



**MEASURE RESULTS PACKAGE**

**EVALUATION AND PRE-DESIGN STUDY**

**MAY 2001**

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**Submitted to:**  
**The United States Agency for International Development**  
**Under USAID Contract No. HRN-C-00-00-00007-00**

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*MEASURE Results Package: Evaluation and Pre-Design Study* was made possible through support provided by the United States Agency for International Development (USAID) under the terms of Contract Number HRN-C-00-00-00007-00, POPTECH Assignment Number 2001-019. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

## ACKNOWLEDGMENTS

The evaluation and pre-design team would like to thank USAID staff for its work in designing the scope of work and in briefing the team. In particular, we thank Krista Stewart, CTO for the MEASURE Results Package (RP), and the technical advisors for MEASURE: Joanne Jeffers, Norma Wilson, Jacob Adetunji, Michal Avni, Sara Pacque-Margolis, and Naomi Blumberg.

The team also appreciated the considerable effort made by the MEASURE partners in preparing briefings and providing documentation of the work of the five component projects under the RP. We especially thank the five project directors and their staff for careful reviews and helpful comments on the draft report. The project directors are Martin Vaessen of *DHS+*, Ties Boerma of *MEASURE Evaluation*, Nancy Yinger of *MEASURE Communication*, Robert Bush of the International Programs Division of the U.S. Census Bureau, and Timothy Johnson, PASA Director, Division of the Reproductive Health, the Centers for Disease Control and Prevention (CDC). The team also thanks Jennifer Bryce of the Department of Child and Adolescent Health and Development of the World Health Organization for her useful comments on the draft report.

## ACRONYMS AND ABBREVIATIONS

AED	Academy for Educational Development
BASICS	Basic Support for Institutionalizing Child Survival
BUCEN–SCILS	U.S. Census Bureau–Survey and Census Information, Leadership, and Self-Sufficiency
CA	Cooperating agencies
CDC	Centers for Disease Control and Prevention
CDS	Census Design System
CSPRO	Census and Survey Processing System
CTO	Cognizant technical officer
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
DISH	Delivery of Improved Services for Health project (USAID/Uganda)
DRH	Division of Reproductive Health (CDC)
FHI	Family Health International
FP	Family planning
FY	Fiscal year
GIS	Geographic Information Systems
G/PHN	Bureau for Global Programs, Field Support and Research, Center for Population, Health and Nutrition
GPS	Global Positioning Systems
GTZ	German Technical Cooperation
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
HN	Office of Health and Nutrition
HTA	High transmission area
ICPD	International Conference on Population and Development
IDB	International Data Base (U.S. Census Bureau)
IMCI	Integrated Management of Childhood Illness
IMPS	Integrated Microcomputer Processing System (U.S. Census Bureau)
INTRAH	Program for International Training in Health
IPPF	International Planned Parenthood Federation
ISSA	Integrated System for Survey Analysis ( <i>DHS+</i> )
JSI	John Snow, Inc.
KAP	Knowledge, attitudes, and practice
LQAS	La Quality Assessment Sampling
MAB	MEASURE Advisory Board
MEASURE	Monitoring and Evaluation to Assess and Use Results
MICS	Multiple Indicator Cluster Surveys
MIT	Management Implementation Team
MMT	MEASURE Management Team
MSH	Management Sciences for Health
NAS	National Academy of Sciences
NGO	Nongovernmental organization
NORAD	Norwegian Agency for Development Cooperation
PAHO	Pan American Health Organization
PASA	Participating agency service agreement
PATH	Program for Appropriate Technology in Health
PCS	Population Communication Services project
PHN	Population, health, and nutrition
PHR	Partnerships for Health Reform

POP	Office of Population
PRB	Population Reference Bureau
PRIME	Program for International Training in Health (technical assistance–INTRAH)
QAP	Quality Assurance Project
QIQ	Quick Investigation of Quality (instrument)
R	Rand (currency of South Africa)
R4	Results Review and Resource Request
RAMOS	Reproductive Age Mortality Study
RH	Reproductive Health
RHINO	Routine Health Information Network
RHIS	Routine health information system
RP	Results Package
SARA	Support for Analysis and Research in Africa
Sida	Swedish International Development Authority
SO	Strategic Objective
SPA	Service Provision Assessment
UCR	University of Costa Rica
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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## EXECUTIVE SUMMARY

A 6–person team carried out a pre-design and evaluation effort of the MEASURE Results Package (RP) between April 16 and May 18, 2001. (MEASURE is the acronym for the project’s title, **M**onitoring and **E**valuation to **A**SSess and **U**se **R**Esults.) The objectives of this assignment were to advise staff of the U.S. Agency for International Development (USAID) on the design of a follow-on MEASURE activity and to review achievements, especially in terms of the coordinated work of the MEASURE partners. (This assignment was only to a limited extent an evaluation of the work of individual partners.)

The MEASURE RP was designed to improve and institutionalize the collection and utilization of data for monitoring and evaluation of host country population, health, and nutrition (PHN) programs and for policy decisions. The RP built on USAID’s population program experience in data collection and evaluation, and was designed as a Bureau for Global Programs, Field Support and Research, Center for Population, Health and Nutrition (G/PHN) endeavor in 1997. The RP includes five primary partners:

1. Macro International, Inc. (now ORC Macro), the contractor for the Demographic and Health Survey Program (*DHS+*);
2. Carolina Population Center, University of North Carolina, which holds a cooperative agreement for the evaluation component (*MEASURE Evaluation*);
3. Population Reference Bureau, which has a cooperative agreement for the communication component (*MEASURE Communication*);
4. U.S. Census Bureau, which has a participating agency service agreement (PASA) with the Office of Population (BUCEN); and
5. Centers for Disease Control and Prevention, Division of Reproductive Health, which has a PASA with the Office of Population (CDC–DRH).

Given the structure of the RP as a centerwide endeavor and one that sought to coordinate data collection, monitoring and evaluation, and data dissemination across G/PHN programs, USAID staff members were especially interested in whether synergy and efficiency were gained through the RP.

## ACHIEVEMENTS

Progress has been made under the MEASURE RP in improving the understanding of monitoring and evaluation for population, health, and nutrition (PHN) programs; in defining and collecting information on key monitoring and evaluation indicators for the sector; in developing new monitoring and evaluation tools and methodologies; and in developing a comprehensive approach to monitoring and evaluation in some USAID PHN field programs. Progress has also been made in addressing the needs of health and nutrition programs (e.g., in human immunodeficiency virus/acquired immune deficiency

syndrome [HIV/AIDS]; the majority of the questions in the *DHS+* survey cover health and nutrition topics).

As called for in the authorization paper for the MEASURE RP, the partners have addressed five results. Achievements on each of these results are presented.

### **Improved Coordination/Partnerships at International, USAID, Cooperating Agency (CA), and Country Levels**

One of the major achievements of MEASURE has been the joint development by BUCEN and *DHS+* of a public domain software package, CSPro, which permits countries to input, process, and analyze data from both censuses and surveys. *DHS+* and MEASURE *Evaluation* have also developed facility surveys together (Service Provision Assessment [SPA]). *DHS+* and MEASURE *Communication* have coordinated data collection and dissemination work in a few countries, and CDC and MEASURE *Communication* have also collaborated on dissemination. The consensus among informants was that some of this collaboration would have occurred even without the RP (except for CSPro), but that the structure of the project did not really facilitate coordination.

MEASURE partners have coordinated well with outside organizations. *DHS+* worked with many organizations (international organizations, including donors, MEASURE partners and other CAs, and other data users) in revising the core survey questionnaire and in developing new survey modules. Another outstanding example of coordination with many organizations is the *National AIDS Programmes: A Guide to Monitoring and Evaluation*, led by MEASURE *Evaluation*. Under the same project, and led by Tulane University as a subcontractor, a *Compendium of Indicators for Evaluating Reproductive Health Programs*, is being developed with input from numerous CAs. MEASURE partners and other organizations have also collaborated well through a series of eight technical working groups on various topics, such as Geographic Information System (GIS) methods, quality of care, routine data, and small area estimates.

Despite these examples of successful coordination, the current structure of MEASURE neither creates nor improves coordination. While one MEASURE partner, *Evaluation*, was given responsibility for some leadership and for coordination, it was given no incentives to lead and little funding for coordination; its partners, meanwhile, were given no incentives to cooperate. Several formal mechanisms, such as an advisory board, joint partner planning trips to countries, and working groups, were set up to enhance coordination among MEASURE partners; however, with the exception of the working groups, these mechanisms were not very effective.

### **Increased Host Country Institutionalization**

Institutions in many countries have improved their capacity to collect and analyze data and to disseminate information in a form useful for policy and program planning, due to the efforts of all MEASURE partners. Capacity-building efforts have included short-term technical assistance, some longer term technical advisors, short courses and workshops, and support for master's degree programs. Two MEASURE partners, *Evaluation* and *Communication*, have collaborated with the same three universities in developing countries to enhance training capacity in those programs. MEASURE training

workshops have been well received by participants, Missions, and host country institutions, and fill an important function. At the same time, the capacity-building efforts, through technical assistance in the implementation of surveys, are sometimes insufficient to improve an institution's capacity to collect and analyze data. The training of individual host country professionals, while valuable in and of itself, may not be effective in building institutional capacity in monitoring and evaluation without substantially greater financial resources over a long period of time.

### **Improved Tools and Methodologies**

An impressive array of tools and methodologies has been developed for data collection, monitoring and evaluation, policy communication and dissemination, and training. Most of this work has been of very high quality, including CSPro, the SPA, the revised *DHS+* core questionnaire and new *DHS+* and CDC survey modules (e.g., HIV/AIDS, domestic violence, malaria, vitamin A, and women's empowerment), and the Quick Investigation of Quality (QIQ). MEASURE's tool development has benefited all of G/PHN's five Strategic Objectives (SOs).

Some of the MEASURE tools are being widely used in the field, such as the *National AIDS Programmes* guide, the revised *DHS+* questionnaire and new survey modules, and special impact evaluation surveys. Other tools have been applied to date in a few countries each (e.g., rider surveys and the QIQ). Other recently developed MEASURE tools and methodologies are as yet unknown to many potential users.

### **Improved Information through Appropriate Data Collection, Analysis, and Evaluation**

MEASURE's achievements have included providing high-quality support for improved information through two major types of data collection (population-based national household surveys and national censuses) and through evaluation research. Indicators included in the surveys have greatly expanded under MEASURE through the addition of questions and new modules. Census assistance has been especially important under MEASURE since so many countries planned their censuses for the year 2000. MEASURE has also provided support for a number of innovations in evaluation research, data gathering, and analysis. Such assistance has involved the testing of the facility survey methodology in Kenya, support to USAID Missions in the development of Performance Monitoring Plans, and subnational surveys of refugee populations. MEASURE activities designed to use and improve routine sources of information have been limited, with the exception of support to improve civil registration in India, exploring the use of maternity registers to monitor maternal and newborn health, and adding questions on maternal deaths to the 2001 census in Honduras for estimating maternal mortality. More recently, MEASURE *Evaluation* organized a workshop on routine health information systems, which is a promising beginning to give increased attention to routine information sources.

### **Improved Dissemination and Utilization of Data**

The MEASURE partners have published and disseminated a wide range of materials designed to increase access to PHN data, research, and analysis. The partners have developed effective web sites, including MEASURE Gateway, which have increased

access to the information (e.g., *DHS+* survey data) and reports they produce. *MEASURE Communication* has supported a range of activities to improve dissemination and use of data. These have included materials on PHN topics intended for a global audience, work with the media, capacity building through policy communication workshops, and technical assistance for policy communication and dissemination efforts in many countries (including subnational levels). These activities appear to be well received. There is an ongoing need for policy communication work, and the approach to improved dissemination and use of data that *MEASURE Communication* has developed should be supported.

