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USAID ASSIST Project
Applying Science to Strengthen
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USAID ASSIST Project

Research and Evaluation Report FY13

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2012 – September 30, 2013

DECEMBER 2013

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DISCLAIMER

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

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Acronyms

AIDS	Acquired immunodeficiency syndrome
AIMGAPS	Assuring Infants and Mothers Get All PMTCT Services
AMTSL	Active management of the third stage of labor
ANC	Antenatal care
AOR	Agreement Officer's Representative
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
ART	Antiretroviral therapy
HCI	USAID Health Care Improvement Project
HIV	Human immunodeficiency virus
IRB	Institutional Review Board
KM	Knowledge management
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
OVC	Orphans and vulnerable children
PMTCT	Prevention of mother-to-child transmission of HIV
R&E	Research and evaluation
SIS	Support for Improvement Science
SMC	Safe male circumcision
TB	Tuberculosis
URC	University Research Co., LLC
USAID	United States Agency for International Development
WHO	World Health Organization

Request from USAID: *This report shall provide a summary of all SIS research and evaluation studies, whether limited to a specific country or not, for a period of approximately one year. The report shall distinguish activities that are completed, under way, and planned for the next year, and summarize any findings. The report shall also summarize the status of papers submitted for publication, and identify priority issues for future research and evaluation. The Research and Evaluation Report shall be submitted within 90 days after the end of first year of the agreement, and annually thereafter.*

I. Introduction

The research and evaluation (R&E) unit of the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project provides technical support and guidance on country-led research and syntheses of learning across country projects on improvement topics such as validity of improvement-related data, sustainability and institutionalization, spread, and cost-effectiveness. The R&E unit works to disseminate knowledge from these studies to encourage wider adoption of improvement methods used in projects.

In FY13, the ASSIST R&E unit began several country-led research programs including: the study of pediatric tuberculosis (TB) diagnostic testing in Swaziland; the effectiveness and efficiency of using brief physician interventions to decrease alcohol and tobacco use in pregnancy in the Ukraine; studies on the prevention of mother-to-child transmission of HIV (PMTCT) services and retention in care in Tanzania; and studies on testing and follow-up for HIV services in Burundi. The R&E team also provided technical assistance for orphans and vulnerable children (OVC) services improvement measurement plans and planning for their validation in Nigeria, Kenya, and Uganda. Across ASSIST-supported countries, the R&E unit provided assistance with planning on how to validate 25% of key country-reported indicators.

II. Program Overview

Research Activities	What are we trying to accomplish?	How will we know?	Scale of intervention
1. Validation of >25% of improvement indicators	Demonstrate that data reported by the ASSIST project are accurate, reliable and relevant	Completed reports on validity studies on 25% of indicators Plans implemented to address deficits in validity when detected	No less than 25% of total number of country-reported indicators with completed validity assessment
2. Evaluation of improvement interventions using comparisons with control groups for at least 10% of improvement indicators	Demonstrate the positive impact of the ASSIST intervention on improvement indicators	Completed evaluation reports for 10% of indicators	Comparison reports on no less than 10% of country-reported indicators

Research Activities	What are we trying to accomplish?	How will we know?	Scale of intervention
3. Economic analysis of improvement approaches and strategies	Advance global learning on comparative advantage and economic efficiency of QI activities	Completed cost-effectiveness studies of improvement approaches and strategies	At least one economic analysis for every ASSIST country with an improvement program
4. Conduct rigorous research into mechanisms for improving the quality of care	Advance learning on the science of improvement as applied in lower and middle income countries	Completed studies evaluating the design of improvement activities	Every ASSIST country program
5. Evaluation of the design of improvement activities for lower- and middle-income countries	Advance learning on the science of improvement as applied in lower- and middle-income countries	Completed studies evaluating the design of improvement activities	Every ASSIST country program
6. Evaluation of methods and approaches for effective design and implementation of scale-up	Advance global knowledge on scale-up of improvement interventions	Completed studies evaluating methods and approaches for effective design and implementation of scale-up	Selected ASSIST country programs with scale-up activities
7. Generate and disseminate learning from multi-country research	Contribute to the quality improvement and global health fields	Grey literature, peer-reviewed publications, conference presentations, other meetings or presentations	Globally available publications on learning from implementing improvement programs
8. Capacity building for research and support to country programs	Build research and data management capacity of HCI staff	Provided guidance and training to HCI staff for research and data management	Every ASSIST country program

In FY13, the USAID ASSIST R&E team worked on 13 studies. To date, protocols have been developed for 10 of these. Six studies have been cleared to begin data collection because they have passed ethical review by the Institutional Review Board (IRB) of University Research Co., LLC (URC) and country-based IRBs. Collection of data has begun in two studies. Table 1 summarizes the status of each study.

