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USAID
ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

USAID ASSIST Project

Documentation and Knowledge Management Report FY14

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2013 – September 30, 2014

DECEMBER 2014

This annual documentation and knowledge management report was prepared by University Research Co., LLC for review by the United States Agency for International Development (USAID). The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is made possible by the generous support of the American people through USAID.

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DISCLAIMER

This report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

Acknowledgements

This documentation and knowledge management report was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, which is funded by the American people through USAID's Bureau for Global Health, Office of Health Systems. The project is managed by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC's global partners for USAID ASSIST include: EnCompass LLC; FHI 360; Harvard University School of Public Health; HEALTHQUAL International; Initiatives Inc.; Institute for Healthcare Improvement; Johns Hopkins Center for Communication Programs; and WI-HER LLC.

For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation

USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project. 2014. Documentation and Knowledge Management Report FY14. Published by the USAID ASSIST Project. Bethesda, MD: University Research Co., LLC (URC).

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ASHA	Accredited Social Health Activists
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CCP	Johns Hopkins Center for Communication Programs
CHW	Community health workers
COR	Continuum of response
HCI	USAID Health Care Improvement Project
HIV	Human immunodeficiency virus
KM	Knowledge management
KMC	Kangaroo mother care
MDR-TB	Multidrug-resistant tuberculosis
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
NACS	Nutrition assessment, counselling, and support
NCD	Non-communicable disease
NQIF	National Quality Improvement Framework
OVC	Orphans and vulnerable children
PHFS	Partnership for HIV-Free Survival
PMTCT	Prevention of mother-to-child transmission of HIV
PPFP	Post-partum family planning
QI	Quality improvement
SMC	Safe male circumcision
SMGL	Saving Mothers Giving Life
TB	Tuberculosis
URC	University Research Co., LLC
USAID	United States Agency for International Development

1 Background

USAID ASSIST supports the harvesting, packaging, and dissemination of learning from the improvement implementation and research and evaluation work the project supports at the country level. Through our knowledge management (KM) work, we integrate learning across countries and make that learning available through face-to-face events and web portals, in a wide variety of formats, including case studies, blogs, improvement stories, technical reports, tools, and eLearning. We use social media to connect with implementers who can use improvement methods and knowledge products. The [ASSIST knowledge portal](#) is managed by our partner Johns Hopkins Center for Communication Programs (CCP). In addition, recognizing the value-added of addressing gender-related factors in health care access and delivery as part of improvement work, USAID ASSIST emphasizes gender integration as a key area of learning on how to make improvement activities more effective. Building on the expertise of our partner WI-HER LLC, we are supporting countries to integrate gender considerations wherever relevant in facility- and community-level improvement efforts.

2 Program Overview

Activities	What are we trying to accomplish?	Improvement Activity	Activity
1. Continuously refine the KM strategy for ASSIST	<ul style="list-style-type: none"> Conduct studies to evaluate and inform ongoing enhancements to the ASSIST KM system; monitor usage statistics for the ASSIST web portal and social media; submit annual KM and documentation reports to USAID Coordinate annual work plan development and manage Quarterly Review Meeting reporting and semi-annual and annual reporting to USAID 		x
2. Manage a knowledge portal for improvement evidence and information	<ul style="list-style-type: none"> Operate the ASSIST knowledge portal Support country teams to operate local websites (India, Ecuador) Publish blogs, technical reports, and other knowledge products highlighting key learning coming out of ASSIST-supported activities Elicit and search out relevant content from ASSIST partners, other USAID cooperating agencies, and other technical organizations, including case studies Conduct webinars and discussion forums, including partnering with other organizations to house such activities on other websites 		x
3. Document improvement knowledge and learning from activities supported by the USAID ASSIST Project	<ul style="list-style-type: none"> Support country and technical teams to define key learning questions, develop systems to document and synthesize that learning as knowledge products, and make it available to others Support country and technical teams in applying KM approaches to connect implementers and generate and document key learning from improvement activities Support country and technical teams in integrating gender considerations in the planning and implementation of improvement activities Support ASSIST country teams in making knowledge products available locally and creating local knowledge repositories 		x
4. Promote the use of improvement knowledge through the ASSIST KM system	<ul style="list-style-type: none"> Exploit social media channels to promote ASSIST knowledge products and the application of improvement approaches Develop communities of practice on the ASSIST web portal Disseminate resources from the ASSIST web portal through direct email, the project's listservs, conferences, and content posted on other websites 		x

3 Accomplishments and Results

Activity 1. Continuously refine the KM strategy for ASSIST

ACCOMPLISHMENTS

- **Research to measure the added value of KM methods to spread learning from improvement.** To evaluate the effectiveness of ASSIST knowledge management activities, we proposed to USAID Uganda a research study to measure the added value and costs of applying deliberate KM strategies as part of the scale-up of improvements in safe male circumcision (SMC) care to new facilities and districts. The study, which was approved by the Makerere Institutional Review Board in June and authorized by the National Research Council in early August, compares improvements in SMC care quality in spread sites that were randomly assigned to three groups that will be exposed to knowledge transfer strategies of varying intensity. Through such evaluative research, we expect to measure the cost-effectiveness of knowledge management strategies in the Ugandan health sector. Baseline data collection started in late August with observations of SMC service delivery in 15 facilities and was completed in October. In December, all 15 sites will receive a package of knowledge products designed to guide facilities on how to improve SMC services, to be followed by a handover meeting with 10 of the 15 sites and subsequent coaching visits to five sites.
- **Market research on “health care improvement knowledge” completed in Uganda:** In March, the Uganda office of Johns Hopkins Center for Communication Programs (CCP) began conducting structured interviews with ministry and implementing partner representatives for preferences and interest in formats and topics for improvement knowledge in Uganda. The qualitative study (total respondents=25) looked at: (1) current information needs in health care and orphans and vulnerable children (OVC) improvement knowledge tailored to Uganda, (2) design, format, and delivery preferences for print and digital resources, (3) access to print and digital health resources, (4) needs for knowledge exchange forums, and (5) existing knowledge management capacity, resources, and tools in order to identify gaps. The CCP team presented preliminary findings to ASSIST Uganda in August and presented the full report in September. A presentation to the Ministry of Health (MOH) is pending the availability of key MOH stakeholders. Study recommendations include leveraging mobile phones to disseminate improvement knowledge, developing eLearning courses, improving the existing MOH knowledge portal, and developing more paper-based materials.

