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## **USAID/GH/HIDN/NUT CHILD SURVIVAL AND HEALTH GRANTS PROGRAM**

### **GUIDELINES FOR FINAL EVALUATION**

#### **I. OVERVIEW OF EVALUATION**

The objective of USAID's Child Survival and Health Grants Program (CSHGP) is to contribute to sustained improvements in child survival and health outcomes by supporting the work of U.S. PVOs/NGOs and their in-country partners. With USAID's emphasis on managing for results, project evaluations have become less descriptive and more evidence-based. At the same time, greater emphasis is encouraged on processes that will determine the sustainability (and ultimate impact) of the project's health achievements. The CSHGP has assisted PVOs/NGOs in strengthening their project monitoring and in documenting project achievements so that organizations can provide credible evidence of achievements and results. The Mid-term Evaluation (MTE) report that is written as a result of the evaluation should uniquely be the work of the lead consultant (or evaluation team leader). The grantee should respond to the findings and recommendations made by the evaluator, provide an action plan, and if needed, a revised work plan, as part of its response.

##### **A. Core Evaluation Practices**

CSHGP's evaluation policies reflect a commitment to a set of core evaluation practices that over the years have proved to be critical elements in building PVO/NGO capacity to monitor and evaluate field projects. These practices have emerged from the lessons learned from the projects implemented by PVOs/NGOs and their partners.

- 1. Evaluations are joint activities.** Truly effective learning experiences involve all the partners. CSHGP, the grantees, their local partners, and other stakeholders usually participate in project evaluations. The participatory nature of the evaluation process encourages problem analysis and development of solutions by project staff and partners.
- 2. Good program design** is the foundation for documenting achievements. Projects that have successfully documented their achievements have clearly stated objectives, valid indicators and a realistic method for measuring change over the life of the project. The establishment of accurate baseline data is a critical element in tracking change.
- 3. Project commitment to the use of data.** The most successful projects demonstrate strong staff commitment to regular review of project performance data and action planning based on the data.



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All good evaluations recognize the achievements of the project and staff and document innovative activities highlighting promising practices or new approaches.

### **B. Purpose of Monitoring and Evaluation Systems**

The BASICS publication, “Child Survival BASICS, Monitoring and Evaluation: Tools for Improving Child Health and Survival,” (Quarterly Technical Newsletter #5, Spring 1998), defines monitoring and evaluation as “collecting and analyzing information that is accurate and reliable and can be put to practical use.”

**Monitoring** involves plotting progress in meeting implementation goals or measuring outputs and process, while;

**Evaluation** takes a broader perspective, determining if the course is the best one --- or assessing overall outcome or impact.

For the CSHGP, monitoring and evaluation provide project managers, local partners and USAID with a clear understanding of how the grantee project is functioning; evidence of results that have been achieved, and the importance of these achievements to the design and implementation of future projects. The Detailed Implementation Plan (DIP) describes the monitoring system the grantee intends to use. The evaluations take place at the project mid-term and end, and differ from each other in focus, and in the kinds of information they provide:

**The mid-term evaluation** focuses on the process of project implementation. The evaluation uses data and information from the project’s monitoring system and other sources to: (a) assess progress in implementing the DIP; (b) assess progress towards achievement of objectives or yearly benchmarks; (c) assess if interventions are sufficient to reach desired outcomes; (d) identify barriers to achievement of objectives; and (e) to provide recommended actions to guide the project staff through the last half of the project.

**The final evaluation** is focused on: (a) assessing if the project met the stated goals and objectives; (b) the effectiveness of the technical approach; (c) development of the overarching lessons learned from the project; and (d) a strategy for use or communication of these lessons both within the organization and to partners.

### **C. The Evaluation Audience**

The possible “audiences” for the information from the project evaluations include the local partners, the grantee, USAID CSHGP and Missions and other stakeholders. However, while



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CSHGP and its partners share similar evaluation objectives, the information needs of each partner are different.

While the CSHGP monitors the performance of the individual projects, the Program also must consolidate information across all projects to report to senior level Agency managers and congressional interest groups about the effectiveness of the Child Survival and Health Grants Program. Results reporting by the CSHGP are intimately linked to resource allocation. Therefore, clearly presented project results, with supporting evidence, are keys to continued funding of the CSHGP.

