

Evaluation as Technical Assistance for System Change
Mary Ann Castle, Ph.D., Director of Evaluation
Lorinda R. Arella, Ph.D., Senior Evaluator--

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Abstract

This paper describes how the evaluation component of a federally funded program to expand HIV/AIDS prevention programs in communities of color came to serve as change agent and partner to four collaborating agencies responsible for project development and implementation.

The funder's rationale for this project was that many grass-roots organizations with the greatest access to communities with accelerating HIV infection rates need various kinds of capacity building technical assistance (TA) before they can effectively expand or initiate effective prevention programs. TA would take the form of fundraising, fiscal management, board development, planning, training, evaluation, and program development. Therefore, *The Capacity Project* received \$3.6 million in funding from the Office of Minority Health (U.S. Dept. of H.H.S.) over a three year period to provided critical TA to New York City community based organizations (CBOs) that offer a variety of services to people of color.

The Capacity Project is a collaboration between four technical assistance not for profit agencies serving distinct ethnic populations. None of the four collaborating project agencies nor the majority of the 300 CBOs targeted to participate had primarily focused on HIV/AIDS prevention or treatment prior to this project.

The federal funding source mandated that the project reach target numbers of concrete outcomes specific to HIV/AIDS prevention, directly as a result of providing a range of types of TA within three years. Outcomes were to include: cultural, racial and ethnic minority staff effectively trained, HIV/AIDS prevention program proposals written, submitted and funded, new HIV/AIDS prevention programs developed and implemented or existing programs expanded, and major events and strengthened networks established within communities of color. Because the project involved substantial funds generated through an ethnically based lobbying campaign, outcomes would be highly visible and politically charged.

The evaluation design for this project had to be capable of monitoring and assessing the impact of TA provision by more than 30 TA providers employed by four different collaborating agencies (none of whom had worked together prior to this project) and who would be working with a diverse range of CBO types. Within this context of many stakeholders and project challenges, even the data collection instruments became a critical focal point for partner discussion and, sometimes, internal project conflict.

This paper describes how traditional evaluation strategies and activities can provide unique opportunities for informed discussion among collaborating agencies and project staff. Evaluators can choose to fulfill primary responsibilities in ways that can also maximize critical team-building interactions and systemic organizational change. Thoughtfulness about the design of the evaluation and how to implement it can also have a critical impact on key project implementation issues, e.g., how to ensure project consistency in TA philosophy, model, methods and activities, provider qualifications and supervision, and quality control. This case study specifies how evaluators can serve as change agents by designing and

promoting evaluation activities that offer effective means for internal organizational feedback and partner-to-partner coordination and accountability.

This paper concludes that, as a direct result of these evaluation efforts, a number of project improvements were made possible, including: increased appropriateness and depth of TA provision among TA providers; increased TA accountability; long term program development at the level of CBOs; knowledge generation among CBOs and TA providers; and systemic change at agency-level to incorporate portions of the evaluation instruments into their on-going work.

Introduction

Much discourse has passed between researchers in considering the role of mixed methods and mixed paradigms in evaluation (Green and Caracelli 1997; Brewer and Hunter 1989; Salomon 1991; Ragin 1989; Bryman, 1988; and Maxwell 1996). This paper falls into the dialectical or synergistic approach to mixed-paradigm/method evaluation. Anthony Giddens in 1976 discussed this approach as “double hermeneutics.” Others have utilized this approach to generate richer and more comprehensive results with greater depth and contextualization (Geertz, 1979, Feilding and Fielding 1986, Rowles and Reinharz, 1987; and Phelan 1987).