Table 1: ASSIST research studies underway as of end of FY13

	Country	Study	Research Area	Status	Program Area
1	Burundi	Factors associated with not returning to health centers among pregnant women who tested positive for HIV	Improving care	Protocol drafted	HIV & AIDS
2	Burundi	Factors associated with HIV testing among male partners of pregnant women	Improving care	Protocol drafted	HIV & AIDS
3	Mali	Impact of anemia collaborative intervention in Mali	Design of improvement activities	Concept paper developed	MNCH
4	Mali	Risk of anemia attributable to malaria, iron deficiency and parasites in Mali	Design of improvement activities	Concept paper developed	MNCH
5	Nigeria	Validation of OVC data at the community level	Validation	Tools completed, evaluation to commence FY14	OVC
6	Swaziland	Increasing diagnosis of childhood TB in Swaziland: Clinical utility and validity sample collection and diagnostic methods among children in Swaziland	Improving care	Approved by IRB – Study underway	TB
7	Swaziland	Injection Safety, Waste Management Practices and Related Stigma and Discrimination in Swaziland: A national assessment, exploratory study, and evaluation	Improving care	Pilot testing of tools completed	HIV & AIDS
8	Tanzania	Factors associated with missed appointments among ART clients in Mtwara Region	Improving care	Protocol drafted	HIV & AIDS
9	Tanzania	A qualitative evaluation of "Assuring Infants and Mothers Get All PMTCT Services" (AIMGAPS)	Design of improvement activities	Protocol in review with Tanzania IRB	HIV & AIDS
10	Uganda	The effectiveness and efficiency of applying the chronic care model to clients with HIV in Uganda: A non-randomized controlled evaluation	Design of improvement activities	Baseline data collection complete	HIV & AIDS

	Country	Study	Research Area	Status	Program Area
11	Uganda	Improving the quality of safe male circumcision in Uganda: An evaluation and qualitative exploration	Improving care	Protocol approved by URC and Uganda IRB	HIV & AIDS
12	Uganda	The effectiveness and efficiency of integrated service delivery to HIV-positive mothers and their babies in Uganda	Design of improvement activities	Protocol approved by URC IRB. Preparing submission to Makerere U. IRB	HIV & AIDS
13	Ukraine	Improving alcohol and tobacco control during pregnancy in Ukraine	Design of improvement activities	In review by IRB in Ukraine	MNCH

A. Activity 1. Validation of 25% of improvement indicators

Background

The ASSIST project is mandated to validate 25% of the total number of country reported improvement indicators. Appropriate validation methods vary depending on indicator types and the validity questions surrounding them. Table 2 illustrates some of the approaches to validation that ASSIST has developed for implementation in various countries. There has also been significant technical assistance provided by the R&E team to develop improvement indicators for country activities.

Table 2: Approaches to validation of improvement indicators

Validity question	Possible collection methods	Example
Do data recorded in patient charts/facility or community registers accurately reflect what happened in patient encounters?	Direct observations; mystery patients; exit interviews	Direct observation by experts of deliveries is compared to patient records to determine the agreement in records of compliance with active management of third stage of labor (AMTSL)
Do data recorded in improvement reports accurately reflect what is recorded in patient charts / facility or community registers?	Chart/register audits	Expert chart reviewers audit antiretroviral therapy (ART) medical records to determine their agreement with what the improvement teams recorded for patient compliance from the same records

Validity question	Possible collection methods	Example
Does a positive score in the indicator mean that the actual outcome is positive for the patient?	Direct observations; exit interviews	Interviews with patients on their experience with care can be compared with the indicators of "patient-centered care" to determine if there is consistency in results

Accomplishments

- Built validation of data into the study, “The effectiveness and efficiency of applying the chronic care model to clients with HIV in Uganda: A non-randomized controlled evaluation”** which is described in greater detail below. ASSIST seeks to build validation of improvement indicators into broader evaluations when that validation of data fits into and strengthens the study design. The accomplishment is that data have been collected for the baseline phase of this study, and preparation for end line data collection has also been completed. A test for the validity of the data will be conducted using sources of client data to determine their agreement with each other. For example, CD4 counts in patients on ART will be measured to determine their association with other measures of client health status.