### **D. The Evaluation Process**

1. **Participation:** CSHGP encourages the participation of grantee headquarters and field project staff, representatives from project partners, USAID mission staff, government health service personnel and community members in planning and conducting the evaluation. Representatives from other PVOs/NGOs, USAID Mission Bilateral programs, and other stakeholders (including CAs) may be invited.
2. **Developing the SOW:** The grantee is responsible for developing the Statement of Work (SOW) for the evaluation team. While these Evaluation Guidelines identify a core set of components to be addressed, the grantee tailors the evaluation to its needs with questions that are specific to the program. The information needs and evaluation questions of the primary partners should also be integrated into the evaluation SOW. CSHGP does not need to approve the evaluation SOW but the process should include both quantitative (e.g. KPC and HFA) and qualitative evaluation methods. Grantees are required to provide data on the Rapid CATCH indicators relevant to their program interventions at Final Evaluation.
3. **Team Composition:** The evaluation Team Leader, who serves as the lead author and editor of the evaluation report, should be someone who is not employed by, or otherwise professionally associated with the concerned grantee or the specific child survival project. The grantee identifies a candidate for the Team leader and proposes this to CSHGP for approval prior to the evaluation. The CORE Group, CSTS+ and several grantees have developed databases of strong evaluators of Child Survival and Health Grants Projects. If a grantee has identified another good one, please add this person's name to the lists! Additional team members may include others that the grantee selects from their organization, its partners, USAID Mission, and other organizations. It is strongly recommended that the HQ backstop participate as a member of the Mid-term evaluation team, so that (s)he is well positioned to assist the project team to address any recommendations that may emerge.



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**E. Comments**

As these guidelines are updated on an annual basis, the CSHGP is interested in getting feedback from grantees on the content of these guidelines, specifically, the Technical Instructions. This should guide development of future changes and ensure relevance of the guidelines.

**F. Submission Instructions**

1. Please complete the Final Evaluation Report by following the outline provided below.
  - a. All annexes should be in English or accompanied with a translation.
  - b. Use a 12-point font that is clearly legible.
2. On the Final Evaluation Report cover page please include the following: Name of grantee, project location (country and district(s)), cooperative agreement number, project beginning and ending dates, date of submission, and (on the cover or on the next page) the names and positions of all those involved in writing and editing the Final Evaluation Report.
3. The Final Evaluation Report is due at GH/HIDN/NUT on or before December 31<sup>st</sup>. The CSHGP suggests that projects allow sufficient time for fieldwork, writing and editing. Failure to submit a Final Evaluation Report on time to GH/HIDN/NUT could result in a material failure, as described in 22 CFR 226.61. If there are circumstances beyond the grantee's control that have had an impact on the ability to complete the Final Evaluation Report on time then contact the CSHGP as soon as possible. For grantees that are considering a cost extension program, applications now include a Final Evaluation Report. Please see the annual RFA for specific guidance on cost extension applications and due dates for submission of Final Evaluations.
4. The CSHGP Project Data Form should be reviewed and updated and included with the MTE Report submission. This form is located on the CSTS+ Project website at [www.childsurvival.com](http://www.childsurvival.com) and was originally completed by the grantee during the DIP development stage. The information included on this data form is used by the CSHGP to provide accurate updates on active projects, key staff, project objectives and major activities and reflect the current project situation. Please note that a few revisions have been made to the entry form. Since the form periodically undergoes revisions, it is important to update it at the time of preparing the Final Evaluation report to ensure that the project's activities are accurately represented, and that end-of-project survey results are recorded



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The Flexible Fund Project Data Form should be updated at the time of each annual report, and included with the MTE Report submission. This form is located at [http://www.flexfund.org/start\\_grantee\\_login.cfm?grantee=true](http://www.flexfund.org/start_grantee_login.cfm?grantee=true)

5. Send the CSHGP (address below) the original and one (1) copy of the Final Evaluation Report, and one electronic copy (CD) of the Final Evaluation Report in Microsoft Word 2000. The original hard copy of the Final Evaluation Report should be double-sided and unbound. The copy of the report should be double-sided and bound. Any annexes that are available in hard copy only should be scanned and included on the version submitted on CD.

