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MID-TERM EVALUATION REPORT

SAVE THE CHILDREN'S CAPACITY BUILDING FOR QUALITY HIV/AIDS SERVICES (UMOYO NETWORK)

JUNE 2005

This publication was produced for review by the United States Agency for International Development. It was prepared by Initiatives Inc.

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ACKNOWLEDGEMENTS

The Umoyo Network mid-term evaluation team is grateful to USAID/Malawi colleagues for their support of and interest in this assignment. In the USAID HPN Office we want particularly to thank Elise Jensen for her help and support throughout the assignment, and Mexon Nyirongo for his wise counsel. We also appreciated the support of the staff of Initiatives, Inc. of Boston, who contracted with us for the assignment, especially the steady, responsive back-up provided by Nicole Dupré. And our work in Malawi would not have been nearly as enjoyable or rewarding without the excellent logistical and administrative support given us by Dianne Parker.

At various key stages throughout the evaluation we were privileged to benefit from the insights and advice of Roy Hauya, Director of Programs for the National AIDS Commission, and Chris Moyo of the Monitoring and Evaluation Office in the Ministry of Health. The time they spent with us as team members, notably during the week when we visited the Umoyo Network office and partner NGOs in the Blantyre area, were invaluable in enabling us to understand how the work of the Network complemented the strategies of their agencies, and how this might be further enhanced.

We wish to thank the entire Umoyo Network staff, in Lilongwe and Blantyre, for making themselves readily and enthusiastically available to us throughout the assignment. We especially thank Save the Children/US Field Office Director Jennifer Froistad for her insights, Chief of Party Carrie Osborne for all of the time, support and information she gave us, and Deputy Chief of Party Express Moyo for his overall coordination and availability. And a special word of appreciation to Joyce Wachepa, for spending four days guiding us to partner NGOs in the Northern Region and three more in the Southern Region, never flagging in her willingness to answer our myriad questions.

Finally, we were enormously grateful for the chance to meet and talk with staff and volunteers of almost all of the NGOs that are current or pending members of the Umoyo Network. We found ourselves infused with their positive outlook and commitment to their mission in the face of daunting obstacles and statistics. They understand full well that this work deserves no less, and we wish them and the network as a whole every success in achieving ever greater impact in the months and years ahead.

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June 2005

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The information contained in this report is the product of an evaluation conducted by Initiatives Inc. The report was prepared under the auspices of the Technical Assistance and Support Contract (TASC2 Global Health), implemented by Initiatives Inc. under Task Order No. GHS-I-802-03-00040-00 issued by the U.S. Agency for International Development. The opinions expressed in this report are those of the individual authors and do not necessarily represent the views of USAID or of Initiatives Inc.

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CONTENTS

ACKNOWLEDGEMENTS i

LIST OF ABBREVIATIONS iv

EXECUTIVE SUMMARY 1

I. INTRODUCTION 3
- HIV and AIDS in Malawi 3
- The Umoyo Network response 3
- Mid-term evaluation in the context of USAID/Malawi strategy 4

II. EVALUATION METHODOLOGY 6
- Preparation 6
- Field work 6
- Questionnaire 6
- Structure of this report 7

III. FINDINGS AND CONCLUSIONS 8
- Improving access, coverage and quality of HIV/AIDS services 8
- Project management and coordination 20
- Synergy with other USAID partners 23

IV. SUSTAINABILITY 25

IV. RECOMMENDATIONS 26

ANNEXES
- I. PERSONS CONTACTED BY THE MID-TERM EVALUATION TEAM
- II. REFERENCE MATERIALS CONSULTED
- III. IN-COUNTRY EVALUTION SCHEDULE
- IV. MAP OF UMOYO NETWORK NGOs IN 18 USAID TARGET DISTRICTS
- V. PROFILE MATRIX: CURRENT AND PROSPECTIVE NGO MEMBERS OF UMOYO NETWORK
- VI. PROGRESS AGAINST YEAR 2 TARGETS
- VII. STATEMENT OF WORK FOR EVALUATION

LIST OF ABBREVIATIONS

NOTE: See Annex 5 for full names and acronyms for all Umoyo Network NGOs

ADRA .....Adventist Development and Relief Agency
AED.....Academy for Educational Development
ANC.....Ante-natal care
ARV.....Anti-retrovral (drugs)
BCC .....Behavior change communication
CACC.....Community AIDS Coordinating Committee
CBO.....Community-based organization
CBQ.....Capacity Building for HIV/AIDS Services project (the Umoyo Network)
COAG.....Cooperative Agreement
CONGOMA.....Council of Non-governmental Organizations in Malawi
DACC.....District AIDS Coordinating Committee
DHO.....District Health Office
DIP.....District implementation plan
FHI.....Family Health International
GOM.....Government of Malawi
HBC .....Home-based care (of people living with HIV/AIDS)
HPN .....Health, population & nutrition office, USAID
IP.....Infection prevention
IPT .....Intermittent presumptive therapy
JHU/CCP.....Johns Hopkins University Center for Communication Programs
LQAS .....Lot quality assurance sampling
M&E.....Monitoring and evaluation
MCH .....Maternal and child health
MIS.....Management information system
MOH.....Ministry of Health
NAC.....National AIDS Commission
NGO.....Non-governmental organization
OA.....Organizational assessment
OD .....Organizational development
OVC.....Orphans and vulnerable children

PLWHA.....People living with HIV and AIDS

PMP .....Performance monitoring plan

PMTCT.....Prevention of mother-to-child transmission (of HIV)

QA.....Quality assurance

QI.....Quality improvement

RH .....Reproductive health

SC/US.....Save the Children/US

STI .....Sexually transmitted infections

TA.....Technical assistance

ToT .....Training of trainers

UPMP.....Umoyo performance monitoring plan

VACC .....Village AIDS Coordinating Committee

VCT.....Voluntary counseling and testing

EXECUTIVE SUMMARY

In 1999, Save the Children/US (SC/US), with USAID support, established the Umoyo Network in Malawi as a mechanism for strengthening the capacity of non-governmental organizations (NGOs) to deliver reproductive health, family planning and HIV/AIDS services. In 2003, USAID/Malawi awarded SC/US and three partners a new Cooperative Agreement (COAG) to continue this work under the Capacity Building for Quality HIV/AIDS Services (or CBQ) project. The focus of the Umoyo Network was now to be exclusively on building capacity of NGOs to ensure quality, access and coverage in the delivery of HIV/AIDS services, in recognition of the crushing burden of the epidemic on Malawian health systems and all other aspects of national life. Funding was approved for two years, with two additional "option years" subject to a performance review. This report summarizes findings of a team recruited to conduct a mid-term evaluation of the Umoyo/CBQ project, and to make recommendations as to its future.

The evaluation team determined that the Umoyo Network/CBQ project is achieving its primary purpose of making a significantly positive contribution to the national effort to prevent HIV transmission and help care for those afflicted with AIDS. The project did not meet one of its principal numerical targets of approving 15 NGOs for formal membership in the Umoyo Network before the end of project Year 2. But by May 2005, with ten members in good standing and four other NGOs projected for membership early in Year 3, the project had succeeded in expanding access and quality in HIV/AIDS services in all regions of the country. In particular, it realized substantial improvement in USAID indicators for voluntary counseling and testing (VCT), prevention of mother-to-child transmission of HIV (PMTCT), and infection prevention (IP).

The Umoyo Network, through a pragmatic, flexible, "hands on" approach to training and mentoring, has succeeded in demonstrably increasing the professionalism and reach of a key group of Malawian NGOs. It has generated enthusiasm, commitment and a shared sense of mission among its NGO partners, which has in turn made them central players in the national HIV/AIDS prevention effort. The project's technical team is highly regarded by the Malawian Ministry of Health (MOH) and National AIDS Commission (NAC). It regularly participates in a senior advisory role in national dialogue on technical issues and policy. To a degree not found in many countries, the productivity of the Network has led to enthusiastic acceptance by the public sector of NGOs as essential partners in the national HIV/AIDS prevention and treatment effort.

The growth of the Network has not been trouble free. As noted, the pace of bringing new NGOs on line was too slow to meet the Year 2 target of 15 members. This report comments on ways in which the careful, deliberate process followed by Umoyo in preparing NGOs for acceptance into the Network at times has resulted in overly lengthy delays in application review and final approval. On the other hand, once accepted, NGOs speak highly of their preparedness and of Umoyo's on-going mentoring. Even before their membership and accompanying financial support is finally approved, Umoyo makes it possible for applicant NGOs to take advantage of training, technical support and other capacity-building resources that they provide all Network members.

Other issues observed by the evaluation team, and noted by Umoyo member NGOs, include what is felt to be an excessive burden of reporting, between NGOs and Umoyo and between Umoyo and USAID. Reasons for this are rooted in different interpretations of reporting obligations, and of the relative importance of different indicators of performance. The team suggests ways of streamlining the reporting process that will more effectively serve the project's monitoring and evaluation (M&E) requirements, while allowing more time for the mentoring and capacity building activities that are so productive. The team also comments on NGO

member concerns about other management issues, notably the burdensome shift from quarterly to monthly disbursements of project funds, with the concomitant substantial increase in administrative paperwork that detracts from time spent on service activities.

With respect to overall Umoyo Network/CBQ project management, the mid-term evaluation report addresses the constraints on operations and decision-making imposed by maintaining two "central" offices, one in Blantyre and one in Lilongwe. It also suggests ways in which an already highly skilled and motivated staff might be made more effective still through a team building exercise and training in supportive supervision. Recommendations on these and all other issues are dispersed throughout the following report, and summarized at the end.

The principal purpose of this evaluation was to advise USAID/Malawi as to whether the Umoyo Network/CBQ project should be extended beyond the two years for which funding was originally approved. Given Umoyo's admirable record of accomplishment and obvious appreciation at many levels, and notwithstanding the need to address certain M&E, grants management and program management issues, the mid-term evaluation team urges approval of all funding authorized under the COAG between USAID and SC/US. It further urges USAID to amend the COAG in order to permit approval now of both option years projected under the performance-based agreement.

The team stresses that approving both option years now is justified because:

- Umoyo Network staff needs to devote full attention to their mission of NGO capacity building, especially with new members as they are accepted, without the distraction of uncertainty over future funding.

- Staff also need to be able to focus on internal strengthening of management and M&E systems without being diverted by the need to justify and worry about future funding.

- The COAG 4-year budget already foresees a steep reduction in funding for the second option year of the project - only 15% of overall project funding. This means the Network will, of necessity, already be in phase-out mode in Year 4. Leaving the question hanging as to whether even this reduced funding level is certain seems manifestly unfair to project managers.

I. INTRODUCTION

HIV AND AIDS IN MALAWI

In 1998, in their long-range Vision for the Health Sector in Malawi, planners from the Ministry of Health (MOH) wrote that "HIV/AIDS is slowly eating away at Malawi's social fabric" . In 2005 that scenario is, if anything, more dire. It is not an exaggeration to say that the reality of HIV and AIDS pervades Malawian society, and that there is no-one, in the words of one hospital administrator, "who is not infected or affected". It is far more than an issue of statistics, although those are startling enough – 10 Malawians die every hour from AIDS, more than 80,000 every year, and more than 800,000 people are living with HIV. The words of a senior MOH official at a recent conference are especially evocative of the depth of the factual and psychological impact of the epidemic: "We have lost this generation. If we are not careful we will lose the next".

In the face of this challenge to its national well-being, the Government of Malawi (GOM) has responded vigorously and comprehensively, enlisting an array of national and international technical and financial resources. In 1999 a Strategic Framework for HIV/AIDS Prevention and Care was launched within the Ministry of Health's National Health Plan. Its goal was "to reduce the incidence of HIV/AIDS and other sexually transmitted infections and improve the quality of life of those living with HIV and AIDS", by focusing on improving HIV-related services and provider capacity.

Understanding that the national response could not be handled by the health sector alone, in 2001 the GOM established the National AIDS Commission (NAC) to coordinate the national effort from a multi-sectoral perspective. NAC's efforts are guided by its newly adopted "2005-2009 Action Framework", and are in large measure responsible for a situation whereby awareness of HIV and AIDS among the general population, as well as knowledge of modes of transmission and prevention, are nearly universal. It has attracted funding from a wide range of international donors, and has received two installments of funds from the Global Fund for HIV and AIDS, with voting expected soon on another Global Fund award. Working closely with the MOH HIV/AIDS Unit, NAC seeks to develop the capacity to deal with the epidemic in all areas of Malawian society. This has included embracing and supporting the country's vigorous non-governmental organization (NGO) sector to an extent often not seen in other countries.

THE UMOYO NETWORK RESPONSE

To complement government support for NGOs, in 1999 Save the Children/US (SC/US), with central USAID/Washington funding through the PVO/NGO Networks for Health, established the Umoyo Network ("umoyo" is the Chichewa word for health or well-being.) The Network was conceived as a means of strengthening and linking Malawian NGOs for the purpose of creating a more effective delivery system for reproductive health, family planning and HIV/AIDS services. Its approach to capacity building included technical assistance, training, support for proposal writing and project management, and development of monitoring and evaluation (M&E) capability.

In May 2003, USAID/Malawi awarded Save the Children/US and three partners – ADRA, AED/Linkages, and JHPIEGO – a $13 million Cooperative Agreement (COAG) to maintain support for the Umoyo Network and continue its work under a new project aimed at "Capacity Building for Quality HIV/AIDS Services" or CBQ. The Network's focus was now entirely on HIV/AIDS, and on holistic development of the organizational and technical capacity of Malawian NGOs to ensure quality, access and coverage in the delivery of services. Its entire purpose was to ease the burden of the epidemic on national health systems.

SC/US is responsible for overall management of the Umoyo Network and of its grants to member NGOs, drawing on its extensive experience in supporting community and institutional responses to HIV/AIDS. It

coordinates all capacity building inputs, provides TA to NGOs for financial management, voluntary counseling and testing (VCT) and other clinical and programmatic services, supports community outreach, and monitors impact. As noted, it is helped in this endeavor by three partners:

(1) ADRA provides inputs on overcoming religious barriers to care seeking through support of activities of a Faith-based Coordinator.

(2) Through the Reproductive Heath Advisor, AED/Linkages provides technical assistance, training and mentoring in services to prevent mother-to-child transmission of HIV (PMTCT).

(3) JHPIEGO has responsibility for service delivery assessment and quality assurance, primarily in monitoring and TA for infection prevention, counseling and testing, provided by the project's QA Specialist. (The Umoyo Network also recently added an Advocacy Officer, supported by the centrally awarded, mission-funded POLICY Project.)

NGOs that provide HIV-related services become members of the Umoyo Network through a competitive sub-grant application process, featuring pre-award assessment, intensive training and other preparations, and regular mentoring and technical and management assistance once funding is approved. Awards are generally for an 18-month period, with an option to renew if a project has proved its worth. The project set itself a goal of signing agreements with 15 NGOs in its first two years. As of the time of the mid-term evaluation, ten NGOs were approved members of the network with up to six more in different stages of membership approval. Annex 4 shows locations of current and prospective Umoyo Network NGOs, and outreach sites, on the map of Malawi. The matrix in Annex 5 provides brief profiles of current and prospective member NGOs.

