CARE
Population Program

Project Midterm Evaluation
Guidelines

Revised, June 1994
CARE Population Program
Purpose of the Midterm Evaluation

To assess achievements and problems of CARE’s population projects in a manner conducive to the implementation of the resulting recommendations and action plan.

Philosophy

The midterm evaluation will be a collaborative effort among all stakeholder groups. In a traditional evaluation, outside evaluators, outside evaluations assess the program. In this collaborative plan, the core evaluation team will facilitate a process through which stakeholders assess the successes and failures of the project and determine future actions.

Premises

1. The evaluation will be collaborative: to the extent possible, all stakeholder groups will be invited to participate in the evaluation process.

   The collaborative approach is in keeping with CARE’s Programming Principles and the Program Division’s Learning Process Approach. It is further supported by the management excellence, adult learning and evaluation literature which strongly suggest that “people are more likely to accept and use information, and make changes based on information, when they are personally involved in and have a personal stake in the decision-making processes aimed at bringing about change.”1,2,3


2. The evaluation will assess project achievements relative to the plan presented in the project proposal as well as other positive and negative consequences identified by the stakeholders.

   The evaluation will cover, but will not be limited to, the project plan as presented in the proposal. The evaluation process will also attempt to capture the unintended or unforeseen effects, both good and bad, of project activities which may be of great importance.

3. The midterm evaluation will place greater emphasis on the process, rather than the outcomes, of project implementation.

   In recognition of the fact that projects have appropriately emphasized the creation or improvement of systems and processes in the first years, the midterm evaluation will focus on achievements and problems in these areas. The final evaluation will place a greater emphasis on outcomes.

4. Existing data, reports and formats will be used as the sources of information for the evaluation to the extent possible.

   Much of the information that will be needed for the midterm evaluation should be easily accessible to the projects from routine reports. It is strongly recommended that any additional data be collected using guidelines and formats distributed by the Population Unit, other parts of CARE and other population and development agencies, adapted as needed.

5. The emphasis of the analysis will be placed on both lessons learned from the projects’ past experience and recommendations for future improvement.

   An emphasis on future improvements may be most important for the specific project undertaking the evaluation. However, analyzing and documenting lessons learned from both good and poor decisions made during the life of the project is a key part of the CARE Program Division’s Learning Process Approach and may prove extremely valuable to other CARE Country Offices as well as to other development organizations.

6. To facilitate the CARE Population Program evaluation, each project’s evaluation will address Program-wide as well as project-specific concerns.

   The projects’ individual midterm evaluations flow logically into the Population Program’s planned November 1994 Lessons Learned Conference and AID’s evaluation of CARE’s overall Population...
Program, which will occur early in 1995. Incorporating Program-wide issues into the projects’ midterm evaluations is an efficient means of obtaining information and input for these upcoming events.

Core Evaluation Team

The core team will serve primarily as synthesizers of information and facilitators for the collaborative evaluation process. It is recommended that this core team be composed of one or two non-stakeholders (RTAs or consultants), a project staff member, and counterpart organization staff member(s). In order to achieve consensus within the group and to facilitate group process, a maximum of five core team members is recommended.

The responsibilities of the core team are:

- to synthesize information for presentation to the shareholders
- to facilitate group meetings
- to conduct or coordinate additional data gathering, as needed
- to prepare the evaluation report

The midterm evaluation is divided into two parts: project implementation and CARE internal project management.
Part 1: Project Implementation

Core Questions

To assess the achievements and problems arising from the activities which have taken place to expand family planning service delivery, a set of core questions will be addressed for four categories of project implementation topics.

The core questions are:

• What has been done with respect to this topic? How do the actual activities correspond to the project design? (For example, what has the project done in the area of training? How do these activities compare to the number and types of training activities planned?)

• What is the quality of the activities undertaken? (Was the training any good?)

