



Building the Capacity of Civil Society Organizations in TB Control - An Approach

**6. Monitoring and Evaluation
Framework & Results**

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1. The M&E Framework

1.1 Introduction

The progress and results of the project “Building the capacity of civil society organizations in TB control” are measured for performance management, accountability and learning purposes.

The **expected outcomes** of the project are measured by the change in the organization’s ability to network effectively with the NTP and other stakeholders at national and local level and by the organization’s ability to increase the budgetary resources available to it by participating in funding proposals.

At **outputs** level, it is measured if the training and mentoring activities increased the knowledge and skills of the participants as a prerequisite to improve effectiveness as partners in TB control, and to what extent the participating organizations have developed and are implementing a TB activity plan at the end of the project.

1.2 Assessing capacities before the training week and identifying learning needs

An inventory of existing capacity assets and needs (“learning needs assessment”) is made before the training activities start. The organization also expresses their expectations regarding the mentoring process in the learning needs assessment.

The trainer uses the results of this inventory to adapt the training curriculum and the mentoring workshop to participants’ needs.

1.3 Training Week Evaluations

Each training module is evaluated separately by the participants. In total, there is a training course evaluation after the four day CSO training workshop, an evaluation of the mentoring workshop, and an evaluation of the stakeholders meeting day. The four day CSO training course is also reflected upon by the trainers through a question list, which forms a basis for discussion in the trainers’ team.

1.4 Monitoring of the action plans and progress reports (mentors and mentees)

1.4.1 The Mentoring Agreement

At the end of the mentoring workshop, the mentoring organization fills out a plan when and how to make a mentoring agreement with the mentee CSO. After the workshop the mentoring CSO meets the mentee CSO to make this mentoring agreement together. In this, they spell out the goals of their cooperation, their expectations, roles and responsibilities of mentee and mentor, activities, frequency of support, and how to communicate. Each planned activity is recorded on the worksheet by the mentoring organization. These program records should be stored by the organization, used to reassess progress from year to year, and help with future planning. They are also shared with the program coordinator to help him keep a general overview of the program, and to be aware of success stories (to celebrate and share with others) or bottlenecks (to assist with).

1.4.2 The Activity Plans of the Mentee Organizations

At the end of the four-day training, the mentee organizations develop an action plan to implement TB control activities. The finalized plans are sent to the mentoring organization within 2 weeks after the end of the training, with a copy to the project coordinator. The mentoring organization checks that the plans are complete and SMART (specific, measurable, achievable, relevant and time-bound) and gives feedback to the mentee organization. Every quarter, the mentee organization sends a progress report

to their mentoring organization with a copy to the project coordinator. The progress report contains the updated work plan with comments on what has been added, what has been done or not done, what were reasons for not doing things and possible consequences of this. The mentoring organization reviews the progress reports. Based on those, they give the mentee organization prompt feedback to make sure that the activities from the action plan are being implemented according to plan. They offer support where needed.

1.4.3 Focus Group Discussion

The project coordinator holds a focus group discussion with representatives of mentee and mentoring organizations. This yields supplementary information regarding the indicators from the M&E framework. Each focus discussion group is formed from one mentoring organization with its mentee organizations. Each mentee organization sends one to two participants to the discussion. There should be no more than seven participants in the focus group.

The focus group discussion addresses the following questions:

- Do we implement the action plans as planned? Are the mentee organizations doing things differently now? Are they doing new things as a result of the action plans?
- Are we applying the knowledge and skills gained in the training? Do we need additional input to be able to apply certain aspects of the training?
- Are we happy with the achievements that we made since we started the program? What went well? What did not go so well? Was our planning realistic? How can we facilitate the follow up?
- What factors have contributed to the capacity change of our organization? What can we do to benefit from those again in the future?
- Are the roles and responsibilities of both the mentoring and the mentee organizations clear to everyone? Have there been conflicts about roles and responsibilities? What led to those? What can we do to increase clarity in the future and solve conflicts?

Upon discussing these topics, the organizations plan a program response to the M&E results. A template for that can be found in Section 1.8

1.5 M&E Matrix

This matrix summarizes the different levels of M&E of the project, the different scopes, questions addressed, and methodologies and Indicators used.

Level	Output 1: Training and Mentoring Workshops	Output 2: Mentoring Process - Networking and Action plans	Project End Result: Partnerships Established and Resources Generated
Scope of M&E	1. Training provided in TB-related topics to improve effectiveness of CSOs as a partner in TB control 2. Training of individuals in an organization in providing mentoring to other organizations	1. Mentee organization: Increased knowledge and skills related to TB control. Action plan developed and implementation started 2. Mentoring organization: mentoring and facilitating collaboration with other organizations	1. Mentee organization: Ability to network effectively with the NTP and other stakeholders at national and local level Ability to raise funds. 2. Mentoring organization: Ability to support their mentee organization in becoming effective networkers and implement their action plans.

