry Staff	Interviews and Surveys	11	5	6
Training, Health, and Education Collaborating Players	Interviews and Surveys	4	2	2
	Surveys only	27	6	21

3.3.2 Challenges to Data Gathering

The major challenge to developing a participant database and gathering the data was the difficulty in locating participants. Though the team located participant lists from various program files, interim reports, etc., the lists were frequently incomplete or inaccurate due to participants having moved to another institution or resumed study abroad. Telephone contact information and e-mail addresses were usually out of date. Often the team found participants by simply asking staff at institutions if they knew any former participants and their contact information.

3.4. Survey Methodology

Quantitative and qualitative methods were utilized in the survey methodology. Quantitatively, the team administered 28 profile surveys to participants interviewed; 59 full surveys to participants not interviewed; and 45 pocket surveys to five Malawi-based implementing partners, five employers, 27 collaborating players, and eight Ministry staff. All instruments used are included in Appendix B.

Qualitatively, phone and face-to-face interviews were completed with 25 returned participants, three current participants, ten implementing partners, eleven USAID and Ministry staff, five employers, and four collaborating players. One FGD was conducted as well with seven male returned participants.

The following specific surveys and guides were developed to facilitate the data and information gathering process (see Appendix B for full interview protocols):

- *Full quantitative survey* - Background; social and economic factors; training/degree program specifics; program impact at the personal, institutional, and societal levels; and programmatic data.
- *Profile quantitative survey* - Background and social and economic factors.
- *Pocket quantitative survey* - Background information and capacity building approach data.
- *Interview guides* - Guide of questions covering the thematic areas.
- *FGD topic guide* - Guide of questions covering the thematic areas.

4. SURVEY ANALYSIS

Having described the data gathering design and process in Section 3, this Section explains the rationale for organizing the analysis, results and trends. The organization of data has been arrayed such that USAID can easily access information related to the positive or negative outcomes of each of the participant training activities. For each activity questions and information are clustered around thematic areas that are generally recognized as central to performance improvement.

Findings resulting from the data analysis follow in Section 5 (Education) and Section 6 (Health).

4.1. Description of Thematic Areas Utilized

Four essential focus areas guided the participant training data gathering. The report clusters participant training findings around these critical components in both education and health. The thematic areas were also used as the basis for instrument design, analysis, and report writing:

1. **Program design:** Participant training design, type and approach, selection of participants, and application of skills by participants.
2. **Impact on the individual:** Impact of training on the individual participant, including personal recognition, career path, job performance, and personal growth.
3. **Impact on the institution:** Impact of returned participants on their institution, workplace environment and contributions or changes.
4. **Impact on society:** Impact of returned participants on society, contributions/changes.

The first theme, **program design**, speaks to the type of activity used for capacity building over the ten-year period of the Study. These include the following major participant training types:

- Long-term degree training outside Malawi;
- Long-term training inside Malawi;
- Split programs – a period abroad combined with study in a local institution;
- Combination programs; and
- Local workshops.

The effectiveness of the participant training program design in turn affects the other three thematic areas: the impact on the individual, the institution and society as a whole.

The second major theme, **impact on the individual**, reports the impact of training on the participants themselves. Such areas as personal growth, progress on a career path and personal recognition figured into this thematic area.

The third thematic area, **impact on the institution**, explores the workplace environment and the degree of success returned participants had in functioning efficiently and contributing to the improvement of the institution.

Finally, the fourth thematic area, **impact on society**, addresses the degree to which returned participants were able to make an impact on their home society. This theme was especially significant for those respondents who studied abroad; the team wanted to see how their experiences were utilized to contribute to their communities and if they were able to apply a new understanding and approach to, and within, Malawian society.

4.2. Qualitative Data Analysis

The qualitative data was gathered through in-depth interviews conducted over a three-week period with 58 individuals. These respondents provided a representative sample of individuals involved with participant training activities either as a participant, sponsor, employer or collaborating player. Notes from the interviews were synthesized according to the four thematic areas described above. Findings extracted from these extensive notes are summarized in the following Sections and supported by data gleaned from surveys.

4.3. Quantitative Data Analysis

As previously mentioned, the study team administered a full 58-question quantitative survey (see Appendix B) to returned participants. This survey covered their background, social and economic factors, training/degree program specifics, program impact on participants personally, participant impact on their institutions, and participant impact on their communities and society. The survey also inquired about programmatic details, including their opinions on the advantages, drawbacks, appropriate audiences for, and skills for training on each of seven participant training activities⁷ investigated:

1. Long-term training in the U.S.;
2. Short-term training in the U.S.;
3. Study tours;
4. Distance education via the Internet;
5. Long-term training in Malawi;
6. Short-term training in Malawi; and
7. Combination training, i.e. short- and long-term, in- and out of Malawi.

The team utilized a combination of Excel and SPSS to analyze the quantitative data; results were analyzed and cross-tabulated by gender, training approach type, sector, degree type, age and training program. Statistically significant differences were only found in cross-tabulations run by training approach type; in particular, among two main approach types: long-term training in the U.S. and long-term training in Malawi. It is, therefore, by these two approach types that the results are most frequently presented and compared, noting other significant findings only when necessary.

4.4. Participant Profile

As part of the data gathering, the Outcomes Study team developed a user-friendly Excel database with information from all the participants found and surveyed. This Excel database is found in Appendix C of the report. An additional list of ten current scholars now at Lakeland College is available. Some of these were interviewed. Finally, an additional 177 names were found through various files and lists. Information on these participants is incomplete but they have been included in the database for reference. Many of these have changed jobs and locations; others are reported to be out of the country continuing their studies.

Each of the following sections, Section 5 (Key Findings - Education) and Section 6 (Key Findings -Health), reports issues and findings related to the participant training activities described above as well as the thematic areas. When there was significant difference in the point of view between audiences the team notes the difference. Otherwise the audience is not reported separately to avoid repetition.

⁷ Note that two of the activities listed, Study Tours and Distance Learning, were used infrequently or in combination training. They were not major activities reviewed.

5. KEY FINDINGS - EDUCATION

The findings summarized in the four education segments, 5.1 Impact on Program Design, 5.2 Impact on the Individual, 5.3 Impact on the Institution, and 5.4 Impact on Society, are derived from a synthesis of qualitative information reported during in-depth interviews and augmented by quantitative data.

5.1. Impact on Program Design

A number of variations in program design occurred within the long-term U.S.-based participant training programs in education: the UPIC Program and the Bachelor of Arts in Education Program. According to the contract documents and audiences interviewed, USAID utilized various approaches with these partnering institutions: a full-time three-year Bachelor's of Arts in Education Program with a short term practicum, advanced degrees at the Master's and PhD levels, third country degree programs, study tours, conferences and short courses.

Some of the post-graduate programs split up the location of study (combination training), beginning at a U.S. institution but later dividing time between the U.S. and the Malawian institution. In these programs the research component was carried out at the Malawian institution with some guidance from a U.S. professor. A variation called the "sandwich program" divided program time between the U.S. and Malawi as well. In one model the U.S. partner institution sent instructors to Malawi to conduct classes several times a year for a short period of time (usually one month according to participants).

Table 5 shows the array of participant training models used by capacity building donors in Malawi, with a majority of participants following two models: (1) long-term training in the U.S. and (2) long-term training in Malawi. For the purpose of identifying outcomes the team focused on these two primary models in its analysis.

Model	Percentage
Long-term training in Malawi	53%
Long-term training in the U.S.	20%
Combination of trainings (For example, long-term in Malawi and short-term in U.S.)	7%
Workshops in Malawi	6%
Study Tours	5%
Conferences Outside Malawi	5%
Conferences in Malawi	4%

Quantitative and qualitative results were analyzed and cross-tabulated by gender, training approach type, sector, degree type, age and program. Statistically significant differences were only found in cross-tabulations run by training approach type; in particular, among the two main approach types, long-term training in the U.S. and in Malawi.

5.1.1 Long-Term Degree Programs in the U.S.

Many participants mentioned the variety of courses available in the U.S., as well as resources such as textbooks, libraries, and online courses, as benefits of long-term training abroad. The majority reported developing strong research and computer skills. Many scholars mentioned specific courses such as

writing, conflict management, and new or improved skills in analysis and understanding of educational issues that allowed participants to provide advice to their principals. Some scholars also found valuable their exposure to special needs learners. Although some participants valued the sandwich program design for its combination of theory and practice, not all agreed that it was effective, citing the limited access to lecturers during their short stay in Malawi. Whereas many participants shared an enthusiastic opinion of study abroad, some also commented that a disadvantage of the Malawian degree is that many instructors are not experts in a specific field.

Several mentioned the importance of fully informing participants regarding details of the program, including which university was to grant the degree. Additional information that typically would be addressed in an orientation session included specifics of the required medical exam and the purpose of core courses within a degree program. However, the orientation sometimes lacked information about other elective courses, which could have sparked more interest among participants. Some found the required courses, i.e., core courses, to be of little value in the context of their present job. These more negative comments suggest uneven program pre-departure orientations.

Employers in the education sector commonly recognized [and/or used] full-time academic programs for training at the Master’s and PhD levels, though one employer pointed out that the funding arrangement determined the approach. Many employers of returned participants indicated that they also used the split arrangement which divided the scholars’ time between study abroad and supervised research in Malawi. A majority preferred that research be conducted in Malawi to ensure relevance. Other donors in education participant training programs were asked which educational professions were best suited for long-term training in the U.S., and their results are shown in Table 6. Interestingly, many respondents from the non-participant audiences mentioned that undergraduate programs should be placed in Malawian institutions, while study abroad should be reserved for post-graduate degrees only.

Table 6. Who would benefit most from long-term training in the U.S.?	
Model	Percentage
Administrators	20%
Primary school teachers	30%
Secondary school teachers	10%
Teacher Training College (TTC) teachers	20%
Other	20%

5.1.2 Selection

Regarding selection, most participants in long-term programs reported that the selection process was competitive and therefore fair. Eighty-nine percent (89%) of those accepted into a long-term training program, both in the U.S. and in Malawi, applied to an advertisement and went through a competitive, merit-based selection process. Typically, successful candidates responded to an advertisement, sent in an application and essay, had oral interviews before a panel and finally were vetted by the U.S. partner institution. The participants expressed that this system removed the element of favoritism from the process. A few mentioned an impression that there was a prior institutional assessment before the program, but most were unaware of specifics regarding institutional or individual assessments by their own institutions.

Some employers differed in their comments on the merit-based selection described above. Several disliked the competitive selection on the grounds that the candidates selected may not be in the field most needed by the institution. A few indicated that the institutional employer should sit on the

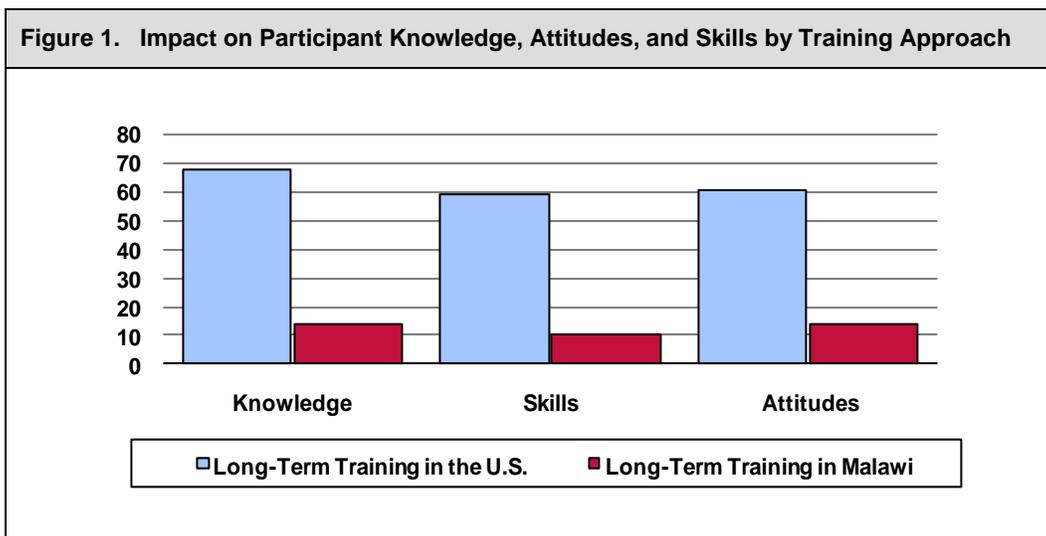
interview panel in order to provide some “reality” to the prospect of what would be faced in the workplace upon the scholar’s return.

5.1.3 Application of Skills

Participants reported applying the skills and knowledge they gained when they returned to their home institutions. Several mentioned that they learned not simply course content, but *how* to teach and therefore can now teach any course in the primary curriculum. Most employers corroborated this observation and valued the participants’ ability to do research and to think critically. Participants frequently cited the terms “participatory techniques” and a “learner centered approach.” Many reported feeling they had contributed to their institutions by sharing information with colleagues, training others in specific subject matter, teaching computer use, participating in current curriculum design and leading workshops.

On the negative side, a few found difficulty in applying skills upon their return. Responses included a lack of writing skills, lack of confidence in the scholar’s own ability to publish articles and to supervise students, and lack of time to teach particular courses. Some found resistance from colleagues to using new techniques. A few mentioned that the coursework taken abroad was too academic and therefore not applicable to their situation.

The reported differences between the U.S. and Malawi-based training were dramatic. Sixty-eight percent (68%) of U.S.-based trained participants stated that their knowledge had greatly improved as a result of their training. A similar number, 59 percent, mentioned their skills had improved. In contrast, 14 percent and 10 percent of Malawi-based long-term participants answered that their knowledge and skills had greatly improved. As well, 61 percent of U.S.-based, but just 14 percent of Malawi-based participants cited that their training had very positively affected their attitudes at work. Figure 1 illustrates the differences between U.S.-based and Malawi-based long-term participants on their reported improvement in knowledge, attitudes, and skills.



Employers generally reported that the scholars applied their new skills. In addition to very strong computer skills they cited a noticeable initiative among returned participants – [the scholar] “takes it, does it, and provides a way forward.” Returned scholars were involved in development of training manuals and teacher supervision. One employer described the challenge of implementing Learner

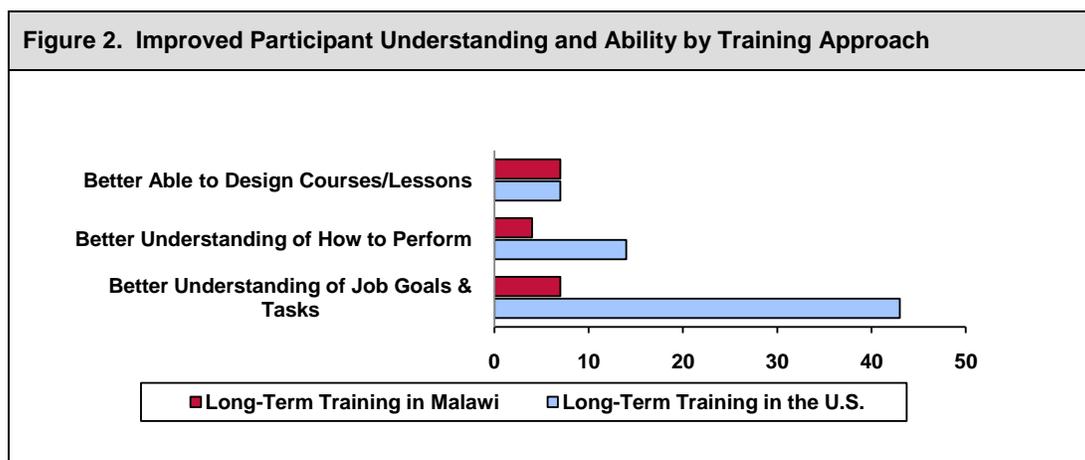
Centered Education (LCE) to primary education teachers. “This approach needs a lot of materials and a smaller teacher to student ratio as well as special training. The need for the teacher to use different approaches for different age groups within a given classroom presents a challenge to mastering the LCE approach.”

5.1.4 Pedagogical Skills

When discussing the Bachelor of Arts in Education degree, several respondents identified the value of the pedagogical approaches learned as well as the depth, scope, focus on primary education, and finally the motivation derived from the full-time academic program.

Specifically, 25 percent, 14 percent, and 11 percent of U.S.-based participants reported gaining skills in materials development, math techniques, and curriculum/lesson plan development, respectively. In marked contrast, seven percent (7%), none (0%), and seven percent (7%) of Malawi-based participants cited gaining the same skills, respectively.

Additionally, 43 percent, 14 percent, and seven percent (7%) of U.S.-based participants cited that their training had given them a better understanding of the goals and tasks of their jobs, had given them better understanding of how to perform, and had made them better able to design courses and lessons, respectively. Seven percent (7%), four percent (4%), and seven percent (7%) of Malawi-based participants cited the same improved understanding and ability. Figure 2 depicts the comparison of improved understanding and ability.



Nevertheless, many of the collaborating players and employers noted a preference for undergraduate study to remain within local institutions in order to increase “contextual Malawian understanding of issues” they will face, and to establish permanent links with Malawian institutions and organizations.

5.2. Impact on the Individual

The impact of each program design model on the individual was identified through questions relating to personal recognition, movement along a chosen career path, job performance, program relevance and personal growth. Once again the most significant findings broke down between the two primary participant training models: long-term trainings in the U.S. and in Malawi.

