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*Applying Science to Strengthen  
and Improve Systems*

## USAID ASSIST Project

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# Documentation and Knowledge Management Report FY15

**Cooperative Agreement Number:**

AID-OAA-A-12-00101

**Performance Period:**

October 1, 2014 – September 30, 2015

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**DECEMBER 2015**

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.

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For more information on the work of the USAID ASSIST Project, please visit [www.usaidassist.org](http://www.usaidassist.org) or write [assist-info@urc-chs.com](mailto:assist-info@urc-chs.com).

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## Abbreviations

AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
AOR	Agreement Officer's Representative
ART	Antiretroviral therapy
ASHA	Accredited Social Health Activis (India)
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CCP	Johns Hopkins Center for Communication Programs
CHW	Community health workers
CVD	Cardiovascular disease
DRC	Democratic Republic of Congo
EPCMD	Ending Preventable Child and Maternal Deaths
FP	Family planning
FY	Fiscal year
GBV	Gender-based violence
HCI	USAID Health Care Improvement Project
HIV	Human immunodeficiency virus
ICAP	International Center for AIDS Care and Treatment Programs
IHI	Institute for Healthcare Improvement
ISQua	International Society for Quality in Health Care

K4Health	Knowledge for Health
KM	Knowledge management
KMC	Kangaroo mother care
MCSP	Maternal and Child Survival Program
MDR-TB	Multidrug-resistant tuberculosis
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
MGYSR	Ministry of Gender, Youth, Sport, and Recreation (Lesotho)
NACS	Nutrition assessment, counselling, and support
OVC	Orphans and vulnerable children
PAHO	Pan American Health Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PMTCT	Prevention of mother-to-child transmission of HIV
PPFP	Post-partum family planning
QI	Quality improvement
REPSSI	Regional Psychosocial Support Initiative
SMC	Safe male circumcision
SMGL	Saving Mothers Giving Life
TAG	Technical Advisory Group
TB	Tuberculosis
TOPS	Technical and Operational Performance Support Program
URC	University Research Co., LLC
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

# 1 Background

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project supports the deliberate harvesting of what we are learning from the implementation, evaluation, and research on improvement work at the country level and the application of that learning in the design, implementation, and scale-up of improvement activities, with a focus on learning related to USAID’s two strategic objectives of Ending Preventable Child and Maternal Deaths (EPCMD) and AIDS-Free Generation.

Applying knowledge management (KM) principles and techniques, we integrate learning across countries and make that learning available through web portals, webinars, face-to-face events, and knowledge products in a wide variety of formats, including case studies, blogs, improvement stories, technical reports, and toolkits. We use social media to connect with implementers who can benefit from improvement methods and knowledge products. We apply KM principles to the design of improvement strategies and apply, as appropriate, KM techniques in the gathering, synthesis, and spread of learning to address the question, *What have we learned to improve this aspect of care?*

The headquarters KM team supports ASSIST country and technical teams to develop products that synthesize learning from country programs and consolidate successful changes in the form of intervention packages and tools that can be readily spread to new sites as well as case studies that explain what specific actions teams took to achieve results. While the primary users of these products are in country, they are also disseminated globally through the ASSIST knowledge portal and social media. Another part of the project’s learning agenda is to study and evaluate how KM approaches can add value to improvement work. In addition, recognizing the value-added of addressing gender 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.

# 2 Program Overview

What are we trying to accomplish?	Scale
<b>1. Implement and evaluate KM strategies for ASSIST</b>	<b>Global and country level</b>
<ul style="list-style-type: none"> <li>• Develop the capacity of ASSIST staff and counterparts to develop and implement KM strategies</li> <li>• Conduct studies to evaluate KM activities and demonstrate the value-added of deliberate KM strategies</li> <li>• Assist country and technical teams in defining learning questions and designing knowledge management aspects of improvement strategy design</li> <li>• Coordinate annual work plan development</li> <li>• Manage quarterly, semi-annual and annual reporting to USAID</li> </ul>	Country-level KM studies: <b>Uganda</b> SMC KM CEA <b>India</b> change package field test <b>RedINFECC</b> evaluation
<b>2. Document learning from improvement</b>	<b>Global</b>
<ul style="list-style-type: none"> <li>• Support staff to apply KM approaches to connect implementers and generate learning and insights from improvement activities</li> <li>• Support country and technical teams to design processes to document and synthesize learning from improvement</li> <li>• Support staff to develop and disseminate knowledge products</li> </ul>	
<b>3. Manage the ASSIST knowledge portal and related websites</b>	<b>Global</b>
<ul style="list-style-type: none"> <li>• Operate the ASSIST knowledge portal and related sites, including <a href="http://www.maternoinfantil.org">www.maternoinfantil.org</a>, and develop new sites in response to country requests</li> <li>• Make key learning and improvement information available on the ASSIST web portal using multiple media, including case studies, tools, videos, reports, and blogs</li> </ul>	

What are we trying to accomplish?	Scale
<ul style="list-style-type: none"> <li>Search out and cross-post relevant content from ASSIST partners, other USAID cooperating agencies, and other technical organizations, including case studies</li> </ul>	
<b>4. Integrate gender considerations in improvement activities</b>	<b>Global</b>
<ul style="list-style-type: none"> <li>Support country and HQ teams in integrating gender considerations in the planning and implementation of improvement activities</li> <li>Document impact of addressing gender factors on improving care quality and outcomes</li> </ul>	
<b>5. Promote the use of improvement knowledge</b>	<b>Global</b>
<ul style="list-style-type: none"> <li>Conduct improvement-related webinars/virtual trainings and discussion forums, including partnering with other organizations to house such activities on other websites</li> <li>Use social media channels to promote ASSIST knowledge products, the application of improvement approaches, and ASSIST knowledge portal content</li> <li>Promote resources posted to the ASSIST knowledge portal through listservs, blogs, and presentations</li> <li>Support ASSIST country teams in creating local knowledge repositories and disseminating knowledge products</li> </ul>	