Activity 2. Manage a knowledge portal for improvement evidence and information

ACCOMPLISHMENTS

- **Launch of the [ASSIST knowledge portal](#).** With support from CCP in Baltimore, the ASSIST web portal went live on March 18, 2014 with many new features not found on the HCI Portal. [The ASSIST Blogs](#) offer a less formal platform for sharing insights and key learning about improving care and systems than publications. The [Events section](#) gives us a place to highlight national and international events and post materials such as presentation PDFs or handouts from conferences and meetings in which ASSIST staff participate. The [Original Research database](#) can be filtered by research method. The [Improvement Science section](#) includes new summary descriptions of skills to [support improvement](#) and techniques for [measuring improvement](#), [coaching/supportive supervision](#), [documenting learning](#), [synthesizing learning](#), and [sharing learning](#). **Stronger filtered search capacity:** As shown in Figure 1, the [Resources section](#) offers more possibilities for filtered search of all resources on the site, while the [Topics pages](#) highlight all resources, blogs, and events related to the focus topics of the site: Community Health; Gender; HIV and AIDS; Family Planning and Reproductive Health; Health Workforce Development; HIV and AIDS; Innovative Technologies; Maternal, Newborn, and Child Health; Nutrition; and Vulnerable Children and Families. We have also created a [French content page](#) to concentrate all French-language resources in one place. All of the publications and improvement reports that formerly were on the HCI website are now available on the ASSIST website. The Improvement Database from the HCI website has been renamed as a [repository of Improvement Stories](#). A redirect function was put in place on March 20 to redirect anyone going to a URL with hciproject.org to the ASSIST website. The www.hciproject.org site was closed in April 2014.

Figure 1: Filtered search options in the ASSIST web portal resources section



- Development of a private web platform to support sharing of improvement tools and results in India:** In December, Sidhartha Deka spent two weeks in India working with ASSIST country staff to plan for its first year KM strategy and to plan the design of an internal ASSIST India web-based toolkit that will be a one-stop resource for state-based and district-based staff to access QI-related materials and knowledge products. Based on conversations with Delhi-based technical staff, he identified specific knowledge and communication products to be developed to support the scale-up of improvement work on the RMNCH+A strategy. The private knowledge portal is intended to facilitate the sharing of results and knowledge nuggets for internal learning by the ASSIST India team and counterparts. The platform was created using the K4Health Project's Toolkits platform. In FY15, this platform will be transferred to the ASSIST web portal in order to create better linkages for learning and easing access to global project resources for ASSIST India staff.

RESULTS

- ASSIST web portal developing a strong user base:** In its first three months of operation (April-June 2014), the ASSIST web portal received 8,855 unique visits, with 32% of visits from return users. Table 1 compares usage of the ASSIST portal with usage of the HCI Portal during April-June 2010 (its third quarter of operation) and April-June 2012 (the peak usage period of the HCI Portal). Visits to the ASSIST web portal in its first two quarters of operation were higher than those to the HCI Portal in

a similar period. Web analytics on the path users followed to get to pages show that many users went directly to specific resources and blogs, indicating that our strategies of promoting content through social media, listservs, and front-page promotion have been effective in driving traffic to highlighted resources. The ASSIST portal also shows a higher percentage of return visits.

Table 1: Comparison of usage of the ASSIST Portal and the HCI Portal

	HCI Portal April-June 2010	HCI Portal April-June 2012	ASSIST Portal April-June 2014	ASSIST Portal July-Sept. 2014
Total visits	5,107	26,803	8,855	8,899
Unique visitors	4,910	20,501	6,153	6,036
Average duration of visits	3:32 minutes	3:06 minutes	3:50 minutes	3:29 minutes
Average page views per visit	2.85 pages/visit	2.29 pages/visit	3.31 pages/visit	2.97 pages/visit
New visitors	76%	73%	68%	65%
Top 10 countries of origin of users	1. United States (2,695 visits) 2. Uganda (364 visits) 3. United Kingdom (284 visits) 4. Kenya (275 visits) 5. India (272 visits) 6. South Africa (225 visits) 7. Canada (172 visits) 8. Philippines (162 visits) 9. Nigeria (102 visits) 10. Ethiopia (102 visits)	1. United States (10,402 visits) 2. United Kingdom (1,124 visits) 3. Uganda (1,065 visits) 4. India (1,025 visits) 5. (not set) (1,016 visits) 6. Kenya (898 visits) 7. Philippines (704 visits) 8. South Africa (697 visits) 9. Nigeria (642 visits) 10. Ethiopia (468 visits)	1. United States (4,247 visits) (48.0%) 2. Uganda (442 visits) (5.0%) 3. India (437 visits) (4.9%) 4. Kenya (306 visits) (3.5%) 5. United Kingdom (289 visits) (3.3%) 6. South Africa (178 visits) (2.0%) 7. Brazil (169 visits) (1.9%) 8. Canada (160 visits) (1.8%) 9. Tanzania (160 visits) (1.8%) 10. Australia (147 visits) (1.7%)	1. United States (4,536 visits) (50.9%) 2. Uganda (607 visits) (6.8%) 3. India (338 visits) (3.8%) 4. Kenya (284 visits) (3.2%) 5. United Kingdom (218 visits) (2.5%) 6. Tanzania (200 visits) (2.3%) 7. South Africa (183 visits) (2.1%) 8. Australia (156 visits) (1.8%) 9. Canada (123 visits) (1.4%) 10. Nigeria (108 visits) (1.2%)

- **Content accessed by these users reflects the ASSIST statement of work:** Table 2 shows the top 20 most-accessed pages on the website in FY14. While most of the pages reflect major sections of the website, it is interesting to note that two of the top 20 most accessed pages were blogs and one was a specific knowledge product from Uganda. All three of these items of content were promoted through social media and listservs.

Table 2: Top 20 most accessed pages on the ASSIST web portal, March-September 2014

Rank	Resource	# views
1	Home page	9,550
2	Blog page	1,328
3	Resources page	2,776
4	Improvement Methods and Tools	1,094
5	Research and Evaluation page	753
6	Events page	662
7	About page	572
8	Sign Up for ASSIST Project Email Updates	559

Rank	Resource	# views
9	Where We Work Map	549
10	Resource-Flowchart (Method Description)	543
11	Country Descriptions	478
12	Blog "Improving data visualization: Where do I put all those annotations?"	436
13	Building Capacity for Improvement	406
14	Gender topic page	384
15	Partners page	364
16	Improvement Science topic page	357
17	Resource "Improving Retention of Mother-Baby Pairs: Tested Changes and Guidance from Uganda"	310
18	Blog "Is health worker education and training setting health workers up to succeed? How do we build the competencies of health workers to improve care?"	309
19	Maternal, Newborn, and Child Health topic page	296
20	Tools for Analyzing a System or Process	264

Activity 3. Document improvement knowledge and learning from activities supported by the USAID ASSIST Project

