

**Evaluation of Training Activities
Supported by the Myanmar-UNICEF
Country Programme**

Synthesis Report

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Table of Contents

| | |
|---|----|
| List of Acronyms | 3 |
| Executive Summary | 4 |
| 1- Introduction | 6 |
| 2- Object of the Evaluation: The Training Activities Supported by the Myanmar-UNICEF Country Programme and their context | 7 |
| 3- Evaluation framework | 11 |
| 4- Process evaluation | 17 |
| 5- Results evaluation | 20 |
| 6- Relevance of training as a capacity building strategy | 23 |
| 7- Main findings | 24 |
| 8- Recommendations | 25 |
| Annexes | |
| A1- Terms of Reference | 26 |
| A2- Evaluation questions | 32 |
| A3- Main Definitions | 33 |

List of Acronyms

| | |
|----------|---|
| ACIS | All Children in School |
| AMW | Auxiliary Midwives |
| ANMW | Auxiliary Nurse Midwives |
| ATEO | Auxiliary Township Education Officer |
| BHS | Basic Health Staff |
| CAPS | Continuous Assessment and Progression System |
| CNSP | Children in Need of Special Protection |
| CPR | ? |
| CSO | Civil Society Organization |
| DDA | Department of Development Affairs |
| ECD | Early Childhood Development |
| ECCD | Early Childhood Care and Development |
| ESSD | Essential Steps for Safe Delivery |
| FFL | Facts for Life |
| H&N | Health and Nutrition |
| HIV/AIDS | Human Immuno-deficiency Virus / Acquired Immune Deficiency Syndrome |
| IMMCI | Integrated Management of Maternal and Childhood Illnesses |
| JMUAG | Joint Myanmar UNICEF Advisory Group |
| MCH | Maternal Child Health |
| NCRC | National Committee on the Rights of the Child |
| NGO | Non-Governmental Organization |
| NID(s) | National Immunisation Day(s) |
| NSW | National Sanitation Week |
| PHC | Primary Health Care |
| PTA | Parent Teacher Association |
| SHAPE | School-based Healthy Living and HIV/AIDS Prevention Education |
| TBA | Traditional Birth Attendant |
| TEO | Township Education Officer |
| TMO | ? |
| TPDC | ? |
| WES | Water and Environmental Sanitation |
| WRUD | Water Resources Utilisation Department |

Executive Summary

The CPR of the Myanmar-UNICEF Country Programme 2001-2005, approved by the Executive Board in September 2000, summarized the major evaluations that would be undertaken during the first half of the Country Programme period, which included an evaluation of UNICEF's support to training for 2001.

One of the principle strategies of the previous and current Country Programmes is to support training activities leading to a positive change in skills, practice, awareness, or behaviours. Recognizing the centrality of the strategy, and the magnitude of the support, it is critical that training activities are as efficient and effective as possible. Because support to training activities has been adopted as a capacity-building strategy in almost all country programmes, the results of this evaluation will also contribute to organizational learning.

Training activities in the following sectors were included in the evaluation: Health and Nutrition, Water and Environmental Sanitation, Education, Children in Need of Special Protection and Promotion of Facts for Life. While the evaluation was focused on the training activities in each of these sectors, a common framework and set of questions enabled conclusions to be drawn for the Country Programme as a whole.

The evaluation findings were consolidated under three major components: process, results and relevance.

The evaluation followed the "utilization-focused" approach, thereby emphasizing the involvement of stakeholders in the evaluation process, including the planning and formulation of questions, discussion of findings and results, and drafting of recommendations. A Steering Committee within UNICEF was established, which included Senior Management, Section Chiefs and relevant project officers, to oversee the evaluation. There were also teams formed for each of the five sectoral components of the evaluation, which included the participation of counterparts and partners.

Recognizing that Government counterparts were key stakeholders in the evaluation, and their involvement was critical to ensure the results would be utilized, there were regular meetings with the relevant counterparts throughout the process, and the sharing of findings was incorporated into the annual programme review process. The final step in the process was to present the major Country Programme-wide findings at the Annual Review Meeting of the Joint Myanmar UNICEF Advisory Group, which is Chaired by a senior Minister in the Government.

The evaluation used complementary methodologies including: (1) a desktop review of existing documentation, including annual reports, mid-term review (1998), ProMS output documents, Programme Plans of Actions for various years, related studies and evaluations, reports from other organizations; (2) Focus group discussion with the stakeholders on the process and results of training activities; (3) key informant interviews including UNICEF Senior Management, Sections Chiefs and Project Officers, Government officials, partners and donors. Interviews were also undertaken with trainers and trainees in various locations throughout the country, including those currently involved in training and with those who have completed training activities and are now utilizing those skills (after various time periods); (4) observation of training activities in various parts of the country supported by various programmes; (5) Review of training materials, including the process followed in their development, their appropriateness and effectiveness.

A scoring approach was used to allow comparisons, to facilitate understanding and discussions.

Findings

The overall efficiency (quality of processes) appears to have been good. Implementation was satisfactory, although monitoring was weak for some programmes. Modalities of training, instructional techniques and the materials developed for training were appropriate. The unit cost of the training activities has been estimated good or very good in all projects and programmes.

An impressive volume of outputs (nearly 1 million beneficiaries trained) was produced by the training activities during the 1998-2001 period.

For the main objective of the training activities, change in participants' knowledge, skill & attitude, which is the first level of result (or outcome), the overall result is fairly good.

For the other level of results (change in individual's performance and in organizational performances, the evaluation found two distinct patterns. The impact of training activities is good in the Water and Sanitation sector, where other key factors influenced a very successful change achieved in sanitation coverage in recent years in Myanmar. The impact of training is very low in the other sectors because conditions of institutional change and sustainability were not met in the Health and Nutrition sector, in the Education sector and in the CNSP project.

Regarding relevance, the evaluation confirmed that there was a clearly identified need to improve the performance of service providers, and that improving their skills would contribute to overall improvement of the service. Training was therefore deemed appropriate and relevant as a part of the strategy, but not sufficient in itself to increase capacity-building. Other influences related to the capacity of service, such as institutional constraints (e.g. mid-wives being overburdened, poor equipment), structural constraints (e.g. classroom size), low wages, motivation problems, recruitment difficulties, vacant posts, etc., must also be addressed in order to have a sustainable impact on capacity.

Recommendations based on the evaluation finding to improve efficiency, effectiveness and impact, were presented during the annual review meetings of each programme, and the overall recommendation was presented and discussed at the annual review for the Country Programme. Specific activities and modifications of strategies will be incorporated into the planning process for 2002.

1- Introduction

Why this Evaluation?

The previous Myanmar-UNICEF Country Programme (1996-2000) and the current Country Programme (2001-2005) have identified and supported capacity-building activities, particularly training, as one of the key interventions that will lead to improved services and support to children and women in Myanmar. An important portion of the Programme resources has been dedicated to finance training materials preparation, trainer experts, venues, monitoring, etc.

Given the centrality of training in the Myanmar-UNICEF strategy, the level of efficiency and effectiveness of training activities is a critical determinant of the Country-Programme performance. This is why Myanmar and UNICEF jointly decided to undertake a participative utilization-focused evaluation of training activities supported by the Country Programme. This evaluation is the first of the major evaluations to be undertaken during the first half of the 2001-2005 Country Programme period, as approved by the Executive Board in September 2000.

The results of this evaluation will contribute to organizational learning within UNICEF Yangon, with partners in Myanmar, and, recognizing that training activities have been adopted as a capacity-building strategy in almost all country programmes, within UNICEF globally. It will contribute to an improvement in the effectiveness and efficiency of systems, programmes and services for children and women.

Status and Organization of this Report

This report presents the synthesis of the evaluation framework, results, findings and recommendations. Sector evaluation reports are also available for i) Health and Nutrition, ii) Education, iii) Water and Sanitation, iv) FFL Initiative Training component, and v) CNSP Training component.

The following sections present the training activities supported by the Myanmar-UNICEF Country Programme and the key elements of their context (section 2), the evaluation approach and process (section 3), the training outputs (section 4), the findings of the evaluators regarding process (section 5), results (section 6) and relevance (section 7), the main findings (section 8) and, finally, recommendations for future actions (section 9).

Acknowledgements

The team of facilitators would like to warmly thank the many people whose hard work, dedication and commitment have contributed significantly to the findings and recommendations of this evaluation. Without them it would not have been possible to get to the heart of many issues, see potential opportunities and reach a consensus on the way forward.

We thank Government staff at Central, State/Division and Township levels, for their valuable and untiring help with this evaluation, their boundless knowledge when clarifying the Myanmar context, recalling decades of institutional memory and strategies, participation in field evaluation work and language translation.