 Cross-cutting Activity

### 3 Accomplishments and Results

#### Activity 1: Implement and evaluate KM strategies for ASSIST

##### ACCOMPLISHMENTS AND RESULTS

- **Support for annual work planning and reporting.** A large part of the KM team's efforts in the first quarter of fiscal year 2015 (FY15) related to supporting the development of the project's annual work plan for FY15 and annual reports for FY14, including 19 country reports. Annual reporting involved summarizing key results achieved in each country and technical area. Due to the ASSIST Technical Advisory Group (TAG) meeting in January 2015 and travel of the Agreement Officer's Representative (AOR) in July 2015, only two quarterly review meetings were convened by the project in FY15: one in October 2014 and the other in April 2015.
- **Designed and implemented a knowledge handover meeting in Kampala, Uganda to support the transfer of guidance and change ideas for safe male circumcision (SMC)** (March 18-19, 2015). Approximately 79 participants attended both days, including: 15 experienced site representatives, 39 new site representatives from 10 new sites, 12 district coaches (7 experienced coaches and 5 new coaches), 4 implementing partner staff, and the head of the Ministry of Health (MOH) SMC program. Eight ASSIST Uganda staff were involved in the meeting as facilitators. The meeting design used small group discussions between 3-4 representatives from new sites and 1-2 representatives from experienced sites and coaches to talk through implementation questions related to the key areas covered in the MOH SMC standards. The meeting also used talk shows, a gallery walk, and peer-to-peer discussions to address implementation issues and guidance for new teams and coaches. Ms. Lani Marquez from the ASSIST headquarters KM team and Ms. Naheed Ahmed from ASSIST partner Johns Hopkins Center for Communication Programs (CCP) traveled to Kampala to observe the handover meeting for the study.
- **Three KM studies were implemented in FY15:**
  - **Uganda SMC KM study.** In addition to the knowledge handover meeting convened with sites from two intervention arms of the study, two coaching visits were conducted during May-July for the five sites in the third intervention arm of the SMC KM study in Uganda. Endline data collection began in August.

- **Field test of maternal and newborn care change packages in India.** In May 2015, the ASSIST team in India carried out a small-scale field test of the maternal and newborn care change packages in a few selected facilities across all states with the objective of improving the content and design of the documents.
- **Evaluation of a virtual improvement collaborative in Latin America.** In August and September 2015, Ms. Marquez supported the headquarters research team and Dr. Jorge Hermida to design a mixed methods evaluation of the RedINFECC virtual collaborative's implementation, costs, the degree of participation and the effectiveness of the improvement activities to improve processes of care and reduce newborn infections. The evaluation will inform the design of future virtual collaboratives, which are seen as a potentially cost-effective method for scaling up best practices.
- **Continued signing of FY15 improvement plans.** 80% of FY15 improvement plans were signed by end of the fourth quarter. FY15 funding came in late for ASSIST, hence there was a discrepancy between the timing of the funding and the improvement plan signing.

## Activity 2. Document learning from improvement

### ACCOMPLISHMENTS AND RESULTS

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- **Supported the HIV aims, indicators, and content meeting in Durban** (Nov 2014). Ms. Marquez and Mr. Sidhartha Deka of CCP led exercises to consider country needs and cross-cutting project processes to maximize future sharing, continued learning and efficient use of meeting products to strengthen HIV and prevention of mother-to-child transmission of HIV (PMTCT) improvement work across the project Mission- and core-funded programs. A repository of all meeting materials was created on the ASSIST web portal for all participants to access, which included draft aim, indicators, and content developed by each technical subdomain team.
- **KM support to the Partnership for HIV-Free Survival (PHFS) community of practice, Lesotho-Uganda knowledge exchange** (Feb 9-13, 2015), and **Kenya-Tanzania knowledge exchange** (July 14-17). ASSIST staff from Uganda and Bethesda and staff from ASSIST partner Institute for Healthcare Improvement (IHI) facilitated interactive sessions to harness learning from participants in the knowledge exchange held in Uganda. The deliberative designs of these sessions intended for the participants from Lesotho to not only comment on what they observed in their meetings with the Uganda MOH and the site visits but to reflect on what action must be taken to improve care when they return to Lesotho. Mr. Deka also conducted video interviews with participants from both countries on their impressions of the exchange and "what it takes" to be a good mentor and coach. Ms. Patty Webster from IHI traveled to Tanzania to facilitate the Kenya-Tanzania knowledge exchange.
- **The KM team supported the publication of 10 case studies and the Uganda male circumcision guide**, available at: <https://www.usaidassist.org/resources/guide-improving-quality-safe-male-circumcision>. The 10 case studies included seven case studies from India and one each from Mozambique, Tanzania, and Uganda:
  - Supporting vulnerable children to return and stay in school: Lessons learned from three Village Protection Committees in Amuru Sub-county, Uganda (September 2015)
  - Increasing institutional deliveries through improving community-facility linkages in Mewat, Haryana State, India (September 2015)
  - Increasing facility efficiency by improving triage of antenatal care of pregnant women in FRU Charkhi Dadri, Bhiwani District, Haryana, India (July 2015)
  - Scaling up quality improvement to reduce maternal and child mortality in Lohardaga District, Jharkhand, India (June 2015)
  - Community contributions to eliminating mother-to-child transmission at Licilo Health Center, Mozambique (May 2015)
  - Improving linkages between health facilities and communities in Muheza, Tanzania (January 2015)

- Improving communication between nursing shifts to improve care in Hisar District Hospital, Haryana, India (December 2014)
- Improving assessment and monitoring of women in labour at District Women's Hospital, Pauri, Uttarakhand, India (December 2014)
- Reducing postpartum haemorrhage in Ghuman Community Health Centre, Punjab, India (November 2014)
- Improving labour and postpartum care at Budhlada Sub-divisional Hospital in Mansa District, Punjab, India (October 2014)
- **Development of change packages by the India team.** In 2015, the ASSIST India team published several change idea compilation documents. The state-level documents describe changes tested in each state to improve maternal and newborn care services. The subject-area documents highlight changes that were tested in select group of facilities that ASSIST supported under the following domains: newborn care, postpartum care, intranatal care, and antenatal care.
  - Changes that improved maternal and neonatal health in six states in India  
<https://www.usaidassist.org/resources/changes-improved-maternal-and-neonatal-health-six-states-india>
  - Changes that improved newborn health services in India  
<https://www.usaidassist.org/resources/changes-improved-newborn-health-services-india>
  - Changes that improved maternal health services during the postnatal period in India  
<https://www.usaidassist.org/resources/changes-improved-maternal-health-services-during-postnatal-period-india>
  - Changes that improved maternal health services during intranatal period in India  
<https://www.usaidassist.org/resources/changes-improved-maternal-health-services-during-intranatal-period-india>
  - Changes that improved maternal health during antenatal period in India  
<https://www.usaidassist.org/resources/changes-improved-maternal-health-services-during-antenatal-period-india>
- **KM support to Democratic Republic of Congo (DRC)** (May 2015). Ms. Kate Fatta worked with Dr. Bede Matituye from ASSIST Burundi to orient new staff in DRC to KM. During this brief orientation, staff were introduced to three steps to KM (collection, synthesis, and dissemination) and the simple rules of KM, and they practiced a few KM techniques. Dr. Matituye shared with the staff in DRC the PMTCT/HIV care change package developed in Burundi with how-to guidance based on the work done by improvement teams in the demonstration phase. Copies were shared with the team, and Ms. Fatta interviewed Dr. Matituye about it, discussing how he gathered the information, how he synthesized and validated it with the teams, and how he plans to disseminate it. A group conversation followed, allowing DRC staff to ask him questions about it and about quality improvement (QI) more generally.
- **Developed KM capacity of the ASSIST Mali technical team** (May 2015). In Mali, 19 technical staff attended the two and a half day long KM orientation led by Ms. Fatta, Ms. Feza Kikaya, and Dr. Maina Boucar. There were also four staff who attended the Francophone KM training in Abidjan in 2013 who helped throughout the week. The training was developed based on our previous trainings in Durban, Abidjan, and Kenya, and we incorporated our learning from those experiences to improve the Mali training. Facilitators explained three main steps to KM: 1. Collection; 2. Synthesis; and 3. Dissemination and began the training by introducing participants to the simple rules of KM in order to ground them in their understanding of KM. Then participants were led through a number of techniques to encourage experience sharing, including storytelling, interviewing, knowledge café, 1-2-4-All, field trip, and small group work. During the knowledge café, participants were able to delve deeper into integrating the simple rules into their work, how to synthesize learning, and how to make the case that a change led to improvement, all of which were themes brought out by participants themselves. Participants also developed plans for the development of knowledge products over the next six months. In the closing of the training, many participants commented that they realized that many of the KM concepts and techniques were things they already do in their life and that KM is a behavior change--a new way of doing their work. During the week following the training, Ms. Kikaya