• Was the original design appropriate, especially in light of any intervening events which may have changed the relevance of the original analysis? (Should more or less or different types of training have been done instead?) Were appropriate changes made to the training plan to respond to actual events?)

• How could this element be improved in the future?

The project implementation topics to be addressed are consisted with exiting guidelines and agreed-upon agendas. The four categories of these topics are listed here; the detailed list of items within each category are included in Appendix 1.

• Project components, as described in the Population Unit Project Design Guidelines.

• Topics making up the Lessons Learned Agenda developed at the Costa Rica Retreat in November 1993. The information gathered for the midterm evaluation will complement the data being collected by the topic-specific groups formed in Costa Rica.

• Elements of reproductive health other than family planning. Because many of the projects’ final goals reflect overall reproductive health improvements and because several projects are addressing reproductive health issues in addition to family planning in their field activities, a consistent assessment across all projects is desired. This will be extremely useful as the Population and Primary Health Care Units move forward on their joint Reproductive Health Initiative.

• Items raised by stakeholders during the collaborative evaluation process.
Steps in the Collaborative Evaluation Process

Step 1. Preparatory data collection and compilation

A set of basic data must be available to the evaluation team at the start of the process. It is the responsibility of CARE staff and counterparts to compile this information from existing sources and, if needed, to gather it specifically for the evaluation.

The information to be collected before the evaluation begins includes:

- Timeline of the project showing the month and year of all major events such as project approval, staff hires, counterpart changes, major training events, initiation of service delivery, major IEC campaigns. Include significant political, social, financial or other development events which might affect the project (e.g., wars, strikes, elections, devaluation, health facility openings and closings, substantial road improvements).

- Status of all indicators for the project’s intermediate goal (with the exception of CPR and any other indicator for which large scale surveys are the only source of data). These data should be readily available from project records, counterparts’ service statistics, PIRs, the portfolio analysis questionnaire and quality of care supervisory protocol. The data should be presented on a timeline to show trends and should be disaggregated by region, source of service, method and/or other important variables. (see examples in Appendix.)

If data are not available for some indicators, CARE staff and counterparts must collect it. This may entail conducting focus groups, in-depth interviews, observation, mini-surveys, review of client records or other data collection exercises. (See Appendix for guides on some of these methods.) Staff are encouraged to use or adapt existing CARE formats, such as the Quality of Care Protocol and Management Assessment Tool, as well as other organizations’ publications, such as the Population Council’s Guidelines and Instruments for a Family Planning Situation Analysis Study.4

- Information on issues the project staff, counterparts or other stakeholders deem problematic or confusing. The data collection methods listed above (focus group

discussions, in-depth interviews, observation, mini-surveys and review of client records) would be appropriate for such investigations. For example, if project records show wide variations in method mix by service site, focus groups with staff or clients could be conducted to understand the underlying reason. Similarly, the perceptions of community family planning distributors regarding their role and their relationships to health centers or to the project could be valuable in understanding issues relating to their motivation and incentives.

It is important to note that time will be insufficient during the evaluation period to undertake these types of investigations. Subjects of interest to stakeholders should be addressed before the core team begins its activities.

**Step 2. Meeting of stakeholder groups**

The aims of these meetings are to describe the purpose of the evaluation and the collaborative process; elicit general comments on the project; present and discuss the available data; and develop a list of stakeholders’ issues and concerns to investigate further.

Stakeholders should include CARE staff, counterpart organization staff, USAID staff, representatives of clinic and CBD service providers, and female and male community leaders to represent actual and potential users. Other groups to consider are religious and political leaders and any other affected and/or influential individuals or groups. Other groups which may not have a direct stake in the CARE project, including representatives of other family planning or health agencies or projects, might also participate in the meetings.

