ASSESSMENT OF WORLD LEARNING'S MALAWI SCHOLARSHIP PROGRAM (MSP) REPORT

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USAID Contract No. AID-OAA-C-14-00067; Evaluation Assignment Number: 758

ABSTRACT

The purpose of this performance assessment of the Malawi Scholarship Program (MSP) is to provide USAID/Malawi information about the program's efficacy and relative importance in ensuring an adequate number of trained healthcare workers for the health sector in Malawi. The assessment team adopted a mixed-methods approach that integrated a thorough analysis of project documents, a secondary analysis of existing quantitative data, and the collection of primary qualitative data generated during fieldwork and gathered through key informant interviews, focus group discussions, and group interviews.

Available evidence suggests that the design and implementation of the activity will achieve only three of the six objectives by the time the project comes to an end in 2020. The project has, to a limited extent, enabled recipients to contribute to health service delivery in family planning/reproductive health; maternal, neonatal, and child health; pharmacy; HIV/AIDS; and nutrition, yet only 149 scholarship recipients have so far been deployed out of the 376 that graduated (through in-country training). Adding the 32 third-country training and US training recipients who are in-service, the number comes to 181 out of a total of 799 scholarship recipients enrolled.

USAID/Malawi should sign a Memorandum of Understanding with the Government of Malawi on scholarships to enhance coordination of the MSP and deployment of scholarship recipients. Concerted efforts by the government and key development players are urgently needed to address delayed deployment of scholarship recipients from pre-service training—given high vacancy rates and delayed project benefit realization—through coordination, budget availability, and prioritization. There is also an urgent need to prioritize recruitment and make funds available to facilitate absorption of the trained health workers.

ACKNOWLEDGMENTS

The assessment team would like to sincerely thank USAID/Malawi for the opportunity to participate in the assessment of the Malawi Scholarship Program. Our thanks go to Veronica Chipeta-Chirwa, Monitoring, Evaluation, and Learning Specialist, and Ndasowa Chitule, Contracting Officer's Representative and Health and Systems Strengthening Specialist, for their technical support and guidance and for making appointments with government ministries. We would also like to thank the in-country team of World Learning for providing logistical support, especially in making appointments with respondents in the northern, central, and southern regions. We would specifically like to thank Newton Kamchetere, Chief of Party; Patrick Tembwe, Program Officer; and Tiyamike Chakhaza, Program Associate.

The assessment team is highly indebted to all key informants at the national, regional, and district levels who took time from their busy schedules to provide invaluable information during the data collection, without which this assessment would not have been possible. We want to express our appreciation to the college principals of nursing and midwifery colleges and representatives of universities for being available for interviews and for organizing students for interviews. Our special thanks go to scholarship recipients, including current students and graduates, for being available for interviews. Additional thanks go to the government officials from the Ministry of Health and Population directorate of human resources and management, directorate of nursing and midwifery, and the executive secretary of the Local Government Service Commission. Last and not least, we would like to thank representatives from Clinton Health Access Initiative and Village Reach for the invaluable information they provided to the assessment team.

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ACRONYMS

BSc	Bachelor's of Science
CHAI	Clinton Health Access Initiative
CHAM	Christian Health Association of Malawi
CMAs	Community Midwife Assistants
FGD	Focus Group Discussion
FP	Family Planning
GI	Group Interview
GoM	Government of Malawi
FORECAST IDIQ	Focus on Results: Enhancing Capacity across Sectors in Transition II-Indefinite Delivery Indefinite Quantity
FORECAST II-PT	Focus on Results: Enhancing Capacity across Sectors in Transition II-Participant Training
HDU	High Dependence Unit
HRH	Human Resources for Health
ICT	In-Country Training
KII	Key Informant Interview
LGSC	Local Government Service Commission
LUANAR	Lilongwe University of Agriculture and Natural Resources
MCHS	Malawi College of Health Sciences
MNCH	Maternal, Neonatal, and Child Health
MoHP	Ministry of Health and Population (formerly Ministry of Health)
MoLG	Ministry of Local Government
MSc	Master's of Science
MSP	Malawi Scholarship Program
NMCM	Nurses and Midwives Council of Malawi
NMT	Nurse and Midwife Technician
PA	Pharmacy Assistant
PEPFAR	President's Emergency Plan For AIDS Relief
RH	Reproductive Health
TCT	Third-Country Training
TI	Training Institutions

TO	Task Order
UCM	University Certificate in Midwifery
USAID	United States Agency for International Development
UST	United States Training
WL	World Learning

EXECUTIVE SUMMARY

EVALUATION PURPOSE AND QUESTIONS

The purpose of this performance assessment of the Malawi Scholarship Program (MSP) is to inform USAID/Malawi about the program's efficacy and relative importance in providing an adequate number of trained healthcare workers for the health sector in Malawi. It was intended to provide findings that would be taken into consideration in the design of future scholarship programs. The lessons learned were also intended to benefit decision-makers in similar scholarship programs.

The assessment sought to answer the following questions: (1) To what extent does available evidence suggest that the design and implementation of the activity achieved its objectives? (2) To what extent has the MSP enabled recipients to contribute to health service delivery in family planning (FP)/reproductive health (RH), maternal, neonatal, and child health (MNCH), pharmacy, HIV/AIDS, and nutrition? (3) To what extent did scholarship recipients acquire new skills, knowledge, and attitudes that led to improved leadership and management skills in the health sector through, among other things, the adoption or creation of relevant and advanced policies, strategies, programs, and operational practices addressing educational and social development challenges? (4) To what extent were scholarship recipients absorbed by the health sector to work in jobs suited to their academic preparation? If not, what were the challenges?

PROJECT BACKGROUND

The MSP is a seven-year initiative designed to build the capacity of Malawi's health service delivery and management sector. The project is funded by the U.S. Agency for International Development (USAID) as a task order (TO) under the Focus on Results: Enhancing Capacity across Sectors in Transition II-Participant Training (FORECAST II-PT) contract. The project is implemented by World Learning (WL) small grants, which was awarded a a five-year contract in October 2012, through a TO to manage the USAID-funded MSP, an academic exchange designed to build the capacity of Malawi's health service delivery and management sector through scholarships at the master's degree level.

The project was designed and implemented to address human resources gaps and challenges in the health sector in Malawi. USAID funded the MSP in response to the insufficient numbers of adequately trained healthcare workers, which has remained one of the most significant challenges of the health sector in Malawi. Inadequate and unequal distribution of healthcare workers is still a major barrier to the provision of essential healthcare services across Malawi. Staff shortages across all professional cadres, inadequate incentives for staff, lack of professional development, and low capacity of training institutions (TIs) across the country all persist despite recent efforts by the Ministry of Health and Population (MoHP) to address them.

In response to the above-mentioned challenges, USAID/Malawi has been contributing to staff development in Malawi through scholarships offered to students to study on a long-term or short-term basis. USAID's support through this project was intended to build the capacity of health practitioners to promote health service delivery and management and contribute to sustainable development. The goal of the MSP is, therefore, to enhance the leadership of professionals in Malawi society, to build the capacity of private and public institutions, and support reform agendas.

The TO has been expanded twice since its inception on October 24, 2012, when the original agreement was enacted as a five-year TO under the Focus on Results: Enhancing Capacity across Sectors in Transition II-Indefinite Delivery Indefinite Quantity (FORECAST II-IDIQ), to provide training support for 33 participants at the master's degree level in health-related fields in the United States and Africa. USAID expanded the scope of work for the program to include 400 in-country students at varying levels to pursue a variety of degree programs, and extended the period of performance to September 30, 2018. The second extension came in August 2016 with the addition of 366 additional in-country students, extending the period of performance to September 30, 2019. The project was expanded to include long-term academic training in Malawi for more than 760 students at various levels, including certificate programs, diploma programs, bachelor's degrees, and master's degrees. Altogether, the MSP will have supported nearly 800 scholars by its end.

EVALUATION METHODS AND LIMITATIONS

Methodology

Evaluation Design: The assessment team adopted a mixed-methods approach that integrated a thorough analysis of project documents and a secondary analysis of existing quantitative data, along with primary qualitative data generated during fieldwork. The secondary data analysis provided broad foundational evidence informing the assessment conclusions. Multiple sources of secondary data, including project documentation and student and deployment databases, routine monitoring and management data, and reports were triangulated to strengthen the assessment validity and reliability of findings.

Data Analysis: The secondary data included both quantitative and qualitative datasets. Quantitative data were subjected to descriptive statistical analyses using pivot tables in Excel. Both secondary qualitative data, as well as the primary qualitative data generated during fieldwork, were subjected to content analysis, structured thematically. Fieldwork data were captured in a structured format, which served as primary documents for qualitative analysis. Key informant interviews (KIIs), focus group discussions (FGDs) and group interviews (GIs) were recorded after consent was obtained from respondents, and the audio files only served as reference and verification for structured field notes data.

Ethical Considerations

The assessment team conducted the assessment in accordance with general principles for research with human subjects. The assessment was of minimal risk as it only included interviews, and record and data review. Informed consent was obtained from all respondents prior to any data collection. The informed consent form provided the following information: the purpose and duration of the interview and a respondent's right to refuse to participate in the interviews or to stop the interview without any negative repercussions. The participants took part in the assessment voluntarily, and confidentiality and anonymity of the information has been maintained by not attributing responses in the report to a specific individual. Only the assessment team had access to interview reports with identifiers.

Limitations

The study methodology used has several limitations. First, although data collected through interviews and FGDs provide depth and meaning, these data cannot be generalized to the wider population. Second, the assessment team had no control over the collection and storage of quantitative data, as only existing datasets were used. Third, the time allocated for the data collection was limited due to a limited budget. Data collection was further constrained by demonstrations that rocked the country following the May 2019 presidential election results. Other constraints the assessment team faced were that most

students were either at clinical sites or were doing research for their dissertations. Efforts to follow up with students at the clinical sites where they were doing practicals proved futile as the students were too busy attending to patients.

FINDINGS

Assessment Question 1

Available evidence suggests that the design and implementation of the activity will achieve only three of the six objectives by the time the project comes to an end in 2020. The project is most likely to achieve Objective 1 by the end of the project, it has already achieved Objective 2, and will substantially achieve Objective 4. However, the project will not achieve Objectives 3, 5, and 6 by the time the project comes to an end in 2020.

Under Objective 1, the project has met the enrollment target of 799 scholarship recipients as planned, out of which 96 percent (767) were trained in Malawi (in-country training [ICT]), 3 percent (21) were trained in other African countries (third-country training [TCT]), and 1 percent (11) were trained in the United States (US Training [UST]). Out of a total of 799 scholarship recipients enrolled, 58 percent (465) were female while 42 percent were male. The project is most likely to meet the graduation target as the graduates are on track to graduate or at least complete their studies (this will not reach 100 percent as 11 recipients have not graduated or will not graduate by the end of the project). Therefore, a total of 98.6 percent of scholarship recipients are most likely to graduate, or at least complete their studies, by the end of the project. Presently, 409 (51.2 percent) of scholarship recipients have graduated, leaving a balance of 48.8 percent expected to graduate, or at least complete their studies, in 2020 by the time the project ends.

Assessment Question 2

MSP has enabled recipients, to a limited extent, to contribute to health service delivery in FP/RH, MNCH, pharmacy, HIV/AIDS, and nutrition because only 149 scholarship recipients have so far been deployed out of the 376 (ICT) who have graduated. Adding the 32 TCT and UST recipients who are in-service, the number comes to 181, which is only 23 percent of the total number of recipients enrolled. However, there is evidence to suggest that the recipients who are deployed are contributing to the health service delivery in FP/RH, MNCH, pharmacy, HIV/AIDS, and nutrition.

The biggest challenge to recipients' contribution to service delivery is the slow absorption. Evidence suggests that only one person out of the 150 nurse and midwife technicians (NMTs) has been deployed and only 19 out of 100 community midwife assistants (CMAs) have been deployed. Although a good number of pharmacy assistants (PAs) who have graduated have been deployed, there is increased accessibility of services by operating and making available services beyond the station of duty. The PAs are servicing both the health centers and district posts though they were trained to service health centers only.

Assessment Question 3

Evidence suggests that to a great extent scholarship recipients have acquired new skills, knowledge, and attitudes that have led to improved leadership and management skills in the health sector through, among other things, the adoption or creation of relevant and advanced policies, strategies, programs, and operational practices addressing educational and social development challenges. Some recipients are supporting their respective institutions in management, dialogue, and conflict resolution and are lobbying for their institutions.

Assessment Question 4

Evidence suggests that while the beneficiaries are largely using their qualifications to perform jobs within the health service delivery in FP/RH, MNCH, pharmacy, HIV/AIDS, and nutrition, there are absorption bottlenecks for a number of reasons, which are common sources of discontentment. First, though vacancy rates remain high, the deployment process is slow, with many MSP recipients still waiting to be absorbed. Second, the in-service trained recipients feel less valued as they went back to the jobs they were doing before training, with added responsibilities—and no recognition of their training.

KEY LEARNINGS

- The project made concerted efforts to recruit scholarship recipients, backed by a strong monitoring mechanism, with effective support from USAID. This contributed to the achievemet of the enrollment of 799 scholarship recipients, out of which 98.6 percent of the scholarship recipients are most likely to graduate or at least complete their studies by the end of the project.

- The ICT contributed a high number of healthcare workers being trained in a cost-effective manner in comparison with TCT and U.S. training.

- Open recruitment of master's scholarship recipients is not the most effective approach for in-service training as it created more shortages of healthcare workers because the people who were trained were not on the training plan of their employers. Moreover, most of the master's graduates are frustrated due to a lack of recognition of their master's degrees by their employers, especially Government of Malawi (GoM).

- A disconnect between the training of healthcare workers through scholarship programs and the low absorptive capacity of the employing institutions has resulted in a high number of graduates not being deployed. Consequently, questions have been raised whether providing scholarships was a good investment.

RECOMMENDATIONS

- USAID/Malawi should sign a Memorandum of Understanding with the GoM on scholarships to enhance coordination of the MSP and deployment of scholarship recipients. The agreement should specify the number of recipients that the GoM is ready to deploy upon graduation. The agreement should also specify coordination mechanisms to avoid duplication for key partners such as the MoHP, Ministry of Local Government (MoLG), Christian Health Association of Malawi (CHAM), and other development partners funding scholarships.

- The future scholarship program should include additional cadres of health staff in short supply, such as radiographers and clinicians, who include clinical officers and medical assistants and other health staff as will be determined by the MoHP and MoLG.

- Bonding of scholarship recipients should be done with the three main employing agencies: MoHP, MoLG, and CHAM. Scholarship recipients who will not be deployed by the GoM should only be bonded to work in Malawi and not the specific employing agencies. The bonding should be considered to have been served if the recipient was not able to be employed for a period of two years.

- Concerted efforts by the GoM and the key development players are urgently needed to address delayed deployment of scholarship recipients from pre-service training, which is still leaving high

vacancy rates and delayed project benefit realization, through coordination, budget availability, and prioritization.

- The MoHP should implement a national training plan that would enhance the scholarship allocation to ensure that only those suited to the existing established positions and vacancies progress to in-service training in line with attrition, retirements, and promotions. This will avoid the current situation whereby selection of scholarship recipients is not aligned to specific system needs and career progression.

- To ensure retention and job satisfaction, GoM should consider aligning qualifications with the correct job title to allow the use of skills and gaining experience in the right role so that the leadership and management skills are fully utilized. To achieve this, a well-managed tracking and monitoring tool is required within the MoHP human resources department.

- There is an urgent need to prioritize recruitment and make funds available to facilitate the absorption of the trained health workers, and addressing the high shortage of staff, as the deployment of qualified and ready-for-work health workers is currently very low.

- GoM should develop and maintain an up-to-date training plan that can serve as a reference point for all development partner training support and in-service training needs to reduce the dissatisfaction of in-service training beneficiaries due to what they see as not being valued.

WHAT IS NEXT FOR USAID?

The future USAID investment should focus on two priority areas:

1. The first priority area is working with GoM to increase their absorptive capacity to deploy trained healthcare workers, especially scholarship recipients, to address the high vacancy rates in health institutions. Continuing to train healthcare workers who are not being absorbed is not an effective investment strategy when the country has such a shortage of healthcare staff.

2. The second priority is that USAID should make targeted investments in providing scholarships to train cadres of healthcare workers who are in short supply in the country. The recipients should be identified in partnership with the MoHP and MoLG. Only a number that can be deployed following their training should be trained to avoid the current problem of low absorptive capacity.

I. INTRODUCTION

PURPOSE OF THE ASSESSMENT

The purpose of this performance assessment of the Malawi Scholarship Program (MSP) is to inform USAID/Malawi about the program's efficacy and relative importance in providing an adequate number of trained healthcare workers for the health sector in Malawi. It was intended to provide findings that would be taken into consideration in the design of future scholarship programs. The lessons learned were also intended to benefit decision-makers in similar scholarship programs.

ASSESSMENT QUESTIONS

The assessment sought to answer the following questions:

1. To what extent does available evidence suggest that the design and implementation of the activity achieved its objectives?

2. To what extent has the MSP enabled recipients to contribute to health service delivery in family planning (FP)/reproductive health (RH), maternal, neonatal, and child health (MNCH), pharmacy, HIV/AIDS, and nutrition?

3. To what extent did scholarship recipients acquire new skills, knowledge, and attitudes that led to improved leadership and management skills in the health sector through, among other things, the adoption or creation of relevant and advanced policies, strategies, programs, and operational practices addressing educational and social development challenges?

4. To what extent were scholarship recipients absorbed by the health sector to work in jobs suited to their academic preparation? If not, what were the challenges?

II. PROJECT BACKGROUND

The MSP is a seven-year initiative designed to build the capacity of Malawi's health service delivery and management sector. The project is funded by the U.S. Agency for International Development (USAID) as a task order (TO) under the Focus on Results: Enhancing Capacity across Sectors in Transition II-Participant Training (FORECAST II-PT) contract. The project is implemented by World Learning (WL), who has implemented USAID participant training programs for 30 years in more than 60 countries, with training in the United States, participants' home countries, and third countries, including follow-on support activities, such as establishment of an alumni association, mentoring, technical assistance, and small grants.[1]

The project was designed and implemented to address human resources gaps and challenges in the health sector in Malawi. USAID funded the MSP in response to the insufficient numbers of adequately trained healthcare workers, which has remained one of the most significant challenges of the health sector in Malawi. Inadequate and unequal distribution of healthcare workers is still a major barrier to the provision of essential healthcare services across Malawi.[2] Staff shortages across all professional cadres, inadequate incentives for staff, lack of professional development, and low capacity of training institutions (TIs) across the country all persist despite recent efforts by the Ministry of Health and Population (MoHP) to address them.[3] Therefore, "current staffing levels do not meet the minimum requirements to support the healthcare delivery and demand for services, and gaps in human resource capacity manifest in nearly all cadres of the health workforce. Today, across the public sector and [Christian Health Association of Malawi] CHAM facilities, Malawi currently employs a total of 37,926 staff, out of a total of 62,269 staff positions that exist in the MoHP and CHAM establishment."[4] The situation is more critical in rural areas where 60 percent of the population live under severe poverty. Rural areas have a high staff turnover causing the limited number of the remaining healthcare workers to provide services in extraordinarily difficult circumstances.[5]

Malawi has only 0.52 professional health workers per 1,000 inhabitants, whereas the World Health Organization has calculated that a country needs at least 4.45 professional health workers per 1,000 inhabitants to realize universal health coverage and the sustainable development goals. According to the World Bank Workload Indicators of Staffing Need study, completed in 2017, there is an overall vacancy rate of 51 percent for all cadres. If health surveillance assistants, a community health worker cadre, are not considered in this calculation, the overall vacancy rate is even higher, reaching 59 percent. The largest gap in absolute numbers is for nursing/midwifery officers, "where an estimated 1,603 additional nursing/midwifery officers are required to meet current utilization of services, representing a gap of 62 percent between current staffing levels (990) and required staffing levels (2,593)."[6]

In response to the above-mentioned challenges, USAID/Malawi has been contributing to staff development in Malawi through scholarships offered to students to study on a long-term and short-term basis. USAID's support through this project was intended to build the

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[1] USAID/Malawi—Malawi Scholarship Program, SOL-612-12-000005, World Learning, October, 2012.

[2] Malawi Human Resource for Health Strategic Plan, 2018-2022, July 2018.

[3] TO AID-612-TO-13-00001, World Learning.

[4] Malawi Human Resource for Health Strategic Plan, 2018–2022, July 2018.

[5] World Learning—Revised Technical Proposal for MSP, July 2016.

[6] Ashmore, J. (2018). Country Report Malawi: Mind the funding gap." *South Africa Medical Research Council*, p. 9.

capacity of health practitioners to promote health service delivery and management and contribute to sustainable development.[7]

The goal of the MSP is, therefore, to enhance the leadership of professionals in Malawi society, build the capacity of private and public institutions, and support reform agendas.[8] The objectives are to:

1. Provide training opportunities at the certificate, diploma/undergraduate, and master's degree level to upgrade [students'] technical and professional knowledge.
2. Establish supplemental programs for US and third-country participants to enrich their study experiences, through such opportunities as internships, community service, and research.
3. Establish an alumni association for returned scholars to promote continuous professional development.
4. Monitor and track scholarship recipients (post-training follow-up).
5. Establish a system for monitoring and tracking all President's Emergency Plan for AIDS Relief (PEPFAR)-funded scholars to ensure bonding requirements are met.
6. Ensure the timely recruitment and deployment of PEPFAR-funded graduates into PEPFAR priority health units/sites, in collaboration with the MoHP, as per agreements between PEPFAR and MoPH, and ensure the deployment of the non-PEPFAR-funded students into the wider health system.

In October 2012, WL was awarded a five-year contract through a TO to manage the USAID-funded MSP, an academic exchange designed to build the capacity of Malawi's health service delivery and management sector through scholarships at the master's degree level.[9] Since its inception, the MSP has supported training at the master's level for Malawi health professionals in public health, human nutrition, and FP and RH to upgrade their technical and professional knowledge at US and African universities.