B. Activity 2. Evaluation of improvement interventions using comparisons with control groups for at least 10% of improvement indicators

Background

There are three main approaches ASSIST is using or planning to use with regard to inclusion of control groups:

- Identifying similar facilities, community health areas or systems that are not exposed to the ASSIST intervention and measuring the same indicators at these sites. This may involve sending trained data collectors to control sites to ensure the accuracy of the data gathered from these control sites where the capacity for record keeping and data collection may be low.
- Step-wedge designs: If a staggered start to the intervention is planned, a step-wedge design may be used, where data collected during the non-intervention period from sites that are starting in a later phase serve as the control sites for sites that are starting in the first phase of intervention. This avoids the potential problem of collecting data from sites at which there is no plan to intervene, as in the aforementioned method (1, above).
- Cross-over designs: In country programs where there is implementation of two or more components, a cross-over design can be used whereby one group of sites implements one component while a second group of sites implements the other component. Indicators for both components are measured in both sets of sites, and each acts as the other’s control. For example, if one set of sites is implementing the chronic care model to ART patients, while another set of sites is working on integration of PMTCT services, the chronic care sites act as the control sites for the PMTCT evaluation, and the PMTCT sites act as the control for the chronic care sites. At some point in time, the interventions

switch, and further comparisons can be conducted at that time.

Accomplishments

- **Finalized a protocol for a study of “The effectiveness and efficiency of applying the chronic care model to clients with HIV in Uganda: A non-randomized controlled evaluation.” Data collection for this study began in April-June 2013 and will continue into FY14.** The USAID ASSIST project is implementing a follow-on to the chronic care improvement intervention implemented by HCI in Buikwe District from October 2010 to October 2012. Under ASSIST, the chronic care model is being spread to two neighboring districts, Mityana and Nakaseke, in Central Uganda. This is a controlled (pre/post-intervention or interrupted time-series) study using quantitative and qualitative data from a random sample of clients receiving HIV services at any one of the sites participating in the study. The study seeks to answer the following research questions:
 1. Are clients exposed to the chronic care model more likely to remain on treatment and maintained in the continuum of care than clients treated with standard care?
 2. Are clients exposed to the chronic care model more likely to remain adherent with their treatment regimen than clients treated with standard care?
 3. Are providers exposed to the improvement intervention more likely to have access and knowledge of the national treatment guidelines than clinicians not exposed to the intervention?
 4. Are client charts more likely to be completed in clinics participating in the improvement intervention than client charts from clinics not exposed to the improvement intervention?
 5. Do clients exposed to the chronic care model demonstrate better outcomes than clients treated with standard care?
 6. Are clients who receive care in intervention clinics more likely to receive care in a timely manner than those receiving care in clinics in which there is no chronic care intervention?
 7. If outcomes are better among clients exposed to the chronic care model compared to those treated with standard care, what is the cost-effectiveness of the chronic care model in this setting?

Quantitative data are being collected from client medical records. The approximate sample size is 370 in each of the control and intervention groups, for a total of 740. A test for the validity of the data will be conducted using client interviews to verify the accuracy of the information appearing in the medical record. CD4 counts will be used as a measure of clinical status. Baseline CD4 tests have been conducted for clients who do not have a documented CD4 taken 30 days before of baseline data collection. As CD4 tests every six months is part of standard care, follow-up CD4 counts will be taken from medical records. Data on wait times was collected at baseline and will be collected again at end line. Qualitative data will be collected from client and provider interviews.

C. Activity 3. Economic analysis of improvement approaches and strategies

Background

The economic efficiency of improvement activities often determines whether or not they will be implemented more widely and sustained beyond the period of assistance by the ASSIST Project. It is mandated in the agreement that some reporting on cost be conducted in each country in which improvement activities are taking place under the project. There are two studies underway, described below, which are specifically looking at the cost-effectiveness of improvement activities.

Accomplishments

- **Finalized a protocol and tools for a study of “Increasing diagnosis of childhood TB in Swaziland: Clinical utility and validity sample collection and diagnostic methods among children in Swaziland.”** The study, described in more detail under Activity 4 below, has been approved by both the URC and the Swaziland IRB. There is a cost-effectiveness analysis component included in this study, and piloting of the data collection instruments has been completed.
- **Finalized a protocol and tools for a study of “The effectiveness and efficiency of integrated service delivery to HIV-positive mothers and their babies in Uganda.”** The study has been approved by URC’s IRB and is in review with the ethics committee at Makerere University in Kampala, Uganda. There is a cost component examining the incremental efficiency of different modes of services delivery with respect to initiation on ART and retention of mother-baby pairs into care.