## **DESIGN AND IMPLEMENTATION ISSUES**

The design of the MEASURE RP was based on two assumptions. First, a centerwide endeavor would provide increased coordination across the PHN sectors in data collection, monitoring and evaluation. Second, increased collaboration among donors, CAs, host country counterparts and within USAID (both Missions and Washington PHN staff) would help meet host-country needs for data and analysis and build host-country capacity, especially given the diminishing resources for this work. These assumptions were only partly valid.

USAID staff also developed seven guiding principles for the implementation of the RP. Several principles emphasized host country ownership as a basis for institutionalizing capacity in the areas of data collection, monitoring, and evaluation; an optimal balance between the data collection needs of USAID and host countries; more efficient use of resources; an optimal balance among scale, frequency, quality, and cost of data collection; and the use of a wide array of data collection approaches. These guiding principles were and still are worthy and ambitious, but some did not serve as guides for the implementation of the RP. One reason for this is that while different stakeholders (namely host country institutions, international organizations, and donors) may share some types of data needs, they also have different needs. Another is USAID's long-term support for population-based national surveys in PHN. While these surveys are widely recognized and used by international agencies, nongovernmental organizations, donors, CAs, and host countries, they have also absorbed substantial resources under MEASURE. The structure and funding of the MEASURE RP greatly favors national surveys, and while these have a very important place in monitoring and evaluation, their predominance has hindered the improvement and use of a wider array of data collection approaches. A third reason is the limited support for institution building provided by USAID in favor of shorter term capacity building and on-the-job technical assistance.

The implementation of the MEASURE RP has been complex, in part because of the changing context of USAID. Although G/PHN is developing additional centerwide activities, it still retains much of the structure (organizations, divisions), projects, and cooperating agencies of previous years. These structures have inhibited coordination across the PHN sector. Some monitoring and evaluation activities in MEASURE overlap with existing health and nutrition projects, and Office of Health and Nutrition (HN) staff generally has limited experience with some of the MEASURE partners. The fact that both the number of HN staff assigned to manage MEASURE (only one) and the level of core funding from HN for MEASURE partners (about 30 percent) were lower than anticipated suggests that obstacles still need to be overcome if MEASURE is to fulfill

USAID staff expectations as a centerwide activity. One of these ongoing obstacles is the perception by HN staff that MEASURE serves USAID's Office of Population (POP) program areas more than HN program areas.

Decentralization of the USAID budget has meant that USAID regional bureaus and Missions have more control over funds, and concomitantly, G/PHN has less influence over the activities that receive funding in host countries. Thus, MEASURE partners must compete with each other and with other CAs for field funds to carry out a substantial proportion of their activities. Other factors complicating implementation of MEASURE are the continuum of data collection, monitoring and evaluation, and dissemination activities that make it difficult for both partners and outsiders to know where one activity ends and another begins, and to know each partner's responsibilities. USAID Missions generally prefer to work with one known, trusted organization to meet as many needs as possible; however, the structure of MEASURE requires working with several entities.

In addition, the MEASURE partners were charged with working together, but the mechanisms were not sufficient to ensure such coordination, especially for in-country work. That the partners have different procurement mechanisms with USAID and are different types of organizations (one for-profit, one nonprofit, one university, and two government agencies) have been other complicating factors.

Overall, there have been numerous achievements under MEASURE, including progress in addressing important G/PHN program needs, but the implementation of the RP has not yet lived up to expectations, especially for greater synergy and efficiency. The MEASURE RP does not yet act as, nor is it perceived to be, a single program, even though individual partners have performed well, and despite examples of coordinated work. In short, MEASURE is not significantly greater than the sum of its parts.

Further, the current structure of MEASURE does not provide flexibility in redressing imbalances among types of activities because it divides the continuum of activities of monitoring and evaluation into different procurements and contracting mechanisms. In addition, there is no central leadership or influence either within USAID or among the partners to affect the planning for monitoring and evaluation and what actually gets supported.

## **KEY GAPS**

1. A critical gap in MEASURE's work, and a complement to population-based survey data, is routine health information, particularly the need to improve existing information systems (including routine health reporting systems, disease surveillance systems, and civil registration systems). At the same time, MEASURE has supported other data collection approaches (e.g., rider surveys and qualitative studies), but only to a limited extent. Given the various information needs for monitoring and evaluation of PHN programs, a related need is to ensure the clear understanding and appropriate use of different approaches. Currently, population-based national surveys are the primary means of data collection under MEASURE and represent the only data collection area that is well developed, other than censuses. As a result, more demands have been put on surveys to add new questions and modules and to increase sample sizes for small-area estimates. Developing countries that are decentralizing their health services need

information on local and regional levels. Further, there are needs for annual PHN indicators, and these needs cannot be met by the five-year intervals of most national surveys.

2. A second major gap is the dearth of information collected on the relative costs and efficiency of the different data collection systems. Without comparative costs of surveys, routine health information systems (RHIS), and other data collection methods, it is not possible for USAID staff to make a wise decision about future investments.

3. A final gap exists between MEASURE's overall objectives and the administrative structures designed to carry out those objectives. There are two limitations to these structures. First, MEASURE's structure has provided no overarching component that can provide leadership and disinterested advice in setting priorities for monitoring and evaluation and influence funding in country programs. Second, the ability of USAID's G/PHN staff, and by extension a centerwide RP, is very limited in its technical influence over USAID Missions in these same respects.

## **KEY RECOMMENDATIONS**

### **1. Future Procurements—Two Options**

1.1 The MEASURE RP should continue to include the existing components of monitoring and evaluation with increased emphasis on the following: planning, a variety of data collection systems to complement population-based national surveys, and analysis, policy communication, and dissemination. There should be three or four new procurements:

- The cooperative agreement for the evaluation component should be modified to allow implementation of monitoring and evaluation work, especially in advising host countries and USAID Missions, in planning to improve existing systems, and in providing technical assistance to help implement certain improvements.
- The current data collection contract (*DHS+*) should be continued, but with some modifications to increase incentives for developing and using various data collection methods (in addition to national surveys) as appropriate for the information needs of developing countries.
- A new component should be developed to evaluate and improve RHIS for monitoring and evaluation. This component should be considered research and development in RHIS. Therefore, it should be core funded until its role has been well established and Missions are willing to pay for its assistance. If having a new component and thus a separate procurement is not feasible, this work could be handled as a subcomponent of the evaluation component.
- Two options are presented for the dissemination/communication component: 1) keep a separate component, but strengthen existing links, or 2) include the component in another agreement (see further discussion at the end of section 4.5 in the full report).

1.2 The second option is that the follow-on MEASURE activity should be developed as one large procurement. The role of the prime contractor or cooperating agency should be to provide leadership, vision, and balance to the task of supporting data collection, analysis, monitoring, evaluation, and dissemination in host countries for USAID Missions. Such leadership is provided best by a consortium or by an organization that does not carry biases in favor of particular types of data collection.

The capacity to carry out the existing activities of MEASURE should be continued under the new procurement, including implementation activities in countries. The subcomponents should include evaluation, DHS, dissemination, and RHIS. The dissemination component should be built into the data collection and analysis component so that dissemination plans are made at the start of data collection. Additional core funds should be made available to build up technical capacity for the different data collection and monitoring systems.

2. MEASURE should continue to be a centerwide activity. Since MEASURE has largely been supported by POP funds, a greater investment by HN, especially through core funds, would be desirable to ensure both a greater commitment from HN and more attention to HN priorities. The future partners' efforts devoted to core activities should be in proportion to the level of support coming from the different SO areas (although if funding were not limited and fungible, it should be based on overall program priorities). MEASURE should continue to be responsive to emerging health areas, such as adult health, environmental health, and infectious diseases, as funding permits.

- USAID should provide additional core funds to facilitate coordination. USAID should also use performance-based criteria in the *DHS+* contract as an incentive to promote coordination.
- USAID should assign two staff each from HN and POP to manage MEASURE. This would help to improve the level of knowledge about the work and achievements of the MEASURE partners. This would also help to ensure a greater balance of core resources and attention to the range of SO areas. In addition, USAID efforts to limit staff turnover should improve continuity and consistency of administrative management.

3. While MEASURE should continue to support the existing activities mentioned above, it should shift the balance of its efforts to increase support for data collection and analysis needed for subnational monitoring and evaluation and program management (RHIS, including service statistics, qualitative data, vital statistics, and surveillance systems). MEASURE should also support additional applications of approaches, such as rider, facility, and targeted impact evaluation surveys, as is appropriate given host country needs for PHN information.

- The objectives of this recommendation are to improve and better utilize various data collection systems that can provide needed information, may prove to be cost-effective, can be institutionalized, and will yield data that are internationally credible.

- MEASURE should develop information about best practices for establishing data information plans, using as examples those countries that already have a successful experience. This would include developing and implementing a plan for data collection and analysis (involving different types of data collection) and developing a policy communication strategy as part of the initial planning. These best practices could then be used with host country nationals and USAID staff to spark the development of appropriate data collection plans in other countries. Core funds should be used to support these best practices.

4. MEASURE should engage in concentrated efforts to strengthen institutions instead of training individuals from a wide variety of institutions. A well-planned, concerted effort is needed by MEASURE to prepare human resources in selected institutions that are considered to be good candidates to assume the role currently played by MEASURE partners. Much greater financial resources than have been expended under MEASURE to date would be required for effective institutional development.

5. MEASURE should develop a formal process for deciding which tools and methods will be developed, given the limited resources of quality, participation, time, and cost. MEASURE would benefit from wider input from the research community in its tool development and research work. MEASURE partners should develop a training and support plan for their existing tools that identifies likely users and the training and support needed to enable the tools to be used effectively in the field. This plan might include the development of web-based training tutorials and other distance-learning materials.

6. MEASURE should conduct studies of different data collection systems (examining scale, frequency, quality, and cost) to ensure appropriate, cost-effective use of the various systems.

7. MEASURE should continue to support technical assistance by BUCEN for censuses and vital statistics in developing countries and extend its work to support estimates and projections following censuses. BUCEN, as well as the CDC PASA, should be expected to participate actively in and coordinate with the MEASURE follow-on activity.

8. MEASURE should continue to support improved dissemination and use of PHN information collected by the MEASURE partners and others, through both in-country strategies in policy communication and use of various communication modalities.

9. MEASURE should continue to provide training to USAID PHN staff (especially Mission staff) in basic monitoring and evaluation science, particularly on the appropriate use of data sources for different purposes. MEASURE should also provide training on the application of the newly developed tools and methods in their programs. Training should also be conducted to foster awareness of and use by PHN CAs of the appropriate use of different types of data collection and analysis.

10. In the design of the follow-on MEASURE activity, USAID should involve staff from Washington, D.C., four or five Missions, HN flagship projects, and the key POP service delivery projects to assess needs for core expertise and assistance for the data collection

required for improved program management in developing countries (i.e., methods beyond large population-based national surveys). USAID should also involve other donors in the design process to a much greater extent than was possible under the current assignment.

## **1. INTRODUCTION**

### **1.1 OBJECTIVE OF THE EVALUATION AND PRE-DESIGN**

The main objective of this effort is to advise the United States Agency for International Development (USAID) staff on the design of a follow-on MEASURE activity (see appendix A). The Results Package (RP) is intended to meet the needs of a range of stakeholders (host country partners, USAID Missions and their population, health, and nutrition [PHN] country programs, and the USAID regional bureaus) and the Strategic Objectives (SOs) of the USAID Bureau for Global Programs, Field Support and Research, Center for Population, Health and Nutrition (G/PHN), in the areas of data collection, monitoring and evaluation of programs, and dissemination, to improve policy decisions and PHN programs. Other objectives include a review of achievements to date, especially in terms of the coordinated work of the five MEASURE partners and the centerwide nature of the RP. This is one of the first centerwide endeavors for which USAID staff will be designing a follow-on activity.

