

**EVALUATING SHORT-TERM TRAINING IN HEALTH
PROGRAM EVALUATION**

**AN ASSESSMENT OF CAPACITY BUILDING AND UTILIZATION IN
THREE REGIONAL M&E PROJECTS**

by

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EXECUTIVE SUMMARY

The Partnerships. This is one of four reports on the evaluation of workshops on monitoring and evaluation (M&E) supported by MEASURE Evaluation (M/E).¹ The other three are case studies of the partnerships between M/E and three regional training institutions: The African Center for Advanced Management Studies (CESAG) in Senegal; the Institute for Population and Social Research (IPSR) in Thailand; and the National Institute for Public Health (INSP) in Mexico. M/E signed Memoranda of Understanding (MOU) with each partner to design and implement annual, three-week regional workshops on the monitoring and evaluation (M&E) of population, health and nutrition (PHN) programs. These workshops are intended to strengthen the M&E capacity of professionals working in PHN programs in Francophone Africa, Asia and the Near East (ANE), and Latin America and the Caribbean (LAC).

The Objectives. The evaluation has two specific objectives. The first is to assess progress in developing the capacity of the partners to carry out these workshops independently, without the technical or financial support of M/E. The second is to determine the degree to which workshop participants have utilized new knowledge and skills gained in the workshops.

The Methodology. To do this, the Evaluation Team reviewed documents and data on the five workshops carried out by the partners since early 2004,² visited M/E offices in Chapel Hill, and visited partner offices in Dakar, Bangkok and Cuernavaca. The Team also carried out two surveys. The first was key informant interviews of a limited number of partner staff (directors, coordinator and faculty) that were particularly knowledgeable about the workshop and the institutes' training programs. The second was an email and telephone interview survey with as many participants as possible that had attended the workshops in 2004 and 2005. The samples were small, but the results seem to be consistent as well as informative.

The Interventions. M/E and its partners have followed a comprehensive strategy to build capacity and it seems to be working well (see box). It helps that the partners already had established training institutions, solid reputations in their regions, and links with the Ministries of Health, strong leadership and faculty, and commitments to building their M&E capacity.

The workshops. Five workshops had been carried out between July 2004 and November 2005. Demand well exceeds supply and all three institutions plan to hold workshops in 2006. CESAG and IPSR held "standard" or basic M&E workshops. INSP conducted "impact" evaluation workshops. M/E staff collaborated with their partners in the design and implementation of all of the workshops. The agendas were similarly structured for all of the workshops (see Annex A, Table 23-24). The first week was devoted to "fundamentals" and most of the second and third

Capacity Interventions

- Assessment of M&E capacity and support to strengthen it
- Engaging leadership
- Training of key faculty
- Technical update workshops on M&E
- Engaging key faculty in TA and evaluation research
- Training of trainer workshops
- Fellowships for selected participants
- Development/adaptation of curricula and training materials
- Provision of instructors, materials and logistic support
- Administrative and financial planning and procedures
- Work on sustainability

¹ MEASURE Evaluation is supported by USAID through a Cooperative Agreement with the Carolina Population Center in Chapel Hill, North Carolina.

² A sixth workshop was carried out by IPSR in November 2005 after the Team had completed its field work.

weeks to M&E for specific health programs or statistical models for measuring program impact. At the same time, small groups were formed to develop evaluation plans or impact designs.

The participants. A total of 132 individuals from 38 countries were trained during this period. None of the institutions had trouble recruiting participants. CESAG received 49 applications its first year, about 30 had their own funding. IPSR received over 70 applications, 32 of which had secured funding. INSP received 44 applications, but only 7 with funding. USAID funding is quite small, usually limited to two to four fellowships per workshop. CESAG and IPSR could probably continue attracting enough funded applicants to carry on without USAID fellowships. INSP probably cannot. This is a significant issue for INSP, as it does not have funds for fellowships, especially for non-Mexicans.

Participant evaluations have been very positive. On a scale of 1-10, overall satisfaction has been in the 9-10 range. The participants have been equally positive about most of the workshop sessions. Criticisms centered around presentation: too much lecturing, not enough time, need for more practical sessions, more group work, more real life examples of applications. M/E and the partners have been very responsive to this feedback and have revised the curricula accordingly. However, the participant evaluations do not tell us anything about utilization. We will discuss that later on.

Achievements in capacity. Capacity ratings were divided into two types: institutional capacity and substantive training capacity. Table 6 (in the body of the report) shows that INSP is well on its way to taking over the program. On a scale of 1-10, a score of 8 and above indicates that the institution has that capacity. INSP and IPSR both need to improve their technical capacity in M&E, but they are both doing very well on the other three components. CESAG has lower overall ratings but no specific weaknesses. The Team believes that the CESAG stakeholders rated their program too low and that CESAG is also on its way to gaining the institutional capacity needed to run the course independently. The text provides individual ratings for each of the 17 elements that make up the capacity assessment tool.

Substantive training capacity is progressing. A score of 3.0 or better on a 4-point scale indicates capacity to deliver all the modules without external assistance. None of the partners has an overall rating that high. CESAG is the leader in this area (2.7), but it still needs to improve its capacity to deliver the fundamental models, in particular. IPSR (2.3) also needs to improve its capacity in this area, and in the program modules. INSP (2.4), on the other hand, is strong in both the fundamental and practicum modules but weak in its capacity to deliver the impact modules. The text provides individual ratings on each of the 16-25 training modules used in the different workshops.

Achievements in utilization. The participants generally agreed that they learned a lot from the workshops but most did not have the opportunity to apply what they learned. Some did, however, and stated that they used some of the modules often. Surprisingly, the conceptual modules (the importance of evaluation, evaluation concepts, frameworks, indicators, evaluation plans) were the most used of the modules. The fundamentals of research were already well known (experimental designs, observations, qualitative methods, information systems, data sources). The program and impact modules were used less than the fundamental and practicum modules, largely because there were few opportunities to apply them. One quote from a respondent sums up what many concluded:

“This [Fundamental concepts; frameworks] was one of the most important modules for me. It was the clearest, most precise module for my present work. I learned about indicators and qualitative studies. I’m now helping design a new study and this gives me the ability to do it.”

Facilitating factors and constraints. A number of external factors affect project performance. On the facilitating side are: the reputation and experience of the institution; demand for M&E training; linkages with national governmental and international agencies; and leadership. On the constraint side are: limited donor funding for PHN; lack of personnel with experience in M&E; language and culture (positive for CESAG and INSP, negative for IPSR).

Conclusions. The M/E partnerships have been productive and both M/E and its parties would like to continue them. M/E and its partners share a common vision and work well together. Capacity is being developed, but more TA will be needed over the next two years, especially in finding fellowships, developing human resources, developing and implementing effective follow-up procedures, and building capacity in delivering the training modules. Most participants learned something new and valuable in the workshops, but many have not had the opportunity to apply this knowledge.

Methodology. The methodology was not perfect, but it has its merits. The universe was small and so, therefore, were the samples, although the participant response rates for CESAG and INSP were respectable (49 and 58 percent). The scales used were not exactly consistent, which affects interpretation. The capacity assessment tools have not been validated. Despite these weaknesses, the approach used is an interesting, and simple way to get standardized, in-depth information from a variety of respondents in a small amount of time that actually produce quantitative data. This may be a useful model for future “qualitative” evaluations that USAID relies on heavily. The instruments themselves appear to be valuable, easy to administer and useful for both snapshots of current capacity and trends over time.

Recommendations for MEASURE Evaluation. M/E should continue its TA to its partners but with greater focus on those capacities that are essential to independence. Targeted TA can speed up capacity and graduation. The following table identifies areas of high (A), medium (B) and low (C) capacity. The Team believes that the institutions will not need further TA in the 57 capacities listed in the A category. The organizations are already strong in these areas. Where each institution will need more TA to build capacity is in the 35 capacities listed in the B category (see Table 28 in the Annex) and especially in the 17 capacities in the C category (see Table 29). Although this is a large number of capacity elements and training modules, M/E and the three training institutions are already addressing many of them. The emphasis now should be on targeting those needs that are critical to independence.

Table 1: Summary of Institutional and Substantive Needs

Rating	Institutional			Substantive			Total	
	CESAG	IPSR	INSP	CESAG	IPSR	INSP	No.	Percent
A. High capacity	11	8	12	13	5	8	57	52
B. Medium capacity	5	6	4	6	4	10	35	32
C. Low capacity	1	2	1		6	7	17	16
Total elements/modules	17	16	17	19	15	25	109	100

M/E should develop an exit strategy for each program. Some options should be developed in case all of the TA needs cannot be filled over the next two years. Examples are: introduce team teaching, focus on the most critical modules, phase modules in as experience is gained, and drop those modules for which capacity cannot be developed within the next two years. Provide assistance to INSP, in particular, on identifying financial support for fellowships. Assist the partners in undertaking capacity assessments and a feasibility analysis of an expanded vision. Help the partners find and test effective and affordable follow-up procedures.

Recommendations for the Partners. Each partner should take responsibility for developing a realistic “post M/E” vision. This should include national as well as regional initiatives. Given the findings on utilization, each partner should take another look at its curriculum to see if it should be revised to fit demand. A strategy needs to be developed to build the human resources needed to deliver each module. This should include the identification and recruitment of local outside experts. Each partner should undertake the comprehensive capacity assessment exercise that is underway in Senegal. The results should then be used, along with the feasibility analysis mentioned above, to identify priorities for development of institutional and substantive capacity. All three institutions need to conduct a financial analysis of how they will cover all workshop costs now supported by M/E.

Recommendations for USAID. INSP and IPSR will continue to need financial assistance for fellowships, especially for regional applicants. Will USAID provide that support? All three institutions need to know what assistance USAID will be willing and able to provide after M/E ends. Does USAID plan to continue to support the expansion of the M&E course? Related to that is the issue of expansion to create M&E centers of excellence that would provide M&E services (studies, training and TA) throughout the region. It would help to know what USAID’s position is on this as well as its M&E priorities.

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Abbreviations and Acronyms

AIDS	Acquired Immuno-deficiency syndrome
CB	Capacity building
CESAG	Centre Africain D'Etudes Superieures en Gestion
CEPH	Council on Education in Public Health
CPC	Carolina Population Center
DK	Don't know
HIV	Human immunodeficiency virus
HMIS	Health management information system
IPSR	Institute for Population and Social Research
INSP	National Institute of Public Health
K/S	Knowledge and skills
M&E	Monitoring & evaluation
M/E	MEASURE Evaluation
MIS	Management information system
MOPH	Ministry of Public Health
MOH	Ministry of Health
MOU	Memorandum of Understanding
NA	Not applicable
NGO	Non-governmental organization
PHN	Population, Health, and Nutrition
PMP	Project monitoring plan
SARA	Support for Analysis and Research in Africa Project
SOW	Scope/statement of work
STD	Sexually-transmitted diseases
STI	Sexually-transmitted infections
TA	Technical assistance
TOT	Training of trainers
UNC	University of North Carolina
USAID	United States Agency for International Development
WHO	World Health Organization

I. INTRODUCTION

This is one of four reports on the evaluation of monitoring and evaluation (M&E) workshops supported by MEASURE Evaluation (M/E). Besides this summary report, there are three case studies. These case studies provide in-depth assessments of recent M&E workshops in Thailand, Senegal and Mexico. The workshops were collaborative efforts between M/E and its sub-contracted partners. In Thailand the partner is the Institute for Population and Social Research (IPSR) at Mahidol University, in Bangkok. In Senegal it is the Center for Advanced Management Studies (CESAG), which is located in Dakar. In Mexico the partner is the National Institute for Public Health (INSP) in Cuernavaca.

A. Background

In 1997, the United States Agency for International Development (USAID) funded the M/E project through a Cooperative Agreement with the Carolina Population Center in Chapel Hill, North Carolina. The project has two phases, running from 1997-2003 and 2003-2008. Its principal objective is to improve the monitoring and evaluation of PHN (population, health and nutrition) programs. Among its six components is one that attempts to strengthen the capacity of training institutions to implement M&E workshops. That, and the utilization of knowledge and skills gained in the workshops, is the subject of this evaluation.

B. Scope of Work and Methodology

USAID/Washington requested support from the Synergy Project to undertake an evaluation of what it called “one of the more innovative but difficult ‘Results’ in Phase II of the project:” strengthening the capacity of its regional training to conduct workshops on M&E. Two years into the project, USAID/W thought it timely to assess progress to date. USAID laid out two objectives for the evaluation:

1. Assess progress in M/E project objective of increasing the organizational and technical capacity of its regional partners to undertake the Regional and General M&E short-term training with gradually reduced technical, institutional and financial support from M/E and to replicate the M&E trainings; and
2. Evaluate the results of this training as far as the utilization of new skills and knowledge of all participants...who completed structured M/E training.

The evaluation was limited to the workshops and participants carried out by the three training institutions between January 2004 and November 2005. The methodology included a review of relevant documents and reports, including M/E activity and trip reports, MEASURE approaches to M&E, and M/E approaches to capacity building. Site visits were made to M/E offices in North Carolina and to the three regional training institutes in Thailand, Senegal and Mexico. Two surveys were conducted. The first was a survey of “partner” assessments of their current capacity to: 1) conduct workshops on M&E; and 2) undertake each of the 16-25 training modules that make up the course. The second survey was of the post-training experience of recent workshop participants, with an emphasis on their application of new material presented in the workshops. The samples were small because the target populations were small. The CESAG samples, for example, consisted of interviews with 5 “partner” representatives (1 institute director, 1 workshop coordinators and 3 workshop faculty), 26 workshop participants, and 2 USAID stakeholders. A full discussion of the methodology, the samples and lessons learned can be found in Annex B.

II. FINDINGS: PHASE II

A. Assessment and Selection of Partners

The objective of MEASURE Evaluation is to strengthen the ability of individuals and organizations in developing countries to identify, collect, analyze and use data for improving population, health and nutrition (PHN) programs. Its focus is primarily on organizational and individual capacity and performance in monitoring and evaluation, with the overall goal of strengthening health system performance as a whole. MEASURE Evaluation has defined capacity as “the ability to carry out stated objectives.” Capacity development (or capacity building) is defined as “a process that improves the ability of a person, group, organization or system to meet objectives or to perform better.”³

During Phase I of the project, the emphasis was on building the capacity of individuals to conduct M&E. In phase II that changed to focus on building the capacity of institutions to train people in M&E. That change caused M/E to conduct an assessment of its current and potential training partners. The results of that assessment were to continue with the current partners in Thailand and Senegal, and to replace the partner at the University of Costa Rica with INSP in Mexico. See Annex C for a more detailed description of this selection process.

All three organizations are well established and respected training institutions in their respective regions. CESAG is a private institution that concentrates on training in administration. IPSR is a training and research institution that is part of Mahidol University. INSP is a government training and research institution that includes a School of Public Health and which offers over 40 workshops each summer in various health areas.

B. Vision, Objectives and Strategies

CESAG’s vision is to continue to offer the basic workshop in M&E for PHN and to develop additional capacity to expand its M&E training and research activities in the region. IPSR and INSP have more ambitious visions. In addition to continuing to offer the M&E course, both would like to become the premier M&E training and research centers in their regions.

M/E’s objectives are more modest, namely to build the capacity of each partner to be able to continue to offer the M&E workshop without further technical or financial assistance from MEASURE Evaluation after the current M/E project ends.

The objectives for Phase II relevant to this evaluation are based on MEASURE Result 2:⁴

Result 2: *Increased in-country individual and organizational technical capacity and resources for the identification of data needs and the collection, analysis and communication of appropriate information to meet those needs.*

Indicator 2.1: *Number/percent of M/Eval-II training participants who are engaged in M&E activities after training*

Indicator 2.2: *Increased organizational capacity to undertake activity as measured on*

³ See Anne LaFond and Lisanne Brown, A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries, MEASURE Evaluation Manual Series, No. 7, March 2003, p. 7.

⁴ Draft Results Reporting Guidance, MEASURE Evaluation Phase II, Carolina Population Center, University of North Carolina at Chapel Hill, October 3, 2005.

a continuum:

This continuum has four stages:

- 1) able to implement the course but with **significant**⁵ technical assistance (TA);
- 2) able to implement the course with **limited**⁶ TA;
- 3) able to implement the course with no TA; and
- 4) able to help others to implement the course.

Sub-Result 2a: *Structured training courses and events provided and supported*

Indicator 2a.1: *Number of M/Eval-II training events supported by M/Eval-II.*

Indicator 2a.2: *Number of training participants who complete M/Eval-II training events.*

The objectives specific to this evaluation established between MEASURE Evaluation and the three partners are to cooperatively design, implement, monitor and evaluate a series of annual regional workshops. These workshops are intended to strengthen the monitoring and evaluation capacity of professionals working in population, health and nutrition programs in each region. These partners have committed themselves to ensuring the sustainability of the regional workshops by project's end.

Strategies include a package of interventions to build each institution's capacity to design and deliver the M&E workshops. These include: capacity assessment, engaging leadership, training of key faculty, development/adaptation of curricula and training materials, expert course instructors, materials and logistics support, training of trainer workshops, TA and research opportunities for faculty, participant fellowships, administrative and financial planning and procedures, technical updates and M&E resource materials, and continuing work on sustainability – technical, logistical and financial.