MID-TERM EVALUATION IN THE CONTEXT OF USAID/MALAWI STRATEGY

The Umoyo Network/CBQ project is integral to USAID/Malawi's achievement of its Strategic Objective (SO) 8, Increased Use of Improved Health Behaviors and Services, and of its intermediate results (IR):

- IR 8.2: Quality of services improved
- IR 8.3: Access to services increased
- IR 8.4 Health sector capacity strengthened

Mission-funded activities are to be found in the 18 districts that were highlighted in the CBQ project RFA, nine of which are in the Southern Region, eight in the Central and one in the Northern.

The COAG under which the CBQ is funded by USAID/Malawi is a "performance based/results oriented" agreement, structured in a "2+1+1" format. While the first two years were approved, funding for up to two additional, one-year option periods is contingent on assessment of achievement of Year 2 targets and overall project impact. This mid-term evaluation is intended to make it possible for USAID/Malawi to determine the extent to which the project has contributed to the achievement of Mission IRs, by:

- assessing the progress of the Umoyo Network/CBQ project towards achieving its intended results;
- determining whether USAID should exercise the option(s) for the one-year extensions provided for in its performance based agreement; and,
- determining (in the event that an extension is recommended), what modifications to the Network's approach to project implementation are in order to help it realize even greater impact than it may have had to date.

The other components of USAID's core HIV/AIDS portfolio for Malawi are: (1) Family Health International's (FHI) support for home-based care (HBC) and care for orphans and vulnerable children (OVC) through partner NGOs and CBOs in five districts; and (2) the BRIDGE behavior change communication (BCC) project being implemented by the Johns Hopkins Center for Communication Programs (JHU/CCP). USAID conceived the three projects in a somewhat vertical manner, intending for them to complement each other in providing a continuum of care, while avoiding overlap and duplication. Thus, for example, Umoyo Network NGOs can use project funds to provide VCT and PMTCT services, but not HBC, which is provided through FHI grantees. The impact of this differentiation between activities of implementing agencies, as well as synergies achieved and suggestions for their expansion, are discussed in Chapter 3 of this report (*SYNERGY WITH OTHER USAID PARTNERS*).

II. EVALUATION METHODOLOGY

PREPARATION

At the request of USAID/Malawi, a three-person team was recruited by Initiatives, Inc., a Boston-based consulting firm, to undertake the mid-term evaluation of the Umoyo Network/CBQ project. The three expatriate members of the team brought to the assignment technical skills and experience in clinical HIV/AIDS programming, including VCT, PMTCT and infection prevention; NGO capacity building and management; and implementation of HIV/AIDS and other reproductive health and primary health programs. Two senior GOM officials, representing NAC and the MOH, also participated as members of the team for significant portions of the assignment, adding a key public sector perspective to the team's analysis. (See Acknowledgements at the beginning of this report.) Due to delayed scheduling of the assignment, the team had limited opportunity to review project documentation ahead of time, but on arrival in Malawi was provided with extensive materials by Umoyo and USAID. These included GOM and USAID strategic plans, program reports, NGO proposals, previous evaluations and analyses, quarterly reports, communications materials and the like. (See Annex 2 for a list of references.)

FIELD WORK

The assessment team first met with staff of the USAID HPN office for a briefing on the key issues to be explored, and then on frequent occasions with Umoyo staff of its Lilongwe office. Thereafter, through trips to the Northern and Southern Regions of Malawi, as well as day trips around Lilongwe, the team visited offices and static and outreach sites of all current NGO members of the Umoyo Network, as well as some in process of applying for admission. It also met with NAC, the MOH, major donors and international NGOs and numerous other stakeholders. In its three-day visit to the Southern region, the team met at length with the Chief of Party/Program Manager and her Umoyo Blantyre office staff. (See Annex 1 for a complete list of contacts.) Finally, it scheduled a formal interview with USAID HPN staff to gain their perspectives on the history and performance of the project. The team's full travel and interview schedule for the assignment is attached as Annex 3.

QUESTIONNAIRE

Midway through the assignment the team had the good fortune to be invited to attend a Save the Children/Umoyo Network "Best Practices Conference" at the Malawi Institute of Management in Lilongwe. In addition to making contact with many partner NGO representatives, the team took advantage of this opportunity to design and circulate a brief, informal questionnaire to all attendees. The purpose was to give them a chance to participate in the evaluation by anonymously expressing their views about the work of the Network and their ideas as to how it might be strengthened.

Completed questionnaires were received from about 60 NGO representatives. As had been hoped, they provided the mid-term evaluation team with a snapshot of feelings and observations on the work of the Umoyo Network from those most closely involved, which complemented the information that the team gathered in other ways. In general, the responses bespoke an energized and motivated group of people, appreciative of Umoyo assistance and impatient to make the most of it in serving their communities.

There were words of praise for Umoyo's comprehensive approach to NGO capacity building. Respondents found this reflected in strengthened NGO financial management, improved quality and expanded output of services, and new appreciation for careful planning and development of monitoring and evaluation systems. Respondents spoke, often with wonder, of a newfound confidence in pursuing their mission, of positive, lasting

changes in their communities, and of their pride in being able to speak out about their work. At the same time, they expressed concerns about such things as delays in funding approvals, the heavy burden of reporting, and inability to provide all of the services that their clients need. References to survey responses will be found throughout this report. Many, if not most, of the issues raised were echoed in the evaluation team's contacts around the country. The accompanying box also presents a selection of relevant quotes, from NGO personnel and other stakeholders.

STRUCTURE OF THIS REPORT

The report that follows is keyed to the questions posed in the mid-term evaluation Statement of Work (Annex 7), as well as to others that the evaluation team felt to be important. It first presents the team's findings as to Umoyo/CBQ's success in meeting the project's principle purpose: helping member NGOs improve access, coverage and quality of HIV/AIDS services in Malawi. It assesses the project's progress in developing NGO technical and organizational capacity, reviews its success in achieving designated Year 2 results, and, in the process, tests the validity of the assumptions on which the project was based. It then looks at overall Umoyo/CBQ project management and coordination, where they have contributed to project progress and where they might be strengthened. It looks at the important issue of synergy between the Umoyo Network and other projects, notably HIV/AIDS initiatives funded by USAID/Malawi. Finally, it offers recommendations on future support for, and enhancement of, this initiative.

Sampling of comments made to Mid-Term Evaluation Team during field visits and interviews and in survey questionnaire

"*I could go on the whole day about what Umoyo has done for us.*"
Senior staff member, NGO hospital

"*Umoyo is the only umbrella body that responds to our needs.*"
Senior Administrator, National AIDS Council

"*Our monitoring and evaluation system was developed with great assistance from Umoyo. We never had one before their coming.*"
Respondent to NGO survey questionnaire

"*We have accessed other funding as a result of the capacity building of Umoyo.*"
Director of an Umoyo Network NGO

"*With Umoyo help, we now have the confidence of our clients.*"
NGO staff person

"*What does the Umoyo Network do best? Build up capacity to perform better.*"
Respondent to questionnaire.

"*Even if we are weaned away from Umoyo, the support will still help us.*"
NGO official

III. FINDINGS AND CONCLUSIONS

IMPROVING ACCESS, COVERAGE AND QUALITY OF HIV/AIDS SERVICES

DEVELOPMENT OF NGO TECHNICAL CAPACITY

Both Umoyo Network member NGOs and key government bodies, notably the MOH and the NAC, are enthusiastic in their appreciation of the technical assistance provided by Umoyo, and of the fact that the program is showing significant results in VCT, PMTCT, infection prevention, quality assurance and stigma reduction. Impact of the Network's interventions in each of these areas is discussed below.

Umoyo's technical expertise is contributing significantly to moving implementation of key HIV/AIDS interventions forward at the national level and, through its member NGOs, down to community and individual levels. Senior Umoyo Technical Advisors, notably those for HIV/AIDS and Reproductive Health, participate in most of the major HIV/AIDS decision-making bodies at the national level, and are equally influential with other programs, such as those implemented by other USAID/Malawi SO8 partners. The value added of this expertise is significant and should be continued as long as is financially and programmatically feasible. It represents a substantial USAID contribution to the development of technically sound and logistically feasible HIV/AIDS interventions at all levels in Malawi. The need for such expertise will extend well beyond the projected 2007 end date of the Umoyo Network/CBQ project.

Voluntary Counseling and Testing (VCT)

When the current Umoyo Network project started in May of 2003, only MACRO, among then-member NGOs, was delivering VCT services. Through its three static sites, MACRO was providing about half of all of the VCT services in Malawi. Since Umoyo began training VCT counselors and expanding services in 2004, the number of NGOs offering VCT services has expanded significantly. MACRO and other network NGOs are now offering services through 14 static and 26 outreach sites, with additional sites due to come on line as newer NGOs are funded. One member NGO, Word Alive, provides VCT services within government health facilities, including the Queen Elizabeth Hospital in Blantyre and a DHO health center in South Lunzu.

Umoyo has trained large numbers of VCT counselors and site managers, and established quality standards for VCT services. Client confidentiality is guarded assiduously. Member NGOs encourage their clients, once tested, to join PLWHA support groups or "Post-test Clubs". (A club member's sero-status is not known unless he or she chooses to reveal it.) Post-test Clubs are often very youth-oriented, and serve several purposes:

- through dramatic and musical performances, club members mobilize community residents to go for testing;
- the growth of such clubs tends to reduce stigma, because members know that some of them are positive, without knowing who;
- clubs serve as an important social support network for individuals and communities trying to confront the devastating effects of AIDS on Malawian society.

While regular availability of VCT test kits was a problem in the past, according to informants at NGO sites visited by the team the supply of test kits from GOM Central Medical Stores is now generally reliable. Umoyo and MACRO do maintain buffer stocks of kits in case of supply rupture. Some NGOs also provide STI services, through syndromic care (as is the case with MACRO) or referral for STI screening elsewhere. NGOs acknowledged to the evaluation team the limitations of the syndromic approach, especially in identifying STIs in women, but cite GOM policy supporting this approach.

Coverage. The current breakdown of Umoyo NGO VCT clients is 75% male and 25% female, in large measure because of statistics from the urban static sites operated by MACRO (which still delivers by far the largest proportion of VCT services of Umoyo NGOs). Concerned by this imbalance, MACRO conducted qualitative research to understand the reasons for the disparity. They found, not surprisingly, that rural women have difficulty getting to urban clinics. Even when that is not a problem, women, especially married women, are reluctant to go to single purpose VCT clinics, such as those of MACRO, since the reason for doing so would be obvious. Rather, women are more likely to seek VCT if co-located with other services, e.g. antenatal care (ANC), child health, or family planning. They can do so without asking their husbands' permission, since the real reason for the visit is not obvious to observers.

Spurred by these findings, MACRO and other NGOs have opened outreach VCT clinics, usually in space provided in MOH health centers, many of these in rural areas. Since opening these sites, approximately 44% of clients coming forward for testing in these settings are women, a significantly higher proportion than that at static urban sites.

Other lessons learned in early stages of implementing VCT in Umoyo Network NGOs:

- Clients at outreach sites are generally slightly older than those at static sites.
- Outreach sites decrease male/female disparity. Women go if other health services are available (e.g., ANC, MCH, family planning.)
- Urban static sites attract both adolescent and adult males.
- The one group largely unrepresented in VCT services is female adolescents. DAPP has discovered that one of its outreach sites is attracting a large number of adolescent girls, but so far they have not determined why.
- There is encouraging evidence of VCT being used as an entry point for other HIV/AIDS services, through referrals from VCT centers to NAPHAM and other PLWHA support groups, youth groups and Post-test Clubs.
- Increasingly, VCT is serving as the starting point for accessing PMTCT services, ARVs, and STI and family planning services.

MACRO. A further word about MACRO is in order, since it has been the lead Malawian NGO in providing VCT services and was the only "mandated" member of the Umoyo Network from the inception of the CBQ project. MACRO has received significant technical assistance from both Umoyo and the CDC, primarily in VCT training and monitoring and evaluation, although this has not been well coordinated. CDC says that they have reasonably frequent interaction with Umoyo at the level of M&E staff, usually via telephone contact. There has been no regular contact at a higher level, although the Umoyo senior HIV/AIDS Advisor does meet with CDC about overall VCT issues.

NOTE: It is CDC's understanding that the U.S. Government is encouraging all U.S. organizations working in HIV/AIDS to coordinate more effectively than has been the case until now. CDC staff told the team that they can appreciate why coordination is desirable, and they would welcome an invitation, for example, to attend an SO8 team meeting. The team feels that this could provide USAID/Malawi with a good opportunity to assert a lead coordinating role.

In principle, MACRO is transitioning the majority of its funding to NAC sources. This process has not been smooth. NAC funding announced in 2003 did not arrive until 2005. Nonetheless, MACRO leadership indicated to the evaluation team they feel ready to "graduate" from Umoyo's intensive TA to enable newer NGOs to benefit.

Prevention of Mother to Child Transmission of HIV (PMTCT)

PMTCT has only recently been introduced in Malawi. In fact, services are so new that many of the women who have enrolled in PMTCT services have not yet delivered their babies. The number of PMTCT sites within the Umoyo Network has increased from 2 in 2003 to 7 in 2005. More sites will be included as existing Umoyo NGOs add PMTCT services and new NGOs are funded (Nkhoma Hospital is a good potential example.) Most PMTCT services include VCT, and offer Nevirapine for mother and infant.

Some NGOs also have PMTCT support groups that offer benefits beyond simply receiving Nevirapine. Ekwendeni Hospital's PMTCT support group includes women who are both HIV+ and HIV –, with differentiation not known unless a woman voluntarily discloses her status. A small number of grandmothers also attend support groups, saying that they want to learn about PMTCT and what to do about it. Topics addressed in support groups include exclusive breastfeeding, infant feeding, and enhancing the ability of mothers living with HIV/AIDS to live positively for the benefit of both themselves and their infants.

Issues that have arisen in PMTCT service delivery by Umoyo NGOs include:

- Follow-up of infants to ensure that they receive Nevirapine is a challenge.
- The link to other PMTCT services, especially intermittent presumptive therapy (IPT) for malaria, is through ANC, but this is not systematic. (There are soon to be global recommendations to change IPT guidelines for HIV+ women.)
- HIV and malaria programs in the MOH are not well linked, despite the fact that each disease has severe detrimental effects on the other.
- Low utilization of health services is an issue throughout Malawi. But with the arrival of ARVs, community mobilization efforts are attempting to de-stigmatize testing and encourage pregnant women to be tested and seek referral for PMTCT services as they become available.
- Even as services are being rolled out, global PMTCT guidelines are evolving and protocols will require changing, with additional capacity building implications. Continued USAID support for PMTCT in Malawi will be extremely important.

PMTCT advisor. The Umoyo Network's Reproductive Health Advisor oversees all PMTCT activities, and is well respected by colleagues and NGO staff for the global level of expertise in this area that she brings to Malawi. She has trained trainers at the national level, although PMTCT trainers she has trained will need more mentoring before they are ready to function independently. Umoyo also has a PMTCT Officer in its Blantyre office, whom the RH Advisor is grooming to take a lead role.