The TO has been expanded twice since its inception on October 24, 2012, when the original agreement was enacted as a five-year TO under the Focus on Results: Enhancing Capacity across Sectors in Transition II-Indefinite Delivery Indefinite Quantity (FORECAST II-IDIQ), to provide training support for 33 participants at the master's degree level in health-related fields in the United States and Africa. USAID expanded the scope of work for the program to include 400 in-country students at varying levels to pursue a variety of degree programs, and extended the period of performance to September 30, 2018. The second extension came in August 2016 with the addition of 366 additional in-country students, extending the period of performance to September 30, 2019.[10] The project was expanded to include long-term academic training in Malawi for more than 760 students at various levels, including certificate programs, diploma programs, bachelor's degrees, and master's degrees. Altogether, the MSP will have supported nearly 800 scholars by its end. For all elements of MSP—US, third-country, and in-country—WL, through the Washington, DC, and Lilongwe offices, arranged university placements; monitored and evaluated students and programs; oversaw program finances; implemented post-training follow-on activities for program graduates in conjunction with USAID and its US subcontractor, International Leadership Center; facilitated networks of alumni support; and ensured compliance with funder policies.

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[7] Task Order AID-612-TO-13-00001, World Learning.

[8] World Learning, 2019 Performance Monitoring Plan for Malwai Scholarship Program.

[9] Ibid.

[10] World Learning, 2018 Annual Report.

III. EVALUATION METHODS AND LIMITATIONS

METHODOLOGY

Evaluation Design

In response to the assessment purpose and questions, and accounting for constraints, the assessment team adopted a mixed-methods approach that integrated a thorough analysis of project documents and a secondary analysis of existing quantitative data, along with primary qualitative data generated during fieldwork. The secondary data analysis provided broad foundational evidence informing the assessment conclusions. Multiple sources of secondary data, including project documentation and student and deployment databases, routine monitoring and management data, and reports were triangulated to strengthen the assessment validity and reliability of findings.

The qualitative data generated through fieldwork grounded the interpretation of evidence in observations and an understanding of the implementation context. It offered the assessment an opportunity to further triangulate emerging findings from the secondary data analysis with primary data generated through interviews with various categories of respondents. Emerging findings, based on the integration of secondary data, as well as primary data generated in the field, were presented to USAID/Malawi and WL toward the conclusion of the assessment. Input from the two meetings have been included in this draft report. The feedback received from USAID/Malawi and WL were incorporated in the findings and recommendations.

Analytical Approach

The secondary data included both quantitative and qualitative datasets. Quantitative data were subjected to descriptive statistical analysis using pivot tables in Excel. Both secondary qualitative data, as well as the primary qualitative data generated during fieldwork, were subjected to content analysis, structured thematically. Fieldwork data were captured in a structured format, which served as primary documents for qualitative analysis. Key informant interviews (KIIs), focus group discussions (FGDs) and group interviews (GIs) were recorded after consent was obtained from respondents, and the audio files only served as reference and verification for structured field notes data. The audio files were transcribed to facilitate qualitative analysis. Initial analysis of fieldwork data took place during regular analytical debriefs by the assessment team while in the field.

The primary data, generated through the fieldwork, were used to assess project implementation based on the sampled sites. They offered the assessment team an opportunity to further triangulate emerging findings from the secondary data analysis with primary data generated from interviews and FGDs with various categories of key informants. However, time constraints did not allow a fieldwork effort based on representative sampling. Instead, the value of the fieldwork was in grounding the interpretation of evidence in an understanding of the implementation context.

The following sampling criteria were used to meet the goal of data collection.

1. Primary Criteria:

   - TI representation: A combination of public and "private" CHAM TIs were represented.

   - Training programs: Every training program was represented in the sample.

- Geographical location: The three regions of Malawi were represented in the sample.
- Types of scholarship recipients: Current students and graduates (deployed and non-deployed) were also included in the sample.

2. Additional Criteria:
   - Gender: An effort was made to ensure equal numbers of males and females were interviewed where possible.
   - Type of training: In-country (ICT), third-country (TCT), and US training (UST) were considered in the sample selection, though a limited number of those trained in the United States were interviewed due to non-availability of the respondents.
   - Levels of training: Post-graduate, post-graduate diplomas, bachelor's diplomas, and certificates were also included in the sample.
   - The feasibility of coverage within the given time constraints was considered.
   - PEPFAR and non-PEPFAR sites were also considered.

Fieldwork

The table below shows the districts and TIs that were visited during data collection.

Table 1. Districts and Training Institutions Visited

Northern Region	Central Region	Southern Region
A. Districts/Towns		
1. Mzuzu	Lilongwe	1. Blantyre
2. Nkhata Bay		2. Zomba
		3. Mulanje
		4. Chiradzulu
B. Training Institutions		
1. Mzuzu University	Lilongwe University of Agriculture and Natural Resources (LUANAR)	1. Kamuzu College of Nursing
2. St. Johns College of Nursing and Midwifery	Malawi College of Health Sciences (MCHS)	1. St. Joseph College of Nursing and Midwifery
		2. St. Luke College of Nursing and Midwifery

In each district, the assessment team visited the TI to interview students, supervisors, and principals as well as PEPFAR and non-PEPFAR sites to interview deployed graduates and their supervisors. However, in Lilongwe, national-level respondents from relevant government ministries and key development/implementing partners were also interviewed. A total of 151 respondents were interviewed against a planned target of 105 respondents.

ETHICAL CONSIDERATIONS

The assessment team conducted the assessment in accordance with general principles for research with human subjects. The assessment was of minimal risk as it only included interviews, and record and data review. Informed consent was obtained from all respondents prior to any data collection. The informed consent form provided the following information: the purpose and duration of the interview and a

respondent's right to refuse to participate in the interviews or to stop the interview without any negative repercussions.

The participants took part in the assessment voluntarily, and confidentiality and anonymity of the information has been maintained by not attributing responses in the report to a specific individual. Only the assessment team had access to interview reports with identifiers.

LIMITATIONS

The methodology that was selected for this study has several limitations. First, although data collected through interviews and FGDs provide depth and meaning, these data cannot be generalized to the wider population. Second, the assessment team had no control over the collection and storage of quantitative data, as only existing datasets were used. Third, the time allocated for the data collection was limited due to a limited budget. Data collection was further constrained by demonstrations that rocked the country following the May 2019 presidential election results. The consultants could not go out into the field to collect data but were instead restricted to their rooms/offices during the demonstrations. The only thing they could do was conduct telephone interviews and write interview notes. Conducting telephone interviews resulted in more time being spent on conducting interviews than planned because respondents that were supposed to have been interviewed in groups were interviewed individually. Furthermore, a few respondents were not available at the time interviews were planned.

Other constraints the assessment team faced were that most students were either at clinical sites or were doing research for their dissertations. Efforts to follow up with students at the clinical sites where they were doing practicals proved futile as the students were too busy attending to patients. In the two cases where the students were on campus, there was an abnormally high student turnout. At St. Luke's College of Nursing and Midwifery in Zomba, a total of 54 students turned up, and at MCHS in Lilongwe, there was a total of 38 students despite having been informed by WL staff that only a maximum of eight students was needed. At St. Luke's College of Nursing and Midwifery, students thought WL staff had come to settle out their allowances. Another constraint faced during data collection was the non-availability and non-responsiveness of US-based supervisors for interviews. The US-based supervisors did not respond to either emails or phone calls in attempts to set up appointments for interviews.

IV. FINDINGS

ASSESSMENT QUESTION 1. TO WHAT EXTENT DOES AVAILABLE EVIDENCE SUGGEST THAT THE DESIGN AND IMPLEMENTATION OF THE ACTIVITY ACHIEVED ITS OBJECTIVES?

Overview

Assessment Question 1 focuses on findings related to the extent to which the design and implementation of the activity achieved its objectives. This section is divided into subsections in line with project objectives. The first objective was to provide training opportunities at the certificate, diploma/undergraduate, and master's degree level to upgrade the technical and professional knowledge of scholarship recipients. The second objective was to establish supplemental programs for US and third-county participants to enrich their study experiences, through such opportunities as internships, community service, and research. The third objective was to establish an alumni association for returned scholars to promote continuous professional development. The fourth objective was to monitor and track scholarship recipients (post-training follow-up). The fifth objective was to establish a system for monitoring and tracking all PEPFAR-funded scholars to ensure bonding requirements are met. The final objective was to ensure timely recruitment and deployment of PEPFAR-funded graduates into PEPFAR priority health units/sites, in collaboration with the MoHP and ensure the deployment of the non-PEPFAR-funded students into the wider health system.

The original TO contained the first four objectives only. During the TO extension in August 2016, there was less emphasis on the second and third objectives while more emphasis was put on the first and fourth objectives, which had to do with enrolling more recipients and monitoring their progression. The fifth and sixth objectives were added to the project when PEPFAR funding was added. Therefore, the MSP has had a total of six objectives. This section provides findings on each of the six project objectives.

Objective 1. Findings on the Provision of the Training Opportunities for Certificate, Diploma, Bachelor's and Master's Degrees

The project started with the intent of providing training support for 33 participants at the master's degree level in health-related fields in the United States and Africa, as discussed earlier. A year later, the scope of the program was expanded to include 400 in-country students at varying levels to pursue a variety of training programs. In August 2016, the project was extended to include an additional 366 in-country students.[11] Therefore, the total number of scholarship recipients came to 799, which consisted of 766 scholarship recipients to be trained in Malawi and the original 33 scholarship recipients undergoing training in the United States and other African countries. The findings under the first objective are subdivided into two: findings on enrollment, and findings on the implementation of training programs.

a) Finding on the Enrollment of Scholarship Recipients

The project enrolled a total of 799 scholarship recipients as planned, out of which 96 percent (767) were trained in Malawi as ICT, 3 percent (21) were trained in other African countries as TCT, while 1 percent (11) were trained in the United States as UST. Out of a total of 799 scholarship recipients enrolled, 58 percent (465) were female and 42 percent were male, as shown in Figures 1 and 2 below.

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[11] World Learning, 2018 Annual Report.

Figure 1.Enrollment by Training Location and Gender—Numbers
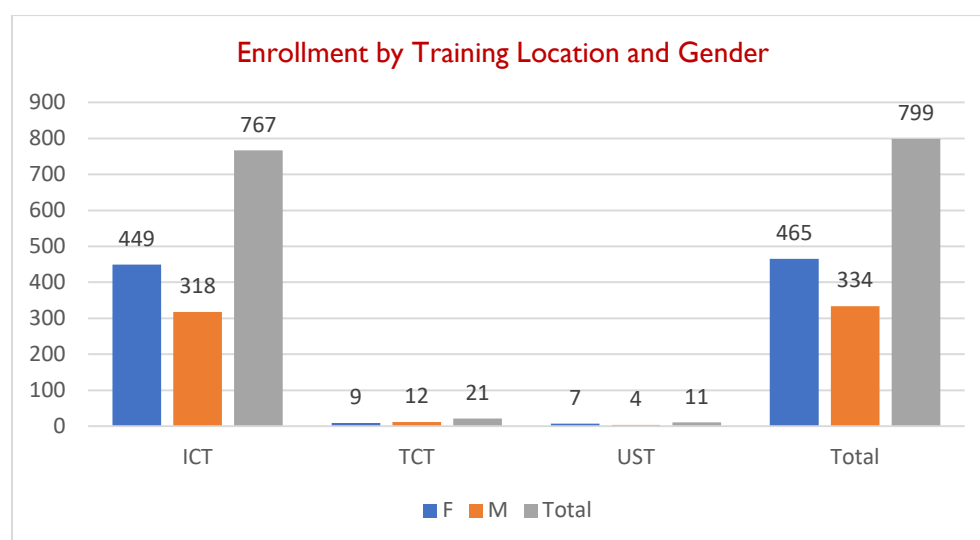
Source: MSP All Students Database.

Figure 2. Enrollment by Training Location and Gender—Percentages among All Trainings
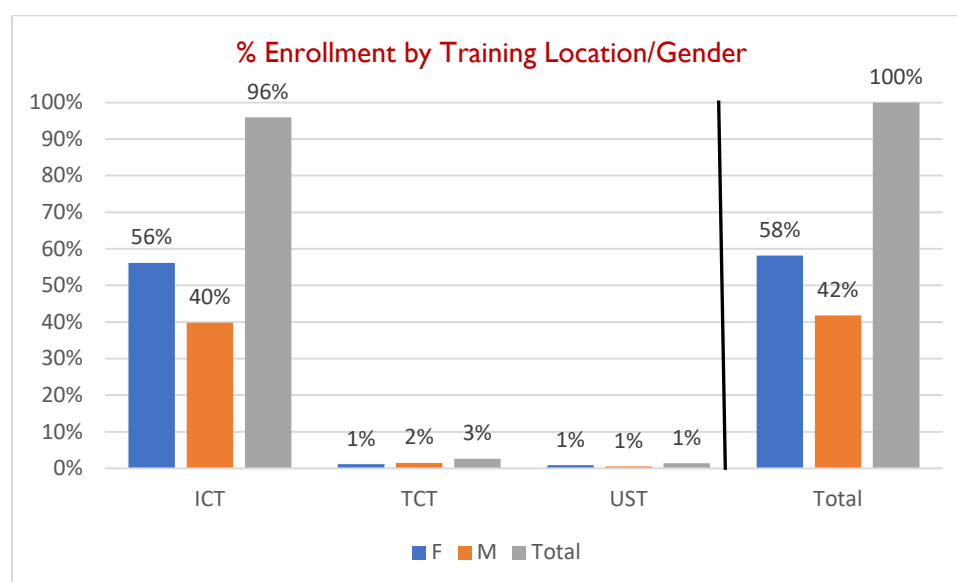
Source: MSP All Students Database.

Proportional Distribution of Scholarship per TI—ICT

A total of 13 TIs in Malawi (ICT) offered scholarships. The majority of the scholarships (29 percent) were offered to students at MCHS. Sixteen percent of the scholarships were offered to students at St. Luke's College of Nursing and Midwifery, while 10 percent were offered to students at Kamuzu College of Nursing (KCN). Eight percent of scholarships were offered to students at Mulanje Mission College of Nursing and Midwifery. Mzuzu University was the TI that received the least number of scholarships with only 1 percent of the total scholarships. Figure 3 below provides further details. The proportional distribution of scholarships per TI was not pre-determined but was based on the courses that each TI was offering for which scholarships were available.

Figure 3. Proportional Distribution of Scholarships per TI for ICT
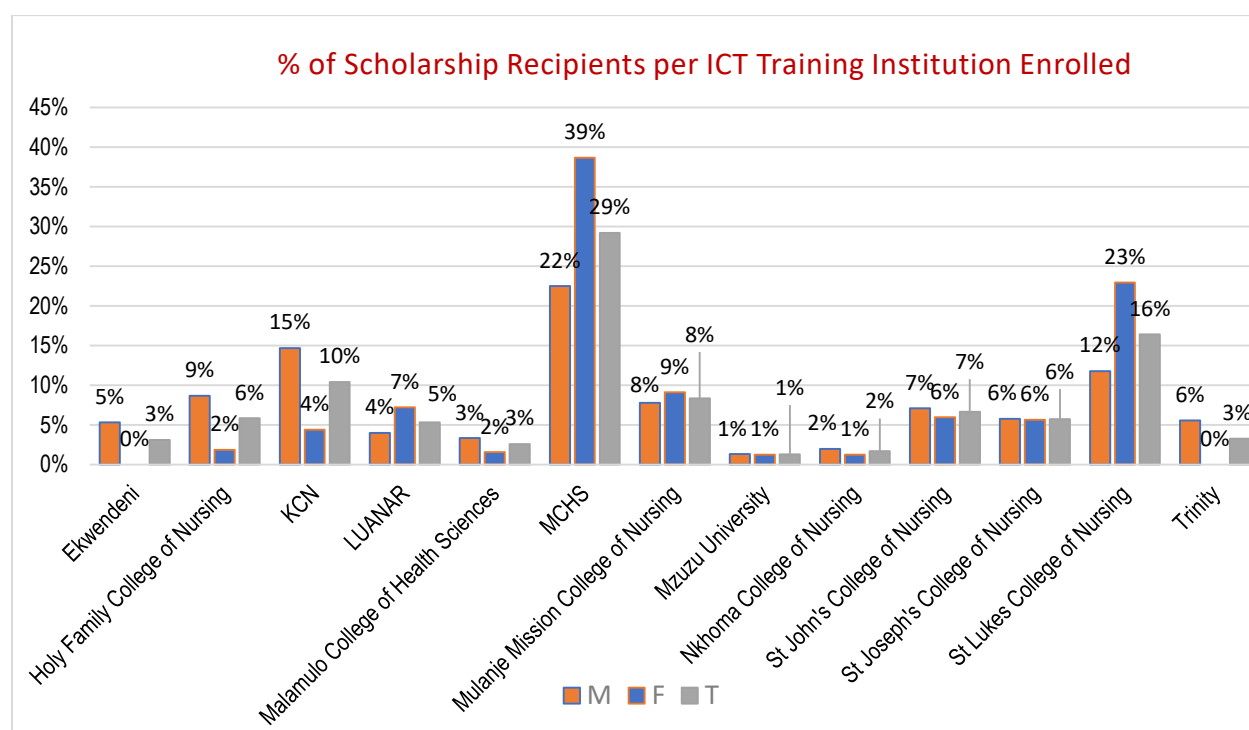
Source: MSP All Students Database.

Selection Process

A two-pronged selection process was used to enroll scholarship recipients in the program. The first selection process was for the master's degree programs and the second was for certificate, diploma, bachelor's degree, and post-graduate diplomas. For the master's recipients, a call for applications was put in the daily newspapers outlining the minimum requirements. Candidates interested in receiving a scholarship were required to submit an application, and attach a curriculum vitae (CV) and one-page essay that included a statement on their preliminary career goals, including specific skills or knowledge they intended to enhance. Shortlisted candidates were then invited for interviews at USAID/Malawi offices. Candidates awarded a scholarship had to work with WL to identify suitable TIs in the United States, Malawi, or other African countries.

The selection process for certificate, diploma, bachelor's, and post-graduate diplomas was done through TIs in Malawi. Students first applied to the TI of their choice. The application for the scholarships included the description of their professional, academic, and future plans, and how they planned to use the new skills they would acquire. Thereafter, a review committee was constituted, which included representatives from the TIs, WL staff, and representatives from the MoHP. The committee reviewed applications focusing on the following selection criteria: strength of an application, gender consideration, greatest financial need, equitable geographical distribution, and a grade point average (GPA) of 3.0. There were two variations in the selection process: The first was that WL found that other scholarship providers had already provided scholarships to most students and WL had to support those who were left out. The second was that WL offered scholarships to a full class mostly for pharmacy assistants (PAs) and in some cases community midwife assistants (CMAs). WL sought approval from USAID after

selecting the scholarship recipients who had met the criteria. Table 2 below shows the enrollment target versus achievement.

Table 2. Progress against Targets for Enrollment under Objective 1

Indicator description	Indicator target	Actual/ achieved	Variance	Comments
Number of candidates enrolled in master's programs outside of Malawi (original TO)	33	32 (97%)	1	1 dropped out and not replaced
Number of participants enrolled in formal studies in Malawi at the certificate, diploma, or degree level (extension)	766	767 (100.13%)	+1	Recipients who dropped out were replaced

Source: WL PowerPoint Presentation.

Scholarship Package

Successful candidates were awarded full scholarships, as shown in Table 3. Most scholarship recipients interviewed stated that the USAID-funded scholarship was the best compared to the other scholarships awarded to their colleagues in the same class or at the same TIs, both in Malawi and in other African countries. These sentiments cut across all categories of recipients. The same sentiments were shared by most of the TIs' representatives who managed the scholarship program at their TIs.

Table 3. Scholarship Package for Different Cadres of Scholarship Recipients

Undergraduate (ICT):	Master's (ICT)	Master's (TCT)	Master's (UST)
Tuition	Tuition	Tuition	Tuition
Board and lodging	Board & lodging	Living expenses	Living expenses
Student Union	Settling in and settling out allowance	Study visa	Study visa
Settling in and settling out allowance		Settling in and settling out allowance	Settling in and settling out allowance
Transport to and from TI	Transport to and from TI	Local travel in Malawi	Local travel in Malawi
Clinical training	Laptops	Laptop	Laptop
Book allowances	Book allowance	Book allowances	Book allowances
Recreation	Research and fieldwork	Research and fieldwork	Research and fieldwork
Medical insurance	Medical insurance	Medical insurance	Medical insurance
Lab teaching (Bachelor's of Science)		Professional Membership fees	One return air ticket
Uniform and equipment		Conference/Field trips	
		Two return air tickets	

Source: MSP Training Implementation Plans.

Challenges with Scholarships

The project experienced a number of challenges regarding scholarships. The first was the short timeline between applying for scholarships and the selection of undergraduate scholarship recipients. This situation was made worse due to the huge number of students involved. Project staff did not have enough time to thoroughly scrutinize the recipients, which may have resulted in not selecting the students with the greatest need. The master's students also had a short timeline from being awarded the scholarship and looking for suitable TIs. The second challenge was that by the time WL selected recipients, other scholarship providers had already selected most students and WL had to provide sponsorship to those who had been left out. The third challenge was that some students from LUANAR complained they did not receive their allowances in time because of the delay by the university

administration to submit progress reports to WL. The fourth challenge was inadequate upkeep allowances for UST, some TCT, and ICT master's students; the undergraduates, diploma, and certificate students had no monthly upkeep allowances apart from the settling-in and out allowances. The fifth challenge was that the scholarship package did not include travel for home visits with families for UST and TCT scholarship recipients. However, the TCT scholarship recipients were given two return air tickets and could return home over Christmas—unlike the UST recipients who had to wait the full two years to see their families.

The Impact of Scholarships on TIs

The scholarships did not only have a positive impact on students but also on the TIs, both in Malawi and in other African universities. Having students on scholarship enabled TIs, especially the CHAM TIs to run smoothly—without disruptions—because they would receive funds at the beginning of the academic year. USAID scholarships were "superior" to scholarships provided by other providers because full amounts were provided up-front while other providers or sponsors were disbursing funds in trickles. One college principal said, *"As the USAID scholarships wind down, retention of students is a big problem. At least 40 percent of students drop out because they cannot afford the fees. At the moment we have the last cohort of sponsored students."* The TIs offering master's degrees were able to recruit a good number of students, which is not possible in the absence of scholarships due to cost implications beyond the reach of ordinary Malawians. Other African TIs could afford to receive additional international students from whom they received more income than national students. Having international students not only provided additional income for the TIs but also enhanced their reputation as international universities.

b) Findings on the Implementation of Training Programs

Table 4 below illustrates the overall status of the project. It shows that 379 scholarship beneficiaries are still pursuing their studies, while a total of 409 have graduated or completed their studies. A total of four did not graduate, six will not graduate, and one recipient was dismissed and not replaced.