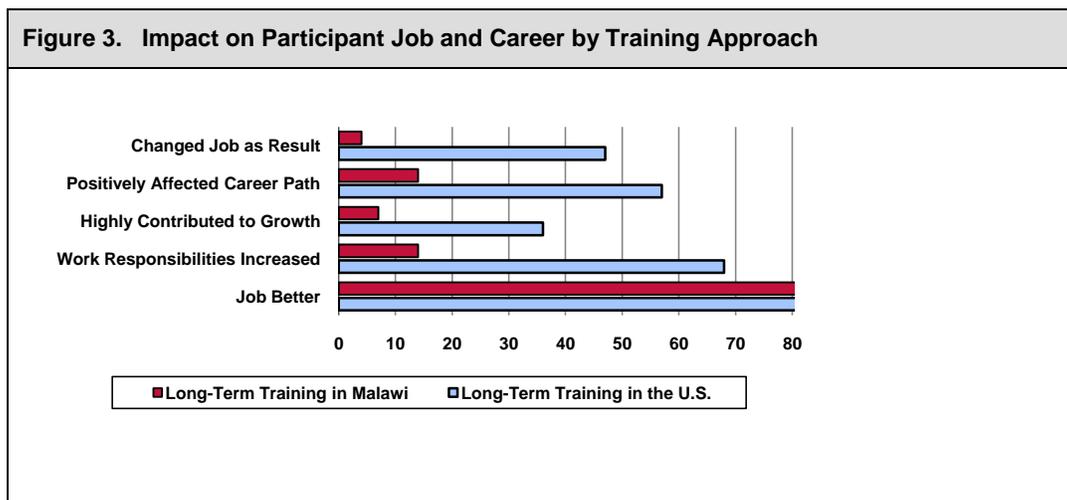
5.2.1 Personal Recognition and Satisfaction

The majority of participants who completed a degree program reported an appreciation of their skills among colleagues and superiors. Most mentioned promotion and salary increases as the measure of personal recognition, while others noted less tangible evidence such as colleagues asking questions and looking for advice, being asked to do presentations or receiving additional responsibility. Only a few said they had no recognition of their achievement. A few emphasized that having completed the degree and received the qualification was itself a reward. In the quantitative survey 61 percent reported being very satisfied with their training. Sixty-five percent (65%) of those attending long-term training in the U.S. cited that their program was well to very well defined and that the objectives were well to very well met. In Malawi, 14 percent and 18 percent of respondents receiving long-term training reported well-defined programs and well-met objectives, respectively.

5.2.2 Progress on Career Path

Many respondents stated that their career was accelerated due to the training. Regardless of the training approach type, 86 percent of all respondents stated that their job and job responsibilities improved as a result of their training. Fifty-seven percent (57%) of those trained in the U.S. and 14 percent of those trained in Malawi felt that their long-term training had very positively affected their career paths. Some noted that they moved to a new level in their desired work, while others observed that after the degree they could do better research, as they had the ability to filter and analyze information. Some noted promotions to visible positions of leadership or to a higher ranking in the Ministry of Education. Forty-seven percent (47%) and four percent (4%) of those trained in the U.S. and Malawi, respectively, stated that their job/position had changed as a direct result of their training.

Other respondents noted that it was easy to change jobs and reported being on a positive career path, having moved from being implementers to positions of leadership. Specifically, 68 percent of those participating in U.S.-based long-term training and 14 percent of those participating in Malawi-based long-term training cited that their work responsibilities had increased as a result of their training. Thirty-six percent (36%) of those in long-term U.S.-based programs stated that the training very highly contributed to their professional growth, while seven percent (7%) of their counterparts in Malawi felt the same way. Figure 3 provides a visual comparison of the overall impacts on participant jobs and careers.

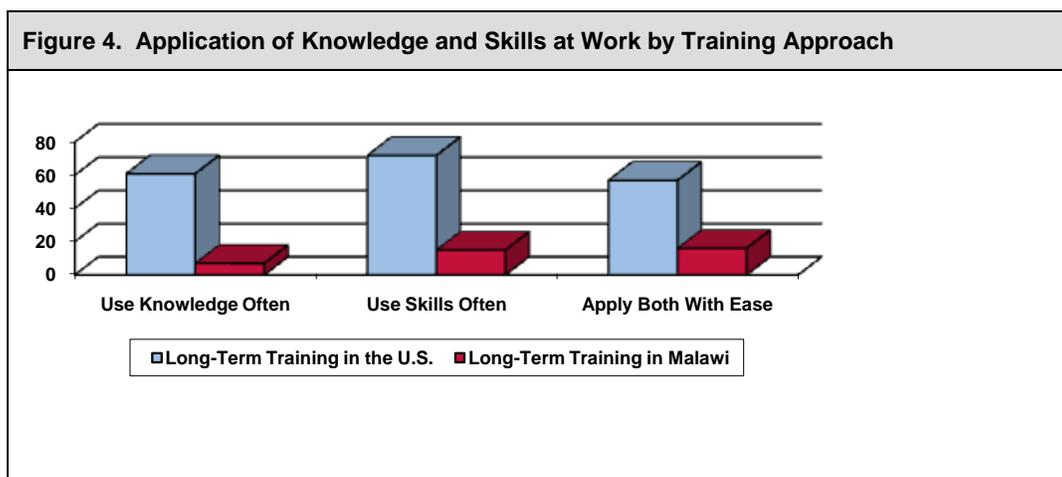


Many returned participants from programs abroad reported increased self confidence and self-esteem, citing the ability to perform their job better, use different methodologies, prepare lesson plans, think creatively and do new things like proposal writing. Participants from training abroad, both full-time degree programs and split programs, reported a marked increase in personal growth. Furthermore, several from the split programs also noted that the divided approach allowed for greater contextual understanding, i.e., first-hand experience with the reality in Malawi after having learned new skills and techniques.

5.2.3 Relevance to Work Responsibilities

Most returned participants reported that their program of study was relevant to the institution and their work responsibilities. The majority of the teachers reported that their training programs in curriculum and instruction were relevant to their work. Some, however, indicated that the course work was not relevant to *current* work or that they received too few courses in their area of interest.

Eleven percent (11%) of both Malawi-based and U.S.-based long-term training participants reported that they used their new knowledge often at work. When divided out by training approach, 61 percent of U.S.-based participants and seven percent (7%) of Malawi-based participants reported using their new knowledge very often at work. Furthermore, 72 percent of long-term U.S.-based participants and 15 percent of long-term Malawi-based participants stated that they had been able to use their new skills very often at work. Fifty-seven percent (57%) of those trained in the U.S. cited that they had been able to apply knowledge and skills “with ease.” Sixteen percent (16%) of those trained in Malawi stated the same. Figure 4 demonstrates levels of knowledge and skills application.



Though the majority of all respondents reported experiencing positive personal growth, those from the U.S.-based training were more enthusiastic about the change. They described having grown intellectually and socially as a result of interactions with professors, using expressions such as, “I’ll never be the same,” and, “I’ve moved from an ordinary person to an expert.”

Collaborating partners and employers who commented on the returned participants’ job performance noted that the participants who experienced training abroad were more highly motivated and more exposed to participatory approaches than participants who received degree training in Malawi. A few observers noted behaviors that needed modification among some participants, including an overly casual behavior and dress that is not common in Malawi. Others commented that participants trained abroad had confidence. They possessed a mastery of the content and teaching techniques – they “knew how to deliver.”

5.3. Impact on the Institution

5.3.1 Workplace Environment

An important aspect of workplace environment concerned the full reintegration of the returned scholar into a professional posting. In the first instance some participants were still awaiting posting to a TTC although they had completed requirements, e.g., submitted the transcript of credits, and completed the supervised practicum. Another aspect of successful reintegration had to do with the support and acceptance of respondents by superiors and colleagues. Returned participants revealed that they faced varying levels of resistance to new ideas and methods from their colleagues. A few mentioned that some colleagues did not recognize their knowledge and skills and that even some college principals were not aware that the scholars had acquired unique skills as a result of the training. Although some returned scholars said that supervisors were generally not supportive, others reported their supervisors' support was limited by the available resources within the institutions.

Most scholars reported that, although initially undermined, they eventually were able to win respect and encouragement from their colleagues. The Outcome Study findings generally revealed that there was support and resistance in equal measures at both institutional and personal levels. The education collaborating partners, i.e., other donors in the field, also reported this general finding, with 46 percent stating that their organizations were somewhat or very supportive of long-term training in the U.S. and 67 percent somewhat or very supportive of long-term trainings in Malawi.

Some returned scholars revealed that there is need for institutions to provide an environment in which the returnees can be encouraged, where their "new cultures" can be readily accepted and where promotions are based on merit, not on the number of years served.⁸ A majority of returned participants also stated that they would prefer an environment which gives them the opportunity to share their ideas and views on academic issues. A few returned scholars reported that they were viewed as overqualified by some of their colleagues and therefore would be better utilized in a university or an NGO. However, respondents from other audience groups, including supervisors and employers, commented that the returned participants, especially those trained abroad, were great role models for students and young teachers and therefore should remain in school environments.

At the institutional level, most returned scholars were in high demand by TTCs and study findings revealed that they were readily absorbed and became lead teachers. Returned scholars were reported to be self confident, which often made them great teachers capable of motivating others. Some supervisors also gave the scholars further assistance and additional responsibilities. In other institutions, some revealed that the returned scholars were often called to participate in activities outside the college, such as delivering workshop sessions, because of their specialized skills.

A majority of returned scholars acknowledged that they had acquired unique computer, research and critical thinking skills which had greatly improved their competence, but that the environments they were returning to did not have some of the facilities to use these skills. A few mentioned the limited resources available at the TTCs which reduced their capacity to perform better and really apply what they had learned.

5.3.2 Contributions and Changes

One of the main contributions reported by a majority of returned scholars was the sharing of acquired skills with their colleagues, such as computer skills, lesson preparation, writing, trainings on e-learning,

⁸ Note that this suggestion implies a systemic change. Ministry policy recognizes years of service as basic to the possibility of promotion.

monitoring and evaluation of students. All of these contributed to the development of the education sector in the country. A few scholars also mentioned that they found themselves taking on planning positions within their education sector as a result of their training. Some were promoted to leadership positions in departments, a development that often came with an increased work load.

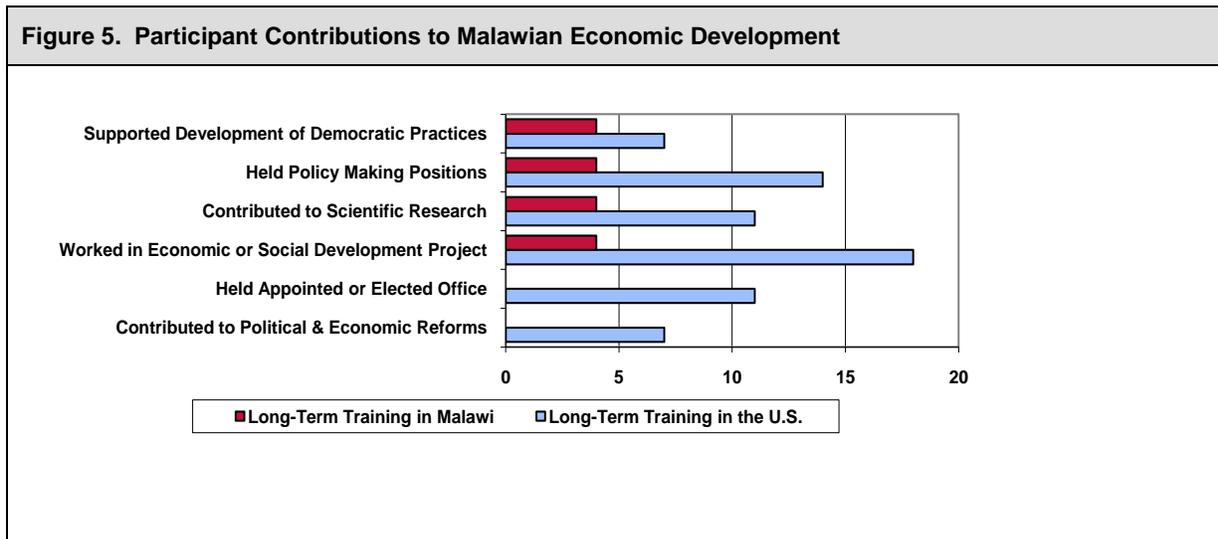
Returned scholars also participated in the development of programs, course outlines and curricula in their areas of expertise. Others managed to introduce training to their institutions, facilitated courses and made presentations on topics such as academic leadership. A few returned scholars were able to revise and change their institutional agenda to include more relevant issues and were able to train other staff in their areas of expertise. Some reported doing research in primary schools that led to several literacy projects. Other scholars mentioned participating in fundraising drives to initiate development activities in their home communities.

A few returned scholars, especially those who had interacted with U.S. professors, acknowledged that such exposure had helped them to be more human in approaching their work and had helped a great deal in creating a friendlier working environment. Other scholars mentioned that their research and computer skills had greatly improved, and that they were able to employ a variety of new teaching methods to inspire their students.

5.4. Impact on Society

5.4.1 Contributions to Malawian Economic Development

Many returned participants contributed to the development of social and economic practices in their country, for instance by participating in the development of a strategic planning tool kit or developing a framework for highlighting skills and capacities needed at various levels. Figure 5 depicts more contributions made based on participant reports.



Survey results showed that 18 percent of U.S.-based participants and four percent of Malawi-based participants stated that they had worked on an economic or social development activity. As well, 14 percent of U.S.-based participants and four percent of Malawi-based participants cited holding policy making positions.

5.4.2 Contributions and Changes

The study findings isolated three levels in society where former returnees had influence and contributed to positive change:

1. In their immediate neighborhoods;
2. In the social or religious organizations in which they congregated; and
3. In their communities of origin, i.e., where they were born and raised.

Though a few participants commented that they needed more skills in order to contribute to their communities and that their skills fell within the confines of their job descriptions, many reported contributions to their communities. One quarter (25%) of U.S.-based long-term participants reported creating community networks, 14 percent had developed new community programs, and four percent (4%) had created parent teacher associations. Malawi-based long-term participants reported that 11 percent had created community networks as well. Some respondents were involved in problem identification and analysis in their communities; they conducted focus group discussions to help communities form a critical view of the challenges affecting them.

Some returnees, especially women, had impacts on their communities and home villages, where they were seen as role models and symbols of success after completing their training. Some reported having encouraged young girls and women alike to start thinking that women can achieve great things if they too get involved in training programs. A former scholar organized women in her neighborhood and spurred them to do something about their lives so that “no one defines them on their behalf. Rather they need to define themselves.” She initiated a community savings project based on the Mata Masu Dubaru Model, in which savings were used to purchase items women need in their households.

A few participants used their knowledge and experience to start literacy programs for communities surrounding their institutions. Some reported leading activities in the science field in order to inculcate the principles of science on communities. The activities not only raised the knowledge of science in the community, but also made children aware that science is relevant to their day-to-day life. Other returnees used their fundraising skills to solicit funding for a variety of projects in their communities, including, for example, building of classroom blocks. Another handful of returnees went beyond their conventional contributions to start sporting activities in their communities.

Finally, respondents made significant contributions to the fight against the impacts of HIV and AIDS on their communities. One such contribution was the donation of a maize mill to a community in Kasungu through an initiative of a returned participant. The fee that was paid by people to bring their maize for milling was used to assist orphans and other vulnerable children in the community that had been affected by HIV and AIDS.

Though these edifying results are well known in the various communities, the initiators remain anonymous as all participants interviewed were guaranteed the confidentiality of their responses. It is also worthwhile to note that none of the individuals who described these generous activities expected particular praise. They worked in the spirit of community.

6. KEY FINDINGS - HEALTH

Participant training in the health sector evolved in a much different pattern from the training seen in education. The USAID Strategic Objective 8, *Behaviors adopted that reduce fertility and risk of HIV/AIDS and improve child health*, guides sponsored activities in the sector, but participant training was not the predominant program. Nevertheless the team traced a number of participant training activities sponsored by USAID under the STAFH Project, and this was the focus of the Outcomes Study.

6.1. Impact on Program Design

The training approach most often used in the Malawi health sector was a workshop of less than two weeks in length; more often 2.5 days to one week was the norm. Though abuses to the use of workshops was reported by several institutional interviews, e.g., free trips and money making in collecting per diem, the majority of institutions and participants agreed that workshops were a necessary modality to the overall health training package and institutional strengthening. Most felt that workshops required better structure and targeted design to be effective, "...they are usually too short...and not often enough to be truly useful...but they have their place in training..."

Though there were instances of up to ten Master's scholarships in the health sector, these long-term training programs were not the norm. Project documents identified a universe of approximately 54 participants that benefited from health training. The team then conducted interviews with participants, sponsors and collaborating players in order to confirm the information and findings reported. There are, at present, two persons enrolled in Master's Degree programs and another one to begin in August 2009 in the U.S.

6.1.1 Selection

The selection process for the STAFH Project depended upon requests from individuals who presented supporting letters from their organizations/agencies directly to USAID for sponsorship of a degree. Once an individual had been accepted into a university program, an application would be considered for sponsorship. There was little or no apparent solicitation to apply for degree programs on the health side. Several respondents felt that sponsors and donors should have solicited applications based on identified needs, and not have waited for individuals or agencies to approach them with a sponsorship request. Likewise, there were no apparent attempts to assess whether the potentially sponsored individual was filling an identified skills gap based on the 2007-2011 MOHP's Human Resources for Health (HRH) Strategy.