We also would like to express our gratitude to UNICEF staff, for their vision, encouragement and enthusiasm during the entire evaluation, their help in focusing the evaluation questions, their commitment to finding information on past and current projects, their assistance in organizing field missions and participating in field work, translations, gathering and processing data, their technical guidance and day-to-day supports of all kinds.

The team of facilitators feel fortunate to have had such committed support from all parties.

2- Object of the Evaluation: The Training Activities Supported by the Myanmar-UNICEF Country Programme and their Context

This evaluation had to evaluate an array of very diverse training activities, which are present in all projects and sub-projects of the Myanmar-UNICEF Country Programme and represent a significant part of the effort and resources of this Programme.

For evaluation purposes, the training activities were treated as small projects, with all the basic elements of a project (a goal, an objective, a target group, an implementation strategy, schedule and budget) and called "training component". The term "component" was used to show that the evaluation was focusing on the internal coherence of each training activity and on its articulation with and relevance to sub-projects, projects and programmes of which they were part.

The evaluation made every effort to take in account the context of each training component, which is so specific in Myanmar.

2.1- Training activities are present in most of the projects and sub-projects of the Myanmar-UNICEF Country Programme

The evaluation focused on 6 key training components in Health and Nutrition, 5 key training components in Education, 5 in Water and Sanitation, 1 specific training component for Children in Need of Special Protection, and 1 related to Facts for Life information and communication.

The selection of training components to be evaluated was based mainly upon three criteria: importance to the project objective, size of budget allocated, and; number of trainees involved.

The following table presents the training components that were selected and evaluated in detail:

Brief overview of the Training Components evaluated

a) Health and Nutrition

| Name of Training Comp. | Objectives | Target Group |
|--|---|--|
| Integrated Management of Maternal and Childhood Illnesses (IMMCI) Training | To improve the case management as well as program management skills of health care providers through skill-based training. | - Basic Health Staff - Mid-Level progr. Manager - Trainers |
| Essential Steps for Safe Delivery (ESSD) training | To provide skill and knowledge to address the major cause of maternal morbidity and mortality, to manage obstetrical emergency cases, to recognize obstetrical emergency cases and to refer them in time to the first referral hospital. | - Midwives - Auxiliary Midwives |
| Traditional Birth Attendants (TBA) training | To improve the knowledge and skills to conduct the deliveries safely and to recognize mothers at risk for early referral. | - Traditional Birth Attendants |
| Auxiliary Midwives (AMW)/ Auxiliary Nurse Midwives (ANMW) Training | To increase coverage of health services at the rural area. | - Auxiliary Midwives - Auxiliary Nurse Midwives |
| Life skill training | To provide detailed & accurate information concerning sexuality, birth spacing, sexually transmitted diseases, & HIV/AIDS, to provide skills for youth to enable them to cope with their daily lives and become proponents of community mobilization. | - Women (reproductive age) - Youth (15- 25 yr) |
| Instruction for National Immunization Day (NID) | To increase community participation in National Immunization Day activities. | - Community volunteers |

b) Education

| Name of Training Comp. | Objectives | Target Group |
|--|---|--|
| Primary Teacher Training | To prepare teachers for more effective teaching & learning and management of primary school classrooms | Primary teachers (mostly untrained) |
| PTA (Parent Teacher Association) Training | To provide knowledge and skills on community mobilization and related activities for better participation and monitoring progress of schools. | Community members selected as PTA leaders |
| SHAPE (School-based Healthy Living and HIV/AIDS Prevention Education) Primary & Secondary Teacher Training | To increase knowledge and skills of principals and teachers on health promoting behavior, life skills and HIV/AIDS information through participatory teaching-learning approaches | Standards 2-9 teachers from 60 townships |
| SHAPE PTA training | To increase participation of parents as PTA members in supporting SHAPE implementation | Community members selected as PTA leaders in SHAPE schools |
| Early Childhood Care and Development | To provide teachers with child-centered knowledge and methodologies for early childhood care and to improve their teaching approaches | Pre-Kindergarten teachers |

c) Water & Sanitation

| Name | Objectives | Target Group |
|----------------------------------|--|---|
| National Sanitation Week (NSW) | Encourage each village leader to mobilize for construction of 15-20 family sanitary latrines, on a self-help basis, in each of the 66,000 villages nationwide, per year; promote hygienic behaviour around sanitation, personal, food & drinking water hygiene. | <ul style="list-style-type: none"> - State/Division leaders and health officials - Township leaders and health officials - Ward & village leaders, basic health staff at Rural Health Centre level, and ward and village household leaders |
| Training for Social Mobilization | To bring about fundamental changes in knowledge, attitudes and practices relating to safe water, sanitation and hygiene. Specific objectives included undertake, per year: 15 orientation sessions, 150 training sessions for training of trainers, 39 training sessions, 780 training sessions. | <ul style="list-style-type: none"> - State/Division leaders and health and education officials. - Township leaders and health and education officials. - Basic health staff at RHC level, and ward and village household leaders - Community Mobilizers |
| School Network | <ul style="list-style-type: none"> - Increase awareness and improve knowledge, attitudes and practice regarding water, sanitation and hygiene among school children. - Provide water and sanitation facilities in schools. - Equip school children as "change-media" within their families and community. | <ul style="list-style-type: none"> - TEO's, ATEOs, TMOs, Township School Health Officers, TPDCs, 10 representatives from State/Division departments of basic education and of Health; - Parent Teacher Associations chairpersons and students. |
| Hand-pump Caretaker Training | <ul style="list-style-type: none"> - Local capacity to sustain water systems. - Promotion of messages on safe collection, storage and use of drinking water, by pump-caretakers. | - Selected village persons for training in hand-pump care taking |
| Water Quality & Testing | <ul style="list-style-type: none"> - Train key government staff in water quality testing & mapping. - Establish a national database - Contribute to the development of a national policy and standards and to decision-making. | - Selected technicians and engineers in WRUD and DDA |

d) Children in Need of Special Protection (CNSP)

| Name | Objectives | Target Group |
|-------------------------|---|--|
| CNSP Training Component | To change the care givers' knowledge, skills and attitudes, so that their individual caring performances would improve. | - Care givers working in 4 State run institutions. |

e) Information and Communication

| Name | Objectives | Target Group |
|--|--|---|
| Facts For Life Initiative Training Component | To increase awareness of the core basic life-saving messages at household level. | - Youths and adults, particularly of 18-35 years, members of CSOs/NGOs, - Potential extension communicators, manifesting interest for social work. |

A total of 18 key Training Components were evaluated. Details are available for each of them in the sector reports.

2.2- Training activities represent a significant part of the resources and effort of the Myanmar-UNICEF Country Programme

Nearly a million beneficiaries received training in the last 3 years, including tens of thousands of health workers, ten of thousands of teachers, parents and school managers, thousands of water and sanitation professionals, hundreds of thousands of volunteers. This record shows the importance of training in the Myanmar-UNICEF Country Programme.

In term of resources, it is estimated that **15% of the Country Programme budget is spent directly on financing training activities**. But this percentage is far from representing the efforts that UNICEF staff and partners dedicate to training activities. With hundred of training action to prepare every year, implement and monitor, it is estimated that **training activities mobilize between 40% and 50% of the total time and efforts engaged in the Country Programme**.

2.3 Training activities are very diverse

The table above presents very different types of training components, such as:

- 7 month training to prepare Auxiliary Midwives and Auxiliary Nurse Midwives;
- 20 days training for Primary Teacher upgrading
- 5 days workshop on Facts for Life and communication for young CSO's members;
- 1 day of Sanitation Social Mobilization training in advocacy and planning for State/Division and Township level leaders
- 1 or 2 hours training for volunteers during the National Immunization Day;

These activities range from acquisition of the basic elements of job qualification (one or several months), to understanding and mastering new concepts or specific skills (5 days) and to information delivery (1 day advocacy).

This diversity must be kept in mind to understand correctly the results of the evaluation.

2.4 Training activities are closely linked to a specific context

Training for changes in capacity can only result if the proposed content and methodology are closely adapted to the specific context in which beneficiaries are involved.