C. Agreement and Interventions

M/E worked out individual Memoranda of Understanding (MOU) with each partner. These agreements specified what the partner would do and what M/E would do. The MOUs were tailored to each institution's needs. However, there were standard provisions, as well. For example, the partners all agreed to take responsibility for administrative, logistical and financial management of the workshops. They all agreed to appoint a Workshop Coordinator, who would be the key contact with M/E on all administrative and technical matters in implementation. They also agreed to provide staff as faculty or co-facilitators. MEASURE Evaluation agreed to provide training for faculty, short-term visiting instructors to complement local instructors in course delivery, teaching materials, and information dissemination and publicity. The MOUs reflect true partnerships where both parties contribute to a mutual objective.

MEASURE Evaluation has established a core set of interventions designed to build capacity with partner organizations. The standard interventions are listed in the first column. Examples of key activities are shown in the second column. For more detail on each partner's

⁵ "Significant" assistance means that the partner would not be able to carry out the module without TA from M/E.

⁶ "Limited" assistance means that the partner could carry out the module, but it would be better to have M/E on hand in case questions or issues arise that the faculty may not be able to answer.

interventions, please see the individual case studies.

Table 2: Interventions to Build Capacity to Delivery M&E Workshops

Intervention	Activities Undertaken (General Examples)
Assessment of M&E capacity and support to strengthen it	<ul style="list-style-type: none"> • Capacity Self-Assessment tool developed • Capacity Assessment workshops • Capacity priorities set.
Engaging leadership	<ul style="list-style-type: none"> • Capacity Self-Assessment discussed with institute leaders. • MOU updated • Meetings with leadership on vision, roles, priorities
Training of key faculty (in US or in-country)	<ul style="list-style-type: none"> • Institute faculty attend 2004 Gates/MEASURE workshop in Baltimore. • Faculty observe workshops to learn presentation skills • See TOT workshops
Technical update workshops on M&E	<ul style="list-style-type: none"> • M/E workshop on Advanced Methods for Evaluation of Impact of Health and Social Programs
Engaging key faculty in TA and evaluation research	<ul style="list-style-type: none"> • Institute sends visiting scholar to UNC for year • Faculty participate in preparation of research proposals • Institute develops program to involve faculty in M&E • M/E hires instructor as co-investigator of research project
Training of trainer workshops	<ul style="list-style-type: none"> • M/E conducts TOT 2005 • Technical TOT planned for March 2006
Fellowships for selected participants	<ul style="list-style-type: none"> • CESAG does not require fellowships • IPSR awards 2 for 2004 course, five for 2005 course • INSP awards four full scholarships, 2 partial; 2 masters
Development/adaptation of curricula and training materials	<ul style="list-style-type: none"> • Vision workshops (July 2004) includes plans to revise curricula and materials • Curricula and materials revised in TOT (see above).
Provision of instructors, materials and logistic support	<ul style="list-style-type: none"> • CESAG: In 2004 M/E taught eight sessions, co-taught two. • CESAG: In 2005 taught all but 5 of the modules • INSP: In 2004 M/E taught 15, co-taught 5 • INSP: In 2005 M/E taught 15; INSP 11 • IPSR: In 2004 M/E taught 8; IPSR 5 • IPSR: In 2005 M/E taught 4 fundamentals, co-taught 2 • M/E provides books and publications to partners • M/E provides STATA software to INSP participants • Partners handle most workshop management. • M/E continues to support announcements and publicity.
Administrative and financial planning and	<ul style="list-style-type: none"> • Applications received, many with own funding • Training provided in USAID financial management

procedures	<ul style="list-style-type: none"> • M&E workshop integrated into INSP summer series • M/E assists in seeking funding from USAID, CDC, others
Work on sustainability (technical, logistical, financial)	<ul style="list-style-type: none"> • Break even estimates • Identification and training of core group of trainers • Faculty beginning to get involved in M&E projects • Listserv set up for participants • Participant data base developed

D. Workshops

All three of the partners have held three-week workshops in 2004 and 2005. All plan to hold another in 2006. The CESAG and IPSR workshops were the “standard” or “basic” introductory workshops. INSP’s workshops were different. They focused on evaluating the impact of PHN programs and emphasized statistical modeling techniques.

Table 3: Workshops Conducted by Partner Institutes

Institute	Phase I	2004	2005	2006
CESAG	6	August	Jun-July	Summer
IPSR		Nov-Dec	Nov-Dec	November
INSP	NA	July-Aug	July-Aug	Summer

The Standard Workshop. The main objective of the standard workshops is to improve the capacity of health professionals and decision makers at district and program levels in M&E. The principal output was to be an M&E plan, or a performance monitoring plan (PMP). To that end, the workshop covered the essential components of such a plan, called the “fundamentals.” These include developing frameworks, selecting indicators and identifying data systems. Participants were also expected to be exposed to state-of-the-art tools and methods used in M&E in the main programmatic areas, including family planning, maternal health, child health, nutrition and HIV/AIDS/STIs. Workshop activities included group projects whereby M&E plans were developed based on illustrative case studies, with participants being divided into groups depending on their topic of interest. During the last week of the workshop, the groups were to present their plans and received feedback from other participants and instructors. A field visit to health facilities provides participants the opportunity to practice M&E skills acquired in the workshop. Participant feedback was solicited at the end of the workshop. IPSR and CESAG also obtained daily assessments from randomly-selected participants. All of the feedback obtained is summarized later in this report.

The Impact Workshop. The primary objective of this workshop was to provide professionals responsible for evaluating PHN programs with appropriate concepts, methods and tools for examining the impact of their programs on health-related behavior and health outcomes. There was intensive training on statistical techniques for evaluating program impact. This hands-on training covered the following areas: fundamentals of M&E: overview and uses of M&E results, conceptual frameworks, data and information systems, indicators, evaluation designs and building M&E plans; building empirical models from conceptual frameworks; evaluating programs using simple and multilevel regression analysis; problems usually encountered when evaluating programs and how to solve them. Sessions on measuring socioeconomic status and designing facility surveys were also included. Sessions on design of household surveys and problems usually encountered during their implementation were included. Practical application of these skills included working in small groups to conduct

analyses using real datasets and presenting the results. Exercises and practical applications used the STATA statistical software. While reviewing the statistical techniques, an important objective of the workshop was to develop the criteria for choosing the appropriate statistical tool to be able to properly evaluate the impact of programs given different scenarios of data availability and characteristics of the program being evaluated. Another emphasis was on the proper interpretation of the statistical results for assessing program impact.

Workshop activities included group projects, which consisted of M&E plan development based on illustrative case studies. On the final day of the workshop, the groups presented their plans and received feedback from other participants and instructors. There were presentations on the following topics: the impact of the *Oportunidades* Program on the decision to use contraceptive methods in marginal urban areas of Mexico; the impact of the “*Con todas las manos*” program on hand washing by child caretakers during high-risk contamination outbreaks in Uchiza, Peru; the impact of the increase in health service supply on institutional deliveries in Peru; the impact of the *Seguro Popular* program on out-of-pocket expenditures in health in Aguascalientes-Mexico; and, the impact of the *Seguro Popular* program on total health expenditures of families affiliated to the *Oportunidades* program in Mexico.

Agenda. The schedule, the sessions and the faculty of all three of the 2005 workshops are included in Annex A (see Table 23, Table 24, and Table 25). The 2004 workshops were essentially the same.

Faculty. The faculty for these workshops came primarily from M/E and the training institutions. In all cases there were “guest instructors” who came from government institutions, such as the Ministries of Health, a few donors and technical experts from a few USAID cooperating agencies

In Phase II, M/E was expected to assist their partners in taking on more responsibility for the workshops. However, M/E still played a key role in designing, developing and delivering the workshops. For example, in Senegal Abdou Billo Mounkaila helped to revise the curriculum of the course in July-August, 2004. He also participated as an instructor in the workshop. In 2005 Anne LaFond and Mounkaila organized a stakeholder’s workshop on organizational capacity, which resulted in the identification of priorities for capacity building. They also participated in a Training of Trainers (TOT) workshop to strengthen the capacity of key trainers. In Thailand Bates Buckner developed the agenda and workshop content, in collaboration with Dr. Uraiwan. Dr. Buckner and Shelah Bloom provided instructional support at the workshop. Nina Frankel evaluated the draft PHN curriculum modules, which were field tested for the first time at this workshop. In Mexico, M/E also still plays a key role in designing, developing and delivering the workshops. The workshop is heavily dependent on Gustavo Angeles of M/E, in particular, especially in the design and delivery of the statistical modules.

Table 4 lists the 2005 sessions and the faculty responsible for each session. In general, the partners are still relying on M/E staff to deliver workshop sessions. CESAG is the least reliant with only 5 of 18 sessions delivered by JSI-M/E. Actually, there are only two sessions for which CESAG needs help: Data Sources and Impact Evaluation. It can probably handle the other three fairly easily.

IPSR is more dependent on M/E, especially for 9 of the 15 fundamentals sessions. These are the more technical areas where IPSR believes it lacks practical experience in applying the modules. INSP is the most dependent (20 of 33 sessions). Some of these are “team taught” by an M/E and INSP instructor. Others were dropped this year and may not be added next year.

Also, some sessions could be turned over right away (Developing an M&E Plan, Communicating with Policy Makers, for example). Thus, there are nine impact sessions, in particular, where INSP will need a good deal of assistance – and where they will need to gain practical experience. Both IPSR and INSP believe that they can handle the theoretical parts of the sessions. Where they are least comfortable is in the application of theory to practice.

Table 4: Training Modules and Assignments (M/E assignments shaded)

Modules	CESAG	IPSR	INSP
Fundamental Modules			
1. Overview/Theories /Importance of evaluation	CESAG	M/E	MOH
2. Framework, Part I	CESAG	M/E	INSP
3. Framework, Part II		IPSR	
4. Developing an M&E Plan	CESAG	M/E	M/E
5. Indicators, Part I	CESAG	M/E	INSP
6. Indicators, Part II		IPSR	
7. Data Sources, Part I	M/E-JSI	M/E	INSP
8. Data Sources, Part II		M/E	
9. Experimental and quasi-experimental designs			INSP
10. Observational designs, reliability, validity		M/E	INSP
11. Calculating and interpreting coverage indicators		M/E	
12. Impact evaluation	M/E-JSI	M/E	
13. Qualitative methods in M&E	MOH	IPSR	INSP
14. Sentinel & behavioral surveillance		MOPH	
15. Communicating to policy makers/Info for DM	M/E-JSI	IPSR	M/E
Program Modules			
1. M&E of Maternal Health programs		MOPH	
2. M&E of Child Health programs	MOH	MOPH	
3. M&E of Family Planning programs	UNFPA	Pop Cncl	
4. M&E of Nutrition programs	MOH	MOPH	
5. M&E of STD/HIV/AIDS	M/E-JSI-MOH	FHI	
Impact Modules			
1. Framework for empirical models			M/E
2. Models for continuous events			INSP
3. Models for binary events			INSP
4. Models for multiple category events			M/E
5. Multilevel models			M/E
6. Socio-economic models			M/E
7. Problems in impact evaluation: endogeneity			INSP-M/E
8. Explicative endogenous models			INSP-M/E
9. Estimation of impact of focal programs			M/E
10. Models for panel data, double difference models			M/E
11. Models for cohort aggregation			M/E
12. Introduction to Propensity Score Matching			M/E
13. Use of data for program and policy changes			M/E
Sessions in 2004 that were dropped in 2005			
1. Multi-category models			M/E
2. Interaction models			M/E
3. Design of household surveys			M/E

4. Using evaluation results to improve programs			M/E
Practicum Modules			
1. Impact evaluation in Paraguay			M/E
2. Group Work on M&E Plans	All	IPSR-M/E	INSP-M/E
3. Field trip MOPH/Field work	CESAG-MOH	MOPH	
4. SPSS (optional)/Epi Info/STATA	Consultant	MOPH	INSP-M/E
Total Training Institute	5	6	12
Total: M/E-JSI	5	10	20
Total: Other (MOH, consultants, experts)	8	8	1
Grand total	18	24	33

Over the years, M/E has provided fewer and fewer trainers and resource personnel to CESAG as its capacity grew. Through a combination of CESAG faculty and experienced guest instructors they are moving steadily to what they call the “ownership” phase, where they will be able to carry out the workshops without any assistance from M/E. IPSR and INSP are attempting to implement the same strategy.

E. Participants

All three of the institutions are doing very well in attracting applicants. IPSR received over 70 applications from all over the ANE region, 32 of which had secured funding. CESAG received 49 applications its first year, with almost 80 percent with their own funding. INSP received 44 applications, but only 7 with their own funding. These facts demonstrate three things: 1) there is a significant demand for M&E training, which exceeds the capacity of the training institutions; 2) the workshops could be filled with people who have their own funding; and 3) INSP is not able to attract many people who have their own funding.

Some of the respondents interviewed were concerned that the workshops would not be able to attract enough applicants to survive financially. This does not seem to be the case. In addition to USAID Mission funding, applicants have received funding from a variety of donors, government agencies, NGOs and Cooperating Agencies. CESAG has done so well that it has not requested fellowships from M/E. Even INSP could survive if it limited applicants to Mexicans.

The principal rationale for the fellowships is to make it possible for qualified applicants from poorer countries to attend the workshop. The need for fellowships is greatest in LAC where PHN funding has declined dramatically over the past decade. If the selection criterion were self-financing, none of the institutes would have any problem filling their workshop slots. But as a regional program, a concerted effort has been made to invite applicants from as many countries as need this help. The program has definitely been successful in that respect. The selection criteria are:

- Academic background
- Experience in health program M&E (with focus on the district level)
- Place of work
- Likelihood of using the M&E skills taught
- Recommendations
- Background in mathematics (INSP only)

Not all of the applicants accepted were able to attend the workshops. Some dropped out due to lack of funding, changes in jobs and job descriptions, or visa and other administrative problems.

In the five workshops undertaken in Phase II, the three training institutions have trained 132 individuals from 38 countries in M&E.⁷ These participants have come from government agencies, donor organizations and NGOs. They have been involved in M&E at the national, provincial, district and community levels.

Table 5: Workshop Participants by Country and Region

ANE:IPSR		LAC: INSP		AFR: CESAG	
Country	Number	Country	Number	Country	Number
Bangladesh	4	Bolivia	1	Benin	5
Cambodia	3	Brazil	1	Burkina Faso	7
India	2	Dom. Rep.	2	Burundi	2
Indonesia	1	Ecuador	2	Cote d'Ivoire	4
Kenya	3	El Salvador	1	Gabon	1
Kyrgystan	2	Honduras	3	Haiti	2
Myanmar	2	Mexico	13	Madagascar	5
Nepal	3	Nicaragua	2	Mali	5
Pakistan	4	Paraguay	1	Mauritania	5
Philippines	2	Peru	5	Moldavia	1
Tajikistan	1			Niger	1
USA	1			RCA	2
				Rwanda	1
				Senegal	10
				Tchad	1
				Togo	1
Total=12	28	Total=10	31	Total=16	53

F. Participant Evaluation

The participants were asked to evaluate each session and a number of features of the workshop (food, hotel, etc.) at the end of the workshop. Some were asked to do daily assessments. The results are difficult to combine due to the use of different criteria and rating scales. Suffice it to say that the participants liked the workshops, were satisfied, learned a lot and found the material to be interesting, well presented and useful.

1. Satisfaction

CESAG. The majority of participants in both the 2004 and 2005 workshops were satisfied. Over 90 percent of the characteristics of the workshop were rated good or better (on a four-point scale of excellent/very good/good/fair/poor). The top three features in 2005 were: course objectives met, course reading material and tools, and the workshop room. The lowest rating was for the time devoted to each session. In some cases it was too much, but in most it was not enough.

IPSR. The 28 participants were generally satisfied with the workshop and found it both illuminating and useful. The respondents rated most of the organizational features at the high end. The highest rated features were overall satisfaction, computer facilities and other facilities. The lowest ratings were given to the quality of instruction and meeting course objectives.

⁷ At the time of its visit to Thailand, IPSR had not yet held its 2005 workshop. That was scheduled for November and 25 applicants had been accepted.

INSP. The majority of participants in both the 2004 and 2005 were very satisfied with the workshops. Participants gave both workshops very high marks. All of the following were rated from 9.2-9.4 (on a 10-point scale): Perception of workshop in general; General level of satisfaction; Learning environment; Interpersonal relationships; Contents of workshop; and Quality of instruction.

2. Content

Course content was rated for each session. These ratings were even higher, although it is difficult to compare them because the rating scales and content were different.

CESAG. Most assessments were of good or better in the 93-100 percent range in 2005 and 2004. The table in the case study shows the two highest ratings were for Qualitative methods Drug logistic management and Introduction to M&E theories. The lowest rated modules were Impact evaluations, Quantitative methods and Strategic information for decision-making.

IPSR. Most ratings were in the 82-93 percent range for content. The highest ratings for content were for Communicating with policy makers, M&E of STD/HIV/AIDS, and M&E of family planning. There were no low ratings. The lowest were at 75 percent: M&E for maternal health, M&E for Child Health, Qualitative methods, and Impact evaluation.

INSP. In 2004 eleven sessions received 100 percent marks. In 2005 eight did. These were both mixtures of fundamental and impact modules. Nothing was rated below 60 percent in 2005. Information systems and Data sources, Indicators for program evaluation, and Qualitative methods were the lowest rated modules.