ACCOMPLISHMENTS

- **Strengthened field staff capacity in Tanzania, Kenya, Uganda, Malawi, and India to incorporate KM approaches in their work.** These ASSIST field teams were also supported to identify and develop knowledge products that synthesize key learning from improvement activities:
 - In October, Ms. Lani Marquez spent a week in Tanzania to orient ASSIST technical staff to knowledge management concepts and how they apply to their work, particularly in the development of knowledge and communication products that will support the spread of improved care processes for ART/PMTCT, most vulnerable children, home-based care, and community linkages.
 - In November, Ms. Marquez and Ms. Kate Fatta conducted a two-and-a-half-day KM training for the entire 20-person ASSIST country team in Kenya to develop their understanding of knowledge management concepts and techniques and how they apply to their work, including defining learning questions, obtaining and summarizing knowledge from improvement activities, creating knowledge assets and products that present the key learning from improvement activities to guide others, and designing effective knowledge transfer processes.
 - In November, Ms. Marquez spent a week in Uganda, helping the ASSIST team leadership to define the main elements of a strategy for meeting the project's knowledge management and learning objectives, including research and evaluation activities, in response to MOH and USAID priorities. With the respective ASSIST technical teams, she identified specific knowledge and communications products to be developed in the next 4-6 months for the orphans and vulnerable children (OVC), Saving Mothers Giving Life (SMGL), National Quality Improvement Framework (NQIF) roll-out, community linkages, safe male circumcision (SMC), and Partnership for HIV-Free Survival (PHFS) program areas.
 - In December, Ms. Fatta traveled to Malawi to provide the ASSIST staff with KM support. Ms. Fatta assisted the Resident Advisor and Improvement Advisor for NACS to plan an interactive learning session that included storytelling, poster presentations, Liberating Structures' 1-2-4-All technique, and a game to reinforce improvement principles. Ms. Fatta also discussed opportunities for knowledge nuggets and developing knowledge assets with the team.
 - In December, during his visit to India, Mr. Sidhartha Deka conducted a half-day training session on KM for the six State Improvement Coordinators, two District Improvement Coordinators, and Delhi-based technical staff. The training covered key KM competencies and included a demonstration of the ASSIST India Web Portal and interactive activities such as storytelling.

- In July, Ms. Fatta worked with Tanzania’s KM Specialist Delphina Ntangeki and technical teams to review progress in completing knowledge products. She visited the community linkage activity in Muheza District with Flora Nyagawa and Ms. Ntangeki and assisted in the development of a blog and success story on the work.
- **Support for the design of harvest meetings and development of knowledge products:** Headquarters KM staff provided virtual support to ASSIST teams in Uganda for the refinement of SMC, PHFS, Saving Mothers Giving Lives (SMGL), and community health knowledge products; as well as for the design of harvest meetings for the district health management and AIMGAPS activities in Tanzania. Virtual support was also provided to the ASSIST team in Nigeria for the development of improvement training materials and to the Botswana team to design a learning session using KM techniques.
- **Virtual assistance to Nigeria team to finalize products for August handover:** Ms. Fatta also supported the Nigeria team to finalize a number of knowledge products to complement the National Standards for Improving the Quality of Life of Vulnerable Children. These products included a community job aid and booklet, cartoons that illustrate the improvement process, and a community improvement guide and team journal.

RESULTS

- Reflecting the project’s emphasis on the development of products that convey key learning from improvement, in its second year of implementation, USAID ASSIST published 27 knowledge products, including case studies, guidance products, job aids, and technical reference manuals (see Table 3). All country-developed products were designed primarily for in-country dissemination to support the spread of improvement work. All are available on the [ASSIST web portal](#).

Table 3: Knowledge products published by USAID ASSIST in FY14

Knowledge Product (Date Published)	Country	Type
Retention in care of HIV-exposed mother baby pairs in Kenya (October 2013)	Kenya	Case study
Changes tested to improve quality of safe male circumcision services in Uganda (November 2013)	Uganda	Preliminary change package
Integrating nutrition services in HIV and TB care in Karonga and Balaka Districts of Malawi (December 2013)	Malawi	Case study
Improving access to quality education in Nakanyanja Primary School in Mkata area in Mangochi District, Malawi (December 2013)	Malawi	Case study
Improving household food security in Mwanganya area through community involvement in Karonga District, Malawi (December 2013)	Malawi	Case study
Successfully Providing Essential Newborn Care for Term and Premature Babies: A Midwife’s Perspective (January 2014)	Uganda	Case study
Organizing for obstetric emergencies: How Kabarole Hospital in Western Uganda is saving mothers’ lives (January 2014)	Uganda	Case study
Improving income-generating activities for vulnerable children and families at Agape Nyakibare Civil Society Organization (January 2014)	Uganda	Case study
A Fast Turn-around for Mengo Hospital: Improving the Quality of Safe Male Circumcision Services (February 2014)	Uganda	Case study
National Standards for Improving the Quality of Life of Vulnerable Children in Nigeria. <i>Nigeria Community Booklet</i> . (February 2014)	Nigeria	Job aid
Guide for Applying Improvement Methods to Implement the National Standards for Improving the Quality of Life of Vulnerable Children in Nigeria (February 2014)	Nigeria	Guidance for spread

Knowledge Product (Date Published)	Country	Type
National Standards for Improving the Quality of Life of Vulnerable Children. <i>Community Job Aid</i> . (March 2014)	Nigeria	Job aid
Community Improvement Team Journal (March 2014)	Nigeria	Tool
Improving the process of antenatal care to increase detection of women with high-risk conditions in Zonal Hospital of Mandi, Himachal Pradesh, India (April 2014)	India	Case study
Improving Retention of Mother-Baby Pairs: Tested Changes and Guidance from Uganda (April 2014)	Uganda	Guidance for spread
Improving Completeness and Accuracy of Data for Elimination of Mother-to-child Transmission of HIV Tested Changes and Guidance from Uganda (April 2014)	Uganda	Guidance for spread
Improving Quality of Services Provided for HIV-positive Mothers and Their Babies at Routine Visits Tested Changes and Guidance from Uganda (April 2014)	Uganda	Guidance for spread
Safe male circumcision: Improving client follow-up at Gulu Regional Referral Hospital, Uganda (June 2014)	Uganda	Case study
The role of improvement teams in managing male circumcision-related adverse events: The experience of the mobile van clinic in Uganda (June 2014)	Uganda	Case study
Standards for Improving the Quality of Life of Vulnerable Children in Nigeria. <i>Summary Version</i> . (July 2014)	Nigeria	National standards
National Standards for Improving the Quality of Life of Vulnerable Children in Nigeria (August 2014)	Nigeria	National standards
Applying a standards-based improvement approach to vulnerable children programming in Nigeria: Jane's story. <i>Cartoon</i> . (August 2014)	Nigeria	Job aid
Applying a standards-based improvement approach to vulnerable children programming in Nigeria: Yaro's story. <i>Cartoon</i> . (August 2014)	Nigeria	Job aid
Quality Improvement. Technical Reference Material (<i>Published by the Maternal and Child Health Integrated Program for USAID</i>) (August 2014)	Global	Technical reference
Improving Quality of Basic Newborn Resuscitation in Low-resource Settings: A Framework for Managers and Skilled Birth Attendants (August 2014)	Global	Technical reference
Mejorando la calidad de la reanimación neonatal básica en entornos con recursos limitados: Un marco de trabajo para gerentes y proveedores calificados de atención del parto. (August 2014)	Global	Technical reference
Improving antenatal services with limited human resources in selected facilities of Kinnaur District, Himachal Pradesh, India (September 2014)	India	Case study