Understanding the context, verifying coherence between each specific context and the training components has been a strong focus of this evaluation, especially because of three specificities of Myanmar.

a) First specificity, **Myanmar is a large country with high diversity** in its geographical and climatic conditions, human settlements, culture and languages. For example, the Facts for Life booklets had to be translated into 7 different languages; prevalent diseases are different among the townships; and religious groups cope differently with hygiene and sanitation.

b) Second specificity, **Myanmar has a limited capacity to deliver social services.** A very small part of the national budget is invested in social services for women and children, the institutional system is weak, equipment insufficient, and staff is under skilled, frequently under motivated and overloaded. Basic Health Staff, for example, is overloaded with the several programmes they have to contribute to on day-to-day basis and they have little time for training. Primary teachers have a low level of understanding of pedagogical matters which makes the implementation of a new child-centered learning model difficult.

c) Third specificity, **Myanmar has a strong central public management system.** This is a strength in terms of discipline and mobilization. But it leads to lengthy procedures, and lack of initiative at the lower management levels and at community levels.

3- Framework of the Evaluation

The terms of reference of the evaluation, prepared by the Planning Department of UNICEF in broad consultation with UNICEF staff and counterparts, are presented in annexe 1. They gave the basis and the main orientations for the evaluation framework.

The Evaluation of Training Activities Supported by the Myanmar-UNICEF Country Programme used a "utilization-focus" approach. A common understanding was first built around the evaluation questions and the logic model of training. Then methods were determined, tools designed and a work plan prepared. A Steering Committee supervised the evaluation team and emphasis was given to information and communication throughout the process.

3.1- A Utilization-focused Evaluation

The evaluation followed a utilization-focused approach. This specific approach provides for active involvement in the evaluation process of those with a stake in the programme: providers, partners, beneficiaries and any other interested party. Myanmar decision-makers in particular were enabled to take part at all key points during the evaluation.

This involvement of stakeholders in the evaluation process included the formulation of questions, choice of criteria, methods and tools, planning, data collection, discussion of findings and results and, finally, drafting of recommendations.

For instance, for Health and Sanitation, close consultation with the Division of Public Health and the IMMCI management group at North Okkalapa Hospital took place during the course of the three months of the evaluation, ranging from briefing meetings to the presentation of the methodology and the draft tools for data collection, to presenting and discussing the preliminary findings to reach consensus on final presentation of findings and recommendations.

This approach emphasizes the learning process taking place during the evaluation itself. The stakeholders participate in discovering the findings and are part of the design of the recommendations they will have to implement later.

3.2- The Evaluation questions

The formulation of the evaluation questions, starting from the questions included in the terms of reference, was an exercise used to build a common understanding at the beginning of the evaluation process. In fact, questions are the simplest way to translate stakeholders concerns.

This exercise was also necessary because while the evaluation was focused on the training activities in each sector (health, education, WES, ...), a common set of questions was required to enable conclusions to be drawn for the Country Programme as a whole.

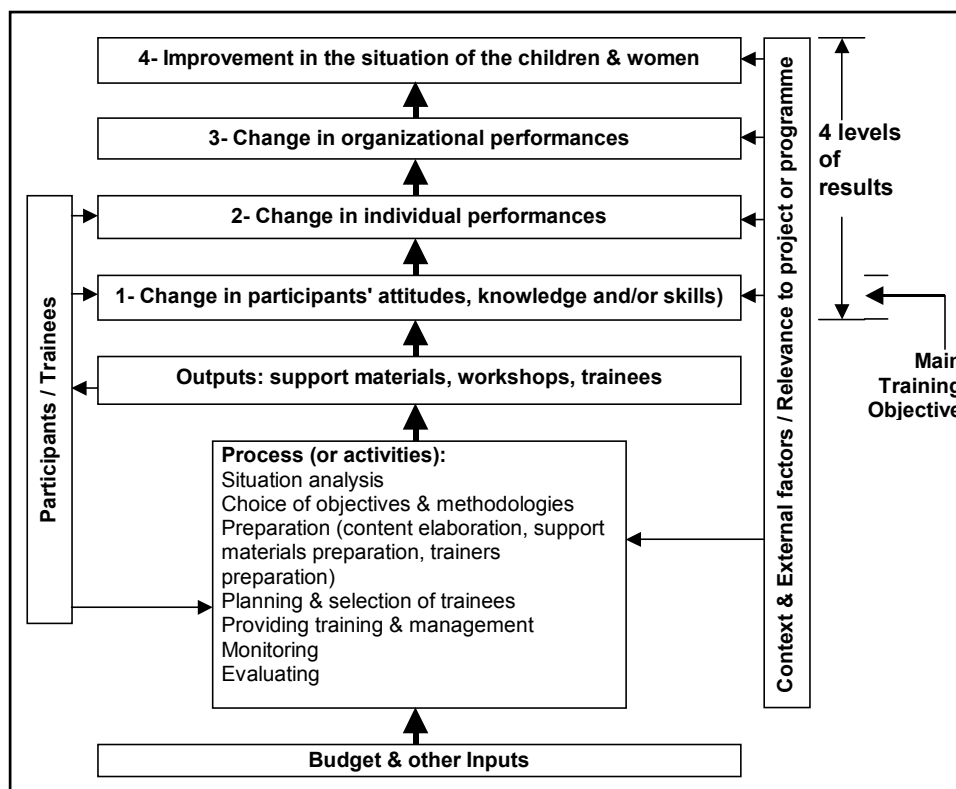
A specific Steering Committee meeting and several sector meetings took place to discuss and organize the evaluation questions. The result of this process is presented in Annex 2. It was then used by the sector evaluation teams to design methodology and tools.

Questions were organised under three major evaluation criteria: **process, results and relevance**. The same three criteria were used later on to consolidate the evaluation findings (see below sections 4, 5 and 6).

3.3- The Training Component Logic Model

In order to answer the evaluation questions, a common understanding was developed to identify common key aspects of training activities and determine how the training objectives linked to the broader objectives of the respective projects. This involved interacting with stakeholders, to draw out their understanding of the overall programme model (planned sequence of changes and assumptions) and subjecting this to an examination based on stakeholders' intuitive concerns or suspicions.

The basic **Logic Model of each training component** to be evaluated is presented below.



3.4- Methods

The evaluation used complementary methods within a specific framework for each sector. The following table give a synthesis of the **methods used by sector** to evaluate process, results and relevance.

| Sector | Process assessment and outputs inventory | Result assessment | | Relevance |
|--------------------|---|--|---|--|
| | | R1 (*) | R2 to R4 (*) | |
| Health & Nutrition | Observations and qualitative analysis based on a standard process (*) | "Before and after" approach using a baseline based on previous assessment reports, training needs assessment reports and retrospective accounts of a significant number of resource persons and key informants | Qualitative method based on understanding and opinions from the stakeholders and beneficiaries. | Qualitative analysis with stakeholders |
| Education | Observations and qualitative analysis with | "Before and after" approach using a baseline based on | | Qualitative analysis with |

| | | | | |
|--|--|--|--|--|
| | stakeholders, based on a standard process (*) | previous assessment reports, training needs assessment reports and retrospective accounts of a significant number of resource persons and key informants | | stakeholders |
| Water and Sanitation | Observations and qualitative analysis with stakeholders, based on a standard process (*) | "Before and after" approach using a baseline based on previous assessment reports, training needs assessment reports and retrospective accounts of a significant number of resource persons and key informants | Impact had been measured in a separate national survey of hygiene situation and behavior of the population | Qualitative analysis with stakeholders |
| CNSP | Qualitative analysis with stakeholders, based on a standard process (*) | Qualitative analysis with stakeholders | Qualitative analysis with stakeholders | Qualitative analysis with stakeholders |
| I & C (FFL Training initiative) | Observations and qualitative analysis with stakeholders, based on a standard process (*) | "Before and after" approach using pre tests and post tests systematically done for each workshop and retrospective accounts of a significant number of key informants | Qualitative analysis with stakeholders and beneficiaries | Qualitative analysis with stakeholders |

* See logic model presented above, section 3.3

3.5- Tools

To collect information, a combination of desk reviews, in-depth interviews, focus group discussions, observations and skill assessments as well as assessments of training materials were used.

Highly qualified and prepared individuals used the data collection tools in each sector evaluation team. Possible shortcomings in using the tools were addressed by posing the questions in different ways when not correctly understood, and asking for additional information or explanations when clarifications were necessary.

Sometimes the process of collecting data was sequenced and elaborate to confirm opinions and allow deeper analysis. For instance, in education, the teams first observed classroom interaction in standards K-4, and then they followed up the observations with individual and focused group interviews of the same teachers and with a few students from the observed class. Finally, the teams interviewed parents and PTA members in the community, the Cluster or Head Teacher and the ATEOs about school-community relations.