Jill Boezwinkle  
Attn: Aimee Rose, Program Assistant  
USAID/GH/HIDN/NUT/CSHGP  
1300 Pennsylvania Avenue NW  
Room 3.7-74  
Washington, DC 20523-3700

6. Send CSTS+ (address below) a double-sided, unbound copy and an electronic copy (by CD). If additional CATCH indicator information is available, please send complete records for each CATCH indicator. Also, each grantee is responsible to update the FE Rapid Catch data in the database at [www.childsurvival.com](http://www.childsurvival.com)

Attention: Deborah Kumper, Administrative Assistant  
ORC Macro – Child Survival Technical Support Plus Project (CSTS+)  
11785 Beltsville Drive  
Calverton, MD 20705  
[Deborah.K.Kumper@orcmacro.com](mailto:Deborah.K.Kumper@orcmacro.com)

7. Send one, double-sided, unbound copy of the Final Evaluation Report to the relevant USAID Mission.
8. In accordance with USAID AUTOMATED DIRECTIVES SYSTEM (ADS) 540.5.2, please submit one electronic copy of the Final Evaluation Report to the USAID/PPC/CDIE Development Experience Clearinghouse (DEC). Please include the Cooperative Agreement number on the electronic Final Evaluation Report submission. Electronic documents can be sent as email attachments to [docsubmit@dec.cdie.org](mailto:docsubmit@dec.cdie.org). For complete information on submitting documents to the DEC, see <http://www.dec.org/submit/>.



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## **II. THE FINAL EVALUATION REPORT**

The final evaluation provides an opportunity for all project stakeholders to take stock of accomplishments to date and to listen to the beneficiaries at all levels: including mothers and caregivers, other community members and opinion leaders, health workers, health system administrators, local partners, other organizations and donors. The final evaluation includes the comparison of baseline and final data, elaborates on the lessons learned from the model or implementation approach, and identifies promising practices and opportunities for scaling up and/or replicating the approach within a broader context. The final evaluation provides an additional opportunity for the project to benefit from the outside viewpoint of a consultant who acts as facilitator of the evaluation process. Other grantees and resource persons may also be invited to participate in the evaluation process.

The final evaluation report shall address each of the following elements. If any of these items is not covered by the evaluation, please explain why. Except for the summary, redundant sections may be cross-referenced.

### **A. Summary**

Provide a one-to-two page executive summary of the report that includes:

1. Brief description of the project and its objectives.
2. The main accomplishments of the project.
3. Highlights from the comparison of the baseline and final evaluation surveys, including measured improvements in health outcomes, but also demonstrated increases in organizational or community capacity, health services improvements, policy changes achieved through the project and potential for sustainability and replication.
4. A list of the priority conclusions resulting from this evaluation.

### **B. Assessment of Results and Impact of the Project**

The Detailed Implementation Plan (DIP), presented in the first year of the project is the official work plan of the project. The outline below provides guidance for the evaluation team for examining the project's technical child survival and health interventions, and for the approaches that cut across those technical interventions. **For Expanded Impact Projects**, please frame your project's main accomplishments in the context of your overall strategy for contributing to scale. Briefly restate your strategy for contributing to scale, and then outline how the project's progress toward its objectives is advancing this strategy.



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**1. Results: Summary Chart**

Construct a chart containing baseline and final data for all of the project objectives/indicators.

**2. Results: Technical Approach**

- a. Provide a brief overview of the project including objectives, location, intervention mix, general strategy. More detailed documentation may be provided in the annexes.
- b. Progress report by intervention area (see section 4 below for additional guidelines related to Family Planning interventions). In this section:
  - i. Discuss the results and outcomes of the project as measured by comparison of the baseline and final evaluation surveys.
  - ii. Describe factors affecting achievement of project objectives and outcomes. For objectives not fully achieved, discuss contributing factors.
  - iii. For each intervention, what are the main successes and lessons learned?
  - iv. Discuss special outcomes, and unexpected successes or constraints.
  - v. If the project is continuing, describe how the lessons learned will be applied to future activities.
  - vi. Discuss potential for scale-up or expanding the impact of intervention areas.
- c. Discuss any new tools or approaches that the project developed or used; operations research or special studies that were conducted (include complete reports in annex); how the data and information have been used and what actions were taken.