### **1.2 METHODOLOGY**

A team of six individuals with very different backgrounds and skills carried out this assignment from April 16–May 18, 2001. An intensive and prolonged effort was needed to develop the scope of work and to find a team that was acceptable to both the Office of Population (G/PHN/POP) and the Office of Health and Nutrition (G/PHN/HN). The team included

- an obstetrician from a developing country with long participation in the population field and who was a member of the MEASURE advisory board,
- a medical epidemiologist/demographer who worked for many years at the Centers for Disease Control and Prevention (CDC) in international reproductive health and family planning,
- a health economist and health policy specialist who has extensive experience with the population and health assistance programs of USAID as well as those of other donors, and who was formerly deputy director of one of the predecessor projects,
- an epidemiologist and health policy specialist with experience in health services administration and information systems, with USAID health assistance programs, and who provided input into the design of the MEASURE RP,
- a medical doctor with experience in international public health policy and health care resource allocation, and in the design of health information systems, and
- a demographer who worked for a decade in USAID's Office of Population, overseeing some of the predecessor projects covered by the RP and who provided input into the design of the MEASURE RP.

The methodology for this assignment included meetings with the staffs of the five partner organizations under the RP,<sup>1</sup> a review of project documents, visits by two team members each to five countries (Costa Rica, Honduras, Nicaragua, Kenya, and South Africa),<sup>2</sup> a review of responses to a questionnaire that was sent to USAID Missions, and a limited number of telephone interviews and meetings with the staffs of USAID Missions, cooperating agencies (CAs), and other key informants. (Appendix B contains a list of references, appendix C is a list of contacts, and appendix D has a copy of the questionnaires sent to USAID Missions and key informants.)

The process of information gathering was hampered by the complexity of the RP (having five different partners), and as a consequence, assessments of the work of any one partner were not adequate. The exception is the assessment of tools and methodologies for which one team member was given responsibility and additional time to review selected materials in lieu of overseas travel. There was a lack of advanced planning for key informant interviews in terms of scheduling telephone calls and meetings and allowing time for these. This meant that not all interviews that should have been conducted were, and some were not conducted under ideal circumstances (e.g., with a majority of the team present). In retrospect, a careful evaluation of each of the five components should have been conducted prior to this pre-design effort to fairly present the work and accomplishments of individual partners, work that may represent 80–90 percent of all that the MEASURE RP has supported.

Each of the five organizations that constitute the MEASURE RP had an opportunity to review the draft report to make corrections when there were errors of fact and to suggest additions to the text where it was incomplete. This is in accordance with established review procedures. The partners also used their review as an opportunity to comment on more substantive issues that were considered and some that were overlooked in the report. Many of the MEASURE partners' comments are incorporated in this report because they can contribute to the design of the follow-on activity.

### **1.3 HISTORY OF THE MEASURE RESULTS PACKAGE**

The MEASURE RP was designed in 1996–97, when the activities in population, health, and nutrition were to be coordinated by G/PHN. It was hoped that the work across these sectors could be carried out in a more integrated manner. USAID staff prepared a concept paper that guided the design effort and specified a rationale for coordinated key work in the following areas: data collection, monitoring and evaluation, tool and methodology development, and data dissemination (USAID 1996). It was hoped that synergy would be created by bringing together key functions of monitoring and evaluation and also by having these address the needs across the different technical areas in USAID's PHN assistance program.

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<sup>1</sup> Only two team members visited CDC during the MEASURE assignment because the CDC–USAID relationship was the subject of a previous review (conducted in January–February 2001 by two members of the MEASURE team).

<sup>2</sup> In addition, one of the team members who is based in Asia spent the 2 weeks immediately preceding this assignment in Egypt, where he has worked closely with USAID/Egypt's population, health, and nutrition program for several years.

The design of the MEASURE RP also occurred as USAID was giving greater emphasis to measuring and reporting results from its programs. This emphasis was in response to the Government Performance and Results Act, adopted by Congress in 1993, which mandated government agencies to focus on results. The need to measure and demonstrate results also placed greater demands on G/PHN to provide leadership in monitoring and evaluating PHN program performance. It was anticipated that the MEASURE RP would contribute leadership by helping USAID improve its monitoring and evaluation of the four (five by 1999) Strategic Objectives (SOs) in the PHN sector (see USAID 1999 for these SOs). It was also anticipated that MEASURE would assist USAID Missions in strategic planning, particularly in assessing program performance through the design of their PHN performance monitoring and evaluation plans and their annual Results Review Resource Requests (R4s).

The RP combines the work of five previously existing projects that had been funded primarily by USAID/G/POP:

- the Demographic and Health Surveys Program (that had received some previous support from USAID/G/PHN),
- the EVALUATION Project,
- a cooperative agreement with the Population Reference Bureau (PRB),
- a participating agency service agreement (PASA) with CDC's Division of Reproductive Health (CDC-DRH),<sup>3</sup> and
- a PASA with the U.S. Census Bureau (BUCEN).

Despite the previous history of the components as POP-supported projects, it was hoped that PHN would contribute to the funding of different MEASURE components (principally the survey program, evaluation, and dissemination) to address part of its needs for data collection, monitoring and evaluation, and data dissemination.

USAID staff members conducted management reviews of four of the five components in 1999 and 2000 (all but the CDC PASA), but no formal evaluation has been conducted of these components. In addition, a design study was carried out to inform the future relationship between the CDC-DRH and USAID/G/PHN/POP. Although this study was not a formal evaluation, it considered past and current work of CDC-DRH in developing recommendations for the future.

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<sup>3</sup> The PASA is between USAID's Office of Population and CDC's Division of Reproductive Health. In this report, most references will simply be to CDC, even though DRH is implied. Occasionally, CDC-DRH is used when it is necessary to distinguish that division's work from other parts of CDC.

## **2. THE CURRENT CONTEXT**

This section reviews several dimensions of the current context of the MEASURE Results Package. First, it describes the USAID setting and how it pertains to the implementation of MEASURE. Second, it describes briefly the current agreements and partners under the RP. Third, it reviews the guiding principles for the RP to determine their usefulness in the implementation of MEASURE. Finally, there is a discussion of the MEASURE stakeholders, including how decentralization is affecting host country needs.

### **2.1 CONTEXT OF USAID**

In 1993, the Center for Population, Health and Nutrition (G/PHN) was created in the Global Bureau, bringing together USAID's Office of Population and Office of Health and Nutrition. At the time it was created, the center had four SOs to achieve the overall goal of stabilizing world population and protecting human health. These SOs addressed interventions in the following four areas: family planning, maternal and neonatal health, child survival, and HIV/AIDS. A fifth SO was added recently to address infectious diseases, such as malaria and tuberculosis. Generally, POP focuses on family planning, while HN focuses on the other SOs through their respective implementing agencies. However, since the 1994 International Conference on Population and Development (ICPD), a broad concept of reproductive health has replaced the narrow emphasis on family planning within USAID's population program. Most USAID population assistance efforts now address this broad scope of family planning/reproductive health (FP/RH), which incorporates some of the interventions addressed by the other SOs, including maternal health and HIV/AIDS.

Since the creation of G/PHN, several projects have been developed as centerwide RPs with the expectation that these would be able to address the range of SOs and would receive both population and health funding. Although there has been no assessment of how RPs are functioning as centerwide activities, there is a perception among a number of USAID staff in Washington that they are more complicated to manage than activities that are not centerwide. In contrast, many USAID Mission staff members consider centerwide RPs as the only logical structure for such support, given that their country programs generally address a range of PHN work.

Even with the creation of G/PHN, it is generally acknowledged among USAID staff that there are important differences in how the two technical offices function. The Office of Population is organized by functional areas within FP/RH (e.g., policy and evaluation, research, services, commodities), while the Office of Health and Nutrition is generally organized by health objective and intervention area (maternal health, child health).<sup>4</sup> It is conceptually easier to expand the focus of functional projects in POP to cover different health areas. Not surprisingly, the initiative to create centerwide projects has come from the functional projects. This, by definition, has meant that there is some overlap between the work of centerwide projects and those in the HN area, particularly the HN flagship projects (e.g., Basic Support for Institutionalizing Child Survival II [BASICS] in the

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<sup>4</sup> The Health Policy and Sector Reform Division is a functional division and as such is an exception to the HN structure. This is the division out of which MEASURE is managed and funded in HN.

child survival area) that address the range of functions within a particular health objective.

The current context of USAID PHN programs has added considerable complexity to the design and implementation of projects. Centerwide projects still based in POP must cover a broad range of health issues. At the same time, they overlap in some respects with some of the HN flagship projects and must compete for funding from USAID Missions and the several SOs. A complicating factor is the growing HIV/AIDS epidemic and the increasing level of funding being allocated to address this epidemic. These new monies are shifting priorities within G/PHN and over time may diminish attention given to other SOs. While funding for the emerging health area of infectious diseases is also increasing, it is at a much lower level than that for HIV/AIDS.

Since the early 1990s, USAID's budgeting process has changed significantly. More funds are now allocated directly to and controlled by USAID field Missions. The USAID regional bureaus have the authority to set funding levels for particular countries. This change in budgeting has been characterized as decentralizing the funding process with the effect of diminishing the influence of technical advice coming from G/PHN. An important but lesser amount of funds goes directly to G/PHN projects as core support for allocation to the various implementing agencies. Core funds primarily support three kinds of work: research, development of methodologies and tools, and new initiatives (such as infectious diseases and postabortion care). A challenge for the design of centerwide projects is how best to use core funding to accomplish important program objectives and areas of emphasis. USAID Missions access technical expertise by buying into projects (i.e., providing field support). The change in budgeting means not only less core support, but also more competition among CAs for field support in that they must market their services to Missions.

## **2.2 CURRENT AGREEMENTS UNDER THE RESULTS PACKAGE**

The MEASURE Results Package has a 10-year authorization, which began in 1997. To implement the MEASURE Results Package, the following three awards were made in 1997:

- a five-year contract with Macro International, Inc., (now ORC Macro) for the *Demographic and Health Survey (DHS+)* program, which includes subcontracts with the Population Council and the East-West Center;
- a five-year cooperative agreement with the Carolina Population Center, University of North Carolina, for the *Evaluation* project, which includes subagreements with John Snow Inc. (JSI), ORC Macro, and Tulane University; and
- a five-year cooperative agreement with the Population Reference Bureau (PRB) for the *Communication* project, which includes a subagreement with the Academy for Educational Development (AED). Several activities under a previous PRB cooperative agreement (e.g., fellows program and policy files) with USAID were incorporated into the MEASURE cooperative agreement.

In addition, a PASA between the Office of Population and the U.S. Census Bureau—Survey and Census Information, Leadership, and Self-Sufficiency (BUCEN–SCILS) was also added to the MEASURE RP. Finally, part of the work of the CDC PASA with POP, especially in the reproductive health survey area and reproductive health epidemiology training, was to be coordinated with the other MEASURE partners, even though there is a separate authorization for the CDC PASA. In sum, there are five partners that constitute the MEASURE RP, and they are referred to in this report as MEASURE *DHS+* (or *DHS+*), MEASURE *Evaluation*, MEASURE *Communication*, BUCEN, and CDC.

### **2.3 GUIDING PRINCIPLES FOR THE MEASURE RESULTS PACKAGE**

The original MEASURE concept paper defined seven guiding principles. In accordance with the scope of work for this pre-design and evaluation assignment, the team assessed the extent to which the principles have been followed by MEASURE and whether they are still useful.