Challenges. The major challenge facing PMTCT in the near future will be the global changes in the PMTCT drug regimen that are forthcoming. Currently, the single dose of Nevirapine for the mother at time of delivery and for the baby within 48 hours of birth is logistically and economically feasible. This regimen is supposed to change to:

> Mother: Nevirapine + 5 days Combivir (or equivalent) at the time of delivery.
>
> Baby: Nevirapine + 5 days Combivir (or equivalent) right after birth

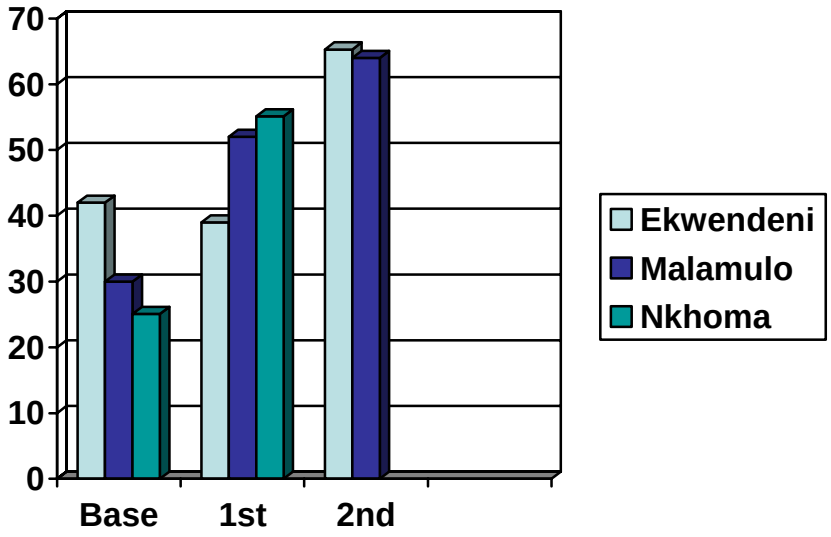
This is likely to exacerbate challenges in following up babies after delivery. It only serves to emphasize the importance of having a PMTCT Technical Advisor in place who can adapt to these changes and provide the necessary guidance to service providers.

Quality Assurance and Infection Prevention

The quality of Umoyo technical assistance for infection prevention (IP) was cited in the NGO

survey conducted by the evaluation team, and during site visits, as one of the project's best elements of capacity building and a key way in which Umoyo helps NGOs to professionalize their services. The Umoyo Quality Assurance Specialist (JHPIEGO- supported) was extensively involved in implementing national IP standards, and work he is doing with Umoyo NGOs complements similar IP activities of JHPIEGO in public hospitals. JHPIEGO has also been working with Management Sciences for Health (MSH) to ensure they follow the IP model in focus districts and hospitals where they are active.

IP self-assessments were conducted on services in Ekwendeni, Malamulo, and Nkhoma hospitals. Two of three improved at the second assessment, and the two hospitals that have had a third round showed significant improvements, although the Year 2 target of achieving 80% of QI indicators has not yet been reached. In the case of Nkhoma hospital, improvements were made using its own resources. Further improvements will depend on extended funding support (starting, in Nkhoma's case, with formal entry into the Network), but there is reason to believe that the Umoyo NGO hospitals will achieve the target by the end of the program.



Behavior Change Communication (BCC)

While not specifically required by the RFA, to one extent or another all Umoyo Network NGOs work to change behavior of those at risk of HIV transmission at community and individual levels. Examples of their approaches include:

- Community mobilization, through drama, song and speeches, of at-risk women and men to seek VCT services
- Post-test clubs and PLWHA groups to decrease stigma and encourage VCT
- Distribution of IEC materials in English and local languages
- Partnership with BRIDGE, by providing TA to NGOs to develop behavior change action plans and messages and distributing "HOPE Kits" when available
- Distribution of condoms and encouragement of their use, complete with demonstrations of proper usage, with models, during VCT

- Counseling messages containing specific recommendations on partner reduction and fidelity

Umoyo has based its BCC work on the National Behavior Change Interventions Strategy for HIV/AIDS and Sexual and Reproductive Health (NAC, April 2003). There was no intention for the project to develop its own overall strategy. BCC strategies are developed and assessed at the individual NGO level, and impact is not captured in the M&E system. In the view of the mid-term evaluation team, this represents a missed opportunity, because many activities of individual NGOs make positive contributions toward achievement of USAID PMP indicators for behavior change. When results are reflected only in written NGO reports, they are unlikely to be captured in the overall Umoyo M&E data system, and the project does not receive due credit for furthering progress towards achieving USAID objectives in this area. If the M&E system could capture these efforts, such as promoting fidelity, abstinence until marriage or committed relationships, USAID could report on these activities in its PMP.

Links to USAID/ Malawi SO8

Umoyo Network activities have positive cross-cutting impacts on other SO8 efforts:

- IP QA also helps decrease sepsis in maternity cases and newborns—very important causes of maternal and newborn deaths!

- Emphasis on exclusive breastfeeding in PMTCT supports breastfeeding and infant feeding practices in the general population.

- VCT, PMTCT and STI programs refer clients to FP services and vice versa.

- Umoyo NGOs distribute PSI condoms, Youth Alert and Pakechere IEC materials.

- Umoyo NGOs will distribute BRIDGE "Hope Kits" when they become available.

Other SO8 partners (FHI, JHU/CCP) are responsible for other aspects of the HIV/AIDS continuum of care in the USAID portfolio. To date, collaboration between them and Umoyo has been cordial, but not formalized or strategic. Collaboration is not specified in annual work plans and therefore not given the priority of activities that are. The issue of synergy among SO8 partners is discussed at greater length later in this report.

Collaboration with the Government of Malawi

At the national level, as noted elsewhere, Umoyo Network technical experts are highly respected and regularly consulted by NAC and the MOH. At the district level, Umoyo NGOs are required to coordinate with District Health Offices (DHO) in districts where they are active. Primarily, this takes the form of a letter of endorsement from the DHO at the time of an NGO's application for funding. In addition, NGO activities are supposed to become part of the District Implementation Plan (DIP). Many Umoyo Network NGOs say that they work well at the district level and are included in DHO planning processes. Others have had less success in achieving this level of access. In one district visited by the team the Umoyo NGO noted that it has not been included in planning meetings and requests for appointments were not answered.

In addition to the DHO, District Assemblies, District AIDS Coordinating Committees (DACCs), Village AIDS Coordinating Committees (VACCs) and Community AIDS Coordinating Committees (CACCs) are important partners in the areas where NGOs are working. The evaluation team observed activities where Umoyo NGOs work closely with these cross-cutting civil society organizations. In short, it appeared to the mid-term evaluation team that, on balance, collaboration between Umoyo Network NGOs and the public sector has been constructive.

Conclusion

The Umoyo Network has contributed significantly to the national effort to prevent

HIV transmission by measurably expanding access, quality and coverage in the delivery of HIV/AIDS services, and realizing substantial improvement in USAID indicators for VCT, PMTCT and infection prevention.

Recommendations for furthering impact:

- *Continue to develop VCT outreach sites, while also increasing static urban sites as much as possible.*
- *Develop specific strategies to reach adolescent girls with VCT, PMTCT services.*
- *Encourage Umoyo/CBQ technical advisors to mentor Malawian nationals, but don't require Umoyo necessarily to fund those positions indefinitely.*
- *Encourage Umoyo to develop the capacity to capture results of member NGOs' community oriented BCC initiatives in its M&E data system.*
- *Track behavior change indicators as part of the Umoyo M&E plan, so they can be reported against the PMP. (See Monitoring and Evaluation.)*
- *USAID should continue its leadership support of PMTCT in Malawi, through its support to Umoyo Network services and community mobilization, and to policy development and refinement at a national level. Plans after 2007 should include PMTCT TA to the GOM, not necessarily through an NGO grants program.*
- *USAID/Malawi is urged to invite CDC to SO8 team meetings, as a means of opening up more comprehensive dialogue and sharing of program goals and tools, and engendering better coordination of technical assistance.*

DEVELOPMENT OF NGO ORGANIZATIONAL CAPACITY

Save the Children/US and the Umoyo Network identified several key strategies for improving capacity of the NGO sector to play a vigorous role in confronting the HIV/AIDS epidemic in Malawi:

1. Provide sub-grants to MACRO and other NGOs to expand provision of VCT and other HIV/AIDS related services;
2. Strengthen institutional capacity (leadership, managerial and administrative) of NGOs through training, hands-on support, mentoring and monitoring;
3. Improve the quality of NGO management information systems (MIS);
4. Support resource mobilization for leveraging other sources of financial assistance.

The Network first conducted assessments of existing service delivery, management and MIS capacity of member or applicant NGOs. The purpose was to establish baselines and define specific capacity-building needs in order to better target training and other support. Needs identified by the assessments included improved NGO governance, management and accountability; development of a large enough cadre of skilled personnel to meet the challenge of ensuring access to high quality services; improvements in NGO grantees' infrastructure, transport, and logistics; and new approaches to community mobilization.

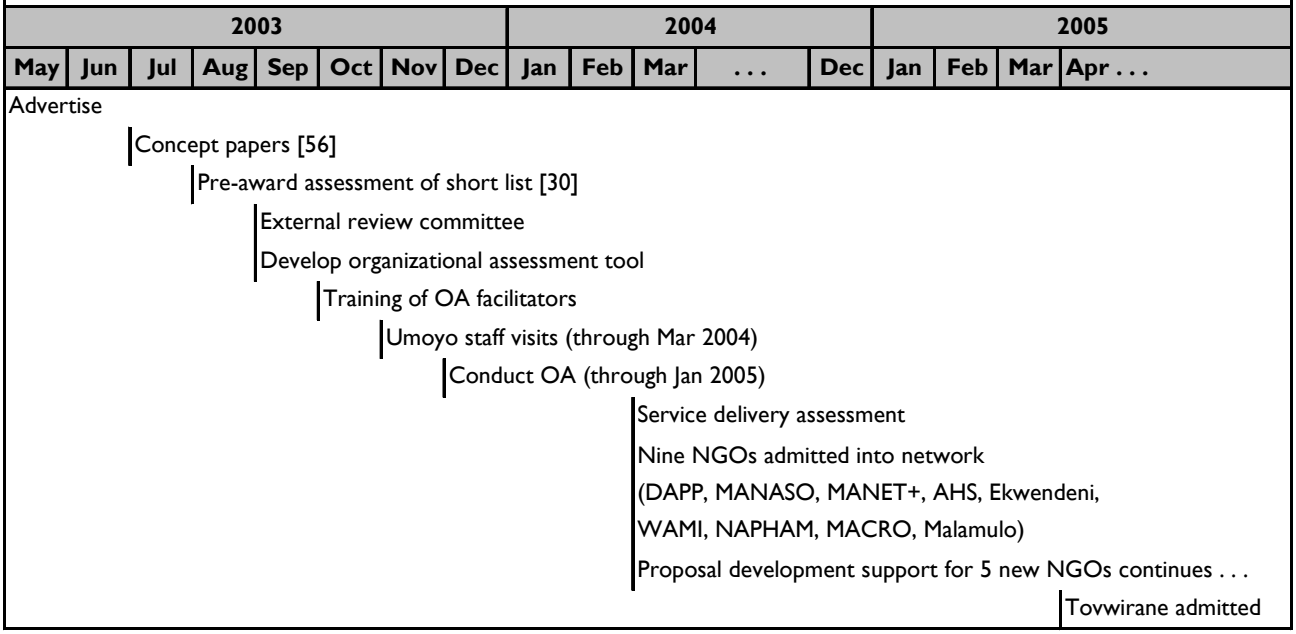
The evaluation team found that significant progress has been made in all areas, although this has often happened in unexpected ways and despite a number of challenges unique to the project and/or the Malawian context. These included managerial complications resulting from the project's having offices of more or less equal size and strength in both Lilongwe and Blantyre; the shift in activity emphasis in the new Umoyo as compared to the old; difficulties in training and retaining qualified staff when the national talent pool is of modest size; and the rapidly changing technical environment of HIV/AIDS.

Effectiveness of the NGO Grant-Making Process in Expanding Services

Although, as previously noted, Umoyo funding of MACRO was predetermined, other NGOs, including those that were previous members of the network, were required to take part in an open competition for grant funding. The process of soliciting and vetting grant proposals was lengthy and detailed. The steps, from request for concept papers through preliminary review, organizational assessments, and ultimate approval, are illustrated by the timeline in the accompanying box. Despite the fact that several applicant NGOs had been part of the previous Umoyo Network, the process whereby 9 NGOs were accepted into the new network took most of the first year (May 03-Mar 04). One additional NGO received a grant in April 2005, and several proposals were pending at the time of this evaluation. Because the review process took as long as it did, Umoyo early on took the practical and wise decision to allow "candidate" NGOs to avail themselves of Umoyo training, technical support and mentoring while awaiting funding decisions.

Despite delays, grants awarded enabled member NGOs to expand VCT and related services by establishing outreach sites, opening new static sites, increasing the range of services they provide and reaching out to new demographics. While the target of 15 member NGOs was not reached at the end of Year 2, those members providing VCT and other services expanded delivery points from three static sites in 2003 to 14 static and 26 outreach sites in 2005, facts which the limited nature of this indicator fails to capture. The range of services provided by member NGOs also expanded. PMTCT services are now offered from seven entirely new sites, and many NGO service centers have expanded into STI treatment and infection prevention. Support for PLWHAs, youth and Post-test Clubs has also taken root and is steadily expanding.

UMOYO NETWORK NGO APPLICATION/ADMISSION TIMELINE



Success in Strengthening Leadership, Managerial and Administrative Capacity

To examine, understand, and record changes in institutional capacity, the Umoyo Network contracted INTRAC's Rick James to develop a system for monitoring its capacity building efforts, one that was more comprehensive than the pre-award and service delivery assessments that were already part of the subgranting process. An organizational assessment (OA) tool was developed with Umoyo, and an assessment conducted by trained facilitators in late 2003. The purpose of the OA was to give NGO partners information to guide their own efforts at capacity building, but the process also helped other stakeholders understand the elements of organizational development (OD). Both the quantity and quality of capacity building activities could be planned and assessed, and NGOs could learn from the experience while improving program quality.

The OA tool assessed strengths and weaknesses of applicant NGOs in 19 functional areas (examples: "clear and shared vision", "learning and adaptive capacity of staff", "sources and adequacy of financial resources", etc.) These were numerically scored, using simple assessment forms developed for the NGOs' use, and averaged into overall OD scores. Most NGOs viewed the OA process as a useful and informative guide to the way forward, and its results were used by Umoyo in determining training priorities and schedules. However, it is important to note that the OA tool has only been administered once, and thus only baseline data was established. Further assessments were scheduled, notably for March 2005, but so far have not taken place.

Training. The training offered by Umoyo is a major strength of the program, as evidenced from both the NGO survey described earlier and interviews with staff, NGO trainees and other stakeholders. The efficacy of the Network's multi-faceted approach to training is evident in the measurable increase in service delivery quality and reported improvements in overall capacity. The breadth of the training program and approach is illustrated by a listing of offerings of 35 training sessions and other workshops held by Umoyo between May 2003 and April 2005:

- Monitoring and Evaluation training
- Training in finance for non-financial managers
- Training in USAID financial regulations
- Training in organizational assessments
- Management of human resources
- Computer training and orientation to MIS
- Governance and leadership
- Training of trainers in VCT
- Training in VCT site management
- Training of trainers in psychosocial counseling and positive living
- Training in whole blood rapid testing

Some training sessions included participants from several or all member NGOs; others were specifically designed to meet an identified need of a few members. NGOs applying for Umoyo Network membership have also benefited from these trainings, in some cases for as long as two years before joining the network. The volume of training provided by the Network has by this time clearly created within member NGOs a number of skilled, motivated individuals who can themselves be developed into a cadre of Master Trainers that can take on training responsibilities among member and applicant NGOs. This would have the effect of reducing dependence on SC/Umoyo staff to meet training needs, and promote more vigorous intra-network communication and growth.