**3. Results: Cross-cutting approaches (address each section applicable)**

This section discusses progress on approaches that cross intervention areas and have, or will impact project objectives and outcomes. These are activities that may or may not have been articulated specifically in the DIP, but have emerged as critical activities in the project. In discussing cross-cutting activities, discuss the impact of the activities on the project.

Examples of cross-cutting approaches include behavior-change strategies, community mobilization, partnership-building activities and training (e.g., negotiations, agreements achieved, linkages formed), outreach strategies, advocacy or community or awareness-building strategies, and strengthening information management systems. The evaluation team may discuss any other cross-cutting activities that may be pertinent to the project.



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Also include modifications and explanations/rationale for those modifications, and cross-cutting activities added to the work plan.

Discuss progress made in relation to objectives and targets, methods and approaches, timing, key participants, geographical scope of activity, technical areas covered, etc. Describe how activities have had/will have:

- An effect or impact on the project.
- An impact on the lessons learned to date.
- Potential for scaling-up or expanding the project.
- Links to future activities.

The following are questions for several specific cross-cutting approaches.

**a. Community Mobilization**

- i. How effective was the approach for community mobilization?
- ii. Were the objectives met for community mobilization?
- iii. What lessons were learned for future community mobilization efforts?
- iv. Is there demand in the community for project activities to continue? How was this measured?
- v. What are the plans for sustaining these activities once the project closes?
- vi. Are the sustainability plans realistic?

**b. Communication for Behavior Change**

- i. How effective was the approach for communication and behavior change?
- ii. Were the behavior change objectives met?
- iii. What were the lessons learned?
- iv. How will these behaviors be sustained once the project closes?
- v. Are the sustainability plans realistic?
- vi. How was the impact of BCC interventions measured/evaluated?

**c. Capacity Building Approach**

Discuss the capacity strengthening results of this project. This may include how the project improved the capacity of the grantee, the public sector partners, local NGOs and/or community-based partners. Use the questions below to guide the assessment.

- i. Strengthening the Grantee Organization



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- The external reviewer and the grantee will assess the capacity building effects this project had on the overall organization – U.S. headquarters as well as field operations. This may require a visit by the external reviewer to the grantee headquarters.
  - How has this grant improved the capacity of the grantee to design, implement and evaluate effective child survival projects?
  - How have effects of this grant influenced other projects operated by the grantee?
- ii. Strengthening Local Partner Organizations**
- Describe the outcomes of any assessment, formal or informal, conducted at the outset and conclusion of the project to determine the organizational capacities of local partners.
  - How have the organizational capacities of the local partner changed since the beginning of the project? What factors/interventions have most contributed to those changes?
  - What are the best practices and lessons learned in capacity building of local partners?
- iii. Health Facilities Strengthening**
- How effective was the approach for improved management and services at health facilities?
  - What tools did the project use for health facility assessments? Were the tools effective for measuring change?
  - What were the lessons learned?
  - What are the plans for sustaining these activities once the project closes? Are the sustainability plans realistic?
  - Discuss linkages between these facilities and the communities.
- iv. Strengthening Health Worker Performance**
- How effective was the approach for strengthening health worker performance?
  - Were the performance objectives met?
  - What were the best practices and lessons learned?
  - What are the plans for sustaining health worker performance once the project closes?
  - Are the sustainability plans realistic?



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- Were the tools used to assess the results of improving health worker performance sensitive enough to measure change over the life of the project?
- How did the project address the gaps between performance standards and actual performance?

**v. Training**

- How effective was the training strategy?
- Were the training objectives met?
- What evidence is there that suggests that the training implemented has resulted in new ways of doing things, or increased knowledge and skills of the participants?
- What were the best practices and lessons learned?
- What are the plans for sustaining these training activities once the project closes?
- Are the sustainability plans for training realistic?