This paper describes the use of a combined evidence based and participatory design in an area of evaluation that has not received a great deal of attention, i.e., evaluating technical assistance (TA) for capacity building of grass roots organizations that must lead to health promotion/disease prevention programming. The purposeful use of both models as well as the interaction between them resulted in multiple positive outcomes for the TA project. For example, adherence to model technical assistance methods and activities, quality control, increased appropriateness and depth of TA provision and accountability as well as programmatic and capacity building changes at the community based organizations (CBO) that were recipients of the TA. Ultimately, our conscious and intentional efforts to maintain the integrity of the two models as well as the dialectical interchange between them resulted in systemic organizational changes among project TA provider agencies. Given the project's context, we believe that the use of two models not only resulted in better outcomes for the CBOs in the Project, but significantly generated systemic change for the partner organizations than either could have achieved alone. Moreover, our decision to utilize a mixed model -- evidence based and participatory -- in this evaluation met our basic goals¹:

- ◆ *To ensure that our work as evaluators would assist project stakeholders to better respond to a public health epidemic by identifying, articulating, and disseminating intrinsically valuable information.*
- ◆ *To enable us to understand the perspectives, activities, and outcomes of all key stakeholders: partner administrators, TA providers, CBO staff and administrators, and clients of CBOs.*
- ◆ *To collect data in an efficient and comprehensive and to analyze it in a way that would bring new insights into the process of delivering and receiving technical assistance to eliminate health disparities of people who are highly marginalized and vulnerable.*

¹ Greene and Caracelli 1997, p.5 have described these three levels as political, philosophical, and technical for inquiry related decision making to be defensible.

The Project

Recognizing the implications of their practice for the HIV/AIDS pandemic, four not-for-profit technical assistance (TA) agencies joined together as partners in a project to help CBOs to more effectively and immediately respond to the spiraling HIV transmission rates in communities of color. All four TA agencies have credibility and are respected by the ethnically-based CBOs with which they work. Thus, in October 1999, the federal agency awarded nearly \$4 million (over a three-year period) to this collaborative. The funding would enable the TA partners to provide, free of charge, a full range of appropriate and intensive technical assistance to 480 urban, grass roots organizations. TA was to be provided in ways that would help CBOs to maximize their organizational potential to offer essential HIV/AIDS prevention activities to their clients. Such efforts at institutional strengthening take the form of board development, fundraising, fiscal management, planning, computer technology, human resources, public relations/marketing, and programmatic HIV/AIDS prevention assistance.

The Partners All four partners have a long history of providing TA to CBOs that serve economically and socially disadvantaged populations. They are also important advocates for the TA needs of these grass roots organizations. Three partners exclusively provide services to CBOs that are members of their agency. For example, CBOs from the two smaller partner agencies serve only Asian and Latino clients. A third partner agency has 250 CBO members, one-third of which serve African Americans. The lead agency for the Project serves more than 200 CBOs per year. Although it is not minority led, nor membership-based, the lead agency provides TA to any CBO, some of which are members of one of the other partner agencies. None of the four collaborating partners' main TA work is with HIV/AIDS prevention programs.

Focus of the Paper: This paper describes how an evaluation design that relies on both an outcomes-based model and participatory approach promoted project development and outcomes as well as systemic changes in the TA provider organizations. It reports on the first two years of the collaboration, which is currently in its third and final grant year.

The Evaluation Model in the Context of the Collaborative

Rationale

The evaluation team considered methods and approaches appropriate to a project with the goal to provide TA that specifically leads to more and better HIV/AIDS prevention activities in communities of color with few existing model programs. The ability of the evaluation to demonstrate project outcomes was imperative. These outcomes were outlined in the original RFP. In many ways, it was the collaborative which provided the critical rationale for the evaluation design that developed. Although recognizing the possibilities for mutual benefit offered by the 4-partner collaborative, the evaluation team was also aware of much potential for conflict in this collaborative.

First of all, as is typical of funded projects like this one, one of the four “partner” agencies initiated the proposal and was named as the agency responsible for all project finances and reporting, i.e., the “lead agency.” In the course of developing the proposal, the four partners had agreed, in writing, to work collaboratively to implement this grant-funded project.

