

AFRICAN STRATEGIES FOR HEALTH ANNUAL REPORT YEAR THREE (2013-2014)



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ACRONYMS

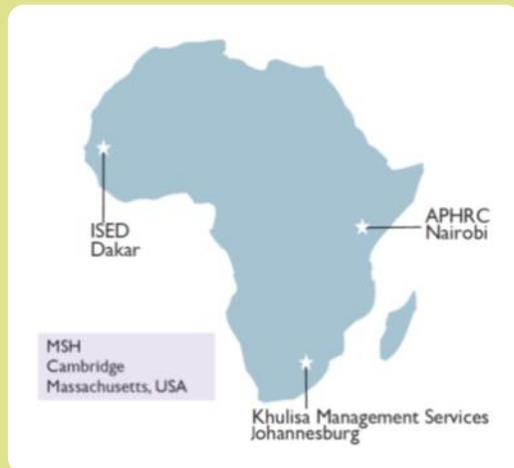
ACD	advocacy, communication and dissemination	QA	quality assurance
AFENET	African Field Epidemiology Network	RCT	randomized controlled trial
AfrEA	African Evaluation Association	REC	Regional Economic Community
AGOA	African Growth and Opportunity Act	RHAP	Regional HIV/AIDS Program (USAID)
APHRC	African Population and Health Research Center	RMS	Regional Minimum Standards
ART	antiretroviral therapy	SADC	Southern African Development Community
ASH	African Strategies for Health	SMS	short message service
AU	African Union	SSA	sub-Saharan Africa
AU CARMMA	AU Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa	TA	technical assistance
BLC	Building Local Capacity for Delivery of HIV Services in Southern Africa (MSH)	TB	tuberculosis
CBHI	community based health insurance	USAID	United States Agency for International Development
CDC	Centers for Disease Control and Prevention	USAID/AFR	USAID Bureau for Africa
CHW	community health workers	USAID/GH	USAID Bureau for Global Health
CSR	corporate social responsibility	USAID/GH/HIDN	USAID/GH Office of Health, Infectious Diseases and Nutrition
DALYS	disability affected life years	USAID/GH/OHA	USAID/GH Office of HIV and AIDS
DFID	Department for International Development (UK)	USG	United States Government
DHS	Demographic and Health Surveys	WAHO	West African Health Organization
EAC	East African Community	WHO/AFRO	World Health Organization's Regional Office for Africa
FSW	female sex workers		
HIV	human immunodeficiency virus		
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa		
ICFP	International Conference on Family Planning		
ICT	information and communications technology		
IDSR	Integrated Disease Surveillance and Response		
IPTp	intermittent preventive treatment in pregnancy		
IR	Intermediate Results		
IRS	insecticide residual spraying		
ISED	Institut de Santé et Développement		
KSPH	Kinshasa School of Public Health		
LDTD	long distance truck drivers		
M&E	monitoring and evaluation		
MDGs	Millennium Development Goals		
mHealth	mobile health		
MNCH	maternal, newborn and child health		
MSH	Management Sciences for Health		
NMCP	National Malaria Control Program		
PMI	President's Malaria Initiative		

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INTRODUCTION

The African Strategies for Health (ASH) project is a five-year contract funded by the United States Government (USG) through the Office of Sustainable Development within the United States Agency for International Development's Bureau for Africa (USAID/AFR).



ASH is being implemented by Management Sciences for Health (MSH) in partnership with three core Africa-based partners: African Population and Health Research Center (APHRC), Khulisa Management Services, and Institut de Santé et Développement (ISED) of Dakar University, Senegal. ASH also has collaborative partnerships with select African regional institutions.

With USAID/AFR, ASH works in close collaboration with African health institutions to identify and address constraints impeding the realization of the Millennium Development Goals (MDGs) and the goals of the USG.

TECHNICAL AREAS OF EXPERTISE

Maternal, Newborn and Child Health

Infectious Diseases

Health Systems Strengthening

Monitoring and Evaluation

Communications and Advocacy

ASH'S RESULTS FRAMEWORK



IR = Intermediate Results

YEAR THREE IN REVIEW

Year Three was marked with significant progress for the African Strategies for Health project. ASH increased the number of implemented activities while laying the groundwork for future results. Ongoing re-configuration and re-structuring of ASH moved the project closer to the aspirational goal of tighter alignment between project resources, performance, and efficient generation of high quality results. This commitment contributed to high level results in the project's intermediate result categories of knowledge generation (IR 1), consensus building (IR 2) and strengthened African Institutions (IR 3) (see box below).

GROWING OUR PORTFOLIO

In Year Three, ASH significantly expanded its scope of activities in both number and range of technical areas. Twelve strategic opportunities complemented a full set of 28 activities incorporated into the Year Three Work Plan. Technical diversity increased with the incorporation of strategic opportunities in health financing and mhealth, as well as the expansion of project activities into new research areas and collaborative partnerships. The exploration of new topics, including the assessment of community-based health insurance in Uganda and the contribution of private sector investments in health and their impact at a sub-regional level, will provide insight into under-researched areas. Ongoing activities, such as the Landscape Analyses, will contribute to a diverse set of results in the coming years, including greater understanding of the contribution of Regional Economic Communities to sub-regional health issues. Similarly, ongoing research on the implementation of services for pediatric tuberculosis (TB) in countries with a high burden of TB will provide a much needed status update and clarity regarding gaps and challenges.

ENHANCING FUTURE WORK

Year Three was characterized by building platforms for future work. Continued efforts and activities in niche areas served to progress dialogue and laid the foundation for a future yield of results. Niche areas include regional integration, mHealth, health financing, Integrated Disease Surveillance and Response (IDSR), pediatric TB, HIV, maternal health, and child health integration. For example, the findings from three systematic reviews around efforts to reduce mortality in HIV-infected pregnant women and post-partum women provide evidence and programmatic policy guidance for the development of activities to prevent maternal deaths. Complex field-level research activities, requiring intensive preparation, including protocol development and Institutional Review Board submission will be operationalized during Year Four. These include intermittent preventive treatment in pregnancy (IPTp) assessments in

Notable Strategic Opportunities

- Mobile Technology CHW Presentation for ICFP 2013 meeting
- West Africa Regional Private Sector and mHealth Dissemination Workshop
- Uganda mHealth Impact Evaluation NHRP
- Uganda CBHI Feasibility Assessment
- Angola mHealth Activity
- ICT Ministerial Meeting

Uganda and Nigeria and data collection for an impact evaluation on short message service (SMS) reminder systems in Uganda. Additionally, ASH completed preparations for the launch of an innovative and media-driven activity on highlighting emerging issues in urban health along the Abidjan to Lagos corridor in West Africa.

INCREASING PROJECT EFFICIENCY

The project focused on increasing flexibility and responsiveness to initiate concurring and emerging activities while increasing its effectiveness as a team and in its relationships with stakeholders. This led to new partnerships and approaches to efficiently achieve results. ASH partnered with three USAID Missions (Uganda, Angola, RHAP) in order to rapidly initiate and cost-share strategic activities, such as the Angolan eHealth Strategy Development activity and the Ugandan community-based health insurance (CBHI) activity. These partnerships leveraged ASH's flexibility as a project and ensured cost-effective approaches to implementation. ASH also increased its utilization of MSH's technical expertise and reach to implement Year Three activities. For instance, MSH Country Offices collected data on corporate social responsibility schemes of private sector Africa-based companies, thereby decreasing costs and increasing ASH's ability to collect field data.

Finally, the project focused on improving performance in key technical areas. Staff were re-aligned to support activities in HIV and maternal, newborn and child health (MNCH) technical areas. The HIV portfolio is growing while key activities have now been defined for the MNCH portfolio. While the project continued to deal with staff turnover in key positions, Year Three was marked by the filling of key staff for the roles of Project Director, Technical Director, Communication and Advocacy Advisor, Monitoring and Evaluation (M&E) Advisor, and MNCH Advisor. Close collaboration between AFR/SD and ASH and the creative deployment of project resources contributed to improved project efficiency and the ability to respond to strategic opportunities.