remained in Mali to work closely with Dr. Lazare Coulibaly, the KM Advisor, to create a list of knowledge products to be developed before the end of the fiscal year, as well as products envisioned for FY16. During the week, Ms. Kikaya also led the staff in a brief activity on taking better photographs, particularly how to take good photos of meetings and activities.

### Activity 3. Manage the ASSIST knowledge portal and related websites

#### ACCOMPLISHMENTS AND RESULTS

- **Launched the Improvement Methods Toolkit on the ASSIST knowledge portal** (<https://www.usaidassist.org/toolkits/improvement-methods-toolkit>) (March 2015). Placed on a more user-friendly and interactive platform, the toolkit is a one-stop resource for those interested in understanding how the application of various improvement methods can improve health care.
- **Usage of the ASSIST knowledge portal:** Table 1 shows usage of the portal during FY15 and indicates continued high usage of the website in ASSIST-supported countries, notably India, Kenya, South Africa, Tanzania, and Indonesia.

**Table 1: Usage of the USAID ASSIST knowledge portal during FY15**

Measure	October-March 2015	April-September 2015
<b>Total visits</b>	18,916	17,826
<b>Unique visitors</b>	13,607	12,784
<b>Average duration of session</b>	3:22 minutes	3:03 minutes
<b>Average page views per session</b>	2.77 pages/visit	2.69 pages/visit
<b>New visitors</b>	70%	70%
<b>Top 10 countries of origin of users</b>	1. United States (8,027 visits) (42.4%) 2. Uganda (2,456 visits) (13%) 3. India (861 visits) (4.6%) 4. Kenya (700 visits) (3.7%) 5. United Kingdom (554 visits) (2.9%) 6. South Africa (358 visits) (1.9%) 7. Canada (345 visits) (1.8%) 8. Tanzania (323 visits) (1.7%) 9. Indonesia (303 visits) (1.6%) 10. Cote d'Ivoire (292 visits) (1.5%)	1. United States (7,684 visits) (43%) 2. Uganda (1,515 visits) (8.5%) 3. India (1100 visits) (6.2%) 4. Kenya (1079 visits) (6.1%) 5. United Kingdom (469 visits) (2.6%) 6. South Africa (465 visits) (2.6%) 7. Tanzania (408 visits) (2.3%) 8. Canada (258 visits) (1.5%) 9. Indonesia (216 visits) (1.2%) 10. Australia (204 visits) (1.1%)

- **Upgrades completed to the Salud Materno Infantil website ([www.maternoinfantil.org](http://www.maternoinfantil.org)):** During the third quarter, the community of practice section of the Salud Materno Infantil website was redesigned to make user entry more streamlined. A new community of practice was added on prevention and management of newborn infections, to complement the RedINFECC virtual collaborative. The new community can be accessed at: [http://www.maternoinfantil.org/comunidades\\_de\\_practica/comunidades\\_de\\_practica.php](http://www.maternoinfantil.org/comunidades_de_practica/comunidades_de_practica.php)
- **Testing work done on voluntary medical male circumcision (VMMC) community of practice:** Starting in May, the online VMMC community of practice (<https://communities.usaidassist.org/groups/assist-vmmc-group>) has been tested with 22 ASSIST staff. This virtual community of practice is hosted on a platform that is adjacent to the ASSIST website but is only private for our use. It is a space where we can not only share implementation experiences and internal ASSIST documents but also evidence-based and grey literature that is relevant to our work.
- **Developed video content for website.** The “Community support to improve TB care in Uganda” video was completed and posted on the ASSIST website (June 2015). This 6-minute video depicts how a Tuberculosis (TB) treatment facility in Kampala, Uganda has applied improvement methods to engage community health workers in tracing TB contacts and helping to increase retention in care of TB patients (available at: <https://vimeo.com/130258619>). Additional video content is in development to depict ASSIST work in Kenya and gender integration activities.

## Activity 4. Integrate gender considerations in improvement activities

### ACCOMPLISHMENTS AND RESULTS

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**In-person technical assistance:** During FY15, staff of ASSIST partner WI-HER LLC provided in-person technical assistance to Ukraine, Malawi, Zambia, Kenya, Mali, and Lesotho. All country visits included customized gender integration training(s), and while content and format varied depending on the needs of the country, all trainings included sessions on defining gender and related concepts, gender analysis, collecting, analyzing, and reporting results (sex-disaggregated data and gender-sensitive indicators), data analysis workshop, gender analysis café, identifying and addressing gender issues and gaps (designing changes to test), documenting and sharing results, and next steps. Gender integration technical support was provided to the following countries in FY15:

- **Ukraine** (Oct 2014). Megan Ivankovich traveled to Ukraine to provide technical support to the USAID ASSIST Project in Ukraine. Mrs. Ivankovich developed and conducted two trainings on gender integration in improvement: a one-day training in Poltava for the doctors implementing the pilot project, all of whom are trained trainers who directly train health care providers in their clinics, and a one-day training in Kiev for the doctors and academicians who advise the ASSIST team and support implementation in Poltava. As a result of the training, participants in Kiev identified missed opportunities to address gender and spent time discussing potential activities to address gender in projects and to talk about feasible steps to implement these changes. For example, participants realized that most project materials were targeting women, and they started looking at posters, brochures, and booklets and began to identify ways to incorporate messages directed towards men; these changes were implemented. She also provided support to analyze and disseminate the results of a survey of women of reproductive age who attended participating women's health centers in Poltava Oblast for which data had recently been collected to better understand how gender impacts the project's target health issues (i.e., alcohol and tobacco use during pregnancy).
- **Malawi** (March 2015). Elizabeth Silva traveled to Malawi to provide technical support to identify gender-related issues affecting the program and on sex-disaggregated data collection and analysis. Ms. Silva provided two trainings on gender integration in improvement for vulnerable children improvement teams and also provided support for the integration of gender issues in the ASSIST-supported VMMC activities, which are beginning. Ms. Silva briefed USAID ASSIST Activity Manager Sola Onifade and USAID Orphans and Vulnerable Children (OVC) Specialist Antonio Kasote on ASSIST's approach and activities to integrate gender to ensure improved outcomes for vulnerable girls and boys and their families in Malawi, and also on her scope of work including the gender sensitization trainings and how the USAID ASSIST OVC work in Malawi supports the USAID Country Development Cooperation Strategy objectives. Ms. Silva also briefed USAID VMMC advisor Zebedee Mwandu on the USAID ASSIST Project's activities to integrate gender into VMMC, shared results from Uganda, and discussed how the ASSIST-supported Malawi VMMC work will address gender issues, including through female involvement, adding gender-sensitive indicators into the VMMC baseline assessment, and ongoing monitoring mechanisms.
- **Zambia** (March 2015). Ms. Silva traveled to Zambia to provide gender technical support to the Nutrition Assessment, Counseling, and Support (NACS) project in Zambia. Ms. Silva worked closely with ASSIST Resident Advisor Robert Musopole to identify gender-related issues and differing health-seeking behaviors that can affect nutrition status and access to services, and she provided support to the project to collect and analyze sex-disaggregated data. Ms. Silva provided a gender integration in improvement session at Copperbelt University and met with FANTA and LIFT project representatives to brief them on ASSIST's gender integration approach and the importance of integrating gender into NACS activities to achieve improved outcomes. Ms. Silva met with USAID ASSIST Zambia Activity Manager Ms. Helen Khunga and USAID Advocacy and Human Rights Specialist Ngaitila Phiri at the U.S. Embassy to share ASSIST's approach and activities to integrate gender into NACS services and to brief Ms. Khunga and Ms. Phiri on Ms. Silva's scope of work (including meetings, trainings and next steps), and how the USAID ASSIST NACS work in Zambia supports the USAID Zambia Country Development Cooperation Strategy objectives, which prioritize gender equality and equal access to health services.
- **Kenya** (May 2015). Mrs. Ivankovich traveled to Kenya to train the ASSIST team on gender sensitization, gender integration, and identify opportunities to integrate gender in order to strengthen

quality improvement efforts during project design, implementation, and evaluation. The 3-day training was held at the University Research Co., LLC (URC) Kenya office. There were 17 participants, all from the ASSIST Kenya team. One of the positive results of the training was the cross-pollination between OVC and health work taking place. As the groups presented their small group work or general comments, the other technical and other teams were able to learn about the work being doing or other relevant issues. Another great aspect to this training was that all staff participated, including program staff, cross cutting staff (i.e., Monitoring and Evaluation, Knowledge Management), and finance and admin staff. All staff were equally engaged and participatory and walked away with ideas on how to integrate gender into their work. The ASSIST team was able to apply what they learned into practice by working directly on workplan activities to identify gender related gaps and activities to address such gaps and then to develop indicators to monitor progress. Specific and detailed recommendations were developed to respond to the gender-related issues identified.

- **Mali** (June 2015). Ms. Silva traveled to Mali to conduct gender sensitization and gender integration in QI training for ASSIST staff and partners, provide TA to identify and respond to gender-related gaps affecting outcomes and build local capacity, particularly related to the needs of adolescent girls and adolescent boys to prepare for upcoming project activities, and build capacity on and lead a gender analysis for the project. A diverse group of nine USAID ASSIST Mali technical staff participated in the 4-day gender training and gender analysis. The training was conducted in English with simultaneous interpretation into French. Training materials were translated into French. Specific and detailed recommendations were developed to respond to the gender-related issues identified. Ms. Silva also met with Ms. Nathalie Gamache, Deputy Director of the USAID Services de Santé à Grand Impact Mali Bilateral Project being implemented by Save the Children. Ms. Silva worked with Monitoring and Evaluation Advisor Dr. Mahamadou Ibrahima and discussed with the technical staff the importance of disaggregating data by sex and age, and developing and tracking gender-sensitive indicators. Discussions also included stratifying indicators for older mothers, women over 35 who are also at elevated risks, to identify and use improvement approaches to respond to gaps. A list of proposed indicators were developed and proposed in collaboration with the USAID ASSIST Mali team.
- **Lesotho** (July 2015). Mrs. Ivankovich traveled to Lesotho to conduct gender sensitization and gender integration in QI training for ASSIST staff and partners, provide technical assistance to identify and respond to gender-related gaps affecting outcomes and build local capacity, particularly related to the needs of adolescent girls and adolescent boys to prepare for upcoming project activities, and build capacity on and lead a gender analysis for the project. The 1-day gender training was held at the URC Lesotho office. There were 16 participants: in addition to three representatives from the ASSIST Lesotho team, there were three representatives from the MOH, and 10 representatives from the Ministry of Gender, Youth, Sport, and Recreation (MGYSR). Additionally, 13 people—including all technical staff for the USAID ASSIST Project as well as representatives from MOH and MGYSR (the majority of whom had attended the gender integration training—convened in Maseru, Lesotho to participate in a rapid gender analysis to ensure the different roles and status of women, men, boys, and girls are examined and to identify issues that could impede or are impeding the USAID ASSIST Project from achieving its objectives and activity goals. Materials and outputs from the training and gender analysis were shared with all participants. Specific and detailed recommendations were developed to respond to the gender-related issues identified. In addition, Mrs. Ivankovich and Dr. Lerotholi met with the team from MGYSR, including the Director of the Gender Department, Mantoa Lehloaea, as well as the USAID Activity Manager for ASSIST, Justine Mirembe, to brief her on the gender work. In addition, Mrs. Ivankovich reviewed and provided comments on three quality assurance tools—one for ART, PMTCT, and Continuum of Care—to ensure gender considerations were fully considered in new programs starting up and to capture gender-related improvements.

**Virtual support:** During FY15, staff provided additional support to integrate gender in the ASSIST project. To support technical teams to collect and analysis sex-disaggregated data and identify gaps and issues related to gender, WI-HER gender specialists provided virtual technical assistance by Skype, phone, and email to respond to project-specific concerns or questions.

- **Burundi.** WI-HER staff provided technical support to the ASSIST team in country as they conducted and analyzed the results of a gender-related study, “Factors Associated with HIV Testing among Male Partners of Women in Antenatal Care,” along with assistance from headquarters. The team has

integrated findings from the analysis into the program design. The team is also tracking male partner involvement in PMTCT and tested changes to increase male involvement in the PMTCT.