However, none had a prior history of collaborative work, either with the other project “partners” or with outside entities. Nor did the lead agency have experience in managing a collaborative. Equally significant were the differences among partners in organizational size, culture and managerial style (i.e., top-down, authoritative versus participatory decision making) and approach to providing technical assistance (i.e., internal staff vs. external consultants; one-to-one interventions vs. group workshops). The CBO constituencies (and their clients) of the four partners are also quite diverse, many at different stages of organizational development and, in particular, often varying in cultural beliefs about AIDS.

This diversity among the four partners offered the potential for a rich exchange of ideas, technologies and approaches. They also set the stage for inequalities in critical areas such as number of CBOs an agency would be responsible for, proportion of total funds allocated to a given agency, and relative access to and potential influence over the evaluation and other cross-agencies components. In brief, the project originally proposed to provide TA to 480 agencies over a three year period, with two partners each responsible for recruiting 60 CBOs per year while two only responsible for 30 CBOs apiece. Staffing also differed across partners: the lead agency designated 20 staff to the project while the three partners designated only one or two staff, relying extensively on consultants to provide the bulk of the work.

All partners provide the same types of TA. Thus, the potential existed for competition among partners to work with CBOs as well as to secure additional funding. This is especially important because the lead agency provides TA to any CBO, including the ethnic-based members of their partner agencies. In a sense, the lead agency could legitimately be perceived as a direct “competitor” for future clients and funding with the three other partners. This competition was increased by the federal mandate that each agency must provide TA to a specific number of CBOs per year, initially totaling 480 CBOs over the 3 year period. Thus, one could argue that there were many more conditions present from the beginning of this project to favor competition than conditions that would be needed to support teamwork.

Quality Control Issues

An ambitious project, the collaborative required significant labor and input from 30 TA providers and administrative managers. Project staff and consultants varied extensively in areas of TA expertise, philosophy regarding the relationship between the TA provider and the CBO, methods utilized to structure, document and evaluate their own progress, and extent of evaluation experience. These differences were further exacerbated by inter-partner variation in recruitment, training, experience, and supervisory practices of TA providers. Any of these could affect both data collection and project outcomes.

We considered that the coaching and facilitation emphasis of a participatory approach could be a means to reduce inter-partner and inter-TA provider differences. Participatory evaluation² requires a depth of “stakeholder” participation that is fairly extensive and could provide on-going opportunities for internal feedback, organizational learning and mid-course corrections, if needed. These are not feasible in a strictly outcomes-based design. Of course, in a participatory evaluation, control of technical decisions about the evaluation would be shared by the evaluators and the stakeholders. In this case, the objectives were set by the

² L.Brunner and A.Guzman. 1989. Participatory evaluation: A tool to assess projects and empower people. In R.F. Connor and M.H. Hendricks (Eds.), International innovations in evaluation methodology (New Directions for Program Evaluation, Vol. 42, pp.9-17. San Francisco: Jossey-Bass.

federal government's RFP.

Research and experience indicated to us that a participatory approach would yield the greatest likelihood of support for and participation in the evaluation component. However, many of the essential evaluation outcomes had already been defined by the funding source. Thus, both the context of this funded project and its collaborative structure led us to decide to implement an evaluation plan using mixed models. Our design would (1) meet the outcome requirements of the government funding source, but (2) also endeavor to facilitate partner organizational learning through a participatory approach. In addition, the evaluation necessarily documented the evolution of this collaborative for possible future replication.

To support each of the partners, several consultant evaluators were hired to work exclusively with each partner agency. Consultant evaluators either shared the ethnic, linguistic or cultural backgrounds of their assigned partner agency, and/or had conducted extensive research and evaluation among populations with these characteristics. Over time, this proved to be beneficial both to the evaluation and the TA providers. It indirectly provided communication and exchange opportunities not available through more formalized means.