D. Activity 4. Conduct rigorous research into mechanisms for improving the quality of care across clinical areas

Background

While there is substantial literature in the HIV field on stigma and discrimination from the perspective of people living with HIV, there have been fewer studies globally about health worker experiences providing HIV care, the associated stigma, and its impact on their job satisfaction and engagement in their work. Further, there is little research around injection safety and waste management in Swaziland.

Accomplishments

- **Completed a study protocol and tools for “Injection Safety, Waste Management Practices and Related Stigma and Discrimination in Swaziland: A national assessment, exploratory study, and evaluation.”** This study seeks to understand:
 1. What type of injection safety and waste management practices and policies exist in facilities in Swaziland?
 2. What stigma and/or discrimination do health care providers feel or express related to HIV care and treatment and other blood-borne pathogens?
 3. How do improvement activities for injection safety effect HIV-related stigma and

discrimination?

- This study will use both qualitative and quantitative methods to explore existing practices and policies, issues of stigma and discrimination, identify opportunities for improvement in injection safety, and measure the impact of those improvement efforts. A concurrent transformative strategy will be employed in which baseline data on injection safety and waste management practices and the presence and form of any related stigma and discrimination will be collected to inform the design of an improvement intervention. End line data, also captured through mixed methods, will provide evidence of change. This study has been approved by both the URC and Swaziland IRBs and the quantitative data collection has started. Qualitative data collection is planned for February 2014.
- **ASSIST's research protocol for a study on "Improving the quality of safe male circumcision in Uganda: An evaluation and qualitative exploration" was approved by the URC IRB and the local IRB in Uganda.** ASSIST is currently registering the study with the National Institute of Medical Research in Uganda, the final step for ethical approval from the Ugandan authorities. Data collection is scheduled to begin in December 2013.
- **Worked with implementing partners to conduct a facility-level assessment of the 30 facilities using the Safe Male Circumcision (SMC) Quality Standards Tool in Uganda, an adaptation of the WHO Male Circumcision Services Quality Assessment Toolkit,** which measures compliance with 53 minimum standards for SMC for HIV prevention across seven areas: 1) management systems; 2) supplies, equipment, and environment; 3) registration, group education, and information, education, and communication; 4) individual counseling and HIV testing for male circumcision clients; 5) male circumcision surgical procedure; 6) monitoring and evaluation; and 7) infection prevention. The tool development activity was completed in the fourth quarter of FY13. This study seeks to both evaluate the interventions implemented and to better understand why some SMC clients return to the facility for follow-up care and others do not. This is a pre/post evaluation with an embedded qualitative study.
- **Drafted a protocol for a study in Burundi on "Factors associated with HIV testing among male partners of pregnant women."** Increasing male participation has been identified as a potentially critical strategy to enhance PMTCT uptake in PEPFAR-assisted countries. ASSIST has been asked to provide support for the implementation of an improvement collaborative focused on improving the quality of PMTCT services in four provinces in Burundi. This study seeks to enhance the QI intervention package by identifying factors that promote or inhibit HIV testing among male partners of women seeking antenatal care (ANC). Findings will inform the development of a package of best practices to promote male testing, which is seen as a proxy for male participation in PMTCT programs. The following research questions will be addressed:
 1. What socio-demographic factors are associated with being tested for HIV among partners of women in ANC?
 2. What are the individual and structural factors that are associated with testing among partners of women enrolled in ANC?

3. What are the factors that influence not sharing HIV status among couples?

Tools are being developed for data collection, which is scheduled to begin in February 2014.

- **ASSIST drafted a protocol for a study in Burundi on “Factors associated with not returning to health centers among pregnant women who tested positive for HIV.”** This study seeks to explore factors that influence why women may not return to facilities after testing positive for HIV. Data collection is planned for the second quarter of FY14. The following research questions will be addressed:
 1. What is the true outcome of women who do not return to the facility for PMTCT services?
 2. What are the facilitators of PMTCT uptake among women who test positive for HIV during ANC?
 3. What are the barriers to PMTCT uptake among women who test positive for HIV during ANC?
- **ASSIST finalized a protocol and tools for a study of “Increasing diagnosis of childhood TB in Swaziland: Clinical utility and validity sample collection and diagnostic methods among children in Swaziland.”** The study has been approved by the URC IRB and has been submitted to the Swaziland IRB. The piloting of the tools has been completed, and data collection is expected to begin in the second quarter of FY14.
- **Began data collection for a study of “The effectiveness and efficiency of applying the chronic care model to clients with HIV in Uganda: A non-randomized controlled evaluation.”** For more details, see Activity 2 above.