Activity 4. Promote the use of improvement knowledge through the ASSIST KM system

ACCOMPLISHMENTS

- Launched the [ASSIST Facebook page](#).** In conjunction with the launch of the ASSIST knowledge portal, the project's Facebook presence was fully transitioned to its new social media page on March 17, 2014 (see Figure 2). Followers of the HCI Facebook page were encouraged to "like" the new page to remain informed of project news, highlights, and opportunities for shared learning. Throughout the year, the main content posted on the ASSIST Facebook page was of the latest blogs

and resources posted on the ASSIST knowledge portal. As expected, posts that received the highest percentage of engagement on Facebook were those that contained photographs. For instance, Ms. Joyce Draru's blog on male partner involvement in improving mother-baby pairs in Uganda contained a photo of the health facility team, which generated a higher number of clicks and reach relative to posts that contained web links without photos. In addition, posts related to ASSIST Georgia consistently generated interest. For example, one such post highlighting a visit to ASSIST headquarters by delegates from the Embassy of Georgia and Georgia Ministry of Health reached 663 people, engaged 135 followers, and generated 89 clicks and 41 likes from primarily Georgian followers. This post not only included a photograph from the meeting, but also linked to the ASSIST Georgia Facebook page. This indicates that the post was successful in reaching and engaging its intended audience. How to attain a similarly high level of engagement from other audiences based on the content will be a key focus of social media efforts moving forward. ASSIST's social media coordinator, Ms. Feza Kikaya, also supported the Kenya team to develop and promote an ASSIST Kenya Facebook page.

Figure 2: ASSIST Facebook page



- **Steady posting of new content and news items on the ASSIST Facebook page continued to build a following.** Interestingly, the ASSIST Facebook page garnered unusual activity in terms of page *likes* in the final quarter of FY14, when the page began the quarter with 406 *likes*. However, from August 18-29, 2014, the page saw a dramatic spike in the number of *likes*; during that short period, the page gained 738 followers, with the largest single-day like count of 227 *likes* on August 24. The page amassed an increasingly higher than normal daily follower count through the end of August, but returned to the usual frequency of gaining new followers in September. As a result of this high volume of *likes*, during the period, the project gained 2,000 new followers, closing the quarter with a total of 2,360 *likes*.
- **Increased engagement on the ASSIST Twitter page:** During the year, the ASSIST Twitter page (@usaidassist) gained many followers as a result of live-tweeting by staff and partners at various meetings, as well as due to the addition of the ASSIST Uganda team to the Twittersphere. The ASSIST Uganda team launched their country-specific Twitter page (@USAID_ASSISTUg) in early January and used it to promote knowledge captured at the Partnership for HIV-Free Survival harvest meeting in February and lessons learned from their gender integration work. ASSIST Twitter

contributed to social media engagement surrounding several high-visibility events, including the International AIDS Conference, the Asia Pacific Forum, and the Global Symposium on Health Systems Research. Although @usaidassist tweeted staff participation at these conferences, the most effective engagement resulted from live-tweeting from staff attending these conferences. In particular, Dr. M. Rashad Massoud (@rashadmassoud) and Dr. Tana Wuliji (@tanawuliji) attended all three conferences and contributed substantive tweets that complemented and enhanced those sent from @usaidassist. As of September 30, 2014, the ASSIST Twitter page amassed 813 total followers. During the final quarter of FY14, the @usaidassist Twitter page sustained a consistent level of engagement among its followers. Per metrics provided by the social media management tool SproutSocial, @usaidassist achieved an overall *engagement* score of 58% and an *influence* score of 77% during the period. These scores are reflective of the project's "*tweeting behavior*"; 58% of tweets posted were classified as *conversations*, meaning they included @mentions of and @replies to other twitter accounts. The remaining tweets (42%) were classified as *updates*, or tweets that were sent out to all followers without @mentions or @replies. Of the tweets that were classified as conversations, 20% were to new followers, and 80% were to existing contacts.

- **ASSIST listserv created to provide subscribers with regular updates on the project as a whole and the project's work in specific topic areas:** In June, we sent out weekly emails messages to ASSIST staff and partners and key USAID Washington contacts to inform them of new blog posts. These messages served as a test run for the listserv, which was launched in early July. A page was created on the ASSIST web portal and linked from the home page to allow users to subscribe to monthly ASSIST project updates. Beginning in July, monthly project updates were sent to subscribers to the new ASSIST listserv ([subscribe on the website](#)). During the last quarter of FY14, three general project updates, two HIV updates and one update each for MNCH/FP, gender, vulnerable children and families, community health, improvement science, and research and evaluation were sent out.
- **Spanish-language webinars and forum engaged newborn care providers in Latin America:** The USAID ASSIST-supported Kangaroo Mother Care (KMC) Community of Practice hosted its first Spanish-language webinar on April 22 entitled "Perspectives on the expansion of Kangaroo Mother Care in Latin America." Dr. Jorge Hermida moderated the webinar, which included a presentation by Dr. Nathalie Charpak of the Kangaroo Mother Care Foundation. Forty-eight people from throughout Latin America participated. The KMC Community of Practice managed by ASSIST on the [maternoinfantil website](#) also hosted a virtual forum in Spanish from June 16-June 24, on experiences in the start-up of KMC activities in hospitals in Latin America. ASSIST Nicaragua Chief of Party, Dr. Ivonne Gomez, moderated the forum. The 17 participants in the discussion included health practitioners from Bolivia, Colombia, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Paraguay, and the Dominican Republic. On July 22, the KMC Community of Practice hosted its second Spanish-language webinar entitled "Recent scientific evidence on the advantages of the Kangaroo Mother Care method." Dr. Miguel Hinojosa of the Ministry of Public Health in Ecuador facilitated the webinar with Dr. Goldy Mazia of PATH as the guest presenter; 47 health professionals from seven countries participated.