The following tools were prepared and used for this evaluation in the different sectors:

- Desktop review brief
- Key Informants Interview Form
- Management Training Interview Form
- Trainer or Teacher's Interview Form
- Trainee or Student's Interview Form
- Trainees or Student's Focus Group Protocol and Guideline
- Observation Form for Training

- Form for Evaluating Training Materials
- Skill and Knowledge Assessment Form
- Observation Form for Treatment and Care, for Teaching in a Classroom, for Maintaining a Pump
- Classroom Observation Form
- Background of School Description Form

3.6- Coverage

| Sector | Geographical Coverage | Selection method |
|--|---|---|
| Health & Sanitation | 5 townships in 3 States and 2 townships in 2 Divisions (Shan State : Taunggyi, Yatsauk; Mon State: Thaton, Bilin; Kayin State: Hpa-an; Yangon Division: Kyauktan; Sagaing Division: Monywa) | The selection of the townships has been made with a view to the following conditions: <ul style="list-style-type: none"> - Geographical diversity - Status of the training (old / new) - Presence of several projects in the same location - Size of the class - Logistics |
| Education | 70 schools in 20 townships in 4 Divisions and 4 States (Bago, Karen, Ayeyar-waddy, Mon, Sagaing, Mandalay, Kayah, Shan) | Only schools that had CAPS/ACIS/SHAPE or CFS teachers were chosen. Townships were selected purposively to represent differences in rural and urban areas, geographic and linguistic differences, and levels of community poverty and development. |
| Water and Sanitation | 11 Villages and 13 schools in 3 Townships and 3 States/Divisions | The selection of the townships has been made with a view to the following conditions: <ul style="list-style-type: none"> - Geographical diversity - Presence of several projects in the same location - Logistics |
| CNSP | Yangon | Field observation was not possible, but a large focus group brought together representative and trainers of all the 4 beneficiary institutions. |
| I & C (FFL Training initiative) | Yangon | All the ongoing workshops were observed. Interviews with key informants and focus group with trainers, trainees and CSO leaders were made for Baptists, Muslims and Buddhists groups, as well as for a large women association. |

3.7- Sample sizes

Due to limitation in time and staff, it was not possible to work on representative samples. The approach adopted was small purposeful sampling in order to understand the diversity of situations and contexts. However, during the course of the interviews and assessments, the evaluation teams identified clear patterns and repetition in responses, which constitute solid findings or valid suppositions. Triangulation was used in all analysis to validate the findings. Furthermore, the consensus built along the process with all the stakeholders is another guaranty that the conclusions of the evaluation are robust.

3.8- The use of scores

A "Scoring Approach" was used to allow comparisons (across training component and sectors), to facilitate understanding and discussions, and, finally, to aggregate and consolidate all the results in a global synthesis.

Each of the evaluation facilitators was asked to "score" selected results using the same 0 to 10 scale, ranging from very poor quality or non-existent (0) to outstanding (10). The score indicated a level of qualitative opinion. The numerical score was supplemented with a description when necessary.

Facilitators and stakeholders made clear that using a "score" did not mean that results were more "scientific". But the use of scores in the discussion process with the stakeholders pushed the evaluators to provide evidence and justification to support their findings, and, finally, added clarity in the process.

Based on the scores, it was then possible to compare and consolidate results. For instance, in the education sector, for standard ECD and ECCD Network pre-Kindergarten schools a semi-structured questionnaire was used. The questionnaire included focused questions and a four point rating scale to compare differences in school facilities, materials, and student and teacher activities.

3.9- The Evaluation process and time schedule

The process of the evaluation included the following steps :

| Main steps of the evaluation process | Beginning / ending dates |
|--|-----------------------------------|
| 1- Taking stock of projects, systems, resources and context | July 18th, 2001 August 31st, 2001 |
| 2- Building a consensus on unit of analysis, key questions, methodologies, key Informants and field work | August September 16, 2001 |
| First Meeting of the Steering Committee | September 17, 2001 |
| 3- Developing tools, planning the work, preparing for field work | Sept. 18, 2001 Sept. 26,2001 |
| Second Steering Committee Meeting | September 27th, 2001 |
| 4- Field working, collecting and gathering information | October 2001 |
| 5- Making the first Analysis with stakeholder, identifying preliminary findings & lessons | Nov. 1st, 2001 Nov. 11th, 2001 |
| Third Steering Committee Meeting | November 12th, 2001 |
| 6- Sharing the results, consultation on analysis and consensus on way forward | |
| Final meeting of the Steering Committee | November 22th, 2001 |
| 7- Preparing and submitting Final Evaluation Reports (5 sector reports and 1 Synthesis report) | December 2001 January 2002 |

3.10- Management Structure and Evaluation Teams

A **Steering Committee** within UNICEF was established, which included Senior Management, Section Chiefs and relevant Project Officers, to oversee the evaluation. The Steering Committee met regularly during the four months of the evaluation, to approve the evaluation framework (which included the evaluation questions and the process to answer the questions), and reviewed the findings. The Steering Committee also discussed recommendations based on the findings, which would be implemented immediately as well as those which would be addressed at the mid-term review in 2003.

The evaluation was undertaken by **5 sector teams** (Health & Nutrition, Education, Water & Sanitation, CNSP, FFL). Each team integrated Governments officials and specialists, UNICEF Section Chief and staff, NGO representatives and specialists and one or two evaluation facilitators.

The evaluation work was facilitated by the following **team of consultants**:

| | |
|---|---------------------------|
| Education sector: | Dr. Matt Seymour, |
| Health and Nutrition sector: | Dr. Khin Nwe Oo, |
| | Ms. Lene Svendsen, |
| Water and Sanitation sector: | Mr. Brendan A. Doyle, |
| Information and Communication sector and Team Leader: | Mr. Christian Dessallien. |

3.11- Information sharing and communication

Being "utilization-focused", this evaluation was designed with a special emphasis on information, communication and early dissemination of results to allow preparation of an action plan to improve training components within sub-projects in the country programme.

- Regular meetings with the relevant counterparts took place throughout the process.
- Four meetings of the Steering Committee took place (see table above),
- A newsletter (to all members of the Steering Committee) was created, with three issues,
- One meeting was organized to share the major findings with Donor representatives,
- Presentation and discussion of the evaluation and its results took place during the annual review meetings of the programmes and during the meeting of the Joint Myanmar UNICEF Advisory Group (JMUAG).

4- Process evaluation

An analysis of the process of planning and implementing training activities, including an assessment of the quality of training materials, trainers and training methodology, was an important aspect of the evaluation.

The analysis, made on a common basis by each of the evaluation teams, led to the following findings:

Process Evaluation, Findings by Sector and for the Whole

| Dimension | Health & Nutrition | Education | Water & Sanitation | CNSP | FFL Tr. Initiative | All sectors |
|---------------------------|--------------------|---------------------|--------------------|-----------------|--------------------|-------------------------|
| Preparation | 8 (very good) | 8 (very good) | 5 (fair) | 6 (fairly good) | 5 (fair) | 5 to 8 average 6 |
| Implementation | 8 (very good) | 6 (fair to good) | 7 (good) | 4 (difficult) | 4 (to strengthen) | 4 to 8 average 6 |
| Trainers | 6 (fair) | 6 (fair to good) | 5 (fair) | 5 (fair) | 7 (good) | 5 to 7 average 6 |
| Instructional Techniques | 5 (fair) | 6 (fair to good) | 7 (good) | 7 (good) | 8 (very good) | 5 to 8 average 7 |
| Training Materials | 6 (fair) | 7 (good) | 5 (fair) | 7 (good) | 8 (very good) | 5 to 8 average 7 |
| Monitoring and Feedback | 3 (poor) | 6 (fair to good) | 5 (fair) | 6 (fair) | 6 (fairly good) | 3 to 6 average 5 |
| Level of Unit Costs | 8 (good) | 7 (relatively good) | 8 (good) | 9 (very good) | 9 (very good) | 7 to 9 average 8 |
| Overall Efficiency | 7 | 6-7 | 6 | 6 | 7 | 6-7 |

The overall efficiency appears to be good (6 to 7 /10).

The processes were generally well conceived (planning, programming). **Preparation** appears to be very good for the training activities implemented in the Health and Nutrition and in the Education sectors. The preparation is just fair for Water and Sanitation (lack of capacity at Township level impedes sector planning) and for the FFL Training Initiative (unclear formulation of the objective).

The **implementation** processes of the training activities were also satisfactory (6/10), very good or good for Health and Nutrition and for Water and Sanitation, fair to good for Education. Implementation appeared difficult for CNSP and for the FFL Training Initiative.

The preparation and performances of **trainers** were globally satisfactory, good for the FFL Training Initiative and fair for the others sectors.

Instructional techniques were generally good. The best scores were registered for the FFL training Initiative (8/10) and the lower ones were for Health and Nutrition (5/10).