- **DRC.** WI-HER provided support to disaggregate data in the NACS program by sex. It was observed that women are more likely to be seen at the clinic monthly, but the percentage of females whose nutrition status was accurately calculated was lower than the percentage for males. Further analysis was discussed with the DRC team to identify additional issues, underlying causes and changes to test to achieve possible solutions.
- **Uganda.** WI-HER provided support in gender integration in multiple programs. In the SMC program, WI-HER supported the development of webinar materials on gender integration and female involvement in VMMC programs. The webinar was presented along with USAID Washington and other professionals working on VMMC internationally. Participation was wide and feedback was positive. WI-HER supported the Uganda team working on improving retention in care and adherence to treatment among HIV/TB co-infected patients to identify indicators that require disaggregation by sex and further analyze results, identify gaps and activities to address such gaps, and report on results. The Uganda team with WI-HER technical support was able to close gaps among women and men and improve outcomes for both. In the OVC program, WI-HER provided technical support to analyze sex-disaggregated data and examine outcomes among orphan and vulnerable boys and girls. The program encouraged caretakers to participate in a savings program that improved their income as well as nutrition and school attendance among children. While monitoring outcomes, WI-HER provided technical support to the ASSIST team so they can identify negative unintended results. The team then identified cases of gender-based violence as a negative unintended consequence of the savings program. The ASSIST team then received technical support on how to identify cases of gender-based violence (GBV) and refer them to local NGOs that provide support.
- **Swaziland.** WI-HER provided technical support to disaggregate data by sex and analyze results among TB cases. The team was able to identify lower retention in care among men and increased levels of resistant strains. WI-HER supported the team in Swaziland to identify activities to ensure men continued their course of treatment when they come back from South Africa mines, as treatment was interrupted due to their work abroad. Swaziland reported improved outcomes among men.
- **Tanzania.** WI-HER provided technical support to identify solutions to the low number of enrolled men in care that test positive for HIV when they accompany their female partners during an ante-natal care (ANC) visit. The team identified several activities including providing services to both women and men who are HIV positive at the same service point. Tanzania team reported improved outcomes among men.

**Tracked experiences with addressing gender issues in improvement in all ASSIST countries**

(ongoing). An ongoing function of the Improvement Specialist for Gender and Knowledge Management on the USAID ASSIST knowledge management team is to track progress in addressing gender-related factors as part of improvement efforts at the country level. **Table 2** summarizes gender integration activities by country for FY15 and **Table 3** provides examples of sex-disaggregated and gender-sensitive indicators collected and analyzed during FY15.

**Table 2: USAID ASSIST gender integration activities during FY15**

Country	ASSIST Gender Integration Activities
<i>Africa</i>	
<b>Burundi</b>	<b>PMTCT:</b> 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,” and has integrated findings from the analysis into the program design. The team is also tracking male partner involvement in PMTCT and tested changes to increase male involvement in the PMTCT.
<b>DRC</b>	<b>NACS:</b> ASSIST DRC collected sex-disaggregated data over the previous quarter and identified that women are more likely to be seen at the clinic monthly, but the percentage of females whose nutrition status was accurately calculated was lower than the percentage for males. Further analysis will be done to identify additional issues, underlying causes and changes to test to achieve possible solutions.

Country	ASSIST Gender Integration Activities
<b>Kenya</b>	<p>ASSIST Kenya staff were trained in gender integration in FY15.</p> <p><b>Maternal, Newborn, and Child Health (MNCH):</b> ASSIST Kenya responded to gender-related barriers to ANC by initiating male partner testing, working to involve and educate male partners during couples' visits to ANC clinics.</p> <p><b>OVC:</b> The team identified and addressed gender issues affecting education including early marriage, female genital mutilation, a lack of sanitary pads, 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 prevention, basic treatment, and referrals to health clinics.</p> <p><b>VMMC:</b> The ASSIST Kenya team identified that boys who had undergone VMMC had dropped out in high rates in part due to the cultural norm that they were now men and responded by working with community leaders and creating a mentoring program between male college students and boys undergoing circumcision, which contributed to a decrease in dropout rates.</p>
<b>Lesotho</b>	<p>ASSIST Lesotho staff were trained in gender integration and conducted a gender analysis in FY15.</p> <p><b>PHFS:</b> The ASSIST Lesotho team identified gender-related issues affecting PHFS health outcomes including high rates of adolescent pregnancy and its negative impacts on girls who then have to drop out of school. The team has also identified the potential for involving male partners and mothers-in-law in the services related to the retention of mother-baby pairs.</p>
<b>Malawi</b>	<p>ASSIST Malawi staff were trained in gender integration, two gender integration trainings were conducted for improvement teams in OVC, an integrated QI and gender training was conducted for teams from OVC targeted districts, and an integrated QI and gender learning session was conducted for community QI teams.</p> <p><b>OVC:</b> The ASSIST Malawi team 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. Using the results of the analysis, the teams developed improvement plans that incorporated gender sensitive changes to address the gender gaps that existed between boys and girls in terms of academic performance.</p> <p><b>VMMC:</b> The team integrated gender into the VMMC baseline assessment and monitoring tools. Gaps and opportunities to integrate gender will be identified as the program begins.</p>
<b>Mali</b>	<p>ASSIST Mali staff were trained in gender integration and conducted a gender analysis in FY15. ASSIST Mali is planning to hire a gender technical staff member.</p> <p><b>MNCH:</b> The ASSIST Mali team identified a gender-related barrier to women's low ANC attendance, lacking transportation money from their male partners. ASSIST has worked with two villages to initiate a social funding program to support ANC and delivery costs for women at health centers. The team conducted a gender analysis in June 2015 to identify gender-related issues affecting the program and to develop activities and use improvement approaches to respond to the gender issues identified. Aims to collect age-disaggregated data (on female patients under 18 and 18+ at 1 site and 35 and under and 36 + at another site) to identify gaps in outcomes and respond to the specific needs of young mothers and older mothers. The team is also planning to begin a family involvement component to engage mothers-in-law and husbands at the facility and community levels and to track this.</p> <p>The ASSIST Mali is collecting sex-disaggregated data on the number of babies born and who receives services.</p>