*Host country ownership of data collection, monitoring and evaluation activities is crucial to institutionalizing these efforts.<sup>5</sup>*

All partners involved in data collection and monitoring and evaluation activities acknowledge the importance of this guiding principle. All of the data collection efforts have been collaborative with local institutional partners, and there are varying degrees of host country ownership of the data collected. However, it is recognized that some types of data collection (e.g., those that are closely tied to host country administrative systems) have a better chance of being institutionalized than other types that are carried out infrequently. The technical assistance and training activities of MEASURE partners (principally *DHS+*, *Evaluation*, CDC, and BUCEN) have helped to foster host country ownership in many countries. However, there is general agreement that the task of institutionalizing data collection, monitoring, evaluation, and policy communication requires considerably more resources and longer term commitment to capacity building and institutionalization than is currently available through the combined resources of MEASURE (see appendix E for a discussion of host country capacity building). This is especially true in countries where the infrastructure is weak.

Despite the current situation, this guiding principle is an important goal, and thus worth the investment of significantly more resources toward establishing this capacity. If capacity can be established in data collection, monitoring, evaluation, and policy communication, one may expect a large benefit in improved data quality and use by host countries that ultimately should lead to less reliance on substantial external resources.

*Existing partnerships among donors, CAs, and host country counterparts will be utilized whenever possible.*

All MEASURE partners have followed this guiding principle to date. Of special note are the new partnerships established by MEASURE *Evaluation* in implementing the working groups (and similarly those that were chaired or co-chaired by *DHS+*) and in

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<sup>5</sup> Host country ownership of the dissemination and the policy communication activities should be part of this guiding principle on institutionalization.

implementing the many evaluation and research studies in host countries and by MEASURE *Communication* in its work with journalists.

***More efficient use of resources is a priority.***

This guiding principle has not been consistently followed to date. MEASURE has invested the majority of its resources in large population-based national household surveys and many fewer resources in other types of data collection necessary for monitoring and evaluation of PHN programs (see sections 3.3 and 3.4). The team received information on the costs of surveys from *DHS+*, but there has been no evaluation under the MEASURE RP of different types of data collection or of the cost-effectiveness of these different types (such as surveys, qualitative studies, routine health information system, surveillance, or vital registration data) in light of their varying purposes. The guiding principle still has merit, but it needs to be pursued more comprehensively and systematically in the future than it has been.

***An optimal balance among scale, frequency, quality, and cost must be determined.***

These issues have not been addressed adequately by the MEASURE partners. There are significant tradeoffs possible among these factors, and it would be useful to have adequate guidelines so that data users could purchase the appropriate level of data precision at the least cost given the various information needs for adequate monitoring and evaluation of the range of PHN programs.<sup>6</sup>

In general, the MEASURE-supported national surveys are typically carried out based on a high (and expensive) standard. Examples of too little attention to data quality (i.e., how much quality is really necessary for reliable information) and cost actually include several of the large survey programs (*DHS+*, CDC, and the World Bank's Living Standards Measurement Survey), all of which typically report their results with more digits of precision than are justified by sample survey data. (See section 3.4 for other data collection efforts under MEASURE, such as rider surveys, developed by BUCEN, that have been used to collect interim population-level data at relatively low cost.)

***An optimal balance among data collection needs prioritized by the PHN Center and those prioritized by the local host country must be achieved.***

While survey data are used extensively by host countries, donors, and other international organizations, there is a tension between host country needs and the need for internationally comparable data by USAID and other donors. MEASURE's reliance on population-based national surveys does not adequately address the range of host country data needs for program management. MEASURE has supported evaluation and research studies that have been used for program needs in a number of countries.

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<sup>6</sup>According to *DHS+* staff members, they consistently consider tradeoffs between sample size, precision, and cost in making recommendations to host country counterparts and USAID Missions about the optimal design of surveys. However, there are a number of cases in which Missions have not followed the advice to support smaller and/or less frequent surveys.

*The ultimate purpose of data collection is its use in program planning, management, monitoring, and evaluation.*

Both the survey data and the research conducted by MEASURE partners have been useful for program planning, monitoring and evaluation, and program management by host countries, USAID, and other donors. MEASURE *Communication* has helped to expand the dissemination of survey data and other information to targeted program and policy audiences in countries where it is working with other MEASURE partners. Some of the monitoring and evaluation tools are promising, but future effort is required to disseminate these tools since several are currently limited to research studies (see section 3.3). MEASURE has not given priority to the improvement and use of data from routine information systems that are also essential for program management.

*Program evaluation and monitoring efforts should include a wide array of data collection approaches.*

This guiding principle did not succeed in shifting the balance of resources from the past emphasis on large-scale household surveys. While the merits of these surveys are widely accepted, they have their limitations, especially in program monitoring and evaluation. MEASURE *Evaluation*, DHS+, and CDC have supported other data collection approaches (e.g., piloting facility surveys, qualitative studies, and impact surveys). However, a limited range of data sources have been explored under MEASURE, and the lack of attention given to routine data sources has been a notable omission.

As written, this guiding principle implies that having an array of data collection approaches is an end in itself, which it should not be. The principle to be emphasized in the future is that the different methods used should be appropriate for monitoring and evaluation needs and the range of questions that program managers and policymakers need to address. At the same time, given the varying monitoring and evaluation needs, a variety of methods should be available to meet these needs. These methods should be considered as complementary in that good monitoring and evaluation requires a number of different approaches. At the same time, limited financial resources in developing countries can result (and has resulted) in these complementary sources of data competing for funding.

## **2.4 STAKEHOLDERS, DECENTRALIZATION, AND SUSTAINABILITY**

The primary stakeholders of the MEASURE RP are the host countries and USAID field Missions. These are the clients who stand to benefit most from a well-functioning package of assistance in monitoring and evaluation, data collection and analysis, and data utilization and communication. Within host countries, primary stakeholders are the ministries of health and the statistical bureaus, followed by nongovernmental organizations (NGOs) involved in service delivery.

The U.S. Congress and USAID administrators constitute other important groups of stakeholders, both as financers and as overseers of activities. Also, there are many USAID-funded CAs in PHN, which, if their interests intersect, need to work with MEASURE partners to improve either data collection and analysis or the use of existing data.

Another significant group of stakeholders for information generated by MEASURE is international organizations, such as the United Nations Children’s Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank, and the World Health Organization (WHO); multilateral donors, such as the United Nations Population Fund (UNFPA); bilateral aid organizations, such as the Department for International Development (United Kingdom) (DFID), the Norwegian Agency for Development Cooperation (NORAD), the Swedish International Development Authority (Sida), and the German Technical Cooperation (GTZ); and nongovernmental organizations, including foundations. These organizations have interests in the data that are collected and rely on U.S.–supported systems, such as the DHS, to support their own analyses.<sup>7</sup>

It should be apparent that this broad range of stakeholders has interests that are not always congruent. This creates tensions for the MEASURE RP. Sometimes, the greatest tension may be between U.S. government agencies and host country agencies. While the U.S. government has an interest in collecting data that will help evaluate the programs it is implementing in the host country, the host country may have other goals for data collection, such as monitoring all of its health services or monitoring particular geographic areas where USAID is not working. Furthermore, while U.S. interests may be primarily to monitor its programs and secondarily to institutionalize data collection, the host country’s primary interests are to meet its data needs by institutionalizing data collection and analysis systems.

Other tensions may arise between donors and host countries when the former are more strongly interested in maintaining similar information systems across countries to allow for comparability among nations, while the latter may have preferences for information systems tailored to their own needs.

A final source of tension among stakeholders arises from USAID’s historical preference for and its development of demographic and health population-based national surveys as its major source of data about its programs. These surveys have proved invaluable, particularly in evaluating the effects of population and health programs during the past 20 years in some 68 countries, 49 percent of which are in Africa. Further, the survey programs were developed because of the deficiencies in routine health information systems. However, the national demographic and health surveys as a data collection system have generally not proven to be a sustainable system, even in those countries where it has been used for as long as 15 years. Moreover, these national surveys are not well suited to addressing the needs of developing countries moving to a more devolved or, at least decentralized, health system. Smaller area routine and periodic information systems are essential for monitoring the effects of decentralization on health and health services in selected geographic areas. At the same time, the challenges, including the cost of developing and maintaining effective routine information systems, are

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<sup>7</sup> The term ‘donors’ is used throughout this report and includes those organizations that primarily offer financial assistance and those whose missions are primarily to establish and support technical policies, standards, and guidelines, such as WHO. This distinction should be kept in mind in the design of the follow-on activity, as some of these organizations have and will continue to have important roles in the achievement of MEASURE objectives.

considerable. There is a variety of health data needs for any country and multiple methods of data collection are required to meet those needs.

The tensions of sustainability, decentralization, and data collection systems come together under MEASURE. In the first three years of the RP, these tensions or questions of optimal balance, which were stated in MEASURE's guiding principles, have not been clearly articulated so that they can be addressed and resolved within the RP.

### **3. TECHNICAL FINDINGS AND RECOMMENDATIONS<sup>8</sup>**

This section reviews each of the five results that are specified in the MEASURE Results Package. The first subsection on coordination and partnerships includes a broad discussion of barriers to accomplishing what was intended under this result, which is partly reflected in section 2.1 on the context of USAID. The other sections review the work of the MEASURE RP, especially in terms of what was anticipated in the USAID authorization for the MEASURE RP and its guiding principles (USAID 1996) and also review, to a limited extent, the work of individual partners. (The report is not a thorough evaluation of the work of the individual projects, and thus the many achievements of individual partners do not receive sufficient recognition.)

#### **3.1 IMPROVED COORDINATION/PARTNERSHIPS AT INTERNATIONAL, USAID, COOPERATING AGENCY, AND COUNTRY LEVELS**

MEASURE was expected to achieve not only coordination but also synergy among its components. Despite much hard work by the individual partners to coordinate (some more actively than others) and much good will, the end result has been disappointing for those expecting synergy and coordination. The results are not so surprising for those who view as intrinsically weak the incentive structure for bringing those components together. At the same time and given the relatively modest investment in coordination by the MEASURE partners, the benefits in terms of coordination have probably exceeded the cost.<sup>9</sup>

The challenge of improved coordination for MEASURE, as a package, was considerable because of the need to bridge five historical, organizational, and philosophical divides. The first divide relates to MEASURE's client. In theory, because this is an aid program, the client and recipient is primarily the host country. Much of the emphasis in MEASURE is to provide assistance to USAID Missions to monitor and evaluate their programs. This makes USAID Missions appear to be the primary client, with USAID/Washington, the U.S. Congress, and the host country as secondary clients. The conflicts inherent in bridging this gap emerge when MEASURE is tasked with furthering the institutionalization in host countries of monitoring and evaluation systems that may have been established mainly to respond to USAID Missions' needs for information rather than to the information needs of their host countries.

The second divide for MEASURE to bridge is the continuum of monitoring, evaluation, analysis, and dissemination activities. Moreover, while some of these activities involve research and development, others involve the development of program strategies and implementation. Where one activity or function breaks off and another begins is not always evident or easy to define. However, the MEASURE package embodies in its design the requirement to bridge such functional divides. For example, although

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<sup>8</sup> Recommendations in the body of the report are both key recommendations and additional recommendations. Key recommendations appear in the executive summary and are numbered sequentially there. The sequence of recommendations in the body of report differs from the sequence in the executive summary, but the numbers assigned to specific key recommendations are consistent in both places.

<sup>9</sup> This more positive view of coordination under MEASURE is held by some team members and some MEASURE partners.

dissemination is an activity that is often linked to data collection and analysis on the assumption that that is the logical connection, it is a separate component under MEASURE, largely because it was seen as requiring specialized skills (see discussion in section 3.5). Further, the best link between data dissemination/utilization and data collection and analysis may be one that emphasizes the complexity of policy communication and the need to develop and carry out a multifaceted communication strategy, rather than the narrower view of dissemination as the production and distribution of particular products (e.g., published reports, data sheets, or policy briefs). *DHS+* and CDC are mandated to implement data collection systems, but MEASURE *Evaluation* is mandated only to research and develop tools.