As with many collaboratives, the lead agency had solely defined the proposed focus and scope of the project. The proposal promised a model of TA collaboration that could be replicated. Only after funding was awarded did it become clear that the partners had agreed to participate with only limited understanding of the terms of the grant (including, the intended level of impact, the intensive contact with CBOs and type of TA methods required to produce outcomes, the necessary investment by participating CBOs, and the content of the work, i.e., substantive knowledge of HIV/AIDS required). Although it is not unusual for collaboratives to be brought together quickly to respond to an RFP, this was even more difficult because the partners had never worked with each other prior to signing the final proposal. All of these issues affected the collaboration itself, the quality and appropriateness of the TA provided. We believe that the evaluation as designed and implemented assisted to overcome some of these challenges.

Promoting Model TA Practices An area of great difficulty for the partners revolved around the fact that the original proposal and the outcomes required by the grant followed a model of TA utilized only by the lead agency. A step-wise, one-on-one intensive approach to capacity building TA is fairly standard practice among management consultants and organizational development specialists, particularly in for-profit environments. Given the short time frame and primary focus of the funding agency on outcomes-- adherence to this model was expected to ensure that participating CBOs would receive the TA they most needed and in a manner most likely to lead to rapid expansion of HIV prevention programs and activities. Adoption of this TA model also led to development of a sophisticated data collection system capable of serving both evaluation/data collection needs and organizing and monitoring needs of the TA providers and administrators. Participatory models typically do not take such a directional role. Nevertheless, the federally mandated outcomes required the evaluation to do so. To make it useful and acceptable across partners, the instruments developed by the evaluators required many revisions.

To ensure consistency of data collection among 30 TA providers, at four agencies, with varying and, at best limited, degrees of experience with data collection and or/evaluation, the evaluation team developed data collection instruments that mirrored and interconnected the phases of technical assistance with phases of the evaluation. Successful capacity building takes time and can require intensive long-term assistance (Abernathy 2000). The evaluation

wanted to capture the intensity and depth of the TA provided over the course of the Project and to collect contextual data that would lead to a better understanding of results.

Entry and Intake: For example, intake questionnaires were designed for TA providers to administer to the executive directors of CBOs as well as to the HIV/AIDS program directors that would provide a snapshot of CBO characteristics as well as identify activities/services which could naturally support HIV prevention activities. Data collected also served as base-line information about organizational domains that would improve/expand as a result of the capacity building TA received from the project's TA providers. Information on TA organizational and HIV prevention needs was also collected.

Work plans: Only the lead agency routinely developed work plans that described the TA to be provided to a CBO as well as the CBO's responsibilities. Even these did *not* contain objectives of the TA, activities proposed, and short and long term outcomes. Thus, the evaluators developed work plans for the Project and trained TA providers from across the partners to be more systematic in thinking and writing out the objectives, activities, and outcomes anticipated. They also provided the evaluators with opportunities to share among a partners information about different ways of approaching similar TA projects by different TA providers. This proved to be very useful, since the collaboration itself did not develop a structure in which to routinely and systematically share such experiences. Three of the four partners continued to use the work plans throughout the project term. For the most part, when clear work plans were written and understood by the CBO administrators, outcomes usually were forthcoming. The verse was also true.

Quarterly Reports: The evaluators also designed a Quarterly Report on TA activities and services provided to each CBO on every type of TA provided. This instrument served to capture quantitative data required by OMH in its interim reports. More importantly, following the phases of technical assistance, providing critical information (qualitative and quantitative) about TA as it was provided over time. The Quarterly Report, thus, collected information about the following stages of TA: Entry of a CBO into the Project; collection Of intake data about the CBO; Implementation of TA; Mid course corrections and changes in TA; Completion of TA; and close out discussion with the CBO. Information about noteworthy accomplishments and obstacles encountered and solutions posed during each reporting phase as well as how the collaborative enhanced the TA provider's work with the CBO.