Country	ASSIST Gender Integration Activities
<b>Mozambique</b>	<b>PMTCT/PHFS:</b> The ASSIST Mozambique team identified that the non-participation of male partners affects early testing, enrollment, and retention of pregnant mothers in the PMTCT program, and identified mothers-in-law as key decision-makers within families and involved activities to reach them to improve retention of mother-baby pairs. ASSIST Mozambique also sensitized religious leaders to the importance of ANC and asked the religious leaders to share the message with their congregation, which also led to an increase in ANC visits.
<b>Niger</b>	<b>Post-partum Family Planning (PPFP):</b> The ASSIST Niger team has identified gender-related issues affecting PPFP uptake and has sensitized health facility teams on gender. The team responded to gender-related issues affecting PPFP uptake by involving husbands at the Konni District Hospital team, where changes were tested that showed promising changes in attitudes: designation of a special space for counseling, making family planning (FP) services available 24 hours a day instead of only morning, taking advantage of post-partum women's discharge day to conduct couples' counseling on PPFP, and sending an invitation to husbands (by phone) to be present at their wives' hospital discharge (and thus use this opportunity to conduct PPFP couples' counseling). These changes were shown to be very successful in increasing uptake in family planning.
<b>Swaziland</b>	<b>TB/HIV:</b> A gender analysis of the health facility statistics was conducted and 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.
<b>Tanzania</b>	<b>PHFS:</b> The team has 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. Changes tested have resulted in an increase in male partner testing in sites integrating gender compared to data for sites not integrating gender. <b>OVC:</b> Two sex-disaggregated OVC databases were designed to support the field office to collect and analyze gaps affecting girls and boys to better meet the needs of vulnerable girls and boys. <b>HIV/TB:</b> Teams are disaggregating TB screening and loss to follow-up results by sex. HIV clinic attendance reflected that 4 times as many women were receiving ART care. Teams tested changes to ensure men were enrolled and retained in care which resulted in a closing gap related to the number of HIV positive male and female patients on ART that are lost to follow up per month in Morogoro Region.
<b>Uganda</b>	<b>Continuum of Response (TB/HIV):</b> 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. <b>SMC:</b> The team worked to increase female partner involvement in SMC which had previously been identified as a barrier affecting outcomes. ASSIST 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. <b>PHFS:</b> 20+ clinics utilized 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 focusing on isolating the effects of gender interventions on increasing retention rates of HIV-positive mothers and their babies.

Country	ASSIST Gender Integration Activities
	<p><b>Saving Mothers Giving Life (SMGL):</b> Sites are tracking male involvement through improved couple counseling and male involvement at maternity and young child/postnatal care clinics.</p> <p><b>OVC:</b> The team is responding to gender gaps in school re-integration for male and female vulnerable children and gender issues identified in economic strengthening efforts, including the potential increase of gender-based violence.</p>
<b>Zambia</b>	<p>Staff were trained in gender integration in FY15.</p> <p><b>NACS:</b> NACS-related sex-disaggregated data were collected and analyzed to identify gaps in how males and females access and benefit from nutrition services, to identify differences in the rates and types of malnutrition between males and females, and to respond appropriately towards improving nutrition and health outcomes.</p>
<i>Asia</i>	
<b>India</b>	<p>Three staff members from ASSIST participated in a USAID Gender, Policy and Measurement Program workshop about topics which included gender integration and combatting gender-based violence.</p> <p><b>Community Health:</b> The ASSIST India team conducted a qualitative research study in FY14 to determine the effects of family, community, and gender norms on the work of Indian community health workers. The findings contributed to the planning of a training of trainers on gender and social inclusion for community QI teams to take place in the third quarter in Delhi. The team organized a planning session on gender integration in the community to inform improvement work.</p> <p><b>MNCH:</b> The team responded to gender-related challenges leading to inadequate postpartum detection of early signs of complications, engaging and educating family members about warning signs and informed male family members about the importance of ANC and PFP. ASSIST India also engaged male family members when conducting home visits. The team organized a planning session on gender integration in the community to inform improvement work. Three staff members from ASSIST participated in a USAID Gender, Policy and Measurement Program workshop about topics which included gender integration and combatting gender-based violence.</p>
<i>Europe and Eurasia</i>	
<b>Georgia</b>	<p><b>Non-communicable diseases:</b> The Georgia team integrated gender into the program by collecting and analyzing sex-disaggregated data and identified a gender-related gap in cardiovascular disease (CVD) risk factor calculation. The team addressed this challenge and has improved the screening and management of CVD risk factors in primary care. Continuous monitoring of sex-disaggregated indicators revealed that by the end of the project, no gaps between quality of care provided to men and women were detected.</p>
<b>Ukraine</b>	<p>ASSIST Ukraine staff have been trained in gender integration and a gender integration and sensitization training took place for trainer-of-trainers in October 2014.</p> <p><b>Non-communicable diseases:</b> The team analyzed the results of a survey to determine the gender-related factors influencing tobacco and alcohol use among pregnant women and girls and developed a brief about role of gender related to alcohol and tobacco use among pregnant women and adolescents and presented the brief to QI teams during a learning session and monitoring visit meetings. As a result of training and technical assistance, the team modified their educational materials to reflect a family approach in order to engage male partners.</p>
<i>Latin America</i>	
<b>Nicaragua</b>	<p><b>HIV/AIDS:</b> 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,</p>

Country	ASSIST Gender Integration Activities
	gender-based violence and human trafficking module was also completed and three universities have been trained in the new curriculum.

**Table 3: Examples of sex-disaggregated and gender-sensitive indicators collected and analyzed during FY15**

Country	Gender-related indicators collected by USAID ASSIST country teams
<b>DRC</b>	<ul style="list-style-type: none"> <li>• % HIV+ clients seen at the clinic whose nutritional status was accurately calculated, by sex</li> </ul>
<b>Georgia</b>	<ul style="list-style-type: none"> <li>• % clients counseled on cardiovascular risk factors, by sex</li> <li>• Patient perception of lifestyle cardiovascular risk factors, by sex</li> <li>• Patient medical compliance, by sex</li> </ul>
<b>Kenya</b>	<ul style="list-style-type: none"> <li>• % vulnerable children reached and linked to health facilities for preventive and curative health care, by sex</li> <li>• School educational performance among girls and boys</li> </ul>
<b>Malawi</b>	<ul style="list-style-type: none"> <li>• Baseline distribution of boys and girls who pass two exams by class in Balaka District</li> <li>• # of children accessing centers for psychosocial support, by sex</li> <li>• Education performance, attendance, and completion of primary education, by sex</li> </ul>
<b>Mali</b>	<ul style="list-style-type: none"> <li>• # of babies born who receive services, by sex</li> </ul>
<b>Swaziland</b>	<ul style="list-style-type: none"> <li>• # clients initiated on TB treatment, by sex</li> <li>• % adult clients in each stage of TB/HIV care cascade, by sex</li> <li>• % pediatric clients in each stage of HIV/TB care cascade, by sex</li> </ul>
<b>Tanzania</b>	<ul style="list-style-type: none"> <li>• % HIV+ clients lost to follow up, by sex</li> <li>• % HIV+ clients diagnosed and started on TB treatment, by sex</li> <li>• Needs of vulnerable children, by sex</li> </ul>
<b>Uganda</b>	<ul style="list-style-type: none"> <li>• Appointment keeping among male and female ART patients</li> <li>• % TB/HIV co-infected clients on ART, by sex</li> <li>• % TB/HIV co-infected clients completing TB treatment, by sex</li> <li>• % pre-ART clients retained in care 12 months after enrollment, by sex</li> <li>• % ART clients clinically well 12 months after initiation of ART, by sex</li> <li>• % of newly tested positive for HIV linked and enrolled in HIV care, by sex</li> <li>• Rate of re-enrolling children in school, by sex</li> </ul>
<b>Zambia</b>	<ul style="list-style-type: none"> <li>• Access to nutrition services, by sex</li> <li>• Rates of malnutrition, by sex</li> <li>• Type of malnutrition (severe or moderate acute malnutrition), by age and sex</li> </ul>