Because the total number of stakeholders can easily grow very large, especially in projects which cover several regions, participants must be carefully chosen. Also, because some groups may not mix easily with others due to social or professional disparities, it may be advisable to hold separate meetings for different groups of stakeholders. Each project must weigh the benefits of including large numbers of people in the process against the time and effort required for the meetings and then develop its own plan. In cases where a series of meetings is planned, it may be advisable for project staff and counterparts to hold some meetings before the actual evaluation period. It is recommended, however, that at least some of the meetings be attended by core evaluation team members.

**Step 3. Interviews and observations during the evaluation period**

The purpose of this step in the evaluation process is to provide the core evaluation team with in-depth qualitative information about the project. The team will have the opportunity to address specific issues raised at the stakeholders’ meetings and to explore
vague or confusing data gathered earlier. The team will use two principal data collection methods: interviews and observation.

The list of individuals to interview may be substantial and will overlap to a large extent with those attending the stakeholders’ meetings. The meetings and interviews are complementary. Having already been sensitized to the purpose and process of the evaluation, and having already participated in the group discussion, the individual interview subject is printed to express themselves in greater detail on specific elements of the project. Individual interview subjects are likely to include senior project staff, senior CARE Country Office staff, counterparts, USAID staff, health facility managers and community leaders.

In some cases, small group interviews (not to be confused with focus groups) may be appropriate. For example, it may be useful to meet with three or four CARE extensionists, health center staff of CBD agents together, if it is thought that their roles and concerns are likely to be similar.

Observations by the core team of activities such as service delivery and IEC are critical to the assessment of the quality of the project’s activities. In many cases, observations would be linked to individual or small group interviews of health staff or community volunteers, for examples.

The core team is responsible for developing interview and observation guides. These will help assure consistent data collection and will also permit team members to conduct interviews or observations singly or in pairs. This is efficient and, in many cases, more appropriate than a large number of interviewers.

Project staff are responsible for scheduling interviews and observation visits in advance of the evaluation period. To the degree possible, they should also modify the activities should the team desire additions or changes to the schedule as the evaluation proceeds.

**Step 4. Synthesis of information**

It is the job of the evaluation team to synthesize all the available quantitative and qualitative information for presentation to the stakeholders at the second round of meeting. Items for which there is a consensus may need little or no emphasis during the meeting; priority should be given to the controversial elements for which facilitated negotiation may be required.

**Step 5. Follow-up meeting with stakeholder groups**

It is a premise of the participative evaluation process that the stakeholders will be involved in implementing the resulting recommendations. Therefore, an important
The purpose of the second stakeholders’ meeting (or round of meetings) is to further engage them in this endeavor.

The focus of this round of meetings is thus the development of recommendations for resolving problems faced by the project. Ideally, final recommendations would emerge from the meeting itself but, depending on the size of the group and the complexity of the issues to be addressed, the meeting may stop at an in-depth discussion of potential solutions. In this case, the core evaluation team would assess the solutions and make its own recommendations.

It is critical that recommendations emphasize what can feasibly be carried out by members of the group. Advice such as ‘improving education for women’ or ‘increasing the MOH budget for family planning’ should not be their main focus.

While it would be ideal for all those who attended the initial round of stakeholders meeting to also attend the second round, the time required for this may be unreasonable. Only a subgroup of the initial participants may need to be invited. The key criterion for attendance at this round of meeting is the potential importance of the participant to future action to improve the project.

As before, this meeting will be facilitated by the core team. Its role is also to present the synthesis of the full range of data collected and to ensure that the discussion and recommendations reflect these data.

**Step 6. Preparation and dissemination of the midterm evaluation report**

The core team will complete a draft report, in the language most comfortable for all members of the group, prior to leaving the country. It should then be reviewed by the CARE Country Office, counterpart organization, USAID, one or two designated other stakeholders and the Population Unit at CARE Atlanta. One of the core team members will be responsible for synthesizing all comments and preparing the final version of the report.