The evaluators' conducted **exit interviews** with appropriate management and staff at each CBO when the TA was completed (questions paralleled the intake instruments). Data was gathered about the effectiveness of the TA provided from the TA perspective; the implementation challenges faced by the CBO, cross-CBO activities initiated by the TA provider, additional TA needed, and next steps.

The data collected by the TA providers provided opportunities for communication between the evaluators and specific TA providers as well as data to inform partners about each other's work, areas of greatest difficulty, methods that clearly would not result in outcomes, and successes that could be replicated. In addition, the role of the evaluators as partners or participants in the collaboration allowed for intensive observation of TA provider meetings at each partner agency, collaborative meetings and activities, as well as opportunities for informal discussions about specific TA efforts and CBO challenges. The development of this participatory role over time enabled the evaluation to identify potential partner-to-partner collaborative work with CBOs as well as on the TA provider-CBO level.

Transforming Conflict into Change:

Traditionally, TA providers respond to a specific TA request from a CBO. This project required that the partners pro-actively recruit CBOs and assist them to build their capacity to expand an HIV prevention program. Prior to this project, only two of the four partners had ever established a systematic way of assessing a CBO's TA needs and none had ever evaluated the effect of TA on their CBO clients. Utilizing the existing intake instruments and based on interviews with all TA providers about how they conduct their work, evaluation staff created interview instruments for them to use. The instruments were designed to systematically diagnose the TA needs of the CBO and to collect base line information. As mentioned above, parallel forms were then created for use by the evaluators to collect outcome data

Inexperienced with the amount of documentation and auditing required by a federal grant, the idea of documenting their work was not met with enthusiasm. This was particularly evident among TA providers who were not working for the lead agency, but were being pressed to follow the lead agency's TA model (i.e., intensive one-to-one intervention with CBO staff and management). The evaluation, however, rather than the lead agency's TA model, became the flash point for partner resentment and competition with the lead agency deflected onto the evaluation. For example, from the beginning and well into the second year, virtually every request for data clarification by the evaluation staff was met with questions about the motives and/or authority of the evaluator making the request.

From the perspective of the TA providers, the data became entirely identified with the lead agency's TA model. As a result, the evaluation staff found it necessary to back track a number of times to re-negotiate minimum requirements for data collection and documentation. This posed difficulties for the evaluation staff who were responsible for meeting finite report deadlines while ensuring proper data verification and quality control. TA providers assisted in field testing and revision of the instruments. This process did result in substantial streamlining which simplified the work of the providers and the evaluators and dissipated some resistance to data collection.

Ultimately, several inexperienced TA providers from one partner informed the evaluators that they learned from using the data collection instruments, from instruction about administering the instruments, and from discussions about using the data to make decisions about implementing specific types and methods of TA.. Providers stated that they learned how to implement a comprehensive needs assessment and diagnosis of a CBO and to develop a strategic TA work plan to meet those needs. In addition, through using the evaluation instruments and individualized educational reinforcement, a newly hired TA provider from the same 77partner learned how to write an appropriate work plan with objectives, activities and outcomes, to hire more skilled consultants to provide TA to CBOs, and to follow up with CBOs after the completion of the TA to determine whether it was feasible for the TA to be implemented. None of these had ever been initiated before by this partner.

In sum, using the intake instruments to diagnose a CBO's infrastructural needs stimulated changes in the TA providers' relationship with the CBO. The formal questions, also, enabled CBOs to describe their programs and organizations in different and more comprehensive ways. Three of the partners traditionally conducted TA without in-depth knowledge of the recipient organization. In this regard, the evaluation helped generate an

alternative conversation between the TA providers and the CBOs by creating the format for each to clarify the relationship between professional expertise in the realm of theory and diagnosis versus organizational wisdom and practical expertise. Moreover, the interim reports based on the data collected by the TA providers and the evaluators enabled the evaluators to identify gaps in service needs and to redirect collaborative activities to leverage funds for desperately under and de funded youth programs.