Participants who attended out-of-country conferences stated that there had been no assessment of needs for the organization or for the participant. They were picked for the workshops and assigned by the MOHP with little or no involvement by sponsors or collaborating players.

Many respondents valued localized training as an appropriate and cost-effective approach, but many also cautioned that insufficient time spent "anywhere" in training would not produce the desired results, i.e., a skilled and capable health worker. Most interviewed stated that long-term in-country trainings should be reserved for undergraduate degrees and that long-term out-of-country trainings should be for post-graduate degrees. However, at the same time, many acknowledged that some undergraduate degree programs were not offered in Malawi. The apparent unavailability of formal degree programs, such as public health and health education, dictates that, at present, these degrees must be obtained outside of Malawi. Several short courses on these subjects are offered at institutions in Malawi, but are not supported by individual institutions and are too costly to pay out-of-pocket.

Some respondents also felt that on-the-job training had been minimized and not used as effectively as it could have been. Furthermore, respondents felt that on-the-job training, particularly in the health field, could have provided the much needed experience that graduates often lacked. Most expressed concern for conducting any out-of-country training, citing the costliness and time requirement to complete training as major constraints; in a participant's words, "we need people now and more of them..."

A mentoring program for HIV/AIDS master trainers had reportedly begun, though it was slow to take off due to the lack of local experts and insufficient input from outside experts. As well, the Malawi College of Health Sciences (MCHS) apparently had an excellent track record for retaining its trainees and its training programs were considered to be highly successful because they were done locally. It should be noted, however, that MCHS was not able to grant a degree of any kind, only a diploma.

6.1.2 Application of Skills

According to the respondents there were no significant changes in knowledge, skills or application of knowledge and skills learned through the workshops. Though the team was informed that no formal evaluation had been done on skills application after each workshop, most respondents felt that, anecdotally, they were unable to adopt and/or change systems or working styles as a direct result of the workshops. Many felt that this was primarily due to the large turnover in health workers and staff, "train one set, then they are gone, train another set, then they too go..." As well, no one noted any type of follow-up that was being conducted to see how skills were being applied.

6.2. Impact on the Individual

6.2.1 Personal Recognition and Satisfaction

It was noted by most non-participants interviewed that those that received degrees returned with significantly better skills than when they left. They specifically cited communication, training and research skills as the most noteworthy changes attained. Furthermore, they noted that workshop participants, as mentioned above, did not improve their knowledge or skills significantly, or at least in a way that they felt was significantly discernable. Many attributed this to the length of training (usually less than two weeks) and to the selection process, which most felt did not emphasize the qualities and skill level of those attending.

Promotions and salaries were the most common recognitions cited; however, many respondents also reported that in the health sector, the salary grades are lower than in other professions, discouraging those with more education to stay in the sector. It was reported as well that those in the Ministry did not place a very high value on a Master's of Public Health and, thus, many with a higher education looked for jobs elsewhere, particularly in NGOs.

Respondents noted that at the end of workshop trainings, no certificates were presented or awarded to completed participants and "of course, no financial gain [was] received beyond the workshop per diem..." A few respondents noted that the workshop sponsor sometimes distributed "certificates of appreciation" at the end of the workshop.

6.2.2 Progress on a Career Path

Most participants reported being promoted and/or moving into positions of much greater responsibility as a direct result of their long-term degree programs. Several reported being put into decision-making jobs where they could make the most of their training. None who participated in short-term programs

in the U.S., i.e., workshops or short-term training, reported this same position/promotion movement. Many participants of long-term U.S.-based degree programs felt that their peers and supervisors admired and trusted them “more” upon returning to work. They felt that these qualities were evident because they received more responsibility, more decision-making power, more latitude to design and implement systems/procedures, and more accolades for a “job well done...”

Most participants of long-term training reported that exposure to the outside world had not only put them on a career path, but strengthened their direction. Conversely, those involved in conferences, study tours or short-term training did not note any direct impact of their training on their career paths, though most did report being on their career paths. The major identified challenge was that there is little distinguishable difference or value between a Bachelor’s and a Master’s in the health sector, making it reportedly “unattractive” to take the extra time to receive a Master’s or to stay in the health sector where the advanced degree was unappreciated.

Most respondents did note that their job opportunities expanded significantly once they received their Master’s, encouraging them to seek jobs outside their career path that provided new opportunities and better pay. At higher education levels (Master’s and PhD), participants chose the health program in which they would like to study and applied for sponsorship directly from USAID. In these cases, participants seemed to be following a career path of their own choosing.

The majority of non-participants reported that they did not feel the job performance of the returned participants had improved significantly as a result of the workshop training. They acknowledged, however, that most had many competing duties and that this often made it difficult to utilize the skills learned. One Ministry staff person stated that, “most are just trying to do their jobs, to the best of their abilities with the resources available to them...” Furthermore, most felt that job immobility diminished job performance. Those who moved on perhaps used their skills and knowledge elsewhere, but those who stayed often did the easy, not the difficult, even when both parts were equally needed.

6.2.3 Relevance to Work Responsibilities

Most participants, regardless of the participant training approach, felt that the training had been relevant to their work. However, many, particularly those participating in non-long-term programs, felt that their institution was not utilizing their skills. As one respondent noted, “our organization or agency doesn’t recognize the relevance of what we have learned...and blocks our attempts to explain or use...”

Though Ministry officials indicated that the 2007-2011 HRH Strategy exists to “guide” the relevance and need for training within the health sector, most felt that requests made through the process to fill gaps identified in the Strategy went unheard and reduced somewhat the program relevance of the workshop training. As well, for the degree seeking, little apparent attempt was made to ensure that those who were sponsored by USAID fit an identified need in the MOHP. As well, many reported that, “it feels futile...” to request needed workshops as funding often gets reprioritized and none is available for their requests. Most did feel that the workshop courses were highly tailored to the specific needs of the moment and of the group attending.

6.3. Impact on the Institution

6.3.1 Workplace Environment

Most participants of long-term U.S.-based training felt supported by supervisors and co-workers in sharing their skills and knowledge within their institution. Many stated that even when resources were slim, supervisors helped participants accomplish their tasks. Those who participated in short-term

training outside of Malawi reported no particular change upon returning from their conferences or study tours. In one case, the participant was unable to implement the particular strategy designed at an out-of-country conference due to lack of support and resources, and the strategy's ill-fit with national policy.

Most non-participants interviewed reported that participants recommended for training were quick to support and participate in training, but "apathetic," according to Ministry staff, in applying these skills upon return to their postings. As well, these same non-participants felt that the lack of supervision encouraged this apathy, i.e., "why practice what you learn when you know no one will check to see if you are..." Furthermore, they believed that the value of supervision, the opportunity to provide a chance for trained staff to ask questions and ask for help, was missing. Thus, the encouragement from staff to apply skills was missing. Many also stated that because resources were often unavailable, it appeared as if they were unwilling to support, when they simply were unable.

A few also mentioned that supervisors themselves were untrained and as such were often unwilling to provide support, because they were unsure what support to provide or how to provide it, "if they don't understand, know, value the skills, lower levels can't be supported." The most cited challenge was the lack of sufficient human resources, "... (we) are all fighting for the same human resources in training programs...this does not make (us) supportive or helpful..."

6.3.2 Contributions and Changes

Several participants who participated in long-term U.S.-based degree programs reported being able to: (1) implement new systems, new procedures, and a new audit program; (2) positively affect program outcomes, training of staff, and national policy; and (3) improve coordination of committees, roll out of workshops, and mobilization of funds for use throughout the units.

Retention of highly trained health professionals was reportedly very low because, according to Ministry staff, "an MPH prepares [you] for 'exiting' not staying within the Ministry..." Institutions who supported workshop training reported high turnover as well. Most felt that while training of any sort was useful (and a few said essential), if trained participants continued to go elsewhere after training, then the capacity of the Ministry would "never" be built.

6.4. Impact on Society

Most of the long-term U.S.-based degree program participants reported that they were able to participate in and institute local and community health activities. They were able to track and see the improvements in community HIV/AIDS action plans, community monitoring of diseases, and changes to national HIV/AIDS frameworks. No other participants commented on their impact or ability to contribute to their society or communities.

Though health staff turnover was very large, non-participants reported that short-term workshops were the most effective way in having participants remain in Malawi and make an impact. A majority of the participants who obtained degrees through long-term training outside of Malawi did not stay long enough "to make small or large contributions" according to one implementing partner.

7. LESSONS LEARNED

A number of lessons learned emerged from reviewing the implementation of USAID's participant training activities in Malawi. The first two sub-sections of Section 7 identify the specific lessons learned from the education and health sectors. A third sub-section on challenges describes drawbacks that the Outcomes Study team found in reviewing the characteristics of the programs and the responses of program participants, implementing partners, and Ministry staff. Valuable success stories were also attained from the respondents, and Appendix D provides individual stories of former participants from USAID Malawi's programs.

7.1. Education

7.1.1 Program Selection

1. Fully funded scholarship programs provided upward mobility for aspiring teachers, planners and future leaders who otherwise lacked resources to fund extended education. Such participants at all levels, but especially in the education sector, might have otherwise been lost to the educational system.
2. The merit-based, competitive application and selection process culled superior candidates for both the Bachelor of Arts in Education and the UPIC Programs. The general enthusiasm for the merit-based system especially on the part of the participants underlined the favoritism seen as commonplace in a selection system. The competitive system was also supported by employers and donors.
3. Another positive result of the merit based selection process was that it identified participants from rural and poorer areas who would otherwise be unaware of opportunities and unlikely to be connected with persons of influence.

7.1.2 Long-Term Degree Training Abroad

1. The mix of capacity development program designs implemented through participant training over the last decade, especially the long-term training in the U.S. and in Malawi, allowed the team to draw clear conclusions about the benefits of training abroad to the individual, the institution and Malawian society.
2. Access to up-to-date resources, materials and exposure to expert professional instructors multiplied the teachers' abilities to progress beyond the expected. Ultimately these teachers contributed to their institutions and to society to greater degrees than others.
3. The strong critical thinking, research and computer skills gained from curricula in the U.S. degree programs did not seem to have an equivalent in local institutions despite the successful implementation of degree and post-graduate programs in Malawi.
4. Access to experts in the field of study whether in-country or abroad was highly valued by participants wherever they were trained.
5. Outside training appeared to increase the individual's desire to contribute to the wider community, as well as their creativity and effectiveness in initiating community networks and programs, such as parent teacher associations, literacy initiatives, and outreach, e. g., information sessions on the impact of HIV and AIDS on their communities.

7.1.3 Supportive Work Environment

1. A supportive work environment whether in the school, TTC or a Ministry division was essential to maximizing the benefits of the participant training activities.
2. Familiarity with the Malawian context (understood as experience with the realities of the rural and poorer areas) was broadly recognized as important for both teachers and planners. Those locally trained appeared to be more able to understand the realities of the Malawian environment, something particularly important for teachers.

7.2. Health

7.2.1 Program Implementation

1. Most collaborating players in the health sector used short-term training in Malawi as their primary means of capacity building activity citing the low cost as the biggest advantage. However, tailored and localized training, mainly using the format of workshops, conferences and study tours, was insufficient to build useable knowledge and skills. Activities appeared to be largely opportunistic rather than an integral part of program design.
2. Though workshops were designed to meet a particular skill gap, the benefits of the training were short lived as there was little follow-up by way of supervision and virtually no recognition of accomplishments. This diminished participants' motivation to apply knowledge and skills gained during training.
3. Inexpensive short, specialized courses were needed to strengthen the overall training options and to fill some competency gaps.

7.2.2 Program Type and Training Abroad

1. Expertise and foreign training is highly valued in Malawi's health sector. Evidence indicates that outside training increased participants' desire to be effective within their communities over and above the expected.
2. There appeared to be a preference to study outside the country regardless of the existing opportunities in Malawi.
3. Currently there is a risk that waiting for the changes to be put in place will result in loss of momentum and enthusiasm to bring about changes.

7.3. Challenges

A number of challenges remain in the education and health sectors, and these were identified by the Outcomes Study team as a result of speaking with participants, local institutions, Ministry staff and implementing partners. Though many of the following points raise concerns, these challenges can be overcome with a degree of advanced planning, and are addressed further in the Recommendations.

1. Limited capacity of local institutions to offer demanding courses in education and health reduces the possibilities that local teachers and health workers will receive the highest level of training in Malawi, without continued institutional strengthening.

2. Limited access to experts in the education and health fields within Malawi for returned participants, as well as those who undergo their trainings in-country, narrows opportunities for continued growth.
3. Little has been done formally to establish follow-on networks or mechanisms to recognize and encourage participants who finish training and degree programs beyond the established salary increases. A supportive work environment, whether in the school, TTC or a Ministry division, contributes to maximizing the benefits of the participant training.
4. The merit-based selection process, which functioned completely independently of sponsors and the Government in the education programs, has a potential flaw when the primary objective is institutional strengthening. This flaw is the possibility of selecting an excellent candidate, but one who is not in the area most needed by the target institution.
5. Workshops and other short-term trainings, especially in the health sector, which have no immediate relevance to participants' work and which are unsupported by the participants' institutions fail to produce positive results.
6. In education, a shortage of teachers continues to be a problem; the primary teacher-student ratio is 1:87 and the secondary school ratio is 1:50.⁹ Teaching as a career does not enjoy high status in the country.

⁹ Statistics provided by a source in the MOEST.

8. CONCLUSIONS

The following conclusions derived from the analysis of survey results and interviews with returned scholars, donors, employers in the health and education sectors in Malawi and representatives from education and health institutions. Each conclusion responds to a question or issue posed by USAID in the project Scope of Work. The questions are incorporated in italics for ease of reference.

8.1. At the Program Level

1. Were the Mission's goals for participant training met?

Mission goals for participant training were largely met, especially in the education sector. The participant training programs in education implemented over the past decade¹⁰ contributed in specific and identifiable ways to the SO4 goal of *Improved quality and efficiency of basic education*. USAID Mission goals for each program were specific and measureable, i.e., to prepare teachers with a specialization in primary education and to strengthen existing Malawian institutions to offer degrees in primary education.

Capacity building in the health sector has been mixed. SO8 identifies *Behaviors adopted that reduce fertility and the risk of HIV/AIDS and improve child health*. The health sector has primarily utilized the short-term workshop as a participant training technique. Additionally long-term degree scholarships have been funded on an ad hoc basis. Though conclusions can be drawn as to the results of individual training methods, a direct causal relationship between participant training and the SO8 goals is tenuous at best. One reason is that participant training appears to play only a small part in the array of approaches used in the health sector.

2. What were the direct results as well as strengths and weaknesses of training?

Several results accrued directly from participant training:

- First, a specialty in primary education was created in Malawi where previously neither the special requirements and needs of the primary level teacher nor the developmental needs of the young learner had been recognized.
- Next, integral to the program design, PhD specialists in primary subject matter areas were trained and returned to Malawi to assist in the development of a Master's level program at Domasi College of Education. Domasi College now grants the Master's degree not previously available in Malawi.
- Forty (40) primary teachers will have earned the Bachelor of Arts in Education in a rigorous and life changing educational experience. These participants return to Malawi primarily to teach in the TTCs preparing new primary level teachers.
- Among the strengths of the UPIC and Bachelor of Arts in Education Programs was the high level of professional preparation and exposure to state-of-the-art educational theories and practice as well as the related increase in self confidence, commitment and critical thinking of the participants.
- Conversely, the health workshops have been neither long enough nor continual enough to improve participant skills, though they have been highly tailored and adapted to local needs.

¹⁰ The University Partnership Programs (UPIC) Program and the Bachelor of Arts in Education Program.

- Often conferences had no relevance to work or went unsupported upon return. Supervision of trained workers in the health sector was limited and participants had no outside help in applying skills.
- A positive aspect of the health workshops was the selection of relevant topics which correlated closely with observed needs within institutions. In fact, public-sector workshop curricula have been adopted by private-sector health and training players.
- A further weakness in the health sector related to the apparent lack of long-term or comprehensive strategy in the design of participant training activities. This is addressed again in the Recommendations.
- A weakness in both programs (health and education) relates to the relatively small numbers of participants trained compared with the great need within each sector.

3. *To what extent should the Mission continue to consider using participant training in the future?*

Improved capacity is essential to accomplishing USAID Mission and GOM goals in both education and health. A wise strategic choice for USAID in developing its new CAS is to devote significant resources to carefully designed participant training activities.

In the education sector in Malawi, where institutional strengthening and teacher training are paramount goals, Mission objectives depend upon developing the professional capacity of teachers and administrators. The Outcomes Study team concludes that, because participant training in diverse forms is the proven method of strengthening institutions, it should be used as part of the strategy under all relevant objectives. Two constraints affect the ideal full use of participant training. First, budget constraints may determine the types of participant training selected and second, a needs-based training plan also determines the ideal numbers and types of training most appropriate to the objectives.

In health, the absence of structured long-term participant training with a U.S. component leaves room for further Mission support in this area. Since the education programs have been successful in engaging U.S. universities and institutions in formal partnerships, no doubt the same can be accomplished on the health side. Long-term degree trainings with a U.S. stay (either long-term or research component) would greatly enhance the experiences of participants and would contribute to institutional strengthening. Further, a formal relationship with public health departments in U.S. universities could improve the status of Master's degrees in public health, especially if the Master's was in majors like HIV/AIDS Studies, Health Behavior, Health Promotion, or Maternal and Child Health, which link back directly to SO8.