4 Gender Integration Activities

ACCOMPLISHMENTS

Throughout the year, the WI-HER's Senior Technical Advisor for Gender Integration, Dr. Taroub Faramand, and Improvement Specialist for KM and Gender, Ms. Elizabeth Silva, supported country and technical teams to integrate gender considerations in the planning and implementation of improvement activities. During FY14, Dr. Taroub Faramand of WI-HER LLC provided in-person technical assistance to Georgia, Uganda (three trips), and Tanzania:

- In **Georgia** (February 10-14, 2014), Dr. Faramand provided technical assistance to integrate gender into the non-communicable diseases (NCD) improvement work. She led a training session on gender integration in NCD improvement at the 8th learning session in Kutaisi and developed recommendations to integrate gender in NCD improvement activities in Georgia.
- Dr. Faramand traveled to **Uganda** March 20-April 5, 2014 to provide gender integration technical support to the ASSIST program. She led four training sessions on gender integration in improvement: one learning session on integrating gender in the SMC project and three coaching sessions on how to

integrate gender, identify gender-related barriers, and address challenges in quality improvement. She conducted one coaching session related to the Continuum of Response (COR) at the community level and two sessions related to the Partnership for HIV-Free Survival (PHFS). She also led one technical capacity building discussion about gender integration at the district level with two district health officers. Dr. Faramand also designed one Continuum of Response package of actions based on HIV status and sex and another based on prevention strategies for gender-related barriers to accessing care and treatment. She also designed a male involvement intervention in PHFS. She visited again July 25-30 in conjunction with her travel to Tanzania, to support the Uganda team in their gender integration activities.

- Dr. Faramand traveled to Tanzania (July 15-21) to conduct gender trainings on how to collect and analyze sex-disaggregated data and gender-sensitive indicators and how to conduct a gender analysis to identify gender-related gaps. She also built the capacity of two ASSIST Tanzania gender focal points: Dr. Elizabeth Hizza and Ms. Faridah Mgunda.
- Dr. Faramand traveled to **Uganda** September 8-15 to provide technical support in gender integration to the Uganda team and to demonstrate the USAID ASSIST Project's approach to gender integration to Ms. Niyati Shah, Gender Advisor for USAID's Health, Infectious Disease, and Nutrition (HIDN) Office. Dr. Faramand provided technical support to address gender issues in the OVC program in Busia and traveled to Ivukula and Mofosu to document gender integration scale-up.
- **WI-HER's team provided ongoing gender support to field offices** to collect and analyze sex-disaggregated and gender-sensitive indicators, identify gender-related gaps and issues affecting outcomes, and respond to those gaps. Table 4 summarizes achievements in gender integration during FY14 by country.

Table 4: Progress in gender integration by country, FY14

Country	Summary of ASSIST Gender Integration Activities in FY14
<i>Africa</i>	
Burundi	PMTCT: The team conducted and analyzed the results of a gender-related study, "Factors Associated with HIV Testing among Male Partners of Women in Antenatal Care." The team is also tracking male partner involvement in PMTCT and tested changes to increase male involvement in the PMTCT.
Cote d'Ivoire	PHFS & ART: The team was unable to collect and analyze sex-disaggregated data due to PEPFAR priorities and guidance. They will continue to advocate for gender-responsive activities.
Kenya	MNCH: ASSIST Kenya identified gender-related barriers to ANC and initiated male partner testing, working to involve and educate male partners during couples' visits to ANC clinics. OVC: The team identified and addressed gender issues including early marriage, female genital mutilation/cutting, unequal nutritional access, and late/no birth registration. The team promoted changes to respond to the needs of girls, and educate and sensitize parents, caregivers, community health volunteers, and older children on preventive methods, basic treatment, and referrals to health clinics.
Malawi	OVC: The team has integrated gender by collecting and analyzing sex-disaggregated data, and conducting root cause analysis to identify the underlying gender-related gaps in educational performance between girls and boys and has proposed changes to test to overcome the issues.
Mali	MNCH: The ASSIST Mali team identified a gender-related barrier to women's low ANC attendance, lacking transportation money from their mail partners. To improve access to health services, ASSIST worked with two villages to initiate a social funding program to support ANC and delivery costs for women at health centers.
Mozambique	PMTCT: The team identified that the non-participation of male partners affects early testing, enrollment, and retention of pregnant mothers in the PMTCT program.

Country	Summary of ASSIST Gender Integration Activities in FY14
Niger	The team has identified gender-related issues affecting post-partum family planning (PPFP) uptake and has sensitized health facility teams on gender.
Swaziland	TB/HIV: The team addressed gender-related challenges to strengthen implementation of TB/HIV prevention, care, and treatment. Through collecting and analyzing sex-disaggregated data, the team identified that uptake is lower among males and designed changes to test to overcome barriers that prevent men from remaining in treatment. The team has also designed innovative community mobilization and health promotion awareness campaigns targeting most at-risk groups, such as young men and elderly women.
Tanzania	PHFS: The team has identified lack of male participation as a gap affecting outcomes and tested involvement of male partners to improve maternal and newborn retention and also to improve male patients' health: to test and enroll them in care if they test positive. Community Health: The team collected sex-disaggregated data and implemented a community system approach to improve testing rates in the community; the gap between females and males testing rates has decreased.
Uganda	COR (TB/HIV): The team collected and analyzed sex-disaggregated data, identified that more women than men were being initiated on ART among TB/HIV co-infected clients, and identified gender issues causing this gap. The team has proposed changes to test to increase ART uptake among males. SMC: The team identified lack of female partner involvement as a barrier affecting outcomes and has worked with implementing partners to create an awareness-raising campaign about the importance of female partner involvement and to provide education sessions and services tailored to females in addition to male patients. PHFS: 20+ clinics began utilizing the following gender-related interventions: encouraging male partner involvement, involving male community leaders/volunteer health workers, utilizing family support groups, and offering male-focused services. The work is now focused on isolating the effects of gender interventions on increasing retention rates of HIV-positive mothers and their babies. SMGL: Maternal and perinatal deaths were found to be high due to gender-related issues: Late referral to facilities, lack of financial resources for delivery at a facility, lack of transportation, and decision-making power to access and utilize care being held by the male partner. Sites are tracking male involvement through improved couple counseling and male involvement at maternity and young child/postnatal care clinics. OVC: The team identified gender gaps in school re-integration for male and female vulnerable children and have worked to address the issues. The team has identified challenges in economic strengthening efforts, including the potential increase of gender-based violence, among others, and is working on designing strategies to address these issues.
<i>Asia</i>	
India	MNCH: The team identified gender-related challenges leading to inadequate postpartum detection of early signs of complications. The team proposed changes to address the issue, including engaging and educating family members about warning signs and informing male family members about the importance of ANC and PPFP due to their decision-making power within families. ASSIST India also engages male family members when conducting home visits and has implemented a survey to study the effect that family, the community, and gender norms have on Indian community health workers, to inform improvement work in the future.