Table 4. MSP Status as of August 2019

MSP Status	Training Locations			
	ICT	TCT	UST	Total
Did not graduate	4			4
Will not graduate	6			6
Dismissed (not replaced)	1			1
Enrolled—Ongoing	376	3		379
Graduated	380	18	11	409
Total	767	21	11	799

Source: MSP All Students Database.

The details of the ICT scholarship recipients who did not graduate, were dismissed, or will not graduate are outlined in Table 5 and include two nurse and midwife technicians (NMTs), eight PAs, one university certificate in midwifery (UCM).

Table 5. Recipients Who Will Not Complete Their Training Programs

ICT Training Program	Did not graduate	Dismissed	Will not graduate	Total
NMT	2			2
PA	1	1	6	8
UCM	1			1
Total	4	1	6	11

Source: MSP All Students Database.

Completion of Training Programs

The UST and the ICT (undergraduates and UCM) and a few TCT recipients completed their training programs on time as a result of an effective interface with students and TIs by WL. Sponsored students continued to learn even when the rest of the lecturers were on strike (e.g., MCHS). One LUANAR master's graduate remarked during the interview that *"we were treated as special students such that any challenge we experienced was quickly attended to."* However, training programs for most master's students in Malawi and other African countries were not completed on time due to delayed feedback from dissertation supervisors and delayed marking of the dissertations/theses from external examiners. The reasons given for the delays are that local supervisors sometimes have too many dissertations to mark, coupled with their personal consultancy assignments, while external examiners delay in marking dissertations because they are owed marking fees by TIs. They want the fees settled before marking the dissertation. One TI went as far as requesting WL to pay fees for external examiners. Another factor that contributed to the delay in the completion of the training program was that when some master's students returned to work after completing course work, they were overwhelmed with work or had other priorities and therefore delayed completing their dissertations. Another challenge faced by training programs was the withdrawal of students from the training programs before completion. A total of 59 students withdrew from the training programs, of which 53 were replaced, which increased WL's workload.

The majority of African universities (both in Malawi and other African countries), where scholarship recipients were pursuing different types of training programs, do not have a strong dissertation monitoring mechanism for supervisors and students, resulting in master's programs being open-ended. As a result, master's students never know when they will graduate. The irony is that WL had signed an agreement with the students that they would finish on time, although finishing on time may be beyond their control. One student from LUANAR complained that his training program has been prolonged beyond the agreed time resulting in additional costs. It is obvious that WL had over-estimated the capacity of the TIs offering master's programs to complete the training program on time. Some TIs had asked for capacity-building support which was beyond the scope of this project. Table 6 shows the targets and the number of students who have graduated so far, while Table 7 provides the details per training program for ICT.

Table 6. Number of Scholarship Recipients that Have Graduated as of August 2019

Indicator description	Indicator target	Actual/ achieved	Variance	Comments
Number of participants graduating in Malawi (extension)	767	376 (49%)		391, includes 161 NMTs and 80 PAs
Number of participants graduating with master's degree outside of Malawi (original TO)	33	32 (97%)	1	1 dropped but was not replaced

Source: WL PowerPoint Presentation.

Table 7. Enrollment vs. Graduation per Training Program as of August 2019

Enrollment vs Graduation per training program	Enrolled	Graduated	Variance*
BSc in Nursing & Midwifery	10	10	0
CMAs	100	100	0
MSc. Food Science & Tech	6	2	4
MSc. Human Nutrition	32	7	25
MSc. Midwifery	20	12	8
MSc. RH	20	9	11
NMTs	338	150	188
PA	198	47	151
UCM	40	39	1
Clinical Dietetics (postgrad dip)	3	0	3
Total	767	376	391

Source: MSP All Students Database.

* Variance includes scholarship recipients who have not graduated, those who will not graduate (see Table 5), and those who are yet to graduate.

Challenges Faced by Students during Training

Scholarship recipients faced a number of additional challenges during their training. The first challenge that some scholarship recipients faced at Moi University, LUANAR, and MCHS was inadequate classrooms. Respondents who were pursuing master's degree programs at Moi University and LUANAR said that because their classes were small, priority was given to undergraduate students. Meeting rooms and laboratories were used as classrooms. A respondent from Moi University stated that sometimes they found the classroom they were supposed to use was occupied or there were no chairs. LUANAR students said lecturers sometimes did not show up. PA students at MCHS did not have a classroom designated to them because the college had only a classroom for diploma students. The PAs' classroom was only introduced with the support of donors. PA students complained that they were mostly taught in the laboratory as a result, which was not suitable for a normal class. The second challenge faced by students was poor Internet connectivity at the TIs. Students ended up using their meager resources on Internet dongles and data bundles for them to access the Internet.

The third challenge was with students from CHAM TIs, where there was over-enrollment beyond the capacity of some colleges to the point that the Nurses and Midwives Council of Malawi (NMCM) had to intervene. Over-enrollment arose for two reasons. First, TIs were requested by the Government of Malawi (GoM) to train more students. Second, the availability of scholarships meant that TIs attracted

more students and were also able to make more money as a result. Another challenge faced by some students at CHAM TIs was inadequate classrooms and hostels, and poor diet and sanitation. A related problem due to over-enrollment according to some students was that supervisors from their respective institutions took too long to visit them during clinical placements. TIs expected site nurses, who are overworked, to do the supervision. This complaint also came from one senior hospital administrator. The situation was made worse because several TIs sent their students to the same hospitals at the same time, which led to overcrowding in the wards.

Objective 2. Findings on the Establishment of Supplemental Programs for US and Third-Country Participants

The second objective of the MSP was to establish supplemental programs for US and third-country participants to enrich their study experiences, through such opportunities as internships, community service, and research. It was envisaged at the design stage that complementary activities, such as internships, community service, and research, would be essential aspects of a full participant experience that accomplishes professional and personal goals. This was to have a direct impact on participants' ability to contribute to capacity building in Malawi after their studies.[12] Objective 2 did not target ICT recipientism, only UST and TCT. As the implementation of Objective 2 was emphasized more in the original TO than in the TO extension, scholarship recipients of the master's program in Malawi were not targeted under this objective, as shown in Table 8. However, all scholarship recipients in the master's program (UST, TCT, and ICT) participated in research as part of their thesis and almost all respondents interviewed participated in community service. However, only three respondents interviewed had participated in the internship program. Two of these studied in the United States, and one in Malawi. However, many also participated in a number of WhatsApp forums. Respondents mentioned several WhatsApp forums that were formed both at the college and training-program level. WL also created WhatsApp forums at the TI level for communicating with scholarship recipients.

Most of the scholarship recipients interviewed indicated they had participated in various kinds of community service activities as part of their training program. A master's student at LUANAR said that she and other scholarship recipients participated in a number of activities at the university, which included helping lecturers prepare and invigilate the undergraduate examinations as part of their contribution. A college representative at one of the colleges in Malawi that offered master's programs said that students who were on the USAID scholarship participated in a number of community service programs:

> "*Some students who participated in a community midwifery program built a bridge, donated bicycle ambulances. They also remodeled a ward at Queen Elizabeth Hospital to provide privacy at the High Dependence Unit (HDU) of the maternity ward where they also modeled a storage unit to ensure a clean environment. Students even put tiles in the HDU and bought equipment, which included an oxygen machine. They did all this by mobilizing funds on their own without the help of the college.*"

Participation in the community service activities enriched the respondents' experience because their understanding of public health issues and challenges was deepened in accordance with the project design. It can, therefore, be concluded that Objective 2 was achieved as was designed and implemented.

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[12] USAID/Malawi, Malawi Scholarship Program, SOL-612-12-000005, World Learning, October 9, 2012.

Table 8. Masters Students' Participation in Research, Community Service, or Internship

Indicator Description	Indicator Target	Actual/ Achieved	Variance	Comments
Participation in research, community service or internship				
Number of participants who participate during their university experience in: (1) a research project or thesis; (2) a community service project; (3) internship or practicum (original TO)	33	32	1	1 dropped out and was not replaced

Source: WL PowerPoint Presentation.

Objective 3. Findings on the Establishment of an Alumni Association

The third objective of the MSP was to establish an alumni association for returned scholars to promote continuous professional development. The purpose of establishing the association was to provide an opportunity for participants to share their new knowledge and insights, network with fellow alumni at home and globally, and engage in post-training activities to enhance learning and development in their communities and institutions.[13] The third objective was implemented by creating a Facebook page and encouraging students to join—it currently has 100 members. The page is used for sharing experiences and opportunities as they arise; interested members end up taking up the opportunities.

There is no evidence that the Facebook alumni association has promoted an opportunity for sharing new knowledge and insights, and has enabled participants to engage in post-training activities to enhance learning and development in their communities and institutions. This is because the Facebook networking platform has not been emphasized after the TO extension and also because of the challenges discussed previously. It can, therefore, be concluded that this objective has only been partially achieved.

The third objective was not fully implemented due to the change in the scope of work which shifted the focus from the alumni association to managing an increased number of scholarships for the ICT.

Table 9. Progress against Target for the Alumni

Indicator Description	Indicator Target	Actual/ Achieved	Variance	Comments
Number of participants who are enrolled in: (1) International Visitors Exchange; (2) MUSEAA (local chapter); or (3) a virtual social networking platform such as Facebook	>80% of UST/TCT (32)	>80% for UST/TCT (32)	0	Allow US Government-funded Malawians who did not study in the US to join MUSEAA

Source: WL PowerPoint Presentation.

Objective 4. Findings on Monitoring and Tracking Scholarship Recipients

The fourth objective was to monitor and track scholarship recipients (post-training follow-up). WL designed and implemented several activities woven into all components of MSP, which combined traditional and social networking tools, beginning after the participant's acceptance in the program, with a briefing in-person or by phone/Skype that served as a first check-in and opportunity to remind participants how they can reach their WL team at any time.[14] Several monitoring activities were

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[13] USAID/Malawi, Malawi Scholarship Program, SOL-612-12-000005, World Learning, October 9, 2012.

[14] Ibid.

designed and implemented. They included interviews and questionnaires that were administered to individuals, FGDs with students, and progress and grade reports from TIs. The purpose of the monitoring system was to "track and evaluate student progress through their academic training" and "to help ensure that participants enter or re-enter the workforce better equipped to address the challenge in Malawi's health sector."[15]

a) Post-Training Activities

Three main post-training follow-on activities were implemented, as shown in Table 10. The first was organizing a course to impart leadership and management skills to masters' graduates. Four workshops were designed and implemented; the last one was implemented a week after data collection during the third week of August 2019. Although the leadership workshops were designed for master's students who trained outside Malawi, those ICT master's students who had completed their training before September 2019 and had graduated were provided with leadership training. All respondents who attended the leadership training and were interviewed rated the workshops highly. They stated they had learned a lot and were also reminded of what they had studied in their master's programs. They also indicated that they have been applying the knowledge and skills they had acquired from the workshop. The downside to these workshops was that respondents from the MoHP stated that although they were invited to officially open the leadership training workshops, they were not involved at the planning stage. They felt that it was imperative for them to participate in the planning of the workshops so they could include topics related to leadership and management in the civil service, such as government procedures, code of conduct, civil service values, and writing a communique to the minister.

Table 10. Progress against Targets for Follow-On Activities—Objective 4

Indicator Description	Indicator Target	Actual/ Achieved	Variance	Comments
Follow-up activities				
Number of follow-on activities designed and implemented by the contractor, with individuals, groups, or entire cadres	4 original target (pre-ICT) was 2	4	0	
Percentage of participants who report (9 months post-training) that they have applied at least one new skill they learned as a result of the scholarship	>80%	>85%		This applied to TCT and UST
Number of participants who participate or engage in community development activities (beyond normal work duties) after completion of the scholarship	20	19 (95%)	1 (5%)	1 dropped out (TCT and UST)

Source: WL PowerPoint Presentation.

The project also administered a post-training questionnaire nine months after returning from training to determine whether the scholarship recipient had applied at least one new skill they learned as a result of the scholarship. According to Table 10 above, 85 percent of respondents reported they had applied at least one new skill as a result of the scholarship against the target of 80 percent. The third follow-on activity implemented by the project was assessing whether participants had participated or engaged in

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[15] World Learning, MSP/RFP SOL-612-TO-00001, revised submission.

community development activities beyond their normal course of duties after completing their scholarships.

b) Site Visits

WL designed and implemented a robust mechanism to monitor scholarship recipients' performance and determine how students were dealing with challenges they were facing in pursuance of their studies. Students were visited every semester for the ICT and at least once for the TCT, while the UST were regularly visited by WL Washington. ICT scholarship recipients were also visited at clinical sites. Scholarship recipients from colleges and universities the team visited highly appreciated the monitoring visits from WL because during these visits WL was able to resolve challenges they were facing. Respondents spoke of the different challenges they had faced that WL staff had dealt with which ranged from students not being given the right amount of allowances; texbooks, equipment, and uniforms not bought; and inadequate accommodation. One student explained that "*our TI was not giving us the right amount of allowances in accordance with what was agreed with WL. We reported the matter to WL. WL resolved the matter by giving us the allowance directly.*"

Students unanimously stated that visits by WL staff were helpful and apart from resolving challenges they were facing, it also encouraged them to work hard in their studies. Some students actually considered the role played by WL to be like that of parent. Only students training as PAs said they were not regularly visited by WL. However, WL clarified that the role of monitoring students who were training as PAs was given to Village Reach, an organization that has technical expertise in the area of pharmacy. The assessment team felt that monitoring visits may have been too intensive such that time and effort could have been allocated to developing a strong monitoring and evaluation system. A respondent from a partner organization also spoke of the monitoring trips being duplicative, resulting in wasting resources because several people were on these trips using more vehicles than needed.

WL had also developed a strong interface with the TIs. At CHAM colleges, WL directly interacted with the college principals, some of whom were scholarship beneficiaries, which made it easy to deal with challenges. At universities, WL dealt with a member of staff assigned the role of coordinating the scholarships after the agreement had been signed with the management. As a result, it took time to deal with issues that these scholarship recipients were facing because the scholarship coordinator had to escalate issues to management that could have been avoided if WL had been dealing with management directly. The situation was even more difficult if the scholarship coordinator was not a member of the faculty. Another challenge this issue posed was the loss of institutional memory when the role was assigned to someone else or the person left.

Table 11. Progress against Target for Site Visits

Indicator Description	Indicator Target	Actual/ Achieved	Variance	Comments
Number of site visits WL makes per TI	10	10	0	
Number of site visits WL undertakes with USAID	10	10	0	
Number of site visits WL undertakes with MOHP	10	15	5	
Number of site visits WL makes to clinical placement	250	267	13	PAs required more visits
Number of MOHP Human Resources for Health (HRH) planning meetings WL attends	10	15	5	Some meetings were extraordinary

Source: WL PowerPoint Presentation.

c) Licensure Exams

Licensing examinations are written by pre-service graduates, or at least, by those who have graduated. The two licensing bodies in Malawi for the USAID-sponsored recipients are the NMCM for nurses and midwives and the Pharmacy, Medicines and Poisons Board for PAs. In 2016, the NMCM changed the format of licensing exams from essay to multiple choice. The change had disastrous consequences as the majority of candidates failed the exams, which attracted the attention of the media. *The Nation,* under the headline "The Failure of Nurses, Midwives Incredible," reported that only 16 percent of nurses from CHAM TIs passed the licensing exams.[16] Thereafter, a blame game ensued. The TIs blamed the NMCM and the change of the format of the exams as the major reason they were not prepared for such types of exams. Some respondents from TIs argued that the curriculum had been changed and that they did not have enough time to implement it. An official from NMCM had this to say:

> "*When we were examining the students we gave them multiple choice questions and there have been complaints about this because before we used to give them essay questions. Now anyone complaining about this is then not a nursing educator because there is nothing wrong with examining the students in those lines. So it just shows how incompetent the lectures were because it means when we said we were going to use multiple-choice questions they then had nothing to do with their students and could not help them in line with what was coming.*"

A CHAM college principal said, "So far so good because in the past two sittings we have had good results, which were at a 9899 percent pass rate while in 2016 we had a disaster. The disaster was national, of course, and that was when they changed the approach. Our pass rate was 22 percent while the national pass rate had 16 percent."

To address the high failure rate, stakeholders, who included 13 TIs, MoHP human resource directorate (HRD), CHAM, NMCM, Clinton Health Access Initiative (CHAI), USAID, and the Centers for Disease Control and Prevention (representing the PEPFAR-funded participants), came together in March 2017 to find a solution to the high failure rate. The first stakeholders' meeting drew 34 participants, raised awareness on the pressing issues that have concerned all parties for the last several years, namely, the high failure rate on licensing exams[17]; discussed ways to facilitate a smoother process for clinical placements; and ways to ensure timely completion of programs, especially at the master's degree level.

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[16] *The Nation,* "The failure of nurses, midwives incredible," September 19, 2016.

[17] World Learning, 2017 Annual Report.

One of the key outcomes of the stakeholder's meeting was the introduction of coaching in TIs for one to three weeks to help students learn how to respond to multiple-choice questions. In addition to rescheduling exam dates, students were expected to come back to the college prior to the exams for coaching. This approach yielded better results—the pass rate increased to 94 percent as of September 2017.[18]

The respondent interviewed from NMCM did not agree with the allegations from the TIs because the questions asked in the licensing examinations were in line with the curriculum: "*We don't ask things that are beyond the curriculum. They do complain that our questions are very practical but that is what nursing is all about. If you have a student graduating that cannot handle a practical question then that is a problem. It just shows that these students are not being taught by qualified educators. The funny question is what are they teaching the students during coaching?*"

The proposed solution, however, has continued to yield positive results. This has several implications. First, it has increased the cost of education as students are required to pay for the period they are being coached. For the USAID-sponsored students, additional funding had to be provided for the students over and above what had already been paid. Second, it begs the question why has the preparation for exams not been integrated into the normal course of training? Third, there is a danger that lecturers might be leaving out some topics so that they can teach them during the coaching sessions with the motive of earning money from the students.

Table 12. Progress against Targets for Licensing Examinations

Indicator Description	Target	Actual/ Achieved	Variance	Comments
Number of students sitting for licensure exams	676	411	157	Refers to UCM, CMA, NMT, PA only

Source: WL PowerPoint Presentation.

d) Bonding Monitoring

The bonding process started with the recruitment of trainees performed by MoHP and WL in collaboration with TI. Once students were awarded the scholarship, the bonding agreement was signed between the students and the GoM, facilitated by MoHP and WL, in triplicate: one copy was given to the student, the second copy was given to the WL, and the last copy was for GoM through the MoHP. The bond requirements were that the scholarship recipients would work for the GoM for a specified period of time. According to an official from the MoHP, master's students were bonded for five years, bachelor's for four years, diploma for three years, and certificate for two years. Upon graduation, the recipients would write licensing examinations administered by regulatory bodies, as discussed in the previous section.

The assessment team found that the implementation of the bonding agreement has not gone according to the design for one major reason. The government change in the recruitment policy has probably adversely affected the bonding implementation more than any other factor. Scholarship recipients were bonded so that they could work for the GoM and they would be recruited upon graduating and writing the licensing exams. However, the government is no longer automatically employing graduates upon

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[18] World Learning, 2017 Annual Report.

passing licensing examinations. Graduates are now required to wait for positions to be advertised; they would apply, attend interviews if they are called, and then be deployed if they are successful with the interviews. Therefore, the graduates are no longer assured of employment in the government. The question students and graduates who signed the bonding agreement frequently asked is why should they be bonded by the government if they cannot be assured of employment as doing so forfeits the very purpose of bonding. In response to this question, another senior official from MoHP proposed that scholarship recipients should be bonded to Malawi and not specifically to GoM because the government is not the only employer. The assessment team also found that not all scholarship recipients were bonded with GoM. As a case in point, the UST, TCT, and LUANAR scholarship recipients were not bonded; they only signed an agreement to work in Malawi for a period of two years. In addition, scholarship recipients have different understandings of bonding terms. Some expressed ignorance on the effective date of the bonding while others thought they were bonded with WL instead of GoM. Others said they just signed the bonding agreement because they needed the scholarship but did not fully understand it.

There are a number of other factors that have affected the enforcement of bonding requirements. The systems that WL indicated they would use to monitor the bonding requirements are not being used. The official from the MoHP who was interviewed on bonding monitoring said that the ministry easily monitors the bonding requirements for scholarship recipients that have been deployed by the mohp. it is very difficult for the ministry to monitor bonding requirements for recipients not recruited by them. Also, it is difficult to track recipients because they change their physical addresses. They believed that WL was monitoring bonding requirements on their behalf. However, WL will no longer be able to play this role when MSP comes to an end in 2020. Another challenge with monitoring of bonding requirements is that with decentralization, the MoHP is only responsible for recruiting healthcare workers for central hospitals and MoHP headquarters. District councils are now responsible for recruiting and deploying healthcare workers for district hospitals and health centers. CHAM health institutions are also responsible for recruiting a substantial number of healthcare workers. It is therefore difficult to enforce bonding requirements when scholarship recipients were bonded through the MoHP and yet they are employed either by CHAM or district councils. Table 13 below shows that out of 726 scholarship recipients who were bonded, only 133 have been deployed, leaving a balance of 593.

Table 13. Progress against Target for Bonding

Indicator Description	Target	Actual/ Achieved	Variance	Comments
Number of students bonded and deployed	726	133	593	No bonding for UST, TCT, LUANAR

Source: WL PowerPoint Presentation.