4. *What kinds of participant training activities should be considered?*

Based on the survey and interview responses as well as the team's review of documents and reports, the team concludes that the Mission should continue to implement a judicious mix of participant training activities, including degree training abroad as well as the range of strategies known to strengthen local institutions in both education and health.

The specific types of training most appropriate for each instance are normally decided based on a training plan developed together with a needs assessment. However, among the universe of training modalities both the successful long-term degree programs and targeted short-term participant trainings should be considered as part of the "judicious mix" referred to above. (Note: the elements of a training plan are discussed more fully under Section 9, Recommendations).

At a minimum the following activities should be considered when developing training plans for both health and education:

1. Long-term degree training in the U.S. with a Malawi component: In order to build local capacity, part of the degree training could be a research component in Malawi, where the student would do a practicum or dissertation in collaboration with a Malawian institution.
2. Long-term degree training in Malawi with U.S. component: Though this has been done in reverse with the Bachelor of Arts in Education Program, having a majority of the degree training in Malawi could build further local capacity, contribute to sustainability, and extend program funds to be used for other activities.
3. Targeted short-term training: These trainings should be specifically targeted to the needs of Malawian institutions or health and education staff and would be identified in the training plans.
4. Develop institutional relationships: Malawian institutions could invite U.S. institutions or universities to send professors to Malawi to give short courses on health management or specific teacher training issues.
5. Mentoring component as a variation of #4: Mentoring partnerships between U.S. professors, Malawi professors, and training participants have not yet been developed despite apparent interest exhibited by U.S. professors. Contracts could include provisions whereby long-term degree participants would write their dissertations or carry out major projects under the joint mentorship of their professors from the U.S. and Malawi.
6. Distance education: Malawian students would benefit by an increase in the availability of distance learning centers for courses at U.S. and Malawian universities.
7. Secondment, on-site training such as seminars and workshops used in professional development programs, internships, and guest lectures on topics of interest are additional modes of capacity development that should be considered.

5. *What elements should be retained and which eliminated?*

Especially in the education sector participant training abroad has produced results beyond the expected. These include identifying and training talented and committed teachers from disadvantaged economic groups.

- USAID should continue using the merit-based selection process that contributed to identifying excellent candidates in education. To the extent possible this process should be used in health sector training as well.
- Long-term training in education and health is highly valued; however, care must be taken that the institutions sponsoring individuals, especially for advanced degrees, are prepared to utilize and challenge the returning – and now highly trained – participant. If the institution or the system does not have the ability to promote or to provide opportunities to lead, the returning participant is unlikely to remain in the institution. This is a particular risk with returned PhD participants who find their knowledge and abilities not fully understood or utilized.
- Increase the networks of U.S. institutions and Malawi institutions in both education and health. A successful example of this is seen in the design of the UPIC Program. If there is a lack of expertise in Malawi, partner degree students with mentors from U.S. institutions to whom they can turn with practical issues.

- Eliminate the use of conferences and workshops that have no relevance to the specific work of the Malawian institution. Replace these with short courses designed to achieve specific and identifiable goals (see above).
- Ensure that participants who complete workshops on specialized topics have adequate supervision in the clinic, classroom or workplace.
- Eliminate ad-hoc training of individuals, especially in health. Prioritize the health education goals such that efforts can be concentrated either on priority groups or on goals of the MOH or local institutions. Link goals of health professionals to the needs of Malawi institutions.

8.2. At the Institutional Level

1. & 2. What has been the effect of participant training on Malawian institutions in the health and education sectors? Did the specific Programs make a difference to the institutions? Describe the kinds of differences.

The team found that health training programs within the Ministry of Health were not recognized as having made a difference. However, participants trained outside of Malawi, especially long-term, felt more motivated and stayed motivated to work in their institutions and their communities. The team observed a strong desire to improve the capacity of local institutions but this was combined with an impatience to see progress.

The UPIC Programs were specifically designed to strengthen local institutions in several ways: by creating the local capacity to grant higher level degrees and by improving the quality of the TTCs. The USAID-funded participant training contributes to this institutional strengthening. One concern remains related to the lack of depth at the highest levels. As the PHD specialists retire or leave their posts, a vacuum may be left within the institution.

3. Describe trends that have emerged from having personnel participate in the Programs.

One of the inherent strengths of the UPIC Programs was the close linkage between Malawian institutions and U.S. universities both at the planning stage and through the technique of the split program. To the extent that this linkage is a trend, which no doubt contributed to the success of the goals, it should be encouraged.

- The competitive or “merit-based” selection process which has been used throughout the last years is applauded by participants, employers, donors, and others familiar with participant training.
- There is a growing cadre of enthusiastic, highly skilled primary school teachers who are identified as role models in many TTCs. Some TTCs report an energized atmosphere in the classrooms as a result of introduction of technology and participatory methods.
- Heightened community service and education outreach was noted in many underserved communities.
- The primary teachers’ education degree program was established in Malawi at MIE/DCE using modern curricula and teachers trained under UPIC.
- A testing and measurement program was also established in Malawi by a UPIC trainee.

4. *How have the Programs been received? What do the institutions perceive as the strengths, weaknesses, successes and challenges of the Programs?*

Most of the programs have been supported by the corresponding Ministries, i.e., the MOEST and the MOHP.

- Some weaknesses include lack of preparation for the return of the highly trained individuals who then have difficulty fitting into the institutions.
- Additionally, the demands on recently returned teachers to present workshops or sit on committees, while providing positive recognition, also take the teacher away from their primary duties.
- The self confidence and enthusiasm of newly trained teachers has been construed as offensive in a small number of cases. (It should be noted that a good re-entry program or pairing the returned teacher with a seasoned mentor would address such behaviors.)

5. *Are the institutions interested in continuing such activities? If yes, what suggestions do they have to ensure... appropriateness to their needs or what alternatives do they suggest?*

Clearly institutions have welcomed the training activities. Institutional representatives from both sectors contributed suggestions for selection, program type as well as identifying issues within the institution that need to be considered at the design stage. These have been mentioned here and in the Findings and Recommendations Sections.

8.3. At the Individual Level

1. *What is the effect on participants of participating in training activities?*

In most cases the effect is overwhelmingly positive and, in some cases, life changing. These responses are documented throughout the report. In some cases, e.g., the very short-term workshops used in the health sector that invariably had no follow-on or recognition for the participants, the effect was neutral to negative. In fact, little or no discernable change was seen or experienced in the skills or knowledge of returned workshop participants.

2. *What suggestions do they have for capacity building?*

Most recommend that the programs be continued albeit with recommendations for modifications which appear in Section 9, Recommendations. Many observe that without USAID funding, they would have had no opportunity for improvement.

3. *Where are the participants now physically and professionally?*

Eighty-six percent (86%) of participants surveyed returned to Malawi and are working in their fields. The team also discovered through colleagues or friends that many of the identified participants had accepted other scholarships out of the country. It was not possible to verify contact information for a large number of returned participants.

4. *What are their contributions to the institutions or sector?*

Within the education sector the team found a strong correlation between participant training abroad and a desire and commitment to their institution and fellow man. Many returned participants sat on committees within their educational institutions; others started literacy programs, participated in building schools and showed groups of parents how to initiate and participate in school-related activities. In the health sector several success stories relate contributions of participants to their institutions. One

example included a participant initiating a set of cleanliness and infection prevention processes that resulted in an award to the hospital.

5. *What are the participant profiles and what success stories can be told?*

Participant profiles are found in Appendix C and the success stories are included in Appendix D.

6. *What challenges ...have the participants encountered and how have they addressed these issues?*

Unfortunately, when the highly educated individual or one trained in a totally new field returns to an institution that is not prepared to use the new skills, the reported result is participants leaving the institution for the often referenced “greener pastures.”

More commonly, however, participants have experienced a range of positive and negative reactions to their return and improved status. In most cases an initial reluctance or display of envy has been met with patience on the part of the participant. This resulted in eventual acceptance. Most reported support from their superiors and recognition in the form of being invited to share their methods and new information.

9. RECOMMENDATIONS

The Outcomes Study was undertaken with the specific purpose of identifying changes, trends and benefits evident in Malawi from participant training. The findings described in the preceding Sections rest upon a diverse and layered process of gathering and then cross-checking information and opinions. In search of recommendations the team studied material of earlier reports, surveyed scholars and heard the voices of myriad knowledgeable and committed individuals in the health and education sectors. Some of the most compelling voices were recorded from field interviews:

- School principals: *“Committed people make the best teachers”; “In the past people thought that primary education for the small child was not serious business – now they understand that it deserves attention and expertise...”*
- Health administrator: *“Prepare the working environment for the highly trained specialist [or risk losing him]...”*

Many of the statistics uncovered support the commitment of the Malawian scholars. One edifying number is that 86 percent of participants trained considering all programs and locations have returned to their institution or to the sector and are applying the skills learned – some in quite dramatic ways as shown in the success stories.

9.1. Overall Recommendations

The following recommendations are specified at the program, institutional, and individual level for the education and health sectors. Though substantial gains have been made in building institutional capacity in the country, much remains to be done, especially in areas of the health sector. At the end of this section, specific recommendations are listed for education and health, divided out by the approach type and expected outcomes.

9.1.1 At the Program Level

Prioritize education and health goals based on the needs and goals of the GOM. A first step in planning participant training activities in the future is prioritizing the health and education goals such that efforts can be targeted to the needs of the Government of Malawi.

- In education, USAID has already supported the MOEST efforts to develop an Education sector Capacity Development Strategy and Plan. In light of these efforts, the Strategy and Plan can help inform USAID plans for a participant training plan in education.
- In both sectors differentiate the detailed training plan from the strategic document. The training plan provides a clear blueprint for implementing all the types of capacity development activities in the near and long term. Based on the needs assessment the training plan will identify, at a minimum, the following: a) desired outcomes under each objective; b) gaps in desired knowledge and skills; c) the learner group characteristics including target numbers; d) appropriate training modality; e) curriculum design; and f) evaluation.
- In health, a needs assessment is fundamental to determining the knowledge and skills gaps and developing a multi-year, capacity development plan. As in education, collaboration with the MOHP will inform the needs of the Ministry.

Implement targeted long-term and short-term degree participant training programs. As already mentioned in the Conclusions Section, the overarching recommendation is that participant training programs are relevant and needed in the Malawi context. Several participant training approaches are already designed and proven, and additional designs are suggested here. Beginning with known programs they include:

1. Long-term Bachelor of Arts degree training in the U.S.: This approach should be continued but with a stronger Malawi component. The B.A. programs are still called for to build local capacity in primary education as well as to build a critical mass of university educated primary teachers who will contribute to improving the status of the teacher in Malawi. This applies to the health sector as well though training abroad may be more appropriate in a nearby third country. In both fields part of the degree training should be a research component in country, in which the student carries out a practicum or a longer (semester long) internship in collaboration with a Malawian master teacher.
2. Long-term degree training in a Malawi institution with a U.S. component: Students could be enrolled in a degree program in Malawi that includes a semester or a one year “topping off” program in the U.S. after having completed their first or second year in Malawi. The students then return for a final year in the Malawi institution. Though this has been done in reverse with the Bachelor of Education in Arts Program, having a majority of the degree training in Malawi could build further local capacity and sustainability. This approach would also rapidly increase the number of teachers trained.
3. Continue the higher level PhD participant training programs on the successful UPIC model but for a reduced number of participants. This would swell the ranks of the trained professors in specialty areas where shortages are noted. The UPIC model which was designed specifically toward institutional strengthening is adaptable to the health sector especially when health education and the strengthening of local training institutes are goals.
4. Targeted short-term training: These trainings should be specifically targeted to the needs of Malawian institutions or health and education staff. For example, construct contracts which fund visiting professors to give short courses on health management or specific teacher training issues. Counterpart Malawian institutions should be involved in the identification of priority areas and curriculum needs.
5. Alternative short term training in both education and health should be developed using returned participants from U.S.-based training who have been identified by their principals and supervisors as superior. These institutions, e.g. TTCs, which have been “energized” by the enthusiasm and new ideas of returned staff would develop a series of workshops based on the characteristics of the “energized” teacher/health worker, and the energized environment. After piloting the workshops, they would be transferrable to various locales throughout the country. Similar workshops could be adapted to the health education sector as well. *Note: Development time for such workshops could be extensive and thus require a semester free of teaching responsibilities for the teacher/designer.*
6. Professional development programs should be instituted for all health educators and primary and secondary education teachers in Malawi. Such programs should be a regular and carefully planned part of the system. A full day once a month devoted to a specific topic would be a good trial for a professional development curriculum. Among the numerous topics some basic themes include:
 - Benefits of encouraging parental involvement in the young child’s education;
 - How to handle children with special needs in the classroom, e.g., the blind or deaf child, the mentally or physically disabled;
 - Phonics and reading techniques;

- Visual approaches to teaching mathematics (addition, subtraction, etc.);
 - Creating useful visual aids;
 - Health education introducing sensitive topics (such as HIV/AIDS); and
 - Guarding sensitive or personal information.
7. Distance education: Certain Malawi students could utilize distance learning centers for courses at U.S. universities. Many universities in the U.S. now use distance learning as an option, and students could take some classes online from the U.S. or elsewhere while still remaining in Malawi.

Establish clear capacity-building outcome indicators for each participant training program. Appropriate targets set for participant training programs help track progress of participants who not only attend the trainings, but are able to apply their new skills and knowledge upon return to their institution. The capacity of the programs to educate and strengthen capacity can also be monitored. Outcome indicators for education and health training programs could include:

- Enhanced capacity to design the health or education curriculum;
- Improved quality control in testing and measurement;
- Applied critical thinking;
- State-of-the-art, expanded computer skills;
- Locally relevant research skills; and
- Advanced practical application of competency-based skills.

Note that the above indicators are not process steps such as numbers of trainings or number of persons trained. These are process indicators and should be distinguished from outcome indicators. Specific outcome indicators in education and health are included in the tables at the end of this chapter.

Adopt professional standards for workers in the education and health sectors. Professional standards are a necessary tool to measure the capability, performance and aptitude of professionals in each field. These can include ethical standards as well as performance-based or testing benchmarks. USAID in collaboration with the GOM could explore aligning with professional organizations or groups to publish these professional standards in each of the two sectors.

- In education, adopt a set of professional standards for primary teachers and work with the MOEST to publish these standards throughout the system. Use teachers who have benefited from participant training as well as recognized education specialists to work on updating professional standards.
- In health, work with the MOHP and appropriate professional health institutions (such as the universities) to establish testing standards in health areas, and then work with the MOHP to enforce these standards for all professionals.

Ensure future participant training programs include a merit-based selection process. The merit-based selection process was very successful in the Bachelor of Arts in Education Program and the UPIC Program. The benefits suggest that it become the standard for future training activities. However, when the objective of training is to strengthen an institution in a particular way, a representative from the institution should be on the interview board. This is to ensure that the needs and skills attained from the participant training program reflect the needs of the institution.

Increase community outreach and awareness of careers in teaching and public health. To develop a positive attitude toward careers in education and health, USAID could develop a clever advocacy campaign to convey the importance of these careers to the development of Malawi. Find a mechanism to publish vignettes of successful community outreach done by returned participants (perhaps on Ministry or

institution websites). Publicize accomplishments of returned participants to enhance the status of teachers and health professional in Malawi.

9.1.2 At the Institutional Level

Build in-country institutional capacity to generate more trained personnel in education and health. The ultimate goal of capacity building in Malawi is to strengthen in-country institutions to provide the level of trainings relevant to the needs of the teaching and health staff. The degree program created at Domasi College is a key example of building local capacity. In health, similar endeavors can be done with the University of Malawi College of Medicine, College of Health Sciences, or Kamuzu Nursing College. Specific courses can also be created, such as was done under the UPIC Program, and health education courses can be taught at the TTCs.

Invite U.S. partner universities or institutions to bring timely courses regularly to Malawian institutions. The purpose of this recommendation would be to match U.S. specialists with Malawi institutions to bring courses regularly in new techniques and methods in education and health. These U.S. specialists could also provide mentoring and support to Malawian professors, and, if the mentoring process would continue down to the participant, would provide an opportunity to create a partnership among the participant and the U.S./Malawi mentors.

Create sharing mechanisms between Domasi and Chancellor Colleges and health institutions. Education institutions have been successful in developing institutional capacity in Malawi, such as the degree programs started by Domasi College; health institutions could quickly learn from the processes of Domasi and Chancellor Colleges, who likely had to overcome some of the challenges of developing curricula in the Malawi context. These networks can discuss teaching techniques, effectuate critical thinking by professors and students, and develop research skills among all Malawian institutions.

9.1.3 At the Individual Level

Encourage and recognize participants who finish participant training programs. One of the challenges faced by individuals who return from participant training is applying their skills and being recognized for the course or degree they have completed. For short-term training, USAID or a Malawi institution can issue certificates of achievement. For long-term training, debrief sessions should be held upon return to the local institution with others who have returned to see how skills have been applied, challenges when working in the local context, and other topic areas.

Create a mentoring program between degree participants and local and/or U.S. experts. Mentoring partnerships between U.S. professors, Malawi professors, and training participants have not yet been developed. Long-term degree participants could write their dissertations under the mentorship of their professors from the U.S. and Malawi, creating lasting relationships and involving both countries in the research. Further, Malawi mentors could be influential upon the participants' return to the field, and could help participants apply their skills in the Malawi context.