The **materials** developed for training were appropriate. The best scores were registered for the FFL training Initiative (8/10) and the lower ones were for Water and Sanitation (5/10).

It is important to highlight that the FFL Training Initiative shows some examples of excellence in selecting instructional techniques, preparing training materials, and training the trainers.

The evaluation showed that the choice of the different **modalities** of training were appropriate for the training objectives and for the institutional context. For the training implemented in the Water and Sanitation sector, "a mix of training methodologies appears to work well in the Myanmar context".

For the Education sector, the facilitator noted that " the choice of the cascade model as a strategy for training implementation was also good and achieved wide coverage in a relatively short time with minimum resources". For the Health and Nutrition sector, "the cascade model is used for efficient coverage of large numbers of BHS and Voluntary Health Workers" and the trainings used "participatory approaches with various technique including lecture-discussion, demonstrations, group work discussions and presentations, role playing, games, questions and answers, drill methods, hands on practice" as well as "a fair amount of non-participatory methods used such as group reading and one-way communication. The participatory approach seems to work better at central and State/Divisional levels than at township level."

In the 3 main sectors (H&N, WES, Education) the training strategies **target** mainly the public social services and some supporting NGOs. This choice is appropriate to strengthen capacity at local, regional and central levels. For the FFL Training Initiative, due to the lack of civil society organisations in the context of Myanmar, the strategy targeted mainly religious groups and there are doubts that national coverage could be reached through these sole actors.

The processes were not well monitored in all sectors. The average for the different training components evaluated was scored at 5/10, but in Health and Nutrition, the **monitoring** and feed back activities were considered "poor", and in the Water and Sanitation sector, just "fair".

The **unit cost** of the training activities has been estimated good or very good in all sub-projects and programmes.

The training activities of the **various programmes** were not sufficiently **related** and complimentary. The assessment of the WES training activities showed that "limited inter-sectoral collaboration has resulted in missed opportunities for synergy".

Were training activities as efficient as possible? The assessments made during this evaluation indicate that the efficiency of training activities was quiet satisfactory generally speaking, good for Health and Nutrition and FFL (7/10), fair to good for the other sectors. With such a scoring method, applied on qualitative assessments, a score of 8 to 9 must be considered as a maximum and a score of 7 represents quite a good level.

This good level of efficiency is reflected in the impressive quantity of outputs that the training activities have produced. The following table inventories the training outputs and provides an estimation of the average cost per trainee.

| Name of the Training Component | Budget (US\$) | Beneficiaries |
|--|---------------------------|--|
| IMMCI Training | 273,563 from 1998 to 2001 | 12,916 persons trained from 1998 to 2001 |
| ESSD training | 21,231 for 1998 & 1999 | 2,222 persons trained from 1998 to 2000 |
| TBA training | 44,748 from 1998 to 2000 | 5,041 persons trained from 1998 to 2000 |
| AMW/ANMW Training | 172,539 from 1998 to 2000 | 3,092 persons trained from 1998 to 2000 |
| Life skill training | 86,955 | 34,425 persons trained |
| Instruction NID | Not known | Not known exactly. Hundreds of thousands of volunteers |
| Primary Teacher Training | 1,438,000 (estimate) | 42,000 trained to date |
| PTA Training | 501,000 (estimate) | 74,250 trained to date |
| SHAPE Primary & Secondary Teacher Training | 357,000 (estimate) | 43,000 trained to date |
| SHAPE PTA training | 191,000 (estimate) | 37,000 trained to date |
| Early Childhood Care and Development | 2,700 (estimate) | About 400 trained to date |

| | | |
|--|---------------------------|---|
| National Sanitation Week | 284,221 from 1998 to 2001 | 515,184 people were orientated/trained over 4 years |
| Training for Social Mobilization | 491,724 from 1996 to 2000 | 32,000 persons were trained over the five-year period (1996-2000) |
| School Network | 84,049 from 1998 to 2000 | 6,530 persons trained from 1998 to 2000 |
| Hand-pump Caretaker Training | 52,800 from 1998 to 2000 | 17,200 persons trained over a three-year period. |
| Water Quality & Testing | 2,615 for 2001 | 55 persons trained |
| CNSP Training Component | 22,624 | 132 trained to date |
| FFL Initiative Training Component | 200,000 (estimate) | About 7,500 people trained to date. |
| Total | 4,226,769 | 832,947 beneficiaries |
| Average cost per person trained: 5 US\$ | | |

This huge number of beneficiaries, around one million if we take into account the hundreds of thousands volunteers from the NID Training component, shows the importance of training in the strategy of the Myanmar-UNICEF Country Programme.

5- Results evaluation

The evaluation assessed and analysed the results of training at 4 different levels (see logic model, section 3.3 above)

The analysis, made on a common basis by each of the evaluation teams, led to the following findings:

Results Evaluation, Findings by Sector and for the whole

| Level of result | Health & Nutrition | Education | Water & Sanitation | CNSP | FFL Tr. Initiative | All sectors |
|--|---|--|---|--|--|---|
| 1. Change in participants knowledge, skill & attitude | - Quite good improvement of knowledge (6) To sustain the knowledge refresher training is needed - Course is too short to change attitudes | Barely satisfactory (5). Participants understand only basic elements of CCL and philosophy or objectives. Re-interpret CCL into more teacher-centered instruction. | - There is good general knowledge and improved behaviours regarding diarrhoeal diseases (6) | Satisfactory (6), but at the level of understanding only | Very good (8) A clear qualitative change has been produced for all the trainees. Sustainability of those changes in knowledge and attitudes is certainly good | Fairly Good (5 to 8) Sustainability will be high at first; but with limited applications and support, trainees will forget. |
| 2. Change in individual performance | - Some change in delivery practice; more clean and safe practices (4). With regular in-service training this change will be sustained - No increase in number of referrals | Less than satisfactory (4). Predominant pattern of traditional teacher-centered approach; then instructional approach; finally mixed CCL with instructional approach. CCL elements used selectively. | Positive trends in personal hygiene are evident especially among those who received WES promotional messages (6) | Low (1). In their work condition the beneficiaries cannot change their working attitude. | The multiplicative effect (trainees training others beneficiaries) could not be assessed during this evaluation | Low (1 to 4), with the exception of WES (6) |
| 3. Change in organizational performance | Transportation from rural areas in case of referral to hospital is said to be supported by the community (2). Transportation is sustainable - No change in utilization of facilities | Relatively low (2). Predominant school culture is teacher-centered approach. In a few cases, where mixed CCL approach exists, school culture exhibits CCL in most classrooms | The performance of involved organizations improved but there is a lack of capacity at Township level and insufficient involvement of State/ Division decision-makers and managers (5-6) | Probably very low (5) | NA | Very Low (1 to 2) |

| | | | | | | |
|--|----|--|--|-----------------------|----|----|
| 4. Improvement in situation of children & women | NA | Low (2). Project efforts less effective in rural and remote areas. However, HT/PTA organized “incentives” for poorest of poor do work. | In general, phenomenal results have been achieved in sanitation coverage in recent years. This has been due to several factors, including training that mobilised and supported local communities towards greater self-reliance (7). | Probably very low (5) | NA | NA |
|--|----|--|--|-----------------------|----|----|

For the main objective of the training activities, changes in participants' knowledge, skills & attitudes, which is the first level of result (or outcome), **the overall result of the evaluation is fairly good**, with scores ranging from 5 (Education) to 6 (H&N, WES, CNSP) and to 8 (FFL).

For the other levels of results, there are clearly 2 different patterns.

Pattern 1, Water and Sanitation: Important results have been achieved in sanitation coverage in recent years in Myanmar. Different key factors influenced this success: political commitment, local

| Level of result | Assessment → | 1 | 2 | 3 | 4 | 5 | 6 |
|---|--------------|---|---|---|---|---|---|
| 1. Change in participants knowledge, skill & attitude | | | | | | | |
| 2. Change in individual performance | | | | | | | |
| 3. Change in organizational performance | | | | | | | |
| ▼ 4. Improvement in situation of children & women | | | | | | | |

design options for families, rejuvenated awareness and motivation, greater awareness and motivation among families, promotion and facilitation of the private

sector. In this extremely favourable context, training activities undertaken within the Myanmar-UNICEF Country Programme contributed to the overall positive change and seem to have had an impact greater than their effectiveness. Part of this impact is due to other factors, but the real attributions could not be determined given the scope of this evaluation.