**Presentations.** During FY15, WI-HER staff presented on gender integration in the USAID ASSIST Project in multiple venues to share the project's approach to mainstreaming gender integration and results from incorporating gender considerations in improvement work. Key presentations included:

- **Presented to USAID Maternal and Child Survival Program (MCSP) staff on gender integration** (October 2014). Dr. Taroub Faramand of WI-HER presented to MCSP staff on USAID ASSIST's approach to integrating gender considerations through improvement methods, sharing tools and materials, and generating interest in gender integration.
- **Led a session at the Global Health Mini-University on gender integration** (March 2015). Taroub Faramand, Megan Ivankovich, and Elizabeth Silva led the session "Gender Integration: The Key to Sustained Improvements in HIV Programs" in Washington, DC. The session explained what gender integration and the science of improvement are as well as why gender integration is important and how to integrate gender into HIV services and programs.

- **Facilitated gender integration workshop at REPSSI meeting** (Sept 2015). Dr. Taroub Harb Faramand and Tiwonge Moyo presented a skill-building workshop at the Regional Psychosocial Support Initiative (REPSSI) forum in Victoria Falls, Zimbabwe. The 3-hour skill-building workshop showcased the innovative approach the USAID ASSIST Project has integrated into OVC work in Malawi to address gender issues using the science of improvement to improve health and education outcomes for vulnerable girls and vulnerable boys. Around 30 people attended. The workshop included interactive gender-sensitization and skill-building activities to build awareness about how gender issues affect access to and utilization of psychosocial support services among boys and girls and of different age groups, and promoted critical thinking about the most effective ways to respond to gender issues strategically at every stage of a project or service, and relevant tools and guides to support participants to identify and respond to gender issues in their own work were shared.

**Technical materials.** During FY15, staff developed diverse technical materials and tools as well as knowledge management products and activities to support teams to address gender issues using the science of improvement.

- **Produced blog series for International Day of the Girl Child** (Oct 11, 2014) **and International Women’s Day** (March 8, 2015). Each blog series highlighted how ASSIST’s approach of addressing gender issues by using an improvement approach leads to improved health and education outcomes for women and girls globally. Blogs included perspectives from field office staff in Tanzania, Malawi, Nicaragua and Kenya.
- **Produced the resource, “An Improvement Approach to Respond to Gender-Based Violence”** (Dec 2014). This resource describes GBV and explains why it is important to consider in improvement activities. It provides step-by-step guidance on how to identify and address GBV using an improvement approach as well as examples of how GBV might be relevant in each step. (<https://www.usaidassist.org/resources/improvement-approach-respond-gender-based-violence>).
- **Produced the resource, “Steps to Identify and Close Gender-Related Gaps Using an Improvement Approach”** (March 2015). These step-by-step instructions detail how to use an improvement approach to identify and respond to gender-related gaps in services or programs to close gaps and improve outcomes and provides examples from three technical areas of the USAID ASSIST Project: HIV and chronic care, orphans and vulnerable children, and NACS. A draft of the step-by-step guide was presented to ASSIST staff during a technical webinar on February 17, 2015. (<https://www.usaidassist.org/resources/steps-identify-and-close-gender-related-gaps>).
- **Contributed a section on gender integration to the resource, “A Guide to Improving the Quality of Safe Male Circumcision”**: Gender integration in SMC improvement work: Involving female partners in SMC.
- **Produced the sex-disaggregated database template** (March 2015). The database aggregates data and allows for tracking and comparing indicator results for males and females. (<https://www.usaidassist.org/resources/excel-databases-improvement>).
- **Produced the resource, “A Quality Improvement Approach in PHFS that Responds to Gender Issues”** (April 2015). This guide explains why gender is an important consideration in PHFS. It provides examples of gender issues in access, retention, and adherence to treatment for mother-baby pairs, change ideas to respond to issues, and illustrative indicators to measure progress. (<https://www.usaidassist.org/resources/quality-improvement-approach-partnership-hiv-free-survival-responds-gender-issues>).
- **Produced the district improvement database** (July 2015). An age-disaggregated data collection tool, the database allows for the analysis of maternal and reproductive health outcomes among females of different ages, to identify gaps in outcomes among young females and older women as well. The database has been designed to track and create charts for up to 30 improvement indicators for a single district, containing multiple sites.

## Activity 5. Promote the use of improvement knowledge

### ACCOMPLISHMENTS AND RESULTS

- **Organized full-day Tweet Chat relay to mark the 16 Days of Activism Against Gender-Based Violence Campaign, reaching 1.2 million people** (Dec 10, 2014). ASSIST took the lead role in organizing the Tweet Chat relay titled “Innovative Approaches to Respond to Gender-Based

Violence.” Collaborating organizations included K4Health, The Asia Foundation, Promundo, Chemonics, World Vision, and The TOPS Program. The ASSIST team led one hour of the global tweetchat and discussed using improvement approaches to respond to gender-based violence, with guest expert Dr. Taroub Faramand of WI-HER LLC. The ASSIST Tweet Chat hour reached more than 375,000 people, while the entire relay reached 1.2 million people.

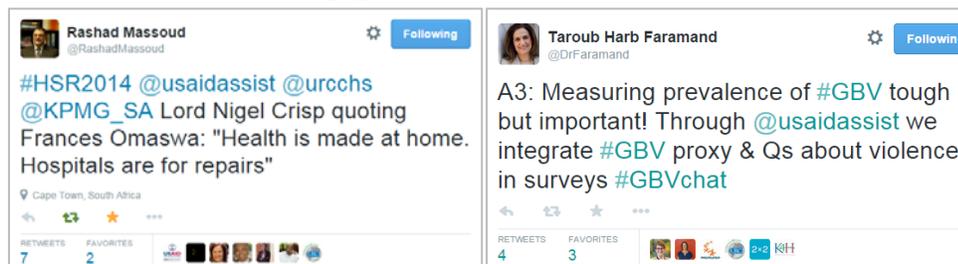
- **Promotion of improvement resources through Facebook.** As a result of new efforts to expand our social media reach in the last quarter of FY15, the ASSIST Facebook page has gained a nine percent increase in “likes,” ending FY15 with 5,942 total “likes.” During August and September 2015, Facebook overtook Twitter as the #1 social media platform for ASSIST, jumping from 28% in July to 80% by the end of September.
- **Facebook demographics and global reach.** In this period, the USAID ASSIST Facebook page earned a total of 16k impressions. The page also saw an increase in female users by 11% during this reporting period, and the age group of 25-34 (the highest age group on Facebook) become the highest group of fans, garnering over 1.1k. Pakistan, the United States and Georgia remained the top countries and cities with the most engagement.
- **Promotion of improvement resources through ASSIST Twitter.** With over 1.3k followers on Twitter and through the promotion of quality content, USAID ASSIST’s Twitter profile now holds a 51 Klout score, representing online influence, and trails behind [USAID’s klout score](#) of 78. ASSIST’s Twitter profile also ranks 36 (moderate) in social authority (a scale used by digital media experts to measure a user’s influential content on Twitter), suggesting that @usaidassist is in an effective strategy for directing followers to new content on the ASSIST knowledge portal.
- **Promotion of improvement resources through ASSIST Twitter.** During the period, tweets that garnered the highest levels of engagement were those that centered on Twitter campaigns for global health events, as well as tweets that linked to the Twitter pages of partner organizations. The Twitter campaigns in which @usaidassist participated included #GBVChat to advocate against gender-based violence, #IDG2014 in celebration of International Day of the Girl, #HSR2014 to promote ASSIST’s participation in the Third Global Symposium on Health Systems Research and #TAGASSIST, which was created to track live-tweeting at the ASSIST TAG meeting. In addition, the promotion of blogs and resources that involved fellow global health implementing partners and donor agencies resulted in vibrant engagement around the content tweeted. Sample tweets from the period are highlighted in **Figure 1**.