The third divide was created by USAID's historic investment in population-based household surveys, particularly the Demographic and Health Surveys (DHS) and also the reproductive health surveys of CDC. This has led to a high level of competence and confidence in the DHS (the standard) and the CDC surveys compared with other data collection methods. This historical legacy has become the survey paradigm: surveys are considered by both USAID staff in Washington and Missions as the most reliable source of data for reporting on health indicators and programs. This preference for surveys is reflected in the distribution of funding in that about 49 percent of overall funding for the MEASURE RP supports *DHS+* (67 percent of *DHS+* funds are from USAID Missions, and 33 percent are from the core POP and HN budgets) and CDC surveys.<sup>10</sup> A consequence of USAID's preference for surveys has meant that other types of data collection (e.g., routine health information systems, qualitative data collection, and smaller, special-purpose surveys) have not had the benefit of a high level of investment and concentrated expertise. At the same time, there have been and continue to be other sources of funding for these kinds of data collection (USAID bilateral programs, HN flagship projects, the operations research programs, and others).

The fourth divide that MEASURE has had to bridge is within USAID. This divide is of two sorts: the long-standing divide between POP and HN; and the historical legacies of existing projects which, when successful, shape future roles and activities. As mentioned previously, MEASURE grew out of POP projects, while HN tended to have its flagship projects carry out their own monitoring and evaluation activities. Much effort has been made by the MEASURE partners to collect HN information (including a revision of the core questionnaire for *DHS+* and the addition of several new health modules), to develop tools helpful to the HN sectors (see section 3.3 on improved tools), and to cover health topics in communication activities.<sup>11</sup> Even so, it appears that the MEASURE RP has only partially overcome the past association with population projects, since HN has provided only 32 percent of its funding.<sup>12</sup> (See discussion in section 4.2 on HN funding for the different MEASURE partners.)

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<sup>10</sup> Funding for *DHS+* covers a range of activities, although the predominant activity is support for large-scale surveys. Funds for the CDC PASA that support surveys are estimated at about 56 percent of total PASA funding.

<sup>11</sup> It is noted that the health and nutrition content of the *DHS+* surveys was designed in close collaboration with HN and the USAID-supported CAs working in the health and nutrition areas, and it reflected what these stakeholders defined as their key information needs.

<sup>12</sup> Some team members have suggested that the survey paradigm may not suit health and nutrition programs as well as it does family planning and population programs, and hence the lower level of support from HN. Other team members view surveys and routine information as complementary data collection systems and consider that both are needed for effective HN as well as POP programs.

The fifth divide for MEASURE has been to straddle the decentralization of USAID, with USAID Missions wielding more decision-making power and more funding than G/PHN (section 2.1). Missions have a decided preference for working with fewer rather than more CAs (one-stop shopping). MEASURE, with its multiple procurements, does not allow for one-stop shopping. Most Missions were unaware that MEASURE is one package, and have typically chosen the parts of MEASURE with which they want to work and coordinated the parts themselves.

The following sections review achievements in coordination and partnerships, the limitations of mechanisms for coordination, and the limitations of the structural environment encountered by the five partners.

### **3.1.1 Achievements within MEASURE**

One of the major achievements of the MEASURE partners and an activity cited universally has been the joint development by BUCEN and *DHS+* of CSPro (see section 3.3), a public domain software package that will permit countries to input, process, and analyze data from both censuses and surveys. For many years, BUCEN had strongly championed the creation of such a unified software product, but the general consensus is that the existence of MEASURE created a climate of cooperation that made CSPro's joint development possible. While much still remains to be done to disseminate and teach host country nationals how to use this software, this concerted effort to develop a standardized software package is a major achievement of the MEASURE RP per se (as distinct from the many achievements of its individual components).

MEASURE partners have also achieved effective coordination in other areas, although the consensus among informants was that much of this cooperation would have occurred even in the absence of an umbrella MEASURE RP. One significant example of cooperation is the joint work of the *DHS+* and MEASURE *Evaluation* components to develop facilities surveys (section 3.3). Similar cooperation between these two MEASURE components also occurred in the development of new modules for the DHS and has involved both USAID staff from the different HN SOs as well as staffs of the HN flagship projects (other CAs). Both *DHS+* and MEASURE *Evaluation* also noted that efficiencies occurred in their coordination because ORC Macro (the primary contractor for *DHS+*) was a subcontractor to MEASURE *Evaluation*. In the field, however, this was not seen as an efficiency since two separate funding actions were required.

There are other examples of coordination among partners in the field: *DHS+* and MEASURE *Communication* in India, Kenya, Cambodia, and Tanzania; CDC and MEASURE *Communication* in Jamaica; and *DHS+* and CDC collaborating with MEASURE *Communication* on a summary report on findings from surveys in the Central Asia Republics and Eastern Europe. Since MEASURE *Communication* was designed to be collaborative, activities independent of other partners have been the exception (Brazil and Mexico). In general, the examples of in-country coordination among the partners are relatively rare.

Other examples of collaborative work include the internal working groups in training and dissemination. These are discussed in the section on obstacles to coordination and partnership within MEASURE below.

### **3.1.2 Achievements of MEASURE Partners in Collaboration with Others**

Much of MEASURE's success has been in collaborating with partners outside of MEASURE. One frequently cited example is the extensive work with many organizations (donors, CAs [including MEASURE partners], and other data users) that was conducted by *DHS+* in the revision of the core questionnaire and module development. The collaboration with UNICEF was particularly intensive in order to harmonize indicators collected by *DHS+* and UNICEF in its Multiple Indicator Cluster Surveys (MICS). This collaboration extended to in-country activities, with *DHS+* producing special tabulations for host country institutions and UNICEF that were designed to meet the end-of-the-decade reporting requirements for UNICEF. WHO staff reports that the surveys conducted under the *DHS+* and UNICEF MICS programs "currently provide most of the reasonably reliable data available on child health and nutrition in developing countries. These data are used by ministries of health and partners to plan and evaluate progress. They have provided the backbone for analyses underway to assess progress toward the World Summit for Children goals established in 1990, to be reviewed by a special session of the United Nations General Assembly in September 2001 as the basis for setting new global priorities." *DHS+* staff also reported that at the country level, there were numerous efforts to coordinate *DHS+* activities with a range of host country institutions, other donors, and CAs.

Another outstanding example of collaboration is the *National AIDS Programmes: a Guide to Monitoring and Evaluation*, a work that was led by MEASURE *Evaluation* but included the participation of UNAIDS, WHO, UNICEF, the World Bank, the European Community, and CDC (though not the DRH), as well as USAID-funded CA projects, such as POLICY, Synergy, and IMPACT. *DHS+* was also an important part of this effort that represents collaboration within MEASURE.

Another example of coordination among non-MEASURE partners is the large number of contributors to the draft *Compendium of Indicators for Evaluating Reproductive Health Programs*. Led by the MEASURE *Evaluation's* Tulane University subproject, the contributors included participants from the other MEASURE partners, all major CAs and USAID flagship projects working in reproductive health, including POLICY, INTRAH, PATH, JSI, QAP, PCS, FRONTIERS, PRIME, Support for Analysis and Research in Africa (SARA), AED, and FOCUS on Young Adults; and external organizations, such as the World Bank, the Pan American Health Organization (PAHO), Population Council, and several universities.

The U.S. Census Bureau has also contributed to census coordination outside MEASURE in joint training activities with the United Nations, in working with a variety of donors through the framework of the Interagency Census Coordinating Committee for Sub-Saharan Africa, and in fostering multidonor census assessments.

The eight technical working groups, which include MEASURE partners and also a wide range of external organizations, have been instrumental in developing standards for

facility surveys, quality of care, routine data, Geographic Information Systems (GIS), qualitative methods, and small area estimations. The efforts of these working groups have made important contributions to the PHN field and have resulted, in part, from the MEASURE partners working together.

While different partners have taken the lead in these technical working groups at different times, MEASURE *Evaluation* had played the primary coordinating role in bringing together CAs, international donors, and NGOs. This role is in accord with the original design of the RP. MEASURE *Evaluation* led working groups on topics such as biomarkers, capacity building, quality-of-care indicators in family planning programs, maternal and perinatal health monitoring, and routine health information systems. DHS+ staff either led or co-led working groups on the applicability of its surveys to small areas,<sup>13</sup> gender, GIS methods, qualitative methods, and facility surveys.

### **3.1.3 Obstacles to Coordination and Partnership within MEASURE**

The internal mechanisms that were established to foster coordination proved to be time-consuming, and ultimately could not overcome the basic differences among the partners—they each had their own objectives, funding structures, bureaucratic cultures, and responsibilities. MEASURE partners also had to compete with each other for Mission funds.

Most important, none of the structures provided for leadership and incentives for the others to follow. While MEASURE *Evaluation* was given responsibility for some leadership (and attempted to exert leadership on some occasions) and some funding, it did not have a mandate or sufficient funds to provide incentives to other MEASURE partners to encourage or facilitate their participation in joint activities. Theoretically, such leadership could have been provided by USAID, but this did not materialize for several reasons (see section 4.1 for various management constraints).

USAID established five formal mechanisms to enhance coordination among MEASURE partners: a MEASURE advisory board (MAB) that has convened only three times; a management implementation team (MIT) composed of the five directors of the MEASURE components that has met approximately every 3 months to exchange information and to plan joint activities; and a MEASURE management team (MMT) composed of the cognizant technical officers (CTOs) and technical advisors of the five projects that meets more often. In addition, a MEASURE training group and a MEASURE dissemination group were formed to coordinate activities in these areas.

While these mechanisms were useful, they did not overcome the underlying problems of leadership. Thus, project directors eventually found the MIT meetings not particularly useful, although they appreciated the joint meetings with the MMT. They reported that MIT meetings would have been just as useful if they met only semiannually or better still, only annually. However, CDC staff members observed that their participation in the MIT and information sharing helped to avoid duplication and competition with DHS. Since the MIT meetings were always held in Washington, D.C., there was a missed opportunity for members of the MIT to learn about the organizational and structural layout of CDC

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<sup>13</sup> It should be noted that the U.S. Census Bureau has done much work in the broader technical field of small area estimations.

and the role of DRH within CDC. The training group was able to exchange enough information so that the training programs of the separate components were able to build on each other's strengths and knowledge of sites. But, it was not a body that had or could promote a strategy.

The advisory board was created as a forum to inform other donors about MEASURE's work, to identify opportunities for collaboration with other donors, and to generate other donor support for MEASURE activities. The meetings were more for providing information about the individual partners' activities than for contributing to coordinating the work. Some advisory board members reported that they were not well used, while project directors believed that the board members did not understand MEASURE's overall objectives and that perhaps the board's major contribution should be to find additional funding from its donor members for MEASURE's activities.<sup>14</sup> At one point, the advisory board had suggested examining the relationship of DHS and CDC surveys to assess the overlap between the two programs, but this never happened. When it became clear that the purpose of the MAB was unlikely to be achieved and that the resources required to plan and convene additional meetings could be put to better use, the MAB meetings ceased after November 1999.

The MMT also had difficulty promoting coordination among MEASURE partners for several reasons. First, rapid USAID staff turnover has limited the effectiveness of the technical advisors for the MEASURE partners from fulfilling their roles as knowledgeable, well-informed brokers of their project's work. Second, MEASURE has in theory had a single overall coordinator within USAID.<sup>15</sup> Even so, given the various divides described previously, it is not evident how an overall coordinator can overcome these problems and be effective. Third, there is too little technical support on the health side to adequately represent the interests of HN in the management of the MEASURE projects.