25

publications produced and disseminated that focus on trends, constraints and solutions for improved African health

8

program/project evaluations and/or special studies completed with ASH support

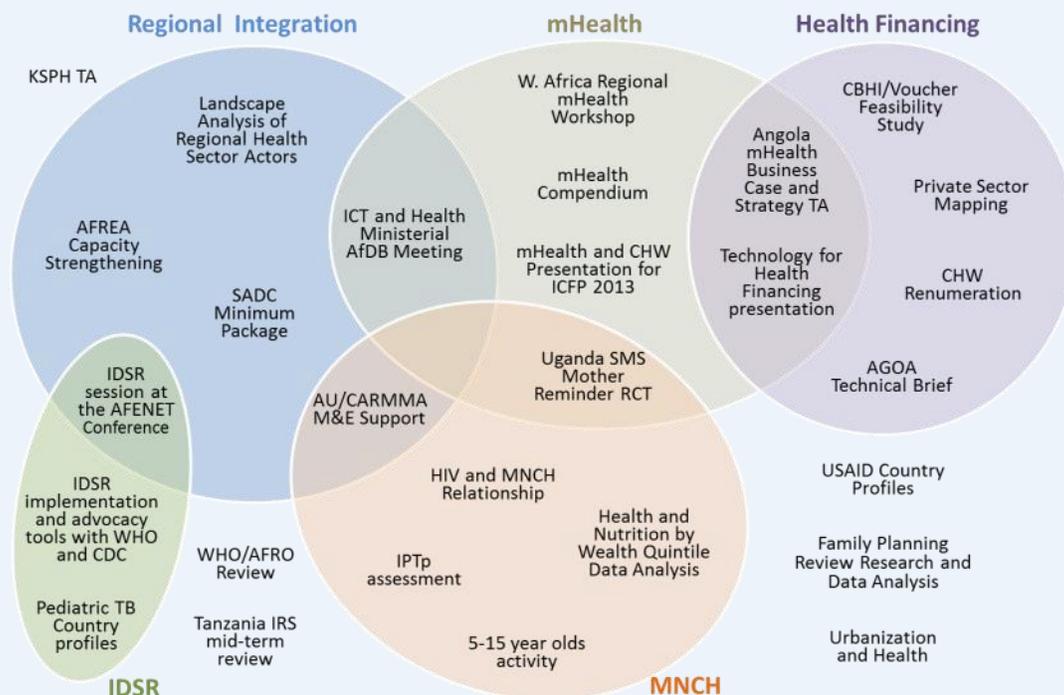
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consensus-building processes supported by ASH on prioritized health issues

5

African institutions participating in ASH-supported capacity development programs focusing on leadership, technical and/or management areas (process initiated with 42 other institutions)

Linkages between ASH Activities



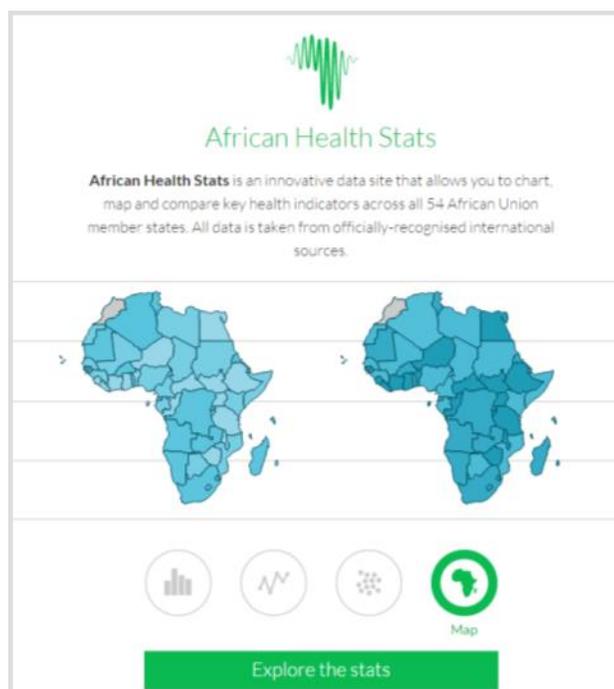
SELECTED KEY ACTIVITIES FOR YEAR THREE

Technical Area	IR1: Expanded Body of Knowledge	IR2: Consensus on priorities and strategies	IR3: Strengthened African institutions
MNCH and FP	<ul style="list-style-type: none"> Family Planning Review Research and Data Analysis 5-15 Year Olds Data Analysis Indicator Reference Guide for AU CARMMA 		<ul style="list-style-type: none"> Supporting the AU's CARMMA in Policy Advocacy, Monitoring and Evaluation
ID	<ul style="list-style-type: none"> Final report for the Tanzania IRS mid-term review Acceptance of two peer-reviewed articles on HIV and Maternal Mortality for journal publication Supported SADC to conduct a situational analysis of HIV and other health services along regional transport corridors 	<ul style="list-style-type: none"> Supported the IDSR AFENET Pre-Conference workshop 	<ul style="list-style-type: none"> Supported SADC to Develop Regional Minimum Standards for the Transport Corridors Facilitated EAC participation in a consensus building meeting for SADC Regional Minimum Standards
HSS	<ul style="list-style-type: none"> Landscape Analysis of Regional Health Sector Actors in Africa Exploratory phase (I) report of health-focused corporate social responsibility initiatives in Africa Designed the SMS Mother Reminder RCT with Cost-Effectiveness Analysis Provided Technical & Logistical Support for the Joint Review of the USAID Grant to WHO/AFRO mHealth Compendium Volumes Three and Four Uganda CBHI Feasibility Assessment 	<ul style="list-style-type: none"> West Africa Regional Private Sector and mHealth Dissemination workshop 	<ul style="list-style-type: none"> Co-facilitated the USAID evaluation training workshop and organizing the Health Evaluation strand of the AfrEA conference Provided KSPH with technical support and mentorship for financial management activities

TECHNICAL UPDATES

ASH technical activities include reviewing the current trends in health status, examining issues which are impeding delivery of health services and identifying potential solutions. To ensure complementarity, ASH aims to leverage activities and initiatives being implemented by a large number of donors and partners across the African continent. The sections that follow detail ASH's most notable accomplishments in Year Three.

MATERNAL, NEWBORN AND CHILD HEALTH



Supporting the AU's CARMMA on country-level indicators, data platform and visualization, and peer mentorship (IR1, IR2). In Year Three, ASH intensified its collaboration with the African Union (AU). The project conducted a joint initial visit with USAID to meet with stakeholders and develop draft terms of reference for ASH's support to the AU Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (CARMMA) team. The project assisted in development of the CARMMA scorecards which provide national level indicators on progress of key maternal, newborn and child health outcomes and country specific commitments to meet the Abuja targets. For the scorecards' 31 indicators, ASH developed indicator reference guides and compiled historical results and targets for the 54 member states. In addition, the project provided technical feedback on the overall design of the AU CARMMA data platform and its data visualization tools. The private version of the web-based data platform has now been completed by the DFID funded contractor and will become a publically available website during CARMMA Week on November 17, 2014. The private site can be viewed at www.africanhealthstats.org with the password: caAHSau14!. Lastly, ASH's M&E Specialist

engaged in informal peer learning conversations with CARMMA's M&E Advisor. ASH will continue supporting AU CARMMA in M&E and communications and advocacy efforts in Year Four.

Identifying health needs and gaps among 5 to 15 year-olds in sub-Saharan Africa (IR1). Five to fifteen year-olds are a fast-growing cohort and constitute approximately 26 percent of Africa's population¹. Though they are not included in either the child age group (zero to four) or the reproductive age group (typically 15-45), they share health issues with both. Their health is neither a major focus of attention nor monitored like these other age groups. An exception is a special series of Lancet articles about adolescents, defined as ages 10 to 24, that focused on the 10 to 14 cohort. Understanding of this age cohort required analysis of communicable diseases, nutrition, injury, sociocultural issues, inequalities, and disparities, as well as how they interact and change throughout this ten-year age period to affect current and future health. ASH analyzed DHS data from 35 countries covering almost 18,000 females age 15 in sub-Saharan Africa (SSA) to evaluate prevention within the context of common diseases, groups at risk, and regional variations in health. Further analysis included an examination of disability affected life years (DALYS) and life tables. In Year Four, ASH will continue research with a focus on the five to nine year old age cohort.

¹World Health Organization (WHO) Regional Disease Burden Estimates for 2000 and 2011.