Pattern 2, Health and Nutrition, Education: In these 2 sectors, the evaluation concludes that the training activities had a low impact on changing the performance of individuals in their work, and a

| Level of result | Assessment → | 1 | 2 | 3 | 4 | 5 | 6 |
|---|--------------|---|---|---|---|---|---|
| 1. Change in participants' knowledge, skill & | | | | | | | |
| 2. Change in individual performance | | | | | | | |
| 3. Change in organizational performance | | | | | | | |
| ▼ 4. Improvement in situation of children & women | | | | | | | |

still lower impact on changing the performance of organizations (e.g. school, health centres, etc.). The new skills or improved knowledge following the training, did

not translate easily to other levels of results. The evaluators, in consultation with the stakeholders, offered three explanations for the difference between the expected results and the actual results at performance levels. The first explanation is that the objectives of the training components were often overly ambitious in terms of changing performance, with regard to the level of resources invested and when capacity building depends often on many other factors and constraints. This is particularly true for the education and health sectors where promoting change in such huge systems requires strong efforts, particularly in a context of low public expenditures and few donors helping to improve critical services for deserving women and children. The second explanation is that the length of the training was generally too short to lead the participants to the level of appropriation/mastery that would produce changes in behaviour at work and improved performances. Also, the content of the

training should have been more practical with greater emphasis on facilitating the practice of new skills in the participant's work environment. It was also noted that the training activities must have adequate follow-up and supportive supervision in order to promote the use of new skills and knowledge on a day-to-day activity. The third explanation was that in order for training to have a significant impact on improving performance, other inputs are also necessary because capacity building is a multidimensional challenge. There is therefore a need to analyse the situation on a more global level, to identify the full array of inputs required, and to ensure that a conducive environment exists to enable the training to have sustainable results in improving performance.

6- Relevance of training as a capacity building strategy

The third important aspect of the evaluation was to assess the relevance of training as a capacity building strategy vis-a-vis the objectives of the respective projects, programmes and of the Country Programme as a whole. This assessment included an analysis of the significant external factors that have an influence on an individual's and an organization's performance.

The analysis, made on a common basis by each of the evaluation teams, led to the following findings:

Relevance, Findings by Sector and for the whole

| Health & Nutrition | Education | Water & Sanitation | CNSP | FFL Tr. Initiative | All sectors |
|---|---|---|--|--|--|
| <p>- The training is relevant and related to day to day practice.</p> <p>- Relevance could be improved by focusing more on front line health worker and by including include GPs into conten to ensure standardized and quality health care</p> | <p>The training of teachers is relevant</p> <p>The content of training, CCL model, is partially, irrelevant due to inertia of teachers, low standard of facilities and materials in rural and remote schools and the lack of adequate and quality follow up able to strengthen the teachers' commitment</p> | <p>All training activities were relevant for capacity building.</p> <p>Relevance could be improved with more adaptation to the context and better inter-sectoral coordination</p> | <p>The training is an essential part of a capacity building strategy. But other elements are crucial to improve performances (work overload, mix of care and services in jobs content, no monitoring of work attitudes by the management, low salaries and no additional incentives)</p> | <p>The FFL Training Initiative is relevant as a communication tool for FFL dissemination.</p> <p>With a very low unit cost, training appears to be a strong means for communicating facts, ideas and new attitudes among Myanmar groups.</p> | <p>Generally training is considered very relevant.</p> <p>Nevertheless, more adaptation of contents and models to the context, a better understanding of acceptability by beneficiaries and actions on other major capacity building constraints are needed</p> |

Regarding relevance, the evaluation confirmed that there was a clearly identified need to improve the performance of service providers. Upgrading their skills would contribute to overall improvement of the service. Training was therefore deemed appropriate and relevant as a strategy, but not sufficient in itself to increase significantly capacity building. The evaluation concluded that the coherence of the training component needed to be strengthened. The training components were developed based on a training needs analysis and the development of clearly defined training objectives and subsequent strategies; however, other influences related to the capacity of services, such as institutional constraints (e.g. mid-wives being overburdened, poor equipment), structural constraints (e.g. classroom size) low wages, motivation, recruitment, vacant posts, etc., must also be addressed in order to have a sustainable impact on capacity.

7- Main findings

Specific findings can be found in each sector report. This section highlights global findings or findings common to all sectors.

1- Training activities were fully relevant, as part of the Country Programme strategy, and with a small portion of the overall budget (15%), produced an impressive array of outputs, benefiting nearly one million trainees.

2- The overall efficiency appears to be good, with a low unit cost per trainee.

3- The implementation process of the training activities were satisfactory. Management suffered from some manpower shortage and other constraints and it appears that monitoring activities were sometimes too weak. It is estimated that with the same budget, an additional 20 to 30% in efficiency could be obtained with improvements in preparation, focus, implementation procedures and monitoring. These improvements are different from one sector to the other and are detailed in the sector reports.

4- Almost all the training components showed a good choice of instructional technique and good quality training material, with some examples of excellence (participatory and communication workshops). In the Water and Sanitation sector, however, it appeared that many teachers and health extension staff lack confidence in applying participatory training methodologies.

5- The effectiveness of training activities is fairly good since the main objective (i.e. change in participants' knowledge, skills & attitudes, which is the first level of result) is generally fairly well realised. In the Education sector, for the Child Friendly Schools component, the effectiveness is only "barely satisfactory" because a deeply engrained tradition of teacher-centered instruction in the Myanmar education system causes teachers to resist the child centered learning approach. Overcoming this will take more time, efforts and a more progressive strategy. For the CNSP training component and some components of the Water and Sanitation sector, the lack of commitment from the counterpart reduces effectiveness.

6- The impact of training activities (improvement in performances for individuals and organizations) is good in the Water and Sanitation sector, where other key factors, external to the Myanmar-UNICEF Programme, influenced a very successful expansion of coverage in recent years in Myanmar.

7- The impact of training is very low in the other sectors, and in certain cases the benefits of training are lost. New knowledge and skills produce little or no change in individual and organizational performance. This is because conditions of institutional change and sustainability were not met in the Health and Nutrition sector, in the Education sector and for the CNSP project. In many cases, a clear strategy to utilize training in order to change practices and improve quality of services is lacking.

8- Recommendations

This section highlights the overall recommendation of the evaluation. Recommendations specific to each sector are detailed in the respective sector reports.

The evaluation of training activities supported by the Myanmar-UNICEF Country Programme confirmed the relevance of training activities in projects and programmes where they played a crucial role within the global capacity building strategy during the last 3 years. The findings on process and results shows that a number of actions could be undertaken to improve efficiency, effectiveness and impact and to identify the best way forward for training in the CP Strategy.

8.1- To improve efficiency and effectiveness

- Monitor and evaluate systematically all the training components. For each training component, determine a small number of performance indicators, monitor these indicators regularly and manage for results.
- Focus training on skills that can be applied; incorporate more active practices in the training activities; reduce theoretical presentations.
- Extend the duration of some training courses when it is needed to reach the learning objective (for instance at the township level of training in the cascade of teachers' training); conduct refresher training when sustainability needs to be improved.

8.2- To improve effectiveness and impact

- Reinforce the planning process by drafting robust logframes, determine expected results related to time schedules, identify steps if necessary, fix intermediate reachable targets, select good indicators.
- Be explicit about the working model that is promoted through training (e.g. child-centered model); communicate the model to make it more convincing; adapt the model to past experience and readiness of beneficiaries to accept new ways of performing; break down the model and apply it step by step when necessary for acceptance.
- Improve the understanding of the multi-dimensional capacity building process among partners and UNICEF staff; work with partners on capacity level indicators (for instance develop and introduce a proven Criterion Referenced Test for standard four students and develop and standardize it with better indicators and data-gathering methods for the assessment of primary school internal efficiency) and on management information systems.
- Integrate the Training Components into a comprehensive capacity building approach (for instance, build capacities in the Department of Development Affairs for water development).
- Deepen the collaboration with counterparts when it is necessary for more commitment (for instance in CNSP) and advocate for acceptance of a multidimensional approach to capacity building.
- Strengthen inter-sectoral training collaboration to create more synergy in specific sectors (e.g. WATSAN and Health and Nutrition).

These recommendations can be synthesized along 3 main axes :

- More adaptation (contents, methodologies, models) to the context for acceptance and effectiveness,
- More professionalism (logical framework, planning, monitoring, result management, integrated capacity building approaches) for accountability and impact
- More understanding and commitment from the counterparts on the need for a multidimensional approach to capacity building to improve basic services offered for women and children.