A large, unmeasured feature of this part of the Network's capacity building strategy consists of frequent mentoring visits to individual NGOs by Umoyo technical and administrative staff, before and, especially, after training has taken place. Over and over, respondents emphasized to the team the value of this personal support and mentoring to developing specific skills and

confidence. All in all, in the view of the evaluation team, the Umoyo Network has demonstrated a pragmatic and flexible approach to training that is reaping significant positive dividends in the form of a larger, better-trained work force.

Other indicators of increased capacity include the expansion of sites and services, the improvement in quality of financial reporting and work plans, and successful registration of most Network NGOs with the NGO Board and with CONGOMA, the Council of Non-governmental Organizations in Malawi. Yet another indicator was the April 2005 Umoyo Best Practices Conference, which convened over 100 members and stakeholders and attracted significant participation from national government officials. Member NGOs submitted concept papers and were competitively chosen to speak on best practices and lessons learned from the project. Each prepared and delivered a professional quality PowerPoint presentation. It could fairly be said that this conference was a true "coming of age" moment for the Umoyo Network, one that indelibly affirmed its important role in combating HIV and AIDS in Malawi.

Improvement in NGO Management Information Systems (MIS)

Ideally, a management information system (MIS) for Umoyo member NGOs should enable them to collect and provide accurate, comparable data that helps them achieve their organizational goals and at the same time meet GOM and donor requirements. But progress in developing a common, user-friendly MIS has been slow. The March 2003 final evaluation of the first Umoyo Network project recommended that the "Network should develop an electronic database of information on its local partners which can be accessed by all staff. This should provide key data on all NGOs and be regularly updated by all." To this end, Umoyo has conducted a documentation exercise to assess the systems of the NGOs it supports, and whether they are helping or hindering member NGOs to reach their desired goals. It now has baseline MIS scores, but follow-up has not been undertaken.

Success in Resource Mobilization

Although formal training in resource mobilization was offered in 2002, it has not been repeated during Umoyo II. Rather, through direct contacts and mentoring, Umoyo has encouraged and tried to equip NGOs to identify alternative funding sources and apply for other donor funds, such as through grants funded by the Global Fund for HIV and AIDS that are offered through the National AIDS Commission. To some extent, this has born fruit. An official of NAC reports that "It's easy to identify the Umoyo Network participants" among the applicants for support from the Global Fund by the quality and detail of their proposals. To date, four Umoyo NGO members have successfully accessed funding from the Global Fund, directly applying newly learned resource mobilization, proposal writing and strategic planning skills. These four have significantly increased the non-USAID percentage of their funding portfolios. On the other hand, for other Umoyo member NGOs the percentage of non-USAID funding has decreased. So the picture is mixed, but it is clear that, with training and motivation, there is ample opportunity for NGOs to diversify their funding base.

Conclusion

The Umoyo Network has developed a grant-making process that, while lengthy, has increased professionalism and effectiveness of the NGOs accepted or considered for Network membership, and generated enthusiasm, commitment and a shared sense of mission among NGO partners. Its approach to training and mentoring is particularly effective and appreciated.

Recommendations for furthering impact:

- *Apply already designed self-assessment tools at six-month intervals, rather than incurring the expense and delay of external assessments.*

- *Focus resources and time on establishing a computerized, user-friendly MIS that informs and better aligns the Umoyo M&E system with data.*

- *Focus time and resources on development of a cadre of Master Trainers for the network, drawn from its membership. This will begin to reduce dependence on project trainers, promote cross-training and cooperation among members, and contribute to sustaining project impact indefinitely.*

- *In terms of resource mobilization, review the current funding environment and assist members to target and apply for alternative funding support. Include private sector partnerships, local resources and income generating activities. Consider occasional resource mobilization training seminars.*

MONITORING/EVALUATING ACHIEVEMENT OF UMOYO/CBQ TARGETS

Umoyo's Performance Monitoring Plan (UPMP) and Indicators

Please see Annex 6 for a full summary of the status of indicators in the UPMP (so named to differentiate it from USAID/Malawi's PMP). Commentary on indicators is contained in footnotes at the bottom of each page of Annex 6.

Performance of selected indicators. The first indicator, number of NGOs funded, is the most prominent. The fact that the Year 2 target of enrolling 15 NGOs as full-fledged members of the Umoyo Network was not achieved, and its implications, are discussed elsewhere in this report. On the other hand, the second, equally significant indicator (numbers of people served) would be considered met, and exceeded, if the indicator definition was not limited to increasing geographic coverage, but instead captured overall increases in clients. Some NGOs, such as Malamulo Hospital, have defined geographic catchment areas beyond which they cannot expand. But client numbers have definitely increased, a fact not captured by this measurement method. Also worthy of note is the fact that the project substantially exceeded its target for overall numbers of clients seen in VCT centers, which speaks to the Network's success in achieving a primary goal of expanding service access and coverage.

As noted in Annex 6, several indicators originated in Washington rather than with USAID/Malawi. Among them are four at the end of the UPMP that deal with behavior change. These indicators could capture Umoyo's contributions if it were able to report on intermediate contributions to achieving the overall indicators, such as:

1. numbers of new members of PLWHA groups, as a response to the stigma indicator;

2. numbers of counseling sessions that advocated limiting sex only to committed relationships;

3. numbers of youth group community outreach sessions advocating delaying sex until marriage, or until in a committed relationship;

4. numbers of counseling and outreach sessions that promote condoms with risky sex.

While these are output rather than outcome indicators, reporting against them would capture the considerable efforts of Umoyo in these areas, without requiring the project to measure overall behavior changes where attribution to only one program would be questionable. Umoyo Network programs do not operate in isolation, and many other HIV/AIDs related activities are being carried out in areas where Umoyo NGOs are active.

USAID/Washington also mandated other indicators for USAID/Malawi to report on, which the Mission has passed on to its partners. As indicators were added to the UPMP, no clear distinction was made between those against which "performance" requirements in the COAG would be measured and those, mandated by Washington, which needed only to

be "tracked" by Umoyo. In principle, the project would not be held accountable for the latter. This makes it difficult for the evaluation team to state definitively whether or not the project actually achieved its Year 2 targets, because these "tracking" indicators also had targets indicated in the UPMP. Even after clarification by USAID, it was apparent that there was confusion at the project level about the importance and relevance of the UPMP for evaluating performance.

In general, the mid-term evaluation team felt that a considerable degree of "fuzziness" surrounded the issue of indicators, something that is not unusual in projects of this nature. There is confusion on the part of Umoyo as to the priority of individual indicators vis à vis USAID/Malawi's reporting requirements, as well as the relative importance of indicators dictated by Washington. Furthermore, the list of indicators in the UPMP seems to the team to be overlong and repetitive. The team urges Umoyo and the USAID SO8 team to get together to clarify priorities and expectations where indicators and reporting against them are concerned. Hopefully this can result in a pared down, refined list of "key" indicators on which Umoyo can concentrate as the best means of measuring project impact. Reaching such decisions will, in the team's view, put Umoyo and USAID/Malawi on the same page as regards indicators, relieving them of a distraction from the smooth functioning of their working relationship.

Other performance issues. That shifting reporting requirements from Washington resulted in agreed-upon indicators being adjusted over time is not the only reason that makes judging progress toward targets a challenge. There were also few clear baseline values established, making comparisons difficult. LQAS (lot quality assurance sampling) studies have been done for member NGOs, but the evaluation team had difficulty understanding when the baseline studies occurred and whether all of the indicators in the latest UPMP were included in these baselines. Some LQAS studies took place in the previous Umoyo Networks project. This should not, in itself, pose a problem, but some indicators in the current UPMP were not measured in the earlier LQAS. The program's baseline LQAS study was still under analysis at the time of this evaluation, and the consolidated results were not readily available to the evaluation team.

On the other hand, NGOs cite LQAS skills as extremely empowering for their program management and supervision, in that they have given them the ability to distinguish strong service areas from weak ones. These skills are very important for strengthening individual NGOs' ability to manage health programs.

Effectiveness of Umoyo Network Monitoring and Evaluation (M&E) System

Data gathering and reporting. The excellent data collection sheet designed by CDC for MACRO has been adopted by several Umoyo NGOs and simplifies VCT and other client data collection. Data is provided to Umoyo by NGO members in the form of quarterly and annual reports. These are analyzed by Umoyo M&E staff, with detailed feedback provided to the individual NGO. There is evidence that this process is both intensive and time consuming, but that it has resulted in improvements in both the data collection process and in the use of data for program decision-making.

All Umoyo Network NGOs are computerized (largely thanks to project support), and submit reports to Umoyo electronically and in hard copy. The data is then manually entered into the Network's computer system, with combined reports generated by aggregating the data from individual reports. Umoyo staff says the uneven quality of NGO reports causes delays while clarifications are requested. They cite this as one reason that compiling information is slow, and reports may be submitted late to USAID.

There is no centralized Umoyo Networks project database that is readily accessible to both the Blantyre and Lilongwe offices, not to mention to the NGOs. There are plans underway to rectify this, but inability to track

up-to-date project progress is a definite hindrance to management staff. For example, the Network's Deputy Chief of Party, who is based in Lilongwe and is responsible for overall oversight of field operations, had difficulty accessing status reports on new NGO funding applications from Blantyre for the evaluation team. Quarterly meetings of technical partners do not always have access to monitoring updates on indicators.

Because reporting stays at the level of NGO to Umoyo, the project does not adequately capture the significant amount of on-the-ground program progress (as an aggregate) at the NGO level against the USAID/Malawi PMP (which is where USAID needs data to justify funding from Washington.) Umoyo produces lengthy reports, both quarterly and annually, with detailed descriptions of capacity building activities, but these reports do not provide sufficient commentary on the data contained to enable the reader to understand how this data is used to monitor progress towards targets. In short, they are heavy on statistics and lists of activities, but light on analysis. Were there more of the latter, Umoyo would receive more credit for the significant contributions it is making towards combating the AIDS epidemic in Malawi. (See below for further discussion and recommendations related to project reporting.)

Conversations with the new Umoyo M&E Manager suggest that he fully understands the value of better aligning Umoyo's reporting with USAID's information needs. He suggests that an early meeting with USAID/Malawi would be helpful in determining the adjustments necessary to make reporting from Umoyo to USAID smoother. This would be an excellent opportunity for the project and USAID to clarify how they can work more effectively as partners to measure impact.

Finally, Umoyo Network indicators are aligned with GOM HIV/AIDS data collection requirements, although it is not clear to what extent the GOM incorporates this data into the national reporting system. NGOs submit copies of their reports to their respective DHOs as well as Umoyo. How the data is used at that level varies from district to district. Some NGOs are invited to discuss results with the DHO, while others are not included in district level discussions. NGOs also submit Monthly Activity Reports to NAC.

Conclusion

Umoyo Network M&E systems do not yet adequately capture project impact, due in part to an excessive amount of reporting that limits analysis, and to a lack of clarity where reporting against indicators is concerned.

Recommendations for strengthening M&E systems:

- *Provide TA to Umoyo to streamline and automate its monitoring and evaluation processes to efficiently capture program activity from the client and make it readily available to management and for the USAID/Malawi PMP. (This recommendation was first made in the March 2003 Final Evaluation of the first Umoyo Network.) Eliminate manual data transfer unless absolutely unavoidable.*

- *Limit routine reporting to minimum necessary to accomplish program objectives, with more focus on analysis.*

- *Umoyo and the USAID SO8 team are urged to clarify together priorities and expectations where indicators and reporting against them are concerned, hopefully leading to a refined list of indicators and simplification of reporting requirements. USAID is further urged to provide prompt feedback on submitted reports.*

- *Encourage Umoyo to report monitoring of behavioral indicators at the end of the UPMP at the IR level. (Example: For measuring reduced stigma linked to revealing HIV status, report on "numbers of new members of PLWHA clubs".)*

- *The LQAS process needs to be completed so as to clarify project baselines against which assessments of project impact are to be made*

in future. The team recommends that outside TA be engaged to help see it through expeditiously.

PROJECT MANAGEMENT AND COORDINATION

EFFECTIVENESS OF NGO GRANTS MANAGEMENT

Grants Approval Process

The Umoyo Network/CBQ project was built on the structure established under the previous Umoyo Network ("Umoyo I"), and focused its technical and organizational support on strengthening HIV/AIDS related services offered by various Malawian NGOs. The lead indicator of success of this follow-on project was expansion of network membership from a base of 10 NGOs that belonged to the previous network to "at least" 15 by May 2005. All NGOs, whether former members or new applicants, were required to participate in a lengthy application process, developed by SC/US, involving concept papers, preliminary reviews and assessments, and submission of detailed proposals.

Of the "original" Umoyo NGOs, one was dropped in 2003, and nine were formally admitted (in effect, re-admitted) into the network in early 2004. Only one entirely new NGO has so far been admitted (Tovwirane), in April 2005. At least four new candidate NGOs that submitted concept papers in August 2003 are still actively pursuing membership in the Network. Two others are in a much earlier stage of proposal development. (Annex 5 profiles the full list of 16 actual and prospective members.)

Clearly, the process of soliciting, reviewing, revising and approving grant proposals has proven sufficiently time-consuming to limit desired expansion of the network. The May 2005 target of 15 member NGOs has not been met, although there is a reasonable expectation that, assuming continuation of the project, membership could swell to at least 14 later in 2005. As noted earlier, Umoyo has worked intensively with candidate NGOs, imparting invaluable (by the NGOs' own admission) training, mentoring, and advice, along with assistance in proposal preparation. But without benefit of formal membership the NGOs do not receive funding, which limits their ability to provide services and contribute to the overall goal of USAID's SO 8.

Many NGO respondents to the questionnaire circulated by the evaluation team, as well as those directly interviewed, expressed frustration with the long delays in proposal review and funding approval, as well as the time-intensive process of accessing grant funds once approved. Several stressed the need for improved communications and more timely feedback. All complained that the system now imposed on grantees of monthly work plan reviews and financial disbursements, rather than the traditional quarterly process, takes valuable time from service activities. (See below for further discussion.)

The evaluation team agrees that the NGO grant approval process is too lengthy and onerous. In its effort to build up the capacity of NGOs to conceive, plan and implement worthwhile activities, Umoyo has, in the team's view, tried too hard to achieve perfection before making funding decisions. This has led to numerous, time-consuming exchanges between Umoyo and prospective grantees. To this must be added the requirement that USAID review all NGO grant applications, and the Mission's tendency to respond with highly detailed feedback, to which UMOYO feels constrained to reply in similar detail, also a time consuming process.

All of this brings to mind the old adage about "letting the perfect be the enemy of the good". At a certain point, if it is felt that an NGO will be a worthy grant recipient, Umoyo and USAID should have the confidence to give it a go-ahead and approve funding. It is a given that the NGO will falter from time to time, but one of the Umoyo Network's great and acknowledged strengths is its readiness to help the NGO over the rough spots. In short, the process of NGO entry into the Umoyo Network should be

simplified and expedited. Three months should be ample time for a "go/no go" decision on a particular grant application, from the beginning of the process to the end. The team also suggests that making a senior Umoyo staff member the point person for each NGO application, responsible for coordinating all inputs and exchanges and monitoring progress from beginning to end, would facilitate this streamlining.