The final version of the report should be translated, as appropriate. The report itself should have as wide a distribution as is feasible, and should certainly be sent to all stakeholder groups and any other organizations that participated in the evaluation process. Further dissemination of the report and/or action plan - through presentations at national or regional meeting or through a summary document, for example - is strongly encouraged.

Individual project reports will be used for several non-project-specific purposes: to prepare an overall Population Program progress report, as key information for the Lessons Learned Conference in November 1994 and for the AID evaluation of the CARE Population Program scheduled for early 1995.

A suggested midterm evaluation report format is included in the Appendix.
Step 7. Follow-up of recommendations

A small group, ideally composed of CARE and counterpart staff, should be named to develop and monitor a detailed action plan based on the recommendations. (It is possible that these tasks can be placed with an exiting coordinating committee, if such a group exists.) While it is probably unrealistic to expect that the action plan be developed before the evaluation report is finalized and adopted, the eventual formation of a follow-up group and its responsibilities should be presented and discussed throughout the evaluation process. It should be particularly highlighted during the second round of stakeholders meetings. Commitment to the idea and to collaborating with the group should be obtained from all stakeholders, but particularly those who are implicated in the action plan itself.

The follow-up group will itself need to be coordinated. It is likely that his task will fall to the project staff. Depending upon the speed with which the recommendations are implemented and the overall effectiveness of the group, it might be disbanded once its specific functions are accomplished or it may evolve into a longer term project coordinating committee.
Part II: Internal Project Management

The assessment of CARE’s internal management of the population projects is the subject of the second part of the midterm evaluation. This component will be conducted among the core evaluation team and CARE Country Office staff. Other stakeholders include the Population Unit and Regional Management Unit, among other CARE Atlanta groups; their participation will be invited before and after the in-country evaluation and they can be consulted, as needed, during the valuation as well.

The topics in this section relate to project personnel, communications, reporting and finances. Also addressed in this section is CARE’s role in and contribution to the family planning and health community in the country and where relevant, the region.

The core questions to be asked related to these topics are similar to those asked in the assessment of project implementation.

- Are CARE Country Office and CARE Atlanta systems being followed with respect to the management topics? Are these systems functioning adequately? (For example, do project staff have job descriptions and annual reviews? Are financial reports up-to-date and correct? Do the current communications systems within the Country Office, with Atlanta and elsewhere get information where it needs to be?)

- Is the project plan being followed with respect to internal management? Is the plan appropriate? (For example, are all staff positions filled? Are these the best mix of staff skills? Have adequate match funds been raised? Have budget categories been respected? Is the spending level appropriate to the activities undertaken? What is the cost per CYP?)

- What is the quality of the management tasks undertaken? (For example, are financial reports and PIRs filed on time? Are they thorough, accurate and useful to the decision-makers? Are the formats acceptable?)

- Have the level and quality of technical assistance in project implementation and management been satisfactory?

- What role is CARE playing in the family planning and health community in the country and region? What are the medium and long term expectations for the Country Office’s population program?

- How could the management elements be improved in the future?
The process to be followed for this component of the evaluation is similar to that described in the project implementation component of the evaluation. Information will be collected in the preparatory phase by the project staff and CARE Atlanta; a meeting among the in-country stakeholders will be held; further information will be collected by the core evaluation team, largely through interviews and analysis of reports; a final meeting with the stakeholders will be held to determine recommendations; and an action plan will then be developed and monitored.