Questions Addressed	Is the training plan based on current and future organizational and individual needs? Have training needs of participants been met? Have knowledge and skills of participants improved (according to the training evaluation)?	1. Mentee organization: Is the action plan being implemented? How has the organization's ability to network with other organizations (especially the NTP) changed? 2. Mentoring organization: Is the organization engaging in an effective mentoring process?	Have desired outcomes been achieved? Have adequate human, institutional and financial resources to implement community based TB activities been mobilized (by mentors and mentees)?
Used by whom for what	By training facilitators and designers of training methodology to improve future training, to design training methodology for other contexts and to know which skills remain to be strengthened during the project.	By both mentoring and mentee organizations to keep track of commitments, to keep track of success and failures, to learn about good practices and to plan further actions	By all participating organizations to know which areas remain to be strengthened in the future
Method and tools used	Assessment before and after the different modules of the training week	Monitoring of the action plan and focus group discussion at the end of the year	Assessment by implementing organization(s)
Indicators	Number of participants trained Evaluation ratings of training sessions	Level of participation of organization in funding proposals (e.g. GF) Level of achievement of the objectives of the mentoring curriculum Level to which organizations are implementing action plans Number of joint activities with higher and lower level organizations within public health (especially TB) sector	Level to which organizations report establishment of mentoring relationships and (formal) partnerships with the NTP Satisfaction rating of these relationships by both partners Number of participating organizations that are actively raising funds
Information sources	Training and workshop participants	Mentoring organization, mentee organization	Mentoring organization, mentee organization; Country offices
Collected by	Training and workshop facilitators	Implementing organization	Implementing organization

Tools	Participants' training evaluation sheet Trainers' evaluation report	Mentoring and Mentor Organizations' Reports	Mentoring and Mentor Organizations' Reports
Time	At the end of the training and workshops	At the end of the first project cycle	At the end of the first project cycle

1.6 Use of M&E findings

Findings are discussed in the project team when needed, but at least after the training week and at the end of the project year. It is important that everyone in the project does not only report on their activities, but also actively uses the information generated to improve their action plans.

1.7 M&E Timeline per project year

1 Month after the training		3 - 6 - 9 months after training		
Mentees	Mentors	Mentees	Mentors	Project Coordinator
Send completed activity plans to Mentor organizations and project coordinator	Send completed mentoring agreement to the project coordinator	Send progress report to mentor	Review progress report of mentee and gives feedback Send progress report to project coordinator	Reviews progress reports of mentee organizations and gives feedback. Send progress report to M&E officer

6 to 7 months after the training			
Project coordinator	Mentors	Mentees	M&E officer
Sends questions for focus group discussion to mentees and mentors a week before the meeting Facilitates focus group discussion Shares all data & conclusions with mentees, mentors, M&E officer and project responsible staff	Discuss questions received from the project coordinators among themselves, choose one or two representatives to participate in the focus group discussion with the project coordinator.	Discuss questions received from the project coordinators among themselves, choose one or two representatives to participate in the focus group discussion with the project coordinator.	Reviews received data and discusses analysis and follow-up with Project coordinator Gives support for follow-up on information in close collaboration with project coordinator and project responsible staff.

1.8 Template for a program response to the capacity evaluation focus group discussion

Program response to M&E results	Responsible person
What should we keep doing?	
What do we need to change in order to improve?	
What strategies/practices do we need to add?	
What strategies/practices do we need to drop (those that have produced no results, or require too much efforts or too many resources to produce results)?	
Has any issue come up that we need to evaluate in greater depth? What? When? Why? How?	

2 Some Key Results of the Pilot Phase of the Project

These results were reported by the mentoring organizations, the mentee organizations, and the project coordinators during the pilot phase of the project in Nigeria, Indonesia and Ethiopia.

2.1 Nigeria

2.1.1 Mentees' activities and progress

In Nigeria, project activities are ongoing. There are regular consultations between the project coordinator and the mentors and mentees. Key outcomes of the project were:

- Planning and commemoration of World TB Day
- TB sensitization workshop for relatives of TB patients, clients and staff
- Nutrition supplements to TB patients receiving care in the facility provided
- Included TB activities in addition to maternal care and malaria prevention.

One Mentee included TB control into a refresher training for their local community partners and organized a special report on TB that was broadcasted on the radio on World TB day. Information on TB was given to 42 members of the support group during the monthly meeting. Progressively, they have integrated TB into all their activities, which has resulted in a number of TB suspects referred for diagnosis and a number of TB patients placed on treatment. Within the reporting period all clients tested HIV positive were referred for TB screening at the nearest DOTS site. A total of 29 PLHIV were referred for screening (22 female and 7 male). In addition, a total of 41 TB suspects within the community were referred for screening by trained volunteers during the time frame. 10 clients were found to be TB-positive and were given access to treatment at the DOTS sites. One organization held a workshop on stress management for three ministries and invited the State TB programme manager to inform the 25 participants about TB during this workshop. They introduced the concept of mainstreaming TB into ongoing and planned activities to 10 NGOs.