Country	Summary of ASSIST Gender Integration Activities in FY14
<i>Europe and Eurasia</i>	
Georgia	NCD: The Georgia team integrated gender into the program by collecting and analyzing sex-disaggregated data and identified a gender-related gap in CVD risk factor calculation. The team addressed this challenge and has improved the screening and management of CVD risk factors in primary care.
Ukraine	NCD: The team implemented a survey to determine the gender-related factors influencing tobacco and alcohol use among pregnant women and girls in September, 2014, and planned for a gender integration training to be conducted in FY15.
<i>Latin America</i>	
Nicaragua	HIV/AIDS: Training for medical and nursing students addressed gender-related issues including stigma, discrimination, sexual diversity, and gender-based violence. The trainings were designed to address the strong sentiments of discrimination and stigma directed towards persons living with HIV among students and faculty. A gender-based violence module was also started and will be completed in FY15.

- **Gender integration planning for FY15:** Discussions were held with the following field offices to discuss opportunities for gender integration in their FY15 work plans: Burundi, Cote d'Ivoire, Democratic Republic of Congo, India, Kenya, Lesotho, Malawi, Mali, Mozambique, Niger, South Africa, Swaziland, Tanzania, Uganda, Ukraine, and Zambia.

RESULTS

Burundi

- During FY14, the ASSIST team in Burundi worked to address gender gaps within the PMTCT program. In order to increase male partner testing, the following activities were tested and initiated: Invitation letters sent inviting male partners to visit the health care facility, desirable incentives given to couples, and male community leaders were educated on the advantages of HTC among couples. A research study was also conducted to determine the barriers and inhibitors to engaging male partners in ANC, titled "Factors Associated with HIV Testing among Male Partners of Women in Antenatal Care" study. The research findings will be analyzed in FY15. By September, 2014, male partner testing rates reached 51% at women's ANC visits, an increase from 0% at the beginning on the improvement work in July 2012 and up from less than 30% in the past year, in September 2013.

The ASSIST Burundi team collected data for the following gender-sensitive indicator during FY14:

- The proportion of male partners tested for HIV at ANC visit

Georgia

- The ASSIST team in Georgia integrated gender into the project. Dr. Faramand traveled to Georgia in February 2014, to support the team to identify and respond to gender-related issues affecting outcomes, and she conducted two gender trainings for ASSIST staff and partners in Georgia. The team in Georgia analyzed baseline data disaggregated by sex to identify gaps. One gap identified was in the cardiovascular disease (CVD) risk factor calculation rates. Health care providers based the analysis of male and female clients' charts on an incorrect, preconceived idea that CVD is more prevalent in men than in women - underestimating the existence of disease in female patients, suggesting that women who at high risk of CVD were not receiving the proper health services and treatment. The team addressed this challenge and has improved the screening and management of CVD risk factors

The ASSIST Georgia team collected data for the following sex-disaggregated indicators during FY14:

- 10-year CVD risk assessment calculation
- Provider counseling related to: Smoking, diet, physical activity, hypertension, hyperlipidemia, and hyperglycemia

in primary care. The team's latest results demonstrated 100% complacency with the CVD 10-year risk calculation in both male and female patients. The ASSIST team in Georgia has begun to initiate gender-sensitive interventions to close the gap in this screening process. The endline data collection has recently ended and the sex-disaggregated results are currently being analyzed.

India

- The ASSIST team in India worked to address gender-related issues and gaps related to maternal complications in FY14. The team identified a gender related challenge in the early identification of women with postpartum complications due to a range of issues within the health care facility and based on the lack of understanding among the female clients' families regarding health-related danger signs signaling the onset of complications. The ASSIST team implemented changes within the facility to improve postpartum detection of complications, and to insure that all early signs of complications would be identified, health care providers also worked to engage the family members of postpartum clients, teaching them to identify a range of danger signs signaling postpartum complications and informing them as to when they would need to contact a nurse for help. This change was highly effective since family members often spend a significant amount of time with the female client in the postpartum ward and are able to independently identify warning signs and contact nurses for help. The changes were implemented successfully in many clinics, with eight times as many women with high-risk conditions being identified as a result.
- During FY14, Ms. Silva developed gender situational analyses internal reports for different states in India, detailing the gender-related issues which could affect program outcomes. The ASSIST team in India also conducted a research study examining the affects that family, the community and gender norms have on the work environment for Indian community health workers (CHWs), called Accredited Social Health Activists (ASHAs). The qualitative study analyzed ways in which these external factors affect ASHA's ability to provide care. The research study was conducted in Mewat and Gurdaspur, and analysis is currently underway to provide important information that the ASSIST team can use to work more effectively with the ASHAs in India. In addition to targeting women, CHWs also engaged and informed male family members about the importance of ANC and PFP due to their decision-making power within families. In certain cases, ASHAs have taken their husbands with them to homes to provide information and counselling on family planning and especially male sterilization, when relevant. In certain districts, the husband would lead the counselling specifically on sterilization and would sometimes escort male patients to the facility for sterilization.

Kenya

- The ASSIST Kenya team analyzed gender-related issues in FY14 found that solely providing health education and ANC services to mothers was often received poorly by husbands and mothers-in-law. The team noted that mothers-in-law hold influential positions within Kenyan families when it comes to health care, and the team found that mothers-in-law influenced their sons' personal and familial health care choices. Husbands and their mothers made ill-advised health decisions on behalf of the mother, subsequently causing complications to health and delivery, even resulting in the death of the baby. To address this issue, the team initiated male partner testing in conjunction with women's ANC visits, and additionally worked to involve and educate male partners during couple's visits.
- The ASSIST Kenya team also identified and addressed major gender-related challenges within the OVC program in FY14. Harmful traditional practices the ASSIST team identified as affecting girls in intervention communities included early marriage, genital mutilation, unequal nutritional access and late/no birth registration, often resulting in late school registration. Girls were also found to lack regular access to sanitary pads, which contributed to poor attendance and retention. To improve girls' performance and attendance, the team established several effective projects targeting the specific needs of girl students. A girl mentorship program and "Kids Clubs" were established in schools. The mentorship and club sessions were led by trained mentors, and provided students, teachers, parents, provincial administrators and community members, with community education on the rights and needs of

The ASSIST Kenya team collected the following sex disaggregated and gender-sensitive data during FY14:

- Percentage of vulnerable children reached and linked to health facilities for preventive and curative health care by sex
- KCPE performance among girls and boys

children, including the specific needs of girls. Based on efforts to engage teachers and provincial administrators in child protection, six girls who had undergone female genital mutilation were rescued from early marriage and re-integrated into school. To address girls' need for sanitary pads, the community-based organization introduced special funds to the OVC program in Ruai, Gituamba, and Ngundu primary schools to purchase sanitary pads for girls in need. Parents/guardians of OVC were sensitized on the importance of providing sanitary pads to girls. Based on these efforts, the team identified an increase in Kenya Certificate of Primary Education (KCPE) performance for primary and secondary school girls and boys. The team worked to educate and sensitize parents, caregivers, community health volunteers and older children on preventive methods, basic treatment and referrals to health clinics. Advocacy for medical waivers for OVC was also initiated through the National Health Insurance Fund (NHIF), which strengthened the link between OVC households and health facilities.