In a real sense, this is an issue of control. To move more quickly to a point where a grantee NGO is entrusted with responsibility for program successes and failures will be to transfer "ownership" of the work from Umoyo and USAID/Malawi to where it belongs. Reducing external control should facilitate more horizontal cooperation and more quickly lead to organizational maturity on the part of the recipient.

Grants Management

Respondents to the evaluation questionnaire, asked to comment on the most positive aspects of Umoyo grants implementation and administration, focused primarily on the project's practical inputs and its consistent mentoring for organizational strengthening. Close behind was appreciation for the network's technical and financial support. Project managers were praised for "effective communication and follow-up", their ready "encouragement to work hard and evaluate our work", their "mentoring and training", and sharing their "technical skills in HIV/AIDS fields". Special praise was offered for the quarterly meetings that Umoyo holds with NGO grantees, which by all accounts are greatly appreciated as opportunities to share ideas and lessons learned, troubleshoot problems, and build overall NGO management confidence.

On the other hand, as mentioned above, frustration was expressed over the arduous process of accessing grant funds once membership in the network has been approved. Under Umoyo I, USAID funds were disbursed to member NGOs on a quarterly basis. For reasons that no one could fully explain to the evaluation team, rules for the new project were changed early in its existence, whereby NGOs were now required to prepare monthly workplans as a prerequisite for "vouching" for monthly cash disbursements. This led to a major increase in bureaucratic paperwork. USAID/Malawi said it was not a requirement that they had imposed. In response to a recent inquiry from the Umoyo financial manager's office, the U.S. office of Save the Children said the monthly workplan/disbursement system was a USAID/Washington requirement, and that a special waiver would be necessary to change it. Since such a waiver was apparently obtained for Umoyo I, project management is urged forthwith to request one for the current project. The present time consuming, labor intensive process seems nonsensical.

Another concern/complaint, on the part of both NGOs and Umoyo staff, is the project's heavy burden of reporting. As noted above, Umoyo produces lengthy reports for USAID, both quarterly and annually, with detailed descriptions of capacity building activities. Add to this staff field visit reports, capacity building plans, training plans, summaries of NGO partner desk reviews and the like, and one is struck by how much time has to be spent compiling and writing reports that might otherwise be spent working with NGOs.

Without making a judgement on the importance of one report over another, or of their quality, the evaluation team feels that things can be done to ease this burden. Looking specifically at quarterly and annual reports, which, as noted previously, are heavy on listings of statistics and activities and light on forward-looking analysis, the project is urged to take steps to make them shorter and less repetitive. (This recommendation was also made in the March 2003 Final Evaluation of Umoyo I.) This can be done by exacting a page limit, by not repeating routine boilerplate, and/or by reducing appendices. It is also important to work closely with the USAID HPN office to determine what information it requires and what it finds

unnecessary. Less quantity will lead to more quality.

Conclusion

The Umoyo Network is rightly praised for the perceptiveness and attention to detail of its grants approval process and for its mentoring of member and applicant NGOs. At the same time, this has led to an exceedingly slow pace of approving new members, and certain management requirements have at times hindered operations.

Recommendations for strengthening NGO grants management:

- *Simplify and expedite process of NGO acceptance into the Umoyo Network, by setting a three-month time limit for a go/no go funding decision and assigning a senior staff person to monitor entire process for each NGO.*

- *Under these guidelines, expedite applications for Umoyo membership currently pending, notably from NASO, SASO, MAICC, and Nkhoma Hospital.*

- *Obtain waiver to enable NGO partners to prepare workplans, as well as vouching for funding disbursements, on a quarterly rather than monthly basis.*

- *Reduce reporting burden by clarifying USAID/HPN needs, setting page limits on quarterly and annual reports, eliminating unnecessary reports, and creating simple, accessible electronic data reporting forms. (See M&E recommendations.)*

OVERALL MANAGEMENT OF THE UMOYO NETWORK

Staff Quality And Coverage

Umoyo staff is consistently praised as responsive, supportive and available to work with member NGOs. Its technical advisors are well known and respected, and are called on frequently for expert advice at the national level. In the interest of long-term sustainability of interventions, Umoyo is working hard, and successfully, on the transfer of knowledge and skills to Malawian professionals within the office and the network. Despite challenges inherent in identifying and retaining human resources in Malawi, the Umoyo office has well-qualified staff and, contrary to some reports, has over its life undergone no more than a normal level of staff turn-over (11% in the past project year).

Recently added staff with specialized skills in M&E and capacity building should bring fresh approaches and revitalize those activities. The staff appears to be the right size for the tasks undertaken, although, as has been discussed, time-consuming involvement with work plan preparation and "vouching" must be reduced to allow for more time for creative work with NGOs and a reduction of central control.

Staff Cohesion

At the same time, the evaluation team felt that there are weaknesses in terms of cohesion and empowerment of staff, especially at the senior management level. This was reflected in the fact that senior management and technical staff did not always appear aware of the status of key program elements, nor sufficiently involved in day-to-day decision making. The Deputy Chief of Party, for example, who has designated responsibility for all NGO capacity building activities, should at any given moment have access to information that updates the status of ongoing NGO applications for membership in the network. That he may not always is in part a reflection of the functional need to upgrade systems for data gathering and retrieval, on which the evaluation team makes specific recommendations. But it also bespeaks an organizational culture in which individuals are not, or at least do not feel, sufficiently empowered to be entrusted with information and to make decisions on their own. Work needs to be done on team building and supportive supervision that will make an already good and dedicated staff more confident in their roles and in their ability to look and move ahead.

The "Two Office" Conundrum

In large measure, these issues are a reflection of the communication challenges inherent in the two-office structure of Umoyo Network project implementation. Geographic separation between the Lilongwe and Blantyre offices, each of which is, in its way, a "central" office - Blantyre because it is where the Chief of Party and chief financial officer are located, Lilongwe because it has closest access to USAID and key GOM offices - inevitably leads to gaps in communication and information sharing. This separation, for example, has made it impractical for senior technical and management personnel to meet on a regular, informal basis as a core team to share information, update each other on the status of key program issues, and "troubleshoot". Telephone calls and e-mail simply cannot take the place of this sort of ready access.

It is not inconceivable that such gaps can be bridged while maintaining the present structure. Regular core team meetings could be possible with a considerably increased level of travel back and forth. Organizational consultant assistance could be brought in to help project leadership create both greater team cohesion and a stronger sense of empowerment on the part of individual managers and advisors. But it is impossible to escape the conclusion that all of this would be made measurably easier if overall Umoyo Network management were centered in one location. Given the realities at play, that location would have to be Lilongwe. On balance, this makes the most sense to the evaluation team, assuming of course that the changeover could be made efficiently and not be a lengthy distraction for a project that at this point will have a remaining life span, at most, of slightly less than two years.

Conclusion

The Umoyo Network has a skilled, highly motivated staff, whose work can only be enhanced by attention to issues of team building and empowerment, as well as by consideration of a key structural shift.

Recommendations for overall management of the Umoyo Network:

- *We recommend that Lilongwe be designated the main Umoyo Network office, housing the core senior project management and technical team. Blantyre should be retained as a regional office, overseeing the work of the numerous NGOs in its area. Support officers should be assigned to the office nearest their NGOs.*

- *We recommend that Umoyo engage the services of a local consultant in organizational development to work with the staff to help them refresh their understanding of their roles, and develop a culture of supportive and empowering supervision. Strengthening the cohesiveness of the Umoyo team in this way will enable an effective organization to sustain an even higher level of effort in the years ahead.*

SYNERGY WITH OTHER USAID PARTNERS

ACHIEVING THE "CONTINUUM OF CARE"

In designing the three programs and choosing the implementers for its SO 8 HIV/AIDS portfolio, USAID/Malawi sought to ensure that it could provide a "continuum of care" for those touched by or afflicted with HIV/AIDS in its focus districts. The Umoyo Network, under leadership of SC/US, would work on building internal capacity of Malawian NGOs to deliver services. FHI would build the capacity of NGOs to provide home-based care for afflicted individuals and their families, and care to orphans and vulnerable children, when referred from Umoyo NGOs. The BRIDGE project under JHU/CCP would lead a BCC initiative that would support all HIV/AIDS related prevention and care efforts. The projects would be complementary, while avoiding overlap.

In spite of the strong desire on the part of USAID for partnership between projects, and notwithstanding everyone's desire to make the most of available resources, the hoped-for synergies have not been fully realized. Each

project has its own geographic and programmatic priorities and limitations, and the press of business and demand for results has made collaboration inconsistent at best. The evaluation team feels that synergy could be strengthened if the partners' meetings currently convened by USAID could go beyond reporting on what each partner is doing, to determining how each partner can link with and support the work of others, especially in districts where more than one is active. Partners would be pleased if these meetings, which they feel are now primarily "show and tell" sessions, could in fact be used to build effective partnering strategies.

If the "continuum of care" has not yet been fully realized, there are nonetheless examples of how partners are seeking ways to work together, and specific opportunities to do more. Recently, Umoyo and JHU agreed to formalize collaboration between their two projects, whereby BRIDGE provides technical assistance to Umoyo NGOs in developing behavior change intervention strategies. BRIDGE has invited Umoyo participation in its ToT and BCC workshops, and has designated MANASO, an Umoyo member NGO, to be its distribution agent and partner in the rollout of its "Hope Kits" in coming months. BRIDGE and two other Umoyo NGOs, MANET+ and NAPHAM, are also collaborating to produce local radio shows.

The FHI HBC project works through nine NGOs and other implementing agencies in five districts. In two cases they have partner NGOs in common: Word Alive Ministries in Blantyre, which has been an Umoyo member for some time, and the Mponela AIDS Information and Counselling Centre (MAICC), whose Umoyo membership application is pending. These would appear to present opportunities for the two projects to work closely together in developing models that do indeed insure the continuum of care for those afflicted with HIV/AIDS.

Recommendations for strengthening synergies among USAID partners:

- *The USAID/Malawi HPN office is urged to use its regular HPN partners meetings, now devoted primarily to reporting on activities, to more proactively develop strategies for partner collaboration that will enhance and expand the continuum of care for HIV/AIDS patients in focus districts, and to follow up on implementation of these strategies.*

- *Umoyo should itself maximize its working relationships with FHI and BRIDGE to develop partnership models, and expand those already in existence.*

IV. SUSTAINABILITY

As this is the midpoint of what will be, at most, a four-year project, and additional funds are unlikely to be available at present levels after 2007, Umoyo needs to develop an overall exit strategy and transition plan, beginning with its Year 3 Work Plan. Such a strategy can include transitioning funding to other donors and functions, and activities to indigenous organizations.

Umoyo is also serving other vital functions for the Malawi National Strategic Plan for HIV/AIDS that go beyond NGO capacity building. The technical advisor functions, for example, are covered in two crucial areas, VCT and PMTCT, by highly qualified expatriates. It is unlikely that Malawi would be ready to see either of these specialists leave the country in the forseeable future. Certainly their continued technical assistance, at the national level and as trainers of trainers, will be needed well after the time that the Umoyo Network in its present form is discontinued. However, in terms of national technical capacity that can be sustained over the long run, talented Malawians need to enter the mainstream of the HIV/AIDS prevention and treatment efforts.

Recommendation for technical sustainability:

- *It is recommended that the Umoyo Senior Technical Advisors for VCT and PMTCT each be assigned at least one Malawian health professional, to be closely mentored for the duration of the project. Resources for this do not necessarily have to come from the Umoyo Network project budget. These individuals should have demonstrated personal and professional leadership qualities and the necessary academic preparation to fill an important public health position. It will require capacity building in management and planning as well as the technical specialty area itself, if these individuals are eventually to take their place around the tables of national policy-making bodies.*

IV. RECOMMENDATIONS

Umoyo NGOs have expanded coverage of HIV/AIDS services through outreach sites, diversification of services, and/or extension of services to new demographic groups, while at the same time markedly improving service quality. All NGOs report satisfaction with their interaction with the Umoyo Network, particularly in terms of managerial capacity building and technical training. Nearly half have successfully accessed funding through NAC and the Global Fund, and others are seeking to diversify funding support, from other donors and through income generation activities. All report that the Umoyo partnership has improved their ability to plan strategically, prepare and present proposals, budget and monitor expenditures, and improve their competitive position for donor, government and private sector funding.

At the same time, GOM officials, other donors and stakeholders consistently praise the impact of Umoyo in increasing quality and coverage of services while strengthening the NGO community. Members often participate actively in development of district level health plans, and with AIDS Coordinating Committees at district and community levels. A vivid demonstration of the national-level impact of the Umoyo Network was the enthusiastic response to the Umoyo Best Practices Workshop, April 21 and 22, 2005.

Given this record of accomplishment and appreciation, and notwithstanding the need to address certain M&E, grants management and program management issues, the mid-term evaluation team urges approval of all funding awarded under the COAG between USAID and SC/US for the Umoyo Network/CBQ project. Further, the team urges USAID to amend the COAG in order to permit the approval of funding now both option years projected under the 2+1+1 structure of the performance based agreement.

The team feels that approving both option years now is justified for several reasons:

1. With only two years left to run in the project, Umoyo Network staff need to devote full attention to their mission of NGO capacity building, especially with new members as they are accepted, without the distraction of uncertainty over future funding.

2. In terms of internal strengthening of management and M&E systems, this too deserves the concentrated attention of the staff, without being diverted by the need to justify and worry about future funding.

3. The COAG budget already foresees a steep reduction in funding for the second option year, i.e., the fourth and final year of the project - only 15% of overall project funding. This means the Network will, of necessity, be in phase-out mode anyway. Leaving the question hanging as to whether even this reduced funding level is certain seems manifestly unfair to project managers.

Principal recommendation of this evaluation:

- ***Approve continued funding of the Umoyo Network/CBQ project. Adjust terms of project COAG to enable full funding for both project option years to be awarded at this time, so as to remove funding distractions from the Network's pursuit of its mission over the remaining life of the project.***

Summary of other key recommendations:
(See body of report for details.)

- *Seek consultant assistance in team building and supportive supervision, so as to increase cohesion and empowerment of senior project managers.*

- *Designate the Lilongwe office as the main Umoyo Network office, housing the core senior project management and technical team.*

- *Simplify and expedite the process of NGO entry into the Umoyo Network, setting a firm*

limit on the length of time allotted to make a decision.