Consider internship, on-site, and experiential training for program participants. The purpose of the internship of on-site training would be to work with a teacher or professional identified as particularly successful or who uses created techniques in the workplace. Assign participants internships at program selection, so that internships could take place before, during, or even after the training program. Ideally the participant would be attached to a department of school before departing for training. This would permit the intern to understand how policy departments work and should help to tailor programs to the real needs of the health and education sectors.

Establish follow-on networks between current, future and past participants. Participants, who finish USAID-sponsored participant training, encounter some of the same challenges in applying their skills in the home institutions and in their opinions about the trainings. Follow-on networks where returned participants can meet with each other and discuss their return, or where past participants can speak to future participants about their experience, could further improve the participants' feelings of encouragement and support throughout the training process.

9.2. Approach-Specific Education Recommendations

Substantial evidence of improved teaching practices, teacher training, and trained talent at the administrative level gained through participant training affirms the need for continuing these types of programs in the future. Recommendations for participant training programs by approach type are outlined in the tables below.

Table 7. Recommendations for Education: Short-Term Training (Workshops, Conferences, Study Tours)	
Desired Outcomes	Recommendations
Motivated participants	Short-Term: Provide "certificates of appreciation" with each workshop conducted
	Long-Term: Institute quarterly and yearly performance awards within institutions supporting workshops and workshop participants
Enhanced capacity to teach and implement specialized coursework	Short-Term: 1. Determine which courses would most fill skills gaps among teachers not already trained 2. Investigate the possibility of financially supporting short-course participation by Ministry, NGOs, etc.
	Long-Term: 1. Develop a yearly calendar and schedule to teachers in and out of the short courses 2. Pair up the short course institutions with one U.S.-based university to provide quality control and updating of techniques and materials
Expanded specialty topics Energized working environment Increased communication skills	Short-Term: 1. Identify characteristics of the "energized classroom" described by some of the TTCs. 2. Develop the dynamic classroom model, including topics and activities, which can be translated into a series of workshop
	Long-Term: 1. Hold a series of short courses at the TTCs based on techniques applied and learned by returned teachers 2. This series can ultimately be incorporated into the Domasi (MIE/DCE) calendar.
Intensified follow-on	Short-Term: Assess the type of supervision that would be required to "support" short-term participants
	Long-Term: Develop supervision training program and carry out Develop ongoing professional development programs for primary level teachers

Table 8. Recommendations for Education: Distance Learning	
Desired Outcomes	Recommendations
Teacher training courses completed via distance learning	Short-Term: 1. Investigate how the education sector might utilize distance learning courses, perhaps even link to internet courses in the U.S. 2. Prepare a concept paper detailing what topics, what audiences, and what materials are needed for distance education
	Long-Term: 1. Develop materials needed 2. Train center "teachers" on use of/learner center approaches 3. Create certification program for distance learning

Table 9. Recommendations for Education: Long-Term Training Outside of Malawi	
Desired Outcomes	Recommendations
Heightened value for participant training programs	Short-Term: Delineate the elements of foreign training that are the most valued and investigate ways to provide those elements in-country to increase the number of teachers trained.
	Long-Term: Explore cost-effective ways to provide elements of foreign training that cannot be provided in-country. This can include distance learning, having U.S. experts visit Malawi to provide a short course, etc.
Transparency of selection process	Short-Term: Maintain merit-based selection process that insists on transparency and competition.
	Long-Term: 1. Institute solicited, merit-based selection processes for all participant training programs 2. Include Malawi institutions in selection process to ensure institutional strengthening and involvement.
Heightened community service Increased desire to exceed expectations	Short-Term: Develop talk series utilizing trained participants to share experiences and ideas
	Long-Term: Develop speakers' bureau where teachers can learn from and share community projects implemented by trained participants.
Heightened depth in local issues Updated knowledge and skills	Short-Term: Identify contextual lacks and incorporate suggested changes into presently ongoing training programs
	Long-Term: Identify short-term programs that non-participant teachers/trainers can access to receive specialized skills

Table 10. Recommendations for Education: Long-Term Training in Malawi	
Desired Outcomes	Recommendations
Enhanced sustainability of education training Fostered value of in-country training and degrees	Short-Term: Support current degree program implemented by Domasi College and support more specialty courses in primary education at local institutions.
	Long-Term: 1. Focus on institutional strengthening of local institutions and their capacity to grant degrees in education. Support capacity as needed. 2. Develop a promotions campaign promoting the highlights of local degrees and the need for B.A. training for all teachers in-country.
Expanded access to immediate experts and expertise Strengthened information systems Strengthened institutional capacity	Short-Term: 1. Detail a communication plan for certain subjects among institutions, agencies and organizations in the U.S. and Malawi 2. Identify U.S.-based and Malawi-based institutions with the requisite equipment and contact to participate 3. Attach participants, including those currently in a program, to local institutions before and during their training.
	Long-Term: Develop year calendar of topics, participants and facilitators to discuss innovative techniques in teaching, courses, etc.

9.3. Approach-Specific Health Recommendations

The Strategic Objective for health identifies explicit intermediate results to disseminate knowledge and information on family planning and HIV/AIDS as well as to improve the care of mothers and children. Both of these suggest the importance of a capacity development component. Thus, the following are recommendations directed at forming a strategic participant training plan for the health sector. These strategic goals should be in place before initiating specific or opportunistic training events.

Table 11. Recommendations for Health: Short-Term Training (Workshops, Conferences, Study Tours)	
Desired Outcomes	Recommendations
Stepped up workshop length Augmented tailoring and localization of programs	Short-Term: Develop “intensity” matrix defining topics and staff levels which require more or less time.
	Long-Term: Assess “intensity” and need of skills and knowledge and re-design, as needed, tailored courses that provide sufficient time and approach for learning, practice and understanding.
Improved competence	Short-Term: Review competency-based outputs of ALL training approaches and note gaps/lacks.
	Long-Term: Develop competency-based outputs/indicators for each type of training (ALL approaches).
Motivated staff	Short-Term: Provide “certificates of appreciation” with each workshop conducted.
	Long-Term: Institute quarterly and yearly performance awards within institutions supporting workshops and workshop participants.
Expanded specialty courses	Short-Term: 1. Determine which courses would most fill an already identified skills gap 2. Investigate the possibility of financially supporting short-course participation by Ministry, PVO, NGO, etc. 3. Approach the MIE to develop a set of practical, hands-on training series on topics of importance. Such a series could provide up-to-date information to health professionals and workers, combined with practice-based training. 4. Provide commensurate support to the MIE in developing the curriculum, recruiting trained participants who can lead the training series and local institutions who could participate in the practice-based training.
	Long-Term: 1. Develop a yearly calendar and schedule to cycle health workers and staff in and out of the short courses. 2. Identify several trained participants who might join the staff of the health institutions on a part-time basis to support these courses. 3. Pair up the short course institutions with one U.S.-based university to provide quality control and updating of techniques and materials.
Intensified follow-on	Short-Term: Assess the type of supervision that would be require to “support” returned workshop participants.
	Long-Term: Develop supervision training program and carry out.
Enhanced health “products” used outside health sector	Short-Term: Hold city-wide (Lilongwe and Blantyre) conference to share curricula developed.
	Long-Term: Engage other sectors and organizations in quarterly discussion around use, adaptation, and application of training materials.

Table 12. Recommendations for Health: Distance Learning	
Desired Outcomes	Recommendations
Health courses completed via distance learning	Short-Term: 1. Investigate how the health sector might utilize the existing distance learning centers for health 2. Prepare a concept paper detailing what topics, what audiences, and what materials for health distance education
	Long-Term: 1. Develop materials needed 2. Train center “teachers” on use of/learner center approaches for the health content 3. Create certification program for distance learning

Table 13. Recommendations for Health: Long-Term Training Outside of Malawi	
Desired Outcomes	Recommendations
Heightened value for the qualities of training/degree programs	Short-Term: Delineate the elements of foreign training that are the most valued and investigate ways to provide those elements in-country.
	Long-Term: Explore cost-effective, short-term ways to provide some of the elements of foreign training that cannot be provided in-country.
Enhanced innovative outreach Heightened community service	Short-Term: Develop talk series utilizing these trained participants to share experiences and ideas
	Long-Term: Develop speakers' bureau where quarterly health staff and workers can learn from and share community opportunities
Expanded efficiency of selection process	Short-Term: Develop selection process that insists on sector experience as a pre-requisite
	Long-Term: 1. Institute solicited, merit-based selection processes for all health programs 2. Reserve funds for non-solicited training to cater for needs that may arise from gaps in working environment
Heightened depth in local issues Updated knowledge and skills Broaden horizons	Short-Term: Identify contextual lacks and incorporate suggested changes into presently ongoing training programs
	Long-Term: Identify short-term programs that non-participant teachers/trainers can access to receive specialized skills

Table 14. Recommendations for Health: Long-Term Training in Malawi	
Desired Outcomes	Recommendations
Enhanced sustainability of health degrees	Short-Term: Approach local health institutions to gauge interest in being matched with U.S.-based institutions and being involved in other elements as detailed in overarching recommendations
	Long-Term: Develop 3, 3-member teams of "rotating" teachers that can spend 8-10 months at each institution mentoring, training, providing expertise, then travel onto the next institution
Fostered value of in-country training and degrees	Short-Term: Develop a promotions campaign, promoting the highlights of local degrees, the "new" that is coming, etc.
Expanded access to immediate experts and expertise Strengthened information systems Strengthened institutional capacity	Short-Term: 1. Detail a communication plan for certain subjects among institutions, agencies and organizations in the U.S. and Malawi 2. Identify U.S.-based and Malawi-based institutions with the requisite equipment and contact to participate 3. Attach participants, including those currently in a program, to local institutions before and during their training.
	Long-Term: Develop year calendar of topics, participants and facilitators to discuss innovative techniques in teaching, courses, etc.

9.4. Sustainability

The issue of sustaining the gains described in this report merits further thought. A common misconception is that the knowledge and skills gained from training will automatically be transferred to the workplace. Without nurturing, participants frequently regress to former behaviors and the new-found skills languish.

For the Malawian education and health sectors sustainability refers to the continued application over time of the knowledge, skills and educational practices learned through professional preparation, i.e., undergraduate and graduate training as well as short-term interventions. The gains made through the

preparation of teachers and health professionals in Malawi over the last decade has shown to benefit those trained as well as the institutions and communities involved. Continuing to maintain improvements over time requires careful attention. This is especially true if a number of challenges, as discussed previously, remain within the systems. It is often easier to do the task “the old way”, and if obstacles are placed in the way of the practitioner, motivation and enthusiasm decline.

Well recognized strategies for sustainability include:

- Adequate resources to apply new skills learned
- Periodic refresher trainings, professional networks, and workshops to allow trained participants to connect with each other and to continue learning relevant techniques in their fields
- Up-to-date and easily accessible materials
- Publicizing successes and establishing standards for training

However, one of the best strategies to strengthen the gains made by returned participants is the simple support and encouragement of their supervisors. One employer/principal recognized this in stating, “Teaching is a collective responsibility.” This suggests that a useful activity aimed at sustainability would revolve around preparing the supervisors through one-day conferences or a series of extended lunch programs with speakers.

Readers of this Outcomes Study will, from their own experience, recognize many of the findings, draw their own conclusions, and some may challenge the recommendations. All will agree, however, that the verifiable benefits to individuals from having improved their knowledge and ability have had a measurable positive benefit for Malawi.

APPENDIX A

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APPENDIX B

List of Interview Protocols

PHONE Interview Topic Guide A Current Scholars (21 June 2009)

QUESTION GUIDE

I. Programmatic

a. Design/Type/Approach

1. What type of degree program are you attending? Who sponsors? Where is it held? When did it start? How long will it last?
2. To what extent do you feel this is the best type of program for your needs? Why?
3. For your organization's needs? Why?

b. Selection of Participants

4. How were you selected for the program/training? Why?
5. What motivated you to want to participant? Why?
6. What sort of assessment was conducted by your organization before you began? Why?
7. What sort of assessment do you feel should be have conducted? Why?

c. Application of Skills by Participants

8. How do you anticipate using your skills upon return? Why? Why not?
9. How would you like to be able apply your skills upon return? Why?
10. What would be needed to do this? Why?

II. Personal

d. Personal Recognition

Not applicable

e. Career Path

11. How do you feel this degree program will help you attain your chosen/preferred career path? Why? How?

f. Job Performance

12. How do you anticipate this degree influencing your job performance? Why?

g. Program Relevance

13. What relevance does this degree have to your job? Why?
14. What might be more relevant? Why?

III. Institutional

h. Workplace Environment

15. How do you expect your colleagues to react to your return with a new degree and new skills, etc.? Why?
16. Your supervisors? Why?

i. Contributions/Changes

17. In what ways do you anticipate contributing to your institution/agency upon completing your degree?

IV. Societal

j. Changes/Contributions

18. In what ways do you anticipate contributing to your community/society upon completing your degree/training?

Interview Topic Guide B
Returned Scholars and Trained Participants
(24 June 2009)

QUESTION GUIDE

I. Programmatic

a. Design/Type/Approach

1. What type of degree/training program did you attend? Who sponsored? Where was it held? When did it start? When did it end?
2. To what extent do you feel this was the best type of program for your needs? Why?
3. For your organization's needs? Why?

b. Selection of Participants

4. How were you selected for the program/training? Why?
5. What motivated you to want to participate? Why?
6. What sort of assessment was conducted by your organization before you began? Why?
7. What sort of assessment do you feel should be conducted? Why?

c. Application of Skills by Participants

8. How have you applied your skills since returning? Why? Why not?
9. How would you like to apply your skills? Why?
10. What would be needed to do this? Why?

II. Personal

d. Personal Recognition

11. What recognition have you received since your degree/training? From whom?
12. What would you like/have liked to receive? Why?

e. Career Path

13. To what extent are you presently on your chosen/preferred career path? Why? How?
14. To what extent do you attribute this to your degree/training program? Why? How?

f. Job Performance

15. How has this degree/training influenced your job performance? [Be specific] Why?
16. *How has it strengthened your job performance? Why?*
17. *How has it diminished your job performance? Why?*

g. Program Relevance

18. How useful has your degree/training been to your job? Why?
19. What might be more useful? Why?

III. Institutional

h. Workplace Environment

20. How supportive/resistant have your colleagues been since your degree/training? Why?
21. Your supervisors? Why?

i. Contributions/Changes

22. In what ways have you contributed to your institution/agency since working here?
23. To what extent do you attribute any of these contributions to your degree program/training? Why? How?

IV. Societal

j. Changes/Contributions

24. In what ways have you contributed to your community/society since working here?
25. To what extent do you attribute any of these contributions to your degree program/training? Why? How?

Interview Topic Guide D
Ministry Staff
(24 June 2009)

QUESTION GUIDE

I. Programmatic

a. Design/Type/Approach

1. What type of degree/training/approach does the Ministry of [INSERT] most often utilize? Why?
2. To what extent have you personally participated in a degree/training program of this type? What? Why? How?
3. To what extent do you feel this/these is/are the best types of program for the Ministry's needs? Why?

b. Selection of Participants

4. What sort of assessment(s) do you conduct before selecting? Before sending? Before choosing a program in which to participate? Why?
5. What do you feel should be the selection process? Why?
6. What sort of assessment do you feel should be conducted? Why?

c. Application of Skills by Participants

7. How would you like to see returning participants' skills utilized? Why?
8. What would be needed to do this? Why?
9. How many have been trained? How many have returned here?
10. To what extent has this happened with participants who have returned to the Ministry? To your unit? How? Why?

II. Personal

d. Personal Recognition

11. What acknowledgement do you accord returning participants? Why? How?
12. What would you like to see happen? Why?

e. Career Path

13. How do you expect these degree/training programs to effect participant career paths? Why? How?

f. Job Performance

14. What sort of job performance changes do you look for in returned participants? Why?
15. How do these changes benefit the Ministry? Your unit? Why?

g. Program Relevance

16. From your experience, how relevant have these degree/training programs been to the Ministry? Your unit? Why?
17. What might be more relevant? Why?

III. Institutional

h. Workplace Environment

18. What sort of supportive is given to returning participants? By whom? How? Why?

i. Contributions/Changes

19. In what ways have returned participants contributed to the Ministry since completing their degree/training? Your unit?
20. To what extent do you attribute any of these contributions to the degree program/training? Why? How?

IV. Societal

j. Changes/Contributions

21. In what ways have returned participants contributed to their community/the society since completing the degree/training?
22. To what extent do you attribute any of these contributions to the degree program/training? Why? How?
23. WHAT ONE OVERARCHING RECOMMENDATION WOULD YOU LIKE TO MAKE TO IMPROVE TRAINING AND CAPACITY BUILDING?

Interview Topic Guide E
Implementing Partners – US- and Malawi-based
(24 June 2009)

QUESTION GUIDE

I. Programmatic

a. Design/Type/Approach

1. What type of degree/training/approach does your agency most often utilize? Why?
2. To what extent have you personally participated in a degree/training program of this type? What? Why? How?
3. To what extent do you feel this/these is/are the best types of program for your agency's needs? Why?

b. Selection of Participants

4. What sort of assessment(s) do you conduct before selecting? Before sending? Before choosing a program in which to participate? Why?
5. What do you feel should be the selection process? Why?
6. What sort of assessment do you feel should be conducted? Why?

c. Application of Skills by Participants

7. How would you like to see returning participants' skills utilized? Why?
8. What would be needed to do this? Why?
9. How many have been trained?