INFECTIOUS DISEASES

TUBERCULOSIS

Analyzing the landscape of pediatric TB service delivery in Africa (IR1, IR2). During Year Three, ASH initiated the Landscape Analysis of Pediatric TB service delivery in Africa. This was in response to the absence of information (both epidemiological and programmatic) for some countries in terms of activity planning or garnering political/financial support for program initiation. The purpose is to develop a more concrete picture of the status of pediatric TB control in selected priority countries in the African region.

ASH, in collaboration with AFR/SD and USAID's Bureau for Global Health (USAID/GH), has compiled and initiated the analysis of a comprehensive volume of pediatric TB related materials in total 65 documents and 34 research articles during Year Three. These include National Strategic Plans, Program Reviews and Joint Monitoring Missions, epidemiological assessments, Global Fund documents, TB/

HIV Concept Notes, and National TB guidelines. Information gaps are being supplemented through key informant interviews with both Washington and field-based USAID staff, National TB Program staff and other stakeholders. In Year Three, nine key informant interviews were conducted. Three products are in development: a tracker that will provide information about a country at a glance; a more detailed landscape analysis report that will identify gaps in programming, support the development of appropriate interventions and identify relevant research; and two-page Country Profile reports on current epidemiology, national policies, partners working in childhood TB. The information will be used to update participants about the implementation status of pediatric TB in the African region at the 2014 TB Union Meeting in Barcelona, Spain. Potential future products include peer-reviewed publications and the development of a toolkit that provides guidance for countries about best practices for effective TB programming for children.

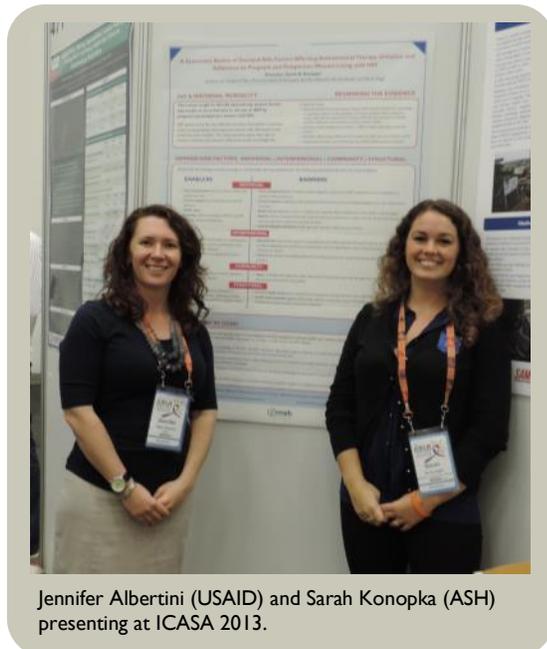
HIV

Disseminating findings and building consensus to improve services and programming for pregnant and postpartum women living with HIV (IR1, IR2). Women in Africa suffer disproportionately from HIV-related maternal mortality. Identifying the causes and effective strategies for responding is critical for keeping pregnant women and mothers alive and preventing new HIV infections among their children as we endeavor to achieve the global goals of an AIDS-Free generation and ending preventable child and maternal deaths.

During Year Two, ASH collaborated with colleagues from USAID/AFR, GH/HIDN and GH/OHA and a team of consultants to conduct three systematic reviews. The reviews considered the evidence around efforts to reduce mortality among HIV-infected pregnant and postpartum women. The reviews also explored interventions to reduce morbidity and mortality among this cohort, as well as the health system and individual/contextual enablers and barriers of antiretroviral therapy (ART) initiation, adherence and retention.

In Year Three, ASH and USAID focused their efforts on targeted dissemination of the three systematic reviews and its findings to inform dialogue between field-based implementers, policymakers and researchers. Additionally, ASH converted the reports into three abstracts which were accepted for poster presentation during the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in Cape Town, South Africa, in December 2013. The posters were cited in UNICEF's Children and AIDS Roadmap for ICASA 2013 which highlighted the contributions of participants working to achieve an AIDS-Free Generation. ASH also led the development of research articles based on the reviews and submitted them for publication in peer-reviewed journals in April 2014. Two articles were accepted and publication is anticipated in Year Four.

During Year Four, ASH and USAID/AFR will continue to work towards building consensus on priorities by sharing review recommendations with policymakers and program managers in easily accessible formats. This will help expand the reach of ART and guide the development of respectful and locally acceptable policies and programming for pregnant and postpartum women with HIV.



Jennifer Albertini (USAID) and Sarah Konopka (ASH) presenting at ICASA 2013.

Supporting SADC with the development of Regional Minimum Standards for HIV and other Health Services along the Transport Corridor (IR2, IR3). The road transport sector in Southern and Eastern Africa has been particularly affected by HIV and AIDS. Increased mobility in the region has been acknowledged as both an important driver in the transmission of many communicable diseases and a challenge to public health management. Access to comprehensive health services for all groups that work and live along transport corridors, including long distance truck drivers (LDTD) and female sex workers (FSW), remains a challenge in many countries in Africa.

To accelerate efforts to coordinate, integrate, and tailor corridor health services to meet the needs of LDTD, FSW and local communities, ASH supported the Southern African Development Community (SADC) to develop Regional Minimum Standards (RMS) for HIV and Other Health Services Along the Transport Corridors. This activity was undertaken in collaboration with MSH's Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC) project and co-funded by USAID's Regional HIV/AIDS Program (RHAP). ASH identified and worked with a local consultant to conduct a situational analysis, which included a comprehensive literature review and site visits to nine border clinics, and draft the RMS for review by SADC's technical working group. In addition, ASH participated in a consensus building meeting with Member State representatives in August 2014 to finalize and validate the RMS for submission to SADC's formal review and approval process. It is anticipated that the RMS will be endorsed during the high-level SADC ministerial meeting in November 2014.

In Year Four, ASH and USAID/AFR, in collaboration with BLC and USAID/RHAP, will support SADC and Member States to implement the RMS at country level.



Neway Fida (USAID) during the SADC Consensus Building Meeting in August 2014

Facilitating SADC and EAC cross-regional collaboration on HIV and AIDS (IR2, IR3). As regional economic communities, SADC and the East African Community (EAC) are tasked with the harmonization of policies and guidelines in their respective regions. Stronger coordination of a response to the high burden of disease along the transport corridors is a key priority for both regions and has been the focus of a series of consultative meetings with USAID and other partners in recent years.

Like SADC, the EAC is now leading a process to develop standards for health service provision along the transport corridors. Issues along transport corridors do not stop at borders, thus there is a great need for coordination between the adjacent regions. Recognizing the opportunity for promoting alignment and continuity of services, ASH and USAID/AFR supported the strategic participation of a representative from the EAC's HIV and AIDS Unit in SADC's RMS Consensus Building Meeting in August 2014. The draft RMS developed for the SADC region may now be considered as the EAC Task Force develops their regional standards, and SADC has been invited to participate in the EAC Task Force's process. ASH also facilitated a side meeting between SADC and EAC's HIV and AIDS Unit representatives to discuss the process of developing and domesticating standards more broadly, as well as successful strategies for working with Member States and challenges they face.

In Year Four and beyond, ASH will look for opportunities to support continued communication and collaboration between SADC and EAC's HIV and AIDS Units to ensure a coordinated and strengthened response.

MALARIA

Developing a managerial quality assurance tool for intermittent preventive treatment in pregnancy (IR1). While IPTp is an effective intervention in reducing malaria infection in pregnancy, there are many factors that impede delivery and uptake. Conducting facility level assessments and bottleneck analyses will contribute to development of a managerial quality assurance (QA) tool that will monitor coverage and identify and address impediments to effective IPTp delivery and care. During Year Three, ASH focused on preparations for the in-country surveys for the assessment. Country selection (Uganda and Liberia) was followed by consultation with local USAID Missions and National Malaria Control Program (NMCP) representatives. However, due to the Ebola outbreak's severe impact on the functioning of Liberia's health system, Nigeria was selected as an alternative country for assessment. The project designed and developed a survey protocol which involved a detailed methodology, survey tools and translations into two local languages. PMI's Malaria in Pregnancy Technical Working Group provided extensive commentary to better inform survey tool development. While the Ugandan IRB and the Ugandan National Council for Science and Technology reviewed the protocol, the project worked on developing training materials for the survey team, obtaining permission to conduct the assessment from selected districts, and identifying survey team members. Final logistic preparations for implementation of the survey in Uganda and initial preparations for the Nigerian assessment were underway at the end of Year Three.