**Figure 1: Sample tweets that garnered high engagement among followers during the period**



- **Tweeting by ASSIST staff expanded our reach.** Tweets from ASSIST staff further reinforced @usaidassist’s engagement in these key content areas (**Figure 2**).

**Figure 2: Sample tweets from Dr. M. Rashad Massoud and Dr. Taroub Faramand that supported @usaidassist follower engagement**



- **Presented technical webinars.** USAID ASSIST organized or participated in nine technical webinars on improvement approaches and results during FY15 (recordings are accessible on the “Past Events” page on the ASSIST web portal):
  - 1) On October 16, 2014, USAID ASSIST AOR Dr. Jim Heiby presented the webinar, “Process Improvement In African Healthcare Systems: A 5-Year Agenda,” sponsored by the International Center for AIDS Care and Treatment Programs (ICAP) on his perspectives on the future of health care improvement in African health systems.
  - 2) Dr. John Byabagambi was a featured presenter in the US President’s Emergency Plan for AIDS Relief (PEPFAR) webinar, “Women and Voluntary Medical Male Circumcision” on Wednesday, November 19, 2014.
  - 3) Dr. Diana Chamrad spoke on USAID ASSIST community-level work in Uganda and Kenya in the panel, “Strengthening Families: Empowering Primary Caregivers” on November 20, 2014 as part of a two-day meeting convened by the PEPFAR OVC Task Force.
  - 4) On January 13, 2015, the project sponsored a PHFS webinar for the global community of donors and implementers supporting PHFS. Roland Van de Ven of the Elizabeth Glaser Pediatric AIDS Foundation and Luke Dausse of USAID ASSIST presented their experiences in Tanzania and Mozambique of leveraging community health systems strengthening for PMTCT.
  - 5) As part of the 2015 “Introduction to Quality and Quality Improvement” ICAP training course, Dr. Edward Broughton presented an ICAP webinar on February 25, 2015 on using cost-effectiveness analysis to assess the efficiency of improvement interventions.
  - 6) Dr. M. Rashad Massoud presented the webinar hosted by ISQua, “Quality and Safety in Developing Countries” on March 11, 2015.
  - 7) The project organized the PEPFAR webinar, “Rolling Out Continuous QI in VMMC: Lessons Learned from the USAID ASSIST Pilot Projects in Uganda, South Africa, Malawi, and Tanzania” on July 7, 2015. John Byabagambi, Donna Jacobs, Tiwonge Moyo, and Davis Rumisha discussed how the project has applied continuous QI in VMMC programs in the four countries.
  - 8) The project sponsored jointly with World Health Organization (WHO) the webinar, “Mainstreaming injection safety into health care delivery” on August 20, 2015. ASSIST staff Dr. Samson Haumba and Nokuthula Mdluli, together with Angel Dlamini Shongwe from the MOH of Swaziland presented on the injection safety improvement work and engaged in a panel discussion with WHO Service Delivery and Safety staff (Shams Syed, Benedetta Allegranzi, and Lopa Basu).
  - 9) The project sponsored a webinar on September 2, 2015 to address how to most effectively develop and disseminate knowledge products from improvement activities. The webinar featured URC staff well-versed in the knowledge product development experiences from four countries: Bede Matituye (Burundi), Stella Mwita (Tanzania), Mahtab Singh (India), and Roselyn Were (Kenya).
- **Spanish-language newborn care webinars:** USAID ASSIST continued to host Spanish-language webinars on newborn care under the aegis of the Salud Materno Infantil website and with co-sponsorship of the Latin America and the Caribbean Newborn Health Alliance. Several of the webinars were directed at hospitals participating in the virtual improvement collaborative on newborn sepsis (Red INFECC). In all, the project sponsored 10 Spanish-language webinars in FY15:
  - 1) “Prospects and challenges for newborn health in Latin America” was presented by Dr. Pablo Duran of the Pan-American Health Organization (PAHO) (November 5, 2014)

- 2) "Intercultural aspects of newborn care" was presented by Dr. Mario Tavera of UNICEF/Peru (December 10, 2014)
- 3) "Essential care for every baby" was presented by Dr. Carl Bose of the American Academy of Pediatrics (February 3, 2015)
- 4) "Prevention and early diagnosis of retinopathy of prematurity" was presented by Dr. Pedro J. Acevedo, a pediatric ophthalmologist (March 25, 2015)
- 5) "Launch of the Collaborative on Reduction of Neonatal Hospital Infections in Latin America (Red INFECC)" (March 31, 2015)
- 6) "Use of virtual platforms in the Red INFECC Virtual Collaborative" (April 16, 2015)
- 7) "Review of indicators and procedures for the baseline measurements in the Red INFECC Collaborative" (May 28, 2015)
- 8) "Critical moments in the management of hospital infections in newborns" was presented by Dr. Pablo Duran of PAHO (June 25, 2015)
- 9) "Management of the kangaroo baby at home and in the health system after discharge from the hospital" (August 6, 2015)
- 10) "Training in the use of the web platform for managing data in the Red INFECC Collaborative" (August 26, 2015)

## 4 Directions for FY16

In its fourth year of implementation, ASSIST will continue to emphasize the harvesting and documentation of learning from the implementation of country-level improvement, research, and evaluation activities and making that learning available in a variety of knowledge product formats through web portals, social media, and communities of practice. Two studies are underway to measure the value and/or cost-effectiveness of KM strategies in improvement. In FY16, we will expand the number of toolkits on the ASSIST knowledge portal to make synthesized knowledge available for specific topics in easy-to-use formats, and will continue to add more multi-media content into the website. Gender integration will continue to be emphasized as a key area of learning about how to make improvement activities more effective and efficient.



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