A1- Terms of Reference

Evaluation of Training Activities Supported by the Myanmar – UNICEF Country Programme

Draft 2: 25/5/01

1) Introduction

Myanmar is a least developed country, with GNP per capita of US\$263. The capacity to plan, implement, monitor and evaluate basic social services is limited – particularly after years of limited public funding to the social sector. The previous Myanmar-UNICEF Country Programme 1996-2000 and the current Country Programme 2001-2005, have therefore identified and supported capacity-building activities, particularly training, as one of the key interventions which will lead to improved services and support to children and women in Myanmar.

One of the principle strategies of the previous and current Country Programme is to support training activities leading to a positive change in skills, practice, awareness, or behaviors. Recognizing the centrality of the strategy, and the magnitude of the support, it is critical that training activities are as efficient and effective as possible. Attachment A is a list of training activities that will be supported by the Country Programme in 2001. All five programmes in the Country Programme 2001-2005 support training activities.

Training materials have been developed for the majority of the training activities and will also be assessed as part of this evaluation. Different programme and projects have used a variety training methodologies, including “cascade training”; the use of expert trainer, participatory, group oriented etc. The evaluation will make conclusions on the different models and methodologies, and provide recommendations that will lead to improvements in the efficiency and effectiveness of the results of training activities supported by the Country Programme.

Recognizing that training activities has been adopted as a capacity-building strategy in almost all country programmes, the results of this evaluation will contribute to organizational learning.

2) Framework for evaluating training as a capacity building strategy

It is well accepted that there are certain conditions which optimize training results, such as:

- undertaking an adequate training needs assessment
- integration of training as part of programme design
- selection of trainees based on individual and organizational training needs
- institutionalization of learning outcomes
- building a learning culture

The results of training activities can be observed at the following conceptual levels:

- change in participants attitudes, knowledge and/or skills
- change in an individuals performance
- change in organizational performance
- change in situation of the respective stakeholders

Some training activities, particularly those at “grass-roots level” may have a more direct relationship to impact results, and therefore not requiring the third step above which relates to the change in the organizational performance (i.e. moving directly from a change in individual performance to a change in the situation of the stakeholders).

3) Objectives

The overall objective is to assess the effectiveness and efficiency of training activities supported the Myanmar - UNICEF Country Programme, and to provide ideas and recommendations that will contribute to improving training programmes particularly with regard to their relevance, purpose, processes and the monitoring systems to measure the results (including output, outcome and impact)

More specifically, the evaluation will answer the following questions:

3.1) Assess the relevance of training as an operational strategy for capacity-building.

An important aspect of the evaluation will be to assess how appropriate the training activities are vis-à-vis the broader context and situation which influences the expected results (i.e. can the trainees' practice their improved skills?). An assessment and analysis of the significant external factors which have an influence on an individual's and organizational performance will be important when considering the relevance of training as a strategy.

Other Specific questions:

- How strategically are training results linked to the Country Programme goal and objectives? Are the capacities targeted by training activities situated at the level of individuals, an organization, institutions or a broad network of organizations and actors working to achieve a common objective?
- What is the relative importance and potential impact of the capacity constraint addressed by training (eg. attitudes, skills, knowledge or simple numbers of existing human resources)? Are there other critical capacity constraints (e.g. organizational structure and definition of roles, leadership, organizational culture, incentive systems - in the broadest sense including non-monetary) and how are they related to the capacity constraints targeted through training? How are these other constraints being addressed, by UNICEF or other partners? Are results in one area contingent on results in the other?
- Can training realistically bring about a change in the relevant capacity constraints to produce sustainable change? How sustainable will this change be (e.g. distinction between one-off training and establishment of a training function)?
- How does the training strategy contribute towards "giving voice to vulnerable groups", or towards involving them in a broader network of actors?
- Did the training compliment strategies of other partners and the government?
- Were the training activities of the various programmes related and complimentary? (i.e. training of Basic Health Staff supported by the Water and Sanitation programmes compliment the training of Basic Health staff supported by the Health programme?)

A simplistic link is often drawn between training outputs and an explicit or implicit objective of changing national (or an institution's) capacity, yet this direct sequence has not been borne out by experience world-wide – therefore the above evaluation question is necessary and useful.

3.2) Assess the process of planning training activities, including training materials, processes, participants, trainers and methodology.

An assessment into the process of planning the training, and the way in which the training is conducted will be important input into the evaluation. Analysis should include a comparison of different modalities of training (i.e. cascade, or experts from Yangon etc.)

Other specific questions:

- How were the various training activities delivered? How can the methodologies be characterized? Were the methodologies appropriate for the training objectives? Were they appropriate for the institutional context?
- How were the participants identified? Does the training strategy target the appropriate actors given the particular capacity it is intended to strengthen?

- What materials were developed and were they appropriate?
- How participatory and interactive was the training?
- Was the training gender sensitive?
- Was there a systematic monitoring system to monitor quality and results of training? Was there a process of assessing the effectiveness of the training, such as assessing whether there was an immediate increase in the trainees knowledge, awareness or skills? Was a baseline included? Was an evaluation of the training undertaken? Were the results incorporated into future training activities?
- Were participants able to evaluate the training and was this input taken into consideration?

3.3) Assess the contribution of the training activities vis-à-vis the objectives of the respective project and of the Country Programme as a whole (i.e. assess the effectiveness of the training)

The evaluation will assess the results of the training at the various levels mentioned above.

Other specific questions:

- Did the training lead to a positive change in attitudes, knowledge or skills? Did the participants feel that they had benefited from the training?
- Did the training activities result in sustainable change in behaviour or practice of the trainees? Did the process of training contribute to other sustainable changes?
- Did the training have an impact on the performance of the respective organization? Did the stakeholders perceive a difference in the performance of the organization?
- Did the change in organizational performance contribute to the project objectives, or to an improvement in the situation of the children and women?
- What was the unit cost of the training activities vis-à-vis the results at the various levels?

Regarding assessing results of training at the level of individual and organizational performance, great care must be taken in attributing changes to the effects of training. It will be important to weigh the influence of the results of other intervention strategies addressing related capacity constraints and capacities.

4) Evaluation Methodology

To the extent possible, this evaluation will follow the “utilization-focused evaluation” process, (see attached flow chart), ensuring that the stakeholders will be involved in all aspects of the evaluation, including the planning; discussion of findings and results; and drafting of recommendations.

Further refinement of the evaluation questions, which may differ depending on the sector, is needed in consultation with all stakeholders.

In order to answer the evaluation questions, the evaluation facilitator will need to facilitate a process of developing a common understanding as to how training objectives were intended to and should link to the broader objectives and goals of the Country Programme. This would consist of interacting with stakeholders, to draw out their understanding of the overall programme model (planned sequence of changes and assumptions) and subjecting this to an examination based on stakeholders’ intuitive concerns or suspicions. The examination of the programme model should benefit from experience and theory from sources outside of Myanmar’s context - such as captured in relevant literature. Developing the Programme Model (logic model) will facilitate the process of further focusing the evaluation and to develop hypothesis. Following the establishment of the programme models, the stakeholders should help define what are the other factors that influence the change at the various levels. The outcome would be a framework against which to assess the training strategy and training activities. The various influences could also be assessed as to their relative importance or influence, thus contributing to a picture of the relative importance of the capacity constraints addressed by training.

The evaluation will be based on the following complementary methodologies in order to cover both the breadth and depth of the experience as much as possible: (1) a desktop review of existing documentation, including annual reports, mid-term review (1998), ProMS output documents, Programme Plans of Actions for various years, related studies and evaluations, reports from other organizations; (2) Focus group discussion with the stakeholders on the process and results of training activities. (3) key informant interviews including UNICEF Senior Management, Sections Chiefs and Project Officers, Government officials, partners and donors. Interviews should also be undertaken with trainers and trainees in various locations throughout the country, including those currently involved in training and with those who have completed training activities and are now utilizing those skills (after various time periods). (4) Observation of training activities in various parts of the country supported by various programmes. This will provide useful information on the skills of the trainers, the process of training, and the immediate outputs. (5) Review of training materials, including the process followed in their development; their appropriateness and effectiveness.

The evaluation will answer the questions and related issues raised in Section 3, and offer recommendations which can be immediately implemented as well as other recommendations which can be acted upon over time.