HEALTH SYSTEMS STRENGTHENING

Strengthening the capacity of evaluators to conduct high quality health evaluations (IR3). In March 2014, the project managed the Health Evaluation Strand of the African Evaluation Association's (AfrEA) 7th International Conference in Yaounde, Cameroon, contributing to AfrEA's "Made in Africa" approach which focuses on knowledge sharing, collaboration and networking with African and international participants and international organizations. For the conference, ASH identified a keynote speaker and key leaders, secured panel discussions and presenters, reviewed and selected health evaluation abstracts for poster presentations, and selected the top papers for submission to the African Evaluation Journal. Together with USAID/AFR, the project co-hosted a one-day knowledge and skills transfer workshop to build upon the capacity of African evaluators in the context of the new USAID Evaluation Policy and its Quality Standards.

Technical Assistance to Kinshasa School of Public Health (KSPH) in DR Congo (IR3). In Year Three, ASH continued to provide organizational development technical assistance to KSPH to build their capacity in managing a USAID-funded scholarship program in the areas of financial management, reporting and compliance. To assist with this activity, the ASH Director of Finance & Administration visited KSPH in February 2014 to help KSPH develop their work plan and budget for the 2014 academic year scholarship program. During the trip, ASH also provided orientation to KSPH staff on USAID's policy on Preventing Terrorist or Debarred Individuals/Entity Financing Policy. As a result of this orientation, KSPH is now able to do an initial screening of students receiving USAID funding to comply with the regulation.

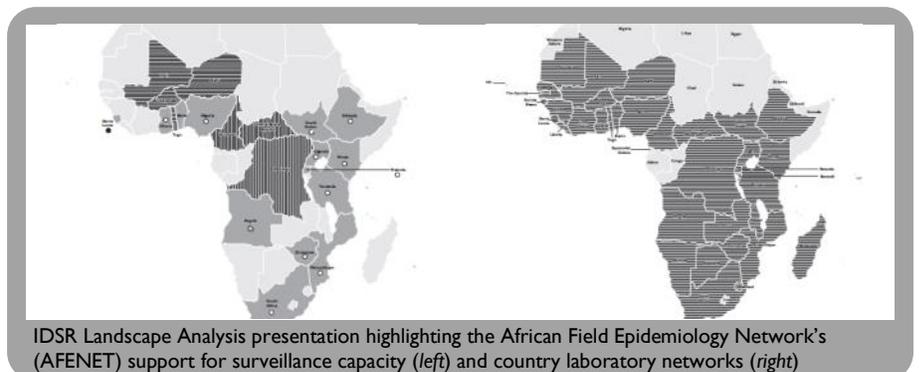
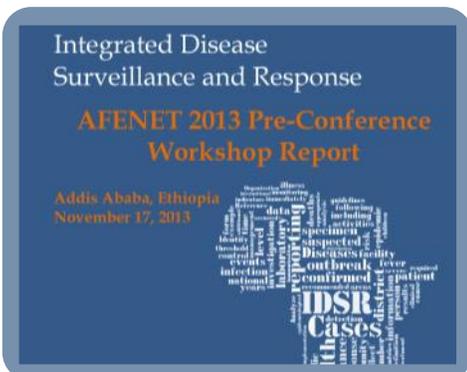
INTEGRATED DISEASE SURVEILLANCE AND RESPONSE

The Ebola outbreak in West Africa had a significant impact on disease surveillance in Africa during Year Three. The outbreak signaled a change in the strategic thinking of IDSR and emphasized the need for strong surveillance programs as an essential component of functional health systems. This brings important opportunities for IDSR and its potential contribution in the future.

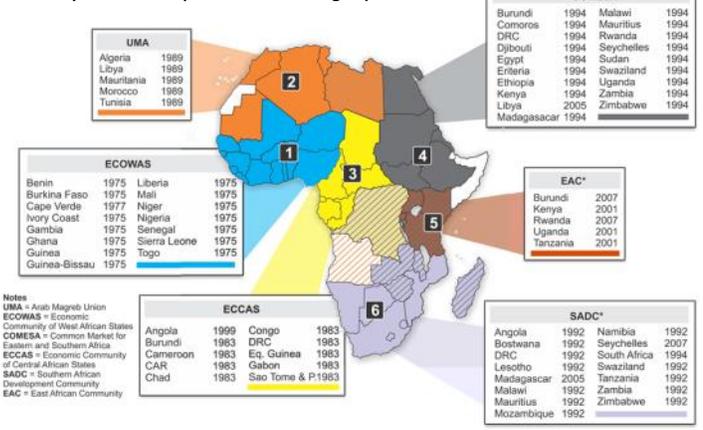
Facilitating implementation of IDSR in Sub-Saharan Africa (IR2, IR3). ASH in collaboration with WHO/AFRO and the Centers for Disease Control and Prevention (CDC) hosted a one day workshop on IDSR at the 4th AFENET Conference in Addis Ababa, Ethiopia. The event not only advocated for IDSR, but also created the opportunity for stakeholders to map a way forward. ASH contributed to informal planning discussions at the AFENET meeting by preparing an analysis of progress and alignment of activities outlined in the WHO/AFRO's grant agreement with the actual activities that were implemented. Further reflection on IDSR implementation was provided through the assessment of IDSR activities through the WHO/AFRO mid-term review.

Analyzing the landscape of IDSR implementation to support country-level activities (IR2, IR3). A four-day IDSR planning event in Brazzaville led to the development of a joint World Health Organization's Regional Office for Africa (WHO/AFRO), CDC and ASH Work Plan for the last 18 months of USAID's Grant Agreement with WHO/AFRO. The work plan highlights partner roles and responsibility for activity implementation in support of IDSR scale up.

Subsequent to the work planning meeting, ASH initiated a Landscape Analysis to catalogue institutions that conduct activities involving the application of the IDSR Strategy outlined in WHO's IDSR Technical Guidelines. The purpose was to identify institutions with whom collaborative partnerships could be established in order to facilitate IDSR expansion. Landscape Analysis literature reviews and key informant interviews identified ten networks, twelve donors, five projects and six institutions involved in surveillance – related activities. Key findings included the following: there is limited information about country level activities, activities and networks were initiated during the early 2000's and are now closing down, and there is limited funding for the development of IDSR capacity for countries. A SurveyMonkey questionnaire was launched to identify country-level funding and the type of country-level support for countries at the national, district and community levels.



Country membership for six of the eight pillar RECs



Landscape Analysis of Regional Organizations (IRI). The global trend towards increased regional multilateralism, integration, and cooperation has generated opportunities for most sectors, including trade, agriculture and health. In Africa, regional bodies—such as regional economic communities and inter-governmental institutions, as well as regional professional associations and regional networks—have become active contributors to public health policy-making and programming. To shed light on this phenomenon, the ASH project conducted a landscape analysis of key regional organizations in the African health sector. The study aimed to contribute to enhancing the level of understanding of the relationships, power dynamics, limitations, and strategic advantages of regional bodies in Africa. As part of this study, the project

identified 101 regional organizations with health programs. Based on its analysis of 137 documents from the white and grey literature, and of findings from 51 key informant interviews, the study team concluded that regional organizations offer strategic value in three core areas: 1) enabling economies of scale, 2) influencing policy, and 3) providing technical leadership. The project also developed two-page profiles of 15 regional organizations highlighting organizational structure, major accomplishments, collaborations, and the organization’s strengths, challenges, opportunities and threats. Findings and recommendations from the study, as well as the organizational profiles, will be used to heighten awareness within USAID and other development partners of the contributions of key regional bodies to improvements in health outcomes in Africa.

Joint Midterm Review of USAID/AFR’s Grants to WHO/AFRO (IRI). The project team provided technical and logistical support for the Review of USAID’s Disease Control and Reproductive Health in Africa Grant and conducted an online survey to assess the nature and quality of the partnership between the WHO Africa Region and USAID. Some recommendations based on key findings include the following: USAID/AFR should clarify WHO’s mandate and WHO/AFRO should develop a plan to secure and sustain support for critical positions in order to improve grant performance, both organizations should establish a mutually acceptable communication frequency and channels to enhance the partnership, and WHO and USAID should adapt and improve indicators that capture the full scope of WHO Africa Region’s activities to improve alignment between the two organizations.