Supervision of TA Providers The evaluators felt it was not appropriate for them to be supervisors of the quality of the TA. The quarterly survey on TA activities, methods, and the context of their work with each CBO was developed by the evaluation team with partner input. It was used to report required quantitative data to the funder, to ensure consistency of data, as well as generate discussion themes and ideas for the partner meetings. We originally conceived of these reports as a structured feedback mechanism to be implemented between the TA providers themselves and their own managers. This would offer opportunities for quality assurance of the CBO assessment data and encourage referrals to other partners with specific expertise as well as result in a more comprehensive understanding of CBO needs and the TA offered and provided. This was not accomplished. Over time, these reports were instrumental in highlighting the divergent definitions and TA practices of the various partners and their differential effect on expected outcomes.

Quality Assurance Across Partner Agencies The evaluators were essentially acting as trainers, coaches and supervisors, ensuring quality control to most of the TA providers. This continued throughout the course of the project. It, too, produced successes. Because there was no systematic supervision of the type, nature, and quality of the TA work at partner agencies, the evaluators were the only ones who knew what work was being conducted. This placed us in a dual-edged position.

On one hand, the weaknesses of specific TA being implemented at a particular agency or by a particular TA provider placed us in a supervisory role. This resulted in the perception by some partners that the evaluators were “promoting” the lead agency’s model of TA and, by extension, denigrating their “models,” (i.e., large workshop trainings of CBO staff, or hiring outside consultants to provide TA to CBO members with little or no supervision by the partner agency). Initially, it also embarrassed some TA providers because it pointed out the limited depth of their technical experience, expectations and activities.

On the other hand, the data enabled us to identify areas of TA need that were not being or could not be fulfilled by a specific TA provider and to make suggestions about multiple TA within and across partners. Utilizing feedback from the quarterly reports (and other evaluation methods) the evaluators assisted the TA providers to reflect in quantitative and contextual ways about the work they were doing and make changes in their methods or activities. Rather than waiting for a formal report to the funder, targeting data collection and analysis to immediate questions of TA provision and recommending changes almost on an activity-by-activity basis resulted in greater comprehensiveness and specificity of TA provided to some CBOs as well as opportunities to discard unsuccessful methods—and, ultimately, better outcomes.

For example, three partners predominately relied on outside consultants to facilitate TA with CBOs and provided very little individualized TA or multiple interventions. Typically, they conducted large training workshops. The quarterly reports, discussions with providers, observations of TA activities, and evaluators’ interviews with CBO staff and managers revealed that supervision of TA providers never took place, nor was follow-up conducted

with CBOs receiving assistance from outside consultants. The evaluation data also showed that CBO staff, for many legitimate reasons, were unable to utilize the knowledge or skills they learned at the workshops. For example, many CBO Executive Directors or Board members were not supportive of the staffs' commitment to integrate HIV prevention activities into their offerings, other organizational issues took priority, or staff needed more intensive technical assistance to do so. These TA practices would, clearly, not result in expected outcomes.

Developing a Deeper Understanding of TA Effectiveness. TA that is provided over time is more likely to uncover a range of issues that need to be addressed before a CBO can develop and sustain new competencies, such as HIV prevention knowledge and programming. Moreover, "capacity building" TA builds upon the existing capacities of CBOs rather than provides a rapid and or short term intervention to start a new program. TA must transfer needed skills in ways that help CBOs sustain their new commitments.

The evaluation always held that the public was the ultimate client, that tax money was supporting this project and that it was urgent for grass roots organizations to implement HIV prevention programs. Accountability remained as a major concern--i.e., for assessing appropriateness, adequacy and effectiveness of the TA provided. When the analysis indicated that the methods of TA were not sufficient to assist CBOs to enhance an HIV program or start one, the evaluators offered recommendations that would foster self-reliance and self-discovery—letting the data speak for itself.