**d. Sustainability Strategy**

- i. Were the sustainability goals and objectives that were articulated in the DIP met? How did the initial sustainability plan (if there was one) evolve through the implementation of the project?
- ii. What is the status of the phase-over plan, and is it on schedule? After the project, will there be any continuing technical and management assistance?
- iii. Have the approaches to building financial sustainability-- (e.g., local level financing, cost recovery, resource diversification, corporate sponsorships) been successful?
- iv. How has the project built demand for services, and is the community sufficiently engaged to influence how services are delivered?
- v. If the project used a formal sustainability design methodology (e.g., the CSSA) at the DIP stage, what progress has been made on the partner's and project's sustainability plans? What new insights have been gained through project implementation? How are the sustainability strategy and M&E plans evolving?

**4. Results—Family Planning**

Projects implementing family planning activities (supported with 30% or 100% population funds) are asked to address the following:



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- a. Did the grantee work effectively with the local USAID Mission, bilateral programs, the MOH, other donors, and local stakeholders to ensure an adequate and consistent contraceptive supply within the target area? Were contraceptive supplies maintained at service delivery points within the target area, both at the community level and at the facility level? Did the project taking the necessary steps, in collaboration with project stakeholders, to ensure that a range of methods are consistently available in the target area? Are there systems in place to ensure that any gains made in improving contraceptive supply and availability will continue once the project ends?
- b. Did family planning use increase in the target area? If yes, what were the factors involved? Is there evidence that barriers to family planning decreased as a result of programmatic activities? What barriers were decreased and how was this accomplished?
- c. Did the quality of family planning services improve in the target area? If yes, what was improved and what are the factors that led to the improvements?
- d. Did access to family planning services increase as a result of the project's activities? If yes, where was access increased and what were the factors that led to an increase in access?
- e. Was the project effective in increasing the number of family planning methods available to beneficiaries? If yes, how did the project increase the range of methods offered? How has the method mix in the project area changed over time in terms of types of methods being offered (at both the community and facility levels) and the proportions of methods used by women/couples?
- f. Was the project in compliance with all of the prohibitions and restrictions related to USAID population funds, including the Mexico City Policy (relating to abortion) and the Tiahrt Amendment (relating to voluntarism and informed choice)?
- g. Was the project successful in identifying an activity that resulted in a 'lesson learned' that will be documented and that has the potential to inform other grantees implementing community-based FP projects and add to evidence of PVO contributions in expanding FP use?

**5. Results—TB**

Grantees should report on the monitoring indicators and benchmarks agreed upon in their DIPs. Progress can be reported in an annex or in tabular form. Any deviation from planned benchmarks should be explained. Grantees can review previous grantee reports by going to the Tuberculosis Virtual Resource Center (TB VRC) that CSTS+ maintains (<http://www.tbvrc.org/>). Among many other resources catalogued in the TB VRC, there are examples of formats already used in the "PVO Tools and Reports" section.

**C. Project Management**



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This section provides an overall discussion of project management issues, at HQ, within the field project, with partners and with the community. The objective is to assess the strengths and weaknesses of the management support systems, i.e., planning, financial management, information management, personnel management, supervision, training, logistics, etc. The aim is to identify specific ways in which the management support systems contributed to or hindered project implementation.

**1. Planning**

- a. How inclusive was the project planning process and what effect did this have on the implementation process?
- b. To what extent was the DIP work plan practical? Based on the grantee's and its partner's experience with this project, what could be added to the DIP preparation and review process that would have strengthened implementation?
- c. What were the gaps in the DIP and how were they addressed by the project staff?

**2. Staff Training**

- a. What change is there in the knowledge, skills and competencies of the project and partner's staff? Is there evidence that the staff has applied these skills both within the project and in another context?
- b. Were adequate resources dedicated to staff training?
- c. What are the overall lessons learned about building the capacity of project staff?

**3. Supervision of Project Staff**

- a. Was the supervisory system adequate?
- b. Is the supervisory system fully institutionalized and can it be maintained?
- c. Is there evidence that the project's approach to strengthening supervisory systems has been adopted beyond the project?