PASAs represent a special issue in coordination that MEASURE has not successfully addressed. There is no way of inducing coordination if the PASA organization is not interested and/or if it does not have the staff and resources to engage in coordination. Even so, BUCEN has coordinated and even taken the lead in MEASURE's major achievement, the development of CSPro. CDC-DRH has participated when appropriate (e.g., in contributing to CSPro), and it will use CSPro in its work now that the software has been developed.

Another mechanism for coordination under the MEASURE RP was the attempt at the beginning to send out a joint team to five countries. In four of the five countries where MEASURE *Communication* was represented on the initial joint assessment teams, early planning efforts led to budget allocations and dissemination activities in-country (e.g.,

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<sup>14</sup> In an interview with several team members, an advisory board member from UNFPA suggested that a high-level meeting (and perhaps an exchange of letters) between UNFPA and USAID is needed to facilitate more systematic coordination and closer working relationships between MEASURE and UNFPA staff.

<sup>15</sup> MEASURE had an overall coordinator with no responsibility for day-to-day management of the individual components from the time they were awarded until March 2000. From March 2000 to January 2001, the overall MEASURE coordinator or leader of the MMT also had day-to-day management responsibilities for at least one other component and thus had to focus on administrative issues instead of being a visionary for the package as a whole. Since January 2001, there has again been an overall coordinator with no other day-to-day management responsibilities.

India, Kenya, and Russia), which were linked to other partners' work. Except for these few cases, the initial RP design did not lead to the joint planning of activities, as expected. Some Missions perceived the partners as competitors and had preferences among other CAs (e.g., POLICY for dissemination work).

Interestingly, working groups were not established to work on MEASURE's major activities, which might have been expected to drive the work of the partnership as a whole, such as setting priorities for tools and methods development or analyses (including cost analyses) of existing tools and data collection systems.

In summary, none of the various coordinating bodies could overcome the separateness of the individual components of MEASURE. They could not provide for leadership or incentives for others to follow.

### **3.1.4 Findings/Lessons Learned**

Most respondents thought that most achievements under the MEASURE RP would have occurred without MEASURE.

The current structure of MEASURE neither creates nor improves coordination, nor can it deal effectively with the fact that USAID field support causes partners to act competitively.

- MEASURE, as a whole, needs leadership even more than coordination mechanisms. No one group or individual has the capacity to bring about coordination and cooperation. MEASURE *Evaluation's* capacity for coordination is extremely limited because it can provide no incentives for cooperation. It is not even *prima inter pares*.
- Existence of various coordinating mechanisms (advisory board, MMT, MIT, retreats, and coordinated visits to host countries) did not lead to much coordination among the MEASURE partners.
- Coordination is more significant among certain partners than among others: it has been more important between *DHS+* and MEASURE *Evaluation*, and it has been less successful between *DHS+* and MEASURE *Communication*, although there are examples of in-country collaboration between these two partners (e.g., India and Guinea). Other than good will and mutual agreement on MEASURE's objectives, there are no mechanisms under the MEASURE RP to promote cooperation or coordination.
- Working groups were a successful mechanism for coordination both among MEASURE partners and with groups outside the MEASURE RP.

Coordination is both time-consuming and costly, and it is possible that greater leadership would help reduce time and costs. In any case, additional core funding is needed to bring about greater coordination among MEASURE partners.

### 3.1.5 Key Recommendations

If MEASURE is to continue as a single RP and if it is to achieve some leadership, efficiency, and funding flexibility, the coordination among its partners must be improved. Two sets of recommendations for improving the structural environment for MEASURE's coordination follow.

1. Regarding the structure of the procurement, coordination could be enhanced with a series of measures, such as more effective use of performance criteria, rotating MIT meetings, and establishing additional working groups (see section 4.5, recommendations on future procurements, option one).

Alternatively, the follow-on activity could be a single procurement that would provide leadership, incentives for coordination, and flexible funding that could enhance coordination among MEASURE's components (see section 4.5, recommendations on future procurements, option two).

2. MEASURE should remain a centerwide activity with increased investment by the HN sector and with particular attention to providing core funding (see section 4.4, recommendation 2).

### 3.1.6 Additional Recommendations

Working groups should be used to address major areas of activity under MEASURE, such as setting priorities for tools and methods development or cost analyses of alternative data collection systems. (See also the recommendation on the role of working groups in section 3.3 on improved tools and methodologies.)

If the future MEASURE RP has an equivalent mechanism to the MIT, USAID should provide sufficient support so that different partners can host the periodic MIT meetings to foster better understanding of the organizations.

## 3.2 INCREASED HOST COUNTRY INSTITUTIONALIZATION

The concept paper for the MEASURE RP defines institutionalization as “strengthening of the capabilities of assisted organizations” and recognizes that it is a long-term process involving many types of assistance activities. The work of MEASURE partners was considered in terms of capacity building of human resources for data collection, analysis, evaluation, and dissemination in various ways. *DHS+*, CDC, BUCEN, and *Evaluation* have provided *short-term technical assistance* in planning and implementing different kinds of surveys and national censuses with host country collaborators in many developing countries. In India, BUCEN has provided technical assistance to improve civil registration and vital statistics. Sometimes, BUCEN, *DHS+*, and CDC have provided *long-term technical advisors* to assist in this process.<sup>16</sup> *MEASURE Evaluation* and *MEASURE Communication* have also provided short-term technical assistance in the course of their work with host country organizations. Further, *MEASURE Evaluation* has provided technical assistance to a number of USAID Missions in the design of their Performance Monitoring Plans and in assessing program performance (e.g., Uganda).

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<sup>16</sup> Long-term advisors from CDC were not funded through the PASA with CDC-DRH.

*Short courses and workshops* (national or regional), considered a major part of capacity building, have been conducted in developing countries and in the United States to improve skills in a range of areas from data collection and analysis, evaluation, and dissemination. MEASURE partners have given workshops (typically in collaboration with local institutions) on monitoring and evaluation methods, including multilevel modeling (MEASURE *Evaluation*), reproductive health epidemiology (CDC), data use and further analysis (BUCEN and *DHS+*), and policy communication (MEASURE *Communication*). Sometimes host country staffs have visited partners' headquarters for additional on-the-job training, such as the preparation of country reports or further analysis of survey data.

MEASURE *Evaluation* has also assisted the development of a monitoring and evaluation concentration in existing *master's degree programs* at the University of Costa Rica, the University of Pretoria in South Africa, and Mahidol University in Thailand. This assistance is a third way that MEASURE has contributed to capacity building. MEASURE *Evaluation* supports these programs through technical assistance, training of faculty members, and by providing fellowships to mid- and high-level host country PHN professionals (see MEASURE 2000 for details).

### **3.2.1 Achievements**

Based on the team's site visits, interviews with MEASURE staff and key informants, and individual team members' experiences over many years, institutions in many countries have improved their capacity to collect and analyze data and to disseminate information in a form useful for policy and program planning. Technical assistance provided by the MEASURE partners has been an important part of this capacity building. However, there was not enough time to evaluate MEASURE assistance except in a limited way during site visits. Furthermore, it is difficult to assess the link between technical assistance and capacity building because there are so many factors that influence capacity building. A large number of individuals have also been trained in practically every country where the MEASURE partners have had activities. (See appendix F for training activities of the MEASURE partners.) There has been an emphasis by some partners on using the same universities or teaching centers, and this has led to some effective collaboration among partners<sup>17</sup> (e.g., MEASURE *Communication's* and *Evaluation's* work to build teams of faculty in regional universities with the capacity to train others in monitoring, evaluation, and dissemination skills [Mahidol University in Thailand, Makerere University in Uganda, and the University of Costa Rica]).

### **3.2.2 Findings/Lessons Learned**

The participation of host country institutions in the planning and implementation of surveys and evaluation studies carried out by the MEASURE partners (*DHS+*, CDC, and MEASURE *Evaluation*) has generally been shown to be an effective mechanism for building the capacity of those institutions to collect and analyze data and to evaluate programs. This kind of participation is often referred to as on-the-job training.

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<sup>17</sup>The FRONTIERS Project with the Population Council has also collaborated with the master's degree program at the University of Costa Rica by providing training in operations research.

Furthermore, according to some USAID Missions, the collaborating institutions with which MEASURE partners have worked have become an important resource for carrying out surveys, data analysis, and evaluation.

Even so, the capacity-building experience through participation of host country institutions in the planning and implementation of the surveys carried out has been mixed. It appears that sometimes those responsible for carrying out surveys in collaboration with host country institutions do not make sufficient efforts to transfer their capacity to their counterparts, resulting in little improvement in the institutions' capacity to collect and analyze data.<sup>18</sup> Although such problems are identified, it is not clear how much can be done to improve the current situation, considering the conflicting demands for rapid release of survey data from USAID Missions and host countries and the more time-consuming and resource-intensive process of capacity building and the long-term challenges of institutional development.

Participants who have been supported by MEASURE *Evaluation* consider the master's degree programs fairly successful. However, the scope of study in the programs is much broader than the purpose of the MEASURE *Evaluation* initiative. As a consequence, the graduates of these programs are not necessarily fully equipped to conduct monitoring and evaluation in their countries, even though their skills have improved. Thus, this training is a partial but not complete step toward meeting the needs for capacity building of host countries.<sup>19</sup>

All three current master's degree programs receiving support under MEASURE *Evaluation* are well established and have received and continue to receive support from other donors. Even though they are not dependent on MEASURE resources for support, they appear to be willing to accept the advice and technical support of the MEASURE partners (i.e., MEASURE *Evaluation* and MEASURE *Communication*) so that their training on monitoring, evaluation, and dissemination can be strengthened. Some candidates (e.g., at the University of Costa Rica) do not have an established institutional base and do not know whether and how they will use their master's degree training.

The workshops given by MEASURE *Evaluation* and MEASURE *Communication* generally have been regarded as successful by the participants and appear to have been an effective means to upgrade the capacity of professionals from the host countries. Follow-up surveys of students supported under MEASURE *Evaluation*, for example, in Thailand, conducted 6 months after training, show that many students are using their new skills. It is not clear, however, how much they have contributed to the improved capacity of host country institutions to carry out monitoring and evaluation work. MEASURE *Communication* has added specific questions to its postworkshop questionnaires on changes in institutional operations. As a result, the project is beginning to document institutional changes in the dissemination area.

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<sup>18</sup> Apparently, no effort is made to track recipients of on-the-job training, which might help document the benefits or problems related to this kind of capacity building.

<sup>19</sup> MEASURE *Evaluation* staff explained that the master's level training programs are doing what was anticipated to strengthen monitoring and evaluation training, but that "the support needed by the collaborating institutions was underestimated." It was suggested that "to complete the process of getting them fully on board with monitoring and evaluation, graduates must be involved in their own projects. However, facilitating these efforts with graduates has been found to be very difficult and resource consuming."

The effectiveness of the workshops and short courses depends on many factors, including the appropriate selection of candidates, the adequacy of the course content, and the availability of experienced trainers. While *MEASURE Evaluation* and *MEASURE Communication* generally received high ratings, all three conditions have not always been fulfilled. For example, some participants in the monitoring and evaluation workshops conducted by *MEASURE Evaluation* thought that the treatment of monitoring and evaluation topics was too superficial. Others thought that the advanced training in multilevel modeling was too advanced for wide application, and that this level of training should be given every other year with a more basic course on monitoring and evaluation taught in alternative years.<sup>20</sup> Training through one workshop is not sufficient for capacity building and repeated training of the same individuals (as occurs under the women journalists project of *MEASURE Communication*) is sometimes required. Even so, workshop participants have gone on to become the host country counterpart in subsequent *MEASURE Evaluation* country work, and this involvement is an opportunity for continued on-the-job training. *MEASURE Communication* has also employed trainees as facilitators in years following their initial training to help build on and consolidate their skills.