Objective 5. Findings on the Establishment of a System for Monitoring and Tracking All PEPFAR-Funded Scholars

The fifth objective was to establish a system for monitoring and tracking all PEPFAR-funded scholars to ensure bonding requirements are met. A total of 250 scholarship beneficiaries were supported with PEPFAR funds during the TO extension. So far, only 14 have graduated, and the balance will graduate in 2020. Although the 250 PEPFAR-funded recipients have been bonded, the project will not be able to track them to ensure that bonding requirements are met because the project will end shortly after all complete their studies. This challenge is coupled with several other bonding issues discussed under Objective 4 above. A respondent from USAID remarked that "*the supporting objectives like that of the*

alumni and the PEPFAR system for bonding may not be achieved as our focus had diverted from enforcing all the other objectives to achieving the required numbers are trained. For the PEPFAR bonding, it's quite a challenge to track it as most of the PEPFAR students will graduate at the end of the program, unless the project is extended, which is also difficult." However, the 14 PEPFAR-funded students that graduated early have been recruited and deployed to PEPFAR sites as indicated by Table 14 below.

Table 14. Progress against Targets for PEPFAR-Funded Pre-Services

Indicator Description	Indicator Target	Actual/ Achieved	Variance	Comments
5.1 PEPFAR-Funded Pre-Service Graduates				
Number of new health workers who graduated from a pre-service TI or program as a result of PEPFAR-supported strengthening efforts within the reporting period, by select cadre.	250	14	236	In training until January 2020

Source: WL PowerPoint Presentation.

Objective 6. Findings on Timely Recruitment and Deployment of PEPFAR-Funded Graduates

The sixth objective is to ensure timely recruitment and deployment of PEPFAR-funded graduates into PEPFAR priority health units/sites, in collaboration with the MoHP, as per agreements between PEPFAR and MoHP and to ensure deployment of the non-PEPFAR-funded students into the wider health system. Objective 6 is the second objective that was added to the project in 2016 when the TO was extended. This objective will not be achieved by the time the project ends mainly because the remaining PEPFAR-funded recipients will graduate shortly before the end of the project. Their recruitment and deployment will also not be guaranteed even after they graduate because GoM has changed the recruiting policy. In the past, graduates from TIs were automatically recruited upon graduation, but the system changed due to a number of reasons as discussed in Assessment Question 4 below.

Table 15. Progress against Target for Deployment to PEPFAR Sites

Indicator Description	Target	Actual/ Achieved	Variance	Comments
Number of students deployed to PEPFAR sites	250	14	236	Most of them are still in training

Source: WL PowerPoint Presentation.

ASSESSMENT QUESTION 2. TO WHAT EXTENT HAS MSP ENABLED RECIPIENTS TO CONTRIBUTE TO HEALTH SERVICE DELIVERY IN FP/RH, MNCH, PHARMACY, HIV/AIDS, AND NUTRITION?

The program's overall goal was to develop the capacity of the Malawi healthcare sector. Therefore, Assessment Question 2 aims to demonstrate how the MSP enabled the recipients' contribution to service delivery in, namely, FP/RH, MNCH, HIV/AIDS, and nutrition. The contribution to service delivery is discussed under different cadres of training programs.

Master's Level

The master's training programs were mainly in-service training with the beneficiaries in this cadre recruited from among those already serving in various roles and organizations within the government, CHAM, or parastatals. Applicants needed to have had at least three years of work experience and interest in pursuing studies in FP/RH, MNCH, human nutrition, food science, and public health. In almost

all such cases, the beneficiaries have reported back to their respective duty posts, been relocated, or found work within the service and continued to provide services, including those who had resigned from their posts. Their contribution to health service delivery in FP/RH, MNCH, HIV/AIDS, and nutrition and in the wider Malawi health sector has been evident during this assessment as corroborated by the following quotes from master's scholarship recipients:

> *"Normally I work hand-in-hand with the ARA program, which is a child health program that works hand-in-hand with the Ministry of Health, so I have been able to make contributions on the neonatal admission form which we are using nationally in nurseries, and I was part of the team that was building nurseries in the district hospitals and also monitoring them. . . . I am a national supervisor in national nursing and midwifery services. So, when we go to a facility, I will look at the facility and address the maternity side of it where my specialty lies, and look at the care it provides and contribute to improving the care where it needs to be."*

Graduates Training: BS in Nursing and Diploma in Clinical Dietetics

The BSc in nursing is a pre-service training as this group of scholarship recipients was recruited from within the TIs. The assessment established that the recruitment of nurses with a BSc in nursing has recently not been announced, and the remaining recipients are awaiting the recruitment call and interviews from the Local Government Service Commission (LGSC) in order to be deployed. However, the MSP duty stations' database indicates that out of 10 graduates who received a BSc in nursing, seven have been deployed while three are still awaiting deployment. Although the diploma in clinical dietetics was a post-graduate program, the three students enrolled in this program are pursuing a post-graduate diploma.

Nurse and Midwife Technicians

Of the 338 NMTs in this cadre, 150 have graduated (44 percent) while the rest are still pursuing their studies. Evidence suggests that of all the cadres trained, the NMTs are the least deployed— according to the MSP duty station database, only one graduate has been deployed. However, respondents from GoM have indicated that some NMTs have been deployed. Those who have been deployed have gone through the LGSC and or CHAM selection process in the calls for applications and have attended interviews. The assessment team has also established that there is a certain degree of "job abandonment" practiced by some of the graduates sponsored by different scholarship providers. In this regard, the graduates take advantage of attending two different interviews, CHAM and LGSC, and when they are successful in one, they report for duty only to abscond and report to the other. Knowing the whereabouts of those trained and ready for employment can equally remain a challenge.

Community Midwife Assistants

CMAs also represent pre-service training. This cadre is designed to increase the accessibility of services by operating and making available services within reach for communities. The assessment has established that 80 percent of this cadre (Table 16) remains undeployed and hence unable to support service delivery at the time of the assessment. The reasons for this situation were conflicting, depending on the respondent. The recipients pointed to a lack of job opportunities and interview invitations while, from the government side, they decried failure of candidates to turn up when called for interviews. Some of the beneficiaries have picked up short-term employment while awaiting government posts. In one such example, the assessment team established that the beneficiaries were working in a CHAM hospital. In such a case, while the CMAs are contributing to service delivery, they are not in the right jobs.

Certificates

This covers both PAs and post-graduate training in UCM programs. The assessment has shown that the cadre of PAs, as pre-service training, has enjoyed quick absorption into the workplace because of the obvious high need that was—and continues to be—there. Some who have been posted to health facilities are also reported to support district hospitals by standing in when postholders are temporarily away.

A total of 198 PAs have been enrolled in the MSP, out of which 47 have graduated and 96 percent (45) of the graduated have been deployed. Therefore, their contribution to service delivery has been viewed as immense: Stockouts are avoided and quality is managed as dispensing is done by qualified staff. Quality data are also coming from sites because graduates are taught Logistic Management Information System. In addition, they are expected to support supply chain management and dispensing to supporting health centers; they also support district hospitals. There is also an improved reporting rate, such as reporting used stock versus remaining stock.

Similarly, there is evidence that almost all graduates (39) of the UCM, a post-graduate course, have found the new skills they have acquired to enhance their service delivery and job satisfaction. This cadre consisted mostly of recipients who were already in employment when they were offered scholarships, which is why 100 percent of the graduates have been deployed (Table 16).

Table 16. Deployment by Training Program for ICT

Training Program - ICT	Enrolled	Graduated	Deployed *
BSc in Nursing & Midwifery	10	10	7
CMAs	100	100	19
MSc Food Science & Tech	6	2	3
MSc Human Nutrition	32	7	13
MSc Midwifery	20	12	12
MSc RH	20	9	10
NMTs	338	150	1
PA	198	47	45
UCM	40	39	39
Clinical Dietetics (postgrad dip)	3	0	0
Total	**767**	**376**	**149**

Source: All Students and MSP Duty Stations Database.

*The reason why there are more scholarship recipients who have been deployed than those who graduated for some training programs is that some recipients were doing in-service training.

ASSESSMENT QUESTION 3. TO WHAT EXTENT DID SCHOLARSHIP RECIPIENTS ACQUIRE NEW SKILLS, KNOWLEDGE, AND ATTITUDES THAT LED TO IMPROVED LEADERSHIP AND MANAGEMENT SKILLS IN THE HEALTH SECTOR THROUGH, AMONG OTHER THINGS, THE ADOPTION OR CREATION OF RELEVANT AND

ADVANCED POLICIES, STRATEGIES, PROGRAMS, AND OPERATIONAL PRACTICES ADDRESSING EDUCATIONAL AND SOCIAL DEVELOPMENT CHALLENGES?

Available evidence shows that scholarship recipients have acquired new skills to employ in their workplaces and advance their participation in different roles, including management and leadership roles. Some respondents, such as this graduate nurse, said: *"Yes, attitudes on how to communicate with people and students. When it comes to skills, we have acquired a lot, for example I was not able to do scanning, but now I do."* Another said, *"I got a lot of knowledge in managing neonatal care given my course is more of mentoring than doing the practical work. I also learned that as a specialist I have to be hands on, you shouldn't just be a specialist on paper."*

Training has further provided a change of perceptions and attitudes to the post-graduate beneficiaries, as noted below: *"I have realized that it's possible to nurse a 900-gram baby and even one that's weighing less than that. The issue has always been resources though some of the equipment we learned to use in South Africa is now available here in Malawi, for example, the [continuous positive airway pressure] CPAP."* (Respondent, graduate nurse)

It is also evident that in-service training has built capacity in adoption and creation of relevant and advanced policies, strategies, programs, and operational practices. The beneficiaries are actively involved in tackling various challenges in the health system. This is well articulated in the three quotes below:

> *"We are developing oxygen management therapy in neonatal though it's not yet through. This is because, despite the fact that oxygen is administered, there is no governing guideline or dose; therefore, we want to come up with that so that it can be used in all the district hospitals."* (Graduate nurse)

> *"Much of my contribution has been on the labor chart, the tools that [are] being used as a monitoring tool for women in maternity. It had an area whereby you would look at the personal information and progress. In terms of timing we had to adjust on that but unfortunately, it's no longer in use and there is a new one in which I also contributed. It is being used at national level."* (Nursing and midwifery graduate)

> *"I have been involved at the national level in making protocols for in-patient management for children with severe malnutrition. I am also a national trainer in the management of children with severe malnutrition. I have also been involved in the development of tools in end-user monitoring to ensure that the clients receive and use foodstuffs. I am also in the Baby-Friendly Hospital Initiative Movement, which is a global movement which is in Malawi too. It is a multi-sectoral movement with nursing there but nutrition governs it and I am a supervisor and also a national trainer to that program. I have also boosted my understanding of these key issues. I also developed the nutritional counseling tool at hospital level."* (Respondent, postgraduate)

ASSESSMENT QUESTION 4. TO WHAT EXTENT WERE SCHOLARSHIP RECIPIENTS ABSORBED BY THE HEALTH SECTOR TO WORK IN JOBS SUITED TO THEIR ACADEMIC PREPARATION? IF NOT, WHAT WERE THE CHALLENGES?

Those beneficiaries who have been absorbed (Table 16) are largely performing jobs within the Malawi health service delivery system in FP/RH, MNCH, pharmacy, HIV/AIDS, and nutrition. Where beneficiaries of pre-service have failed to secure employment within the government or CHAM service centers, some have found employment, albeit temporary, in non-governmental organizations, private

clinics, and drug stores. This is corroborated by the following graduate nurse respondent: *"Yes, we were trained for patient care and management and we are exactly doing that."*

It is generally acknowledged that there is a huge shortage of health workers within the country's health service sector; this is documented in the HRH Strategic Plan (2018–2022). This means that in an ideal situation, the government can absorb all the beneficiaries. It is, however, noticeable that since 2015, recruitment of new graduates and the absorption rate have been slow. While in the past there were automatic recruitments, this is no longer the case. The government policy now requires all graduates to apply and compete through interviews. This has created a backlog of graduates waiting for jobs to be advertised and shortlisted for interviews and those who fail interviews having to wait till the next opportunity comes up. A national level respondent explained one of the mitigating factors below.

> *"Just two years ago it didn't seem that the Ministry would be unable to absorb graduates but now they are staying up to a year or two without a job with government saying it doesn't have funds to recruit them and despite the fact that there still a need for these graduates to be deployed to fill in the gaps created by understaffing in our health care system. There is a [ceiling] on the amount of salaries the government can allocate to civil servants enforced by the International Monetary Fund; it is insane because the health workers in Malawi are already receiving ridiculously low salaries and doing this forces them to leave the country for other countries with better pay. The in-service graduates are still receiving the salaries they were receiving when they had an undergraduate degree while they have post-graduate degrees and haven't been yet recognized as post-graduates and specialists."*

This has meant that apart from it being difficult to track who has and has not been deployed, the process of deployment is very slow. On average, some cadres wait two years before they can get absorbed.

> *"Like right now there is an outcry for registered degree nurses who haven't been employed for some time now, at least the NMTs have been recruited, CMAs part of them have been recruited, pharmacists are on high demand. Like now it's not as automatic they say because of fiscal issues."* (Respondent, national key stakeholder)

> *"Deployment is a chronic issue and we feel that the government and USAID should have signed a contract stipulating when the students being sponsored will be recruited but as it is now we don't know when these students will be recruited."* (Respondent, national key stakeholder)

The beneficiaries expressed that though there is indeed a high vacancy rate in the Malawi health sector, the very reason that attracted them to this sector, deployment is slow due to the economy (Table 16); also, they have been informed that the government doesn't have money to pay for salaries and are therefore unable to employ graduates, despite the fact that the need for skilled health workers still remains high as evidenced by the HRH Strategic Plan. It is also clear that the GoM lacks funds to recruit and deploy those who are ready to be deployed to contribute to meeting the health service need. Reconciling these two points is the present conundrum. Despite the slow recruitment, the colleges are continuing to train health workers, and there is a cumulative pool of unabsorbed health workers that has started to build. It was reported during the assessment that some respondents were aware that 50 percent of their classmates remained unemployed more than two years post-graduation. Some respondents expressed some of their observations.

For pharmacists, the first cohort was employed straight away, with no interviews, and it is reported they were recruited on campus. Thereafter, the policy changed—all graduates went through interviews. The second cohort was all recruited except for eight—and these eight went for PEPFAR-funded recruitment for short-term deployment and now all have been absorbed by the government. The third cohort faced a decentralized system. The health technical support services are liaising with LGSC to facilitate their absorption and this is affecting 48 graduates. The fourth cohort graduated in November 2018, and are awaiting the opportunity to sit for their license exams; however, the college is on strike (although the students were still learning).

Overall, data show that PAs and those trained in UCM have in some instances shown to be recruited even before graduation and/or their waiting period between graduation and deployment is less than the other cadres, while the CMAs have been waiting for the longest to be absorbed—as long as two or more years.

The assessment also established that some recipients were not in jobs suitable for their qualification due to various mitigating factors, including management decisions taken due to shortage of staff, picking up any job to ensure earnings while waiting for government recruitment, and lack of recognition of their newly attained skills. A particular challenge was reported among the in-service beneficiaries who see a lack of recognition of their attained skills and competencies. Of those who were in government jobs before training, most complain of going back to the same job they had before training and that their specialist skills are not being utilized.

As one of the graduate respondents said, *"No, nothing has changed and I am still holding the position I held before the course, doing the same job and under the same payroll. The only thing that has changed is the paper I have now."* This was corroborated by other beneficiaries: *"I was a nursing officer before the course and after graduation, I became a senior nursing officer but not because of my qualification but because of service time. Therefore, despite being a child health specialist by qualification, I am not recognized as such."*

Another respondent, a college educator, said, *"I don't feel like I have [the right job], I want to be in the hospital doing hands-on work in the labor ward or antenatal and postnatal wards. What I have learned can work best if I am directly working with the mothers and I could be training the students should they find me at the clinic. So I feel under-utilized."*

The assessment established some examples where beneficiaries are contributing to service delivery but not in roles suited to their academic qualifications, for example, nurse midwives allocated in medical or surgical wards, and a midwife working in a private drug store as a pharmacist. However, the latter is not necessarily by choice, but rather to earn something while seeking employment. Others cited being in jobs where they could not apply their newly attained skills mainly because they were not in their correct role, or were in roles that required lesser responsibilities. Although management skills can be applied at all levels, training and skills empower post-holders. To be found in a position not aligned to both skills and training demotivates deployed scholarship recipients.

Most of the post-graduate group of beneficiaries expressed concern that they are under-valued and that this way of managing the benefits of their training is contrary to what happens in other cadres as expressed by the following:

> *"When a medical doctor has received a master's degree in a certain field, they are recognized by the Ministry immediately and given the position they so much deserve, so the question is why*

are the nurses and other medical personnel not getting that kind of treatment." (Respondent, master's graduate)

"Mostly they are but due to this shortage of health workers there is a multi-tasking that is taking place in these institutions. Those that did the undergraduate programs are doing more than what they were trained to do. While the in-service post-graduates are still complaining that they are not being used to their full capability as they are forced to return to their undergraduate posts." (Respondent, TI)

"The problem is that the government does not have the power to regulate who is to be trained and partners tend to directly approach the learning institutions and offer their support without a thorough engagement with the government. One of the things you need to know is that in the government for a nurse to be promoted they have to serve for four years and should they get into training and get a higher qualification, it doesn't mean that they will automatically get employed." (Respondent, national key stakeholder)

V. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Assessment Question 1

Available evidence suggests that the design and implementation of the activity will only achieve three of the six objectives by the time the project comes to an end in 2020. The project is most likely to achieve Objective 1 by the end of the project, it has already achieved Objective 2, and will substantially achieve Objective 4. However, the project will not achieve Objectives 3, 5, and 6 by the time the project comes to an end in 2020. Details of this conclusion are provided below:

- **Objective 1:** The project has met the enrollment target of 799 scholarship recipients as planned, out of which 96 percent (767) were trained in Malawi (ICT), 3 percent (21) were trained in other African countries (TCT), and 1 percent (11) were trained in the United States (UST). Out of a total of 799 scholarship recipients enrolled, 58 percent (465) were female while 42 percent were male. The project is most likely to meet the graduation target as the graduates are on track to graduate or at least complete their studies even though this will not be 100 percent because 11 recipients have not graduated or will not graduate by the end of the project. However, the 11 recipients only account for only 1.4 percent of the total number of scholarship recipients, which is a small percentage. Therefore, a total of 98.6 percent of scholarship recipients are most likely to graduate, or at least complete their studies, by the end of the project. Presently, 409 (51.2 percent) of scholarship recipients have graduated, leaving a balance of 48.8 percent expected to graduate, or at least complete their studies, in 2020 by the time the project ends.

- **Objective 2:** All scholarship recipients in the masters' program (UST, TCT, and ICT) participated in research as part of their theses. However, only three respondents interviewed had participated in the internship program. Two of these studied in the United States while one studied in Malawi. Most of the scholarship recipients interviewed indicated they had participated in various kinds of community service activities as part of their training program. Participation in community service activities enriched the respondents' experience. It can, therefore, be concluded that Objective 2 was achieved as designed and implemented because all master's degree students participated in at least two of the three activities under this objective.

- **Objective 3:** Although the Facebook-based alumni association was established, there is no evidence to suggest that it has promoted an opportunity for sharing new knowledge and insights, or that it has enabled participants to engage in post-training activities to enhance learning and development in their communities and institutions. This is because the Facebook networking platform has not been emphasized after the TO extension and is also due to the challenges of operating an Internet-based alumni association in the context of poor Internet connectivity and resource constraints. It can, therefore, be concluded that this objective has only been partially achieved.

- **Objective 4:** The project has achieved its targets on follow-on activities, and met and exceeded some targets under site visits. The project has also made significant achievements in licensure examinations. However, the project will not meet the enforcement of bonding requirements because not all graduates will be guaranteed jobs. Most importantly, the project will come to an end shortly after the last cohort of recipients has graduated. There is also no evidence to

suggest that a system has been put in place for GoM through the MoHP to monitor bonding requirements after the project comes to an end.

- **Objective 5:** A total of 250 scholarship beneficiaries were supported with PEPFAR funds during the TO extension. So far, 14 have graduated while the rest will graduate or at least complete their studies by January 2020. Although the 250 PEPFAR-funded recipients have been bonded, the project will not be able to track them to ensure that bonding requirements are met because the project will end shortly after all complete their studies. Therefore, this objective has been partly achieved because a system for monitoring and tracking all PEPFAR-funded scholarship recipient has been established. However, the project will not be able to track the bonding requirement because the project will end shortly after the scholarship recipients complete their studies.

- **Objective 6:** The project will not achieve this objective by the time it ends because the 236 out of 250 PEPFAR-funded recipients will graduate shortly before the end of the project. Their recruitment and deployment will also not be guaranteed even after they graduate because GoM is not automatically recruiting scholarship recipients due to a change in the recruitment policy.

Assessment Question 2

MSP has to a limited extent enabled recipients to contribute to health service delivery in FP/RH, MNCH, pharmacy, HIV/AIDS, and nutrition because only 149 scholarship recipients have so far been deployed out of the 376 (ICT) who have graduated. Adding the 32 TCT and UST recipients who are in-service, the number comes to 181, which is only 23 percent of the total number of recipients enrolled. However, there is evidence to suggest that the recipients who are deployed are contributing to the health service delivery in FP/RH, MNCH, pharmacy, HIV/AIDS, and nutrition.

- There is also evidence that recipients are imparting their skills to others through supervision, mentoring, and teaching, which offers the potential for sustainability. Recipients from TIs are using their skills to train others. There are also recipients who are engaged in the development of national strategies and program formulation.

- The biggest challenge to recipients' contribution to service delivery is the slow absorption. Evidence suggests that only one person out of the 150 NMTs has been deployed and only 19 out of 100 CMAs have been deployed. Although a good number of PAs who have graduated have been deployed, there is increased accessibility of services by operating and making available services beyond the station of duty. The PAs are servicing both the health centers and district posts when they were trained to service health centers only.

Assessment Question 3

Evidence suggests that to a great extent scholarship recipients have acquired new skills, knowledge, and attitudes that have led to improved leadership and management skills in the health sector through, among other things, the adoption or creation of relevant and advanced policies, strategies, programs, and operational practices addressing educational and social development challenges. Some recipients are supporting their respective institutions in management, dialogue, and conflict resolution, and are lobbying for their institutions. Others are engaged and have shown interest in national issues within the health sector, such as being involved in the Association of National Nutrition Society, assisting with the development of national guidelines and national neonatal admission forms, and conducting national level training in their respective fields, etc. The biggest challenge or drawback is that there are a good number

of recipients who, despite having acquired master's degrees, have returned to their old jobs, where they do not have an opportunity to exercise a managerial role that can enable them to influence policy or implement programs.