Malawi

- During FY14, the ASSIST team in Malawi integrated gender into the OVC program in a number of ways. The Toleza Improvement Team identified a gender disparity in educational performance between girls and boys in a Balaka District school, and conducted root cause analysis. At the Msanga Primary School, it was identified that most girls who fail exams in classes (within standards 2,3,5,6,and 7) did not attend school regularly and are given a heavy load of domestic chores, which inhibited them from accessing and attending school on a regular basis.

The ASSIST Malawi team collected the following sex-disaggregated indicators within the OVC program:

- Baseline distribution of boys and girls who pass exams by class
- Number of children accessing centers for PSS by sex
- Distribution of pupils enrolled, pupils who sat for exams, pupils who passed exams, and pupils who failed exams disaggregated by grade level and sex for all facilities

Harmful traditional practices, coupled with girls' domestic chore responsibilities were found to be the strongest inhibitors to girls' continued school attendance. As a result, many female students could not prepare for their exams or did not take exams at all and girls' test scores were found to be lower than boys' scores. Girls were found to be more likely to fail their classes than boy students. In an effort to address this disparity, the ASSIST team established and mobilized several Malawi Mothers' Groups who conducted monthly meetings with girls in standards 3, 4, 6, and 8. And established two mother representatives in each village to track daily school attendance among girls and conduct biweekly assessments of girls' educational performance in targeted schools. The ASSIST Malawi team also worked to raise awareness among parents and teachers about the importance of educating girl students. Through this initiative, teachers are encouraged to reward girls with learning materials, such as books and writing instruments, and parents are encouraged to reward their daughters with personal gifts for succeeding in school, to encourage girls to work harder and strive for better attendance in schools.

Mali

- During FY14 the ASSIST Mali team identified an important gender-related barrier related to women's low ANC attendance due to lacking transportation money. To improve access to health services, ASSIST allocated funding to cover transportation fees for women for ANC and delivery in all four sites, and worked with two villages to initiate a social funding program to support ANC and delivery costs for women at health centers.

Nicaragua

- The ASSIST team in Nicaragua addressed gender issues in FY14 by introducing a new health paradigm that links the universities' epidemiology and health research classes with educational training on PLHIV in relation to stigma, discrimination, sexual diversity and gender-based violence, to address the sentiments of discrimination and stigma directed towards females and males living with HIV among students and faculty at UNAN Leon. ASSIST Nicaragua designed an HIV education training package that includes the above themes, and trained teachers on how to use the methodological design of pedagogical package for teaching these subjects. HIV and sexually transmitted infection prevention and testing was discussed and students were directed to health

facilities offering services. The ASSIST team also conducted research and planning for a gender-based violence and human trafficking module.

Swaziland

- The ASSIST team worked to address gender-related challenges within the program to strengthen implementation of integrated TB/HIV prevention, care and treatment in FY14. Through collecting and analyzing sex-disaggregated data, the team identified that uptake is lower among males, and has designed changes to test to overcome barriers that prevent men from remaining in treatment. The team has also designed innovative community mobilization and health promotion awareness campaigns targeting most at-risk groups, such as young men and elderly women.
- The ASSIST team conducted community health promotion and awareness training, called “Shukuma Gogo” (meaning Move Granny), targeting the elderly population (aged 55+) who are at risk of TB. Services offered included basic TB facts, MDR-TB, TB/HIV, NDCs, diabetes and hypertension, and all participants were screened for TB.
- The ASSIST team worked to address gender-related challenges within the program to strengthen implementation of integrated TB/HIV prevention, care and treatment. By analyzing the distribution of ART uptake to identify disparities, the team identified that male uptake of ART (76%) still lagged behind female uptake (82%). The team designed communication activities and materials, including the establishment of male group discussions and mixed group discussions regarding male uptake of ART. One strategy the team implemented was in the promotion and scale up of joint partner testing and family-centered approaches.
- The ASSIST Swaziland team implemented a gender-sensitive advocacy and social mobilization interventions to improve HIV and MDR-TB services uptake and outcomes. The team collaborated on the Kick TB Campaign during Men’s Health Month and the 2014 FIFA World Cup Tournament in Brazil. The Kick TB Campaign educated and treated TB among men and boys – particularly among the local, vulnerable population of miners. The ASSIST team provided educational information and offered health services and education by organizing World Cup game viewing events, men and their families could come and watch live and pre-recorded soccer matches in accessible locations. This provided the opportunity for the team to hold health promotion talks and TB screening to all in attendance. The team engaged in community dialogues with local leaders about TB, which led to their encouragement of community wide TB awareness and treatment.
- Two gender mainstreaming trainings were conducted during FY14 for health care workers, in August to HODs from the National TB hospital and in September during the Lubombo TB/HIV management training. The sessions included understanding gender; gender analysis with respect to TB/HIV (biological, sociocultural and access to and control over resources) that influence health outcomes; gender disparities existing within the Swazi context and the relationship between abuse and the concept of power and gender-based violence. Emphasis was made into the design, implementation, monitoring and evaluation, and reporting of programs.

The ASSIST Swaziland team collected the following sex- and age-disaggregated indicators during FY14:

- TB screening and follow-up
- Adult TB/HIV care cascade
- Pediatric HIV/TB care cascade

Tanzania

- The ASSIST team in Tanzania integrated gender into the PHFS program in FY14 by identifying the need to simultaneously engage male and female partners in couples’ testing and counselling at ANC and PMTCT sessions to improve health outcomes. The team worked with local community leaders to promote the uptake of maternal and child health services, and HIV testing/treatment, which led to a considerable increase in male partners accompanying their female partners for ANC visits and male partner testing. The team observed improved results in male participation in ANC and HIV

The ASSIST Tanzania team collected the following sex-disaggregated and gender-sensitive indicators during FY14:

- Percentages of clients tested for HIV
- Percentage of women from ANC who bring partners
- Percentage of male partners tested for HIV

testing, signaling the need to ensure that all men who test positive are enrolled and retained in care. The team introduced the PEC (Partner Enrolled in Care) program to allow clinic staff who follow pregnant women every month to also monitor whether the male partner is enrolled in care or not.