**4. Human Resources and Staff Management**

- a. Are essential personnel policies and procedures of the grantee and partner organizations in place, to continue project operations that are intended to be sustainable?
- b. Describe the morale, cohesion and working relationships of project personnel and how this affected project implementation.
- c. Describe the level of staff turnover throughout the life of the project, and the impact it has had on project implementation.



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- d. Have plans been developed to facilitate staff transition to other paying jobs at the end of the project?

**5. Financial Management** [to be completed with the field staff and lead evaluator]

- a. Discuss the adequacy of the grantee's and partners' financial management and accountability for project finances and budgeting. If the project budget was adjusted, explain why. Do the project implementers have adequate budgeting skills to be able to accurately estimate costs and elaborate on budgets for future programming?
- b. Are adequate resources in place to finance operations and activities that are intended to be sustained beyond this cooperative agreement?
- c. Was there sufficient outside technical assistance available to assist the grantee and its partners to develop financial plans for sustainability?

**6. Logistics**

- a. What impact has logistics (procurement and distribution of equipment, supplies, vehicles, etc.) had on the implementation of the project?
- b. Is the logistics system sufficiently strong to support operations and activities that are intended to be sustained?

**7. Information Management**

- a. How effective was the system to measure progress towards project objectives?
- b. Was there a systematic way of collecting, reporting and using data at all project levels? Cite examples of how project data was used to make management or technical decisions.
- c. Is the project staff sufficiently skilled to continue collecting project data/information and to use it for project revisions or strengthening?
- d. Did the project conduct or use special assessments, mini survey focus groups, etc. to solve problems or test new approaches? Give examples of the research, use of data, and outcomes.
- e. To what extent did the project strengthen other existing data collection systems (i.e. government)?
- f. Do the project staff, headquarters staff, local level partners, and the community have a clear understanding of what the project has achieved?
- g. How have the project's monitoring and impact data been used beyond this child survival project?



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**8. Technical and Administrative Support**

- a. Discuss types and sources, timeliness, and utility of external technical assistance the project has received to date.
- b. What assistance did the project need that was not available? How could grantee headquarters and/or USAID better plan for the technical assistance needs of grantee projects?
- c. Discuss grantee headquarters and regional technical and managerial support of the field project. Approximately how much time has been devoted to supporting this project?

**9. Mission Collaboration**

The CSHGP believes that USAID Missions are critical partners for their centrally-funded Child Survival and Health Grants. The USAID Mission represents and carries out the Agency's strategy for health at the country level, seeking to strengthen MOH efforts and policies through complementary health programming to maximize overall impact at the country level. The Missions and their bi-lateral programs are one of the present vehicles that the Bureau for Global Health is using to increase the scale of proven interventions, and the Mission can provide a forum for exploring ways to achieve scale at the country-level. In cases where CSHGP grantees have shown synergies with Mission priorities, Missions have sometimes co-funded these projects or taken on the projects once the once the CSHGP cycle has finished. Please describe this project's collaboration with the USAID Mission, particularly related to the role this project played in contributing to the Mission's overall health objectives. Discuss how the project collaborated with or complemented mission bilateral programs, how the bi-lateral programs or Mission utilized project results to inform their own activities. Also, please discuss the extent to which components of the project will be continued/supported by the USAID Mission or bi-lateral program after the CSHGP funding ends.

**10. Management Lessons Learned**

List the overall management lessons learned, in terms of planning, training, supervision, human resources, financial management, logistics, information management, and technical support. Describe how the grantee organization (HQ and field management) will share and internalize these lessons.

**D. Other Issues Identified by the Team**

Discuss additional issues identified by the team during the course of the evaluation, which are not covered by these guidelines.



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### **E. Conclusions and Recommendations**

This section presents the main conclusions based on this final evaluation.

1. Based on the data from the baseline and final assessments presented in the summary chart, discuss whether the objectives were met and outcomes were achieved, and the conclusions regarding the success of the project in meeting its objectives and outcomes.
2. Describe the most important achievements, constraints and other factors affecting project performance.
3. Outline the best practices and lessons learned.
4. Present any recommendations for USAID/GH/CSHGP, the project staff and collaborating partners regarding future work or directions. Comment on the project's potential for sustainability.
5. Grantee headquarters should present a short section on how they intend to use the best practices and lessons learned and communicate this information to the broader development community.
6. Describe potential for scale-up and expansion of the project.