II. Personal

d. Personal Recognition

10. What acknowledgement do you accord returning participants? Why? How?
11. What would you like to see happen? Why?

e. Career Path

12. How do you expect these degree/training programs to effect participant career paths? Why? How? [ask for personally seen impact]

f. Job Performance

13. What sort of job performance changes do you look for in returned participants? Why?

g. Program Relevance

14. From your experience, how relevant have these degree/training programs been to your agency? Why?
15. What might be more relevant? Why?

III. Institutional

h. Workplace Environment

16. What sort of supportive is given to returning participants? By whom? How? Why?

i. Contributions/Changes

17. In what ways have returned participants contributed to your agency since completing their degree/training? Your unit?
18. To what extent do you attribute any of these contributions to the degree program/training? Why? How?

IV. Societal

j. Changes/Contributions

19. In what ways have returned participants contributed to their community/the society since completing the degree/training?
20. To what extent do you attribute any of these contributions to the degree program/training? Why? How?
21. WHAT ONE OVERARCHING RECOMMENDATION WOULD YOU LIKE TO MAKE TO IMPROVE TRAINING AND CAPACITY BUILDING? In your institution? Nationally? In Malawi?

Interview Topic Guide F
Employer – Past and Present
(24 June 2009)

QUESTION GUIDE

I. Programmatic

a. Design/Type/Approach

1. What type of degree/training/approach does the [TITLE] most often utilize? Why?
2. To what extent have you personally participated in a degree/training program of this type? What? Why? How?
3. To what extent do you feel this/these is/are the best types of program for the [TITLE] needs? Why?

b. Selection of Participants

4. What sort of assessment(s) do you conduct before selecting? Before sending? Before choosing a program in which to participate? Why?
5. What do you feel should be the selection process? Why?
6. What sort of assessment do you feel should be conducted? Why?

c. Application of Skills by Participants

7. How do you utilize/would you like to see returning participants' skills utilized? Why?
8. What would be needed to do this? Why?
9. How many have been trained? How many have returned here?
10. To what extent has this happened with participants who have returned to the [TITLE]? To your unit? How? Why?

II. Personal

d. Personal Recognition

11. What acknowledgement do you accord returning participants? Why? How?
12. What would you like to see happen? Why?

e. Career Path

13. How do you expect/have you seen these degree/training programs to effect participant career paths? Why? How?

f. Job Performance

14. What sort of job performance changes do you look for in returned participants? Why?
15. How do these changes benefit [TITLE]? Your unit? Why?

g. Program Relevance

16. From your experience, how relevant have these degree/training programs been to [TITLE]? Your unit? Why?
17. What might be more relevant? Why?

III. Institutional

h. Workplace Environment

18. What sort of support is given to returning participants? By whom? How? Why?

i. Contributions/Changes

19. In what ways have returned participants contributed to [TITLE] since completing their degree/training? Since working here? Your unit?
20. To what extent do you attribute any of these contributions to the degree program/training? Why? How?

IV. Societal

j. Changes/Contributions

21. In what ways have returned participants contributed to their community/the society since completing the degree/training? Since working here?
22. To what extent do you attribute any of these contributions to the degree program/training? Why? How?
23. WHAT ONE OVERARCHING RECOMMENDATION WOULD YOU LIKE TO MAKE TO IMPROVE TRAINING AND CAPACITY BUILDING?

**Focus Group Discussion Guide
Returned Scholars and Training Participants
(24 June 2009)**

INTRODUCTION

QUESTION GUIDE

I. Programmatic

a. Design/Type/Approach

1. Describe the program in which you participated
2. Describe different types of training approaches with which you are familiar – what and how
3. Under what circumstances can each of these approaches be used? Why?
4. Which approach do you feel is best? Why?

b. Selection of Participants

5. How should participants be selected for this approach? These approaches? Why?
6. To what extent does an organization need to conduct a needs assessment before selecting a program, an approach, and/or participants? Why?
7. What sort of assessment do you feel should be conducted? Why?

c. Application of Skills by Participants

8. How can an institution ensure that it effectively utilizes the skills of a trained participant upon returning? Why?
9. What would be needed to do this? Why?

II. Personal

d. Personal Recognition

10. What recognition do you feel would be appropriate for returned participants? Why?

e. Career Path

11. How should this approach assist in furthering one's chosen/preferred career path? Why? How?

f. Job Performance

12. How should this approach assist in impacting on one's job performance? In what ways? How? Why?

g. Program Relevance

13. How can an organization/agency ensure that a degree/training program is relevant to it? Why? To the potential participants? Why?

III. Institutional

h. Workplace Environment

14. What would be an ideal workplace situation to return to? Why?
15. How might this be ensured? Why?

i. Contributions/Changes

See question below

IV. Societal

j. Changes/Contributions

16. In what ways might someone who has been trained using this approach be able to contribute to their institution? Why?
17. To their community/society? Why?

**POCKET SURVEY for Training and Education Players in Malawi
(26 June 2009)**

Under contract to the U.S. Agency for International Development (USAID), the Global Evaluation and Monitoring (GEM) II Project is currently collecting information about the results of long-term academic training and short-term participant training sponsored by USAID/Malawi. We are examining various aspects of seven training approaches; their drawbacks, advantages, the support/resistance to each approach as well as their appropriateness for target audiences and skill sets. It is one of several quantitative and qualitative pieces being administered via email and in Malawi.

Thank you for taking the time to complete this pocket survey!

- | | |
|--|---|
| <p>1. In which sector do you work now?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Education (1) <input type="checkbox"/> Health (2) <input type="checkbox"/> Agriculture (3) <input type="checkbox"/> Economic (4) <input type="checkbox"/> Transportation (5) <input type="checkbox"/> Management/Administration (6) <input type="checkbox"/> Democracy and Governance (7) <input type="checkbox"/> Other [please specify]: (8) <p>2. Where do you work now?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-employed (1) <input type="checkbox"/> Student (2) <input type="checkbox"/> Unemployed (3) <input type="checkbox"/> Retired (4) <input type="checkbox"/> Private for-profit business (5) <input type="checkbox"/> Private non-profit organization (6) <input type="checkbox"/> Public agency (government, parastatal) (7) <input type="checkbox"/> Donor organization (USAID, UNDP, World Bank, etc.) (8) <input type="checkbox"/> Other [please specify]: (9) | <p>3. What is your present job classification?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Teaching/Training (1) <input type="checkbox"/> Communication/Public Relations (2) <input type="checkbox"/> Management/Administration (3) <input type="checkbox"/> Research (4) <input type="checkbox"/> Human Resources/Personnel (5) <input type="checkbox"/> Other [please specify]: (6) <p>4. What type of training program does your organization conduct/utilize? (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Long-term training in the US (more than 6 months) (1) <input type="checkbox"/> Short-term training in the US (less than 6 months) (2) <input type="checkbox"/> Study tours (3) <input type="checkbox"/> Distance education via internet (4) <input type="checkbox"/> Long-term training in your home country (5) <input type="checkbox"/> Short-term training in your home country (6) <input type="checkbox"/> Combination training – short-term in my home country, distance education, and occasional short-term training or visits to/in US (7) <input type="checkbox"/> Other [please specify]: (8) |
|--|---|
5. What do you feel are the biggest advantages to each approach? (Check all that apply)

Advantages	Type of Training/Approach						
	Long-term training in the US (more than 6 months) (a)	Short-term training in the US (less than 6 months) (b)	Study Tours (c)	Distance education via internet (d)	Long-term training in my home country (e)	Short-term training in my home country (f)	Combination training (g)
Inexpensive (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited time commitment (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focused on participant needs (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tailored to participant backgrounds (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanded exposure to new cultures and teaching styles (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other [please specify]: (6)	<input type="checkbox"/>						
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6. What do you feel are the biggest drawbacks to each approach? (Check all that apply)

Drawbacks	Type of Training/Approach						
	Long-term training in the US (more than 6 months) (a)	Short-term training in the US (less than 6 months) (b)	Study Tours (c)	Distance education via internet (d)	Long-term training in my home country (e)	Short-term training in my home country (f)	Combination training (g)
Expensive (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time consuming (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficiently focused on participant needs (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequately tailored to participant backgrounds (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited exposure to new cultures and teaching styles (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires specific advanced skills (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires equipment unavailable (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate exposure (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [please specify]: (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How supportive or resistant is your organization/agency to each type of training/approach?

Supportiveness or Resistance	Type of Training/Approach						
	Long-term training in the US (more than 6 months) (a)	Short-term training in the US (less than 6 months) (b)	Study Tours (c)	Distance education via internet (d)	Long-term training in my home country (e)	Short-term training in my home country (f)	Combination training (g)
Very resistant (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat resistant (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neither resistant nor supportive (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat supportive (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very supportive (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. For which of the following audiences do you feel each approach is appropriate? (Check all that apply)

Target Audience	Type of Training/Approach						
	Long-term training in the US (more than 6 months) (a)	Short-term training in the US (less than 6 months) (b)	Study Tours (c)	Distance education via internet (d)	Long-term training in my home country (e)	Short-term training in my home country (f)	Combination training (g)
Administrator (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary school teachers (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secondary school teachers (3)	<input type="checkbox"/>						
Teacher training college teachers (4)	<input type="checkbox"/>						
Ministry staff (5)	<input type="checkbox"/>						
Urban health staff (6)	<input type="checkbox"/>						
Rural health staff (7)	<input type="checkbox"/>						

9. Which approaches do you feel can best be used to train in the following skills? (Check all that apply)

Skills	Type of Training/Approach						
	Long-term training in the US (more than 6 months) (a)	Short-term training in the US (less than 6 months) (b)	Study Tours (c)	Distance education via internet (d)	Long-term training in my home country (e)	Short-term training in my home country (f)	Combination training (g)
Materials development (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math techniques (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading techniques (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum/lesson plan development (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with children with disabilities (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music and arts education (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health education (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary teaching methods (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [please specify]: (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this survey!

**MALAWI ACADEMIC AND PARTICIPANT TRAINING
PARTICIPANT PROFILE
(26 June 2009)**

Overview

Under contract to the U.S. Agency for International Development (USAID), the Global Evaluation and Monitoring (GEM) II Project is currently collecting information about the results of long-term academic training and short-term participant training sponsored by USAID/Malawi. We are examining the extent to which this training has played a role in your professional life, in the organizations in which you work/have worked, and in your personal life as well as the impact the training has had. We are administering this profile to a broad range of participants in various programs from the past decade. It is one of several quantitative and qualitative pieces being administered in Malawi via email and in person by researchers.

We anticipate that you will need about 15 minutes to complete it. Please return the completed form directly to the Administrator. Only aggregated statistical information will be reported. Your name will not be used without your authorization. Please answer each question to the best of your ability.

Instructions: For each question, tick (✓) the ONE best response, unless otherwise noted. If you have an "Other, please specify" or blank to fill, **PLEASE PRINT CLEARLY.**

I. BACKGROUND

1. What is today's date?
_____ Day _____ Month _____ Year
2. What is your first name?¹

3. What is your surname?

4. What is your email address?

5. What is your nationality?

6. What is your sex?
 Male (1)
 Female (2)
7. How old are you?
 16-24 (1)
 25-34 (2)
 35-44 (3)
 45-54 (4)
 55+ (5)
8. What is the name of your current employer?

9. In which sector did you work BEFORE you were trained?
 Education (1)
 Health (2)
 Agriculture (3)
 Economic (4)
 Transportation (5)
 Management/Administration (6)
 Democracy and Governance (7)
 Other [please specify]: (8)

 Not applicable (88)
10. In which sector do you work now?
 Education (1)
 Health (2)
 Agriculture (3)
 Economic (4)
 Transportation (5)
 Management/Administration (6)
 Democracy and Governance (7)
 Other [please specify]: (8)

11. How long is/was your training/degree program?
 Less than 6 months (1)
 6 months to 1 year (2)
 1 year to 1½ years (3)
 2 years to 2½ years (4)
 3 years to 3½ years (5)
 Other [please specify]: (6)

¹ Aguirre Division of JBS International thanks you for your participation in this endeavor. All of the information that you share with us is strictly confidential. We do not identify participants by name or position. Only aggregated statistical data will be reported. Your name will not be used without your permission.

12. What certification/degree will/did you receive as a result of your training program?

- None (1)
- Certificate (2)
- Bachelor's (3)
- Master's (4)
- Doctorate (5)
- Other [please specify]: (6)

13. What type of training program are you attending/did you attend?

- Long-term training in the US (more than 6 months) (1)
- Short-term training in the US (less than 6 months) (2)
- Study tours (3)
- Distance education via internet (4)
- Long-term training in your home country (5)
- Short-term training in your home country (6)
- Combination training – short-term in my home country, distance education, and occasional short-term training or visits to/in US (7)
- Other [please specify]: (8)

14. Where did you train/receive/are you training/receiving your degree?

- Lakeland College (1)
- Virginia Polytechnic Institute and State University (2)
- Mzuzu University (3)
- Domasi College of Education (4)
- Chancellor College (5)
- University of Massachusetts (6)
- Tulane University (7)
- Georgetown University (8)
- Pennsylvania University (9)
- Emory University (10)
- CAFS Kenya (11)
- Margaret Sanger Centre (12)
- On location where I live/work (13)
- Locally and/or in-country (14)
- Other [please specify]: (15)

II. SOCIAL AND ECONOMIC

15. Where did you work AFTER you were trained?

- Self-employed (1)
- Student (2)
- Unemployed (3)
- Retired (4)

- Private for-profit business (5)
- Private non-profit organization (6)
- Public agency (government, parastatal) (7)
- Donor organization (USAID, UNDP, World Bank, etc.) (8)
- Other [please specify]: (9)
- Not applicable (88)

16. Did you return to the same organization where you worked BEFORE your training/degree program?

- Yes (1)
- No (2)
- Not applicable (88)

17. What is your present job classification?

- Teaching/Training (1)
- Communication/Public Relations (2)
- Management/Administration (3)
- Research (4)
- Human Resources/Personnel (5)
- Other [please specify]: (6)

18. How would you compare your present job or present job responsibilities with your job or responsibilities before your training/degree program?

- Better (1)
- Same as before (2)
- Worse (3)
- Not applicable (88)

19. To what extent has your life changed as a result of participating in the training/degree program?

- It has not changed. (1)
- It has changed somewhat. (2)
- It has changed a great deal. (3)
- Not applicable (88)

20. How satisfied were you with the training/degree program in which you participated?

- Not at all satisfied (1)
- Dissatisfied (2)
- Neutral (3)
- Satisfied (4)
- Very satisfied (5)
- Not applicable (88)

**MALAWI ACADEMIC AND PARTICIPANT TRAINING
FULL SURVEY for Participants
(26 June 2009)**

Overview

Under contract to the U.S. Agency for International Development (USAID), the Global Evaluation and Monitoring (GEM) II Project is currently collecting information about the results of long-term academic training and short-term participant training sponsored by USAID/Malawi. We are examining the extent to which this training has played a role in your professional life, in the organizations in which you work/have worked, and in your personal life as well as the impact the training has had. We are administering this survey to a broad range of participants in various programs from the past decade. It is one of several quantitative and qualitative pieces being administered in Malawi via email and in person by researchers.

We anticipate that you will need about 30 minutes to complete it. Please return the completed form directly to the Administrator. Only aggregated statistical information will be reported. Your name will not be used without your authorization. Please answer each question to the best of your ability.

I. BACKGROUND

1. What is today's date?
_____ Day _____ Month _____ Year

2. What is your first name?²

3. What is your surname?

4. What is your email address?

5. What is your nationality?

6. What is your sex?
 Male (1)
 Female (2)

7. How old are you?
 16-24 (1)
 25-34 (2)
 35-44 (3)
 45-54 (4)
 55+ (5)

8. What is the name of your current employer?

9. In which sector did you work BEFORE you were trained?
 Education (1)
 Health (2)
 Agriculture (3)

Economic (4)
 Transportation (5)
 Management/Administration (6)
 Democracy and Governance (7)
 Other [please specify]: (8)

10. In which sector do you work now?
 Education (1)
 Health (2)
 Agriculture (3)
 Economic (4)
 Transportation (5)
 Management/Administration (6)
 Democracy and Governance (7)
 Other [please specify]: (8)

11. How long was your training/degree program?
 Less than 6 months (1)
 6 months to 1 year (2)
 1 year to 1½ years (3)
 2 years to 2½ years (4)
 3 years to 3½ years (5)
 Other [please specify]: (6)

12. What certification/degree did you receive as a result of your training program?
 None (1)
 Certificate (2)
 Bachelor's (3)
 Master's (4)
 Doctorate (5)
 Other [please specify]: (6)

13. What type of training program did you attend?
 Long-term training in the US (more than 6 months) (1)
 Short-term training in the US (less than 6 months) (2)
 Study tours (3)

² Aguirre Division of JBS International thanks you for your participation in this endeavor. All of the information that you share with us is strictly confidential. We do not identify participants by name or position. Only aggregated statistical data will be reported. Your name will not be used without your permission.