These ratings are for content and presentation of that content. This does not tell us much about utilization. What may be interesting here is the difference between immediate assessments of the training sessions and later assessments of what was actually utilized. In fact, we will see some shifts in rankings and ratings in the participant follow-up and Synergy surveys. For more details, see the Participant Evaluation sections of the case studies.

In addition to these participant ratings obtained at the end of the workshops, in two cases M/E collected feedback cards daily. Most of the suggestions revolved around making the sessions more practical, reducing lecturing, increasing group work, providing more relevant examples and having more case studies. Another common suggestion was that the trainers should be more familiar with their presentations and should build in more examples from their own experience. This last suggestion will emerge again when we look at the partner ratings about their capacity to deliver a session. Practical experience is often cited as lacking in the feedback from IPSR and INSI workshops.

III. ACHIEVEMENTS

Achievements are broken into two groups, corresponding with the objectives of the SOW for this assessment: institutional capacity building and participant use of new knowledge and skills. The assessment team combined survey results with secondary data and information gained from document reviews as well as interviews with partners and participants to rate the partners' achievements to date. This rating also helps to identify areas where the training institutions do and do not need further technical assistance to move up the capacity continuum.

A. Capacity Building: Moving up the Continuum

As noted previously, two tools were used to assess capacity. The first is called an **institutional** capacity assessment tool. It assesses an institute's capacity along 17 criteria,

such as leadership, infrastructure and financial management (see Annex B.2 for an example of the instrument). The second is called a **substantive** capacity assessment tool. It assesses an institute's ability to deliver each of the 16-25 training modules that make up the standard or impact workshop (see Annex B.3 for an example of the instrument used).

Institutional capacity. The M/E Results Framework calls for an overall rating of institutional capacity on a four-point scale (1=requires significant TA, 2=requires limited TA, 3=does not require TA, and 4=can provide TA to others). M/E is experimenting with a 10-point scale and the Team decided to use that instead, since that is how data were recorded in 2004 and 2005. Each of these tools organizes the criteria and modules into groups. For the institutional capacity assessment, these are Organizational Capacity (7 criteria), Technical Capacity in M&E (1), Technical Capacity in Training (6), and Organizational Motivation Capacity (3).

The Team used assessments done by a key informant survey of representatives of IPSR and INSI in 2005,⁸ and a stakeholder assessment of CESAG that was carried out by M/E in Senegal in May, 2005. The results are shown in Table 6.

Table 6: Overall Institutional Capacity Ratings

Overall Institutional Capacity	CESAG N=11	IPSR N=9	INSP N=5
Organizational Capacity	6.9	7.7	8.2
Technical capacity in M&E	6.9	6.3	7.6
Technical capacity in training	6.8	7.6	8.2
Organizational Motivation	7.1	7.6	9.8
Average	6.9	7.6	8.5

This table shows that INSP is well on its way to taking over the program. On a scale of 1-10, a score of 8 and above indicates that the institution has that capacity. INSP and IPSR both need to improve their technical capacity in M&E, but they are both doing very well on the other three components. CESAG has lower overall ratings but no specific weaknesses. The Team believes that the CESAG stakeholders rated their program too low and that CESAG is also on its way to gaining the institutional capacity needed to run the course independently.

Substantive capacity. The team designed this tool and distributed it to the same key informants who received the institutional tool (see Annex B.4 for an example of the instrument used). The tool (which follows a four-point scale to conform with USAID's continuum) calls for rating each module as 1) requires significant TA; 2) requires limited TA; 3) does not require TA; and 4) can provide TA to others. The training modules are in three groups: Fundamental Modules, Program or Impact Modules and Practicum Modules. The number of modules in each category varied among the workshops.

Table 7: Overall Substantive Capacity Ratings

Overall Substantive Capacity in M&E Training	CESAG N=5	IPSR N=10	INSP N=6
Fundamentals: Core modules	2.5	2.2	3.1
Program/impact modules	2.8	2.4	1.8
Practicum modules	3.2	2.8	3.1
Average	2.7	2.3	2.4

A score of 3.0 indicates capacity to deliver the modules without external assistance. Table 7 shows that CESAG is the leader in this area, but it still needs to improve its capacity to deliver the

⁸ These data came from interviews with 5-9 individuals from each training institution (manager, coordinator and faculty) who are very familiar with the course.

fundamental models, in particular. IPSR also needs to improve its capacity in this area and in the program modules. INSP, on the other hand, is strong in both the fundamental and practicum modules but weak in its capacity to deliver the impact modules. This was also reflected in Table 4 that describes responsibilities for workshop sessions.

B. Institutional Capacity Building

This section looks at all 17 of the capacity criteria, grouped into the four categories mentioned above.

1. Organizational Capacity

We begin with the seven criteria that make up Organizational Capacity, which are listed in order in Table 8. INSP is the highest with five categories in the 8-10 range. Only two criteria are rated low. These are **human resources** and **financial management**. As the case study shows, all three of the institutions are weakest in these two areas. These themes appear over and over again in the assessment. The institutions do not have enough qualified and experienced faculty.

**Table 8: Organizational Capacity Ratings
(lowest ratings shaded)**

Organizational Capacity	CESAG N=11	IPSR N=9	INSP N=5
1. Strategic leadership	7.6	8.1	10.0
2. Human resources			
3. Financial management			
4. Organizational processes	6.3	8.0	9.8
5. Program management	6.7	7.9	9.2
6. Infrastructure	8.1	9.2	9.8
7. Inter-institutional linkages	8.3	8.6	8.6
Average	6.9	7.7	8.2

For INSP and IPSR the

financial concern has more to do with the availability of fellowships (which IPSR and INSP are afraid will be decreased or eliminated) than their financial management. CESAG does not have that problem, but it does have a problem with paying its instructors adequately and on time.

The strongest element for all three organizations is their expertise in hosting short-term workshops. They all rate highly in **infrastructure**. **Inter-institutional linkages** are also strong for all three, although IPSR needs to bolster its linkages with other national institutions, especially the Faculty of Public Health. **Leadership** has been strong and supportive, but both CESAG and IPSR are experiencing changes in leadership and there is some uncertainty as to where the new leaders will take the workshops. The Team believes that **organizational processes** and **program management** are high for all three organizations. There are some areas that need improvement; but overall, all three have a good deal of capacity in these areas.

2. Technical Capacity in M&E

There is only one criterion in the capacity assessment tool, but more detail is included in the substantive capacity section. Nonetheless, this institutional rating is important in that it reflects the need for continued assistance to sharpen the skills of faculty and local instructors in the newer areas that are introduced in the workshops, continued knowledge transfer of cutting-edge methods and tools, increased opportunity to gain more experience and

Table 9: Technical Capacity in M&E

Capacity	CESAG N=11	IPSR N=9	INSP N=5
Technical capacity in M&E	6.4	6.3	7.6

state-of-the-art knowledge, and new partnerships to expand professional and technical horizons. This is an area that the institutions see as the cornerstone of their assistance needs. It is rated relatively low here, but the substantive capacity section will show that needs are greatest in certain fundamental and impact modules, many of which are now given primarily by M/E staff.

3. Training Capacity

INSP is also leading in this area, especially in marketing, training content, and course logistics. IPSR is also doing well on most criteria, including logistics. CESAG is also doing well except for two areas. The two most critical areas that need work are Training planning and sustainability and

Trainee follow-up, the latter being very low for all three institutions.

Follow-up of trainees is an acknowledged weakness of the project. M/E has a built-in follow-up strategy but response rates have been low. In our

survey of participants, which included repeated email and telephone calls, the response rates were 29 percent (IPSR), 49 percent (CESAG), and 58 percent (INSP).

Table 10: Training Capacity Ratings (low ratings shaded)

Technical capacity in training	CESAG N=11	IPSR N=9	INSP N=5
1. Training content	8.8	7.9	9.4
2. Training planning & sustainability	4.7	6.8	6.8
3. Course logistics	7.9	9.2	9.4
4. Marketing	7.7	8.1	10.0
5. Course implementation	7.5	7.5	8.8
6. Trainee follow-up	3.1	5.3	5.0
Average	6.6	7.6	8.2

4. Organizational Motivation

Table 11: Organizational Motivation Capacity

Organizational Motivation	CESAG N=11	IPSR N=9	INSP N=5
1. Mission	6.3	7.2	10.0
2. Culture	6.8	7.9	9.8
3. Incentives/Rewards	7.6	7.8	9.6
Average	6.9	7.6	9.8

should be. At the moment CESAG is not sure where it wants to go with the M&E course. It is going through a transition phase with a new Workshop Coordinator, and it has had some problems paying guest trainers adequately and on time, which affects motivation. CESAG's ratings on motivation should increase once the capacity assessment process is completed and these issues are addressed.

INSP comes out on top again in this category, with an almost perfect score. IPSR will likely improve once the new Director returns and the organization clarifies its mission and vision for the future. CESAG's scores are probably lower than they

C. Substantive Capacity Building

This section deals with the substantive content of the workshop. Again, the basic question is: to what extent are the regional partners able to carry out the training modules without TA from M/E? The ratings are broken into three groups: fundamental (core) modules; health program/impact modules, and practicum modules. Please keep in mind that these modules were rated on the USAID four-point capacity scale, where three indicates the ability to carry out the module without technical assistance from M/E. There are quite a few individual

ratings at level four, which indicate that some respondents believe that the institutions are able now to show other organizations how to deliver a number of these various modules.

1. Capacity in Fundamental Modules

Table 12 summarizes the fundamental modules taught in 2005 (2004 for IPSR). A blank cell means that module was not included in the curriculum. Many of these modules were unique to a particular workshop. For example, only IPSR introduced Sentinel and behavioral surveillance, which is usually associated with HIV/AIDS programs. INSP did not include Impact evaluation and Quantitative evaluation because those were the core of the Impact evaluation curriculum. The institutions usually spent the first week or week and ½ on fundamentals.

Table 12: Capacity in Fundamental Modules (low ratings shaded)

Capacity in M&E Fundamentals	CESAG N=5	IPSR N=10	INSP N=6
Qualitative methods in M&E	3.0	2.9	3.0
Sentinel & behavioral surveillance		2.1	
Communicating to policy makers/info for DM		2.6	
Indicators	2.8	2.4	2.5
Data sources		2.4	2.8
Frameworks	3.0		3.8
Developing an M&E Plan	3.2		2.0
Calculating & interpreting coverage indicators			
Impact evaluation	2.0		
Quantitative evaluation	3.0		
Evaluating efficiency	2.2		
The importance of evaluation in the health sector			3.5
Experimental & quasi-experimental designs			3.3
Observational designs, reliability, validity			3.5
Total number of modules taught	9	9	8
Average	2.5	2.2	3.1

As the table shows, the institutions already believe they have the capacity to carry out a number of these modules by themselves (those rated 3.0 and above). CESAG believes it can carry out four of the nine modules independently. IPSR does not think it is ready to carry out any of these modules by itself, although the Qualitative methods module is close. INSP is the most confident, believing that it can carry out five of its eight fundamental modules.

At the opposite end, INSP does not believe that it needs significant TA in any of these modules (those rated 1.0-1.9). IPSR has four for which it will need significant help, and CESAG has two in that category.

These ratings also reflect the capabilities of the individual instructors. In some cases a module is rated low because an M/E person or a guest instructor rather than a faculty member currently delivers it. The institution itself does not have the needed capacity to deliver it. In other cases a module is rated high because a local guest instructor (say from the MOH) delivers it and that person is expected to deliver that module every year. M/E staff currently delivers many of the fundamental modules in the IPSR workshop. IPSR will need to develop

its own capacity to take over responsibility for these modules and/or find local experts who can be counted on to deliver them.

2. Capacity in Modules for M&E in Health Programs

These modules were delivered by CESAG and IPSR. INSP did not include any health program modules, per se. The impact modules included examples and exercises that applied a particular impact technique to a particular health program.

IPSR reflects the set of health program

modules that are supposed to be included in the standard workshop. CESAG modified that to include health programs that were priorities in the region. It is clear that both institutions are more confident about their capacity in these modules than in the fundamentals, although the total scores are similar. There are no modules for which they would need significant TA, and CESAG believes that it can carry out four of the seven modules without any further TA. The Team believes that CESAG will have no trouble taking over the remaining modules. They have good relations with MOH experts who already deliver most of these health program modules. They just need to find more experts to deliver the two modules currently taught by M/E staff: STD/HIV/AIDS and Behavior change communication. IPSR also relies on guest instructors to carry out all of its health program modules. However, they may need assistance in standardizing the sessions. IPSR does not seem to have a standard curriculum for these modules. Rather, the presenters are given a list of learning objectives and a generic set of presentation suggestions. The presenters use their own materials and tailor them to fit the IPSR objectives.

Table 13: Capacity in Health Program Modules (CESAG and IPSR)

Capacity in M&E for Health Programs	CESAG N=5	IPSR N=10	INSP N=6
M&E of STD/HIV/AIDS programs	3.2	2.6	
M&E of FP/RH programs	3.0	2.5	
M&E for maternal health programs		2.5	
M&E of child health programs	3.2	2.4	
M&E of nutrition programs		2.0	
M&E of vaccination programs (RED)	3.2		
M&E of malaria programs	2.4		
M&E for drug logistics management	2.2		
Behavior change communication	2.6		
Total number of modules taught	7	5	0
Average	2.8	2.4	0

2. Capacity in Modules for Impact Evaluation

INSP is the only partner that includes these modules in its curriculum. This is the area where INSP needs the greatest amount of technical assistance. M/E staff taught eleven of the 13 impact sessions in 2005, although co-teaching was used in three of the sessions. For M/E the entire burden was placed on one individual. These sessions are the core of the “Impact Evaluation” course and M/E and INSP will need to find ways to develop the capacity within

INSP needed to deliver them.

**Table 14: INSP Capacity in Impact Modules
(in rank order)**

Impact Modules (N=6)	Avg.
Use of data for program and policy changes	2.5
Framework for empirical models	2.3
Models for continuous events	2.3
Models for binary events	2.3
Models for multiple category events	2.0
Introduction to Propensity Score Matching	2.0
Multilevel models	1.7
Problems in impact evaluation: endogeneity	1.7
Explicative endogenous models	1.7
Models for panel data, double difference models	1.5
Estimation of impact of focal programs	1.2
Models for cohort aggregation	1.2
Socio-economic models	1.0
Total number of modules taught	13
Average	1.8

INSP staff was quick to point out that they have the capacity to address these impact models in the abstract. There are ample, highly qualified statisticians in INSP. What they lack is experience in applying these models to practical situations. That experience is being gained little by little as staff gets more field experience in such on-going evaluations as the *Oportunidades* and *Seguro Popular* programs.

Some options that were discussed with INSP are:
1) a special workshop for the INSP faculty

responsible for these sessions; 2) team-teaching in 2006 with an expectation that full responsibility for these sessions will be transferred to INSP for the 2007 course; 3) concentrating on those modules that can be mastered quickly while folding the others into an “introductory” session; and 4) dropping those sessions that cannot be mastered over the next two years.

3. Capacity in Practical Application Modules

The practicum sessions seem to be the highlight of the workshop from both the partner and participant point of view. Only two cells are rated below 3.0. The training institutions are either delivering these

sessions themselves or are ready to do so. CESAG does not seem to need any help in this area. IPSR has had some problems with its field site visits (more lectures, language problems) and is trying another approach this year. The group work on M&E plans has also been revised to be introduced at

Table 15: Capacity in M&E Practical Applications

Capacity in M&E Practical Applications	CESAG N=5	IPSR N=10	INSP N=6
Field/site visits/field work	3.4	3.1	
Group work on M&E plans	3.2	2.6	3.4
SPSS/Epi Info/STATA	3.0		3.3
Computer lab			3.3
Impact evaluation of Paraguay			2.0
Average	3.2	2.8	3.2

the start of the workshop so that participants can better understand how the various components fit into that plan. INSP is very competent in this area. It should probably replace the Paraguay example with one of the Mexican examples (e.g., *Oportunidades*, which is already a special session).

.D. Utilization of New Knowledge and Skills

The next sections address the second objective of the SOW, participant use of new knowledge and skills gained at the workshop. This has been assessed in two ways. First, by examining the data from the follow-up surveys that M/E conducted 6 and 12 months after the workshops. Second, by conducting an email and phone survey of the 2004 and 2005 workshop participants.

1. Follow up Survey Findings

a. Most Useful Modules

MEASURE Evaluation administered a follow-up questionnaire to the 2004 and 2005 M&E workshop participants in September 2005. Thirty responses were received from a total of 96 participants (31 percent). The breakdown was CESAG (10/53), IPSR (11/28) and INSP (9/15).

The questionnaire asked for the following information:

- current employment and responsibilities in M&E
- which topic areas from the workshop were most useful in their work, and
- “success” stories on how the M&E workshop contributed to or helped their work or research.

The table below lists the percentage of the respondents⁹ who identified each module as “most useful.” Although the sample is very small, the results are consistent with participant feedback at the end of the workshops. Perhaps most important is the ranking of development of M&E plans as the most useful session by two of the cohorts and the relatively high ratings for other key components of planning (framework, indicators, data sources).