E. Activity 5. Evaluation of the design of improvement activities for lower- and middle-income countries

Background

To achieve the goal of strengthening the evidence base for improvement methods, the R&E unit has supported evaluations of improvement interventions to generate both quantitative and qualitative information of the effectiveness of specific program designs.

Accomplishments

- **Finalized a research protocol for a qualitative evaluation of "Assuring Infants and Mothers Get All PMTCT Services" (AIMGAPS).** This protocol cleared URC's internal IRB and is currently under ethics review with the National Institute for Medical Research in Tanzania. Data collection is scheduled to begin in the second quarter of FY14. The research questions for the qualitative evaluation are:
 1. What are clients and providers perceptions of PMTCT services with respect to quality, uptake, and retention?
 2. How do clients experience receiving PMTCT services and providers experience delivering these services?
 3. What are the perceptions of and experiences with Option B+ from both provider and client perspectives?

4. Are there differences in provider and clients perceptions and experiences between those sites with facility-only support and those with facility and community-level support?

The findings from this study are expected to contribute to knowledge of how to improve the quality of PMTCT services and client uptake and retention in care.

- **Finalized a research protocol for a study on “The effectiveness and efficiency of integrated service delivery to HIV-positive mothers and their babies in Uganda.”** ASSIST works in 22 facilities across six districts of Uganda to improve retention of mother-baby pairs in care, to attain universal breastfeeding and improved nutrition of mother-baby pairs, and ensure that HIV-exposed infants are protected through antiretroviral therapy. The objective of this study is to evaluate different modes of service delivery among the 87 spread facilities in Uganda, with particular attention to infant feeding and retention into care of mother-baby pairs. The specific research questions for this study are:
 1. How do mothers experience and perceive care across the different modes of service delivery (i.e., services provided in ART clinics, post-natal clinics, or clinics where the services are merged)?
 2. How effective are the different modes of service delivery compared to the current mode of service delivery in terms of initiation on ART if indicated, receiving routine health services, and retention in care?
 3. What is the incremental efficiency of the new modes of service delivery compared to the current mode of service delivery in terms of initiation on ART if indicated, receiving routine health services, and retention in care?

This prospective pre-post mixed methods study was approved by the URC IRB. ASSIST is preparing the protocol and tools for submission to Makerere University for in-country ethics approval. It is expected that data collection will begin in the second quarter of FY14.

- **Developed a research protocol for a study on “Improving alcohol and tobacco control during pregnancy in Ukraine.”** This study will evaluate the effectiveness and efficiency of an ASSIST intervention in decreasing the prevalence and intensity of alcohol and tobacco use in the areas targeted for the intervention. The research questions are:
 1. Does the improvement activity change primary health provider behavior such that they improve their delivery of the evidence-based intervention to decrease alcohol and tobacco use during pregnancy?
 2. Does the improvement activity lead to a decrease in self-reported alcohol use among women who report alcohol consumption during their pregnancy in facilities with clinicians exposed to the intervention?
 3. Does the improvement activity lead to a decrease in tobacco use among women who smoke during pregnancy in facilities with clinicians exposed to the intervention?

4. What is the incremental cost-effectiveness of the improvement activity in terms of expenditure per additional woman who decreases or abstains from alcohol or tobacco during pregnancy?
 5. This protocol has been finalized and submitted for IRB review in Ukraine.
- **Drafted a concept paper for an assessment the impact of a health worker performance intervention on PMTCT quality of care and patient outcomes in Burundi.** This assessment will seek to: 1) Determine whether the implementation of an HWP intervention alone is associated with improved quality of care and patient outcomes; 2) determine whether the integration of an HWP intervention with a QI collaborative enhances quality of care and patient outcomes. The concept paper will be submitted to the Burundi Mission for consideration for FY14.

F. Activity 6. Evaluation of methods and approaches for effective design and implementation of scale-up

While there were not R&E activities specifically focused on the scale-up of improvement interventions in FY14, there are studies planned in Mali on maternal, newborn, and child health (MNCH) and in Burundi for PMTCT. These potential research activities will depend on the evolution of the programs themselves and therefore cannot be finalized until decisions for scale-up are made later in FY14.