Assessment Question 4

Evidence suggests that while the beneficiaries are largely using their qualifications to perform jobs within the health service delivery in FP/RH, MNCH, pharmacy, HIV/AIDS, and nutrition, there are absorption bottlenecks for a number of reasons, which are common sources of discontentment. First, although vacancy rates remain high, the deployment process is slow, with many MSP recipients still waiting to be absorbed. Second, the in-service trained recipients feel less valued as they went back to the jobs they were doing before training, with added responsibilities—and no recognition of their training. Meanwhile, employers are benefiting from their skills without formally recognizing their contribution. Third, there is evidence of beneficiaries being in jobs not suitable for their qualifications. An example is that of a PA working in a private drug store because that individual has not been absorbed.

RECOMMENDATIONS

Recommendations on Assessment Question 1

- USAID/Malawi should sign a Memorandum of Understanding with GoM on scholarships to enhance coordination of the MSP and deployment of scholarship recipients. The agreement should specify the number of recipients that the GoM is ready to deploy upon graduation. The agreement should also specify coordination mechanisms for key partners such as the MoHP, MoLG, CHAM, and other development partners funding scholarships to avoid duplication.

- The future scholarship programs should have a longer timeline for selecting scholarship recipients so that the best and most deserving recipients are selected. A longer timeline should also give master's students enough time to identify the best TIs, receive adequate orientation, and arrive at the TIs in good time.

- The future scholarship program should include additional cadres of health staff that are in short supply, such as the radiographers and clinicians who include clinical officers and medical assistants and other health staff as will be determined by the MoHP and MLG.

- Future scholarship programs should include provision of technical capacity to TIs in Malawi to ensure that students finish their training programs on time. Scholarships should only be offered to TIs with the capacity to complete training programs on time. The monitoring of the implementation of the agreement should be done with the management of the TIs and not just the scholarship coordinator assigned to manage scholarship programs at the TI.

- Bonding of scholarship recipients should be done with the three main employing agencies: MoHP, MoLG, and CHAM. Scholarship recipients who will not be deployed by the GoM should only be bonded to work in Malawi and not the specific employing agencies. The bonding should be considered to have been served if the recipient was unable to be employed for a period of two years.

- Working with GoM should involve district councils in identifying the training needs to enhance the contribution of scholarship beneficiaries to service delivery and to manage the bonding requirements.

- The implementation and expansion of the coverage of the TrainSmart platform should be strengthened to support the planning and management of training and bonding.
- Devolve the intense monitoring of scholarship recipients to the internal TI systems, especially when conducting clinical placements. Instead of the MSP having the in-house technical capacity to monitor all cadres of recipients, the monitoring should be done by a joint technical committee of experts from all the TIs providing training programs.

Recommendations on Assessment Question 2

- Concerted efforts through coordination, budget availability, and prioritization by the GoM and the key development players are urgently needed to address delayed deployment of scholarship recipients from pre-service training, which is still leaving high vacancy rates and delayed project benefit realization.

Recommendations on Assessment Question 3

- The MoHP should implement a national training plan that would enhance the scholarship allocation to ensure that only those suited to existing established positions and vacancies progress to in-service training in line with attrition, retirements, and promotions. This will avoid the current situation whereby selection of scholarship recipients is not aligned to specific system needs and career progression.

- To enhance coordination and maximize benefits, development partners' support should make use of, and reference to the national training plan. in that way, tracking of progress and impact would easily be done.

- In the spirit of enhanced coordination and transparency, local government working with the district-level structures should escalate the training approval process to the MoHP so as to ensure training is done in line with MoHP and national plans.

- To ensure retention and job satisfaction, GoM should consider aligning qualifications with the correct job title to allow the use of skills and gaining experience in the right role so that leadership and management skills are fully utilized. To achieve this, a well-managed tracking and monitoring tool is required within the MoHP human resources department.

Recommendations on Assessment Question 4

- There is an urgent need to prioritize recruitment and make funds available to facilitate the absorption of the trained health workers, and addressing the high shortage of stagg, as the deployment of qualified and ready-for-work health workers is currently very low.

- GoM should develop and maintain an up-to-date training plan that can serve as a reference point for all development partner training support and in-service training needs to reduce the dissatisfaction of in-service training beneficiaries due to what they see as not being valued.

WHAT IS NEXT FOR USAID?

The future USAID investment should focus on two priority areas:

1. The first priority area is working with GoM to increase their absorptive capacity to deploy trained healthcare workers, especially scholarship recipients, to address the high vacancy rates in health institutions. Continuing to train healthcare workers who are not being absorbed is not an effective investment strategy when the country has such a shortage of healthcare staff.

2. The second priority is that USAID should make targeted investments in providing scholarships to train cadres of healthcare workers who are in short supply in the country. The recipients should be identified in partnership with the MoHP and MoLG. Only a number that can be deployed following their training should be trained to avoid the current problem of low absorptive capacity.

ANNEX I. SCOPE OF WORK

Assignment #: __758__ [*assigned by GH Pro*]

Global Health Program Cycle Improvement Project (GH Pro)
Contract No. AID-OAA-C-14-00067

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)
Date of Submission: __5-28-19__
Last update: __8-01-19__
Amendment #1

I. **TITLE:** __World Learning Performance Assessment__

II. **Requester / Client**

■ USAID Country or Regional Mission
Mission/Division: __HPN__ / __Malawi__

III. **Funding Account Source(s): (Click on box(es) to indicate source of payment for this assignment)**

☐ 3.1.1 HIV	☐ 3.1.4 PIOET	■ 3.1.7 FP/RH
☐ 3.1.2 TB	☐ 3.1.5 Other public health threats	☐ 3.1.8 WSSH
■ 3.1.3 Malaria	■ 3.1.6 MCH	☐ 3.1.9 Nutrition
		■ 3.2.0 Other (specify): Health

IV. **Cost Estimate:** Note: GH Pro will provide a cost estimate based on this SOW

V. **Performance Period**
Expected Start Date (on or about): __July 8, 2019__
Anticipated End Date (on or about): __November 15, 2019__

VI. **Location(s) of Assignment: (Indicate where work will be performed)**

Malawi: Lilongwe and select Training Institutes in the southern region (3), the central region (2) and northern region (1). Sites will be finalized during the Team Planning meeting.

VII. **Type of Analytic Activity (Check the box to indicate the type of analytic activity)**

EVALUATION:

☐ **Performance Evaluation** (Check timing of data collection)
  ☐ Midterm ☐ Endline ☐ Other (specify): .
  Performance evaluations encompass a broad range of evaluation methods. They often incorporate before–after comparisons but generally lack a rigorously defined counterfactual. Performance evaluations may address descriptive, normative, and/or cause-and-effect questions. They may focus on what a particular project or program has achieved (at any point during or after implementation); how it was implemented; how it was perceived and valued; and other questions that are pertinent to design, management, and operational decision making

☐ **Impact Evaluation** (*Check timing(s) of data collection*)
  ☐ Baseline ☐ Midterm ☐ Endline ☐ Other (specify):

Impact evaluations measure the change in a development outcome that is attributable to a defined intervention. They are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

OTHER ANALYTIC ACTIVITIES

■ **Assessment**
Assessments are designed to examine country and/or sector context to inform project design, or as an informal review of projects.

☐ **Costing and/or Economic Analysis**
Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.

☐ **Other Analytic Activity** (Specify)

PEPFAR EVALUATIONS *(PEPFAR Evaluation Standards of Practice 2014)*

Note: If PEPFA-funded, check the box for type of evaluation

☐ **Process Evaluation** *(Check timing of data collection)*
  ☐ Midterm   ☐ Endline   ☐ Other (specify): _____

Process Evaluation focuses on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. For example: Are activities delivered as intended, and are the right participants being reached? *(PEPFAR Evaluation Standards of Practice 2014)*

☐ **Outcome Evaluation**
Outcome Evaluation determines if and by how much, intervention activities or services achieved their intended outcomes. It focuses on outputs and outcomes (including unintended effects) to judge program effectiveness, but may also assess program process to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example of question asked: To what extent are desired changes occurring due to the program, and who is benefiting? *(PEPFAR Evaluation Standards of Practice 2014)*

☐ **Impact Evaluation** *(Check timing(s) of data collection)*
  ☐ Baseline   ☐ Midterm   ☐ Endline   ☐ Other (specify): _

Impact evaluations measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons are made between beneficiaries that are randomly assigned to either an intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact.

☐ **Economic Evaluation** (PEPFAR)
Economic Evaluations identifies, measures, values and compares the costs and outcomes of alternative interventions. Economic evaluation is a systematic and transparent framework for assessing efficiency focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. Main types of economic evaluation are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example of question asked: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?

VIII.   BACKGROUND

If an evaluation, Project/Program being evaluated:

Project/Activity Title:	Malawi Scholarship Program (MSP) (task order under the Focus on Results: Enhancing Capacity across Sectors in Transition II-Participant Training contract [FORECAST II-PT])
Award/Contract Number:	AID- 612-TO-13-00001
Award/Contract Dates:	10-24-2012 - 09-30-2019
Project/Activity Funding:	$14,331,349
Implementing Organization(s):	World Learning Inc
Project/Activity AOR/COR:	Ndasowa Chitule, Activity Manager and Patricia Ziwa, Alternate

Background of project/program/intervention (*Provide a brief background on the country and/or sector context; specific problem or opportunity the intervention addresses; and the development hypothesis*)

The Malawi Scholarship Program (MSP) is a seven-year initiative designed to build the capacity of Malawi's health service delivery and management sector.

Since its inception, the program has supported training at the master's level for Malawi health professionals in public health, human nutrition, and family planning and reproductive health to upgrade their technical and professional knowledge at U.S. and African universities.

The project was expanded to include long-term academic training in Malawi for more than 760 students at various levels including certificate programs, diploma programs, bachelor's degrees, and master's degrees. Altogether, the Malawi Scholarship Program will have supported nearly 800 scholars by its end.

For all elements of MSP—U.S., third-country, and in-country—World Learning, through our Washington, DC, and Lilongwe offices, arranges university placements; monitors and evaluates students and programs; oversees program finances; implements post-training follow-on activities for program graduates in conjunction with USAID and its U.S. subcontractor, International Leadership Center; facilitates networks of alumni support; and ensures compliance with funder policies.

The project is funded by the U.S. Agency for International Development as a task order under the Focus on Results: Enhancing Capacity across Sectors in Transition II-Participant Training contract (FORECAST II-PT).

Program Goals
- Improve health service delivery and management.
- Train health professionals in key fields including public health, nutrition, and family planning and reproductive health.
- Build a network of healthcare providers.

Theory of Change of target project/program/intervention

Strategic or Results Framework for the project/program/intervention (*paste framework below*)

MSP MONITORING, EVALUATION, AND LEARNING (MEL) PLAN
The activity has a performance monitoring plan (PMP) that it follows to track performance and among them, Means of tracking assumptions, performance indicators for each program objective, data quality assessments and evaluations.

1. Means of Tracking Assumptions
MSP exerts a measure of control over the inputs (selection and placement) and outputs (students attending and completing their courses – monitoring their progress and getting them additional support as needed). However, at the purpose (objective) level they monitor and this can be graphically presented as follows:

Objective	Assumptions to be Monitored	How We Will Monitor Them
Training opportunities at certificate, diploma/undergraduate and master's level provided"	Malawi health establishment has the absorptive capacity to place graduates in situations where their skills can be put to use	Survey alumni 9 months after return to see if they are able to use new skills. Use results to inform USAID of additional support to the health sector that may be needed
Supplemental programs for US and TCT participants for internships, community service and research opportunities provided	Community service opportunities are available (both during scholarship and upon return home)	During the scholarship the Academic Enrollment and Term Report (AETR) supplement tracks their participation (confirmed by advisors for UST and TCT and by training institution progress reports for ICT). Survey 9 months post-return to see what kinds of volunteer opportunities are being tapped and inform recent returnees of options and examples
Local and international alliances/alumni associations established to promote continuous professional development.	Activities are relevant and are an appropriate mechanism for calls for change.	Canvass alumni through post-training surveys and workshops to gauge their participation and what benefits they perceive to get from alliances.
Scholarship recipients monitored and tracked (post-training follow-up)	Recipients respond to surveys and attend workshops, and iHRIS is fully functioning.	Verify through post-training surveys and workshops (for UST and TCT), and through data collection systems, such as TrainSMART and iHRIS
System for monitoring and tracking PEPFAR-funded scholars to ensure bonding requirements are met has been established	WL has full access to DATIM	Utilize DATIM to verify requirements for scholars have been met.
Timely recruitment and deployment of PEPFAR-funded graduates into PEPFAR priority health units/sites and deployment of non-PEPFAR-funded	Malawi health establishment has the absorptive capacity to place graduates in	Utilize DATIM to verify requirements for scholars have been met.

students into the wider health system has been ensured.	situations where their skills can be put to use	

2. Data Quality Assessment (DQA)

The main data quality control devices for MSP are official transcripts from schools, the AETR and supplement. It is assumed that transcripts are accurate and reliable. The AETR that tracks progress, participation in community service, research and/or internships is signed by the faculty advisor.

One of our post-training monitoring devices is the participant survey, one done upon completion of the course and one 9-month post-scholarship. The former measures satisfaction with the program so that MSP can make improvements in program implementation. The latter is important data on whether the alumni are using their skills and their participation in community service and the social network(s).

The DQA process is important for adaptive management in that it guides future selection/placement, the delivery of support services, and supporting post-training utilization of new skills (through the design and implementation of follow up activities).

3. Evaluation

No specific evaluation was included in the Task Order. However, there was room for discussion with USAID on how to evaluate the overall contribution of MSP to improved health services in Malawi as a result of the program. Currently, World Learning uses the (New World) Kirkpatrick Training Evaluation System that measures the success of training in 4 levels: satisfaction/reaction, learning, behavior change, and results. This method is part of their internal performance improvement (adaptive management). Level 1 measurement is useful in improving placement and on-going support during participant scholarship, Level 2 measurements help to assess what additional support may be needed during participant scholarship, as well as whether to change placement procedures, Level 3 is the outcome level, whether alumni are using their new skills, knowledge and insights while Level 4 is beyond the manageable interest of the activity.

Level	Measuring	Method
1. Satisfaction/Reaction	To what degree did participants react favorably to the scholarship (placement, quality of studies, services and support)? This helps us to design and deliver programming to future cohorts	On-going Monitoring (monthly calls/emails and visits) End of Program Survey
2. Learning	To what degree did participants acquire new skills? To what degree do participants feel more confident in doing their jobs?	Transcripts, AETR and Supplement
3. Behavior Change	To what degree are participants using their new skills in the workplace? Have they shared these skills, knowledge and insights with others? We also canvass on what barriers they face in using their new skills	Post-training survey (9 months after return) with sample verification visits
4. Results	To what degree has this made a change in the delivery of health services?	This is Beyond MSP manageable interest.

The surveys utilize 5-point Likert Scales of satisfaction, agreement and quality. They also provide for qualitative data (explanations for ratings, comments and recommendations). These surveys are administered in person, through e-mail or by logging onto the survey site. Responses are kept on an ever-growing spreadsheet that disaggregates responses by gender, type of program, field of study, where the scholarship occurred and their position in the health establishment.

What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?

The target group is service health care workers located across the country, and potential students in training institutions in the country who would compete for the available scholarships. The coverage is national. MSP Training Institutions are:

US based Training (UST) Institution
- Emory University

Third Country Training (TCT) Institutions
- Kwame Nkrumah University of Science and Technology
- Makerere University
- Moi University

In –Country Training (ICT) Institutions
- Mzuzu University
- Kamuzu College of Nursing
- Malawi College of Health Sciences - Lilongwe
- Ekwendeni College of Health Sciences
- St. Joseph's College of Nursing and Midwifery
- St. Luke's College of Nursing and Midwifery
- St. John's College of Nursing
- Mulanje Mission College of Nursing and Midwifery
- Holy Family College of Nursing and Midwifery
- Malawi College of Health Sciences - Zomba
- Malamulo College of Health Sciences
- Nkhoma College of Nursing and Midwifery

IX. Purpose, Audience & Application
A. **Purpose**: Why is this evaluation/assessment being conducted (purpose of analytic activity)? Provide the specific reason for this activity, linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

The purpose of this performance assessment for MSP is to provide USAID/Malawi with information to make decisions about the program's efficacy and relative importance in providing an adequate number of trained health care workers for the health sector in Malawi. It will provide findings to be taken into consideration in the design of future scholarships programs. The lessons learned, will also benefit decision makers in similar scholarships programs.

B. **Audience**: Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

The audience for the assessment will be USAID/Malawi, specifically the HPN team, the implementing partner (World Learning), the scholarship recipients, participating universities and institutions, and the Mission as a whole. The assessment results will be shared with other stakeholders, other donors, and organizations implementing similar activities.

C. **Applications and use**: How will the findings be used? What future decisions will be made based on these findings?

Inform future designs and realignment of the current programs based on findings.

X. Evaluation/Analytic Questions & Matrix:

- Questions should be: a) aligned with the evaluation/assessment purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.), they must be incorporated into the evaluation/assessment questions. **USAID Evaluation Policy** recommends **1to 5 evaluation questions.**
- State the method and/or data source and describe the data elements needed to answer the evaluation questions

The specific assessment questions, in terms of priority, are:

	Assessment Question	Method & Data Source
1	To what extent does available evidence suggest that the design and implantation of the activity achieved its objectives?	
2	To what extent has the MSP enabled recipients to contribute to health service delivery in Family Planning/Reproductive Health, Maternal Newborn and Child Health, Pharmacy, HIV/AIDS and Nutrition?	
3	To what extent did scholarship recipients acquire new skills, knowledge and attitudes that led to improved leadership and management skills in the health sector through among other things, the adoption or creation of relevant and advanced policies, strategies, programs and operational practices addressing educational and social development challenges.	
4	To what extent were scholarship recipients absorbed by the health sector to work in jobs suited to their academic preparation? If not, what were the challenges?	

Other Questions [OPTIONAL]
(**Note**: Use this space only if necessary. Too many questions leads to an ineffective evaluation or analysis.)

XI. **Methods:** Check and describe the recommended methods for this analytic activity. Selection of methods should be **aligned with the evaluation/assessment questions** and fit within the time and resources allotted for this analytic activity. Also, include the sample or sampling frame in the description of each method selected.

General Comments related to Methods:
Based on timing and funding, and in consultation with USAID, the following Training Institutes should be visited for data collection:
- 3 institutions in the southern region
- 2 institutions in the central region
- 1 institution in the northern region

■ **Document and Data Review** (*list of documents and data recommended for review*)

This desk review will be used to provide background information on the project/program, and will also provide data for analysis for this assessment. Documents and data to be reviewed include:
- MSP Annual and Quarterly reports
- MSP workplans
- MSP PMP data
- Data reports from the Student database
- Data reports from the Deployment database

■ **Secondary analysis of existing data** (*This is a re-analysis of existing data, beyond a review of data reports. List the data source and recommended analyses*)

Data Source (existing dataset)	Description of data	Recommended analysis
Student database		If these databases are available to consultants, data can be analyzed to look at changes over time and differences across location and gender.
Deployment database		

■ **Key Informant Interviews** (*list categories of key informants, and purpose of inquiry*)
- USAID/Malawi Health staff
- MSP Staff
- Training institution representatives
- Current and graduated students
- Staff where beneficiary students are currently working

■ **Focus Group Discussions** (*list categories of groups, and purpose of inquiry*)
Focus groups with scholarship recipients

■ **Group Interviews** (*list categories of groups, and purpose of inquiry*)
Key informants may be interviewed in small groups of similar respondents, as long as all participants feel free to express their own opinions.

☐ **Client/Participant Satisfaction or Exit Interviews** (*list who is to be interviewed, and purpose of inquiry*)

█ Survey *(describe content of the survey and target responders, and purpose of inquiry)*

A e-survey (e.g., Survey Monkey) may be considered in order to gather data across all the MSP Training Institutions.

XII.   HUMAN SUBJECT PROTECTION

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the assessment, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the assessment at any time without consequences. Only adults can consent as part of this assessment. **Minors cannot be respondents to any interview or survey, and cannot participate in a focus group discussion without going through an IRB**. The only time minors can be observed as part of this assessment is as part of a large community-wide public event, when they are part of family and community in the public setting. During the process of this assessment, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information. An Informed Consent statement included in all data collection interactions must contain: • Introduction of facilitator/note-taker • Purpose of the assessment • Purpose of interview/discussion/survey • Statement that all information provided is confidential and information provided will not be connected to the individual • Right to refuse to answer questions or participate in interview/discussion/survey • Request consent prior to initiating data collection (i.e., interview/discussion/survey)

XIII.   ANALYTIC PLAN

Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data it to be triangulated (if appropriate). For example, a thematic analysis of qualitative interview data, or a descriptive analysis of quantitative survey data.

All analyses will be geared to answer the evaluation questions. Additionally, the evaluation will review both qualitative and quantitative data related to the project/program's achievements against its objectives and/or targets. Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and location, whenever feasible. Other statistical test of association (i.e., odds ratio) and correlations will be run as appropriate. Thematic review of qualitative data will be performed, connecting the data to the evaluation questions, seeking relationships, context, interpretation, nuances and homogeneity and outliers to better explain what is happening and the perception of those involved. Qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data do not exist. Use of multiple methods that are quantitative and qualitative, as well as existing data (e.g., project/program performance indicator data) will allow the Team to triangulate findings to produce more robust evaluation results. The Evaluation Report will describe analytic methods and statistical tests employed in this evaluation.

XIV. ACTIVITIES

List the expected activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and Deliverables may overlap. Give as much detail as possible.

Background reading – Several documents are available for review for this analytic activity. These include World Learning MSP proposal, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data, as well as survey data reports (i.e., DHS and MICS). This desk review will provide background information for the Evaluation Team, and will also be used as data input and evidence for the evaluation.