It should be noted that the stakeholders for the internal management component of the evaluation will be different than those for the project implementation component. The main stakeholders are CARE project staff and other Country Office staff; others are the Regional Management Unit and Population Unit at CARE Atlanta, other CARE offices involved in the project, and donors. Project counterparts may also be interested in this aspect of the evaluation but many of the other groups, such as community leaders, clinicians, volunteers, and the public, are not likely to be implicated.
Appendices

I. Project Implementation Topics to be Addressed During Project Midterm Evaluation

II. Examples of Data Presentation Formats

- Bar charts
- Multiple bar charts
- Line graph
- Stacked bar chart
- Pie charts

III. Guides to Data Collection Methods

- Focus group discussions
- “Probability Proportional to Size” sampling technique
- Sample size determination

IV. Examples of Data Collection Instruments

- Focus group facilitator’s guide and recording format
- Mini-survey questionnaire and tabulation format
- In-depth interview guide

V. Suggested Project Midterm Evaluation Report Outline
Appendix I

Project Implementation Topics to be Addressed
During Project Midterm Evaluation

I. Project components, as described in the Population Unit Project Design Guidelines.

A. Selection of counterparts
B. Service delivery strategies
C. Training
D. IEC
E. Supplies and logistics
F. Management development
G. Technical and financial sustainability
H. Monitoring and evaluation
I. Final and intermediate goals

II. Topics making up the Lessons Learned Agenda

J. Quality of care
K. Cross-sectoral programming
L. Special populations

Note: The other lessons learned agenda items (CBD, working with partners and logistics) are already reflected in Category I above.

III. Other elements of Reproductive Health

M. STD/HIV/AIDS
N. Safe motherhood
O. Breastfeeding
P. Abortion and post-abortion family planning services
Q. Reproductive rights
R. Sexuality
S. Female genital mutilation
Note: These elements reflect the current working definition of reproductive health being used by an AID task force.

IV. Items raised by stakeholders during the collaborative evaluation process

Appendix II

Examples of Data Presentation Formats

- Bar Charts
- Multiple Bar Charts
- Line Graph
- Stacked Bar Chart
- Pie Charts
Appendix IV

Examples of Data Collection Instruments

- Focus group facilitator’s guide and recording format
- Mini-survey questionnaire and tabulation format
- In-depth interview guide
Appendix III

Guides to Data Collection Methods

- “Probability Proportional to Size” Sampling Technique
Example:
Focus Group Facilitator’s Guide

Focus group topic:  Perceptions of family planning, services and reasons for non-use

Characteristics of focus group participants
Women
At least one child
25-35 year old
Never-users of modern contraception

I. Introduction/Warm-up

A. Thank you for coming
B. Explain the purpose of the focus group
C. Explain the purpose of the tape recorder and roles of facilitator and notetakers
D. Break the ice: participants introduce themselves, facilitator puts them at ease
E. Introduce the topic. This can be done by asking questions on MCH, leading into family planning:

1. There are lots of health problems that women suffer. What are some of these? Do you know people with these problems? Do you sometimes have them?
2. What causes these problems? What do you do to stop them? What else can be done?

II. General Perceptions of Family Planning and Services

A. Who has ever heard of family planning? What does it mean? (Probe: understanding of limiting and spacing)

B. Is family planning a good thing or a bad thing? Why? (Probe: social, religious, economic, health reasons) Is it good for women? For men? For families? Why?

C. Is family planning best for certain kinds of people? Which kinds? (Probe: married couples, single people, prostitutes, rich people, city people, people with lots of
children, young couples, educated people?) Should some people not use family planning? Why?

D. Do you know some people who use family planning? What do you think of them? Why?

E. Why are some people against family planning? Who is against it? (Probe religious leaders, others) What do they say about it? What do you think of these views?

F. Some other people are for family planning. Who are they? (Probe: MOH, nurses, others) What do they say? What do you think?

G. Where can someone from here go to get family planning? What do you think of this place? (Probe: Is it convenient? Are the people pleasant? Is it expensive to get there? Are the contraceptives expensive?) If you decided to use family planning, where would you go? Why?

III. Reasons for Non-Use

A. Why do you think some people never use family planning? Why have you never tried it? Probe:

1. Lack of information (Probe: Have you ever been told about family planning? Where? What do you remember about the talk? Would you return there if you had questions?)

2. Health concerns, fear of side effects (Probe: What concerns? Where did you hear about these? Do you know anyone personally with these problems?)