**Table 16: Modules Listed as Most Useful in M/E Follow-up Survey
(highest ratings shaded)**

Modules	CESAG N=10/53	IPSR N=11/28	INSP N=9/15
Fundamentals: Core Modules			
Frameworks	33%	64%	33%
Developing an M&E plan	67%	37%	78%
Indicators	44%	73%	
Data sources/Information systems	11%	55%	22%
Qualitative methods	22%	36%	
Information for decision-making	22%		
Impact evaluation	11%	55%	
Quantitative methods & data analysis	33%	36%	
Experimental & quasi-experimental designs			33%
Evaluation of project efficiency	11%		

⁹ One respondent identified all modules as useful and is not counted.

Calculating and interpreting coverage		18%	
Sentinel and behavioral surveillance			
Program modules for PHN			
M&E for child health programs	11%	36%	
M&E for maternal health programs		36%	
M&E of vaccination programs	33%		
M&E of RH/FP programs	22%	45%	
M&E of nutrition programs		27%	
M&E of Malaria programs	22%		
M&E for drug logistics	0		
M&E of STI/AIDS & TB	22%		
Behavior change communication	33%		
Impact Modules			
Socio-economic models			
Models for panel data, double difference models			
Framework for empirical models			
Estimation of impact of focal programs			
Introduction to Propensity Score Matching			
Use of data for program and policy changes			
Multilevel models			11%
Explicative endogenous models			
Models for cohort aggregation			
Models for multiple category events			
Models for continuous events			
Models for binary events			
Problems in impact evaluation: endogeneity			
Practicum Modules			
Group work on M&E plans	33%		
Field visit/Field work		9%	
EPI Info/STATA	11%		56%

* Shaded cells are above 50 percent

b. Most Applied Knowledge and Skills

CESAG respondents tended to use the fundamental modules most, especially to develop and implement M&E plans, to develop indicators and to simplify reporting. New knowledge and skills acquired during the workshop enabled participants to¹⁰:

1. Develop evaluation monitoring plans and tools.

On my return I was given responsibility for developing a monitoring plan for the program with the government and UNICEF. The M&E course enabled me to develop and integrate a surveillance monitoring plan. This was introduced to the district chief medical officers to integrate monitoring activities at the district level.

2. Develop and use indicators.

The training enabled me to better develop indicators for my program. I used examples from the evaluation plan presented during the training. This has become an indispensable

¹⁰ Translated from French

tool for monitoring activity plans at the program and global levels of my organization.

The Indicators session was important and necessary to my work. In the health system in Madagascar we revised and simplified all the reports submitted by the health centers to improve and increase regular reporting.

3. Increase understanding and improve M&E practices.

The three week training helped me understand M&E much better and to become much more effective in my work.

My institution is a centralized structure in the MOH with responsibility for evaluation of hospitals in Mali. The M&E workshop contributed to strengthening our evaluation practices in general, especially of the hospitals.

4. Train others in M&E knowledge and skills.

On returning from the M&E workshop, I provided an M&E training workshop for 25 people.

IPSR respondents stated that the modules used most were developing an M&E plan and indicators. Those who mentioned development of evaluation plans said that not only were they using the principles and methods taught in the workshop in their own work, some were also assisting others in designing M&E plans. Of particular value, was the use of logframes in designing programs and M&E plans. The ability to define appropriate indicators and data sources for impact evaluation were also seen as significant benefits from the workshop and applied to their work. Overall, they applied what they learned to:

1. Develop M&E plans

For developing the M&E plan I followed many of the steps that I practiced during the training course. As a result it was not a difficult task for me. The M&E plan was widely accepted by USAID, and my leadership and guidance for developing such a comprehensive plan was highly appreciated by bosses.

The workshop has helped contribute to my understanding of effective M&E and the importance of creating a solid M&E plan prior to the beginning of a new program or project.

2. Develop Frameworks

I have been able to use the methods on development of project logframes for development of a large project that my previous organization (that had supported my training) is now launching. It was widely appreciated within the organization and has been found very useful for getting a compact and comprehensive understanding of the project by all the team members managing the project.

3. Develop indicators

The whole range of discussion about indicators and the selection of different type of indicators for developing an M&E plan for a development project was very useful for me.

“Do not measure if you do not need to use” learning has helped me to keep the number of appropriate indicators down, resulting in improved monitoring and management of data.

4. Communicate with policy makers

The learning I had in communicating results to policy makers provided me the knowledge on

how to present results in most convincing way which policy makers will appreciate, even if it is a negative result.

The Communicating to Policy Makers part of the workshop has been really useful in managing and advocating for new programs.

As I have frequent and direct interaction with policymakers at federal level I feel more confident in communicating with policymakers

INSP respondents tended to apply two modules most: the STATA software and Preparation of evaluation plans. None of the impact modules stood out. In general, the respondents seemed to be saying “I really learned a lot from the workshop, it was very helpful, and I would like to have the opportunity to use these skills in my job soon.”

Qualitatively, some respondents reported that new knowledge and skills acquired during the workshop enabled them to¹¹:

1. Develop evaluation monitoring plans and tools.

My participation in the workshop has made it possible for me to be more active in the development of the impact evaluation for this new project in Guatemala, including the conceptualization of the design.

The training allowed me to prepare an M&E plan for fortifying food with micronutrients, which was approved by GAIN (Global Initiatives for Better Nutrition).

2. Increase understanding and improve M&E practices.

The Secretary of Health has incorporated an M&E plan for public health activities, which I am leading.

Fortunately, program evaluation is receiving attention by decision-makers and they are requesting more of these types of studies. The workshop permitted me to open a channel in a new and relevant area in the institution where I work.

3. Train others in M&E knowledge and skills.

I made a presentation on program evaluation to the director and team of the Center of Equity and Gender and to the NGO where I work and they have requested printed materials as well.

2. Participant Survey Findings

In November of 2005 the Evaluation Team conducted a participant email and phone survey to determine: 1) which of the modules imparted new knowledge and skills (K/S) to the participants; and 2) how often the newly acquired knowledge and skills were used in their work. The survey was structured so that responses that indicated that no new knowledge or skills were acquired were rated 0 and those modules that imparted new K/S were rated (1) when the new K/S was never used, (2) when it was seldom used, (3) when it was sometimes used, and (4) when it was often used. See Annex B.4 for a copy of the instrument.

¹¹ Translated from Spanish

Responses were received from 52 of the 112 participants (46 percent) broken down as follows: CESAG (26/53), IPSR (8/28) and INSP (18/31). Follow-up telephone and face-to-face interviews were completed with 33 respondents (CESAG = 11, IPSR = 4, INSP = 18). Table 17 summarizes the overall utilization results. It is somewhat surprising that INSP utilization was the lowest, not only overall but also in all categories. Also somewhat surprising is the finding that INSP rated the fundamental modules

higher than the impact and practicum modules.

CESAG also rated fundamentals highest but IPSR rated them lowest.

These differences are slight, however, given the

small sample sizes. Perhaps more important is that the ratings are largely between two and three, indicating seldom to sometimes use.

Table 17: Participant Utilization of Training Modules

Modules	CESAG N=26	IPSR N=8	INSP N=18
Fundamental modules	2.8	2.5	2.4
Program/impact modules	2.5	2.8	2.0
Practicum modules	2.6	2.8	1.9
Overall capacity	2.7	2.7	2.1

Fundamental Modules. Table 18 gives more detail on utilization of the fundamentals modules. Two things stand out. First is the number of sessions rated at 3 and above: 5 of 9 for

**Table 18: Participant Utilization of Fundamental Modules
(highest ratings shaded)**

Fundamentals: Core Modules	CESAG N=26	IPSR N=8	INSP N=18
The importance of M&E in health		3.1	3.1
Frameworks	2.9	2.8	3.3
Developing an M&E Plan	3.0	2.8	2.5
Indicators	3.4	3.3	3.3
Data sources	3.2	2.5	1.9
Calculating & interpreting coverage indicators		2.6	
Impact evaluation	2.4	2.4	
Qualitative methods in M&E	2.5	2.5	1.0
Sentinel & behavioral surveillance		1.8	
Communicating with policy makers	3.0	2.1	
Quantitative methods	3.1		
Evaluating efficiency	2.1		
Experimental & quasi-experimental designs			2.3
Observational designs, reliability, validity			2.0
Number of modules	9	10	8
Subtotal	2.8	2.5	2.4

CESAG, 2 of 10 for IPSR and 3 of 8 for INSP. This indicates that some modules are being use more often than would be expected given the overall ratings in the previous table. Second is the clustering around the development of M&E plans – the importance of M&E in health, frameworks, indicators and data sources, in particular.

This is supported by the interviews, as well. Participants indicate that these fundamental/transversal modules are extremely important because they serve as the basis for working in M&E and provide the knowledge and skills that can be adapted to meet whatever needs a participant has. Some respondents thought that some of the fundamentals modules

were a very important part of the workshop. Developing an evaluation plan is something that almost everyone can use, no matter what his or her M&E role. Knowing what goes into an evaluation (a framework, indicators, data sources, and analytic methods) is useful in supervision and screening M&E proposals as well as in designing an evaluation.

“From the ‘Fundamental concepts; frameworks’ module I learned about baselines and how to write conceptual frameworks in one page. I use the knowledge I learned in this module to develop proposals.”

“This [Fundamental concepts; frameworks] was one of the most important modules for me. It was the clearest, most precise module for my present work. I learned about indicators and qualitative studies. I’m now helping design a new study and this gives me the ability to do it.”

On the other hand, most participants said that they rarely or never use some of these M&E fundamentals because most of designs are not done daily or weekly, but once a year, if not less. Two participants summarized the sentiments of most participants:

‘I learned a lot about fundamental concepts, but I only use them ‘at times’ or ‘rarely’ because it’s not every day that we are doing these types of studies [experimental or quasi-experimental designs].

“I am involved in the maintenance rather than an elaboration of an M&E plan.”

Program modules. The survey results show that utilization of HPN program modules is slightly less for CESAG and slightly more for IPSR than was utilization of the fundamental modules. Interestingly enough, even though this is a PHN workshop, the STI/HIV/AIDS/TB

module was one of the two program modules given by both workshops and was rated relatively highly. It was also one of the highest rated modules in terms of training capacity. What this may reflect is program priorities in the region. More people and more money are now directed toward HIV/AIDS. Thus, the need to learn how to monitor and evaluate HIV/AIDS programs is particularly pressing.

Table 19: Participant Utilization of CESAG and IPSR Program Modules (Highest ratings shaded)

Program modules for PHN	CESAG N=26	IPSR N=8
M&E of maternal health programs		2.9
M&E of child health programs	2.5	3.0
M&E of FP/RH programs		2.8
M&E of nutrition programs		2.9
M&E of STD/HIV/AIDS	2.7	2.7
M&E of vaccination programs (RED)	2.6	
M&E of malaria programs	2.4	
M&E for drug logistics management	2.3	
Behavior change communication	2.4	
Total number of modules	6	5
Subtotal	2.5	2.8

Once again, job

descriptions and opportunities affect utilization of program modules. Interviews suggest that several participants do not use all of the program level modules because some are outside of their circumscribed portfolios. For other participants, the new K/S are used often because they fall within the scope of their duties whereas others may have learned new K/S but do not have the opportunity or need to use this new information.

Impact modules averaged 2.0 (seldom used) for both 2004 and 2005 (see Table 20). Notice that there are no average scores of 3 in this component. That is, overall, participants were using these modules less than the fundamental and health program modules.

Although the change was minimal, utilization rose in only five categories from 2004 to 2005 and dropped in five others.

Reasons for low utilization in all impact modules ranged between respondents. One participant stated, *“I learned technical skills and tools that maybe I will use in the future, but the work [I am doing now] is not related to the technical, statistical side of evaluation.”*

Other participants

commented that these are very specific modules and they don't conduct these complex types of evaluations in their workplace very often, but would like to design and implement them, if given the opportunity.

Practicum modules. The **group work** was the only common practicum module used by all three institutions. Most participants rated it relatively highly. Some participants have suggested that more time be allocated to group exercises because they consider them to be the most important aspect of the workshop. One of the examples given of utilization was the M&E plan for Togo. A multi-country group of participants developed a plan during the workshop and that is now being finalized in Togo for implementation. Participants within this group have maintained contact after the workshop, continue to provide input and will be invited to Togo for the official inauguration. Another respondent summarized the views of many participants:

“The workshop helped me a lot. It gave us the ability to work with groups, and to see clearly what happens in the field.”

Epi Info and STATA was formal sessions in CESAG and INSP. SPSS was optional on the first Saturday. These modules are the least frequently used by participants. The most common explanation is that these programs are not used in their organization or using these programs is not within their sphere of work. However, there is evidence that this module is useful and used by some and that it can be transformational. One participant mentioned that he introduced Epi-Info after returning from the training. An INSP participant had a different comment:

Table 20: Participant Utilization of Impact Modules, 2005

Impact Modules: N=18	INSP
Socio-economic models	2.8
Models for panel data, double difference models	2.8
Framework for empirical models	2.5
Estimation of impact of focal programs	2.2
Introduction to Propensity Score Matching	2.0
Use of data for program and policy changes	2.0
Multilevel models	1.9
Explicative endogenous models	1.9
Models for cohort aggregation	1.8
Models for multiple category events	1.6
Models for continuous events	1.5
Models for binary events	1.5
Problems in impact evaluation: endogeneity	1.5
Total number of modules	13
Average	2.0

“I think most of us have a basic command of STATA but are still not at the point where we can interpret it without help. It would be nice to do more technical work to gain more actual experience. Examples, samples, and practice of skills are missing in the workshop. The opportunity to APPLY what we learned is missing, and yet is a very important component.”

**Table 21: Participant Utilization of Practicum Modules
(Highest ratings shaded)**

Practicum modules	CESAG N=26	IPSR N=8	INSP N=18
Field/site visits	2.9	2.6	
Group work on M&E plans	2.7	3.0	3.0
Computer labs			1.8
SPSS/Epi Info/STATA	2.4		1.9
Impact evaluation in Paraguay			1.3
Total number of modules	3	2	4
Subtotal	2.6	2.7	1.9

INSP did not have a **fieldwork** session. CESAG and IPSR participants reported that their field work exercises provided the most valuable and often

used knowledge and skills This module enabled the participants to synthesize the classroom material and apply it to a real world situation.

E. Facilitating Factors and Constraints

A number of external factors affect the success of the workshop. The following is a summary of those that seem to be most important.

1. Facilitating Factors

Reputation and Experience: The reputation and experience of all three institutions are very important factors. They all have institutional experience in health and training. They are all regional institutions. They are all very experienced in designing and delivering short-term workshops. They have all attracted capable and qualified faculty, instructors and participants.

Demand: The high demand for M&E training in each region gives these institutions a strong market position. They have all demonstrated that this demand is greater than their current capacity to meet it.

Linkages with national government and regional and international agencies. All three institutions have strong linkages to their national governmental agencies as well as and other regional/international agencies. This increases their opportunities for M&E technical work and for expanding the M&E workshop. All have benefited positively from their affiliation with MEASURE Evaluation.

Leadership: CESAG has lost its long-time coordinator and instructor for the M&E workshop to another opportunity. IPSR has a new Director who is out of the country on another assignment until March 2006. The transition to new leadership will present opportunities as well as challenges over the next 6-12 months. INSP has strong leadership that is very supportive of the M&E workshop.

2. Constraints

Limited Donor Funding for PHN: The shift of focus from PHN programs and services to HIV/AIDS priorities, and the subsequent loss of funding in PHN, affects the demand for PHN-specific M&E training and thus the availability of resources to support training opportunities for those who may need it most. This is especially serious in the LAC region. However, this also opens a new opportunity for the institutes to offer HIV/AIDS workshops in M&E, which all three are doing.

Experienced Personnel. All three organizations can call on competent faculty and guest trainers. However, there is a gap in practical experience in M&E. Filling that gap with local personnel is a challenge, especially for INSP and IPSR.

Language and Culture. CESAG and INSP have a large advantage over IPSR with respect to a common language (French and Spanish, respectively) and cultures that have many similarities. IPSR has neither of these in the large ANE regional area.

IV. CONCLUSIONS

A. The Partnerships

1. **Partnership.** The partnerships between M/E and the three regional training institutions have been a productive and professional relationship. All parties would like it to continue.
2. **Vision.** All three institutions and MEASURE share a common vision in terms of short-term capacity. All expect that the institutions will be able to continue to offer the M&E workshop in PHN before the M/E project comes to a close. Long-term, IPSR and INSP want to become the M&E leader in their regions, both in training and in evaluation studies. CESAG has not been considering such an expansion.
3. **Agreement.** The formal agreements between the three partners and MEASURE have been focused on the dual objectives of capacity and utilization. All parties have done their best to carry out the activities agreed upon.
4. **Interventions.** MEASURE has provided a great deal of technical assistance to help each institution to develop “sustainable capacity.” Among the most important and effective of these interventions have been: 1) TOTs; 2) TA in curriculum and module development; 3) promotion of the workshops; 4) the provision of experienced trainers for selected sessions; and 5) strengthening adult learner-centered approaches to training of faculty.
5. **Workshops.** The partners and M/E have delivered five M&E workshops on PHN in 2004 and 2005. A sixth was planned for the November 2005. A total of 112 participants from 38 countries were trained in the first five workshops. Another 25 were to be trained in the sixth workshop. All three institutions are planning to hold workshops in 2006.
6. **Curricula.** The “standard” course is not yet standardized. The recent workshop in Ethiopia (August, 2005) is supposed to reflect the new standard course. It allocates most mornings to presentations and most afternoons to case studies, exercises and group work. Apparently, this curriculum will be used in the 2006 workshops in Thailand and Senegal. Whether this will be applied in Mexico is unclear. The demand for “impact” evaluation is strong in Mexico but that leaves the region without a standard course. It also raises a question about the overall M&E training strategy.
7. **Participants** have been very positive in their assessments of the value of the workshops, their utility for them and their organizations, and the individual modules that make up the curriculum. All three training institutions and MEASURE have been responsive to participant feedback and have worked together to improve the content and delivery of each module.