For example, organizational development theory and practice recommends that "training" (as opposed to more intensive, individualized capacity building TA) is only effective, if it is part of an overall strategy to enable participants to use what they have learned.³ Under pressure to "meet their CBO quota," however, one partner initially relied on training large numbers of CBO staff in group workshops. Unfortunately, by confining their activities this way, there was often little connection between the kinds of TA needs revealed in the assessment and what was actually covered in the workshops. Hence, tangible outcomes were not likely.

Utilizing follow-up/feedback data from early workshop participants, the evaluators were able to more fully explain to project TA providers how assessment, assistance and outcomes specifically related. We, then, could recommend more effective TA strategies with CBOs. Moreover, the quarterly reports allowed us to track changes over time in type, method and amount of TA provided for each CBO and each TA provider resulting in increased accountability. Furthermore, persistence, in urging TA providers to more fully complete evaluation data collection forms lead some TA providers from all partners to think about specific CBOs and the range of TA needed in deeper and more systematic ways. The evaluators used data from the quarterly reports to encourage discussions at project meetings about TA methods and matching interventions of TA with CBO needs and outcomes.

There is evidence that the quality of the technical assistance has improved. In fact, the partner that originally was most opposed to the TA model of large training work shops has come to discuss training as but the first stage in multiple steps to engage CBOs in this difficult work.

³ D.Lewis and T.Wallace, eds. (2000) *New Roles and Relevance*. Bloomfield, Connecticut. Kumarian Press.

Results of Participatory Methods

By utilizing the participatory approach to design and implement the evaluation plan and enable on-going feedback, the evaluation team was able to identify critical project conflicts, inconsistencies, and short-falls in short-term results, for which there was ample time to make course corrections. For example, initial communications between the evaluation team and TA providers about the gap between proposed and actual numbers of recruited CBOs had been rather tense. Over time, monitoring of both process and preliminary outcomes while utilizing participatory evaluation methods helped to ensure continued project funding by establishing a convincing case in favor of reducing the required deliverables, i.e., number of CBO clients to be served. The evaluation team was able to document a wide range of obstacles faced by the project and present relevant data in progress reports to the federal government. These first year reports succeeded in persuading the government to decrease by half the total number of CBO participants, i.e. the expected deliverables from 480 to 240.

Opportunities for cross-partner training may not have continued had the evaluation's mixed models not been utilized. The participatory or "facilitation" role of the evaluators provided benefits beyond simply documenting outcomes. Falling back on the requirements of the project to demonstrate benefits of a collaborative, the evaluators were permitted to serve as facilitators in identifying ways for all TA providers to document information about their work. Moreover, since there was no active team building by the lead agency -- nor were the evaluators permitted to do this -- the role of the evaluation and of each consulting evaluator expanded. Some individual TA providers from each partner agency began to call upon the evaluators to ensure that the design of their TA activities (i.e., their work plans) met their objectives and would yield the desired outcomes. In fact, three of the four partners began to request that the evaluators help them to construct tests to measure knowledge acquisition and behavioral intent for the staff development work with CBOs and their clients.

We continued to use the data for on-going feedback with individual TA providers and at partner meetings, facilitating conversations about how a specific work plan might or might not be effective...when to follow-up with a CBO that was unable to utilize the TA received, how different TA providers from different agencies might co-counsel or provide sequential TA based on different expertise. This work did result in ideas and strategies to approach new CBOs, to share consultants and resources and to discuss successes. Here, too, our focus on outcomes appears to have resulted in a change in the process which improved the quality and appropriateness of the TA provided. By the end of Year 02, most TA providers have begun to perceive the evaluators as an outside voice, so to speak, upon whom to rely on for advice and discussion.

For example, one of the partners offered to lead the technical assistance work for several strategic groupings of CBOs from all of the agencies. The lead agency responded with skepticism and disinterest, resulting in increased cynicism on the part of the initiating partner. Once again, the evaluators used the data⁴ and the Project's expected outcomes to provide pertinent information that highlighted the benefits of cross-partner work. These efforts influenced the Project Director to convince the lead agency to participate.