3. Access or quality problems (Probe: What are the specific complaints (distance, time, cost, interpersonal relations, poor technical standards, supplies)? Did you experience these yourself or did you hear about them from other people? Are there other places people go to avoid these problems?)

4. Disapproval by others (Probe: husbands, in-laws, religious leaders, chief, friends. What do they say? Why does this make you feel bad? What would happen to the woman who went against their wishes?)

5. Desire for children (Probe: What is a good space between births? How can couples be sure to keep that space? What happens when a woman uses family planning for some time, then stops?)
6. Other

B. What do you think could be done about these reasons for someone who wanted to delay her next pregnancy? (For example, if access is mentioned as a problem, how could it be improved?)

C. Do you think you might want to use family planning one day? Why? Under what circumstances? What would you do?

IV. Closing

A. We have had a very good discussion on interesting topics. (Summarize the ideas which emerged from the group, noting where there was consensus and where there was not consensus.)

B. Is there anything anyone would like to add before we close? (Probe: go around the group, giving each participant a chance to respond)

C. Thank you for your time.

To spur discussion within the group, use phrases like:

Why? Why not? I don’t understand that point. Could you explain it again?
Do you agree with her opinion, (name)? What do you think about that, (name)?
Suggested Format for Notetaking for Focus Group Discussions

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<thead>
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<th>FGD Guide Reference</th>
<th>Participant</th>
<th>Comment</th>
<th>Observations/Body Language</th>
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FGD Guide Reference  Notation on the reference number of the topic or question in the facilitator's guide.
Participant          Notation on which participant is speaking.
Comment Notation on the comment made by the participant, using exact words whenever possible
Observations Notations on the notetakers’ observations regarding the emotions of the speaker and the group. For example, she could note whether the comment was forcefully stated, whether there was laughter, whether the group nodded or seemed upset by the comment.

Example:

Mini-Survey Questionnaire

Topic Awareness and use of CBD agents
Sample 150 Women, aged 15-44, living in 10 villages

ID Number _____________

Village _____________________________ Date _________________________

Interviewer __________________________

1. Do you know (name), the CBD agent in this village? Yes No
   (If No -- > end of interview)

2. Have you heard that she has been trained by the health center to give information and services in the village? Yes No

3. Have you ever heard this agent give a talk about family planning? Yes No

4. Have you ever spoken to this agent individually about family planning? Yes No
   (If No -- > go to Q7)

5. Have you ever bought contraceptives from this agent? Yes No
   (If No -- > go to Q7)

6. Which method did you purchase? Condoms Pill
7. Do you now use a family planning method?  Yes  No
8. Have you seen this brochure before?  Yes  No
(Show IEC brochure.)

**Suggested Format for**
Tabulating Mini-Survey Data

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Notes on Mini-Survey Tabulation Format

**ID column**  Each questionnaire should be numbered with an ID. That reference is placed in the first column and the data from that questionnaire entered in the appropriate columns. Each page will record the data for 15 questionnaires, so 10 worksheets will be needed to record the full sample of 150.

**Q1-Q8**  These columns correspond to the questions on the mini-survey given as an example.

**Check marks**  A check mark is entered in the Yes or No column for each question, corresponding to the response on the questionnaire.

**Page Total**  The check marks in each column are added up and entered in the ‘Page total ’ cell.

**Running Total**  The running total is the sum of the current page totals and all previous page totals.
Suggested Format for
Tabulating Mini-Survey Data
NOTE TO INTERVIEWERS: Be sure to bring a supply of FP pamphlets and GRMA newsletters.

TRAINING

1. You had your FP training about one year ago. Now that you have been practicing FP and know the problems, what changes would you recommend in the training for the next group? (PROBE: length, materials, subject matter, trainers) What more FP training do you think you need? (PROBE: IUCD, specific subjects, new technologies.)