Analyzing the potential for leveraging private sector companies contributing to the health sector in African countries (IRI). ASH undertook this activity to learn more about corporate social responsibility (CSR) contributions to the health sector in Africa in order to learn if there is potential for more private sector contributions to the health sector in the future. An initial review of 619 transnational corporations resulted in findings related to what types of private sector companies are making the contributions, where they are located and the forms of the contributions. To provide an on-the-ground understanding of CSR in health in Africa, ASH has used MSH country offices to survey key informants of private companies, ministries of health and USAID mission in seven countries: Angola, Botswana, Lesotho, Nigeria, South Africa and Uganda. The qualitative information is being analyzed and a report written that summarizes the findings on CSR for health in Africa. It will provide recommendations for ministries of health and USAID missions on how they may encourage more engagement with private companies that are willing to make CSR contributions to the health sector.

For Year Four, an ASH technical brief will present the potential for CSR in health in Africa, lessons learned and the opportunities for ministries to leverage this potential into additional support for strategic initiatives within the health sector.

COMMENCING WORK ON NEW MULTI-YEAR ACTIVITIES

As a follow-up to the November 2013 regional USAID mHealth meeting in Addis, the USAID Angola Mission requested technical assistance to lay a foundation for the development of a national eHealth strategy and explore potential mHealth opportunities for this country. With buy-in from the Mission and in close collaboration with the MSH Angola office, ASH performed a desk review and worked with a consultant to conduct interviews of key informants in the health and ICT sectors. Findings from this assessment will provide an analysis of the mHealth landscape in Angola and a roadmap for the development of a national eHealth strategy.

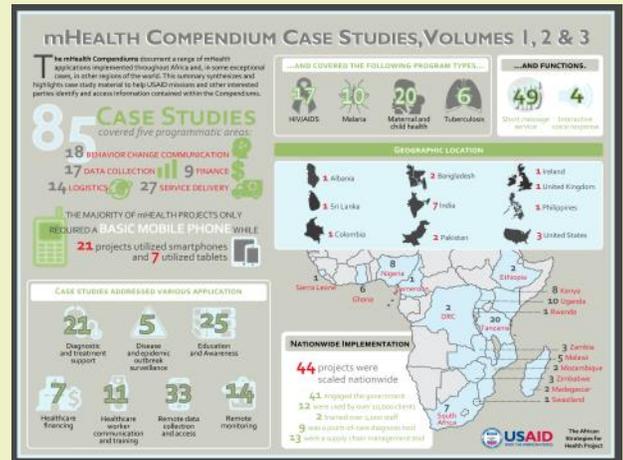
During Year Three, ASH and USAID began discussions around a rapidly growing urban Africa and resulting health issues, with a focus on urban centers along the West African Abidjan to Lagos transport corridor. In order to raise awareness of these issues amongst policy makers, USAID technical staff, and USAID decision makers, ASH is designing an activity that will examine urban health in the context of service provision, social and environmental determinants, and multi-sectoral system strengthening. ASH will conduct key informant interviews and continue research, aided by APHRC, to develop visually compelling products in Year Four.

ASH's mHEALTH INITIATIVES

Using connecting technologies, such as mobile solutions, at scale can have a transformative role in improving access to essential health services, as well as the efficiency, quality, affordability and sustainability of those services. As a knowledge broker in the field of mHealth, the ASH project works closely with its Africa Bureau counterparts and other USAID bureaus, missions and partners to expand the body of knowledge and build the business case for investing in mHealth solutions. The project team is also helping USAID field staff and African ministries of health access the most current and relevant information regarding mHealth solutions.

Providing a valuable resource of innovative mobile health technologies through the mHealth Compendiums (IRI).

In Year Three, ASH developed two volumes (volumes 3 and 4) of the mHealth Compendium. Combined with previous Volumes 1 and 2 (published in project Year Two). The compendiums contain 116 case studies documenting a range of mHealth applications being implemented mainly throughout Africa, but also in other regions. In order to help USAID Missions access relevant mHealth information, the compendiums offer project descriptions, publication references and contact information for making further inquiries. Each two-page case study includes an introduction to the health area or problem; a description of the mHealth intervention highlighted; a description of any important results or evaluation findings; lessons learned; and conclusions. A number of mHealth interventions featured in the compendiums seek to contribute to USAID's two overarching objectives of ending preventable child and maternal deaths and achieving an AIDS-free generation. The project team released these volumes during key regional mHealth events in Tanzania, South Africa, Ethiopia and Washington, DC. USAID Washington highlighted ASH's three mHealth Compendiums in a missive to all USAID missions. In response to feedback from African stakeholders, the project translated Volume 3 into French and Portuguese, making the compendium one of the first sources of information of its kind available in these languages.



The mHealth Compendium Infographic is produced with each volume of the mHealth Compendium. The most recent summary synthesizes and highlights case study material from Volumes One through Three. It is designed to help USAID missions and other interested parties identify and access information contained within the Compendiums, including application and program types, geographic distribution and projects at scale.



A Village Health Team (VHT) member reviews steps for registering pregnant women into the SMS Mother Reminder System

Designing an impact evaluation of the SMS Mother Reminder System (IRI).

In Year Three, at the request of the USAID Uganda mission, the project designed and launched the implementation of a randomized controlled trial (RCT) with cost-effectiveness analysis of the pilot SMS Mother Reminder system in Uganda. The study experienced delays due to the political situation in Uganda and the extensive ethical review process needed for randomized trials. Expected to end in September 2015, the 13-month study will track the pregnancy of at least 2,320 women and collect data in 45 health facilities until the women deliver. Findings from this impact evaluation will guide future mHealth investments by government agencies and USAID not only Uganda but also elsewhere on the continent.

Scaling up mobile technology applications for accelerating progress on ending preventable maternal and child deaths (IRI, IR2). ASH participated in the November 2013 regional USAID mHealth meeting in Ethiopia of more than 155 representatives from governmental and non-governmental organizations, the private sector and civil society from 15 countries and two regional programs in Africa. Based on discussions held in this meeting, ASH developed the technical report "Scaling Up Mobile Technology Applications for Accelerating Progress on Ending Preventable Maternal and Child Deaths". The report 1) assesses progress made by African countries on advancing governance, policy, and scale up of mHealth; 2) highlights innovative financing mechanisms to scale-up mHealth, and; 3) identifies strategies for engaging mobile network operators and other key stakeholders in the mHealth value chain.

PROJECT MANAGEMENT

BUILDING & STRENGTHENING PARTNERSHIPS

The following are a subset of ASH's collaborators in key activities:

- H** African Evaluation Association (AfrEA)
- I** African Field Epidemiology Network (AFENET)
- M** African Union's Campaign for Accelerated Reduction of Maternal Mortality in Africa (AU CARMMA)
- I** Centers for Disease Control and Prevention (CDC)
- M** Department for International Development (DFID)
- I** East African Community (EAC)
- H** Kinshasa School of Public Health (KSPH)
- H** mHealth Working Group
- I** President's Malaria Initiative (PMI)
- I** South African Development Community (SADC)
- H** West African Health Organization (WAHO)
- H** World Health Organization's Regional Office for Africa (WHO/AFRO)

M = maternal, newborn and child health; **I** = infectious diseases; **H** = health systems strengthening

USAID Collaborators

ASH also collaborated with the following USAID operating units: the Bureau for Global Health, the U.S. President's Malaria Initiative (PMI), the Global Development Lab, the Regional HIV/AIDS Program (RHAP) in Pretoria, the West Africa Regional Health Office in Accra, the East Africa Regional Health Office, and USAID missions to Liberia, Nigeria, Uganda, the DRC, and Angola.

MSH Country Offices

In addition, ASH capitalized on MSH's broader footprint in Africa by benefitting from the logistical and technical support of its country offices in Angola, Botswana, Ethiopia, Lesotho, Nigeria, Rwanda, South Africa, and Uganda, and the Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC) Project.

PROJECT COMMUNICATION

DEVELOPING AN ADVOCACY, COMMUNICATION AND DISSEMINATION STRATEGY FOR ASH ACTIVITIES

During Year Three, ASH progressed its advocacy, communications and dissemination (ACD) efforts. The project responded to USAID/AFR's request to revisit and revise ASH's ACD Strategy. The team began to think more strategically and implement detailed dissemination plans for various activities and strategic opportunities. The project also incorporated a dissemination section within the COR Letter template for applicable activities, which included the specific product(s), channel(s) for dissemination, target audience(s), and completion date(s).