Team Planning Meeting (TPM) – A four-day team planning meeting (TPM) will be held at the initiation of this assignment and before the data collection begins. The TPM will:
- Review and clarify any questions on the evaluation SOW
- Clarify team members' roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
- Review and finalize evaluation questions
- Review and finalize the assignment timeline
- Develop data collection methods, instruments, tools and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the evaluation work plan for USAID's approval
- Develop a preliminary draft outline of the team's report
- Assign drafting/writing responsibilities for the final report

Briefing and Debriefing Meetings – Throughout the evaluation the Team Lead will provide briefings to USAID. The In-Brief and Debrief are likely to include the all Evaluation Team experts, but will be determined in consultation with the Mission. These briefings are:
- Evaluation **launch**, a call/meeting among the USAID, GH Pro and the Team Lead to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH Pro will introduce the Team Lead, and review the initial schedule and review other management issues.
- **In-brief with USAID**, as <u>part of the TPM</u>. At the beginning of the TPM, the Evaluation Team will meet with USAID to discuss expectations, review evaluation questions, and intended plans. The Team will also raise questions that they may have about the project/program and SOW resulting from their background document review. The time and place for this in-brief will be determined between the Team Lead and USAID prior to the TPM.
- **Workplan and methodology review briefing**. At the end of the TPM, the Evaluation Team will meet with USAID to present an outline of the methods/protocols, timeline and data collection tools. Also, the format and content of the Assessment report(s) will be discussed.
- **In-brief with project** to review the evaluation plans and timeline, and for the project to give an overview of the project to the Evaluation Team.
- The Team Lead (TL) will brief the USAID **weekly** to discuss progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.
- A **final debrief** between the Evaluation Team and USAID will be held at the end of the evaluation to present preliminary findings to USAID. During this meeting a summary of the data will be presented, along with high level findings and draft recommendations. For the

debrief, the Evaluation Team will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The evaluation team shall incorporate comments received from USAID during the debrief in the evaluation report. (**Note**: *preliminary findings are not final and as more data sources are developed and analyzed these finding may change.*)

- **IP and Stakeholders' debrief/workshop** will be held with the project staff and other stakeholders identified by USAID. This will occur following the final debrief with the Mission, and will not include any information that may be procurement deemed sensitive or not suitable by USAID.

Fieldwork, Site Visits and Data Collection – The evaluation team will conduct site visits to for data collection. Selection of sites to be visited will be finalized during TPM in consultation with USAID. The evaluation team will outline and schedule key meetings and site visits prior to departing to the field.

Evaluation/Analytic Report – The Evaluation/Analytic Team under the leadership of the Team Lead will develop a report with findings and recommendations (see Analytic Report below). Report writing and submission will include the following steps:
1. Team Lead will submit <u>draft evaluation</u> report to GH Pro for review and formatting
2. GH Pro will submit the draft report to USAID
3. USAID will review the draft report in a timely manner, and send their comments and edits back to GH Pro
4. USAID will manage implementing partner(s)'s (IP) review of the report and compile and send their comments and edits to GH Pro. (Note: USAID will decide what draft they want the IP to review.)
5. GH Pro will share USAID's comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH Pro
6. GH Pro will review and reformat the <u>final Evaluation/Analytic Report</u>, as needed, and resubmit to USAID for approval.
7. Once Evaluation Report is approved, GH Pro will re-format it for 508 compliance and post it to the DEC.

The Evaluation Report **excludes** any **procurement-sensitive** and other sensitive but unclassified (**SBU**) information. This information will be submitted in a memo to USIAD separate from the Evaluation Report.

Data Submission – All <u>quantitative</u> data will be submitted to GH Pro in a machine-readable format (CSV or XML). The datasets created as part of this assessment must be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. It is essential that the datasets are stripped of all identifying information, as the data will be public once posted on USAID Development Data Library (DDL).

Where feasible, <u>qualitative</u> data that do not contain identifying information should also be submitted to GH Pro.

XV.   DELIVERABLES AND PRODUCTS
Select all deliverables and products required on this analytic activity. For those not listed, add rows as needed or enter them under "Other" in the table below. Provide timelines and deliverable deadlines for each.

Deliverable / Product	Timelines & Deadlines (estimated)
■ Launch briefing	July 8, 2019
■ In-brief with USAID	July 15, 2019

■ Workplan and methodology review briefing	July 19, 2019
■ Workplan submitted to USAID (must include questions, methods, timeline, data analysis plan, and instruments)	July 20, 2019
■ In-brief with MSP	July 22, 2019
■ Routine briefings	Weekly
■ Out-brief with USAID with Power Point presentation	August 13, 2019
■ IP & stakeholders findings review workshop with Power Point presentation	August 14, 2019
■ Draft report	*Submit to GH Pro*: August 28, 2019 *GH Pro submits to USAID*: August 30, 2019
■ Final report	*Submit to GH Pro*: September 23, 2019 *GH Pro submits to USAID*: September 27, 2019
■ Raw data (cleaned datasets in CSV or XML with codesheet)	September 30, 2019
■ Report Posted to the DEC	November 15, 2019
☐ Other (specify):	

HOLIDAYS:
    July 4, 2019 ....Independence Day (US)
    July 6, 2019 ....Independence Day (Malawi)
    September 2, 2019.................Labor Day (US)
    October 14, 2019 ....Columbus Day (US)	

Estimated USAID review time
Average number of business days USAID will need to review the Report? _____10_____
Business days

XVI.   TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT (LOE)

Evaluation/Assessment team: When planning this analytic activity, consider:
- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leaders for evaluations/assessments must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation Specialist, who should have evaluation methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with methodological expertise.
- Note that **all team members will be required to provide a signed statement attesting that they have no conflict of interest (COI)**, or describing the conflict of interest if applicable.

Team Qualifications: Please list technical areas of expertise required for this activity:
- *List desired qualifications for the team as a whole*
- *List the key staff needed for this analytic activity and their roles.*
- *Sample position descriptions are posted on USAID/GH Pro webpage*

- *Edit as needed GH Pro provided position descriptions*

Overall Team requirements:

Key Staff 1 Title: **Team Lead/Capacity Development Specialist**

Roles & Responsibilities: As the Team Lead, s/he will be responsible for (1) providing team leadership; (2) managing the team's activities, (3) ensuring that all deliverables are met in a timely manner, (4) serving as a liaison between the USAID and the evaluation/assessment team, and (5) leading briefings and presentations. S/He will also provide expertise in health and development, including capacity development and scholarship programs. Working with the other consultant, s/he will plan, collect and analyze data, brief USAID, and write the Assessment Report.

Qualifications:

- At least 10 years' experience with health projects; USAID project implementation experience preferred
- Expertise in human resources for health (HRH) or capacity development for public health services
- Excellent interpersonal skills, including experience successfully interacting with host government officials, health care providers, civil society partners, and other stakeholders
- Proficient in English
- Good writing skills, including experience writing evaluation and/or assessment reports
- Experience in conducting USAID evaluations and/or assessments of health programs/activities

Key Staff 2 Title: **Local Capacity Development Specialist**

Roles & Responsibilities: Serve as a member of the evaluation team, providing expertise in health and development, including capacity development and scholarship programs. S/He will plan, collect and analyze data, brief USAID, and write the Assessment Report.

Qualifications:

- At least 10 years' experience with health projects; USAID project implementation experience preferred
- Expertise in human resources for health (HRH) or capacity development for public health services
- From Malawi, or with in-depth know of Malawi and years of experience working in Malawi
- Excellent interpersonal skills, including experience successfully interacting with host government officials, health care providers, civil society partners, and other stakeholders
- Proficient in English and local language(s)
- Good writing skills, including experience writing evaluation and/or assessment reports
- Experience in conducting evaluations and/or assessments of health programs/activities

Other Staff Titles with Roles & Responsibilities (include number of individuals needed):

Local **Assessment Logistics /Program Assistant** will support the Assessment Consultant/Team with all logistics and administration to allow them to carry out this assessment. The Logistics/Program Assistant will have a good command of English and local language(s). S/He will have knowledge of key actors in the health sector and their locations including MOH, donors and other

stakeholders. To support the Consultant/Team, s/he will be able to efficiently liaise with hotel staff, arrange in-country transportation (ground and air), arrange meeting and workspace as needed, and insure business center support, e.g. copying, internet, and printing. S/he will work under the guidance of the Team Leader to make preparations, arrange meetings and appointments. S/he will conduct programmatic administrative and support tasks as assigned and ensure the processes moves forward smoothly. S/He may also be asked to assist with data collection and in translation of data collection tools and transcripts, if needed.

Will USAID participate as an active team member or designate other key stakeholders to as an active team member? This will require full time commitment during the evaluation or assessment activity.

☐ Full member of the Evaluation Team (including planning, data collection, analysis and report development) – If yes, specify who:

☐ Some Involvement anticipated – If yes, specify who:

■ No

Staffing Level of Effort (LOE) Matrix:
This LOE Matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH Pro can assist you to complete this table.

a) For each column, replace the label "Position Title" with the actual position title of staff needed for this analytic activity.

b) Immediately below each staff title enter the anticipated number of people for each titled position.

c) Enter Row labels for each activity, task and deliverable needed to implement this analytic activity.

d) Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.

e) At the bottom of the table total the LOE days for each consultant title in the 'Sub-Total' cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

Level of Effort in **days** for each Evaluation/Analytic Team member
(The following is an Illustrative LOE Chart. Please edit to meet the requirements of this activity.)

	Activity / Deliverable	Evaluation/Analytic Team		
		Team Lead / Capacity Development Specialist	Local Capacity Development Specialist	Local Evaluators & Logistics
1	Launch Briefing	0.5	0.5	
2	HTSOS Training	1		
3	Desk review	5	5	2
4	Preparation for Team convening in-country	0.5	0.5	2
5	Travel to country	1		
6	In-brief with Mission	0.5	0.5	0.5
7	Assessment Planning	3	3	1
8	Workplan and methodology briefing with USAID	0.5	0.5	0.5
9	Eval planning deliverables: 1) workplan with timeline, eval matrix, protocol (methods, sampling & analytic plan); 2) data collection tools			
10	In-brief with project	0.5	0.5	0.5
11	Data Collection DQA Workshop (protocol orientation/training for all data collectors)	1	1	
12	Prep / Logistics for Site Visits	0.5	0.5	1

Activity / Deliverable		Evaluation/Analytic Team		
		Team Lead / Capacity Development Specialist	Local Capacity Development Specialist	Local Evaluators & Logistics
13	Data collection / Site Visits (including travel to sites)	12	12	**12**
14	Data analysis	5	5	**2**
15	Debrief with Mission with prep	1	1	1
16	IP & Stakeholder debrief workshop with prep	1	1	0.5
17	Depart country	1		
18	Draft report(s)	5	4	
19	GH Pro Report QC Review & Formatting			
20	Submission of draft report(s) to Mission			
21	USAID Report Review			
22	Revise report(s) per USAID comments	3	2	
23	Finalize and submit report to USAID			
24	USAID approves report			
25	Final copy editing and formatting			
26	508 Compliance editing			
	Eval Report(s) to the DEC			
	Total LOE	**42**	**37**	**23**

If overseas, is a 6-day workweek permitted ◼ Yes ☐ No
Travel to/from and within country permitted on weekends ◼ Yes ☐ No

Travel anticipated: List international and local travel anticipated by what team members.

Malawi: Lilongwe and select Training Institutes:
- 3 institutions in the southern region
- 2 institutions in the central region
- 1 institution in the northern region

XVII. LOGISTICS

Visa Requirements
List any specific Visa requirements or considerations for entry to countries that will be visited by consultant(s):

List recommended/required type of Visa for entry into counties where consultant(s) will work

Name of Country	Type of Visa		
Malawi	☐ Tourist	☐ Business	☐ No preference
	☐ Tourist	☐ Business	☐ No preference

Clearances & Other Requirements
Note: Most Evaluation/Analytic Teams arrange their own work space, often in conference rooms at their hotels. However, if a Security Clearance or Facility Access is preferred, GH Pro can submit an application for it on the consultant's behalf.

GH Pro can obtain **Facility Access (FA)** and transfer existing **Secret Security Clearance** for our consultants, but please note these requests, processed through AMS at USAID/GH (Washington, DC), can take 4-6 months to be granted. If you are in a Mission and the RSO is able to grant a temporary FA locally, this can expedite the process. FAs for non-US citizens or Green Card holders must be obtained through the RSO. If FA or Security Clearance is granted through Washington, DC,

the consultant must pick up his/her badge in person at the Office of Security in Washington, DC, regardless of where the consultant resides or will work.

If **Electronic Country Clearance (eCC)** is required prior to the consultant's travel, the consultant is also required to complete the **High Threat Security Overseas Seminar (HTSOS).** HTSOS is an interactive e-Learning (online) course designed to provide participants with threat and situational awareness training against criminal and terrorist attacks while working in high threat regions. There is a small fee required to register for this course. [*Note: The course is not required for employees who have taken FACT training within the past five years or have taken HTSOS within the same calendar year.*]

If eCC is required, and the consultant is expected to work in country more than 45 consecutive days, the consultant may be required complete the one-week **Foreign Affairs Counter Threat (FACT) course** offered by FSI in West Virginia. This course provides participants with the knowledge and skills to better prepare themselves for living and working in critical and high threat overseas environments. Registration for this course is complicated by high demand (consultants must register approximately 3-4 months in advance). Additionally, there will be the cost for additional lodging and M&IE to take this course.

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH Pro workspace and travel (other than to and from post).

☐ USAID Facility Access (FA)
Specify who will require Facility Access: _____
_____

☐ Electronic County Clearance (ECC) (International travelers only)
    ☐ High Threat Security Overseas Seminar (HTSOS) (*required in most countries with ECC*)
    ☐ Foreign Affairs Counter Threat (FACT) (for consultants working on country more than 45 consecutive days)
☐ GH Pro workspace
Specify who will require workspace at GH Pro: _____
_____

☐ Travel -other than posting (specify): _____
_____

☑ Other (specify): ___Travel to country for International Consultant; and travel within the country as needed for data collection___
_____

Specify any country-specific **security concerns and/or requirements**

_____

XVIII.   GH PRO ROLES AND RESPONSIBILITIES

GH Pro will coordinate and manage the evaluation/assessment team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed
- Provide technical assistance on methodology, as needed
- Develop budget for analytic activity
- Recruit and hire the evaluation/assessment team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)

- Review methods, workplan, analytic instruments, reports and other deliverables as part of the quality assurance oversight
- Report production - If the report is <u>public</u>, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH Pro website. If the report is <u>internal</u>, then copy editing/formatting for internal distribution.

XIX.   USAID ROLES AND RESPONSIBILITIES

Below is the standard list of USAID's roles and responsibilities. Add other roles and responsibilities as appropriate.

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USAID Roles and Responsibilities

USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

Before Field Work
- <u>SOW</u>.
  - Develop SOW.
  - Peer Review SOW
  - Respond to queries about the SOW and/or the assignment at large.
- <u>Consultant Conflict of Interest (COI)</u>. To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV's for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.
- <u>Documents</u>. Identify and prioritize background materials for the consultants and provide them to GH Pro, preferably in electronic form, at least one week prior to the inception of the assignment.
- <u>Local Consultants</u>. Assist with identification of potential local consultants, including contact information.
- <u>Site Visit Preparations</u>. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.
- <u>Lodgings and Travel</u>. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

During Field Work
- <u>Mission Point of Contact</u>. Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team's work.
- <u>Meeting Space</u>. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e. USAID space if available, or other known office/hotel meeting space).
- <u>Meeting Arrangements</u>. Assist the team in arranging and coordinating meetings with stakeholders.
- <u>Facilitate Contact with Implementing Partners.</u> Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

After Field Work
- <u>Timely Reviews</u>. Provide timely review of draft/final reports and approval of deliverables.

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XX.   ANALYTIC REPORT

Provide any desired guidance or specifications for Final Report. (See *How-To Note: Preparing Evaluation Reports*)

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Although this is an Assessment, the report should follow USAID guidelines for an Evaluation report. USAID's Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the USAID Evaluation Policy).
- The report should not exceed **25** pages (excluding executive summary, table of contents, acronym list and annexes).

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- The structure of the report should follow the Evaluation Report template, including branding found here or here.
- Draft reports must be provided electronically, in English, to GH Pro who will then submit it to USAID.
- For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found here.

USAID Criteria to Ensure the Quality of the Evaluation Report (USAID ADS 201):
- Evaluation reports should be readily understood and should identify key points clearly, distinctly, and succinctly.
- The Executive Summary of an evaluation report should present a concise and accurate statement of the most critical elements of the report.
- Evaluation reports should adequately address all evaluation questions included in the SOW, or the evaluation questions subsequently revised and documented in consultation and agreement with USAID.
- Evaluation methodology should be explained in detail and sources of information properly identified.
- Limitations to the evaluation should be adequately disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people's opinions.
- Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.
- If evaluation findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
- If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

Reporting Guidelines: The draft report should be a comprehensive analytical evidence-based evaluation/assessment report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. ***The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.***

The findings from the Assessment will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:
- Abstract: briefly describing what was evaluated, assessment questions, methods, and key findings or conclusions (not more than 250 words)
- Executive Summary: summarizes key points, including the purpose, background, assessment questions, methods, limitations, findings, conclusions, and most salient recommendations (2-5 pages)
- Table of Contents (1 page)
- Acronyms
- Assessment Purpose and Assessment Questions: state purpose of, audience for, and anticipated use(s) of the assessment (1-2 pages)
- Project [or Program] Background: describe the project/program and the background, including country and sector context, and how the project/program addresses a problem or opportunity (1-3 pages)

- Assessment Methods and Limitations: data collection, sampling, data analysis and limitations (1-3 pages)
- Findings (organized by Assessment Questions): substantiate findings with evidence/data
- Conclusions
- Recommendations
- Annexes
  - Annex I: Assessment Statement of Work
  - Annex II: Assessment Methods and Limitations (if not described in full in the main body of the assessment report)
  - Annex III: Data Collection Instruments
  - Annex IV: Sources of Information
    - List of Persons Interviews
    - Bibliography of Documents Reviewed
    - Databases
    - [etc.]
  - Annex V: Statement of Differences (if applicable)
  - Annex VI: Disclosure of Any Conflicts of Interest
  - Annex VII: Summary information about evaluation team members, including qualifications, experience, and role on the team.

The evaluation methodology and report will be compliant with the <u>USAID Evaluation Policy</u> and <u>Checklist for Assessing USAID Evaluation Reports</u>

The Assessment Report should **exclude** any **potentially procurement-sensitive information**. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USIAD separate from the Assessment Report.

All data instruments, data sets (if appropriate), presentations, meeting notes and report for this assessment will be submitted electronically to the GH Pro Program Manager. All datasets developed as part of this assessment will be submitted to GH Pro in an unlocked machine-readable format (CSV or XML). The datasets must not include any identifying or confidential information. The datasets must also be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. Qualitative data included in this submission should not contain identifying or confidential information. Category of respondent is acceptable, but names, addresses and other confidential information that can easily lead to identifying the respondent should not be included in any quantitative or qualitative data submitted.

XXI. USAID CONTACTS

	Primary Contact	Alternate Contact 1	Alternate Contact 2	Alternate Contact 3
Name:	Veronica Chipeta-Chirwa	Ndasowa Chitule	Patricia Ziwa	Lilly Banda
Title:	Monitoring, Evaluation and Learning (MEL) Specialist	HIV/Health Systems Strengthening Specialist	Team Lead - Health Finance & Admin.	Deputy Health Office Director
USAID Mission	Health Population and Nutrition, USAID/Malawi	Health Population and Nutrition, USAID/Malawi	USAID/Malawi	USAID/Malawi
Email:	vchirwa@usaid.gov	nchitule@usaid.gov	pziwa@usaid.gov	lmbanda@usaid.gov

Telephone:	+265 1 772 455 Ext 5303	+265 1 772 455 ext 5309		+265 (0) 177.2455 Ext. 5324; VOIP: 202.216.6244 Ext. 5324
Cell Phone:	+265 888 062 551 +265 999 585 393 +265 888 211 381	+265 884 762 784	265-882-861-850 265-888-868-376	+265 (0) 884.660.744

List other contacts who will be supporting the Requesting Team with technical support, such as reviewing SOW and Report (such as USAID/W GH Pro management team staff)

	Technical Support Contact 1	Technical Support Contact 2
Name:		
Title:		
USAID Office/Mission		
Email:		
Telephone:		
Cell Phone:		

XXII.   OTHER REFERENCE MATERIALS

Documents and materials needed and/or useful for consultant assignment, that are not listed above

XXIII.   ADJUSTMENTS MADE IN CARRYING OUT THIS SOW AFTER APPROVAL OF THE SOW (*To be completed after Assignment Implementation by GH Pro*)

ANNEX II. DATA COLLECTION INSTRUMENTS

Overview

These protocols are aimed at collecting qualitative data from WL Project Staff. These protocols are illustrative and are a guide for conducting KIIs or GIs. The interview should be flexible in conducting the interviews/FDS. The protocol is related to all assessment questions.

Protocol Instructions:
- Introduce yourself to the respondent(s) and explain the purpose of the interview/ FGD .
- Discuss the consent form with the respondent, and ask them if they are willing to be interviewed. If they agree, ask them to sign the consent form.
- Thank the respondent(s) for sparing time for the interview/ FGD .
- Confirm the amount of time they can spare for the interview/FGD and ensure that you stick to the time you have been given.

Protocol Questions:
A. Questions related to goals and Objectives of the MSP
1. To what extent have you achieved the objectives of the MSP?
   - *Probe if some objectives were not achieved or were not given the attention they deserved and the reasons behind.*
2. Do you think the goals of the MSP have been achieved? If so, how have they been achieved?

B. Questions related to the Scholarship
1. What do you think worked well and did not work well with the scholarship program?
2. What could have been done differently in the design and implementation of the MSP?
3. How does the MSP compare with other scholarships that you are aware of in terms of the package being offered?

C. Questions related to the Training Programs
1. How do you rate the quality of training provided by local training institutions in comparison to TCT and UST?
2. Are the training institutions training the right cadre of professionals that the Ministry of Health needs?
3. What do you think contributed to a high failure rate of licensure examinations by the students?
   - *Probe on the role the Training Institutions plays in preparing or failing to prepare students for the licensure examinations.*

D. Questions related to the deployment
1. Are all scholarship recipients deployed in jobs that are suited for their academic preparations?
   - *If not, probe why this not and what impact it has on service delivery.*
2. What is the capacity of the Ministry of Health to absorb all the scholarship recipients who pass licensure examinations?