There is a continuing need for *MEASURE* workshops as they fill an important function and have generally been praised by participants, Missions and host country institutions. At the same time, although training host country professionals is always useful for the country at large, it may not be effective in building institutional capacity in monitoring and evaluation without a substantially greater financial commitment over a long period of time.

### **3.2.3 Concerns and Gaps**

A number of specific concerns and gaps were identified in the course of the assessment of capacity building and are presented below. (It should be noted that the team visited only two of the three countries where *MEASURE Evaluation* is supporting master's degree training. Hence, the comments provided do not necessarily apply to the third country site, Mahidol University in Thailand, the one that has been in place the longest.<sup>21</sup>)

There are concerns that collaborating institutions of *MEASURE* partners have not always been properly selected to enhance institution building. For example, in the area of data collection, *MEASURE* partners should increase their efforts to work with the same collaborating institutions. This has happened in several countries, and USAID Missions in those instances noted the benefits to institution building.

The master's degree program in population and health at the University of Costa Rica (UCR) is in the School of Statistics and is associated with the recently established Central American Population Program at the university. Currently, the program's faculty is

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<sup>20</sup> On occasion, the primary content of a monitoring and evaluation workshop has been determined largely by the particular interest and expertise of workshop faculty and may not be the most useful for capacity building on the array of monitoring and evaluation topics. More attention should be given to ensuring that the material included in the curriculum is what is most needed by the participants.

<sup>21</sup> *MEASURE Evaluation* pointed out that some of the criticisms of workshops are the exception rather than the rule and also that inappropriate expectations on the part of trainees may contribute to dissatisfaction with the training.

strongest in demography, especially survey research, but has not yet established adequate capacity in monitoring and evaluation or developed sufficient strength in health systems or links to the School of Public Health to respond to current students' interest in the health area. A long-term plan for strengthening this program should be considered.

Candidates for the UCR master's degree program are currently recruited directly through multiple modalities, including Internet and newspaper advertisements. As such, some have been accepted who have no institutional base that assures them of a position when they complete their degree. Additional effort is needed in screening candidates to ensure that graduates will be able to find employment in which they can effectively apply their newly acquired skills upon completing their degrees.

UCR students rate the short courses, especially in communication, very highly. UCR communication course graduates cited several examples of how they had used this training in their jobs; other countries want to develop in-country workshops (Bolivia, Honduras). These short courses have also been a highly effective mechanism for networking among institutions and individuals within the region.

The master's degree program in South Africa is offered by the University of Pretoria School of Public Health, which added a concentration on monitoring and evaluation as a subtrack under health management, in cooperation with the Carolina Population Center. This course uses an interactive case study approach that focuses on students' presentations rather than lectures. The fact that the course is given in modules facilitates the participation of part-time students. Two needs of this program appear to be improved access to data and additional people to supervise students in their dissertations.

Although the master's degree programs are rated as fairly successful, it appears that the quality of teaching methods needs to be improved.<sup>22</sup> Also, there is no interaction among the three master's degree programs.

No master's degree program in French- or Arabic-speaking countries is available (although MEASURE *Evaluation* has conducted a regional Francophone workshop in Senegal). At the same time, it has been difficult for the program in Costa Rica to attract good candidates from South America, perhaps because the best students prefer to study at other universities, including those in the United States.<sup>23</sup>

### **3.2.4 Key Recommendation**

**MEASURE should engage in more concentrated efforts to strengthen institutions instead of training individuals from a wide variety of institutions. A well-planned, concerted effort is needed by MEASURE to prepare human resources in selected institutions that are considered to be good candidates to assume the role currently played by MEASURE partners in the future. Substantial financial resources, much**

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<sup>22</sup> This does not apply to the training in South Africa.

<sup>23</sup> The team did not have much opportunity to explore why the recruitment of good candidates is difficult, but possible reasons may include: the level of training provided is not yet competitive with other programs, particularly in the United States; the number of faculty adequately prepared to teach evaluation is few; and there is a need for more practical or "hands on" training in evaluation.

**greater than has been expended under MEASURE to date, would be required for effective institutional development.** (see Executive Summary, recommendation 4)<sup>24,25</sup>

- By agreeing to a common plan of institutional development, MEASURE may become much more effective in capacity building at little or no additional cost. Further, an institutional approach to capacity building will respond to the first guiding principle, meeting the needs of the host countries.
- The various MEASURE partners have already identified institutions in the host countries that are collaborating in data collection, analysis, and dissemination. Thus, they should be able to agree upon which institutions are more easily strengthened in a particular country. The capacity-building needs can be discussed and agreed upon with those institutions. After that, the specific training needs of each institution can be addressed through the current training activities of the five partners.
- In the design of the follow-on RP, USAID should keep in mind that MEASURE's role in capacity building and strengthening of host country institutions should be considered in conjunction with similar efforts by international organizations and donors. For example, both UNICEF and WHO support improvements in host country programs that include monitoring and evaluation. Thus, increased emphasis on coordination and collaboration by MEASURE and these other organizations could have important benefits.

### **3.2.5 Additional Recommendations**

#### 3.2.5.1 Master's Degree Programs

MEASURE should prepare a long-term plan for the continued strengthening of the curriculum and teaching in monitoring and evaluation of the three regional master's degree programs in Costa Rica, South Africa, and Thailand. Evaluating and improving the quality of the teaching should be one component of the plan. MEASURE partners should consider adding modules on various topics under monitoring and evaluation to take advantage of the tools and methods that have been developed and the skills of the different MEASURE partners (e.g., CDC in reproductive health epidemiology training).

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<sup>24</sup> In reviewing the draft report, MEASURE *DHS+* made the following interesting suggestion: "In view of the fact that resources allocated for capacity building are likely to continue to be scarce, an argument might be made that existing training resources be targeted at even narrower objectives than the team recommends. For example, in one country, training resources might be focused at the statistics office on improving capacity to process data; in another country, on improving capacity at a health research unit to analyze data; and in a third country, on improving capacity of a limited number of staff from both types of institutions to disseminate information." While such an alternative strategy for allocating training resources may be unacceptable to host countries, it highlights the point that resources for effective capacity and institution building are likely to be insufficient to the task.

<sup>25</sup> MEASURE *Evaluation* provided a valuable comment in reviewing this section of the draft report. "In balancing the focus of training efforts on individuals versus institutions, it is important to consider the stability of the institutions considered. In many of the countries in which MEASURE works, institutions are at least moderately politically unstable. It would be easy to invest a great deal of time, money, and effort with an institutional focus, without sufficient benefit should there be a strong potential for political or economic crisis that would impact long-term benefit."

The training should also cover a full array of data sources, not just survey data, relevant to population and health programs. New modules could also be developed for use as distance learning tools in order to expand their use in other settings.<sup>26</sup> If new modules are added, additional training of faculty would also be needed. MEASURE might also explore a training program that combines distance learning (for credit) in selected monitoring and evaluation topics with an option to take summer courses or other short modules onsite.

MEASURE should also consider a plan to link the three key training sites so that they might share data sets and possibly have students work on joint projects while based in different settings.<sup>27</sup> Furthermore, students should be given examples of the relevance and application of their training based on the experiences of program graduates.

MEASURE should explore the possibility of identifying other master's degree programs in Francophone Africa, South America, and Arabic-speaking countries that might be appropriate for incorporating monitoring and evaluation training.

Candidates for training in master's degree programs supported by MEASURE should be selected for their potential to contribute in their own countries to improved monitoring and evaluation—through the design and implementation of multiple means of data collection, analysis, and dissemination of information to policy and program leaders. Ideally, this would mean that candidates from countries being solicited for training should be drawn from institutions with a commitment to improved monitoring and evaluation, and that such institutions would help to interview candidates before they are accepted for training and write a supportive letter indicating interest in providing a job to applicants upon the completion of their degrees. Appropriate institutions may include census, vital statistics, ministries of health (national and district), family planning associations, and NGOs.

MEASURE *Evaluation* suggested that the USAID design team should consider the advantages and disadvantages of supporting master's level training at the University of North Carolina or Tulane (two U.S. universities that have special training expertise in monitoring and evaluation for PHN programs) for a select number of mid-career specialists from developing countries. A model for a productive collaborative arrangement for capacity building, which included master's level training, was that between Tulane University and the Ministry of Health in Morocco under the predecessor EVALUATION project. An advantage of this type of long-term training is that trainees are introduced to a fuller range of monitoring and evaluation methods than is possible through a single monitoring and evaluation course at a developing country institution.

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<sup>26</sup> The University of Costa Rica is constructing a new building to support its newly established Central American Population Center, and the center will develop distance-learning courses to be offered via the Internet. Part of the construction and the development of the course is being supported by the Bill and Melinda Gates Foundation. MEASURE partners should be alerted to the fact that the university has an excellent web site that includes census, vital statistics, and survey data for Central American countries. This site appears to lack links to MEASURE partners.

<sup>27</sup> MEASURE *Evaluation* offered one caveat on this recommendation. While linking the three key training sites might be useful for setting up a “global partnership work style,” the time and logistics needed to set up and maintain such an arrangement might give too much emphasis on process and not enough on results.

MEASURE *Evaluation* also highlighted the need to emphasize ongoing support to and collaboration with trainees on long-term projects to ensure that skills are maintained and improved.

#### 3.2.5.2 Short Courses and Workshops

MEASURE should continue to expand the number of sites where workshops are conducted with the focus on capacity building to improve data collection, analysis, evaluation, and dissemination. Workshop organizers should provide a well-balanced program that meets students' needs and addresses the broad array of monitoring and evaluation skills. If faculty or trainers are not available in some sites for particular courses, assistance from other sites or other organizations should be sought until there is enough training capacity established permanently at each center.

### **3.3 IMPROVED TOOLS AND METHODOLOGIES**

#### **3.3.1 Achievements**

During its first 3 ½ years, MEASURE has developed an impressive array of tools and methodologies for data collection, monitoring and evaluation, dissemination, and training (see appendix G). Most of this work has been of very high quality. There is every expectation that these new tools will be widely used and will make a significant contribution to programs in the future. In the development of its tools, MEASURE has demonstrated the capacity to react flexibly to the rapidly changing monitoring and evaluation needs of USAID's population, health, and nutrition programs. An example is the considerable work that MEASURE *DHS+* has accomplished in developing guidelines for the use of biomarkers in the DHSs.

A particularly commendable aspect of MEASURE's tool and methodology development has been the broad participation and collaboration not only of MEASURE partners, USAID staff, and CAs, but also of several key donors and international organizations (see section 3.1). This broad participation and collaboration has not only made some additional resources available for the development of tools but has also improved their quality and enhanced the likelihood that they will be widely used in the field. Convergence toward a limited number of tools that are endorsed and supported by multiple donors and international organizations also facilitates the process of capacity development in developing countries. As a 1996 NAS report noted, "Establishing standard tools or data systems among donors would greatly enhance host countries' ability to sustain aid projects." (Malanick and Pebley 1996, p. 22)

Examples of **important collaboratively developed tools** include the AIDS monitoring and evaluation guide, Demographic and Health Surveys, and CSPro.

**AIDS Monitoring and Evaluation Guide:** MEASURE *Evaluation* has collaborated closely with UNAIDS, as well as with CDC,<sup>28</sup> *DHS+*, several USAID-supported CAs,

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<sup>28</sup> The effective collaboration with CDC did not actually include CDC-DRH, but rather another part of CDC. This is one of the few cases in the area of tool and methodology development where MEASURE did not promote closer cooperation among its partners. This appears to be the result of a communications failure in an organizationally complex undertaking.

multilateral and several bilateral donors and experts from several developing countries in developing an excellent tool for HIV/AIDS monitoring and evaluation (*National AIDS Programmes: A Guide to Monitoring and Evaluation*). This tool is already in wide use and is a major accomplishment of MEASURE. As part of this effort, survey instruments were developed and tested and have already been incorporated into DHS and CDC–DRH survey instruments. These survey instruments, along with other related HIV/AIDS monitoring and evaluation materials, have been put on a CD–ROM that is distributed along with the guide. WHO has requested that a similar tool be prepared for child survival programs.