- Distance education via internet (4)
- Long-term training in your home country (5)
- Short-term training in your home country (6)
- Combination training – short-term in my home country, distance education, and occasional short-term training or visits to/in US (7)
- Other [please specify]: (8)

14. Where did you train/receive your degree?

- Lakeland College (1)
- Virginia Polytechnic Institute and State University (2)
- Mzuzu University (3)
- Domasi College of Education (4)
- Chancellor College (5)
- University of Massachusetts (6)
- Tulane University (7)
- Georgetown University (8)
- Pennsylvania University (9)
- Emory University (10)
- CAFS Kenya (11)
- Margaret Sanger Centre (12)
- On location where I live/work (13)
- Locally and/or in-country (14)
- Other [please specify]: (15)

II. SOCIAL AND ECONOMIC

15. Where did you work AFTER you were trained?

- Self-employed (1)
- Student (2)
- Unemployed (3)
- Retired (4)
- Private for-profit business (5)
- Private non-profit organization (6)
- Public agency (government, parastatal) (7)
- Donor organization (USAID, UNDP, World Bank, etc.) (8)
- Other [please specify]: (9)

16. Did you return to the same organization where you worked BEFORE your training/degree program?

- Yes (1)
- No (2)
- Not applicable (88)

17. What is your present job classification?

- Teaching/Training (1)

- Communication/Public Relations (2)
- Management/Administration (3)
- Research (4)
- Human Resources/Personnel (5)
- Other [please specify]: (6)

18. How would you compare your present job or present job responsibilities with your job or responsibilities before your training/degree program?

- Better (1)
- Same as before (2)
- Worse (3)
- Not applicable (88)

19. To what extent has your life changed as a result of participating in the training/degree program?

- It has not changed. (1)
- It has changed somewhat. (2)
- It has changed a great deal. (3)

20. How satisfied were you with the training/degree program in which you participated?

- Not at all satisfied (1)
- Dissatisfied (2)
- Neutral (3)
- Satisfied (4)
- Very satisfied (5)

III. TRAINING/DEGREE PROGRAM SPECIFICS

21. How were you selected to participate in the training/degree program?

- I applied in response to an advertisement. (1)
- My supervisor recommended me. (2)
- A committee at my workplace selected me from a number of candidates. (3)
- A sponsor recommended me directly. (4)
- Another organization or individual recommended me. (5)
- Other [please specify]: (6)
- Don't know (77)

22. How well were training/degree program objectives defined?

- Not at all defined (1)
- Somewhat defined (2)
- Defined (3)
- Well defined (4)
- Very well defined (5)

23. How well were training/degree program objectives met?

- Not at all met (1)
- Somewhat met (2)
- Met (3)
- Well met (4)
- Very well met (5)

24. To what extent did your training/degree program improve your knowledge?

- Did not improve (1)
- Improved somewhat (2)
- Improved (3)
- Improved greatly (4)

25. What skills did you acquire as a result of your training/degree program? (Check all that apply)

- Materials development (1)
- Math techniques (2)
- Reading techniques (3)
- Curriculum/lesson plan development (4)
- Research (5)
- Working with children with disabilities (6)
- Music and arts education (7)
- Health education (8)
- Primary teaching methods (9)
- Other [please specify]: (10)

26. To what extent did your training/degree program affect your attitude toward your field/work area?

- Did not affect (1)
- Positively affected (2)
- Negatively affected (3)
- Very positively affected (4)
- Very negatively affected (5)

IV. PROGRAM IMPACT

A. PERSONAL

27. To what extent were you re-integrated into your profession upon returning from your training/degree program?

- Not at all (1)
- No posting available (2)
- Somewhat re-integrated (3)
- Successfully re-integrated (4)

28. To what extent has your training/degree had on your work responsibilities?

- None (1)
- Some impact (2)
- Impact (3)
- High impact (4)
- Very high impact (5)

29. Did you change jobs or positions as a result of your training/degree program?

- Yes (1)
- No (2)
- Not applicable (88)

30. What benefits have you gained as a result of the training/degree program? (Check all that apply)

- I found better employment. (1)
- I made professional connections. (2)
- I am better able to fill a leadership role. (3)
- I better understand the U.S. and its people. (4)
- My job performance has improved. (5)
- Other [please specify]: (6)

31. To what extent has your training/degree contributed to your professional growth?

- Did not contribute (1)
- Contributed somewhat (2)
- Contributed (3)
- Highly contributed (4)
- Very highly contributed (5)

32. To what extent has your training/degree affected your career path?

- Did not affect (1)
- Positively affected (2)
- Negatively affected (3)
- Very positively affected (4)
- Very negatively affected (5)

33. To what extent have your work responsibilities changed as a result of your training/degree program?

- Not changed at all (1)
- Decreased (2)
- Increased (3)

34. To what extent have you used your "new" knowledge at work?

- Have not used at all (1)
- Use very rarely (2)
- Use occasionally (3)
- Use often (4)
- Use very often (5)

35. To what extent have you used your "new" skills at work?

- Have not used at all (1)
- Use very rarely (2)
- Use occasionally (3)

- Use often (4)
 Use very often (5)
36. With what degree of ease were you able to apply your new knowledge at work?
 With great difficulty (1)
 With difficulty (2)
 Fairly Easily (3)
 Easily (4)
 Very Easily (5)
37. With what degree of ease were you able to apply your new skills at work upon returning from training?
 With great difficulty (1)
 With difficulty (2)
 Fairly Easily (3)
 Easily (4)
 Very Easily (5)
38. To what extent have you been able to share your new skills and knowledge with others upon returning from training?
 Not shared them at all (1)
 Share them very rarely (2)
 Share them occasionally (3)
 Share them often (4)
 Share them very often (5)
 Not applicable (88)
39. What factors have affected your ability to use your new skills and knowledge at your workplace? (Check all that apply)
 My present work does not require the skills learned. (1)
 My present work does not require the knowledge gained. (2)
 Co-workers not open or interested in accepting new methods. (3)
 I do not have the authority to put my training into practice. (4)
 I do not have the necessary equipment or resources. (5)
 The training or study was not applicable to the reality of my country. (6)
 Other [please specify]: (7)
 Not applicable (88)
40. To what extent has your training/degree impacted on your ability to do your work?
 Had no impact (1)
 Decreased my ability (2)
 Increased my ability somewhat (3)
 Increased my ability (4)
 Increased my ability greatly (5)
41. In what ways has your training/degree impacted on your ability to do your work? (Check all that apply)
 Better understanding of goals and tasks (1)
 Better understanding of how to perform (2)
 Better able to design course/lesson (3)
 Other [please specify]: (4)
42. What challenges have you experienced upon returning to work? (Check all that apply)
 Lack of materials, e.g., teaching, aids, professional, etc. (1)
 Inadequate and/or obsolete materials (2)
 Lack of resources, e.g., finances, equipment, etc. (3)
 Lack of acceptance by colleagues and/or supervisor (4)
 High student/teacher ratio (5)
 Other [please specify]: (6)
43. To what extent do you feel your training has impacted on your present economic status?
 Not at all (1)
 Somewhat impacted (2)
 Impacted (3)
 Highly impacted (4)
 Very highly impacted (5)
- B. INSTITUTIONAL**
44. What type of organizational needs assessment was conducted BEFORE you began your program?
 No assessment was conducted (1)
 Survey with employees (2)
 Informal discussions with employees (3)
 Other [please specify]: (4)
 Don't know (77)
45. How supportive or resistant have your co-workers been in allowing you to apply your new knowledge and skills?
 Very resistant (1)
 Somewhat resistant (2)
 Neither resistant nor supportive (3)
 Somewhat supportive (4)
 Very supportive (5)
46. How supportive or resistant has/have your supervisor(s) been in allowing you to apply your new knowledge and skills?
 Very resistant (1)
 Somewhat resistant (2)

- Neither resistant nor supportive (3)
- Somewhat supportive (4)
- Very supportive (5)

47. How has your training impacted on your place of work? (Check all that apply)
- Had no impact (1)
 - Created new jobs (2)
 - Created new positions within my place of work (3)
 - Raised awareness about my subject area (4)
 - Improved systems within my place of work (5)
 - Other [please specify]: (6)
48. What specific contributions have you made to your place of work as a result of your training/degree program? (Check all that apply)
- None (1)
 - Improved training program (2)
 - Improved management systems and/or procedures (3)
 - Initiated new techniques (4)
 - Other [please specify]: (5)

C. SOCIETAL

49. What specific contributions have you made to your community as a result of your training/degree program? (Check all that apply)
- Not contributed yet (1)
 - Created network (2)
 - Developed new program (3)
 - Created parent/teacher association (4)
 - Other [please specify]: (5)
 - Not applicable (88)
50. What specific contributions have you made to the economic and social development of Malawi as a result of your training/degree program? (Check all that apply)
- I contributed to political and/or economic reforms. (1)
 - I held appointed or elected office in the government. (2)
 - I worked in specific economic or social development projects. (3)
 - I contributed to scientific research and/or application. (4)
 - I held policy making positions. (5)
 - I supported the development of democratic practices and/or institutions. (6)

- Other [please specify]: (7)
- Not applicable (88)

V. PROGRAMMATIC

51. To what extent do you feel that your type of training program (see Question 12) was best suited to the needs of your organization?
- Not at all suited (1)
 - Somewhat suited (2)
 - Suited (3)
 - Well suited (4)
 - Very well suited (5)
 - Don't know (77)
 - Not applicable (88)
52. To what extent do you feel that your type of training program was best suited to your educational needs?
- Not at all suited (1)
 - Somewhat suited (2)
 - Suited (3)
 - Well suited (4)
 - Very well suited (5)

53. What do you feel are the biggest advantages to each approach? (Check all that apply)

Advantages	Type of Training/Approach						
	Long-term training in the US (more than 6 months) (a)	Short-term training in the US (less than 6 months) (b)	Study Tours (c)	Distance education via internet (d)	Long-term training in my home country (e)	Short-term training in my home country (f)	Combination training (g)
Inexpensive (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited time commitment (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focused on participant needs (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tailored to participant backgrounds (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanded exposure to new cultures and teaching styles (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [please specify]: (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. What do you feel are the biggest drawbacks to each approach? (Check all that apply)

Drawbacks	Type of Training/Approach						
	Long-term training in the US (more than 6 months) (a)	Short-term training in the US (less than 6 months) (b)	Study Tours (c)	Distance education via internet (d)	Long-term training in my home country (e)	Short-term training in my home country (f)	Combination training (g)
Expensive (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time consuming (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficiently focused on participant needs (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequately tailored to participant backgrounds (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited exposure to new cultures and teaching styles (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires specific advanced skills (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires equipment unavailable (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate exposure (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [please specify]: (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. For which of the following audiences do you feel each approach is appropriate? (Check all that apply)

Target Audience	Type of Training/Approach						
	Long-term training in the US (more than 6 months) (a)	Short-term training in the US (less than 6 months) (b)	Study Tours (c)	Distance education via internet (d)	Long-term training in my home country (e)	Short-term training in my home country (f)	Combination training (g)
Administrator (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Primary school teachers (2)	<input type="checkbox"/>						
Secondary school teachers (3)	<input type="checkbox"/>						
Teacher training college teachers (4)	<input type="checkbox"/>						
Ministry staff (5)	<input type="checkbox"/>						
Urban health staff (6)	<input type="checkbox"/>						
Rural health staff (7)	<input type="checkbox"/>						

56. Which approaches do you feel can best be used to train in the following skills? (Check all that apply)

Skills	Type of Training/Approach						
	Long-term training in the US (more than 6 months) (a)	Short-term training in the US (less than 6 months) (b)	Study Tours (c)	Distance education via internet (d)	Long-term training in my home country (e)	Short-term training in my home country (f)	Combination training (g)
Materials development (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math techniques (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading techniques (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum/lesson plan development (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with children with disabilities (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music and arts education (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health education (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary teaching methods (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [please specify]: (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this survey!

APPENDIX C

Participant Profile

A. Participants Interviewed

Date	First Name	Surname	Gender	Present Employer	Present Institution	Training Program
30.6.2009	Ella	Banda	Female	ODPP	MIPS	UMass
02.7.2009	William	Susuwele-Banda	Male	MOEST	MIE	VA Tech
24.6.2009	Esnart	Chapomba	Female	MOEST	St Joseph's College	Lakeland College
07.7.2009	Anderson	Chawala	Male	MOEST	Education	VA Tech
30.6.2009	Lindiwe	Chide	Female	MOEST	Dept of Planning	Chancellor College
30.6.2009	Antonie	Chigeda	Male	U of Malawi	Chancellor College	UMass
08.7.2009	Anna	Chinombo	Female	Save the Children	Save the Children	Penn State U
24.6.2009	Noah	Chirwa	Male	MOEST	Kasungu TTC	Lakeland College
23.6.2009	Chrissie	Chisamba	Female	MOEST	Not posted yet	Lakeland College
30.6.2009	Bob	Chulu	Male	U of Malawi	Chancellor College	Chancellor College
06.7.2009	Mathias	January	Male	MOEST	Domasi College	Locally/in-country
24.6.2009	Goodson	Jonas	Male	MOEST	Lilongwe TTC	Lakeland College
02.7.2009	Fritz	Kadyoma	Male	MOEST	MIE	UMass
01.7.2009	Clemence	Kadzera	Male	MOEST	Domasi College	VA Tech
02.7.2009	Wotchiwe	Kalande	Female	MOEST	Domasi College	VA Tech
25.6.2009	Emanuel	Kamanga	Male	MOEST	Kasungu TTC	Lakeland College
29.6.2009	Stella	Kamwendo	Female	U of Malawi	Polytechnique/ Blantyre	VA Tech
30.6.2009	Sellina	Kanyerere	Female	MOEST	MOEST HQ	Lakeland College
24.6.2009	Paschal	Kayange	Male	MOEST	Karonga TTC	Lakeland College
29.6.2009	Manuel	Kazembe	Male	MOEST	Staff Dev Institute	VA Tech
24.6.2009	Mike	Kumwamba	Male	MOEST	Blantyre TTC	Lakeland College
08.7.2009	Charles	Laini	Male	MOEST	In Training	Lakeland College
25.6.2009	Philip	Nachonie	Male	MOEST	Lilongwe TTC	Lakeland College
30.6.2009	Samson	Macjessie-Mbewe	Male	U of Malawi	Chancellor College	UMass
24.6.2009	Rabson	Madi	Male	MOEST	Lilongwe TTC	Lakeland College
01.7.2009	Maxwell	Magalasi	Male	MOEST	Lilongwe TTC	VA Tech
24.6.2009	Foster	Magombo	Male	MOEST	Not posted yet	Lakeland College
01.7.2009	Chikondi	Maleta	Male	MOEST		UMass
24.6.2009	Alstarico	Mbizi	Male	MOEST	Karonga TTC	Lakeland College
08.7.2009	Aries	Mcherewatha	Male	MOEST	In Training	Lakeland College
30.7.2009	Elizabeth	Meke	Female	U of Malawi	CERT	Domasi College
02.7.2009	Ndalapa	Mhango	Male	MOEST	Domasi College	Domasi College
09.7.2009	Grace	Milner	Female	MOEST	MOEST HQ	UMass
01.7.2009	Hasten	Mjoni Mwale	Male	MOEST	Domasi College	VA Tech
01.7.2009	Siegfried	Mkandawire	Male	U of Malawi	Domasi College	UMass
01.7.2009	Edith	Mmela	Female	MOEST	Domasi College	VA Tech
24.6.2009	Peter	Moyo	Male	MOEST	Not posted yet	Lakeland College
08.7.2009	Esther	Msowoya	Female	FAWEMA	FAWEMA	VA Tech
24.6.2009	Dickson	Msutu	Male	MOEST	Karonga TTC	Lakeland College
02.7.2009	Misheck	Munthali	Male	MOEST	Domasi College	
24.6.2009	Joseph	Mvula	Male	MOEST	Kasungu TTC	Lakeland College
24.6.2009	Andy	Mwanyongo	Male	MOLG	Registration Bureau	Lakeland College

Date	First Name	Surname	Gender	Present Employer	Present Institution	Training Program
24.6.2009	Ndamyo	Mwanyongo	Female	MOEST	Kasungu TTC	Lakeland College
01.7.2009	Arnold	Mwanza	Male	U of Malawi	Domasi College	Chancellor College
08.7.2009	Robert	Ngaiyaye	Male	MW Interfaith AIDS	MW Interfaith AIDS	Tulane University
01.7.2009	Mathews	Mkandawire	Male	MOEST	Bunda College	VA Tech
08.7.2009	Joyce	Nyasulu	Female	MSH/Basics	MSH/Basics	Howard University
30.6.2009	Absalom	Phiri	Male	MOEST	DTED	VA Tech
01.7.2009	Chokocho	Seleman M	Male	MOEST	Domasi College	UMass
09.7.2009	Felix	Simbi	Male	MOHP	Chikwawa DHO	Lusaka, Zambia
24.6.2009	Stella	Stima	Female	MOEST	Blantyre TTC	Lakeland College
24.6.2009	Sautsani	Tauzi	Female	MOEST	Karonga TTC	Lakeland College
25.6.2009	Patrick	Tembwe	Male	MOEST	Lilongwe TTC	Lakeland College
08.7.2009	Beatrice	Wawanya	Female	MOEST	In Training	Lakeland College
04.7.2009	Paxton	Zozie	Male	Mzuzu University		VA Tech

B. Additional Participants Not Located

Information for participants listed in Section B could not be completed as the team was unable to locate the participants in order to give them a profile survey form. The partial information available was provided so that information could be added by USAID program officers as it becomes available. Frequently team members learned from former colleagues of a participant that the individual was out of the country or had left the original institution.