3. How long does it take the Ministry of Health to deploy a scholarship recipient who has passed licensure examinations?

   - *Probe reasons why several scholarship recipients who have passed licensure examinations have not been deployed.*
4. How effective has been the enforcement of bonding for scholarship recipients who have attended In-Service training?

   - *Probe if the Ministry has experienced any challenges regarding the bonding of scholarship recipients.*

E. Questions related to contribution to service delivery

1. What specific contributions have the scholarship recipients made to service delivery in their respective fields (FP/RH; MCH, Pharmacy, HIV/AIDS or Nutrition) since you were deployed?

2. What factors are negatively or positively influencing the scholarship recipients from effectively making a contribution to service delivery in his or her area of training?

3. What difference do you think MSP had made in reducing the human resource deficit in the related to health service delivery?

4. What is the attrition rate of scholarship recipients after the bonding period?

   - *Probe factors that contribute to the attrition.*

F.   Questions Related to Leadership and Management Skills

1. How do you rate the leadership and management skills of the scholarship recipients who have graduated with advanced degrees?

2. *How do you rate the leadership and management skills of the scholarship recipients who undertake advanced degree programs?*

3. What contribution do you think the scholarship recipients who have graduated Master's Degrees have made in the adoption or creation of relevant and advanced policies, strategies, programs and operational practices addressing educational and social development challenges as a result of the studies you have undertaken under the MSP?

   - *If not, probe why the recipients have not made any contributions in the areas mentioned above.*

G.   Recommendations and Lessons Learnt

1. What lessons have you learned on the role the scholarship program plays in meeting the human resource needs of the Ministry of Health?

2. What are your recommendations for the future scholarship program?

3. Would you recommend any change in the design and management of the scholarship program? If yes, what changes would you recommend?

Concluding the Interview/ FGD

Ask if the respondent has any other comment to make, after which thank the respondent(s) for their, his or her time.

PROTOCOLS FOR DATA COLLECTION FROM USAID STAFF

Overview

These protocols are aimed at collecting qualitative data from USAID Staff. These protocols are illustrative and are a guide for conducting KIIs or GIs. The interview should be flexible in conducting the interviews/FDS. The protocol is related to all assessment questions.

Protocol Instructions:

- Introduce yourself to the respondent(s) and explain the purpose of the interview/ FGD .

- Discuss the consent form with the respondent, and ask them if they are willing to be interviewed. If they agree, ask them to sign the consent form.

- Thank the respondent(s) for sparing time for the interview/ FGD .

- Confirm the amount of time they can spare for the interview/FGD and ensure that you stick to the time you have been given.

Protocol Questions:

A. Questions related to goals and Objectives of the MSP

1. To what extent has WL achieved the objectives of the MSP?

    - *Probe if some objectives were not achieved or were not given the attention they deserved and the reasons behind.*

2. Do you think the goals of the MSP have been achieved? If so, how have been achieved?

B. Questions related to the Scholarship

1. What do you think worked well with the scholarship program?

2. What could have been done differently in the design and implementation of the MSP?

3. How does the MSP compare with other scholarships that you are aware of?

C. Questions related to the Training Programs

1. How do you rate the quality of training provided by local training institutions?

2. Are the training institutions training the right cadre of professionals that the Ministry of Health Needs?

3. What do you think contributed to a high failure rate of licensure examinations by the students?

    - *Probe on the role the Training Institutions plays in preparing or failing to prepare students for the licensure examinations.*

D. Questions related to the deployment

1. Are all scholarship recipients deployed in jobs that are suited for their academic preparations?

    - *If not, probe why this not and what impact it has on service delivery.*

2. What is the capacity of the Ministry of Health to absorb all the scholarship recipients once they pass the licensure examinations?

3. How long does it take the Ministry of Health to deploy a scholarship recipient who has passed licensure examinations?

    - *Probe reasons why several scholarship recipients who have passed licensure examinations have not been deployed.*

4. How effective has been the enforcement of bonding for scholarship recipients who have attended In-Service training?

    - *Probe if the Ministry has experienced any challenges regarding the bonding of scholarship recipients.*

E. Questions related to contribution to service delivery

1. What specific contributions have the scholarship recipients made to service delivery in their respective fields (FP/RH; MCH, Pharmacy, HIV/AIDS or Nutrition) since you were deployed?

2. What factors are negatively or positively influencing the scholarship recipients from effectively making a contribution to service delivery in his or her area of training?

3. What difference do you think MSP had made in reducing the human resource deficit in the related to health service delivery?

4. What is the attrition rate of scholarship recipients after the bonding period?

   - *Probe factors that contribute to the attrition.*

F.   Questions Related to Leadership and Management Skills
1. How do you rate the leadership and management skills of the scholarship recipients who undertake advanced degree programs?

2. How do you rate the leadership and management skills of the scholarship recipients who undertake advanced degree programs?

3. What contribution have the scholarship recipient at master's level in the adoption or creation of relevant and advanced policies, strategies, programs and operational practices addressing educational and social development challenges as a result of the studies you have undertaken under the MSP?

   - *If not, probe why the recipient has not made any contribution.*

G.   Recommendations and Lessons Learnt
1. What lessons have you learnt on the role the scholarship program plays in meeting the human resource needs of the Ministry of Health?

2. What are your recommendations regarding the future scholarship program?

3. Would you recommend any change in the design and management of the scholarship program? If yes, what changes would you recommend?

Concluding the Interview/ FGD
Ask if the respondent has any other comment to make, after which thank the respondent(s) for their, his or her time.

PROTOCOLS FOR OFFICIALS OF THE MINISTRY OF HEALTH, DIRECTORATE OF HUMAN RESOURCES, AND COLLABORATING PARTNERS SUCH AS CHAI AND VILLAGE REACH

Overview
These protocols are aimed at collecting qualitative data from Officials of the Ministry of Health, Directorate of Human Resources. These protocols are illustrative and are a guide for conducting KIIs or GIs. The interview should be flexible in conducting the interviews/FDS. The protocol is related to all assessment questions.

Protocol Instructions:
- Introduce yourself to the respondent(s) and explain the purpose of the interview/ FGD .
- Discuss the consent form with the respondent, and ask them if they are willing to be interviewed. If they agree, ask them to sign the consent form.
- Thank the respondent(s) for sparing time for the interview/ FGD .
- Confirm the amount of time they can spare for the interview/FGD and ensure that you stick to the time you have been given.

Protocol Questions:

A. Questions related to goals of the MSP

1. What extent has the MSP fulfilled its goals of (1) Improve health service delivery and management; (2) Training health professionals in key fields including public health, nutrition, and family planning and reproductive health; and (3) Building a network of healthcare providers.

B. Questions related to the Scholarship

1. What selection process do you follow to select scholarship recipients that underwent In-Service Training?

    -   *Probe whether the type challenges the Ministry has faced about the selection process*

2. What is the adequacy of the scholarship package for scholarship recipient that undergo In-Service Training?

C. Questions related to the Training Programs

1. How do you rate the quality of training provided by local training institutions?

2. Are the training institutions training the right cadre of professionals that the Ministry of Health Needs?

3. What do you think contributes to a high failure rate of licensure examinations by the students?

    -   *Probe on the role the Training Institutions plays in preparing or failing to prepare students for the licensure examinations.*

E. Questions related to the deployment

1. Are all scholarship recipients deployed in jobs that are suited for their academic preparations?
    -   *If not, probe why this not and what impact it has on service delivery.*

2. What is the capacity of the Ministry of Health to absorb all the scholarship recipients?

3. How long does do you to deploy a scholarship recipient who has passed licensure examinations?
    -   *Probe reasons why several scholarship recipients who have passed licensure examinations have not been deployed.*

4. How effective has been the enforcement of bonding for scholarship recipients who have attended In-Service training?

5. Probe if the Ministry has experienced any challenges regarding the bonding of scholarship recipients.

F. Questions related to contribution to service delivery

1. What specific contributions have the scholarship recipients made to service delivery in your respective fields (FP/RH; MCH, Pharmacy, HIV/AIDS or Nutrition) since you were deployed?

2. What factors are negatively or positively influencing the scholarship recipients from effectively making a contribution to service delivery in his or her area of training?

3. What difference do you the MSP had made in reducing the human resource deficit in the related to health service delivery?

4. What is the attrition rate of scholarship recipients after the bonding period?
    -   *Probe factors that contribute to the attrition.*

G. Questions Related to Leadership and Management Skills

1. How do you rate the leadership and management skills of the scholarship recipients who undertake advanced degree programs

2. How do you rate the leadership and management skills of the scholarship recipients who undertake advanced degree programs?

3. What contribution have the scholarship recipients who have acquired Master's Degree made in the adoption or creation of relevant and advanced policies, strategies, programs and operational

practices addressing educational and social development challenges as a result of the studies you have undertaken under the MSP?

- *If not, probe why the recipient has not made any contribution.*

H.   Recommendations and Lessons Learnt
1. What lessons have you learned on the role the scholarship program played in meeting human resource needs of the Ministry of Health?

2. What are your recommendations for the future scholarship program?

3. Would you recommend any change in the design and management of the scholarship program? If yes, what changes would you recommend?

Concluding the Interview/ FGD

Ask if the respondent has any other comment to make, after which thank the respondent(s) for their, his or her time.

PROTOCOLS FOR TRAINING INSTITUTION

Overview

These protocols are aimed at collecting qualitative data from Training Institution's respondents: Principals and Supervisors. These protocols are illustrative and are a guide for conducting KIIs, GIs, and FGD s. The interview should be flexible in conducting the interviews/FDS. The protocols are mainly related to Assessment Question 1 outlined below:

Assessment Question 1: To what extent does available evidence suggest that the design and implementation of the activity achieved its objectives?

Protocol Instructions:
- Introduce yourself to the respondent(s) and explain the purpose of the interview/ FGD .

- Discuss the consent form with the respondent, and ask them if they are willing to be interviewed. If they agree, ask them to sign the consent form.

- Thank the respondent(s) for sparing time for the interview/ FGD .

- Confirm the amount of time they can spare for the interview/FGD and ensure that you stick to the time you have been given.

Protocol Questions:
A.   *Questions related to the Scholarship*
1. What selection process do you follow to select scholarship recipients?

- *Probe whether the respondent faced any challenges.*

2. What is the adequacy of the scholarship package that the Training institution and the students are receiving? Please itemize.

3. Is your training Institution receiving any other scholarship apart from the one provided by World Learning through USAID?

- *If yes, probe the difference between the scholarships.*

4. What impact has the Scholarship from World Learning made on your school?

- *Probe the impact on students who have not received the scholarship but who are equally deserving.*
5. What has gone well with the scholarship and what has not gone well?

6. What type of engagements do you have with the scholarship administrators?

    - *Probe on the responsiveness of the scholarship administrators to resolve challenges the student has been facing.*

B.   Questions related to the study program
1. How do you rate the learning environment at your training institution?

    - *Probe what was good about the learning environment and what was not good.*

2. Do you provide opportunities for internship, community service or research for your students?

    - *Probe the quality, timeliness, and usefulness of these opportunities. If not ask why the respondent did not have the opportunities.*

3. What challenges do you think students face with their studies?

    - *Probe how the Training Institution deals with these challenges.*

4. What has gone well, and what has not gone well with studies that students are pursuing?

C.   Questions related to the deployment
1. Are there scholarship recipients who have graduated that you know but have not been deployed? If yes, why do think they not been deployed?

2. What do you think contributes to a high failure rate of licensure examinations by the students?

    - *Probe role the Training Institutions plays in preparing or failing to prepare students for the licensure examinations.*

3. What is the capacity of the Ministry of Health to absorb all the scholarship recipients upon passing the licensure examinations?

    - *Ask if the respondent know scholarship recipients who have been deployed in the jobs that are suited for their academic preparations.*

E.   Lessons Learnt and Recommendations
1. What lessons have you learned on the scholarship programs?

2. What are your recommendations for the improvement of the learning environment?

3. What recommendations do you have for future scholarship recipients concerning the scholarship and pursuance of studies?

4. What recommendations do you have for the follow-on or the future scholarship program?

Concluding the Interview/ FGD

Ask if the respondent has any other comment to make, after which thank the respondent(s) for their, his or her time.

PROTOCOLS FOR CURRENT STUDENTS IN TRAINING INSTITUTIONS

Overview

These protocols are aimed at collecting qualitative data from Scholarship Recipients who have been undergoing training. These protocols are illustrative and are a guide for conducting KIIs, GIs, and FGD s. The interview should be flexible in conducting the interviews/FDS.

The protocols are mainly related to Assessment Question 1 outlined below:

Assessment Question 1: To what extent does available evidence suggest that the design and implementation of the activity achieved its objectives?

Protocol Instructions:
- Introduce yourself to the respondent(s) and explain the purpose of the interview/ FGD .
- Discuss the consent form with the respondent, and ask them if they are willing to be interviewed. If they agree, ask them to sign the consent form.
- Thank the respondent(s) for sparing time for the interview/ FGD .
- Confirm the amount of time they can spare for the interview/FGD and ensure that you stick to the time you have been given.

Protocol Questions:

A.   Questions related to the Scholarship
1. What selection process did you go through to be on the scholarship?

    - *Probe whether the respondent faced any challenges*

2. What was the package of your scholarship have you been receiving? Please itemize.

    - *Probe if the package is adequate and if it was different from what other students got or are getting now.*

3. What has gone well with your scholarship, and what has not gone well?

4. What type of engagements do you have with the scholarship administrators?

    - *Probe on the responsiveness of the scholarship administrators to resolve challenges the student has been facing.*

B.   Questions related to the study program
1. How do you rate the learning environment at the training institution?

    - *Probe what was good about the learning environment and what was not good.*

2. Have had opportunities for internship, community service or research?

    - *Probe the quality, timeliness, and usefulness of these opportunities. If not ask why the respondent did not have the opportunities.*

3. What challenges have you face in undergoing the studies?

    - *Probe if these challenges were dealt with.*

4. What has gone well and what has not gone well with your studies?

D.   Questions related to the deployment
1. Do you think you will be deployed as soon as you pass the licensure examinations? Why do you say so?

2. Are there scholarship recipients who have graduated that you know but have not been deployed? If yes, why do think they not been deployed?

3. Do you think the Ministry of Health has the capacity to absorb all the scholarship recipients?

    - *Ask the respondent to give reasons for the answer*

    - *Ask if the respondent know scholarship recipients who have been deployed in the jobs that are suited for their academic preparations?*

E.   Lessons Learnt and Recommendations
1. What are your recommendations for the improvement of the learning environment?

2. What recommendations do you have for future scholarship recipients in relation to the scholarship and pursuance of studies?

3.   What recommendations do you have for the follow-on MSP or the future scholarship recipients?

Concluding the Interview/ FGD

Ask if the respondent has any other comment to make, after which thank the respondent(s) for their, his or her time.

PROTOCOLS FOR DATA COLLECTION FROM DEPLOYED GRADUATES

Overview

These protocols are aimed at collecting qualitative data from Scholarship Recipients who have graduated and have been deployed. These protocols are illustrative and are a guide for conducting KIIs, GIs, and FGD s. The interview should be flexible in conducting the interviews/FDS. The protocol is related to all assessment questions.

Protocol Instructions:
- Introduce yourself to the respondent(s) and explain the purpose of the interview/ FGD .
- Discuss the consent form with the respondent, and ask them if they are willing to be interviewed. If they agree, ask them to sign the consent form.
- Thank the respondent(s) for sparing time for the interview/ FGD .
- Confirm the amount of time they can spare for the interview/FGD and ensure that you stick to the time you have been given.

Protocol Questions:
A.   Questions related to the Scholarship
1.   What was the package of your scholarship? Please itemize!

  - *Probe if the package was adequate and if it was different from what other students got or are getting now.*

2.   What type of engagements were you having with the scholarship administrators?

  - *Probe on the responsiveness of the scholarship administrators to resolve challenges the student faced.*

B.   Questions related to the study program
1.   Did you have opportunities for internship, community service or research?

  - *Probe the quality, timeliness, and usefulness of these opportunities. If not ask why the respondent did not have the opportunities.*

2.   What challenges did you face in undergoing the studies?

  - *Probe if these challenges were dealt with.*

3.   Overall, what went well with your scholarship and did not go well?

C.   Questions related to the Alumni
1.   What Alumni do you belong to?

  - *If the respondent belongs to any Alumni, probe if he/she actively participates in the Alumni*

2.   What contribution have the Alumni made in your personal/professional development?

D.   Questions related to the deployment and contribution to service delivery
1.   What was your experience with sitting for licensure examination?

  - *Probe if the respondent passed on the first sitting of exams or failed*

2. How long did take for you to be deployed from the time you passed the licensure examinations?

3. Have you been deployed in a job that is suited for their academic preparations?

   - *If not, probe why this not and what impact it has on his/her performance.*

4. What challenges did you face with deployment?

5. How long is your bonding period?

   - *Probe is the respondent has completed the bonding period.*

6. Do you think the Ministry of Health has the capacity to absorb all the scholarship recipients?

7. What specific contributions have you made or are making to service delivery in your respective field (FP/RH; MCH, Pharmacy, HIV/AIDS or Nutrition) since you were deployed?

   - *For respondents who attended in-service training, ask what difference the training has made to their performance and contribution to service delivery.*

E.   Questions Related to Leadership and Management Skills
1. How many Leadership and Management workshops organized by World Learning, did you attend?

   - *Prove the effectiveness of the Leadership and Management Workshops.*

2. Do you think you have acquired new skills, knowledge, and attitudes as a result of the studies you have undertaken? If so, can you mention some?

   - *Probe on the new skills acquired that the respondent has applied in the workplace.*

3. Have you made any contribution to the adoption or creation of relevant and advanced policies, strategies, programs and operational practices addressing educational and social development challenges as a result of the studies you have undertaken under the MSP?

   - *If not, probe why he or she has not done so.*

F.   Lessons Learnt and Recommendations
1. What lessons have you learned about the most effective way of managing the scholarship recipients?

2. What lessons have you learned regarding deployment and contribution to service delivery?

3. What recommendations do you have regarding the future scholarship program?

4. What are your recommendations on the deployment and contribution to service delivery?

Concluding the Interview/ FGD

Ask if the respondent has any other comment to make, after which thank the respondent(s) for their, his or her time.

PROTOCOLS FOR SUPERVISORS OF DEPLOYED GRADUATES AT PEPFAR AND NON-PEPFAR SITES

Overview

These protocols are aimed at collecting qualitative data from supervisors of Scholarship Recipients who have graduated and have been deployed. These protocols are illustrative and are a guide for conducting KIIs or GIs. The interview should be flexible in conducting the interviews/FDS. The protocol is related to all assessment questions.

Protocol Instructions:
- Introduce yourself to the respondent(s) and explain the purpose of the interview/ FGD .

- Discuss the consent form with the respondent, and ask them if they are willing to be interviewed. If they agree, ask them to sign the consent form.

- Thank the respondent(s) for sparing time for the interview/ FGD .

- Confirm the amount of time they can spare for the interview/FGD and ensure that you stick to the time you have been given.

Protocol Questions:
A.   Questions related to the deployment
1. How do you rate the performance of the scholarship recipient(s) under your supervisions?

2. Has the scholarship recipient deployed in a job that is suited for their academic preparations?

3. If not, probe why this not and what impact it has on his/her performance.

4. Do you think the Ministry of Health can absorb all the scholarship recipients?

B. Questions related to contribution to service delivery
1. What specific contributions has the scholarship recipient made to service delivery in your respective field (FP/RH; MCH, Pharmacy, HIV/AIDS or Nutrition) since you were deployed?

2. What factors are negatively or positively influencing the scholarship recipient from effectively making a contribution to service delivery in his or her area of training?

3. What difference do you think the MSP is making in reducing the human resource deficit in the related to health service delivery?

E.   Questions Related to Leadership and Management Skills
1. How do you rate the leadership and/or management skills of the scholarship recipient?

    - *If the respondent supervised or new well the scholarship recipient, ask when the training has made a difference in the performance.*

2. Have you observed any skills gaps in the scholarship recipient you are supervising that you think should have been acquired during training? If so, what are the gaps?

3. What contribution has the scholarship recipient made among others in the adoption or creation of relevant and advanced policies, strategies, programs and operational practices addressing educational and social development challenges as a result of the studies you have undertaken under the MSP?

    - *If not, probe why the recipient has not made any contribution.*

C.   Recommendations
1. What are your recommendations regarding the future scholarship program?

2. What are your recommendations on the deployment of scholarship recipients?

Concluding the Interview/ FGD
Ask if the respondent has any other comment to make, after which thank the respondent(s) for their, his or her time.

PROTOCOLS FOR DATA COLLECTION FROM NON-DEPLOYED GRADUATES

Overview
These protocols are aimed at collecting qualitative data from Scholarship Recipients who have graduated but not yet deployed. These protocols are illustrative and are a guide for conducting KIIs, GIs, and FGD s. The interviewer should be flexible in conducting the interviews/FDS.

The protocols are related to Assessment Question 1 and 4 outlined below:

Assessment Question 1: To what extent does available evidence suggest that the design and implementation of the activity achieved its objectives?

Assessment Question 4: To what extent were scholarship recipients absorbed by the health sector to work in jobs suited to their academic preparation? If not, what were the challenges?

Protocol Instructions:
- Introduce yourself to the respondent(s) and explain the purpose of the interview/ FGD .
- Discuss the consent form with the respondent, and ask them if they are willing to be interviewed. If they agree, ask them to sign the consent form.
- Thank the respondent(s) for sparing time for the interview/ FGD .
- Confirm the amount of time they can spare for the interview/FGD and ensure that you stick to the time you have been given.