### **F. Results Highlight**

The CSHGP is interested in innovative ideas, promising practices, and best practices that are emerging from its grantee community, for the purpose of providing practical and evidence-based examples to its stakeholders who want to learn about the contributions of the project to international health. These stakeholders include USAID leadership within the Bureau for Global Health as well as other parts of the agency, in addition to USAID Missions, other donors, and the US Congress. For the purposes of establishing a common language for defining grantee contributions, the CSHGP has adopted the following general definitions for “innovative ideas”, “promising practices”, and “best practices”. We are interested in learning more about grantee contributions that may fall into any of these categories.

1. **Innovative ideas:** These are practices that show creative solutions to common community health problems and may demonstrate effectiveness, but have no evidence base yet. These are ideas that a grantee may be testing and trying to further document the process for replication and the evidence of effectiveness.
2. **Promising practice:** A program, activity, or strategy that has worked within one organization and shows evidence-based promise during its early stage for becoming a best practice with long term sustainable impact. A promising practice must have some objective basis for claiming effectiveness and must have potential for replication among other organizations and in other settings.
3. **Best practice:** These are practices with evidence of both effectiveness and replicability, and are often supported by peer reviewed literature and international standards.



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Considering these definitions, please provide a **one-page highlight of an innovative idea, promising practice, or best practice that is being advanced by this project—providing as much evidence-base as possible at the time of this report.**

Each highlight should include the following information:

- a. The problem being addressed (e.g. low immunization coverage)
- b. The project's input to address it (TA, logistics support, training, etc.)
- c. The magnitude of the intervention (number of direct beneficiaries, percentage of population covered by CSHGP, etc.)
- d. Some quantifiable or specific results (immunization increased from X% to X% in XX districts, a new policy enacted, or some other impact-oriented result).

The highlight may touch on any topic that the grantee feels is relevant at the project site, but the CSHGP is particularly interested in highlights related to contributions in the following areas:

**Contribution to Scale/Scaling Up:** if the project's strategy is designed to contribute significantly to scale, the CSHGP is interested in highlights focusing on evidence that the project has: a) utilized strategic networks or partnerships to reach beneficiaries at the district, regional, or national levels; b) partnered with Mission-funded bi-lateral programs to support implementation of national strategies in geographic regions that are not covered by other partners; c) strengthened the health system at the district or higher level in such a way that it has the capacity to carry out proven interventions at scale; d) influenced national policy related to proven health interventions; and, e) identified other successful approaches, strategies, or mechanisms to scaling up.

**Increased governance capacity in local institutions:** Please describe any accomplishments related to building the governance capacity of civil society institutions (e.g., village health committees) or government institutions (e.g., district MOH, municipal government). We are interested in highlights that feature clear evidence of increased capacity of these institutions to manage themselves, attract local resources, etc.

**Equity:** Many CSHGP grantees are addressing equity issues at the local level in a variety of ways—different strategies have been applied to address socio-economic equity, gender equity; ethnic identity, geographic equity, etc. The CSHGP is particularly interested in highlights that demonstrate how projects have used evidence of inequities in the project area to target interventions and activities to the most disadvantaged populations, and what results these strategies have yielded.

- G. If a topic in these guidelines **does not apply** to the project, please indicate this in the Final Evaluation Report.



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- H. Include in the Final Evaluation Report, **other relevant aspects** of the project that may not be covered in these guidelines.
- I. If project team members have **published** any papers that highlight project results, **or presented** the project at any major conferences or during the life of the project, please include a list of these papers/presentations as an annex to this report.

**III. ATTACHMENTS:**

- A. Evaluation Team Members and their titles**
- B. Final KPC report**
- C. Evaluation Assessment methodology**

Provide a brief discussion of the assessment methods used by the final evaluation team to assess essential knowledge, skills, practices, and supplies of health workers and facilities associated with the project.

- D. List of persons interviewed and contacted**
- E. Diskette or CD with electronic copy of the report in MS WORD 2000**
- F. Special reports**

If appropriate, include special reports or analyses produced by the project.

- F. Project Data Sheet form – updated version**