First Name	Surname	Present Institution	Training Program
Abraham	Sineta		UMass
Absalom	Phiri	Lilongwe TTC	VA Tech
Agnes	Mangwela		Texas A&M University
Alice	Bvumbwe		CAFS Kenya
Alois	Muhuta	Domasi College	VA Tech
Annie	Chiponda		VA Tech
Augustin	Kamlongera	MOEST	Workshop on HIV/AIDS, Republic of South Africa
Augustine	Gundula	Domasi College	UMass
Augustine	Musopole		White House World AIDS Summit
Baxter	Munthali	MOEST	Lakeland College
Catherine	Samuel		CAFS Kenya
Catherine	Chiphazi		Emory University
Christopher	Naunje		UMass
Christopher	Kananji	Islamic Sec School	VA Tech
Christopher	Mpewe	Kasungu TTC	VA Tech
Dafter	Khembo	MANEB	UMass
Darice	Kanjedza		VA Tech
David	Chilongozi		Boston University
Dennis	Khasu	Domasi College	VA Tech
Dezie	Trigu		UMass
Dorothy	Kalaya		ESAMI - Botswana
Dyce	Nkhoma		UMass
Ebuidi	Kapalamula	Lilongwe TTC	VA Tech
Edah	Kumalonje		CAFS Kenya
Edna	Tambuli		Margaret Sanger Centre
Elias	Chakwera	Domasi College	UMass
Elizer	Kalilombe	MOEST	Lakeland College
Fabson	Chambwe	MOEST	Lakeland College
Flemmings	Mgemezulu	ACEM	VA Tech
Frackson	Liteleko	MOEST	Lakeland College
Georgina	Chinula		CAFS Kenya
Gertrude	Kara		Tulane University
Gift	Nkunika	Blantyre TTC	VA Tech
Gloria	Thom	MOEST	Lakeland College
Hasten	Mwale	St Joseph TTC (<i>has requested to move to Domasi College</i>)	VA Tech
Henry	Gwede		UMass
Ibrahim	Mthalika	ACTION8	VA Tech
Ireen	Sichinga	MOEST	Lakeland College
Jack	Chalimba	DEM Lilongwe	UMass
James	Stima		VA Tech
Jane	Namasasu	<i>Also attended RH Research methods in Johannesburg, SA</i>	Harvard University

First Name	Surname	Present Institution	Training Program
Jervason	Kanyengambala		VA Tech
John	Sande	MOH	TICH, Kisumu Kenya
Jonathan	Nkhoma		Tulane University
Joseph	Uta	Mzuzu University	VA Tech
Josephine	Mkandawire	MIE	UMass
Joyce	Kamanga	MOEST	Lakeland College
Joyce	Mmbwana		Tulane University
Kaira	Kaira	Lilongwe Girls Sec	UMass
Kapera	Mlowoka	MOEST	Lakeland College
Ken	Kaziputa Ndala	MANEB	UMass
Kondwani	Mwanguluwe		VA Tech
Laston	Stima	MOH	TICH, Kisumu Kenya
Laura	Malala		VA Tech
Lucy	Kachapila		Pennsylvania University
M	Nkhoma		UMass
Mapopa	Sanga		VA Tech
Martha	Nyongani		UMass
Mary	Potani	MOEST	Lakeland College
Mathews	Mkandawire	Bunda College	VA Tech
Mathews	Matemba	MANEB	
Maxwell	Nkhokwe		UMass
Miriam	Simbota		Margaret Sanger Centre
Moses	Madzedze	MOEST	Lakeland College
Nancy	Mjumira	MOEST	Lakeland College
Nertha	Nyirongo		VA Tech
Odala	Banda	MIE	VA Tech
Olive	Nampanda		VA Tech
Owen	Kaluwa		12th World Conference on AIDS, Geneva Switzerland
Pascal	Mkanda		Emory University
Prisca	Masepuka		CAFS Kenya
Rabecca	Makanga	MOEST	Lakeland College
Robert	Ngaiyaye		Tulane University
Rodgers	Chandidya	TEVET	VA Tech
Rose	Soka		CAFS Kenya
Rosie	Mbewe		Margaret Sanger Centre
Simeon	Gwayi		VA Tech
Symon	Chiziwa	Chancellor College	VA Tech
Tamara	Mabviko	MOEST	Lakeland College
Tasokwa	Kakota		VA Tech
Temba	Chirwa	DEM Mulanje	UMass
Thomas	Bisika		Georgetown University
Tinkhani	Msonda		UMass
Twambilire	Phiri	MOH	TICH, Kisumu Kenya
Veronica	Chipeta		VA Tech
Zephaniah	Grevuloh	MOEST	Lakeland College
	Chavula	Lilongwe TTC	Chancellor College
	Chepuka		Chancellor College
	Chimseu Moyo		Chancellor College
	Kayira		Chancellor College
	Khowoya		Chancellor College
	Mjima		Chancellor College
	Mphandomkoko		Chancellor College
	Msiska		Chancellor College
	Mussa		Chancellor College

First Name	Surname	Present Institution	Training Program
	Sabola		Chancellor College
	Saka		Chancellor College
	Yadidi	Domasi College	UMass

APPENDIX D

Success Stories

The following Success Stories were compiled from former participants of USAID/Malawi's capacity building programs in education and health.

Changing the “Face” of Education in Malawi

Dr. Manuel Kazembe

A humble man with humble beginnings, a man who preferred guitars to reading, a man who wanted to drop out of school and become “the next Michael Jackson” has gone on to energize a new generation of teachers, administrators, and staff.

At twelve, the young Manuel Kazembe planned to drop out of school to follow the lure of the entertainment spotlight, but due to the persistence of a caring teacher who saw his tremendous potential, he stayed in school. His perseverance endured, and due to his excellent achievement he was selected to attend a Doctoral program at Virginia Polytechnic Institute and State University under the UPIC program, funded by USAID. There he earned his Doctorate in 2005. This Ph.D. has brought him full circle -- now he is the one encouraging others to stay in school, to teach, and to maintain standards of excellence to date uncommon in the Malawian educational system.

After his return from Virginia, Dr. Kazembe stayed at Domasi College of Education for a time before moving on to the Ministry's Staff Development Institute (SDI) under the Office of the President and Cabinet. Full of ideas, Dr. Kazembe continues to contribute to the education field. At SDI he has produced a toolkit to guide Ministries in aligning their strategic plans to the Malawi Growth and Development Strategy (MGDS). He has reviewed curricula and with funding assistance from CIDA he developed a leadership framework for public service in Malawi. Finally he has helped the District Assemblies deal with budgeting problems that fell to them with the advent of decentralization by developing a revenue Mobilization and Management Strategy for District Assemblies.

Dr. Kazembe hasn't confined himself to the educational system, but has also worked to create an impact on his working environment at MOEST's SDI. He has encouraged staff roundtables. He has returned at least to the edges of entertainment once again by instituting ping pong and step dancing. He has been behind initiatives to train players in darts and table tennis, and many have made the Malawi national teams.

From Under-Qualified Lecturer to Specialist in the Field

Dr. Bob Chulu

The story of Dr. Bob Chulu, the current Head of the Department for Education Foundation Studies at Chancellor College, combines determination with academic achievement. Initially employed as a lecturer at Chancellor College, Bob lived in fear of losing his job as he saw himself as under-qualified. He possessed a Bachelors Degree but the minimum requirement for a lecturer was a Masters Degree. He knew that in order to secure his job he needed to find a chance for further studies. In order to meet that necessary level of education, Bob applied for a scholarship to study at the University of Massachusetts (UMass) under the UPIC Program, funded by USAID. He took a course on a specialty he never heard of before, testing and measurement, a subject not well known in Malawi at the time.

Dr. Chulu was thoroughly motivated by the new concepts. He commented: ***“I realized I had taken the right course, the first few hours into the course.”*** After doing a Masters in testing and measurement methods at UMass under the UPIC program, he continued his studies and completed a Doctorate in the same specialty. Bob Chulu is now regarded as one of the finest professors in testing and measurement in his institution and he has been at the heart of the development of the curricula in testing and measurement methods, which provide teachers and other education specialists with methods on how to assess classroom progress among students. Dr. Chulu also developed four of the eight courses taught in testing and measurement at Chancellor College, applying what he had learned at UMass and adapting it to the local context in Malawi. His influence goes beyond the Chancellor College with his services being sought after in other academic institutions and NGOs, who also yearn to be able to provide relevant measures of progress in student learning.

Bob Chulu trains staff for the Malawi National Education Board (MANEB), a national testing board for local exams. He trains its staff at Chancellor College as well as other Universities and institutions including Kamuzu College of Nursing, Bunda College, Catholic Universities, St. Johns of God and various NGOs. Overall, he has trained over 90 people in Testing & Measurement. He is frequently called upon to consult for NGOs such as Population Services International and the National Association for People Living with HIV and AIDS. These activities inform planners in the re-design of programs and help to refocus work in the fight against HIV/AIDS.

Teaching Is Fun

Ms. Lindewe Chide

Lindiwe Chide had an experience that is impressed on her memory: that of visiting a rural classroom devoid of desks and furniture, with children squatting on the floor and sitting under a tree with their teacher. That image remains with her today.

Lindiwe Chide started her teacher training at Chancellor College on a hesitant note. Initially, she did not want to be a teacher and applied for enrollment in the social science program; however, Chancellor College accepted her into the teaching program, which was under-enrolled at the time. As Lindiwe began her studies and gained interest in teaching, she developed high aspirations for herself despite the perceived notion that teaching is not a prestigious occupation in Malawi.

She discovered the excitement of teaching at Lilongwe Girls Secondary School as she saw that she could relate with most of the problems girls faced in school. Even more rewarding was the realization that they were learning from the lessons and activities that she prepared. Lindiwe felt good about her ability to encourage the girls in her classes. Though she knew she was making a contribution, she began to question how much she could accomplish in a school with few resources. Lindiwe developed the desire to initiate, to “cook the things” rather than simply serve up the educational meal. At that point she saw the opportunity to apply for a higher degree through USAID’s University Partners for Institutional Capacity Building (UPIC) partnership program.

Lindiwe was accepted into the Master of Science program at the University of Massachusetts (UMass) in partnership with Chancellor College. She spent 4 months in Amherst at UMass, 4 months at Chancellor gathering data and a final 4 months at UMass developing her thesis and finishing coursework. Like many of the Malawian students who studied at UMass, she was impressed by the learning environment and the availability of resources. The change from listening to a lecturer standing at the front of the class to the interactive seminar style was particularly enriching. The size and availability of library materials as well as the fast internet presented a dramatic difference in the learning environment.

When Lindiwe finished her program she was assigned to the policy and planning department of the Ministry of Education, Sciences and Technology (MOEST). She joined the Ministry during a period when staff had formed working groups to develop new policies and reveled in the opportunity to continue learning. She found challenges in her new responsibilities as well as variety. “Every day had a new thing [to learn], or a new working group to join or lead.” While at Amherst, Lindiwe took courses in monitoring and evaluation and proposal writing which are proving as valuable tools in carrying out her duties at MOEST.

Lindiwe recognizes a newfound passion and sense of responsibility as a citizen of Malawi. She looks at education with a “different eye.” Now when she thinks of the first time she saw a child sitting on a classroom floor empty of desks or learning under a tree she is challenged to work harder on educational policies. “As a citizen of Malawi, if I don’t do my work well, then maybe that kid will still be under the tree...”

Tenacity Rewarded

Ms. Ndamyo Mwanyongo

What is the quality that impels someone to try again and again after setbacks -- the quality that refuses to believe that the game is over? The example of Ndamyo Mwanyongo’s persistence in the face of discouragement is one such a story. Everyone would have understood if Ndamyo had given up her desire for a Bachelor of Arts degree after her application had been rejected for the 7th time. But with the full support of her husband and family she continued to prepare and submit her documents and essays time and again. Her first reward came when she was accepted into the Lakeland College Bachelor of Arts program in Education.

Though leaving family and home for three full years can produce quite a wrench in one’s life, Ndamyo was warmly welcomed in Wisconsin. To her surprise she found a welcome basket awaiting her in her room at Lakeland College when she arrived. She knew at that moment that try and try again had taken on new meaning for her. She determined to make her family proud of her success in earning her degree. Rewards followed her efforts and in 2008 Ndamyo graduated Magna Cum Laude from Lakeland College with a Bachelor’s in Education.

And she hasn’t stopped there. The USAID Bachelor of Arts in Education program was designed to prepare staff of the Malawian Teacher Training Colleges. Ndamyo Mwanyongo has been sharing her knowledge and skills with enthusiasm at Kasungu TTC. It hasn’t been necessary for Ndamyo to belabor her new ideas. More than half of the staff, noticing the enthusiasm of the students coming from her classroom, have asked her to teach one or more subjects to their students so they could observe, learn and replicate her teaching methods.

Though not officially posted, she continues to teach and discuss her new ideas with co-workers and the administration. Her teacher trainees speak through their enthusiasm for her topics, her techniques and her lively nature. As result, she has seen that imitation is indeed the sincerest form of flattery. In Ndamyo’s case, she has been imitated many times.

As the program heads into its ninth year, there are 35 active alumni in the USAID sponsored Lakeland program. The students have graduated with Bachelor of Arts in Education degrees from Lakeland College in the United States and have returned to Malawi to implement their newly acquired and updated skills and knowledge within the Malawi educational system. The majority of the alumni serve as lecturers in primary school teacher training centers.

Leadership in the Health Field

Nurse Joyce Nyasulu

Before completing her nursing studies at Howard University in Washington, D.C. Joyce Nyasulu was a lecturer at Malawi College for Health Sciences (MCHS). Upon receiving a USAID scholarship Joyce spent two years at Howard from 1987 - 89 to obtain her nursing degree. There she was also attached to the Howard Health Project. Though she returned to Malawi College for Health Sciences as a lecturer, she was soon promoted from Senior Nursing Officer (N4) to Principal Nursing Officer (P8). This led to her reassignment to the Ministry of Health Headquarters.

At Headquarters Joyce began by coordinating the National Family Planning project which was recognized as highly successful. Under her guidance the contraceptive prevalence rate was improved from 14 percent to 21 percent by 2003. Ms. Nyasulu then moved to the private sector joining the MSH Bilateral program funded by USAID. At the Kasungu District Hospital her leadership skills resulted in some notable achievements.

She used her experience in Preventive Health to initiate a set of cleanliness and infection prevention activities that helped Kasungu District Hospital attain an Infection Free Status. The hospital received an award in 2007 acknowledging the infection free status. Hospital administrators singled out her efforts and contributions in gaining this achievement.

Nurse Nyasulu also introduced a maternal death audit in order to check the causes, trends and correlations in maternal deaths. The system helped to develop means of reducing the number of deaths. Her audit system is still in use at the hospital. Finally, recognizing the challenge of getting health information to rural populations, she initiated the introduction of Community Based Distribution Agents (CBDAs) to help those in rural areas gain access to family planning methods.

A Thoughtful Leader

Mr. Robert Ngaiyaye

There is something that sets the current Executive Director of Malawi Inter-Faith AIDS Association apart from the rest. Robert Ngaiyaye, more popularly referred to as Bob, graduated in Communication and Behavioral Change (MSc) from University of Tulane in the USA. His rise in the positions of influence draws attention to this powerfully built man. *'I have established relationships based on trust with many donors and government, so I always work hard not to disappoint people that have put me in positions of influence'*.

Bob has been in managerial and policy positions long before going for his post graduate studies in the United States. He initially worked in the Ministry of Health and Population in the Health Education Unit and later, on secondment, in the National Family Planning Council. *'I was actually serving in positions that were bigger than my educational qualifications, so these studies in the USA actually helped to prepare me to face the challenges [of] these jobs better'*.

On returning to Malawi in 1999, Bob was quickly promoted from Projects Officer to Director of Population Services. Since that time, Bob has influenced policy and communication issues especially on issues of HIV and AIDS, behavioral change and population related activities. His deepened understanding of research enabled him to carry out research to inform policy development. His research has fed into many program designs such as acceptability and use of female and male condoms within the faith community.

Reports and essays based on research results identify him as a thoughtful leader. His writings include Knowledge, Attitudes and Best practices for Religious leaders on HIV and AIDS. He also developed a

baseline study on the influence of masculinity, gender on HIV transmission within the faith community in 12 districts in Malawi. He has also participated in a team that developed National AIDS Framework for Malawi, participated in development of a Condom Strategy for Malawi, the development of an AIDS policy, has been doing Fund Mobilization for various organizations and has raised funds to run programs.

In 2002, as Director of Information, he raised millions of Kwacha that supported a number of cutting edge programs for Ministry of Information. Some of these multi-year programs include:

- A two year program for Media workers on HIV and AIDS;
- A program for the education sector response for HIV and AIDS when he was HIV/AIDS and Education Technical Advisor in the Ministry of Education; and
- US\$18 million for Women, Girls and HIV/AIDS program for the Ministry of Women, Children and Community Development.

Additionally he managed to mobilize the UN System to support the Government of Malawi and National AIDS Commission (NAC) to apply for the Global Fund Round 7 HIV prevention which was successful application an amount of US\$37 Million.

As Director of the Malawi Interfaith AIDS Association he continues to mobilize funds for work on various long-term programs.

Mr. Ngaiyaye has been involved in policy development for Family Planning, HIV and AIDS and population policies, and has made presentations to various audiences including Cabinet Ministers, parliamentarians, Principal Secretaries and Directors, Traditional leaders and Religious Leaders. He is one of the few specialists in Communication Development, Family Planning and HIV Prevention in the country. He has also developed a network of development communicators in the country.