Protocol Questions:
A. *Questions related to the scholarship*
1. What selection process did you go through to receive the scholarship?
   - *Probe whether the respondent faced any challenges.*
2. What was the package of your scholarship? Please itemize.
   - *Probe if the package was adequate and if it was different from what other students got or are getting now.*
3. What went well with your scholarship and did not go well?
4. What type of engagements did you have with the scholarship administrators?
   - *Probe on the responsiveness of the scholarship administrators to resolve challenges the student faced.*

B. *Questions related to the study program*
1. What program of study did you pursue?
2. How do you rate the learning environment at the training institution?
   - *Probe what was good about the learning environment and what was not good.*
3. Did you have opportunities for internship, community service or research?
   - *Probe the quality, timeliness, and usefulness of these opportunities. If not ask why the respondent did not have the opportunities.*
4. What challenges did you face in undergoing the studies?
   - *Probe if these challenges were dealt with or they were not.*

C. *Questions related to the Alumni*
1. What Alumni do you belong to?
   - *If the respondent belongs to any Alumni, probe if he/she actively participates in the Alumni*
2. What activities are you involved in the Alumni?
   - Probe how often the respondent participates in the activities.
3. What contribution have the Alumni made in your personal/professional development?

4. What are the overall benefits of belonging to the Alumni?

D. *Questions related to the deployment*
1. What was your experience with licensure examination?

- *Probe if the respondent passed on the first sitting of exams or failed*

2. When did you complete your studies?

- *Ask why the respondent is not deployed.*

3. Are there scholarship recipients you know who graduated but have not been deployed? If yes, why do you think they not been deployed?

4. Do you think the Ministry of Health can absorb all the scholarship recipients?

- *Ask the respondent to give reasons for the answer.*
- *Ask if the respondent know scholarship recipients who have been deployed in work in jobs that are suited for their academic preparations?*

E. *Lessons Learnt and Recommendations*
1. What lessons have you learned about the most effective way of managing the scholarship recipients?

2. What are your recommendations for the future scholarship recipients about the scholarship and pursuance of studies?

3. What are your recommendations for improvement of the follow-on or future scholarship program?

Concluding the Interview/ FGD
Ask if the respondent has any other comment to make, after which thank the respondent(s) for their, his or her time.

PROTOCOLS FOR LICENSING/REGULATORY AGENCIES

Overview
These protocols are aimed at collecting qualitative data from USAID Staff. These protocols are illustrative and are a guide for conducting KIIs or GIs. The interview should be flexible in conducting the interviews/FDS. The protocol is related to all assessment questions.

Protocol Instructions:
- Introduce yourself to the respondent(s) and explain the purpose of the interview/ FGD .
- Discuss the consent form with the respondent, and ask them if they are willing to be interviewed. If they agree, ask them to sign the consent form.
- Thank the respondent(s) for sparing time for the interview/ FGD .
- Confirm the amount of time they can spare for the interview/FGD and ensure that you stick to the time you have been given.

Questions related to Licensure Examinations
1. Describe the licensing process you use for new graduates from training institutions

2. What is the structure of the examination (itemize the components), is this any different from what other countries conduct?

3. Do most candidates pass their licensure examinations? If not, what is the average pass rate?

4. What is your overall level of satisfaction with the performance of licensure exams?

5. What challenges are the graduates facing in passing the licensure exams?

6. Are there particular components of the exams students mostly fail?

7. Do you think graduates acquire new skills, knowledge, and attitudes as a result of the license examination? If so, can you mention some?

8. What skills do you see as still missing in candidates?

9. What challenges have you faced in supporting the graduates to pass the exams?

Lessons Learnt and Recommendations

1. What lessons have you learned about licensing exams in Malawi?

2. What recommendations do you have on licensing exams and deployment?

3. What are your recommendations to the Ministry of Health on deployment and how to deal with any bottlenecks?

ANNEX III. SOURCES OF INFORMATION

LIST OF PERSONS INTERVIEWED

#	Name	Job Title	Organization	District/ Town	Training Location	Training Program
I	Ndasowa Chitule	HSS Specialist	USAID	Lilongwe	N/A	N/A
2	Collings Kwilombe	M&E Specialist	USAID	Lilongwe	N/A	N/A
3	Patrick Tembwe	Program Officer	World Learning	Lilongwe	N/A	N/A
4	Newton Kamchetere	Chief of Party	World Learning	Lilongwe	N/A	N/A
5	McFoster Chingayipe	Finance Manager	World Learning	Lilongwe	N/A	N/A
6	Lilly Banda	Deputy Health Office Director	USAID	Lilongwe	N/A	N/A
7	Vandana Stapleton	Family Health Team Leader	USAID	Lilongwe	N/A	N/A
8	Megan Petersen	Acting HIV/AIDS Team Lead	USAID	Lilongwe	N/A	N/A
9	Chiyamiko Chimkwita	Assistant Registrar	Kamuzu College of Nursing	Blantyre	ICT	N/A
10	Gaily Lungu	Deployed Graduate	Kamuzu College of Nursing	Blantyre	ICT	MSc
II	Eveles Chimala	Deployed Graduate	Kamuzu College of Nursing	Blantyre	ICT	MSc
12	Thandi Mengezi	Pharmacy Assistant	Malawi College of Health Sciences (MCHS)	Blantyre	ICT	Cert. in Pharmacy
13	Watipaso Chauluntha	Pending Graduation	St Joseph College of Nursing	Blantyre	ICT	NMT
14	Chifundo Chunga	Pending Graduation	St Joseph College of Nursing	Blantyre	ICT	NMT
15	Beatrice Ninje	Current Student	Mulanje Mission	Blantyre	ICT	NMT
16	Evison Mtemanyama	Current Student	Mulanje Mission	Blantyre	ICT	NMT
17	Jacob Bisani	Current Student	Mulanje Mission	Blantyre	ICT	NMT
18	Kondwani Makokola	Current Student	Mulanje Mission	Blantyre	ICT	NMT
19	Bruno Mulimbika	Current Student	St Luke's College of Nursing and Midwifery	Blantyre	ICT	NMT

#	Name	Job Title	Organization	District/ Town	Training Location	Training Program
20	Ireen Nkhwazi	Pharmacy Assistant	MCHS Deployed Graduate	Blantyre	ICT	Cert. in Pharmacy
21	Millen Mapunda	Not Deployed	Mzuzu University	Mzuzu	ICT	BSC
22	Mary Banda	Not Deployed	Ekwendeni College	Mzuzu	ICT	Cert. Community Midwifery
23	Monica Banda	Not Deployed	Ekwendeni College	Mzuzu	ICT	Cert. Community Midwifery
24	Lilian Kachitsa	Not Deployed	St John's College of Nursing and Midwifery	Mzuzu	ICT	NMT
25	Charity Kasawala	Deputy Hospital Director (Deployed Graduate)	Kamuzu College of Nursing	Mzuzu	ICT	MSc Midwifery
26	Arnold Kayira	Nutritionist	LUANAR	Mzuzu	ICT	MSc in Human Nutrition
27	Tandamula Chipofya	Nursing Officer	Kamuzu College of Nursing	Mzuzu	ICT	UCM
28	Marla Bvumbwe	Tutor	St John's College of Nursing and Midwifery	Mzuzu	TCT	MSc Maternal & Neonatal
29	Mr. Simeza	College Principal	St John's College of Nursing and Midwifery	Mzuzu	Administrator	N/A
30	Leah Sinyiza	Mzimba District Health Officer	Wits University	Mzuzu	TCT	MPH- Maternal & Child Health
31	Mr. Baluwa	Lecturer - Former Scholarship Coordinator	Mzuzu University	Mzuzu	Administ-rator	N/A
32	Susan Dambula Moyo	Head of Department (Deployed Graduate)	Malawi College of Health Sciences, Blantyre Campus	Blantyre	TCT	MSc Nursing & Midwifery
33	Mrs Mangani	College Principal	St Joseph College of Nursing	Blantyre	Administrator	N/A

#	Name	Job Title	Organization	District/Town	Training Location	Training Program
34	Keith Lipato	College Principal	Mulanje Mission College of Nursing	Mulanje	UST	MPH
35	Thom Sauzande	Dean	Mulanje Mission College of Nursing	Mulanje	TCT	MPH
36	Yankho Takilima	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
37	Yankho Muchawa	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
38	Getrude Mlaliwa	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
39	Martha Banda	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
40	Mary Tembo	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
41	Slivester Kachuka	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
42	Isaac Ketulo	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
43	Anthony Mankhokwe	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
44	Gaffar Mapanga	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
45	Dennis Kuyere	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
46	Victor Mashanga	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
47	Ntchindi Nkhwazi	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT

#	Name	Job Title	Organization	District/ Town	Training Location	Training Program
48	Boyce Mbalu	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
49	Grant Mlonga	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
50	Sifat Adam	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
51	Eddah Chinsanga	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
52	Iress Mwanza	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
53	Josephine Elliot	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
54	Chifundo Sakala	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
55	Eric Nalime	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
56	Kondwani Gawani	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
57	Kennedy Chako	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
58	Frakson Kuthakuwanthu	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
59	Amon Makoza	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
60	Million Chipida	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
61	Grace Mphepo	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT

#	Name	Job Title	Organization	District/ Town	Training Location	Training Program
62	Eliso Mbizi	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
63	Charles Malindi	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
64	Felix Sakanda	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
65	Chandiwira Chirwa	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
66	Mwayiwawi Maganga	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
67	Happy Nakulenda	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
68	Austine Nyanya	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
69	Noel Sipuni	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
70	Maxwell Makungu	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
71	Herbet Mbalati	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
72	Stanslons Masamba	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
73	John Mutapa	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
74	Loveness Muthiya	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
75	Iren Mphambah	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT

#	Name	Job Title	Organization	District/ Town	Training Location	Training Program
76	Esther Mhango	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
77	Aumad Kamwendo	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
78	Samalani Saiti	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
79	Fred Mwenyali	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
80	Theodora Bandfonde	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
81	Grace Norman	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
82	Jarabdera Botoman	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
83	Olive Chimwazi	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
84	Doreen Yosan	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
85	Noreen Nchoma	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
86	Damasis Kamwendo	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
87	Pemphero Manero	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
88	Ephyness Billy	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT
89	Try Kombe	Current Student	St. Luke's College of Nursing and Midwifery	Zomba	ICT	NMT

#	Name	Job Title	Organization	District/ Town	Training Location	Training Program
90	Mphatso Moyo	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
91	Chikondi Zulu	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
92	Gift Chanota	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
93	Noel Kadosa	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
94	Declia Chiponda	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
95	Blessings Peason	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
96	Victor Silungwe	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
97	Maga Mazeze	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
98	Esther Njima	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
99	Chisomo Kanyamula	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
100	Patience Matupi	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
101	Patricia Maseya	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
102	Dalitso White	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
103	Lloyd Ngwale	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
104	Chisomo Hunga	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
105	Chifundo Banda	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
106	Josphat Dizman	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
107	Precious Rice	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
108	Felix Zolowere	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
109	Patrick Kamende	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
110	Francis Chammanja	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy

#	Name	Job Title	Organization	District/ Town	Training Location	Training Program
111	Lagtone Madondolo	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
112	Chisomo Gwiriza	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
113	Chimwemwe Phiri	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
114	Tadala Banda	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
115	Everjoy Sheha	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
116	Rabeccs Lindani	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
117	Ennita Banda	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
118	Patience Chikhole	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
119	Zainab Rodgers	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
120	Magret Chiwondo	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
121	Eliska Shaba	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
122	Chakudza Kapsata	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
123	Fanny Kamuntolo	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
124	Diverson Mkuya	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
125	Alice Mdzeka	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
126	Gift Mpinda	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
127	Evance Chivunga	Current Student	MCHS	Lilongwe	ICT	Cert. in Pharmacy
128	Dr. Mangwela	Lecturer	MCHS	Lilongwe	N/A	N/A
129	Mr. Kandaya	Head of Pharmacy Department	MCHS	Lilongwe	N/A	N/A
130	Mathews Ziba	Senior Program Manager	Village Reach	Lilongwe	N/A	N/A
131	Blair. Sibale	Chief Nursing Officer-Supervisor for	Mzuzu Hospital	Mzuzu	N/A	N/A

#	Name	Job Title	Organization	District/Town	Training Location	Training Program
		Tandamula Chipofya				
132	Esther Kungwira	Dean of Students - Supervisor for Suzan Moyo	MCHS	Blantyre	N/A	N/A
133	Nozza Mpesi	Principle Nutrition, HIV and AIDS officer	MoHP-LUANAR	Lilongwe	N/A	N/A
134	Timalizge Munthali			Lilongwe	N/A	N/A
135	Mtisunge Banda	Graduate	LUANAR	Lilongwe	ICT	MSc in Human Nutrition
136	Gladys Katumkule	Current Student	LUANAR	Lilongwe	ICT	MSc in Human Nutrition
137	Ulemu Chiyenda	Current Student	LUANAR	Lilongwe	ICT	MSc in Human Nutrition
138	Joseph Kimangila	Current Student	LUANAR	Lilongwe	ICT	MSc in Human Nutrition
139	Joyce Beyamu	Graduate	Emory University	Lilongwe	UST	MPH
140	Levy Nkhoma	Program Associate	CHAI	Lilongwe	N/A	N/A
141	Alaizu Nkhoma		Ministry of Health-Directorate of Nursing and Midwifery	Lilongwe	N/A	N/A
142	Lucy Mkutumula		Ministry of Health Directorate of Nursing and Midwifery	Lilongwe	N/A	N/A
143	Tulipoka Soko	Director of Nursing and Midwifery Services	Ministry of Health Directorate of Nursing and Midwifery	Lilongwe	N/A	N/A
144	Dr. I. Musisi	Director of Nurses and Midwives	Ministry of Health Directorate of	Lilongwe	N/A	N/A

#	Name	Job Title	Organization	District/ Town	Training Location	Training Program
		Council of Malawi	Nursing and Midwifery			
145	Veronica Chipeta	Monitoring, Evaluation and Learning Specialist	USAID	Lilongwe	N/A	N/A
146	Monica Bautista	Malaria150 Resident Advisor	USAID	Lilongwe	N/A	N/A
147	Patricia Ziwa	Financial Management Specialist	World Learning	Lilongwe	N/A	N/A
148	Edson Dembo	Malaria Prevention Specialist	World Learning	Lilongwe	N/A	N/A
149	Mr. Kumpata	Excecutuve Director	Local Service Commission	Lilongwe	N/A	N/A
150	Mr. Dhumisani Banda	Director of Human Resource	Ministry of Health	Lilongwe	N/A	N/A
151	Mrs. Glenda Khangamwa	Deputy Director of Human Resource	Ministry of Health	Lilongwe	N/A	N/A

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TO AID-612-TO-13-00001 World LearningWorld Learning – 2019 Performance Monitoring Plan for MSP

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World Learning Revised submission – MSP/RFP SOL-612-TO-00001

ANNEX IV. ASSESSMENT MATRIX

Progress Against Targets of Output/Outcome Indicators			
Assessment Questions	**Data Source/ Collection Methods**	**Sampling/ Selection Criteria**	**Data Analysis Method**
To what extent does available evidence suggest that the design and implantation of the activity achieved its objectives?	Documents review including project documentation and student and deployment database, routine monitoring & management data and reports; Key Informant Interviews (KIIs), Group Interviews (GIs), Focus Group Discussions (FGDs) Student and Deployment Data Bases; Post Training Surveys,	Training Institutions: Principals, Supervisors, Deans Scholarship Recipients: Current Students; Deployed Graduates & Non-Deployed Graduates; USAID Staff NMCM Staff MPBM Staff WL Project Staff US/TCN based Training Supervisors	Content Analysis; Thematic analysis and Insights; Statistical Analysis using SPSS
To what extent has the MSP enabled recipients to contribute to health service delivery in Family Planning/Reproductive Health, Maternal Newborn and Child Health, Pharmacy, HIV/AIDS and Nutrition?	Documents Review; KIIs, GIs Interviews, Student and Deployment Data Bases; Post Training Surveys	Deployed Graduates MoH HR Staff PEPFAR and Non-PEPFAR Sites WL Project Staff USAID Staff	Content Analysis; Thematic analysis and Insights; SPSS Statistical Analysis
To what extent did scholarship recipients acquire new skills, knowledge and attitudes that led to improved leadership and management skills in the health sector through among other things, the adoption or creation of relevant and advanced policies, strategies, programs and operational practices addressing educational and social development challenges.	Documents Review; KIIs, GIs Interviews, FGD s, Student and Deployment Data Bases; Post Training Surveys	Deployed MSc Graduates MoH HR Staff PEPFAR and Non-PEPFAR Sites USAID Staff WL Project Staff	Content Analysis; Thematic analysis and Insights; SPSS Statistical Analysis
To what extent were scholarship recipients absorbed by the health sector to work in jobs suited to their academic preparation? If not, what were the challenges?	Documents Review; KIIs, GIs Interviews, FGD s, Student and Deployment Data Bases; Post Training Surveys	Deployed MSc Graduates MoH HR Staff WL Project Staff USAID Staff	Content Analysis; Thematic analysis and Insights;

ANNEX V. DISCLOSURE OF ANY CONFLICTS OF INTEREST

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT
PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

USAID Non-Disclosure and Conflicts Agreement- Global Health Program Cycle Improvement Project

As used in this Agreement, Sensitive Data is marked or unmarked, oral, written or in any other form, "sensitive but unclassified information," procurement sensitive and source selection information, and information such as medical, personnel, financial, investigatory, visa, law enforcement, or other information which, if released, could result in harm or unfair treatment to an individual or group, or could have a negative impact upon foreign policy or relations, or USAID's mission.

Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to Sensitive Data, and specifically I understand and acknowledge that:

1. I have been given access to USAID Sensitive Data to facilitate the performance of duties assigned to me for compensation, monetary or otherwise. By being granted access to such Sensitive Data, special confidence and trust has been placed in me by the United States Government, and as such it is my responsibility to safeguard Sensitive Data disclosed to me, and to refrain from disclosing Sensitive Data to persons not requiring access for performance of official USAID duties.

2. Before disclosing Sensitive Data, I must determine the recipient's "need to know" or "need to access" Sensitive Data for USAID purposes.

3. I agree to abide in all respects by 41. U.S.C. 2101 - 2107. The Procurement Integrity Act, and specifically agree not to disclose source selection information or contractor bid proposal information to any person or entity not authorized by agency regulations to receive such information.

4. I have reviewed my employment (past, present and under consideration) and financial interests, as well as those of my household family members, and certify that, to the best of my knowledge and belief, I have no actual or potential conflict of interest that could diminish my capacity to perform my assigned duties in an impartial and objective manner.

5. Any breach of this Agreement may result in the termination of my access to Sensitive Data, which, if such termination effectively negates my ability to perform my assigned duties, may lead to the termination of my employment or other relationships with the Departments or Agencies that granted my access.

6. I will not use Sensitive Data, while working at USAID or thereafter, for personal gain or detrimentally to USAID, or disclose or make available all or any part of the Sensitive Data to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, except as may be required for the benefit USAID.

7. Misuse of government Sensitive Data could constitute a violation, or violations, of United States criminal law, and Federally-affiliated workers (including some contract employees) who violate privacy safeguards may be subject to disciplinary actions, a fine of up to $5,000, or both. In particular, U.S. criminal law (18 USC § 1905) protects confidential information from unauthorized disclosure by government employees. There is also an exemption from the Freedom of Information Act (FOIA) protecting such information from disclosure to the public. Finally, the ethical standards that bind each government employee also prohibit unauthorized disclosure (5 CFR 2635.703).

8. All Sensitive Data to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of, the United States Government. I agree that I must return all Sensitive Data which has or may come into my possession (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me access to

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Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

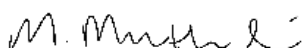|	
	06/05/2019
Signature	Date
Kennedy Musonda	International Consultant - Organizational Capacity Building
Name	Title

Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE
The undersigned accepts the terms and conditions of this Agreement.

Signature _M. Munthali_   Date   18th June 2019

Name   Mathildah T. Chithila-Munthali   Title   Dr.

Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

Signature	Date
Themba	06/22/2019
Name TIMOTHY CHILEMBA	Title MR.

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ANNEX VI. SUMMARY BIOS OF EVALUATION TEAM

Kennedy Musonda, team lead/capacity development specialist, has 26 years of extensive experience in development work having worked with five premier international organizations at senior level: World Vision International, Irish AID, SOS Children's Villages International, USAID, and UNAIDS. Has has spent the last 12 years as a consultant. He holds a bachelor's and master's degree in social work, a post-graduate diploma in management studies, a master's degree in business administration, and a Ph.D in business administration. Kennedy Musonda has extensive experience in program/project design and management, organizational development/capacity building, conducting project evaluations, strategic planning, project proposal writing, team building, and monitoring and evaluation as well as experience in gender and development, evaluation of environmental projects, and Developing the New Funding Model of the Global Fund. His private sector experience includes entrepreneurship, managing personal finance, business reorganization, marketing, business leadership and management, business planning and proposal writing, business financing options, and wealth creation. He also has expertise in the the areas of TV and radio production and presentation, business article writing; production of video/audio content; and playwriting and acting. On this assignment, he was responsible for providing team leadership, managing the team's activities, and ensuring that all deliverables were met in a timely manner. He served as a liaison between USAID and the assessment team, and led briefings and presentations. He also provided expertise in health and development, including capacity development and scholarship programs. Working with the other consultant, he planned, collected and analyzed data, briefed USAID, and wrote the Assessment Report.

Mathildah Chithila-Munthali, local capacity development specialist, holds a PhD in biological sciences and has more than 27 years' experience in research, training, management at senior level, and administration of programs, working in Malawi and in a number of European Union countries. She is experienced in policy and strategy formulation and she led the development of the first Malawi national health research agenda. She has significant expertise in management of donor-funded projects in the health and education sectors. She has provided services on projects funded by the Malawi Government, the UK Department for International Development Malawi Office, the World Bank, Wellcome Trust, Clinton Health Foundation Malawi office, and College of Medicine, among others. As a member of the assessment team, she provided expertise in health and development, including capacity development and scholarship programs. Working with the team lead, she conducted the planning, data collection and analysis, USAID briefing and debriefing, and writing of the Assessment Report.

Timothy Chilemba, logistics coordinator, holds a bachelor's of science degree in animal science from the University of Malawi and has, for the past four years, worked with various organizations, including Prime Health Consulting and Services, Agency for Scientific Research and Training, and Population Services International Malawi as a Research Assistant. He has also worked with All Creatures Animal Welfare League as a Livestock Officer. in this assignment Timothy Chilemba was responsible for supporting the assessment consultants by providing all logistics and administrative tasks to allow them carry out this assessment and assisting with data collection and translation of data collection tools and transcripts if needed.

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