IMPROVING COMMUNICATIONS EFFORTS

The ASH project has also expanded its relationship with the larger MSH communications teams in order to continually improve communication efforts with the organization, USAID and the broader global health community. During Year Four, ASH hopes to further expand its network and improve exposure through connecting with communications staff from USAID/GH.

INCREASING PROJECT EXPOSURE THROUGH THE ASH WEBSITE

During Year Two, ASH focused on development of the project website, including design and technical writing. Based on a series of feedback from USAID, ASH made several modifications to the layout and content prior to its official launch. In February 2014 of Year Three, ASH's website was officially launched and shared with USAID, MSH, and other organizations. It was also shared with various global health listservs through Constant Contact email blasts. On the website, readers can find information regarding ASH's work, technical areas of expertise, news on African health issues, and the ASH team, among others.

ENHANCING PRODUCT DESIGN

ASH also produced a number of activity-specific ACD materials this year which are described in the technical sections of this report. ASH designed more visually impactful products, provided ACD and graphic design support to USAID/AFR, garnered interest in ASH's work from MSH and the broader community, and prepared documents for professional printing and distribution. A selection of these communications materials are highlighted below.

Images (opposite page): 1 REC Profile of the West African Health Organization (WAHO). 2 Collaboration Diagram of African RECs, networks and associations, and technical organizations. 3 Poster presentation at ICASA, November 2013 on "A systematic review of interventions to reduce mortality among HIV-infected pregnant and one year postpartum women". 4 USAID Zambia health briefer. 5 AFENET 2013 pre-conference workshop report on IDSR. 6 ASH project information sheet. 7 WHO/AFRO outbreak response and cross border activities for the WHO/AFRO Mid-Term Review 8 Briefer on USAID's contribution to an AIDS-Free Generation through Impact

ASH is Online!

Shortly after the launch of ASH's website, the ASH team reviewed viewer statistics with USAID/AFR, including the number and geographic location of viewers, as well as the popularity of various pages. End of year stats are presented below.

TOTAL VIEWERS

1,407

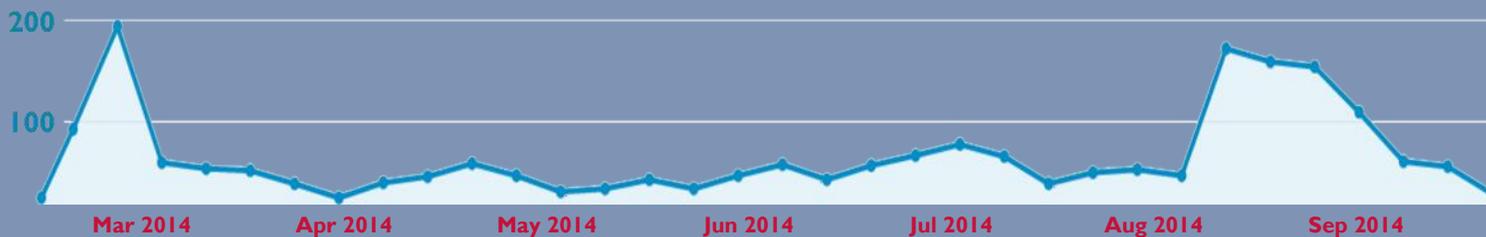
TOTAL PAGEVIEWS

15,743

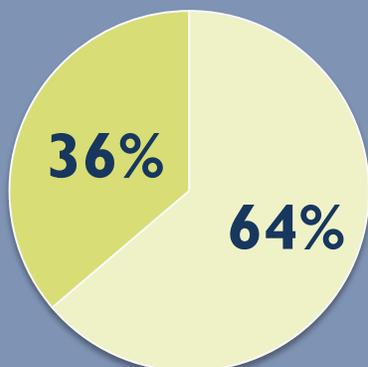
AVERAGE DURATION ON WEBSITE

2min 54sec

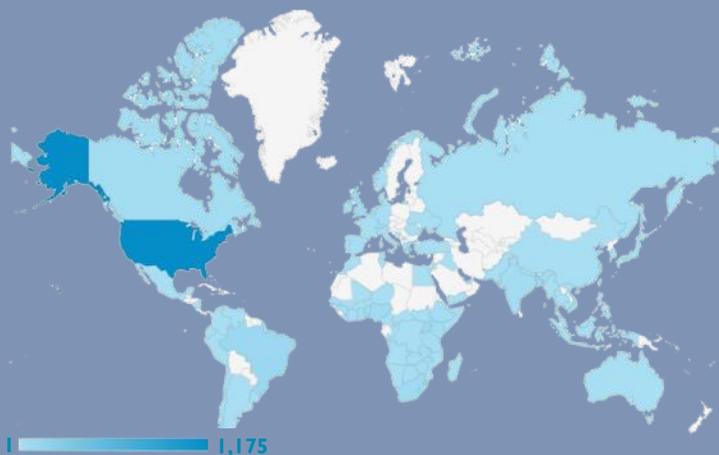
WEEKLY NUMBER OF VISITS



RETURNING VISITORS vs. NEW VISITORS



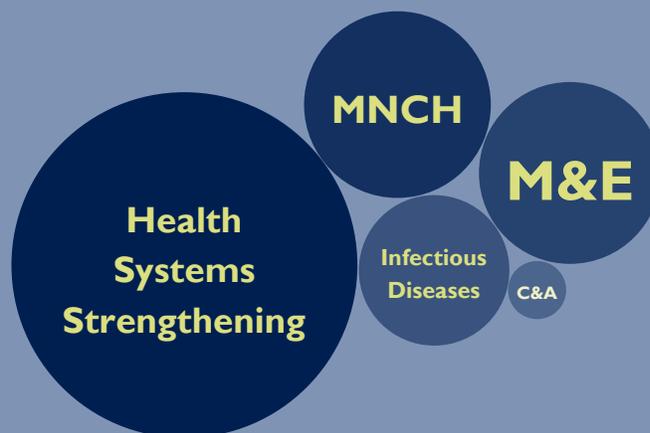
GROGRAPHIC DISTRIBUTION OF WEBSITE ACCESS



MOST FREQUENTED WEBPAGES



MOST ACCESSED TECHNICAL AREAS



LESSONS LEARNED

- ASH's ability to adapt and be responsive to emerging strategic opportunities can enable the Africa Bureau to support key agency priorities such as mHealth and EPCMD (e.g., mHealth compendiums, SMS Mother Reminder System study, and Ugandan CBHI activity)
- Although relatively smaller than other centrally-funded mechanisms, ASH can identify and conduct catalytic activities which garner further engagement and exploration by the broader health community (e.g., Strategic support to SADC to develop Regional Minimum Standards for HIV and Health Services along the Transport Corridors)
- ASH is able to respond to the increasing need from donors and collaborating partners for visually impactful, easily digestible, and user-friendly products (e.g., mHealth compendium, Landscape Analysis Briefers, AIDS-Free Generation Briefers, USAID Country Briefers)
- Capitalizing on the technical partnership and collaboration between USAID/AFR and ASH enhances the impact and influence of ASH activities both within and outside of USAID (e.g., HIV and maternal health integration activities, IDSR work, pediatric TB work, mHealth work)

CHALLENGES

- Ensuring the quality and timely implementation of planned activities while maintaining the flexibility to respond to emerging strategic opportunities as they arise
- Engaging sub-partners in both the development and implementation of workplan activities
- Identifying sustainable approaches that enable regional organizations to support countries to implement emerging evidence-based approaches

OPPORTUNITIES

- Respond to the increasing demand for mHealth innovations which are applicable in the African context and explore potential linkages between the private sector and health implementers
- Contribute to the Ebola epidemic response through the strengthening of health systems via IDSR, eHealth and mHealth mechanisms
- Build the capacity of African regional organizations to support countries in the implementation of emerging health guidelines such as the Regional Minimum Standards for the Transport Sector and approaches such as Maternal Death Surveillance and Response
- Increase ASH's engagement and leadership in key MNCH and HIV areas to contribute to USAID's goals of ending preventable child and maternal deaths and achieving an AIDS-Free Generation
- Repurpose the considerable amount of data collected and research conducted by ASH and USAID/AFR into visually engaging, accessible formats (e.g., Infographics, Prezi's, technical briefs and online databases) that can be used by researchers, planners, implementers, donors, and governments alike to improve health service design and implementation

LOOKING AHEAD

In Year Four, the ASH project will continue to build and expand its body of work in priority areas. A number of activities designed and launched at the beginning of Year Three are expected to be completed in Year Four, including the IPTp health facility assessment, the health and ICT ministerial meeting, the SMS Mother Reminder RCT with cost-effectiveness analysis in Uganda, the CBHI/voucher cost-effectiveness study in Uganda, Angola mHealth technical assistance, and the private sector mapping activity. In collaboration with key regional organizations such as WHO/AFRO, the AU, regional economic communities, and the African Development Bank, findings from analyses performed in project Years Two and Three will be used to build consensus on priority health issues. USAID will be contracting out the design and implementation of an end-of-project evaluation to assess the project's performance and document lessons learned in order to inform future USAID/AFR projects. The project looks forward to increasing its efforts towards improving health for all in Africa in the upcoming year.