B. The Capacity Building Objective

8. **Capacity objective.** All three institutions are on their way to achieving USAID's capacity objective. All three could, if necessary, carry out the workshop now with no assistance from M/E. However, there are a number of capacity functions and training modules that they still needs help with. Over the next two years, with M/E assistance, all three should be able to address most, and probably all of those needs.
9. **Strengths and weaknesses.** The data collected from documents, surveys and interviews in this assessment have identified both strengths and weaknesses in current capacity. The following table identifies areas of high (A), medium (B) and low (C) capacity. The Team believes that the institutions will not need further TA in the 57 capacities listed in the A category (see Annex A, Table 26 and Table 27 for details). The organizations are already strong in these areas. Where each institution will need more TA to build capacity is in the 35 capacities listed in the B category (see Table 28) and especially in the 17 capacities in the C category (see Table 29). Although this is a large number of capacity elements and training modules, M/E and the three training institutions are already addressing many of them. The emphasis now should be on targeting those needs that are critical to independence.

Table 22: Summary of Institutional and Substantive Needs (priority needs shaded)

Rating	Institutional			Substantive			Total	
	CESAG	IPSR	INSP	CESAG	IPSR	INSP	No.	Percent
A. High capacity	11	8	12	13	5	8	57	52
B. Medium capacity							35	32
C. Low capacity							17	16
Total elements/modules	17	16	17	19	15	25	109	100

10. **Moving to Level 4.** Both IPSR and INSP want to become M&E centers of excellence in their regions. Both want to undertake evaluations as well as train people in M&E. Although this is commendable in the abstract, it will take considerable effort and resources to move to level 4. All or most of the modules will need to be raised to level 4. IPSR and INSP will need to develop the in-house capacity to design, update and train trainers in a broader M&E curriculum. Right now this is done largely by M/E. In addition, they will need to develop the capacity to provide TA to other organizations in the region in planning, developing and delivering M&E courses (not just one course). They will also need to acquire the knowledge, skills and experience to develop and upgrade monitoring systems and to carry out evaluation studies in a variety of health programs and in a variety of countries in the region.

C. The Utilization Objective

11. **The objective.** The limited feedback from participants makes it difficult to generalize about utilization. Nevertheless, secondary data sources and interviews indicate that most, if not all, of the participants learned something new in the workshops that they have applied in their work. It appears that this objective has been achieved for many participants.
12. **Utilization.** Almost all of the respondents continue to work in M&E, gained a deeper understanding of M&E, were energized by their learning and applied at least some of what they learned to improve M&E in their workplaces. The most important modules

that they applied were those dealing with the fundamentals, in particular, the development and utilization of evaluation plans. Limitations on utilization seem to be job specific. For one reason or another some participants have not had the opportunity to apply what they learned, be it a concept or a statistical model.

13. **New knowledge.** Some participants came to the workshop with prior knowledge and experience in M&E. For them, some of the sessions did not provide them with new concepts or techniques. What many learned, however, was how to apply these concepts and techniques to practical M&E problems. Many also learned from one another in the group work sessions. Some worked on problems in the workshops that they later applied back home.
14. **Follow-up** is a significant gap in the program and one that is difficult to address. Without it, nobody knows whether these workshops are making a difference or not. Efforts to get feedback and to establish networks have not been very successful. It seems that the chances for developing a network of M&E participants depend on such factors as the number of participants from a given country and their proximity to one another. Local networks of participants living and working in the same country and area may be more likely to spring up than networks of individuals living and working in different areas and countries. At this point, neither M/E nor the institutions have developed an affordable and effective procedure for follow-up.

D. The Intangible Benefits

15. **Synergy.** The intangible outcomes of these workshops, while not measured directly, are apparent from interviews with participants and faculty alike. The “Hawthorne Effect” is clearly present. The mere fact of bringing like-minded people together for three weeks has had a significant effect on learning and motivation. Some lifelong friendships have resulted from these workshops. Some support systems have been developed. Some “radical” ideas have been introduced and internalized. Commitment to M&E has increased among participants and faculty alike. These “synergistic” outcomes should not be overlooked in any evaluation.

E. The Methodology

16. **Ratings.** The capacity assessment tools used in this evaluation lend themselves to periodic assessments of both functional and substantive capacity. Although admittedly limited in terms of the number of respondents polled for this evaluation, the instruments themselves appear to be extremely valuable, easy to administer and useful for both snapshots of current capacity (as in Senegal) and trends over time (as in Mexico). Regardless of the validity of these subjective assessments, they provide fodder for serious discussions as to where the institutions are right now and what will be needed to take them to the point where they can operate independently.

V. RECOMMENDATIONS

A. Recommendations for MEASURE Evaluation

1. **Institutional Capacity Building** should continue, but it should be more focused. M/E should continue with its capacity assessment in CESAG and its plans to conduct one in IPSR. It would be useful to do the same in INSP. These assessments should be broadened to include the training modules, as in this evaluation. The assessments will enable M/E and the institutions to focus on the greatest needs, develop appropriate strategies, and use the remaining time to implement appropriate interventions. M/E

should then conduct focused TA and monitoring activities to ensure that crucial activities are undertaken in a timely way, and that they are producing the expected outcomes.

2. **Training capacity.** M/E should continue to work with the institutions to help them develop the capacity needed to carry out the training modules now classified as B and C. This could require a large amount of TA. Thus, it would be prudent to develop some alternatives. Four that were raised are: 1) increase the amount of TA provided by M/E to build capacity; 2) introduce team teaching in 2006 with the understanding that the institutions will deliver these modules on their own in 2007; 3) focus on the modules for which capacity can realistically be developed in the next year or two and summarize the remaining modules in an overview session; and 4) drop those modules for which capacity cannot be developed within the next two years.
3. **Financial support** is a critical issue for INSP, but it is also important for IPSR and CESAG, as well. M/E needs to help these institutions identify funding sources for regional fellowships and honoraria for instructors.
4. **Level 4.** Although the idea to become a regional center of M&E expertise is up to the individual institutions, M/E could help each institution examine its options. M/E could provide technical assistance to conduct feasibility studies that would identify what it would take for each institution to become an M&E center of excellence.
5. **Follow up.** In anticipation of this topic being at the center of attention in the capacity assessment process, perhaps M/E could expand its literature search. The report, "Measuring the Stars: A consultancy for M/E Evaluation, Spring 2005," presents a brief literature review and addresses the opportunities for strengthening follow-up in M/E programs. Many of these recommendations would apply to the M&E workshop. Follow-on interaction should probably be built into the curriculum to ensure that meaningful contact can be maintained over a 1-2 year period. Other options worth exploring are: establishing alumni networks and newsletters; offer special rates for other trainings/workshops that could be paid from membership dues or subscription fees; set target dates for follow-up evaluations at 3, 6 and 12 months; identify "captains" during the workshop who will take responsibility for following up 10 participants each.
6. **Curricula.** There does not seem to be a clear link between the basic and impact courses. M/E should take a hard look at the overall strategy for the workshop. Should it be a one-shot exposure to M&E or should the basic course be the introduction to a continuing education series on M&E? Could other options be explored, such as distance learning on a range of evaluation topics and methods, such as rapid household surveys, cost-effectiveness analysis, formative evaluation, behavioral surveillance, randomized trials, evaluating communication programs, measurement, and so on? Such an approach might address the follow-up problem, as well, assuming that participants of the standard course would like to continue learning about M&E and would, therefore, have an incentive to stay in touch with their training institution.

B. Recommendations for INSP

7. **Leadership and vision** will be crucial over the next 6-12 months. Each institution will need to determine the scope and level of its standard M&E workshop as well as where the institution wants to go over the next decade. Should it strive to become an M&E regional leader, both in carrying out evaluations as well as training people in M&E?

There is a market in each country for local M&E workshops for such programs as HIV/AIDS, tuberculosis, malaria and drug logistics. Should there be a graduated series of evaluation courses, as INSP is setting up? These, and other vision questions, will need to be addressed and examined.

8. **Curriculum.** This evaluation did not look at the curriculum. Given the ancillary findings on utilization (and the large amount of TA that will be needed to develop each institution's capacity to implement that curriculum) the institutions themselves should take a hard look at its curriculum. What are the M&E needs of the participants' organizations? What knowledge and skills do the participants need in order to help their organizations reach their M&E objectives? Which modules are most useful (and used) to that end and what kind of continued interaction should be built into the curriculum to ensure continuity?
9. **Human resources** are a major concern in all of the institutions. The vision for the future should guide the development of the human resources necessary to achieve that vision. How to give faculty experience in applying M&E is a critical question. Identifying and recruiting qualified local, guest instructors is another issue.
10. **Capacity development** is not up to M/E alone. Each institution needs to complete a comprehensive capacity assessment (as in Senegal) and then use those results to set priorities for development of institutional and substantive capacity.
11. **Financial sustainability** is a local issue, as well. All three institutions will need to determine how to pay for those elements of the workshops that M/E is currently supporting. This includes expert technical expertise, up-to-date materials, and advertising/promotion of the workshops, and fellowships.

C. Recommendations for USAID

12. **USAID support** of M/E and the three training institutions has been critical and useful. Of immediate concern to INSP and IPSR, in particular, is future support for fellowships. Although other donors support most participants, the fellowships have given the institutions a mechanism for supporting individuals from countries that do not have such support.
13. **Follow-on to M/E.** Does USAID plan to continue to support this component of M/E throughout the life of the current project and beyond? Should M/E identify and support more training institutions and/or limit its assistance to X number of years so as to promote early graduation and the shifting of M/E resources to new sites?
14. **Curricula.** As noted above, the current workshop may be better seen as an introduction to M&E that is followed by a series of graduated or specialized courses that could be provided in a variety of ways. Is USAID interested in exploring options like these?
15. **Centers of excellence.** Two of the three institutions are interested in expanding their capacity to provide more M&E services in their regions. The third may be open to the idea. USAID needs to determine how far it wants to go in supporting regional capacity building in M&E. Is it enough to have an annual workshop or should the institutions do more?
16. **USAID priorities for M&E.** It would help to know what USAID's overall priorities

are for M&E. Should there be some coordination between M/E and the “revitalization” effort? Are primary targets USAID staffs, host country staffs, academicians, cooperating agency staffs?

ANNEXES

A. Tables

Table 23: CESAG Agenda

Table 24: IPSR Agenda

Table 25: INSP Agenda

Table 26: High Organizational Capacity Components, No TA Needed

Table 27: High Substantive Capacity Components, No TA Needed

Table 28: Technical Assistance Needs in Institutional Capacity Building

Table 29: Technical Assistance Needs in Substantive Capacity Building

Table 33: Criteria for selection of M/E local partner institutions.

Table 34: Partner Institutions accepted/rejected for M/E II, by major reasons M/E gave for the selection/rejection

Table 23: Agenda for the CESAG 2005 PHN Regional Workshop on Monitoring and Evaluation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	8:30-10:30 Welcome and Introductions 10:45-12:30 Intro to M&E Theory (Amani)	8:30-10:30 10:45-12:30 Intro to M&E Frameworks (Amani)	8:30-10:30 M&E Indicators 10:45-12:30 M&E Indicators: Exercise (Amani)	8:30-10:30 M&E Info Sources 10:45-12:30 Info Sources: Exercise (Mounkaila)	8:30-10:30 Qualitative methods 10:45-12:30 Qualitative methods: role play (Seck)	8:30-10:30 10:45-12:30 Monitoring Projects Group work (Seck/Maty)
	14:00-15:30 Intro to M&E Planning 15:45-17:30 Introduction to group work (Amani)	14:00-15:30 15:45-17:30 M&E Framework: Case study (Amani)	14:00-15:30 15:45-17:30 M&E Indicators: Group work (Amani)	14:00-15:30 15:45-17:30 M&E Info Sources: case study (Mounkaila/Maty)	14:00-15:30 15:45-17:30 Monitoring projects: Exercise, Group work (Seck/Maty)	Social program
Week 2	8:30-10:30 10:45-12:30 Role of information & decision making (Moreland/Gnassou)	8:30-10:30 Impact evaluation (Mounkaila) 10:45-12:30 Quantitative methods (Mane/Maty)	8:30-10:30 Child health/IMCI 10:45-12:30 Child health/IMCI: Case study/group work (Seck/Maty)	8:30-10:30 Reproductive Health 10:45-12:30 Reproductive Health Case study/group work (Lago)	8:30-10:30 Logistics management 10:45-12:30 Logistics management: Case study/group work (Ibnou/Aissatou)	Free
	14:00-15:30 15:45-17:30 Role of information & decision making (Moreland/Gnassou)	14:00-15:30 15:45-17:30 Quantitative methods (Mane/Maty) 18:00-19:30: Epi Info	14:00-15:30 Child vaccination/RED 15:45-17:30 Case study/group work (Seck/Maty) 18:00-19:30: Epi Info (Mane/Thiam)	14:00-15:30 Malaria 15:45-17:30 TB: Case study/group (Maunkaila/Maty) 18:00-19:30: Epi Info/ STATA (Mane/Thiam)	14:00-15:30 HIV/AIDS/TB 15:45-17:30 Case study/group work (Gnassou/Aissatou) 18:00-19:30: Epi Info/ STATA (Mane/Thiam)	Free
Week 3	8:30-10:30 10:45-12:30 Efficiency evaluation (Amani/Mane)	8:30-10:30 M&E plan development (Amani/Gnassou) 10:45-12:30 Field work preparation (Amani/Seck/Mane/Maty)	8:30-10:30 10:45-12:30 Field work (Amani/Seck/Mane/Maty)	8:30-10:30 10:45-12:30 Analysis of field work (Mane/Thiam)	8:30-10:30 10:45-12:30 Presentation of M&E Plans (Amani)	
	14:00-15:30 Behavior change communication 15:45-17:30 Group work (Gnassou/Kone)	14:00-15:30 15:45-17:30 Field work preparation (Amani/Seck/Mane/Maty) 18:00-19:30: Data from Internet (Faculty)	14:00-15:30 15:45-17:30 Field work (Amani/Seck/Mane/Maty) 18:00-19:30: Data from Internet (Faculty)	14:00-15:30 Analysis of field work 15:45-17:30 Finalization of field work (Mane/Thiam)	14:00-15:30 Lessons Learned Course evaluation 15:45-17:30 (Amani/Seck) Closing ceremony	

Table 24: Agenda for the IPSR 2004 PHN Regional Workshop on Monitoring and Evaluation

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK 1	9:00-10:30 Welcome and Introductions	9:00-12:00 Frameworks, Part II Uraiwan	9:00-12:00 Indicators, Part I Bates Buckner	9:00-12:00 Data Sources, Part I Shelah Bloom	9:00-12:00 Calculating and interpreting coverage indicators Shelah Bloom	9-12 SPSS
	11:00-12:00 1) Overview Bates Buckner					
	1:30-3:30 Frameworks, Part I Bates Buckner	1:30-3:30 Developing an M&E Plan Shelah Bloom	1:30-3:30 Indicators, Part II Uraiwan	1:30-3:30 Data Sources, Part II Bates Buckner	1:30 -4:30 Group work on M&E Plans	1-4 SPSS
	4:00-5:30 Introduction to group work	4:00-5:30 Group work on M&E Plans	4:00-5:30 Group work on M&E Plans	4:00-5:30 Group work on M&E Plans		
WEEK 2	9:00-12:00 Impact Evaluation Bates Buckner	9:00-11:30 M&E of Maternal Health Programs (MOPH)	FIELD TRIP Day 1 9:00-11:00 Ministry of Public Health (to hear about HMIS)	FIELD TRIP Day 2	FIELD TRIP Day 3 Lunch meeting to debrief on morning site visit	Free
	1:30-3:00 Preparation for field visits	1:30-4:00 M&E of Child health Programs (MOPH)				Evening meeting to debrief on HMIS visit
	3:30-5:00 Group work on M&E Plans	4:30 – 5:30 Group work on M&E Plans				
WEEK 3	9:00-12:00 M&E of Family Planning Programs (Pop Council)	9:00-12:00 M&E of STD/HIV/AIDS Programs (FHI)	9:00-12:00 Qualitative Methods in M&E (IPSR)	9:00-12:00 Communicating to Policy Makers (IPSR)	9:00-12:00 Team presentations of M&E plans	
	1:30-4:00 M&E of Nutrition Programs (Institute of Nutrition, Mahidol University) 4:30 – 5:30 Group work on M&E Plans	1:30-4:30 Group work on M&E Plans	1:30 – 4:30 Sentinel & Behavioral Surveillance (MOPH) 4:30 – 5:30 Group work on M&E Plans	1:30-5:30 Preparation for team presentations	Closing	