- *Simplify and streamline program reporting requirements for both NGOs and Umoyo network staff.*

- *Streamline and automate monitoring and evaluation processes.*

- *As a key element in giving NGO partners more control of project implementation, obtain a waiver to enable them to prepare workplans and receive project disbursements on a quarterly rather than a monthly basis.*

ANNEXES

I. PERSONS CONTACTED BY THE MID-TERM EVALUATION TEAM

II. REFERENCE MATERIALS CONSULTED

III. IN-COUNTRY EVALUTION SCHEDULE

IV. MAP OF UMOYO NETWORK NGOs IN 18 USAID TARGET DISTRICTS

V. PROFILE MATRIX: CURRENT AND PROSPECTIVE NGO MEMBERS OF UMOYO NETWORK

VI. PROGRESS AGAINST YEAR 2 TARGETS

VII. STATEMENT OF WORK FOR EVALUATION

ANNEX I

PERSONS CONTACTED BY THE MID-TERM EVALUATION TEAM

GOVERNMENT OF MALAWI, MINISTRY OF HEALTH

Chris Moyo, HMIS Unit
Dr. Jane Namasasu, Head, Reproductive Health Unit
Dr Erik Schouten, HIV/AIDS Coordinator

NATIONAL AIDS COMMISSION

Roy Hauya, Director of Programs
Dr. Andrew Agabu, Head, Policy Support and Development
Cosby Nkwazi, Planning and M&E

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Mexon Nyirongo, HPN Team Leader
Elise Jensen, Senior HIV/AIDS Advisor
Abel Kawonga, HIV/AIDS Specialist

Lilly Banda-Maliro, Reproductive Health Specialist

UMOYO NETWORK/CBQ PROJECT PARTNERS

SAVE THE CHILDREN/US

Jennifer Froistad, Field Office Director

UMOYO NETWORK/SAVE THE CHILDREN

Carrie Osborne, Program Manager / Chief of Party
Express Moyo, Deputy Chief of Party / Capacity Building Manager
Isaac Chipofya, Finance and Grants Manager
Philip Moses, HIV/AIDS Advisor
Jonathan Mbuna, Office Manager
Amanda Manjolo, Capacity Building Coordinator
Gibson Manda, Monitoring and Evaluation Specialist (former)
Rolex Tolani, M&E Manager
Joyce Wachepa, HIV/AIDS Officer
Dennis Chiombeza, PMTCT Officer
Gift Kamanga, HIV/AIDS Coordinator

AED/LINKAGES

Mwate Chintu, PMTCT/RH Advisor, Umoyo Network

ADRA
Hewton Samuel, Acting Country Director
Thoko Mwapasa, Faith-based Coordinator, Umoyo Network

JHPIEGO
Mary Jane Lacoste, Country Director
Eneud Gumbo, Quality Assurance Specialist, Umoyo Network

NGO MEMBERS OF UMOYO NETWORK

EKWENDENI HOSPITAL
Kistone A. C. Mhango, PHC Director
Yonah Gondwe, Project Manager
Esther Lubafya, HIV/AIDS Coordinator
Mary Mkandawire, VCT Supervisor
Milliam Nyirenda, PMTCT Provider
Mary Chande, R.H.S. Provider, VCT Counsellor
Esther Kawerama, Hospital Matron
Grace Chunda, PMTCT Coordinator
Ms. Mzama, Faith-based Coordinator
Stalin Mughandira, Resource Supervisor

MALAMULO HOSPITAL
Fyson Kasenga, Project Manager
Mary Panulo, PMTCT Coordinator
Fanny Mhango, PMTCT Provider
Hilda Petani, Project Coordinator
Jacobs Pidini, CO / IEC + Youth Coordinator
Peterson Katumbi, Human Resource Officer

ADVENTIST HEALTH SERVICES
Florence Chipungu, Director
Elisha Muloza, Namasalima Health Center

MANET+
Anock L. R. Kapira, Executive Director
Victor Kamanga, Programs Manager

NAPHAM
Tiwonge Loga, Executive Director
Leonard Kalasa, Mzuzu Branch Manager
Adrienne Rathert, Mzuzu Branch (Peace Corps)

MANASO
Francina Nyirenda, National Coordinator
Michael Jere, Finance & Admin Officer
Donald Makwakwa, Grants Management Officer
Johnny Della, Office Assistant, Mzuzu

Bornface Chaula, Mbulunji Home Based Care CBO (Rumphi District)

MACRO
Wellington E. Limbe, Director
Gift A.M. Mwalwanda Gumbo, Branch Manager, Mzuzu
Mr. Komenda, Coordinator, Mzuzu
Dr. Katawa Msowoya, Branch Manager, Blantyre

DAPP
Molly Chirambo, Program Manager
Veronica Chimera, PMTCT Nurse Provider
Boston Kayange, Health Service Manager
Diston Chapita, Counsellor

WORD ALIVE MINISTRIES INTERNATIONAL (WAMI)
Phoebe Nyasulu, Program Manager
George Kukhala, VCT Coordinator
Esther Mgoli, VCT Site Coordinator, Queen Elizabeth Central Hospital
Pheona Kutinyu, Counsellor

TOVWIRANE HIV/AIDS ORGANISATION
Helen Munthali, Executive Director
Mr. Kachali, staff

PROSPECTIVE NGO MEMBERS OF UMOYO NETWORK

NKHOMA HOSPITAL
Project Director
Medical Director

NASO
Dan Nthara, Project Director

MAICC
Carmen Aspinall (World University Services, Canada Volunteer)

OTHERS

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
Wm. Perry Killam, VCT Specialist
Mindy Hochgesang ,Monitoring and Evaluation Field Officer

CHRISTIAN HEALTH ASSOCIATION OF MALAWI (CHAM)
Desiree Mhango, Health Coordinator

COUNCIL OF NON-GOVERNMENTAL ORGANIZATIONS IN MALAWI (CONGOMA)
Ronald Mtonga, Program Manager

FAMILY HEALTH INTERNATIONAL (FHI)
Margaret Kaseje, Country Director
McPherson Gondwe, Senior Technical Officer (HBC)

JHU/CCP BRIDGE PROJECT
Kirsten P. Böse, Chief of Party
Glory Mkandawire

MANAGEMENT SCIENCES FOR HEALTH (MSH)
Dr. Rudi Thetard, Country Director
Wayne Stinson, Senior Technical Advisor

POPULATION SERVICES INTERNATIONAL (PSI)
John Justino, Resident Director
Jones A. Katangwe, Deputy Director

UNAIDS
Dr. Erasmus Morah, Country Coordinator

INTRAC
Rick James, NGO Capacity Building Consultant/Advisor

WORLD FOOD PROGRAM (WFP)
Robin Landis, Programme Advisor, HIV/AIDS Unit

ANNEX II

REFERENCE MATERIALS CONSULTED (a non-exhaustive list)

Adventist Health Services. *Integrated Clinic and Community Based HIV/AIDS/STI Prevention Project.* March 2004.

Chiphangwi, J. D., Dallabetta, G.A., Liomba, G., Miotti, P.G., Saah, A.J. "A Retrospective Study Of Childhood Mortality and Spontaneous Abortion in HIV-1 Infected Women in Urban Malawi." In *International Epidemiology.* 1992.

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ANNEX III

IN-COUNTRY EVALUTION SCHEDULE

DATE	TIME	VENUE	ORGANISATION	CONTACT	PHONE #S	COMMENTS
WEEK 1						
Thurs, April 14th	AM	Cresta Hotel				1st Team Mtg. w. Elise Jensen
	14.00	USAID/Malawi	USAID	Elise Jensen, Mexon Nyirongo	01 772 455 09 960 037	Briefing w. HPN team
Fri 15th (transferred to Capital Hotel)	10.00	USAID Office	HPN Team Umoyo & Save the Children	Elise Jensen Express Moyo, Philip Moses, J. Froistad, et al	01 772 455 08841 460	Briefing w. HPN, Save/US and Umoyo staff
	PM	Save the Children/US and Umoyo Offices, Amina House	Umoyo Network	Express Moyo, Philip Moses, et al	01 753 888	1st full team meetings with Umoyo staff
Sat 16th	09.00-16.00	Capital Hotel & Amina House	Umoyo Network	Umoyo senior staff		Wide ranging discussions
	09.00	Capital Hotel	JHPIEGO/Umoyo	M..J. LaCoste, E. Gumbo		
	11.00	Capital Hotel		Gibson Manda	08838 181	Telephone mtg.
Sun 17th	11.00	*TEAM DEPARTS LILONGWE FOR MZUZU*				
Mon 18th	09.00	Mzuzu	Mzuzu Branch of MACRO	Gift Gumbo		Begin NGO contacts
	13.30	Mzuzu	NAPHAM, MANASO Branch Offices; also Central Hospital	Leonard Kalasa and others		Continue NGO contacts

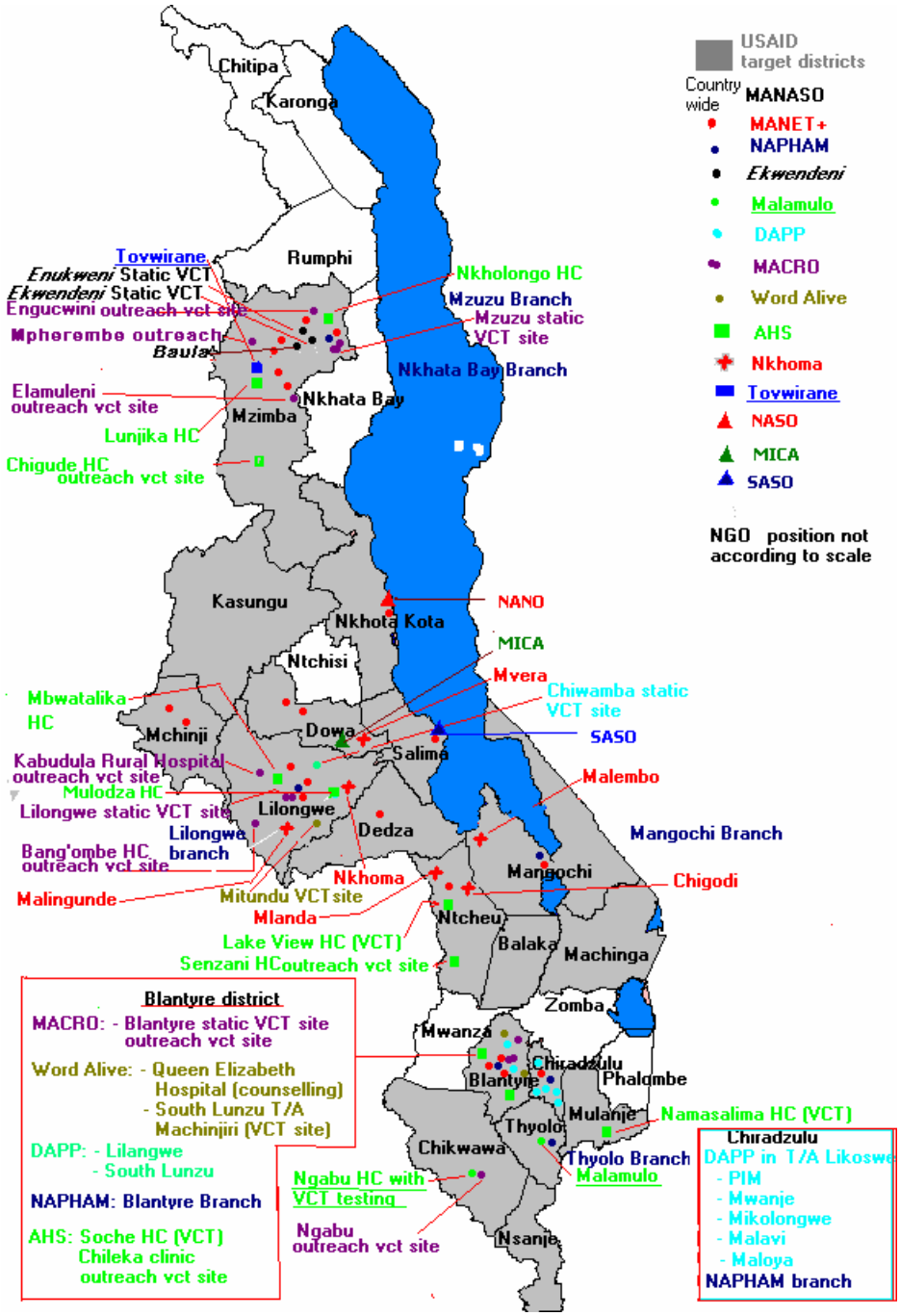
DATE	TIME	VENUE	ORGANISATION	CONTACT	PHONE #S	COMMENTS
Tues 19th	all day	Ekwendeni Hospital and Ekweni Hlth. Ctr.	Ekwendeni	Kistone Mhango and team		
Wed 20th	08:00	*TEAM DEPARTS MZUZU FOR LILONGWE*				
	13:30	Lilongwe	MANET	Anock Kapira		NGO contact
	15:30	Lilongwe	MACRO HQ	W. Limbe, K. Msowoya		
WEEK 2						
Thurs 21st	08.00	Malawi Institutue of Management	Umoyo Network Best Practices Conference			Team attend sconf., holds indiv. NGO meetings
Fri 22nd	08.00	Nat'l AIDS Commission	NAC M&E Unit	Cosbi Nkwesi	01 770 022	
	09.00	MOH	Repro. Health Unit	Jane Namasasu	01 751 552	
	10.30	MOH	HIV/AIDS Div.	Dr Erik Schouten	01 788 414	
	14.00	NAC	Policy Support and Development	Dr. Andrew Agabu, Head		
Sat 23rd	12.00	Jennifer Froistad – Private Residence	Save The Children	Jennifer Froistad	08 831 710	wide-ranging discussion
Sun 24th	10.00	Capital Hotel	AED/Umoyo Network	Mwate Chintu	01751 201	
Mon 25th	09.00	Lilongwe	NAPHAM	Tiwonge Loga		NGO
	10.00 – 13.00	USAID Mission	USAID	Elise Jensen	01772 455	Team interviews HPN team
	14.00	JHU / CCP Office	BRIDGE project	Kirsten Böse	01 750 333	
	15.30	CHAM Office – off Presidential Way	CHAM	Desiree Mhango, Health Coord.	09939 333	Eliot
	17.30	*TEAM DEPARTS LILONGWE FOR BLANTYRE*				

DATE	TIME	VENUE	ORGANISATION	CONTACT	PHONE #S	COMMENTS
Tues 26th	09.00	Umoyo Blantyre Headquarters	Umoyo Network	Carrie Osborne and staff		joined by Roy Hauya, C. Moyo
	13.30	Blantyre	MANASO	NGO staff		NGO
	15.00	Blantyre	Word Alive, Queens Hospital	NGO staff	01 674 451	NGO
	15.45	Umoyo HQ	INTRAC	Rick James		CB discussion
Wed 27th	09.00	Thyolo	DHO			Jean, Chris Moyo
	09.00 on	Namasalima	Adventist Health Services (NGO) Clinic	Florence Chipingu & staff	01621 688	Ann, Eliot, Roy Hauya
	11.00 on	Malamulo Hospital				Jean, Chris
WEEK 3						
Thurs 28th	08.00-10.00	South Lunzu	DAPP	NGO staff	01 672 706	
	11.00	South Lunzu	Word Alive and MOH clinics	NGO staff		followed by more mtgs. Umoyo HQ
	14.00	Blantyre	PSI	John Justino	01675 344	Ann
	14.00	Blantyre	ADRA	Hewton Samuel	01 622 693	Eliot
	17.30	*TEAM DEPARTS BLANTYRE FOR LILONGWE*				
Fri 29th	08.15	Lilongwe	MSH	Rudi Thetard	01 756 111	Jean
	09.30	Lilongwe	UNAIDS	Erasmus Morah	01772 603	Ann
	09.30	Lilongwe, Arwa House City Centre	FHI	Dr. Margaret Kaseje	01 775 106 09 510 111	Eliot
	11.00	Lilongwe Kangombe House	CDC - Global Aids Program	Perry Killam and M. Hochgesang	01 775 188 09 960 389	Jean