2. Do you have any assistants working here? Do they help you in FP? What do they do? (PROBE: counseling, selling?) What additional FP training would help them?

OUTREACH

3. How have you informed your clients and the community that FP services are available here? Do you give talks outside the maternity? Where? What made you decide to give talks at these places? Have clients come as a result of the talks? Do you think it is necessary to continue the talks? How do you respond to rumors about FP?

5. Do you know about any TBAs or spiritualists in this area? Do you think there is a way to work with them to teach them to improve their practices?

REFERRAL

6. What do you do when you have a client with a complicated FP-related problem? Where do you refer? How do you follow up?

IEC

7. I see you have put up your FP posters. Do you have any FP posters? What do your clients think of them? Do they help you in counseling?

8. How have you been using these FP pamphlets in counseling? (SHOW PAMPHLET) Do you give them to your clients to take home? Which kind of clients do you give them to? (PROBE: FP users, non-users, literate, illiterate) How do you help the illiterates understand the pamphlets?

SUPPLIES

9. Where do you get your FP supplies? (PROBE: pharmacies, drug houses, GRMA, other) Do you buy from DANAFCO? At the wholesale price? What items are hard to find? (PROBE: mini-pill, Depo-Provera, diaphragms) What FP supplies do you have in your maternity today? (CHECKLIST: combined pills, mini-pills, IUCDs, foaming tablets, condoms, FP pamphlets) What other supplies, not FP-related, are hard to find?

BUSINESS SKILLS

10. What did you think of the Business Skills Workshop you attended? Did the training help you? What changes did you make in your business practices after the workshop? (PROBE: accounting, record-keeping, supply management) What changes would you like to make? What more training in business skills would help you?

BENEFITS TO PUBLIC AND MIDWIFE

11. When the GRMA began this project, they wanted to do two things. One was to help the public with FP services and the other was to help the midwives improve their maternities, get new clients, make more profit. Do you think these two things have happened? Are your clients better off because of FP? Are you better off? Do you have more clients? Is FP profitable for you?

GRMA
12. Do you sometimes attend the monthly meetings of the GRMA in the region? Are they good for you? How? What could be done during these meetings to make them more interesting? (PROBE: talks on new technologies, technical updates)

13. Have you ever seen the GRMA newsletter? (SHOW COPIES) Have you read them? What do you think of them? What other news or information should be included? (PROBE: technical updates, client management, meeting schedules, news about members)

14. Do you think the GRMA (Secretariat) has helped you? How? What more could the Secretariat do to benefit its members?

OTHER

15. Do you have any other comments you would like to add about anything we have talked about, or anything else?

THANK YOU FOR ANSWERING THESE QUESTIONS
Appendix V

Suggested Project Midterm Evaluation Report Outline

Executive Summary

I. Introduction
   A. The CARE Population Program
   B. Project Background

II. Project Description
   A. Original Project Design
   B. Changes in Problem Statement

III. Methodology of the Project Midterm Evaluation
   A. Approach and Principles
   B. Implementation/Activities

IV. Description and Assessment of Project Implementation
   A. Project Components
   B. Topics on the Lessons Learned Agenda
   C. Other Reproductive Health Topics
   D. Stakeholders’ Other Topics

For each topic addressed (e.g., training, QOC, HIV/AIDS), the following information should be presented.

- Brief description of activities/systems, in table or graphic format as much as possible.
- Degree to which project plan was followed, using the same table or
V. Analysis of Project Implementation Strengths and Weaknesses

A. Key Strong Points of the Project
B. Problems Identified

VI. Analysis of Project Management

A. Description and Assessment of Management Topics
   1. Personnel
   2. Communications
   3. Reporting
   4. Finances

   The information listed in Chapter IV should also be addressed for these management topics.

B. Discussion of Project Management Strengths and Weaknesses

VII. Recommendations and Action Plan

Attachments

Include core evaluation team’s interview and observation guides