Table 25: Agenda for the INSP 2005 PHN Regional Workshop on Impact Evaluation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	9:00-9:45 Inauguration 9:45-11:00 Importance of Evaluation (Sesma)	9:00-10:45 Concepts, Frameworks 11:00-12:45 Framework examples (Urquieta)	9:00-10:45 Indicators 11:00-12:45 Construction of indicators (Torres)	9:00-10:45: Evaluation designs: true & quasi 11:00-12:45 Observation, reliability, validity, bias (Cruz)	9:00-10:45 Preparation of evaluation plans 11:00-12:45 (B. Plaza)	9:30-12:00 Group work
	14:00-15:45 Workshop themes & logistics (Urquieta, Reynales, T. Tellez) 16:00-17:45 Introduction to STATA (Reynales)	14:00-15:45 Framework: practicum (Urquieta) 16:00-17:45: Final project: introduction (Urquieta, Reynales), Introduction to STATA (Reynales)	14:00-15:45 Info systems, data sources (Sosa) 16:00-17:45 Introduction to STATA (Reynales)	14:00-15:45 Qualitative methods (Allen) 16:00-17:45 Final project themes	14:00-15:45 Importance of data collection (Castro) 16:00-17:45 Opportunities Project Lessons Learned (B. Hernandez))	
Week 2	9:00-10:00: Review 10:00-10:45 11:00-12:45 Framework for empirical models (Angeles)	9:00-10:00: Review 10:00-10:45 Models for binary events 11:00-12:45 (M. Tellez, La Madrid)	9:00-10:00: Review 10:00-10:45 11:00-12:45 Models for multiple categories (Angeles)	9:00-10:00: Review 10:00-10:45 11:00-12:45 Multilevel models (Angeles)	9:00-10:00: Review 10:00-10:45: Problems in impact evaluation: endogeneity 11:00-12:45: Models with explicit endogenous variables (Urquieta, Angeles)	Computer lab open
	14:00-15:45 Models for continuous events (M. Tellez) 16:00-17:45 STATA exercises (M. Tellez)	14:00-15:45 STATA exercises (M. Tellez, La Madrid) 16:00-17:45 Group work: analysis plan	13:00-14:45 Presentation (Neufeld) 15:00-17:00 STATA exercises (Angeles, Urquieta, Reynales)	14:00-15:45 Measuring SES levels 16:00-17:45 Group work	14:00-15:45 STATA practicum Angeles, Urquieta) 16:00-17:45: Impact evaluation in Paraguay (Angeles)	
Week 3	9:00-10:00: Review 10:00-10:45: Problems in impact evaluation: Endogeneity 11:00-12:45: STATA practicum (Angeles, Urquieta)	9:00-10:00: Review 10:00-10:45 11:00-12:45 Panel data, double difference models (Angeles)	9:00-10:00: Review 10:00-10:45 11:00-12:45 Propensity Score Matching (Urquieta, Jimenez, Angeles)	9:00-10:00: Review 10:00-10:45 11:00-12:45 Use of data in programming and policy change (Morrison)	9:00--10:45 11:00-12:45 Presentation of final projects	
	14:00-15:45: Impact of focal programs (Angeles) 16:00-17:45 Group work: final project	14:00-15:45 Models for cohort aggregation 16:00-17:45 Group work: final project	14:00-15:45 16:00-17:45 Group work: final project	14:00-15:45 16:00-17:45 Preparation of final presentation	14:00-17:15 Free, Evaluation, Closing	

Table 26: High Organizational Capacity Components, No TA Needed

Organizational Capacity	CESAG	IPSR	INSP
Strategic leadership	A		A
Organizational processes	A	A	A
Infrastructure	A	A	A
Human resources			
Program management	A	A	A
Financial management		A	
Inter-institutional linkages	A		A
Marketing	A	A	A
Course logistics	A	A	A
Training content	A		A
Course implementation	A		A
Mission			A
Culture	A	A	A
Incentives/Rewards	A	A	A
Total number of modules	11	8	12

Table 27: High Substantive Capacity Components, No TA Needed

Substantive Training Capacity	CESAG	IPSR	INSP
The importance of evaluation in health sector			A
Fundamental concepts; frameworks	A		A
Developing an M&E plan	A		
Indicators	A		
Quantitative methods and data analysis	A		
Observational designs, reliability, validity			A
Experimental and quasi-experimental designs			A
Qualitative methods in M&E	A	A	A
Sentinel & behavioral surveillance		A	
Communicating to policy makers		A	
M&E of family planning programs		A	
M&E of STD/HIV/AIDS programs		A	
M&E for child health programs	A		
M&E of vaccination programs (RED)	A		
M&E of reproductive health programs	A		
M&E of malaria programs	A		
M&E for drug logistics management	A		
Field work	A		
Group work on M&E plans	A		
STATA: introduction and exercises			A
EPI Info/STATA	A		A
Computer laboratory: STATA			A
Total number of modules	13	5	8

Table 28: Technical Assistance Needs in Institutional Capacity Building

Organizational Capacity	CESAG	IPSR	INSP
Inter-institutional linkages		B	
Strategic leadership		B	
Training content		B	
Training planning & sustainability	B	B	B
Course implementation		B	B
Mission	B	B	
Financial management	B		B
Infrastructure			
Technical capacity in M&E	B		
Marketing			
Trainee follow-up	C	C	C
Human resources	B	C	B
Total TA needs	5B, 1C	6B, 2C	4B, 1C

Table 29: Technical Assistance Needs in Substantive Capacity Building

Training Modules	CESAG	IPSR	INSP
Developing an M&E plan		C	B
Frameworks		C	
Indicators		B	B
Calculating & interpreting coverage indicators		C	
Data sources	B	C	B
Impact evaluation	B	C	
Information for decision-making/Use of data	B		B
Evaluation of project efficiency	B		
Behavior change communication	B		
M&E for maternal health programs		B	
M&E of child health programs		B	
M&E for STI/AIDS & TB	B		
M&E of nutrition programs		C	
Framework for empirical models			B
Models for continuous events			B
Models for binary events			B
Models for multiple category events			B
Introduction to Propensity Score Matching			B
Multilevel models			C
Problems in impact evaluation: endogeneity			C
Explicative endogenous models			C
Models for panel data, double difference models			C
Estimation of impact of focal programs			C
Models for cohort aggregation			C
Socio-economic models			C
Field/site visits: MOPH HMIS		B	
Impact evaluation in Paraguay			B
Total TA needs	6 B	4B, 6C	10B, 7C

B. Methodology Issues

The evaluation was limited to the workshops and participants carried out by the three training institutions between January 2004 and November 2005. Thus, it did not include the IPSR workshop in November 2005 or the Ethiopia workshop in August 2005. If it had, the findings would probably have been even more favorable. That is because the IPSR workshop was improving. M/E had helped revise the curriculum, and training methods had been improved. The Ethiopia workshop was based on a new curriculum that is expected to be the standard for all basic workshops.

1. Documents and Secondary Data

M/E had known for quite awhile that this evaluation was scheduled. In preparation, M/E staff conducted a participant feedback survey, assembled data on the workshops and participants and alerted their partners about the evaluation. All of this was greatly appreciated by the Evaluation Team as it made our job much easier. M/E provided, for example, all of the participant evaluations, all of the reports on workshop schedules, all of the information on capacity-building interventions, and copies of all activity and trip reports. In addition to workshop-related material, M/E provided us with background documents on their approach to evaluation and to capacity building.

2. Institutional Capacity Assessment

Perhaps the most important M/E contribution was the data and instruments used in the CESAG stakeholder capacity assessment, which took place in May, 2005. We decided to use a short version of that instrument, which M/E had already prepared and tested. That instrument is shown in Table 30. We decided to identify key informants at each institution and ask them to fill out the assessment form. We believed that this would be a simple way to get partner representatives (directors, coordinators and faculty) to do a rapid assessment of their institution's capacity to carry out the workshops. We would then follow up with personal interviews to get clarifications and explanations for the ratings. We thought of this as a structured key informant survey. We learned early on that there were very few individuals at each institution who had a broad understanding of the workshops. So this approach would enable us to: 1) standardize our interview questions; and 2) quantify the responses.

M/E had already administered the long version of the instrument as part of a broad capacity assessment exercise for CESAG. Eleven stakeholders filled out these instruments and then discussed the results. What was impressive was that the instruments actually identified the same strengths and weaknesses of CESAG that M/E had identified privately. We concluded, therefore, that it would be best to use the M/E instrument (short version) rather than to construct our own instrument. After all, the 17 elements listed had face validity, had been tested, and had identified key strengths (such as infrastructure) and weaknesses (such as trainee follow-up) that agreed with M/E views. We also believed that by using the same instrument, M/E and the institutions could repeat the assessment periodically and spot improvements – and problems that needed attention.

M/E helped us identify the key informants at each site. We identified a few others when we visited the sites. We asked M/E to send a letter (email) to the prospective informants advising them as to what we were planning and that M/E supported it. After a week we emailed the instrument to each informant (in English or Spanish as appropriate – we had decided to use the stakeholder data for CESAG, which meant that we did not need to send this instrument out to CESAG informants).

Responses were slow in coming, but we made up for that during the site visits. For example, if key

informants had not sent in their forms, when we met with them we began by asking them to fill out the instrument first, then we followed up with questions. We learned that the informants could fill out the form in 10 minutes or less. We also learned that the responses tended to cluster, so that we did not need to ask about each item. We could ask our clarifying questions about each cluster.

In general, the respondents were very cooperative and we had no problems getting them to elaborate on their responses. We learned that it was important to explain that we were not looking for problems but for TA that they might need to become self-sufficient.

The survey results were tabulated in a simple Excel file that computed averages for each response category. Those averages were then transferred into the Word document for each case study. We learned to wait until all of the responses were in before making the tabulations. Otherwise, when an additional response came in we would have to update the formulas in the spreadsheets, which took time.

In our view, this procedure worked very well. We were able to get a lot of information from a small number of key informants in a very short period of time. Instead of a notebook full of qualitative responses we had an organized format that quantified each capacity element and allowed for descriptive information to explain each rating. To us, this seems to be an approach that would allow USAID to collect qualitative information and quantify it. This could only happen if the CA had developed a quantified monitoring system, which M/E had.

It is important to point out that we did not challenge the M/E capacity assessment instrument. M/E-JSI staff, in particular, had invested a good deal of effort in developing the instrument. We asked if it had been validated. They said no, it had not. However, it was developed based on a variety of capacity building frameworks, and we decided to accept it as is. Therefore, we cannot state that the instrument has been validated, but we can state that it is comprehensive and just the type of instrument that USAID needs to carry out short-term evaluations. We would recommend that USAID (and its CAs) incorporate this type of monitoring instrument in all of its projects.

3. Substantive Capacity Assessment.

The substantive assessment followed the same lines as described above. M/E did not have an instrument for this type of assessment, so the Evaluation Team developed one that followed the M/E format. The instrument (see Table 31) lists all of the training modules and asks the key informant to rate each one on the four-point scale described in the text. The basic idea is to determine where the training institution stands with respect to its ability to deliver each training module. Obviously, the instrument has to be tailored to fit the curriculum of each workshop, which these did.

The key informants were asked to fill out these forms, mail them back to us, and agree to a follow-up interview. Again, we had the same problems getting responses, but were able to get the information we needed during the site visits. The data were processed the same way, on an Excel spreadsheet.

4. Participant Utilization Assessment.

Participants from the 2004 and 2005 workshops were identified from M/E records. They were sent an introductory letter followed by an email asking them to fill out the attached form (see Table 32). This form was similar to the substantive capacity form but the scale focused on utilization. Response rates were expected to be low, based on M/E experience with its Follow-up Survey.

Therefore, we assembled a crew of English, Spanish and French-speaking interviewers to telephone each of the 112 participants to: 1) ask them to fill out the form and submit it (now, on-line or via email); and 2) set a time for a follow-up interview.

This was easily the most time-consuming and expensive survey. Responses were received from 52 participants (46 percent) and follow-up interviews were completed with 33 (29 percent). It was extremely difficult to find, much less speak with the participants. The reasons were legion: busy circuit lines, no answer, no one at the number dialed, no response when connected, person who answered the phone hung up, no forwarding phone number, not listed, and so forth. The response rate was lowest for the Thai workshop, largely due to language, distance and time zone problems. The interviewer noted that she made 50 calls for each response. When she made a connection there were other problems: one person was in a bar, another had a screaming baby in her arms, one was in a meeting, and another was driving. The interviewer was only able to interview four of the 28 participants who attended the Thai workshop. CESAG yielded 11 (of 53) and INSP 18 (of 31).

M/E had collected extensive contact information for each participant, but it seems that many changed telephone/cell phone numbers, moved, got new jobs, or for other reasons were not reachable. Once contacted, most people were quite willing to respond. The major problem was contacting them in the first place.

Nevertheless, the information provided by those who were contacted was very helpful. Whether it is representative or not is unknown.

5. Instrument scales

The instruments used different scales. Some were 10 point and others were 4 point. Not all of them conformed to the USAID standard. It would be important in the future to standardize the scales so that they are uniform and can be compared.

6. Lessons Learned

Despite the limitations, the methodology applied seems to have yielded useful and accurate information. The quantification of qualitative responses from key informants and participants could be very helpful for future USAID evaluations, especially those that rely on unstructured interviews and observations. Uniform and standardized scales are needed for this type of evaluation, however. USAID should consider requiring its CAs to develop and utilize such scales. This evaluation has shown that such scales are relatively accurate, can identify strengths and weaknesses, and can facilitate follow-on explanatory questions.

Table 30: Institutional Capacity Assessment Tool for Training Institutions

Please fill out this form by checking the appropriate box for each capacity element. The scale is from 1 (low) to 10 (high, as described below.)

Scale: 1-3 = Strongly Disagree; 4-5 = Disagree; 6-7 = Agree; 8-10 = Strongly Agree; NA = Not applicable/do not know

	1	2	3	4	5	6	7	8	9	10	NA
Organizational Capacity											
1. Strategic Leadership											
There is strong institutional commitment to the importance of training in M&E skills											
2. Human Resources											
The number of training staff is sufficient and skills are adequate (trainers have adequate knowledge/understanding of M&E principles, tool application and effective training techniques)											
3. Financial Management											
Budgetary resources are sufficient to support training interventions											
4. Organizational Processes											
Organization sets and maintains high standards of quality in all training activities											
5. Program Management											
There is strong organizational/management support for M&E and M&E training											
6. Infrastructure											
Organization has sufficient infrastructure, including dependable telephones, electricity, computers/internet access, appropriate software, etc.											
7. Inter-institutional Linkages											
Organization successfully networks/partners with universities/NGOs/community groups/media and other stakeholders, as appropriate											
8. Technical Capacity: M&E											
Staff members have sufficient knowledge of M&E activities and tools, experience applying this knowledge, and opportunities to continue to strengthen this knowledge/experience.											
Technical Capacity: Training											
9. Training Content											
Workshop agenda is appropriate for the audience and content is logically organized and technically accurate											
10. Training Planning and sustainability											
Systems for sustainability of training interventions in the medium and long-term have been developed											
11. Training Course Logistics											
Logistical arrangements for participants, trainers, venue, site visits, etc. meet high standards											

Capacity Assessment Tool for Training Institutions (continued)

Please fill out this form by checking the appropriate box for each capacity element. The scale is from 1 (low) to 10 (high, as described below.)

Scale: 1-3 = Strongly Disagree; 4-5 = Disagree; 6-7 = Agree; 8-10 = Strongly Agree; NA = Not applicable/do not know

	1	2	3	4	5	6	7	8	9	10	NA
12. Marketing											
Training responds to a real demand, is promoted effectively and attracts appropriate applicants											
13. Training Course Implementation											
Objectives and performance goals of training are met for each training intervention											
14. Trainee Follow-up											
Mechanisms are used to support participants after training intervention (TA, mentoring, materials, networks, websites, newsletters, trainee databases, etc.)											
Organizational Motivation											
15. Mission											
Organization has a clear mission statement that is known and agreed to by staff											
16. Culture											
Organization has a culture that is open to change and committed to the capacity building process											
17. Incentives/Rewards											
Participating in the training intervention is recognized by peers as a worthwhile and prestigious activity											

Please email a copy of the completed form to: Melanie Kindsfather at the Synergy Project (MKindsfather@s-3.com). During the follow-up interview, we will use your responses to:

1. Verify the general strengths and weaknesses of IPSR capacity to carry out the M&E workshop;
2. Identify the reasons for these strengths and weakness; and
3. Explore what assistance IPSR might need to strengthen capacity.

Table 31: Partner Assessment of Substantive Capacity

We are interested in your assessment of (IPSR, CESAG, INSP) capacity to implement the M&E course for PHN. By capacity we mean the ability to implement the course independently, without technical or financial assistance from MEASURE/Evaluation.

USAID uses a four-point continuum to assess this capacity:

- 1 = able to implement the course but with **significant**¹² technical assistance (TA);
- 2 = able to implement the course with **limited**¹³ TA;
- 3 = able to implement the course with no TA; and
- 4 = able to help others to implement the course.

For each training module, please check the appropriate box.

MEASURE/Evaluation PHN M&E Training modules	Significant TA=1	Limited TA = 2	No TA =3	Help others =4	NA/ DK
Fundamentals: Core Modules					
1. Role of strategic information in decision making					
2. Frameworks					
3. Indicators					
4. Information systems					
5. Evaluation designs					
6. Developing and implementing an M&E plan					
7. Calculating & interpreting coverage indicators					
8. Facilitating use of strategic information					
Program modules for PHN					
9. Child health					
10. Nutrition					
11. Maternal health					
12. Reproductive health/family planning					
13. Malaria and tuberculosis					
14. HIV/AIDS					
Other activities					
15. Field/site visits					
16. Group work					
17. Case studies/activities					

Please email a copy of the completed form to: Melanie Kindsfather at the Synergy Project (MKindsfather@s-3.com). During the follow-up interview, we will use your responses to:

- Verify the general strengths and weaknesses of the workshop modules;
- Identify the reasons for these strengths and weakness; and
- Explore what assistance you might need to move the modules up the continuum.