DATE	TIME	VENUE	ORGANISATION	CONTACT	PHONE #S	COMMENTS
	13.00 - 17.00	Nkhoma	Nkhoma Hospital, prospective Umoyo Network NGO	NGO staff	09 960 037	Jean, w. Eneud Gumbo
Sat 30th	09.00- 17.00	Capital Hotel				Team working mtgs, incl. with Umoyo staff
Sun. May 1st	10.00+	Capital Hotel				Report drafting
Mon 2nd	all day	Capital Hotel				Working session with R. Hauya; plan and prepare USAID briefing
Tues 3rd	10.00 – 13.00	USAID Mission	USAID HPN team	Elise, Mexon et al	01772 455	Formal team debriefing; report drafting
Wed 4th	10.00	Capital Hotel	Umoyo/ Save the Children	Express Moyo, Philip Moses, Jennifer Froistad, Carrie Osborne et al		Informal debriefing J. Capps departs
Thurs 5th	AM					Lewis, Putnam depart

ANNEX IV

MAP OF UMOYO NETWORK NGOs IN 18 USAID TARGET DISTRICTS (version 4.1)



ANNEX V

PROFILE MATRIX
CURRENT AND PROSPECTIVE NGO MEMBERS OF UMOYO NETWORK

UMOYO NGO	TITLE	OBJECTIVES	ACTIVITIES	BENEFICIARIES	SITES/ AREA	JOINED UMOYO *	PROJECTED 4 YR FUNDING
1.Ekwendeni CCAP Hospital	Prevention of HIV transmission through intensifying and improving IEC and VCT	Increase acceptance, reduce transmission, integrate STI into FP services	PMTCT, integrated FP services, health ed messages, training for CBDAs, safe motherhood, STI management, bicycles for volunteers	Reproductive age (15-49)	Mzuzu and 13 villages in Mzimba District	2003	568,678
2. Malamulo SDA Hospital	Integrated HIV/AIDS prevention and FP	Provide HIV prevention and FP services	IEC, condoms, VCT, STI mgmt., PMTCT, training teachers, vol. counselors	Reproductive age (15-49)	Malamulo, Ngabo, 3 outreach sites	2003	431,477
3.Adventist Health Services (AHS)	Integrated clinic and community based HIV/AIDS/STI	Provide FP, VCT, HIV/AIDS/STI management services	Train CBDs, PMTCT nurses, manage STI patients, condom distribution, VHC meetings, ToT on HBC, VCT, youth	Reproductive age (15-49)	Sites in 11 districts; national office in Blantyre	2003	$445,523
4. MANET+ Malawi Network of People Living w. HIV/AIDS	Capacity bldg., inst. support for quality HIV/AIDS services	Improve systems, advocacy for PLWHAS	PLWHA services. Improve fin. systems, staff development, advocacy, policy planning	PLWHAs, Board members and staff	National office Lilongwe	2003	$428,469
5. NAPHAM National Assn of People Living with HIV/AIDS in Malawi	Improving care and support, reduction of stigma and discrimination	Promote VCT, HBC services, outreach/behavior change, psycho-social support, cap. building	Group therapy, pastoral counseling, medical support to PLWHAS, training	PLWHAs, youth w/in catchment area	Lilongwe (HQ), Salima, Mzuzu, Nkhatabay, Blantyre, Mulanje	2003	$667,989

6. MACRO Malawi AIDS Counselling and Resource Organization	Prevention by strengthening VCT services	Improve VCT services, increase access and demand, IEC materials	Anonymous and confidential CT, provide info, behavior skills, STD prevention, detection, mgmt., FP	Youth, reproductive age group, PLWHAs	Static and outreach sites in Blantyre, Lilongwe, Mzuzu	2001	$2,029,650
7. DAPP Development Aid from People to People	Capacity building for a community response	Reduce spread of AIDS, expand capacity, HOPE stations	Training out-of-school youth, youth clubs, peer educators, HBC trng, cap. bldg., income gen, OVC, PMTCT	Youth and reproductive age group (15-49)	Blantyre, Chiradzulu, Lilongwe	2003	$544,007
8. Word Alive Ministries International (WAMI)	Intervention, counseling and care program	To provide counseling, care and support, protect rights of widows and orphans, support community care	VCT, community based care, orphan care, HIV prevention, inpatient VCT, PLWHA groups	HIV/AIDS infected and affected communities in Blantyre, reproductive age group	Blantyre	2003	$312,046
9. MANASO Malawi Network of AIDS Service Organizations	Build capacity of CBOs in HIV/AIDS networking, grants mgmt.	Coordinate HIV/AIDS activities among AIDS CBOs, others	Provide mini-grants to CBOs, also TA, training, capacity building	Community based HIV/AIDS service organizations	Based in Blantyre, branches in Lilongwe, Mzuzu	2003	$524,038 (100%US for overhead)
10. Tovwirane	HIV/AIDS Organization	Community based NGO	Support groups, positive living	Communities	Mzimba District	2005	$232,099
11. *Nkhoma CCAP Synod Hospital*	Clinic-based HIV/AIDS services	Increase utilization of HIV/AIDS/STI services, improving service quality at clinic/comm. level	VCT,PMTCT and STI activities	15 to 49 reproductive age group	5 Clinics	Working on proposal, capacity building since 8/03	$421,146

12. MAICC Mponela	Mponela AIDS Information and Counseling Ctr.	Behaviour change interventions				Received concept paper 8/03, still develop-ing plans.	
13. SASO Salima AIDS Support Org.	Advocacy, help to PLWHAs					Rec'd concept paper 8/03, still dev. plans	est. $370K
14. NASO Nkhota Kota AIDS Support	Advocacy, help to PLWHAs					Rec'd concept paper 8/03, still dev. plans	est. $430K
15. Southern Bottlers (SOBO)	Potential workplace HIV/AIDS initiative					Initial contact 10/04.	$154,400
16. Partners in Hope						Rec'd 1st submission 8/03;re-submitted 2/05.	$91,297

**This date reflects when NGOs began process of admission to new Umoyo Network/CBQ. NGOs 1-9 were also members of the previous network, Umoyo I, beginning in 1999, 2000 or 2001.*

ANNEX VI

PROGRESS AGAINST YEAR 2 TARGETS

NOTE: Shaded areas are for tracking only. See UPMP for full indicator descriptions. See footnotes for commentary on individual indicators.

RESULT	Y2 TARGET	ACHIEVEMENT BY DEC '04	ACHIEVEMENT BY MAR '05	WILL MEET Y2 TARGET?	COMMENTS
Result 1: Improved Capacity of the NGO Sector to sustain provision of HIV-related services					
Number of NGOs funded	15	9	10	NO	Includes Tovirane funded April '05
Increased numbers of people served (defined in geographic coverage)	100%[1]	77.8%	85%[2]	NO	Updated 04/05 UN report changed indicator definition[2]
# of districts with HIV related systems strengthened	18	8[3]	8	NO (see comment)	Policy work at national level impacts all 18 districts
# of NGOs with capacity strengthened	No Y2 target	n/a	n/a	n/a	Baselines only completed on old NGOs late 2004[4]
% of NGOs with measurable increase in USAID HIV/AIDS related funding	70%	Not measured	33%[5] (MTE team analysis shows 4/9 or 44%)		

[1]Applies to 7 NGOS with geographic coverage area and excludes NAPHAM, MANASO AND MANET. This was not explained in the original PMP. Malamulo has a fixed geographic coverage area, but indicator definition did not explain that Malamulo would not be included. Malamulo has increased number of sites from 1 to 2. Overall numbers of sites have increased from 13 to 42.

[2]Figure represents 6 out of 7 NGOs with increased geographic coverage. Malamulo was not counted because of their fixed geographic coverage. Umoyo responsible for reporting, but not achieving targets for this indicator.

[3] Does not include MANASO & MANET. Indicator definitions limited to NGO implementation areas, but overall program activities satisfy USAID HPN Indicator

[4] It would not be reasonable to repeat OD assessment over such a short period of time. There is confusion about what successful OA outcome would be. Some "baselines" were done as early as 2000 and have not been repeated. The OA self assessment tool was designed to be done without technical assistance by March 2005, and periodically thereafter

[5] NGO applications are with donors and indicator will not be measured until funding is secured.

RESULT	Y2 TARGET	ACHIEVEMENT BY DEC '04	ACHIEVEMENT BY MAR '05	WILL MEET Y2 TARGET?	COMMENTS
Result 2: Increased availability of VCT and other HIV-related services provided by the NGO sector					
# of USAID supported VCT sites	19 static, 20 outreach	14 static, 24 outreach	14 static, 24 outreach[6]	No[7]	HPN Indicator. Umoyo tracking for Mission. NAC funds for additional sites were not received until April 05.
# of USAID assisted STI clinics	24	16	16[8]	No	HPN Indicator
# of clients seen in USAID VCT centers	70,000	69,934	85,[9]463 (32,963 female) (52,500 male)	Yes (Exceeds targets)	USAID/Washington Indicator
# of clients seen in USAID-assisted STI clinics	12,200	6,010	9,630	No	USAID/Washington Indicator
# of USAID supported PMTCT sites	5	5	5	Yes	USAID /W Indicator. Additional NGOS requesting to start PMTCT services
Total # of women receiving PMTCT services (including counseling)	1,310	2,022	2,022[10]	Yes	USAID/W Indicator. (Due to delays in national PMTCT policy, Umoyo is not responsible for achieving targets.)

[6] Tovirane's funding will increase these numbers. Would be higher at this stage if anticipated NAC funding to Umoyo NGOs (especially MACRO) had been received.
[7] Outreach sites exceed targets, MACRO NAC funding for increasing static sites not received until April 2005.
[8] Umoyo is tracking these figures for the USAID Missions HPN indicators. Although not held accountable for reaching target figures, funding Nkhoma and some of the other pending NGOs should raise this figure to 24 by the end of Year 3.
[9] Preponderance of males attributed to overrepresentation by MACROs data. Programmatic efforts at MACRO and increased numbers of outreach VCT centers in several NGOS that are now co-located with other health services are starting to address the gender imbalance in VCT services accessed by clients.
[10] Actual number probably higher. Data still being collected. Target for year 3 will be 5,000.

Total # of HIV+ women receiving a complete course of antiretroviral prophylaxis in PMTCT setting[11]	n/a	53	500	n/a	USAID/W indicator. Few Network NGOs give ARVs. Not clear if referrals can be counted in this indicator.
# of USAID-assisted health facilities offering ARV treatment programs[12]	3	2	2[13]	n/a	MACRO would like to become ARV distribution sites.
# of people receiving ARV treatment from USAID-assisted health facilities	3	2	Ekwendene 154 women 115 men since 07/04	n/a	Numbers limited by government supply to 25 new patients/month. Maximum @ 04/05 could be 300 at Ekwendene
# of condoms distributed by USAID-assisted HIV-related services	n/a	1,185,078	1,185,078[14]	n/a	USAID/W indicator. No specific targets. Umoyo tracking only, but reporting is required.

[11] Complete course is not defined. Not clear if this refers only to Nevirapine at time of delivery.
[12] USAID supports OD and TA to the NGO, not drug procurement and supervision
[13] AHS and Malamulo plans are being finalized
[14] Numbers will probably be higher, data still coming in.

RESULT	Y2 TARGET	ACHIEVEMENT BY DEC '04	ACHIEVEMENT BY MAR '05	WILL MEET Y2 TARGET?	COMMENTS
RESULT 3: Improved Quality of HIV-related Services					
% of USAID supported with Quality Improvement in Quality Improvement Scores[15]					
% of health facilities that achieve 80% of national standards for infection prevention[16]	n/a	Malamulo 29.5%-52% Ekwendeni 42-39% Nkhoma 25.1-55.1%	Malamulo 3rd 64 Ekwendeni 3rd 65.3	n/a	No targets set. Shows promise for 2007.
# of facilities that achieve 80% of national standards for counseling and testing	n/a	MACRO[17] BL 61% MACRO LL-60% MACRO MZ-41.6% Ngabu-27% AHS Lakeview 27% AHS Namasalima 37%	n/a	n/a	No targets set. Shows promise in some facilities for 2007. Reports on VCT quality not yet finished. National standards not yet established. NGOs would not be expected to know what they are and meet them.
% of VCT sites meeting quality control standards for rapid blood testing	80%	0	0	No[18]	National standards not yet approved as of April 2005. In draft now. Umoyo can not meet standards not yet established.

[15]Data not provided by Umoyo. Referred to JHPEIGO for data. This is supposed to come from the Service Delivery Assessments.
[16] JHPIEGO M&E for IP activities were not incorporated into the December 2005 UPMP update. Umoyo should assure that it is included in the next UPMP update.
[17] Based on the individual NGO start of service date.
[18] See comment.

% of health facilities in targeted districts with no stock out of HIV test kits in past 3 months	100%	78.6%	78.6%[19]	No	Kits come from Central Medical Stores and FHI has buffer stocks, thus kits are available. USAID/Malawi PHN indicator
% of health facilities in targeted districts with no stock out of STI drugs in the past 12 months.	100%	93.8%	93.8%	100%	USAID/Malawi PHN indicator. Tracked for the RH portfolio
% of adults in stable relationship having sex with non-cohabitating non-marital partners	12% (definition of "sex" not specified)	Baseline data ?date 7.7% females 12.61% of males			USAID/W indicator No clear plans described how Umoyo will collect information on this indicator. Message is included in counseling sessions and community outreach activities. Data on counseling of this topic included on data sheets.
% of sexually active adults not in stable relationship who had sex with more than one partner	20%	Baseline data 14 % female 26.8% male	Not measured		USAID/W Indicator
% of respondents who report condom use at last risky sex	39% women 55% men [USAID target 35% women, 45% men]	Baseline 02/04 64.2% women 75.6% men			

[19] No updated data provided.

Median age at first sex among young men and women	18 [USAID F: 18.3 M: 18.0]				
% of people who fear disclosing HIV status because of negative reaction	[USAID target 70%}	Baseline 64.2% females[20] 44.3% males			Umoyo Network NGOs have several PLWHA groups. Membership by definition demonstrates willingness to disclose status.

[20]Question was posed as "% of men and women who would not tell others about the partner's cause of death at the funeral if partner died of AIDS.

ANNEX VII

STATEMENT OF WORK FOR EVALUATION

USAID/Malawi Evaluation of Save the Children's Capacity Building for Quality HIV/AIDS Services Project

I. PURPOSE

The purpose of this evaluation is to provide USAID/Malawi with an independent mid-term evaluation of its Cooperative Agreement #690-A-00-03-00185-00: Save the Children's (with its partners ADRA, AED and JHPIEGO) Capacity Building for Quality (CBQ) HIV/AIDS Services Project (hereafter referred to as Umoyo Network). Umoyo Network, which is managed by the USAID/Malawi's Office of Population, Health, and Nutrition (PHN), is a performance based award. HPN will utilize the findings of the evaluation in its determination as to whether to continue funding this activity for years 3 and 4.