2.1.2 Mentoring organizations

Number of visits to mentee organization: 5

The mentor supported the mentee to plan and commemorate the 2012 World TB Day; they organized a TB sensitization workshop for relatives, clients and staff and also provided nutritional stuff to TB patients receiving care in the facility.

Number of visits to mentee organization: 1

They had meetings with community ward TB members on the expansion of scope of activities to include TB in addition to maternal care and Malaria.

2.1.3 Lessons learned and considerations for the future

The CSO training had a strong focus on TB knowledge and technical skills of an organization at the expense of organizational capacity. In the future, the training should concentrate more on the organizational capacity.

In order to make clear to participants that the organizations had different roles, the CSO training must make a very clear distinction between mentor and mentee, and the implications for both. One focus group discussion was conducted during the first project year. The findings from this discussion suggest that mentor and mentee organizations have not implemented their activities as detailed in the work plan.

One challenge that was mentioned with the mentor/mentee partnership was the lack of effective communication between them. Programme staff in all locations should consider ways to effectively communicate during the project and discuss this issue during the stakeholders meeting.

2.2 Indonesia

In Indonesia, four organizations participated in the training, they all were already country sub recipients of Global Fund, having long involvement in TB control. The organizations supported each other as equal partners instead of mentoring and mentee organizations.

2.2.1 Participants' activities and progress

After the training, two meetings were held between the participating organizations. The CSOs rated the project to be useful to strengthen their capacity on how to develop work plans and build networks with others.

After the two meetings, the activities stopped due to a lack of project funding for activities and CSOs role as sub recipient of GF Round, receiving also capacity building support from an international NGO.

2.2.2 Lessons learned and considerations for the future

CSOs in this project came from different backgrounds and were able to share experiences, capacities and skills with one another. They formed a professional network and didn't have a mentor - mentee relationship.

A hindering factor was the selection of CSOs into the project. The mentor and mentee organizations had experience on TB and did not accept roles of mentor and mentee, but rather agreed to share experience as equal status. Secondly, the project didn't offer financial support to implement activities.

2.2.3 Conclusion

The CSOs participating in this project were not the right match for the project purpose. The selection process should be strengthened. In the future, project coordinators should ensure that involved partners understand the purpose of the project and its set-up.

Organizations need to have financial resources to implement their plans, and need to be well informed about that from the start, to avoid motivation and implementation problems.

2.3 Ethiopia

In Ethiopia, the project implementation required high flexibility to make the concept of mentor and mentees fit to the situation. Three CSOs of poor neighbourhoods in Addis Ababa participated with 41 participants (40 female , 1 male) speaking only Amharic. The language issue made it impossible for the international consultant to give the training directly to the participants. As a consequence, local facilitators had to be trained in the first week to do the training, and the participants' manual and other materials were translated into Amharic.

2.3.1 Participants' activities and progress

As no CSO was active in TB control in Addis Ababa at the initial stage of the project no mentor organization could be identified. Therefore the project staff decided that the project staff together with government health services staff would take up the mentor role. The trainers adapted some parts of the training manual to fit this situation.

An adapted curriculum to the local context of Ethiopia is now available for further use with other CSOs. A team of trainers from governmental and non-governmental organizations has been prepared to further scale up civil society strengthening in TB.

The participating organizations engage in TB prevention activities. The next steps in the process have been defined in consensus to make sure the plan is implemented and collaboration takes place with the governmental health services at the relevant levels.

The three major activities in the organizations' action plans were outlined and agreed upon:

- Improving awareness on TB
- Identify those with TB symptom & early referral
- Identify those with Rx adherence problems & provide support

2.3.2 Lessons learned and considerations for the future

The participating organizations were able to translate their previous experiences in other areas of public health into the TB directed activities. This shows that also in this context, for CSOs not having experience in TB, but in other social or health related development activities, the mentee curriculum has its value. This is true even without the presence of a mentor organization, because they were strong enough in organizational terms and needed to take up only the TB part including the components on TB related stigma, awareness raising, social mobilization and advocacy for TB and resources. Although civil society strengthening programs are relatively new in Ethiopia, it has been shown that there is a space for empowerment of people living under very poor conditions. Careful dealing with the local rules and regulations can further pave the way to involvement and empowerment of communities in the fight against TB.

2.4 Concluding Remarks

This was the pilot phase of an innovative approach and has to date been implemented in three countries. The fact that the immediate results of the project were quite different in all three countries, shows that they depend a lot on the context in which they are carried out. Thus, great emphasis must be placed on careful selection of countries: is the right mix of civil society organizations operating there? Is it possible to recruit a good mix of mentoring and mentee organizations? Is there support by the NTP in the country? Does the implementing organization's staff have sufficient time at their disposal to implement the project?). It needs to be made clear to implementing organizations and potential participating organizations that the project implementation does not only include the training workshop, but also regular follow-up visits and reporting. Both mentee and mentoring organizations financial resources to implement their action plans. The capacity building approach is a long term approach and some years are needed to show organizational growth and sustainable results.