¹² “Significant” assistance means that you would not be able to carry out the module without TA from M/Eval.

¹³ “Limited” assistance means that you could carry out the module, but it would be better to have M/Eval on hand in case questions arise that the faculty may not be able to answer.

Table 32: Participant Utilization of M&E Modules

We are interested in learning: 1) what new knowledge and skills you learned at the M&E workshop that you attended in (date); and 2) what you have applied or used since you completed the M&E workshop.

For each training module, first please enter Yes or No in the “New Information, Skills” box. For those that you answered “Yes,” please check the appropriate box to tell us how often you have used the new knowledge or skills.

MEASURE/Evaluation PHN M&E Training modules	New info, skills=0	Used often=4	Used some-times=3	Seldom used=2	Never Used=1
Fundamentals: Core Modules					
1. Role of strategic information in decision making					
2. Frameworks					
3. Indicators					
4. Information systems					
5. Evaluation designs					
6. Developing and implementing an M&E plan					
7. Calculating & interpreting coverage indicators					
8. Facilitating use of strategic information					
Program modules for PHN					
9. Child health					
10. Nutrition					
11. Maternal health					
12. Reproductive health/family planning					
13. Malaria and tuberculosis					
14. HIV/AIDS					
Other activities					
15. Field/site visits					
16. Group work					
17. Case studies/activities					

Please email a copy of the completed form to: Melanie Kindsfather at the Synergy Project (MKindsfather@s-3.com). During the follow-up interview with you, we will use your responses to:

4. Verify what new knowledge and skills you learned at the workshop;
5. Learn more about what you have applied, in your work or elsewhere
6. Learn more about what you have not applied and why; and
7. Ask for your suggestions about increasing the utility of the workshop and its modules.

C. Selection of Partner Institutions, by Charles Kenade

1. Introduction

M/E conducts its workshop in a USAID-supported country, in partnership with local training institutions that is selected based on the institution's potential to promote and sustain PHN M&E training in a region. In Phase I, M/E partnered with IPSR in Thailand, Makerere University (MUK) in Uganda, and University of Costa Rica (UCR) to cover the Asia, Africa and the /Latin America/Caribbean regions respectively.

Table 33: Criteria for selection of M/E local partner institutions.

- Institution has experience in M&E of PHN programs, activities and research
- Institution has experience in M&E training
- Institution has identified M&E as a key area for development and expansion (internal motivation)
- At least 4 faculty members with experience/interest in M&E are willing/able to serve as workshop presenters, and one of the above faculty members must be willing/able to serve as the key academic coordinator
- Institution has experience sponsoring international workshops
- Institution is located where there is high demand/requests for training in M&E
- Institution/location has adequate infrastructure (classrooms, computers, hotels, easy air accessibility, etc.)
- Ideally, institution has a relationship with a school of public health and has a mandate for training and service in public health.
- Institution is eager to participate and partner with us
- In Africa, institution is preferably located in East Africa

At the end of Phase I, based on lessons learned, M/E assessed its existing and potential partners against a list of criteria shown in the following table.

Based on this assessment M/E selected the following partners for Phase II:

- Institute for Population and Social Research (IPSR) of Mahidol University (IPSR), in Bangkok, Thailand;
- Instituto Nacional de Salud Pública (INSP), Cuernavaca, México (INSP).
- The Department of Community Health and the Demographic Training and Research Centre (DCH/DTRC), Addis Ababa University, Ethiopia - for Anglophone Africa.
- Centre Africain d'Etudes Superieures en Gestion (CESAG) in Dakar, Senegal (CESAG) for Francophone Africa.

Table 34 presents the major considerations M/E made in selection/non-selection of each partner.

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Table 34: Partner Institutions accepted/rejected for M/E II, by major reasons M/E gave for the selection/rejection

Institutions selected for Phase II	Reasons for selection
IPSR, Thailand	<ul style="list-style-type: none"> • Continuation of a previous close collaboration (mostly on demographic studies) since 1970s with UNC. • In 1970 IPSR seemed a good fit. It broadened the health scope, lately diversifying into other PHN areas including HIV/AIDS. • M/E is concerned that IPSR assigned the workshop responsibility to a faculty member who seems to have limited interest and experience, instead of assigning this responsibility to available faculty members that have more enthusiasm, experience and are better qualified to run this workshop. However, IPSR has a new director who is expected to change and address M/E's concerns. The partnership's future may depend on whether this expectation comes true.
INSP, Mexico	<ul style="list-style-type: none"> • INCS is a public health institution, which had identified M&E as a key area for development and expansion (internal motivation) because of the high demand for M&E training. • INSP leadership was interested in research as a mission. • INSP has a very high reputation in the region and, therefore, is well positioned to have an impact in region. • The Mexican Government could pay for Mexican participants – this guaranteed minimum demand necessary to sustain the workshop.
CESAG, Senegal	<ul style="list-style-type: none"> • Since 1998 M/E has collaborated with CESAG, primarily to teach the M&E course. • The M&E program fits well into the institution's mandate to train middle level development program managers and technical personnel. • CESAG considered M&E a key area for development and expansion (internal motivation). • CESAG had ties with a regional development bank that has an interest in M&E. The bank encouraged CESAG to offer M&E courses. • CESAG had a faculty member that had interest and ability to coordinate this course. This faculty member acted as a <i>champion</i> and greatly promoted this workshop.
Addis Ababa University, Ethiopia	<ul style="list-style-type: none"> • The Center is interested in institutionalizing M&E into the School of Health. • The Center provided staff members to work with M/E to run the workshop. • The staff members showed great interest and commitment in the workshop.

Institutions not selected for Phase II.	Reasons for not being selected
Makarere University, Uganda	<ul style="list-style-type: none"> • Poor performance on the capacity building continuum. MUK did not show progress towards the expected outcome – the ability to provide the workshop without M/E support. • Incidences of mismanagement during the 2003 workshop. • Weak collaboration with the Institute of Public Health. • Lack of interest and acceptance of responsibility by workshop faculty. • Note. Makerere has independently run two PHN M&E workshops. One UNFPA-funded workshop in 2003 and one international workshop, which attracted nine international participants, in 2005.
University of Costa Rica, Costa Rica	<ul style="list-style-type: none"> • Better partner (INCS, Mexico) in the region. • UCR was not as well known as INCS with respect to public health training in the region. • UCR did not (and did not expect to) establish a relationship with the school of public health. • The UCR workshop had difficulty attracting a critical number of sponsored participants necessary to break even. • The UCR two-year Masters program would enroll only two cohorts during the M/E II project lifetime, i.e., once every other year. • Note: Since end of the partnership, Costa Rica has independently conducted two PHN M&E workshops.
University of Ghana, Ghana	<ul style="list-style-type: none"> • The University did not follow up on the initial M/E contact.

2. Why partnerships with Makerere and Costa Rica universities were terminated

Makerere University

M/E collaborated with the Department of Population Studies, Institute of Statistics, Makerere University, mainly through the head of the department. Throughout the partnership with Makerere, M/E conducted 4 workshops.

Makerere was dropped because the department was not progressing towards conducting the workshop with minimal support from M/E. In particular, participation in the workshop was limited to almost only one member of the staff, the head of the department, and the Department had failed to secure functional collaboration with the Institute of Public health, as M/E had required. In addition, M/E noted serious mismanagement of the workshop conducted in 2003.

Costa Rica

The collaboration with Costa Rica University began with the training of five faculty members at the Summer Institute of 1998 in Chapel Hill. These faculty members returned to Costa Rica and in collaboration with M/E successfully conducted four M&E workshops.

Although promising, the partnership with Costa Rica was discontinued in phase II because M/E did not have enough resources to work with two partners in Latin America, and had found a more strategic institution, INSP in Mexico. INSP had many advantages and was selected over Costa Rica. The former is better known and highly respected in the region and, therefore, has more potential to impact on the region. INSP has better sustainability prospects because it enjoys support and a ready market from the Mexico Ministry of Health. Moreover, INSP had internalized the idea of having the M&E workshop as a viable venture and, therefore, as an integral part of the institution's strategy to become a premier public health institution in the region.

Post partnership activities.

Since the end of the partnerships, both Costa Rica and Makerere University have independently carried out the M&E workshop. Each has independently conducted two workshops.

In 2003 Makerere University independently conducted a two weeks M&E workshop for 25 M&E and program managers working on UNFPA country program projects in Uganda. In 2005, Makerere conducted an international workshop for 20 participants, nine of them from neighboring countries in the region.

D. Statement of Work

STATEMENT OF WORK

Evaluation of Regional Training Partners' Capacity-Building in M&E

Revised, November 2, 2005

I. IDENTIFICATION OF THE TECHNICAL ASSISTANCE

USAID/Washington requests support from The Synergy Project with evaluating one of the more innovative but difficult "Results" in Phase II of the project: strengthening the organizational and technical capacity of Regional Training Partners in the General Monitoring and Evaluation (M&E) Course under MEASURE/Evaluation (M/Eval) Phase II.

While there are other Results in Measure Phase II, it is felt that this is one of the most complex changes to effect from Phase I to Phase II, and one that takes a lot of time, effective partnerships and sufficient resources to get off the ground. Thus, after two years into Phase II, it is timely to evaluate the movement in this new direction.

The overall goal of the evaluation is to assess the capacity of M/Eval and its Regional Training Partners to deliver an effective, sustainable course with measurable results. This evaluation will extract lessons learned and recommendations for replication of program successes and modifications in areas of programmatic deficiency.

II. GENERAL BACKGROUND

The M/Eval capacity-building strategy consists of three main components: (1) training courses and masters programs in M&E and Reproductive Health Information Systems; (2) institutional capacity building of training partners; and (3) training and capacity building in the context of country technical assistance activities. This evaluation will focus mostly on the first and second components, and specifically on the general three-week M&E course, as they encompass the bulk of the activities and participants in this new strategy.

The prime cooperating agency, The Carolina Population Center of the University of North Carolina (UNC), has been implementing Phases I and II of M/Eval since 1999. Phase II began in 2003-4, and it is felt that considerable progress in capacity-building was made by Year 2 (2004-5) of Phase II of the project, but at a different rate in each institution.

The project is currently working on short-term (three-week) Regional M&E Training Programs in Population Health and Nutrition (PHN) in four regions:

- Centre Africain d'Etudes Superieures en Gestion (CESAG/Institut Superieur de Sante) of Senegal for Francophone Africa (AFR);
- Addis Ababa University (AAU/Community Health Dept. and Demographic Training and Research Center) for Anglophone Africa;
- The Institute for Population and Social Research (IPSR) at Mahidol University in Bangkok for Asia/Near East (ANE); and
- The Instituto Nacional de Salud Publica, National Institute for Public Health (INSP) in Cuernavaca, Mexico for Latin America and the Caribbean (LAC).

Under Phase I, M/Eval also worked with CESAG, as well as with the University of Costa Rica (Central American Population Center at the School of Statistics) and Makerere University (Population Program in the Institute of Statistics) in Uganda. The University of Costa Rica continues to offer similar courses on its own, while Makerere does not.

Institutional capacity building of training partners and faculty has been carried out in Year Two in the two new sites, INSP and AAU, and on a continuous basis with CESAG, and to a lesser extent with Mahidol. These activities include:

- technical update workshops at the Johns Hopkins University and the East-West Center (EWC) on M&E,
- Training of Trainers workshops,
- administrative and financial planning and procedures,
- collaborative evaluation research proposal development,
- collaborative evaluation assignments and referral for consulting
- mentoring (on-site and outside)
- website development,
- capacity needs assessments and stakeholder meetings,
- site visits to UNC and other centers of M&E training
- curriculum development and case study preparation
- master's level internships
- distance learning courses

Since capacity-building of regional training partners is an innovative and important element of M/Eval. Phase II, USAID plans to undertake this evaluation after two years of implementation (of the five-year project). A new Results Reporting Guidance has been drafted by M/Eval., in accordance with the new PRH Strategic Framework concerning capacity building. This includes specific indicators of “increased in-country individual and organization technical capacity and resources for M&E ...to meet data needs” (see Annex x)

Visits will be planned to three of these regional training centers, one in each continent. USAID also wants to apply the new Guidelines on capacity building in M&E, as well as the new Population and Reproductive Health (PRH) strategic framework indicators for capacity building (Annex x).

OBJECTIVES OF THE ASSIGNMENT (and illustrative questions per objective)

The following questions are illustrative only. The Evaluation Team will prepare a final list of questions that will be addressed in the evaluation.

1. Assess progress in M/Eval project's objective of increasing the organizational and technical capacity of its regional partners to undertake the Regional and General M&E short-term training with gradually reduced technical, institutional and financial support from M/Eval (Phases I and II), and to replicate the M&E trainings independently.

Q1. What changes has M/Eval made in supporting their regional training partners transition between Phase 1 and Phase 2, and within phase 2? What has been the response to these changes?

Q. 2 How differently have the 3 evaluated regional partners moved along on the PRH-stated continuum from individual training to institutional capacity building in the first two years of Phase 2? Have different strategies been used for the different partners in this transition?

Q.3 How much reduction, if any, has there been in technical, institutional and financial support per partner? What effects did these have?

Q. 4 Have the financial resources to support the transition been adequate and appropriately spent? How supportive has GH been, as well as the Regional Bureaus and regional and country Missions? What kind of resistance is there to this type of technical and institutional assistance within USAID?

Q. 5 How has the project's process of assessment and selection of the partner M&E training institutions affected it's outcomes? How were the two new partners selected (Mexico/INSP) and Ethiopia/AAU)? What regional and contextual factors influenced the selection process?

Q. 6 How well is the formative and process monitoring and evaluation system working in support of the institutional capacity-building progress. Has the M/Eval. guide on the M&E of capacity-building been utilized?

Q. 7 How was it decided that some Phase 1 partners should be graduated or dropped after Phase 1, and others continued? What happened to discontinue Uganda, and why was it's initial replacement, Ghana, not selected. How was it decided that some partners (Costa Rica, Mexico, E-W Center) would focus on impact evaluation, others not?

Q8. Is there a common or different understanding among the three partners, and between the donor and CA, and between the sub-partners within the CA, of what is meant by capacity-building and its long term outcome? Is the same C-B objective expected for these three partners?

Q. 9 Has there been any change in the type of technical assistance and direct M/Eval. teaching in the workshops between Phase 1 and 2, and during Phase 2? Has the strategic planning and training of trainers been adequate and appropriate?

North/SouthTeam teaching? Have any of the older partners given technical assistance to the newer partners?

Q. 10 How well and timely has M/Eval responded/adapted/applied the lessons learned and feedback from Phase 1 and the first two years of Phase 2?

2. Evaluate the result of this training as far as the utilization of the new skills and knowledge of all participants (using convenience or representative sample) who completed structured M/Eval training, including mentoring activities.

Q. 1 What have been the similarities and changes in the curriculum during phase 2? Why were the changes made, and by whom? What has been the balance between the substantive and the principles modules, and between the lectures and the case studies and laboratory work? How well done are the final group presentations?

Q. 2 How do you assess the scientific, technical and didactic adequacy and appropriateness

of the different training modules?

Q.3 How did the training participants evaluate each workshop? What are the common issues, and what are course-specific issues?

Q. 4 In addition to the three-week general M&E training, how else is M/Eval. contributing to increasing the individual capacity of the participants?

Q. 5 How would you assess the investments made through Core-funded M/Eval participants, USAID Regional and Country Mission-supported participants, and other-funded and self-funded participants? Is the proportion of Core-funded participants declining? Should some core funds continue to be used to sponsor participants?

Q. 6 What follow-up has there been in country of the alumni in Phase 2? Has it increased over time? How do the alumni feel about it?

Q. 7 Has there been much mentorship or on-the-job training by M/Eval on either the faculty or the alumni? How well has it been received by the mentorees?

Q 8 How adequate is the candidate selection process? Assess the sub-regional balance among the countries of the participants (eg., in ANE, between the Arab and non-Arab countries; between large and small countries; between USAID and non-USAID countries)? How appropriate is the mix of career and professional backgrounds of the participants?

METHODOLOGY

Information should be collected through the following methods:

- a) **Review of the RFA** for the M/Eval project as well as its technical response; also the PRH strategic framework, and the project's M&E plan for this Capacity-building Result, annual and quarterly work plans, annual reports and other relevant documents (identified by USAID, M/Eval and partners).
- b) **Study Instruments (report annex):** The Team Leader will coordinate the development of all study instruments, and take the lead in drafting flexible data collections guides for all key informants and target groups. The IDI and CSL M&E coordinator will draft the e-survey and phone interview guides for course alumni interviews, based on a review of MEASURE/Evaluation program documents (ie- interview guides for course participants, GH M/Eval Management, M/Eval Staff, and Regional Training Center Management). The case study guide will be developed by the TL and implemented by Synergy. These instruments will be pre-tested and adapted by the evaluation team.
- c) **Data Tabulation and Analysis of Participant Evaluations and Alumni Interviews (report annex):** The USAID/IDI and CSL M&E coordinator will compile the data from in-course evaluations and alumni interviews, and analyze the data for inclusion in the evaluation report.
- d) **Key informant interviews** with the GH M/Eval Management team for Result 2-(Novak, Choi, Teller- see Part IX Relationships and Responsibilities), and with selected USAID/W Regional HPN staff. M/Eval. will suggest key institutional informants.
- e) **Interviews with M/Eval staff** with training and capacity-building responsibilities during Phases I and II (at UNC-Angeles, Bates, Bloom, Kulatilaki., Dunn, Frankel ; Macro-Eckert;

Tulane-Gage, Escudero, Agha; and JSI-Abdou, LaFond, Mullin, Gnassou). Contact information will be provided by USAID.