Uganda

- **Continuum of Care:** During FY14, the ASSIST team in Uganda worked to integrate gender into the HIV continuum of care program and identified several gender-related gaps and challenges that the team has worked to address. Challenges identified include: More women than men were being initiated on ART among TB/HIV co-infected clients; stronger health-seeking behavior among women; more women than men were contacted with follow-up care/check-ins; and a greater number of male clients were being tested, linked and enrolled in care HIV care. The ASSIST team also identified gender-issues related alcohol use among men, health providers' attitude towards men in the facility. The percentage of male and female PLHIV linked to the community improved from an average of 86% to 90%, due in part to the use of community based "mentor mothers" who linked HIV infected mothers to the community. The numbers of males and females PLHIV that were followed up with after initial care improved, now both sexes are followed up on in nearly equal proportions.
- **SMC:** The Uganda ASSIST SMC team identified that the lack of female partner involvement negatively impacted VMMC outcomes, including follow-up, post-operative care, and adherence to sexual abstinence requirements. The team found it effective to engage female partners in SMC counseling so they could learn about the health benefits and care requirements, and address stigma and questions about the procedure and postoperative care. The creation of female-friendly SMC clinics that offered services for both males and females helped engage female partners. Challenges the team has faced includes that couples sometimes have a hard time attending SMC clinic visits together because of the female partner's ability to dedicate enough time to child care, cooking, and chores; and that trying to integrate gender on a large scale at all facilities has been challenging with time and resource constraints. To combat this, the team decided to scale back on the number of health facilities they are tracking SMC data so that higher quality data can be collected and the methodology can be improved before scaling up. By the end of FY14 (September 2014), the proportion of VMMC clients who attend group education with their partners reached 35%, an increase from 0 when the intervention began in April 2013, and an increase from 13% at the end of FY13.
- **PHFS:** The ASSIST team integrated gender into the Partnership for HIV Survival (PHFS) project to improve retention rates of HIV positive mother baby pairs, by identifying gender related barriers and working to overcome them. Twenty rural clinics began utilizing the following gender-specific interventions: Encouraging male partner involvement, involving male community leaders/volunteer health workers, utilizing family support groups, and offering male-focused services at clinics. The interventions have increased retention rates of HIV-positive mothers and their babies in ART significantly, with the Ivukula facility achieving and maintaining 100% retention of mother-baby pairs. Facilities that continue to face challenges are working to test the following changes: Calling husbands and involving community and religious leaders to encourage men to support their female partners maintain appointments, and providing financial support to enable male partners to come to the facility. Across all clinics, the overall retention rate of mother-baby pairs has increased from 2.2% at baseline, to 60.8% in April, 2014.
- **MNCH:** The ASSIST team recognized that the engagement of male partners and fathers in couples' counseling and the involvement of partners and fathers at their female partner's visits to maternity clinics has been effective at improving health services for mothers and babies. Sites are tracking male involvement through improved couple counseling and male involvement at maternity and young child clinics. Kyenjojo Hospital and Ntara Health Center IV have revised their required care strategy so that men are counseled with their female partners upon her admission into care, before the male partner returns home. If feasible and desired by the female partner, male partners are also encouraged to accompany their wives during the delivery, attend a health education class and group counseling. For women admitted early into care, health care providers now postpone counseling sessions until the couple can attend together.
- **OVC:** The ASSIST Uganda team is working to integrate gender into the OVC project by identifying and addressing gender-related gaps. The team identified gender gaps in school reintegration for male

and female OVC. The team identified and worked to address the following challenges to the economic empowerment program:

- The potential increase of gender-based violence (GBV) against women who live in households with a male partner and are participating in income generating programs, and the potential lack of spending on vulnerable children by men who participate in income generating programs and earn money, but choose not to spend money on their children.
- The team identified that fathers need to be sensitized to the needs of their children. With three community-based organizations (CBOs), focus group discussions were conducted with members of the saving groups to identify the prevalence of violence in the households. Reports from one CBO, Agape, reported incidences of gender-based violence. Three women had dropped out of the saving groups due to experiencing gender-based violence. In further discussions the women indicated that they did not want to report their partners for fear of imprisonment that would affect relationships in their families. They suggested the use of social structures in the community such as the religious leaders and community elders to help with the family problems as opposed to using the legal channels such as the police. Agape has since set up counseling services with a contact person as the social worker to whom cases of violence are reported and support services provided to the family. Most recently there was no reported case of gender-based violence, and the CBO plans to popularize the counseling services and provide an opportunity for all saving group members to meet a social worker are underway.
- In Busia District, an assessment was conducted of the saving groups for vulnerable households formed by the village child protection committees to identify if both women and men equally improve the wellbeing of their children. The assessment found that before the saving groups, children of male members were much less likely to attend school, but after the intervention, they were equally likely to attend school. Before the formation of the saving group in November 2013, 20/34 (58.8%) of children of the future male savings group members were regularly attending school compared to 59/71 (83.1%) children of the future women savings group members. The households cited lack of scholastic materials and food packed for school as the main reasons for low school attendance. After formation of the saving group, households that did not have a source of income were introduced to opportunities through other members' experiences to create income generating activities. By July 2014 33/34 (97%) children of the male members were regularly attending school; only one child with epilepsy who was receiving treatment from Masafu hospital was not in school. While 75/75 (100%) children of female members were regularly attending school including four children who were out-of-school and had returned to school. From the results, both women and men, once enrolled in the savings group, were found to have an equitable impact, based on preliminary results, on a child's school attendance.

The ASSIST Uganda team collected the following sex-disaggregated and gender-sensitive indicators during FY14:

- Percentage of newly tested positive for HIV linked & enrolled into HIV care at the facility
- Percentage of TV/HIV co-infected clients that are on the ART
- Percentage of TB/HIV co-infected clients on/completing TB treatment
- Percentage of Pre-ART clients retained in care 12 months after enrollment
- Re-enrolling children in school by sex
- % of SMC clients what attend with their partners at 18 sites at Buyinja HCIV
- Number of clients who attended group education with their partners
- % of female patients who attend ANC or PMTCT clinic with male partner

5 Directions for FY15

- Provide direct KM assistance to country teams to develop the capacity of ASSIST staff and counterparts to design and implement KM strategies to connect implementers and generate and synthesize key learning from improvement activities, including the development of case studies

- Support Uganda team to finalize the SMC knowledge products and design the handover meeting for the implementation of the SMC KM study; explore opportunities for similar studies in other countries
- Create PMTCT/PHFS knowledge assets that synthesize what has been learned across countries for PMTCT/PHFS, NACS, MNCH/FP, OVC, male medical circumcision, and HIV care and treatment
- Develop an improvement science toolkit on the ASSIST knowledge portal
- Support the Spanish-language newborn community of practice
- Add new content to the ASSIST knowledge portal in multi-media formats
- Develop a gender integration training package of resources and tools, posted on the ASSIST knowledge portal, and conduct onsite customized training to train field staff and QI teams in gender integration
- Provide remote technical assistance to country and technical teams in integrating gender considerations in the planning, implementation, and evaluation of improvement activities
- Use social media channels to promote ASSIST knowledge products, the application of improvement approaches, and ASSIST knowledge portal content
- Promote resources posted to the ASSIST knowledge portal through ASSIST listserv updates

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