5) Expected Outputs

This evaluation should produce the following:

- Opportunities for discussion on the process and effectiveness of training activities in the Country Programme; opportunities for greater coordination and collaboration, and ways to improve and enhance results.
 - First Report based on desk review and interviews with stakeholders in UNICEF, including a revised TOR, detailed plan and format for final analysis, including clear definitions for efficiency and effectiveness and who these would be measured (based on a consensus of all stakeholders). The process of undertaking a desk review and consultative process with stakeholders in developing this First Report will further focus the evaluation, based on what is feasible and most appropriate and pertinent. There will also be an appropriate balance between the need for activity-specific questions, findings and conclusions with the broader, cross-cutting questions. It will be important, based on the utilization-focused evaluation approach, to ensure that the evaluation will answer questions about future programming, for example:
 - What should be the preconditions for UNICEF to support training?
 - What should UNICEF focus on in the process of training?
 - What methodologies work - in what situations?
 - How can efficiency and effectiveness be improved?
- The First report will also include an evaluation matrix which will link the evaluation questions to the methods that will be used to ascertain answers. The First Report will also include a detailed evaluation workplan.
- Draft Final report based on the evaluation process, including a one-day retreat with participation of all key stakeholders in the evaluation.
 - Final report with executive summary

6) Use of the Evaluation Results

- Within UNICEF Yangon:
 - to provide useful input to improve the planning, management and monitoring of training activities
 - to contribute to identification of potential areas of coordination and collaboration between programme activities
 - to increase skills and knowledge of staff members and partners on participatory evaluations and managing by results
 - to increase skills on costing and cost-analysis

- Within UNICEF globally:
- Provide lessons learned on effectiveness of training activities – across different sectors and different levels
- Provide lessons on the use of evaluation as a managing tool
- Provide analysis on costing which will provide information on the tool as well as on the costs of training
- Provide lessons learned on planning and implementing training activities in Myanmar with partners and donors, thereby contributing to enhanced capacity of government officials and partners on planning and managing training activities; on evaluation processes; and on managing by results

7) Evaluation – Team composition and qualifications

The management structure of the evaluation is summarized in appendix 3.

A team of consultants will conduct this evaluation, consisting of the following:

Evaluation facilitator (one expatriate)

Please see appendix 2 for the detailed TOR for the evaluation facilitator.

Responsibilities: as the leader of the team - overall coordination of the evaluation, including review and finalization of the TOR; development of the evaluation workplan and review the composition of the evaluation team, development of evaluation tools, including an evaluation matrix which will link the evaluation questions with the tools that will be used to ascertain answers; planning and monitoring the evaluation process including information collection exercises; the final drafting of the outcome documents ensuring high quality and utilization-focused document.

Qualifications and experience: knowledge and experience with participatory evaluations; good quantitative, interview and analytical skills, experience in evaluations involving evaluation field work; experience in multi-cultural settings, excellent writing skills

3 sector specialists (education, health, water and sanitation)

Responsibilities: provide technical assistance in the respective programme area, including assessment of appropriateness of training in current situation, appropriateness of materials etc,. Draft a brief report on the evaluation findings and recommendations that relate to the respective sector.

Qualifications and experience: knowledge and experience with sector; good quantitative, interview and analytical skills; experience in evaluations involving evaluation filed work, experience in multi-cultural settings, excellent writing skills

8) TimeTable

| Activity | Dates/Deadlines |
|--|-------------------------|
| 1. First draft TOR | March 30, 2001 |
| Final draft of TOR (in consultation with stakeholders) | July 31, 2001 |
| 2. Selection of evaluation team | May 31, 2001 |
| 3. Evaluation | August-November, 2001 |
| Finalization of TOR by team | August 15, 2001 |
| Desktop review | August, 2001 |
| Development of evaluation tools | August, 2001 |
| Sharing of tools and discussion with stakeholders | September 15, 2001 |
| Interviews, Field data collection | September-October, 2001 |
| Compile and analyze of results | October, 2001 |

4. Sharing of results and drafting of report

Sharing of results with stakeholders

October 31, 2001

Drafting of draft report

November 10, 2001

Discussion on draft report

November 15, 2001

Final evaluation report

November 20, 2001

A2- The Evaluation Questions (classification of the ToR's questions)

Process Evaluation (Efficiency and Coherence):

- Were the processes (planning, programming, implementing...) **well conceived**?
- Are the processes well **implemented and monitored**?
- Were the **materials** developed appropriate?
- What was the **unit cost** of the training activities vis-à-vis the results at the various levels?
- Were training activities as **efficient** as possible?
- How compare the different **modalities** of training (i.e. cascade, or experts from Yangon, etc.), What methodologies work - in what situations?
- Does the training strategy **target the appropriate actors** given the particular capacity it is intended to strengthen?
- Were the **methodologies** appropriate for the training objectives? ... for the institutional context?
- Were the training activities of the **various programmes related and complimentary**? (i.e. training of Basic Health Staff supported by the Water and Sanitation programmes complimenting the training of Basic Health staff supported by the Health programme?)

Results Evaluation (Effectiveness, Impact and Sustainability)

- What were the **results** of training at the level of **individual**
- Did the participants **feel that they had benefited** from the training?
- Did the training lead to a positive **change in attitudes, knowledge or skills**?
- Can the trainees' **practice** their improved skills?
- Did the training activities result in **change in behaviour or practice** of the trainees?
- Were training activities as **effective** as possible?
- Can training realistically bring about a change in the relevant capacity constraints to **produce a change**?
- Did the process of training contribute to **other changes**?
- Did the training have an **impact** on the performance of the respective organization?
- Did the stakeholders perceive a difference in the **performance of the organization**?
- Did the change in **organizational performance** contribute to the project/programme objectives, or to an improvement in the situation of the children and women?
- How does the training strategy contribute towards "giving voice to **vulnerable groups**", or towards involving them in a broader network of actors?
- Did the training **compliment** strategies of other partners and the government?
- Did the training activities result in **sustainable** change in behaviour or practice of the trainees?
- Did the process of training contribute to other **sustainable** changes?
- How **sustainable** will this change be (e.g. distinction between one-off training and establishment of a training function)?

Relevance:

- Was the training **relevant** as an operational strategy for capacity building?
- How **strategically** were training results **linked** to the Country Programme goal and objectives?
- Were the training activities **appropriate** vis-à-vis the broader context and situation which influence the expected results?
- What is the relative importance and potential **impact** of the capacity constraints addressed by training (eg. attitudes, skills, knowledge or simple numbers of existing human resources)?
- Are there **other critical capacity constraints** (e.g. organizational structure and definition of roles, leadership, organizational culture, incentive systems - in the broadest sense including non-monetary) and how are they related to the capacity constraints targeted through training?
- **How** are UNICEF or other partners **addressing** these other constraints? Are results in one area contingent on results in the other?
- Was there a **training action every time a change is sought** in the country programme?

A3- Main Definitions

Baseline data: Initial information on program participants or other program aspects, collected prior to receipt of services or program intervention. Baseline data are often gathered through intake interviews and observations and are used later for comparing measures that determine changes in participants, program, or environment.

Benchmark: A reference point or standard against which progress or achievements may be compared.

Capacity Development: The process by which individuals, organizations, institutions and societies develop their individual and collective abilities to perform functions, solve problems and set and achieve objectives.

Cost-Benefit/Benefit-Cost Analysis: Analysis that compares program costs (typically in monetary terms) to all of its effects and impacts, both positive and negative.

Cost-Effectiveness Analysis: Analysis that compares program costs to the extent to which planned objectives were achieved.

Effectiveness: The extent to which objectives or planned outputs have been achieved.

Efficiency: The extent to which resources have been optimally used to achieve a goal or objective. Good efficiency aims maximum use of resources with minimum cost, time and effort.

Impact: The ultimate planned and unplanned consequences of a program; an expression of the changes actually produced as a result of the program, typically several years after the program has stabilized or been completed.

Lesson Learned: "What works" A general hypothesis based on the findings of one or more evaluations, but which is presumed to relate to a general principle that may apply more generally.

Monitoring: An on-going process to verify systematically that planned activities or processes take place as expected or that progress is being made in achieving planned outputs.

Objective: Expresses a particular effect that the program is expected to achieve if completed successfully according to plan.

Output: The physical products, institutional and operational changes or improved skills and knowledge to be achieved by the project or program as a result of good management of the inputs and activities; The immediate, visible, concrete, and tangible consequences of project inputs.

Outcome: Outcomes are a result of the program, services, or products provided and refer to changes in knowledge, attitude, or behaviour in participants. There may be short term and long-term outcomes. Long-term outcomes usually refer to organizational changes.

Program Model (or logic model): A diagram showing the logic or rationale underlying the particular program. It is a picture of a program that shows what it is supposed to accomplish. A logic model describes cause-and-effect chain proceeding from inputs to outputs, outcomes and impacts (the links between program objectives, program activities, and expected program outcomes).

Relevance: The degree to which the purpose of a project or program remains pertinent or appropriate to larger goals, constraints and situation.

Sustainability: The durability of positive project or program successes after a source of core funding has terminated.