- f) **Field visits** to 3 selected LAC, AFR and ANE regional training sites, Missions, host government and regional counterparts and other relevant stakeholders in these region (to be provided identified by USAID, Missions and M/Eval,.; While the M/Eval. Masters courses will not be evaluated directly, their existence will be taking into account, and links examined. Preliminary findings, conclusions and recommendations will be drafted as case studies.
- g) **DELIVERABLES**
1. **Team Planning Meeting:** The evaluation team will meet for two days in Washington, DC (and/or via teleconference, as necessary) to review the goals and objectives of the assignment and the roles and responsibilities of the team members. The USAID International Development Intern (IDI) will obtain and prepare a notebook of basic background documents for reading in preparation for the TPM, in collaboration with the PRH/Commodity Security & Logistics (CSL) evaluation coordinator.
 2. **Detailed Work Plan:** Based on discussions from the team planning meeting and in consultation with the USAID Project Advisors, the Team Leader will develop a detailed work plan for the assignment. M/Eval will assist in harmonizing the appropriate dates for the field visits, and by providing the contact names in each of the three institutions and respective countries. Study instruments and methods will be part of the details.
 3. **Stand Alone Case Studies of the Regional Training Organizations** The Synergy consultant team, under the direction of the Team Leader, will conduct site visits in Bangkok, Thailand; Dakar, Senegal; and Cuernavaca, Mexico; they are to compile their notes and observations and draft their case studies, allowing for revisits and follow-up phone calls.
 4. **Draft Evaluation Report.** The Synergy Team Leader will be responsible for writing the draft and final draft evaluation reports. The evaluation report will include a discussion of institutional capacity development in M&E, summaries of findings from the three case studies, relevant indicators and their required data for the evaluation, and all relevant annexes. The USAID/Washington team will give direction for its general content, length, and other USAID requirements. The Team Leader will submit via email a complete draft report concurrently to Charles Teller and The Synergy Project two weeks before the end of the assignment.
 5. **USAID/Washington Debriefing.** The Synergy consultant team will give a joint debriefing to a selected audience at USAID/Washington. The USAID/Washington team will organize the meeting. The Synergy Project will not provide any editing, formatting, or branding for the PowerPoint presentation for the USAID/Washington debriefing.
 6. **MEASURE/Evaluation Debriefing.** The Synergy consultant team will give a debriefing to a selected audience at MEASURE/Evaluation in Chapel Hill, NC. The M/Eval team will organize the meeting in conjunction with the Synergy Program and Project Managers. The Synergy Project will not provide any editing, formatting, or branding for the PowerPoint presentation for the M/Eval debriefing.
 7. **Final Evaluation Report.** The Synergy Team Leader will prepare the final draft evaluation report based on the feedback received from the debriefing. The report, which should not exceed 30 pages (excluding annexes), will be submitted to Charles Teller, the CTO John Novak, and The Synergy Project. The Synergy Project is responsible for editing, formatting, and printing 3 hard unbound copies of the final, written document, and producing 2 electronic copies of the final report. The Synergy Project will edit, format, brand, and print

the full 30-page report including annexes. The deadline for final report submission is December 30, 2005. Electronic versions shall be sent to Charles Teller and John Novak, or emailed to: (cteller@usaid.gov; jnovak@usaid.gov).

REPORTING REQUIREMENTS (Products)

- All products will be completed in Microsoft Word.
- All deliverables will be submitted in hard copy and electronically to Charles Teller and John Novak.
- The Synergy Project will edit, format, provide branding support, and print hard copies (3) of the final evaluation report.

REFERENCE MATERIALS

The USAID/Washington team will give guidance and provide Synergy with the reference materials (hard copy and/or electronic links) required or suggested for assignment preparation and the development of the e-survey instruments. M/Eval and PRH/PEC will be asked to provide access to the publications, workshop reports and relevant financial information. The following documents are suggested for the team's review, and subsequently a short list will be required reading:

- M/Eval RFA (Spring, 2003), and technical response to Result 2 questions.
- The UNC Technical Application Phase II, Part A, Result 2: Capacity building, pp 9-14 (June 30, 2003)
- The UNC Final Proposal Revisions Technical Application (summer, 2003)
- Assessment of the Master's level courses, UNC Graduate seminar, Spring, 2005
- The M/Eval Results Reporting Guidance (e.g., PMP/M&E Plan), Aug.4, 2005
- The PRH Strategic framework, September, 2004
- Core and Regional Workplans (quarterly)
- M/Eval Launch, Washington, DC, Feb. 2004
- Minutes of technical meetings of the Working Group on Capacity-building, Washington, DC, April, 2005
- M/Eval Annual Reports, July, 2004, and July 2005
- PRH/PEC Results review, 2003, 2004
- A guide to monitoring and evaluation of capacity building interventions in the health sector in developing countries, LaFond and Brown, UNC, 2003
- Staff Handbook on capacity building in monitoring and evaluation, LaFond and Frankel, UNC, April, 2005
- Trip reports to the regional training center general M&E workshops, 2003-2005
- Activity Reports, including participant evaluations of each training course (2004-2005)
- An Assessment of Monitoring and Evaluation of PRH Projects, Adamcheck and Reynolds, Sept. 2004
- List-serve of Alumni since Jan. 2004 of the General M&E Training Seminar
- Other USAID/GH relevant documents (e.g., Health and Family Planning Indicators: Measuring Sustainability: Institutional Capacity (p. 15-24), AFR Bureau, Feb., 1999); ADS; CDIE/TIPS
- Complete financial accounting for courses
- Course curriculum (on CD for each partner by year)
- Compilation of lessons learned
- 6-month post-training evaluation with participants

- Results of capacity self-assessment and stakeholder workshop
- Questionnaire sent to M&E staff at cooperating agencies

TEAM COMPOSITION AND DESIRED QUALIFICATIONS

General: Familiar with GH priorities, PRH results framework, USAID regional programming, excellent evaluation and writing skills, appropriate language skills, and broad experience living in developing countries and working with developing country training institutions.

Specific:

- Team leader: Consultant with successful experience as Team Leader and in evaluating capacity-building in M&E in developing countries within the health sector
- Capacity-building/Organizational Development expert: Consultant with extensive and successful experience in Franco-phone Africa, Asia/Near East and/or Latin America
- USAID/GH/PEC Senior Technical Advisor, IDI point person and CSL M&E coordinator, with training in M&E and/or expertise in evaluation of capacity-building and language capacity in Spanish and/or French
- Synergy program manager with experience in the coordination of logistics of a rigorous evaluation, including e-surveys and teleconferencing with third world alumni
- One local consultant/interpreter for Senegal.

IX. RELATIONSHIPS AND RESPONSIBILITIES

USAID/Washington: USAID/Washington will provide overall direction, technical and in-country logistical guidance, and documents for review; approve the SOW and budget; and give final approval on deliverables. USAID/GH senior TA and IDI staff may also participate in one of the three site visits, respectively, and collaborate with the rest of the team in producing the assignment deliverables. MEASURE/Evaluation will contact the host partner institutions to inform them of possible dates for site visits; USAID/W will contact Missions to inform them of the assignment, dates, and needed support for identifying local consultants and interpreters, etc. USAID/W will provide general direction for developing the research design and the evaluation report, and the Team Leader is responsible for producing quality deliverables. Also, USAID/W will organize the Washington debriefing, and participate sparingly, as the need arises.

The Synergy Project: The Synergy Project will provide the consultant team (team leader, CB/OD specialist, a local consultant/interpreter in Senegal) to USAID/Washington and logistical support as directed by USAID/Washington. A Senior Technical M&E Specialist will be available to provide guidance to the consultant team, upon the explicit request of the Team Leader, and provide technical review of draft report. A Program Manager will manage and support this assignment throughout the period of performance and will be the primary point of contact. A Program Assistant will provide logistical and additional administrative support to the consultants and other assignment activities as needed. Services from the Synergy Communications Unit will be provided for the preparation of the final report. The Synergy Project Communications Unit is responsible for editing, formatting, and printing copies of the final, written document, and producing electronic copies of the final report. The Synergy Project will edit, format, brand, and print the full 30-page report including annexes. Three unbound, hard copies of the final edited report and 2 CD ROM with PDF and Word files will be submitted to USAID/Washington by the Synergy Project.

Synergy Consultant Team

The Synergy lead consultant will serve as the Team Leader and principal report author.

The **Team Leader** will be responsible for the overall organization of the work, developing the study instruments, conducting in-country briefings, and fostering cohesive and productive working relationships among team members. The Team Leader will consult with the client, USAID/Washington, as needed, throughout the assignment to ensure progress is sound and the scope of work is being followed. The Team Leader will facilitate the preparation of the draft Evaluation Report and other deliverables among the team members; assure that the draft and final products are prepared in accordance with the Scope of Work; and that the required revisions for the final deliverables are incorporated. The Team Leader will collaborate with the evaluation team to prepare the debriefing presentation and participate in the final briefing to USAID/Washington. The Team Leader will also manage local expenditures, including payment for local transport by car and local interpretation services as needed.

The **Synergy Senior M&E Specialist** will collaborate with USAID, the Synergy Consultant Team and other members of the evaluation team as requested. He will guide the process of administering the course alumni interviews, and assist in the analysis of the data for inclusion in the evaluation report. He will participate, as requested, in reviewing the draft evaluation report and in the final debriefing.

The **Synergy OD/CB Expert** will focus on assessing the organizational, behavioral and technical capacity of the regional training institutions, based on the assignment objectives. This consultant will collaborate with the team leader and other evaluation team members in preparing the deliverables outlined in this Scope of Work and participating in the debriefing.

All Team Members will:

- Participate in team planning and other meetings as directed by USAID/Washington
- Participate in presentations and discussions with USAID officials and others as directed by USAID/Washington
- Collaborate in the preparation of all deliverables
- Engage in productive working relationships with team members
- Maintain records and notes of all interviews and meetings

USAID	Position Title	Telephone Number	Email
Charles Teller	TA, Measure/Eval	202-712-5428	cteller@usaid.gov
Randolph Augustin	IDI rotation: evaluation point person	202-712-5561	raugustin@usaid.gov
John Novak	CTO, M/Eval.	202-712-4814	jnovak@usaid.gov
Misun Choi	HIDN, TA, M/Eval.	202-712-1722	mchoi@usaid.gov
Tanvi Pandit	PRH/CSL M&E Coordinator	202-712-4943	Tpandit@usaid.gov
The Synergy Project			

Jack Reynolds	Team Leader	808 395-8004	JackReynoldsHNL@msn.com
Laverne Webb	CB/OD expert in PRH	410-745-3828	lwebb@encompassworld.com
Charles Katende	Senior Technical M&E Specialist	202-842-2939 x139	ckatende@s-3.com
Melanie Kindfather	Program Managers	202-842-2939 x 169	mkindsfather@s-3.com
Virginia Lamb	Program Assistant	202-842-2939 x129	vlamb@s-3.com

II. LOGISTICS

The Synergy Project is responsible for:

- Arranging travel for consultants to and from the consultants' home of record.
- Submitting finalized timeline for activity
- Providing office space to Synergy consultants, as needed.
- Providing copyediting, formatting, and USAID branding services for the final written reports resulting from the assignment. The Synergy Project will not provide editing or formatting for the PowerPoint presentations prepared for the USAID/Washington and/or MEASURE/Evaluation debriefings.
- Providing communications and other support associated with the assignment.

USAID/W is responsible for:

- Arranging country clearances for consultants
- Funding and sending 1-2 persons to each of the three countries
- Organizing the USAID/W debriefing.

USAID/Missions are responsible for:

- Providing in-country logistical support, such as hotel reservations and local transportation, if needed

M/Evaluation is responsible for:

- Assisting consultant team with scheduling in-country site visits and selected key informant interviews.
- Providing background information, data on participant evaluations, etc.
- Being available as respondents in key informant interviews.

XI. PERIOD OF PERFORMANCE

The Synergy Project's anticipated period of performance for this project will be from mid-October, 2005 to mid- January, 2006. The assignment time line will be developed by USAID/W PRH and finalized by Synergy. For the fieldwork, two or three members of the evaluation team will visit each of the selected regional training sites. The Team Leader and Organizational Development

Consultant will participate in all 3 site visits. The team members will spend approximately one week per country, including travel, a rest day, a country trip report, and holidays/delays (see below).

Illustrative schedule of site visits by Synergy consultants and USAID (to be reviewed and modified by Team Leader and Synergy Program manager):

Region	Team Leader	CB/OD expert	CTO/TA	IDI/CSL
Pre-field work (3 wks): USA- Chapel Hill, NC and Washington, DC area (Mid. Oct. to early Nov.	X	X	X	X
AFR-Thailand (Oct. 31- Nov. 1-4)	X	X		
ANE-Senegal (Nov. 14-18)	X	X		X
LAC-Mexico (Nov. 20-23)	X			

The tentative timetable of events is as follows:

Activity	Who	Days per Activity	Dates
Pre-field work activities		(2 weeks)	
Send MEASURE Evaluation background materials and/or USAID	USAID/ Washington and MEASURE/Evaluation	USAID & M/Eval.	10/3-14
Document review	Evaluation team	5 days	10/3-14
Team Planning Meeting and development of work Deliverables 1 & 2)	Evaluation team	2 days	10-17/18
Briefings and Guidance from PRH and the three national Bureaus.	Evaluation team	2-3 days	10/17-20
Development of data collection, tabulation and analysis instruments/field test and revisions (Deliverable 3)	Team leader, OD expert and selected team members	5 days	10/24-28
Fieldwork		(1 week)	
US Interviews in Washington DC (UNC, MACRO, and others)	TL, OD, USAID and Synergy staff		10/21- 28
Data tabulation and analysis of participant interviews and e-survey	USAID/IDI and CSL M&E expert		Oct-Nov
Interviews with M&E Course Alumni -Data collection, tabulation, and analysis (Deliverable 4)	USAID IDI, CSL M&E Expert and Synergy PM/PA		On-going
Travel to Bangkok, Thailand*	TL and OD Expert	5-6 days each	
Thailand -Country adaptation of final data collection instruments/procedures -Meets with USAID/regional staff -Conducts program visits in collaboration with the	TL and OD Expert		Oct. 29- Nov. 4

D/Washington team member -Draft country report			
Team Leader returns to home of record (Hawaii) for of interviews with the East-West Center Summer Course directors; OD expert return to home of record (land) for more reading, time off (another short ment)	TL and OD Expert		Nov. -5- 11
Travel to Dakar, Senegal Meets with USAID/HPN and Regional staff, etc. Draft country report OD Expert returns to home of record	TL, CB/OD Expert, and USAID/IDI	5-6 days each	Nov. 12- 18
Travel to Mexico City/Cuernavaca site visit (etc.)	TL, CB/OD Expert and USAID/TA	4 days each	Nov. 19- 23
TL returns to homes of record for Thanksgiving day, then analysis and write-up	TL and CB/OD expert		Nov. 24- Dec. 10
Submit revised site visit trip reports to team leader	Evaluation team members		Nov. 28- Dec. 2
Post- Fieldwork		30+ days	
Preparation of Draft Evaluation Report of site visits; sis and write up of other data collection methods ey, case study, phone interviews, etc. (Deliverable 6) ;	TL (in conference calls with team members) and team		Dec 5-9
Travel to DC, and final drafts written, in ington, DC; e-mail survey and participants interviews	TL and team		Dec. 12- 16
Debriefing to USAID/Washington (Deliverable 5)	Team Leader and CB/OD Expert, USAID and Synergy staff		Dec 20
Debriefing to MEASURE/Evaluation in Chapel Hill, Deliverable 6)	Team Leader and CB/OD Expert and M/Eval staff		Dec 21
Travel from Washington DC to home of record	TL		Dec 22
Preparation of Final Draft Evaluation Report	TL		
Submit final draft evaluation report based on ack from the debriefing to USAID and The Synergy ct	TL		Dec 30
Synergy Communication Unit finalizes edits, ts, and provides branding support on the final ment	Synergy Comm. Unit		
Final evaluation report submitted to USAID verable #8)	Synergy		Jan. ??
TOTAL		24 weeks (for the 2 full-time consultants)	

* To be determined (also order of visits to countries illustrative only)

XII. FUNDING

Funding is provided mainly by PRH Core Support, with budget and final time line submitted by Synergy to USAID. Discussions will be held with OHA for additional support.

E. Contacts

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INSP workshop participant
Ma. Del Carmen Arroyo, INSP Master's student, MEASURE Evaluation scholarship recipient,
2005 INSP workshop participant

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MEASURE Evaluation project, “Appendix 3: Participant List” for IPSR 2004 workshop. Undated.

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MEASURE Evaluation project, “Follow-up Questionnaire.” Undated, 1 page.

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