ANNEX I: Results on Performance Indicators

African Strategies for Health – Year 3 – Results on Performance Indicators		
PERFORMANCE INDICATOR	TARGET	RESULT
IR. I: Expanding the body of knowledge of current trends, constraints and solutions to improve the health of Africans		
I.1. Number of publications produced and disseminated that focus on trends, constraints, and solutions for improved African Health	31	25
<p>MNCH</p> <ol style="list-style-type: none"> 1. Compilation: Country-specific tables for AU CARMMA's African Health Statistics website <p>ID</p> <ol style="list-style-type: none"> 2. Peer-Reviewed Article: "A Systematic Review of Interventions to Reduce Mortality Among HIV-Infected Pregnant and One Year Postpartum Women" 3. Peer-Reviewed Article: "A Systematic Review of Health Systems Barriers to and Enablers of Antiretroviral Therapy for Pregnant and Postpartum Women with HIV" 4. Peer-Reviewed Article: "A Systematic Review of Demand-Side Factors Affecting Antiretroviral Therapy Initiation and Adherence by Pregnant and Postpartum Women Living with HIV" 5. Poster Presentation: "Effective Interventions for HIV+ pregnant and postpartum women" for 2014 ICASA Conference 6. Poster Presentation: "System Factors affecting use of ART among HIV+ pregnant and postpartum women" for 2014 ICASA Conference 7. Poster Presentation: "Demand-side factors Influencing use of ART among HIV+ pregnant and postpartum women" for 2014 ICASA Conference 8. Report: Review of USG-supported Global Fund Technical Assistance for Malaria Funding Investments 9. Report: Situational Analysis of Cross-border HIV and health services in the SADC region for the development of the Regional Minimum Standards 10. Final Report: Tanzania IRS Mid-term Review 11. Presentation: Tanzania IRS Mid-term Assessment 	<p>HSS</p> <ol style="list-style-type: none"> 12. Compendium: Third Edition of mHealth Compendium 13. Compendium: Fourth Edition of mHealth Compendium 14. Presentation: "The USAID Evaluation Policy: Quality Standards, Lessons Learned and Experiences" for the 7th International AfrEA Conference 15. Report: Strengthening the Capacity of African Evaluators to Conduct High Quality Health Evaluations 16. Report: USAID/WHO collaboration in Africa: A qualitative snapshot of the relationship 17. Report: WHO AFRO Joint Mid-term Review 18. Report: IDSR AFENET 2013 Pre-Conference Workshop 19. Presentation: "Technology and Health Financing" for USAID Tanzania Healthcare Financing Training 20. Presentation: "Mobile Technology: Bringing the Community and Health System Together" presentation for 2013 International Conference on Family Planning 21. Technical Report: Scaling Up Mobile Technology Applications for Accelerating Progress on Ending Preventable Maternal and Child Deaths 22. Report: Leveraging Private Sector Companies Contributing to the African Health Sector (Phase I) 23. Presentation: "Mobile Technology: Bringing the Community and Health System Together" for the 2013 International Conference on Family Planning 24. Profiles: African organizational profiles for the Regional Landscape Analysis (15 total) 25. Country briefer: Zambia 	
I.2. Number of program/project evaluations completed with support from ASH	3	2
<p>ID</p> <ol style="list-style-type: none"> 1. Tanzania IRS Mid-term Assessment 	<p>HSS</p> <ol style="list-style-type: none"> 2. WHO AFRO Joint Mid-term Review 	
I.3. Number of special studies completed with support from ASH	10	7
<p>ID</p> <ol style="list-style-type: none"> 1. Special Study: Supporting SADC to Develop Minimum Package of Services for Populations along the Transport Corridor of Southern Africa (Phase I, Phase 2) 2. Special Study: TB childhood Landscape Analysis (Phase I - completion of document review and majority of Round I Key Informant Interviews of USAID staff) 	<p>HSS</p> <ol style="list-style-type: none"> 3. Special Study: CBHI Voucher cost-effectiveness analysis 4. Special Study: Landscape Analysis of Key Regional Organizations in African Health Sector 5. Special Study: Family Planning Review Research and Data Analysis 6. Special Study: Online qualitative survey to assess partnership between USAID and WHO 7. Special Study: Leveraging Private Sector Companies Contributing to the African Health Sector (Phase I) 	
I.4. Number of ideas and opportunities identified and explored within ASH-USAID Core Technical Team	20	28
<p>MNCH</p> <ol style="list-style-type: none"> 1. Present ASH Summary Key Points from Third Global Forum on HRH, Side Session: Moving from Fragmentation to Synergy (CHWs) 2. Participation in Survive and Thrive GDA activity 3. Promoting child health and prevention services to support 5-15 year olds <p>ID</p> <ol style="list-style-type: none"> 4. Contribute research questions for childhood TB landscape analysis 5. Investigate the causes and costs of underutilization of iCCM Services and document best practices for overcoming barriers impacting uptake of services 6. Review of PMI Malaria Operational Plans <p>HSS</p> <ol style="list-style-type: none"> 7. Conduct analysis on IDSR landscape activities in the Africa region 8. Conduct Impact Evaluation of the pilot SMS Mother-Reminder System, Uganda 9. Participate 2013 mHealth Summit meeting 10. Conduct Impact Evaluation of Uganda's mHealth NHRP Pilot 11. Carry out Phase II of Private Sector Health study 12. Develop of database for CHW, providing key descriptive information on CHWs 	<p>HSS (continued)</p> <ol style="list-style-type: none"> 16. Draft report outlining preliminary findings exploratory review on health focused CSR Initiatives in Africa 17. Develop concept note on Cost Effectiveness Analysis of a mobile application used for MCH activities in Rwanda and met with MOH Director of eHealth 18. Provide technical guidance mHealth Stakeholder mapping and strategy development in Angola 19. Organize and coordinate the USAID/AfDB ICT Ministerial meeting "Investing in Technology and Innovations for Human Development" in Rabat, Morocco 20. Participate in the West Africa Regional Private Sector and mHealth Dissemination workshop 21. Hold discussions with AfrEA about potentially supporting future activities 22. Explored localization of health services with Johns Hopkins University School of Public Health 23. Rwanda mHealth study 26. Technology Health Financing presentation USAID Tanzania Healthcare Financing Training 24. USAID's contribution to an AIDS-Free Generation (AFG): 5 agenda point briefers 	