When this project was originally conceptualized, USAID/Malawi PHN Strategic Objective (SO) 8 was to facilitate Healthier Malawian Families. The Umoyo Network was designed to support SO8 KIR8.2 Reduced New HIV Infections Illustrative Results (IR):

IR 8.2.3: Increased availability of HIV-related support services
IR 8.2.4: Improved quality of HIV-related support services
IR 8.2.5: Increased use of quality voluntary counseling and testing services

However, in 2004 USAID/Malawi's strategic framework was updated. USAID/Malawi HPN SO 8 Healthier Malawian Families is now a Mission Goal. In order to achieve this Goal, SO 8 was modified and is now Increased Use of Improved Health Behaviors and Services. Consequently, SO 8 IRs were also restructured and the Umoyo Network now supports newly designed:

IR 8.2: Quality of Services Improved
IR 8.3: Access to Services Increased
IR 8.4: Health Sector Capacity Strengthened

Umoyo Network is currently in its second year of implementation. In the Performance Based/Results Oriented agreement it was determined that additional one-year option periods (up to 2) could be awarded. The decision to exercise the options is contingent upon the successful completion of Year 2 targets, as agreed upon prior to the commencement of the award. This evaluation is a required action under the Performance Based/Results Oriented agreement and it will provide the information necessary to decide to exercise additional an one-year option.

Specifically, this evaluation will provide the basis for USAID/Malawi to:

- Assess the progress of Umoyo Network towards achieving the results outlined in their workplan;
- Decide whether or not to exercise the option to extend the project into a third year; and, if so,

- Determine whether it would be advantageous to modify approaches to implementing this project, given the resources, time and staff available, in order to better ensure that project results meet USAID/Malawi SO 8 targets.

As a monitoring tool, this mid-term evaluation should be used to evaluate project strengths, weakness and opportunities and to make specific recommendations for future programming/management options to ensure desired results are achieved by the project's end.

II. BACKGROUND

Malawi is rated among the world's ten countries most affected by the AIDS epidemic. It is estimated that 800,000 Malawians are now living with HIV and more than 80,000 of them are dying each year. According to NAC approximately 14% of adults aged 15-49 are infected, translating into a 50% lifetime risk of contracting the virus. Factors such as a lack of quality services and limited availability of voluntary counseling and testing services have prevented many Malawians from receiving the information and treatment necessary to respond to the disease and to protect their partners.

In order to stem this epidemic, the Government of Malawi developed a National Health Plan in conjunction with the National AIDS Commission's Agenda for Action. These strategies focus on improving HIV-related services and provider capacity. This strategy is supported by USAID/Malawi SO 8.

In 1999 Save the Children (SC/US) began developing the Umoyo Network through NGO Networks for Health. The Umoyo Network linked NGOs together to create a more effective service delivery system that facilitated reproductive health and family planning and HIV/AIDS services. By offering participating NGOs technical assistance, access to a grant management program and monitoring and evaluation activities, Umoyo Network also sought to build their capacity. In 2003, SC/US was awarded funding by USAID/Malawi to continue the Umoyo Network as the Umoyo Network for Capacity Building for Quality (CBQ) HIV/AIDS Services Project.

The Umoyo Network's focus is now solely on HIV/AIDS. In order to address the shortage of HIV-related support services, the Project's objective is to develop the organizational and service delivery capacity of Malawian NGOs to meet the demands of this epidemic on HIV/AIDS health systems and service delivery. By providing networking and partnership opportunities which support organizational and service delivery capacity building, Umoyo Network links NGOs to each other. In doing so, the Project's goal is to facilitate a more comprehensive system of HIV prevention, care and treatment services and maximize access to resources and technical expertise. The Umoyo Network also works in collaboration with the MoH and NAC. This ensures that all NGOs are compliant with national policies and working within GoM HIV/AIDS National Strategic Framework. Ultimately, Umoyo Network hopes to reduce new HIV infections through these capacity building activities.

The Umoyo Network, with partners operating in 18 districts, has offices in Blantyre (responsible for NGO mentoring in the southern region and for Project finance, grants management and administration) and Lilongwe (responsible for NGO mentoring in the central and northern region and for Project policy, advocacy at the national level and ministerial relationships). SC/US Chief of Party manages both offices and makes all management decisions regarding the fulfillment of the cooperative agreement. Policy and programmatic decisions are made in cooperation with the other three partners (ADRA, AED, JHPIEGO).

III. CONSULTANCY OBJECTIVES

The evaluation team will asses and document the progress made to-date in achieving the specific objectives in the agreement and review the programmatic, technical and managerial strengths and weaknesses of all major Umoyo Network components by addressing the following evaluation objectives. Based on the findings, the team will present results achieved to-date, document lessons learned and present justified recommends for improved performance.

OBJECTIVE 1

Assess progress made in implementing the project and achieving yearly targets and estimate if project implementation is likely to achieve the end of project objectives. Review the suitability of the project design and effectiveness of Umoyo Network program in helping NGOs improve access, coverage, and quality of HIV/AIDS services.

Overall Aim: To establish whether the program activities of the Umoyo Network are appropriate and effective in meeting the stated objectives.

1. Review the original assumptions in the project design and assess their validity.
    a. Are the original assumptions valid?
    b. Will the original assumptions provide sufficient guidance for appropriate programmatic and technical assistance decisions?

2. Assess whether the Umoyo Network is meeting anticipated Year 2 results, as negotiated in the original agreement.
    a. Has the project established reasonable methods for gathering data necessary to monitor and evaluate progress and indicator data? Is gathered data useful and applicable? Does the M&E Plan facilitate the utilization of data for improved performance?
    b. How effectively and efficiently does project performance contribute to USAID/Malawi SO 8 desired results?

3. Assess and analyze the effectiveness of Umoyo Network potential to build NGO technical capacity.
    a. Do participant NGOs show measurable signs of increasing access to and improving quality of HIV-related support services (including VCT services)? Are services being strengthened (in quality, availability and scope)?
    b. How is Umoyo Network technical assistance (TA) guiding positive changes in the services provided by participant NGOs?
    c. How is Umoyo Network TA affecting participant NGOs ability to link preventative and support services? Is technical competence sustainable?
    d. Does the TA reflect quality international and local standards and utilize state-of-the-art technologies?

4. Assess and analyze the effectiveness of Umoyo Network's to build NGO organizational capacity.

a. Do participant NGOs show signs of improving their ability to manage services and operations (managerial, financial, etc.)?

b. How is Umoyo Network technical assistance (TA) guiding changes in the services provided by participant NGOs?

c. Are participant NGOs moving towards sustainability? Are they diversifying their funding?

d. Is coverage increasing as a result of Umoyo Network TA?

e. Are networking and partnerships between NGOs being built? What are the results of these relationships? Are they sustainable relationships?

5. Assess and analyze the effectiveness of Umoyo Network's ability to operate a grants management program.

   a. Are NGOs accessing the grants mechanism? If so, how?

   b. Has the grants mechanism facilitated NGO's ability to provide increased access to quality HIV-related support services? How has this been measured? Are measurement tools applicable and appropriate?

6. Assess and analyze Umoyo Network TA from the viewpoint of participant NGOs.

   a. Is Umoyo Network TA useful and well-timed? Are partner NGOs satisfied with their relationship with Umoyo CBQ? Explain why or why not.

   b. Is the grants mechanism useful? Accessible?

   c. Which has more impact on the capacity of NGOs: the grants mechanism or capacity building TA? How? Why? Does funding reflect this?

OBJECTIVE 2

Assess the management and coordination of Umoyo Network.

Overall Aim: To establish the strengths and weaknesses of the Umoyo Network's management, coordination and communication.

1. Assess and analyze the effectiveness of the Umoyo Network system of managing the NGO network (i.e. administering grants, providing TA, building capacity).

   a. Has the contractor's staff composition (in the field and at the headquarters), duties and level of effort been sufficient to meet project requirements?

   b. Are Umoyo Network staff equipped to provide state-of-the art, timely TA?

   c. Are Umoyo Network systems and procedures adequate for responding to NGO needs?

   d. How have Umoyo Network coordination and systems affected the NGO network's ability to operate as a system to provide linked HIV-related support services?

   e. Assess the effectiveness of Umoyo Network to coordinate with sub-partners (ADRA, AED, JHPIEGO).

f. Are sub-partners engaged? Do they provide value-added contributions in building NGO capacity? If so or not, explain.

2. Assess whether Umoyo Network is facilitating synergy among:

- USAID/Malawi Health Team
- NGOs
- Sub-partners
- Other USAID/Malawi SO8 partners
- Other donors/Government of Malawi

a. Is Umoyo Network linking with these groups? Is there coherence and/or integration between services?

b. Has coordination and communication between these groups been effective?

c. Are there opportunities for these groups to obtain information from SC/US and to provide feedback on activity implementation?

3. Assess and document NGO compliance with MoH and NAC regulations.

a. Are NGOs coordinating with MoH at a district level when implementing services? Are they effective?

b. Is Umoyo Network contributing to MoH and NAC HIV/AIDS prevention and care strategies?

OBJECTIVE 3:

Provide recommendations for improved performance

Overall Aim: To document challenges, weaknesses, and progress made to date. Provide management/administrative and technical recommendations based on evaluation findings.

1. Identify inadequacies, gaps or areas that need strengthening, if any, in Umoyo Network methodology and programming.

2. Identify performance delays against indicators and articulate causes for these delays, and recommend remedial action.

3. What changes, if any, should be considered by USAID/Malawi and/or Umoyo Network to make the project more responsive in reducing new HIV infections and improving quality and access to HIV-related support services in Year 3?

IV. METHODOLOGY

IV.I Evaluation Methodology

The evaluation team is expected, in its proposal, to describe in detail a methodology for collecting the necessary information and data. The proposal should include a description of how the methodology responds to the above tasks and questions; from whom (and what) and how data will be collected; and how the data will be analyzed. The methodology should be collaborative and participatory, including

partners and key stakeholders (including USAID staff) as much as possible in planning and conducting the evaluation.

IV.II Arrangement of Meetings:

The Evaluation Team will work under the supervision and guidance of the USAID Cognizant Technical Officer (CTO) for the Umoyo Network. The CTO will organize all internal USAID meetings.

The CTO will arrange for an initial introductory meeting with Umoyo Network Directors and MoH and NAC officials. Where necessary the CTO may participate in meetings with the Umoyo Network Directors and MoH and NAC officials. A general list of stakeholders and key partners will be provided to the Evaluation Team by the CTO at the time of arrival. The Evaluation Team, however, will be responsible for expanding this list as appropriate and arranging the meetings and appointments so as to develop a comprehensive understanding of the program and services offered through the Umoyo Network.

The CTO will arrange, at a minimum, the following internal meetings:

1. Pre-evaluation meeting. The evaluation team will hold a pre-evaluation meeting with USAID/Malawi SO 8 team in Lilongwe, Malawi upon arrival. The purpose of this meeting is to review the scope of the mid-term evaluation and finalize evaluation methodology, key research questions and the schedule.

   The evaluation team will then meet periodically (as necessary) with USAID/Malawi, SO8 to provide updates on their progress.

2. Mid-evaluation meeting. The evaluation team will hold a mid-evaluation meeting with USAID/Malawi SO 8 team to review progress and to troubleshoot possible obstacles in completing the evaluation as planned. A proposed outline of the report, including draft evaluation findings and recommendations as developed to date, will be presented.

3. Debrief meeting. A debrief meeting will be held at the conclusion of the evaluation. In this meeting the evaluation team will present preliminary findings and recommendations in the format of a draft report that includes all the components of the final assessment report. At this meeting, USAID/Malawi SO 8 team will offer initial feedback. (See "Deliverables" section for further details.)

An additional meeting may be requested by USAID/Malawi to debrief stakeholders and solicit feedback.

The Evaluation Team is responsible for identifying and organizing any other appointments and meetings that may be required. Where necessary, especially with regards to meetings with government officials, the CTO may assist in arranging some of these meetings. The HPN Team Leader may participate in meetings with the government.

IV.III Background Documents:

Annex I provides a detailed list of reports, studies and other documents that the team should review and take into consideration when preparing for the evaluation and while conducting the evaluation. These reports will be collected by the CTO. The evaluation team is expected to collect and annotate additional documents and materials.

IV.IV Field Visits and Stakeholder Interviews:

The program is being implemented in 18 Malawian districts. The team will arrange to visit selected sites in consultation with the CTO. Wherever possible, the Evaluation Team will be accompanied by a member of the staff from USAID or Umoyo Network.

A list of key stakeholders and partners that the evaluation team should interview is included in Annex 2. These interviews should be conducted in-person whenever possible.

V. TEAM COMPOSITION AND DESIRED QUALIFICATIONS

The evaluation team will consist of a team leader and 2 technical experts. A representative from the MoH and/or NAC may be asked to participate as well.

1. Team Leader/ Senior Evaluation Specialist should have a post graduate degree in health or an applicable social sciences field. S/he should have at least 5 years senior level experience working in HIV/AIDS prevention and care and health/population programs in a developing country (preferably in countries with high HIV prevalence). S/he should have extensive experience in conducting qualitative evaluations/assessments and strong familiarity with the NGO sector. Excellent oral and written skills are required. The Team Leader should also have experience in leading evaluation teams and preparing high quality documents.

   The Team Leader will take specific responsibility for assessing and analyzing the organization's progress towards targets, factors for such performance, benefits/impact of the strategies, and compare with other possible options. S/he will also suggest ways of improving the present performance, if any.

   S/he will provide leadership for the team, finalize the evaluation design, coordinate activities, arrange periodic meetings, consolidate individual input from team members, and coordinate the process of assembling the final findings and recommendations into a high quality document. S/he will write the final report. S/he will also lead the preparation and presentation of the key evaluation findings and recommendations to the USAID/Malawi team and other major partners.

2. HIV/AIDS Technical Advisor should have a post graduate degree in public health or related subject. S/he should have at least 10 years experience with HIV/AIDS prevention and care design and implementation in developing countries (preferably in countries with high HIV prevalence). S/he should be knowledgeable in program assessment and evaluation methodologies in HIV/AIDS prevention/care programming, organizational and institutional capacity building. S/he should have extensive experience in conducting qualitative evaluations/assessments around HIV/AIDS service development and delivery by the NGO sector. S/he should have experience developing services and demonstrated knowledge of state-of –the-art strategies for evidenced-based HIV/AIDS programming.

3. Capacity Building Technical Advisor should have a post graduate degree in organizational development or health systems. S/he should have at least 5 years experience with NGO capacity building and organizational development in developing countries (preferably in countries with high HIV prevalence). S/he should be knowledgeable in program assessment and evaluation methodologies in capacity building, HIV/AIDS, organizational and institutional development. S/he

should have extensive experience, and demonstrate state-of-the-art knowledge, in conducting qualitative evaluations/assessments around improving capacity for service delivery.

ANNEX 1 – Selected list of background materials

1. Umoyo Network Cooperative Agreement proposal
2. Umoyo Network Workplan
3. Umoyo Network quarterly reports
4. Umoyo Network participant NGO organizational assessments
5. USAID/Malawi Country Strategic Plan 2000-2005
6. USAID/GoM Strategic Objective Agreement
7. USAID/Malawi Performance Monitoring Plan
8. USAID/Malawi HIV/AIDS Strategic Framework
9. Project Request for Applications
10. 2000 Malawi DHS
11. GoM National Health Plan
12. HIV/AIDS National Strategic Framework

ANNEX 2 – List of Key Stakeholders and Partners

1. National AIDS Commission
2. Ministry of Health
3. Umoyo Sub-Grantees
4. ADRA
5. JHPIEGO
6. AED
7. other USAID implementing partners as relevant
8. USAID
9. Members of District Health Management Teams