⁴ collected by the TA providers, from documenting meetings, from dialogues with individual TA providers, and with observation at TA trainings of CBO staff.

Evaluators as Partners

There is, moreover, strong evidence to suggest that the evaluators have developed mutually supportive relationships with many of the TA providers from each partner agency and with the project director. Overall, the continuous interaction of evaluators with TA providers resulted in the evaluators encouraging the partners and individual TA providers to move to a higher level of cooperation, if not collaboration. By keeping the focus on outcomes, the evaluators also pressed for resolution of some of the major process issues that were hindering progress of the collaborative's work.

At the end of the second year, the TA providers were asked to assess the evaluation. Their responses indicated that, for most, the evaluation itself moved from being suspect and mistrusted to being called upon to help partners. For example, TA providers reported that

”The evaluation team tried to help TA providers to understand our impact...to provide feedback from our clients so that we can improve our interactions. To provide observations and ideas that would improve the work. To remind partners that the point of the project is what happens in the organizations to which we provide TA and to challenge us to think and deliver more strategically, with better responsiveness to organizational or community needs—and not remain in a comfort zone of intermediary support for the sake of itself.”

“The evaluators worked to improve the performance of the collaboration-- as this cross organization work is hard. They forced us to think across the partnership about the work rather than from our own original standpoint.”

Clearly, TA providers from each partner agency came to rely on the expertise of the evaluators and the analysis of the evaluation data collected to make decisions about their work. Over time, because of the project's own leadership vacuum, the evaluators were perceived as being in a position to assist all partners and the TA providers. These TA providers recognized that the evaluation approach facilitated an understanding of the importance of evaluation and the evaluation process and encouraged a broader understanding of the impact of their work and of collaboration.

We believe that the participatory approach encouraged the lead agency to reaffirm its decision to begin to evaluate the effects of all of its work with community based organizations. And the other large agency recently utilized the evaluation design and instruments in two capacity building proposals, which indicates a respect for the evaluation and a desire to institutionalize a part of it. On the other hand, the evidence based approach demonstrated that certain TA methods lead to less than desired outcomes. These data were presented to TA providers to reflect upon and sometimes led to revisions in the method or delivery. At the end of the second year, all of the partners are utilizing a one-on-one technical assistance approach to strengthening the capacity of grass roots organizations that will enable them to offer needed HIV prevention programs to communities of color.

Conclusion

Evaluators can provide invaluable technical assistance on behalf of complex projects such as interagency collaboratives by serving in several roles: resource gatherer and disseminator, facilitator, coach, documenter and quality assurance coordinator. Overall, capacity building through evaluation did occur for this collaborative in multiple ways and was many layered: e.g., improvements in TA provision among some providers at some agencies, provider accountability, longer term program development at CBOs, capacity building processes at the partner level, knowledge generation among some CBOs and TA providers, and systemic change at agencies that were entrenched in a single method of providing technical assistance.

This project also provides critical support for the idea of utilizing an evaluation plan that relied on two models, particularly when a project involves a collaborative or similarly complex delivery system in which outcomes and methods may not be fully understood or agreed upon in advance. By incorporating evidence-based as well as participatory evaluation techniques, both the evaluation component and the overall project were able to progress more successfully than would have been possible if the evaluation had relied on only one evaluation approach.

Evaluators can serve many powerful roles within a project. It is, thus, imperative that we be deliberate and thoughtful in designing an evaluation plan and selecting methods and strategies to accomplish that plan. This case study underscores the richness and depth of utilizing two models of evaluation. It positively influenced organizations to change the way they deliver their services/implement their work, i.e., systemic change – resulted in more effective TA provided to grass roots organizations -- yet was credible and generated some lessons for generalizability from the point of view of the government funder.