African Strategies for Health – Year 3 – Results on Performance Indicators		
PERFORMANCE INDICATOR	TARGET	RESULT
13. Conduct CBHI Feasibility Assessment in Uganda 14. CHW Incentive Study 15. Conduct Assessment of the Feasibility of Subsidizing Health Insurance in Uganda	<u>Cross-cutting</u> 25. Produce 15 country briefs 26. Discussions on developing activities related to Urban Health 27. Links between climate change and health 28. Hold discussions with fragile states expert and presentation on fragile states and health in Africa in ASH Quarterly meeting	
IR. 2: Consensus on priorities and strategies for improving the health of Africans		
2.1. Number of consensus-building processes supported by ASH on prioritized health issues	4	7
<u>ID</u> 1. Participated in ICASA satellite session on HIV-MNCH integration 2. SADC meeting for consensus building around Regional Minimum Package of (HIV) Services <u>HSS</u> 3. Coordinated mHealth "Scaling Up Mobile Technology Applications for Accelerating Progress on Ending Preventable Maternal and Child Deaths" workshop during 2013 International Family Planning Conference	4. Chaired 4 th session of West Africa Regional Private Sector and mHealth Dissemination workshop 5. Organized and coordinated IDSR session during the 2013 AFENET Conference; facilitated testing of online IDSR e-Learning tool during AFENET Conference 6. Joint Work Planning (WHO AFRO, CDC & ASH) for IDSR 7. Development of the AU CARMMA Indicator Guide	
2.2. An Advocacy, Communication and Dissemination (ACD) strategy produced for each activity and reviewed annually	9	8
1. Analyzing the potential for leveraging private sector companies contributing to the health sector in African countries (Phase 2) 2. Best Practices of CHW programs: volunteer and various remuneration systems – comparing and contrasting 3. Pediatric TB Landscape Analysis: Development of tracker, Country Profiles and participation in conferences such as the 45 th TB Union Conference. 4. Three systematic reviews of HIV and Maternal Mortality, exploring programmatic, consumer and health system factors	5. mHealth Compendium (3 rd & 4 th Editions) 6. Supporting SADC to Develop Minimum Package of Services for Populations along the Transport Corridor of Southern Africa (Phase I) 7. WHO AFRO Joint Mid-term Review 8. IDSR AFENET 2013 Pre-Conference Workshop	
IR. 3: Strengthened African institutions and networks		
3.1. Number of African institutions participating in ASH-supported capacity development programs focusing on leadership, technical and/or management areas	4	5
<u>MNCH</u> 1. African Union (AU CARMMA M&E Team Capacity Development) <u>Cross-Cutting</u> 2. Kinshasa School of Public Health (Building capacity in financial management) 3. AfrEA (Supported AfrEA Capacity Building Workshop and Mentoring for African Evaluators)	<u>ID</u> 4. SADC (Completed Phases I & 2 of support to SADC for Regional Minimum Standards for Transport Corridors) 5. EAC (EAC representation in the SADC consensus building around Regional Minimum Package of HIV Services)	
3.2. Number of African institutions participating in collaborative activities with ASH to identify and prioritize health issues and solutions	3	5
<u>MNCH</u> 1. African Union (AU) <u>HSS</u> 2. African Development Bank (AfDB) 3. African Evaluation Association (AfrEA)	<u>ID</u> 4. Southern African Development Community (SADC) 5. East African Community (EAC)	
3.3. Number of ASH-supported south-to-south information exchange opportunities (in-person or remote) between selected African institutions	2	3
<u>ID</u> 1. Participation of representative from EAC to SADC Consensus building for Regional Minimum Standards 2. IDSR session during the 2013 AFENET Conference	<u>HSS</u> 3. 7 th International AfrEA Conference	

ANNEX 2: Performance Tracking System Revised Targets

African Strategies for Health (ASH): Performance Tracking System – REVISED TARGETS

INDICATORS	IR	Year 2		Year 3		Year 4		Year 5	
		TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT
OUTPUT INDICATORS									
1.1. Number of publications produced and disseminated that focus on trends, constraints, and solutions for improved African Health	IR 1	12	18	31	25	28		10	
1.2. Number of program/project evaluations completed with support from ASH	IR 1	1	1	3	2	2		1	
1.3. Number of special studies completed with support from ASH	IR 1	9	9	10	7	14		4	
1.4. Number of ideas and opportunities identified and explored within the ASH-USAID Core Technical Team	IR 1	10	20	20	28	28		10	
2.1. Number of consensus-building processes supported by ASH on prioritized health issues	IR 2	1	6	4	7	7		1	
2.2. An Advocacy, Communication and Dissemination (ACD) strategy produced and reviewed annually for each activity	IR 2	6	2	9	8	13		5	
3.1. Number of African institutions participating in ASH-supported capacity development programs focusing on leadership, technical and/or management areas	IR 3	1	3	4	5	5		1	
3.2. Number of African institutions participating in collaborative activities with ASH to identify and prioritize health issues and solutions	IR 3	1	3	3	5	5		1	
3.3. Number of ASH-supported south-to-south information exchange opportunities (in-person or remote) between selected African institution	IR 3	2	3	2	3	3		2	

FY 2015 Anticipated Results used for Performance Targets

1.1. Number of publications produced and disseminated that focus on trends, constraints, and solutions for improved African Health

- | | | |
|---|--|--|
| 1. Technical brief on Child health 5-15 years old | 11. Literature review on Child Health and Pediatric HIV | 19. AfrEIA Special Edition Journal |
| 2. MDSR Regional Mapping report | 12. Regional Landscape Analysis (Regional Economic Communities report) | 20. IDSR "Success Story" |
| 3. MDSR Regional Mapping presentation | 13. Regional Landscape Analysis (Networks and Associations report) | 21. WHO AFRO infographic |
| 4. Misoprostol Policy review report | 14. USAID Country Briefers | 22. Urbanization and health: blogs |
| 5. Country Profiles on Pediatric TB | 15. CHW Performance report | 23. Urbanization and health: multimedia presentation |
| 6. Pediatric TB Landscape Analysis report | 16. Private Sector Report | 24. Urbanization and health: article |
| 7. Literature review on Nutrition and HIV/TB | 17. Rwanda Cost-Effectiveness Study report | 25. Technical brief on HIV Landscape Analysis |
| 8. Fact sheets on Somali MDR TB | 18. ICT Ministerial Meeting report | 26. Technical brief on ICT for Ebola |
| 9. Slide show on Somali MDR TB | | 27. Malaria and Financing literature review |
| 10. Technical brief on HIV/MH integration | | 28. CBHI report |

1.2. Number of program/project evaluations completed with support from ASH

1. Uganda mHealth Impact Evaluation
2. Rwanda Cost-Effectiveness Study

1.3. Number of special studies completed with support from ASH

1. Child health 5-15 Years old
2. MDSR Regional Mapping
3. Misoprostol Policy Review
4. Developing Country Profile on Pediatric TB
5. Nutrition and HIV/TB
6. Somali MDR TB
7. TB in Mines
8. Child Health and Pediatric HIV
9. Assessing ITpP Service Delivery in Uganda
10. Low Demand ICCM
11. CHW Performance
12. Private Sector (Phase 2)
13. FP- Review and Equity
14. Urbanization and Health

1.4. Number of ideas and opportunities identified and explored within the ASH-USAID Core Technical Team

For the target on indicator 1.4, we used the Year 3 result as a reference point.

2.1. Number of consensus-building processes supported by ASH on prioritized health issues

1. Pediatric TB
2. HIV/MH integration
3. Regional Landscape Analysis
4. Private Sector (Phase 3)
5. ICT AFDB Ministerial meeting
6. eSurveillance meeting (WHO AFRO)
7. IDSR meeting

2.2. An Advocacy, Communication and Dissemination (ACD) strategy produced and reviewed annually for each activity

1. Child Health 5-15 Years old
2. MDSR Regional Mapping
3. Misoprostol Policy Review
4. Somali MDR TB

5. HIV MH Integration
6. Child Health and Pediatric HIV
7. Support to SADC for Regional Minimum Standards (Phase 3)
8. Low Demand of ICCM
9. Rwanda Cost Effectiveness Study
10. AfREA Special Edition Journal
11. AFRO Review – Developing an Infographic
12. FP- Review and Equity
13. Malaria and Finance landscape analysis

3.1. Number of African institutions participating in ASH-supported capacity development programs focusing on leadership, technical and/or management areas

1. African Development Bank (ICT AfDB Ministerial Meeting)
2. Kinshasa School of Public Health (technical assistance for financial management)
3. Southern African Development Community (Regional Minimum Standards activities)
4. African Evaluation Association (support for development of AfREA Special Edition Journal)
5. African Union (support for M&E for CARMMA activities)

3.2. Number of African institutions participating in collaborative activities with ASH to identify and prioritize health issues and solutions

1. African Development bank (ICT Ministerial Meeting)
2. Kinshasa School of Public Health (Financial Management TA)
3. Southern African Development Community (Regional Minimum Standards activities)
4. African Evaluation Association (support for development of AfREA Special Edition Journal)
5. African Union (support for M&E for CARMMA activities)

3.3. Number of ASH-supported south-to-south information exchange opportunities (in-person or remote) between selected African institutions

1. ICT AfDB Ministerial Meeting
2. Pediatric TB Regional Meeting
3. Regional Landscape Analysis Meeting

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