G. Activity 7. Generate and disseminate learning from multi-country research

Studies examining retention in care of HIV-positive clients are planned in Burundi and Tanzania in FY14. It is expected that findings from these two studies will generate multi-country learning.

Part of ASSIST's R&E mandate is to investigate the degree to which improvement programs are institutionalized and what factors are the most important in that process. To develop the evidence base on institutionalization of improvement programs, the study that is farthest along in the process is the one in Kenya, where improvement methods are being disseminated to counties throughout the country. The R&E team has drafted a concept note and is working with the Kenya team to develop a protocol to investigate this in the coming year and beyond. It is planned that this will include a validation of the factors associated with institutionalization.

The ASSIST R&E unit, in collaboration with country team members, other partners, and the ASSIST knowledge management team, plans to disseminate the findings of our research activities in new and interesting ways. Particular attention will be paid to circulating our research findings among those beyond the field of quality improvement. This includes presenting research in such a way as to make it relevant and accessible to a broader global health audience. Examples of dissemination activities include:

1. Publishing rigorous research in peer-reviewed journals, with a focus on journals outside the field of improvement;
2. Presenting findings at international or regional conferences;
3. Publishing blogs highlighting key lessons for implementers; and
4. Participating in and/or organizing webinars or other meetings.

The R&E unit will work closely with ASSIST's knowledge management unit to publicize events and publications through such social media as Facebook and Twitter as well as the ASSIST website.

With respect to knowledge products, the ASSIST R&E team prepared materials, including a searchable database of ASSIST- and HCI-funded studies, for the ASSIST web portal, which will be launched in January 2014.

H. Activity 8. Capacity building for research and support to country programs

Background

Developing the capacity of country teams to perform all parts of research process is a goal of the ASSIST project. To this end, the R&E unit works collaboratively with the country staff and encourages them to take the lead where appropriate. The R&E unit also provides mentorship with the ultimate goal of enabling the local teams to generate and execute protocols and publish findings of rigorous research independently.

Accomplishments

- **Dr. Sarah Smith Lunsford traveled to Mozambique to provide support to the Mozambique team to refine project indicators and draft a plan for validation.** The objectives of her trip included providing support in analyzing and presenting focus group data on home-based care, beginning to discuss a plan for validating indicators as per the ASSIST mandate, and to provide training in qualitative research methods. Due to staff turnover and the timing of the trip, support for analyzing the focus group data on home-based care was not needed. Discussions were focused on the development of improvement indicators and the options for validating them. Indicators will be drafted once the draft standards are received.
- **Dr. Lunsford traveled to Uganda to provide support to the ASSIST-Uganda team in formulating and refining their research questions for qualitative studies,** and to work with the research and evaluation staff to refine outcome indicators and draft a plan for validation. Plans were developed for five studies:
 1. Impact of community-based quality improvement on retention and adherence
 2. Chronic care evaluation
 3. OVC gender equity study
 4. Safe male circumcision
 5. Nutrition assessment counseling and support and PMTCT
- **Dr. Astou Coly traveled to Burundi and Tanzania to work with ASSIST teams to finalize research questions** for three studies described above, draft protocols, and plan study implementation. She also provided support to the Burundi and Tanzania teams for the validation of indicators.

III. Directions for FY14

- In FY14, the R&E team will continue with provide technical assistance to country teams to develop, collect, and analyze indicator data for improvement activities. Part of this will be developing a system to archive data in a way that allows relatively easy retrieval for further, possibly pooled, analysis in the future as more data across different settings and technical areas are collected.
- In FY14, ASSIST studies that were developed in FY13 will move into the data collection phase, and the first ASSIST studies will be completed. The ASSIST R&E team will test new means of disseminating the project's research results and activities, including blogs, infographics, and podcasts, in addition to our focus on publishing in peer-reviewed journals, presenting our work at international conferences, and making our research available online.
- During the upcoming fiscal year, the R&E team, in collaboration with other key staff on the project, will develop a track on client-centered care as an integral part of quality improvement. We will distill the key elements of client-centered care and integrate them into one or two demonstration activities.
- The team will continue to publish research results in peer-reviewed journals as it has been doing. In addition to these research reports, there will be increased effort to publish global technical leadership articles (methodology, commentaries, review articles) in “non-quality improvement” journals when the opportunities arise.

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