**Demographic Health Surveys:** MEASURE *DHS+* has made major improvements in its core DHS household, women’s, and men’s questionnaires (affecting 25–30 percent of their content),<sup>29</sup> and has also developed several new modules (i.e., domestic violence, women’s status, female genital cutting, HIV/AIDS, malaria, pill-taking behavior, and health expenditure), guidelines for the use of biomarkers in DHSs, a new facility survey instrument (the Service Provision Assessment [SPA]), and several new survey manuals and related materials (e.g., sampling, interviewer, and supervisor manuals; manuals for the use of biomarkers; training guidelines; and report templates). In addition, DHSs now collect Global Positioning Systems (GPS) information on all cluster locations, and an environmental health module is in the planning stages. The work conducted by MEASURE *DHS+* in developing additional survey materials is of very high quality, reflecting in part the active participation of experts from many organizations at various stages of the work. The new gender-related modules (women’s status, domestic violence) and accompanying materials are particularly good.

**CSPro:** MEASURE *DHS+* and BUCEN collaborated effectively in the development of a single Windows-based software package to replace two older and widely used packages (the Integrated System for Survey Analysis) [ISSA] and the Integrated Microcomputer Processing System [IMPS]) that the two organizations had previously developed and supported. The new product, Census and Survey Processing System (CSPro), combines the best features of its predecessors, while being much easier to learn and use than either. Although some of its features are not yet fully implemented, the package already provides simple, easy-to-use, flexible data entry and editing functions as well as a state-of-the-art click and drag table generator and a thematic mapping tool. CSPro has been widely beta tested and has recently been released for general use. It has already been used by MEASURE *DHS+* for data entry and editing in the Nepal DHS and has been adopted by several organizations for census and survey operations, including CDC (which provided input into the design of CSPro), MEASURE *Evaluation* (and its host institution, the Carolina Population Center), UNFPA (which will provide CSPro training worldwide, as it has done in the past with IMPS) and the World Bank. The fact that a single, easy-to-use software package is expected to replace at least three widely used packages (i.e., IMPS, ISSA, and the survey package used by CDC) will greatly facilitate the development of census and survey processing capacity in developing countries. Although

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<sup>29</sup> Among new questions included in the *DHS+* core questionnaire were those on postnatal care; height and weight for all women ages 15–49 and all young children in each household; environmental health, addressing types of cooking fuel, use of bednets, and handwashing practices; testing salt samples for iodine; additional education questions to measure school enrollment, gender equity, repetition, and retention/survival rates, new questions on immunization, vitamin A supplements, and decision-making about health care; and additional questions on AIDS and other STDs, addressing modes of transmission, knowledge of symptoms, the AIDS stigma, and use of condoms (ORC Macro 1999).

the idea of jointly developing a successor product was broached prior to MEASURE, it is unlikely that CSPro would have been developed in the absence of the MEASURE RP.

Major accomplishments by MEASURE in the area of **tool and methodology development** have contributed significantly to three of the four MEASURE results apart from tool and methodology development: data collection, institutionalization, and dissemination.

**Data collection:** *DHS+* has worked closely and effectively with MEASURE *Evaluation* to develop the SPA. An initial version of the SPA was tested jointly by the two MEASURE partners in Kenya, and there are plans to apply a leaner SPA instrument in Rwanda, Egypt, and Ghana. *DHS+* and MEASURE *Evaluation* also collaborated in developing the new HIV/AIDS module and in developing guidelines for the use of biomarkers in DHSs (e.g., MEASURE *Evaluation* sponsored a meeting at the NAS in January 2000 that was very helpful in developing biomarker guidelines for DHSs).

**Institutionalization:** Effective training materials have been developed by several MEASURE partners, including materials for communication training of researchers and journalists by MEASURE *Communication*, materials for basic monitoring and evaluation training by MEASURE *Evaluation* (including a monitoring and evaluation distance learning module available at its web site), and materials for reproductive health epidemiology training by CDC.

**Dissemination:** *DHS+* has developed a web-based tool (STATcompiler) that permits users to generate their own customized tables using data from previous DHS surveys. This tool is already widely used and has received generally favorable comments from users. The one criticism reported is that the tool does not yet provide some users with as much flexibility in table generation as they would like (e.g., it does not allow a user to generate a table of skilled attendant at delivery by place of delivery or a table of contraceptive prevalence by education among rural women). It is recommended that *DHS+* provide an opportunity for STATcompiler users to provide direct feedback on their experience in using it (through the web site) and that *DHS+* use this information as a guide to improving the tool's functionality over time. *DHS+* and CDC should also explore the possibility of adapting the STATcompiler software (or at least the concept) to make at least some of the CDC surveys similarly accessible.

MEASURE *Communication* has developed a variety of **training and reference tools** for the field of policy communication and dissemination. Materials focus on developing results-based communication strategies, designing strategies for working with the news media, preparing concise written materials for nontechnical audiences, and creating and delivering effective oral presentations using a computer graphics program. Other tools include a Population and Health Online Resource Guide for training professionals how to use and access data and information on the Internet. These training tools are being used by faculty in the three regional universities and by alumni (who number over 300) from the short workshops.

Although MEASURE's tool development has benefited all of G/PHN's five SOs, tool development has focused more on the needs of SOs 1 (family planning), 2 (maternal and

neonatal), 4 (HIV/AIDS), and health system reform. Highlights of MEASURE's work in these areas are discussed below.

**SO 1 (Population):** Continuing work initiated under the predecessor EVALUATION project, MEASURE *Evaluation* has prepared numerous research papers that push the frontiers of family planning monitoring and evaluation methodology and that lay the groundwork for the development of future tools and methodologies. Many of these studies build on earlier EVALUATION project work in developing practical methodologies for using survey data to measure project and program impact. In addition, MEASURE *Evaluation* has developed and tested a Quick Investigation of Quality (QIQ) instrument to measure the quality of family planning services.

**SO 2 (Maternal and Neonatal Health):** MEASURE partners have developed and, in some cases, already field tested several interesting tools and methodologies for developing additional and improved data on maternal mortality and morbidity. CDC-DRH assisted Honduras in the implementation of its Reproductive Age Mortality Study (RAMOS) to classify deaths among women of reproductive age and also succeeded in adding questions on maternal mortality to the 2001 census questionnaire. MEASURE *Evaluation* organized a 1999 workshop to examine current and potential uses of maternity register data for monitoring maternal and perinatal health care (although efforts to test this methodology have so far been frustrated by a lack of support from the Missions). MEASURE *Evaluation* also completed a methodological study on the use of census data to estimate maternal mortality and supported the development of a system for rating maternal and neonatal health programs at the country level.

**SO 3 (Child Health and Nutrition):** The *DHS+* core questionnaire was revised with the input of USAID/G/PHN/HN staff and CAs. About 25 percent of the questions in schedule A of the core questionnaire are directly related to child health and survival (see appendix H). These surveys, along with UNICEF's MICS, now provide most of the reliable data on child health and nutrition in developing countries.

**SO 4 (HIV/AIDS):** In addition to the previously mentioned AIDS monitoring and evaluation guide and HIV/AIDS DHS module, MEASURE *Evaluation* has developed a manual on AIDS project monitoring and evaluation for NGOs in Latin America (which will also be suitable for use in other regions, once it has been translated from Spanish into English and French). CDC-DRH and *DHS+* have developed survey instruments for collecting information on reproductive health knowledge, attitudes, and practices among young adults. MEASURE *Evaluation* also conducted a survey in Zambia on knowledge, attitudes, and sexual behavior related to the HIV/AIDS epidemic and developed a rapid assessment method to identify areas likely to have high incidence of HIV.

**Health System Reform:** MEASURE *Evaluation* has conducted studies on the impact of decentralization in the Philippines, Uganda, and Paraguay. For example, MEASURE *Evaluation* worked with CDC-DRH in developing survey instruments (including instruments to collect facility cost and household health expenditure data) for an impact evaluation of health system decentralization in Paraguay. (Unfortunately, the study's objectives were frustrated by a newly elected government's decision to change the intervention areas after the baseline survey had been completed). In addition, *DHS+* has developed a health expenditure module for DHSs, which has been pretested in the

Dominican Republic. Most of this work has been of very high quality. However, additional work is needed on the facility cost and health expenditure data modules if they are to be widely used. The purpose of these survey instruments (e.g., national health accounts, econometric demand analysis, benefit incidence analysis) is not always clear from the types of information collected.

### **3.3.2 Use of MEASURE Tools**

Some MEASURE tools are already being widely used in the field. An important example is the *National AIDS Programme Guide* (described above). Other examples include revised DHS questionnaires and several new DHS modules, special impact evaluation surveys developed by MEASURE *Evaluation* and CDC–DRH, rider surveys developed by BUCEN, and STATcompiler, the Internet-based tool developed by *DHS+*. The QIQ tool has been used as part of a field test in Uganda, and it is being used routinely to monitor quality of care in Turkey.

However, some MEASURE–developed tools and methodologies have only recently been created (e.g., CSPro, SPA, several new DHS modules), and many potential users (including USAID staff) are not yet aware of their existence.

### **3.3.3 Lessons Learned**

Many of the tools produced under MEASURE have been generated collaboratively, not only with the participation and cooperation of other MEASURE partners and CAs but also with a wide range of international organizations and other donors. One lesson is that the quality and utility of the resulting tools and methodologies are likely to increase with broader involvement and collaboration.

Another lesson is that broader participation and collaboration entails additional time and money. MEASURE’s task is to find the ideal balance between quality and participation on the one hand, and time and cost, on the other hand, when developing new tools and methodologies. As a general rule, it is better to be highly selective in deciding which tools to develop and then to strive for higher quality and utility in the development of the selected tools and methodologies.

Some of the tools that MEASURE has developed require investments in user training and/or maintenance over time. CSPro is an example. Now that the software has been developed, it is necessary to train potential users. It may be more cost effective to use web-based training tutorials and other distance learning materials for this purpose. Because several other international organizations have already adopted CSPro in their survey and census assistance work, some of this training cost is likely to be shared by other donors (an example of the benefits that accrue from collaboration). If CSPro becomes an effective standard for census and survey processing, as expected, this will greatly facilitate capacity development in developing country statistical agencies because their staffs will not have to learn how to use several different packages. However, substantial investments will also be required over time to maintain and enhance the CSPro software. Maintaining the CSPro software should be BUCEN’s responsibility, given its demonstrated ability to disseminate, support, and maintain similar products in the past (e.g., IMPS).

### 3.3.4 Efficiencies

Efficiencies gained in tool development through having a centerwide Results Package as opposed to separate projects were examined, but no evidence of efficiencies was found that could be directly attributed to the existence of the MEASURE RP. Instead, the MEASURE partners indicated that they had continued to collaborate under MEASURE much as they had been doing prior to MEASURE. The fact that MEASURE partners collaborated effectively with a wide range of non-MEASURE partners in tool and methodology development also suggests that such efficiencies, if they existed at all, were not very important.

### 3.3.5 Gaps

The process of tool development was examined and a number of gaps were identified that could be addressed by the future development of particular tools and methodologies.

There appears to be no formal process, apart from annual work plans, that determines the choice of tools and methodologies to be developed by MEASURE. At a minimum, there should be an annual plan that sets priorities among the tools proposed for development, according to criteria that should be developed by MEASURE (e.g., cost-effectiveness, training and maintenance costs, level of interest among potential users). This is not an area where a technical advisory group is needed. However, a more transparent process of tool and methodology selection might help to avoid dead-end development costs, such as have occurred with the cost module (and perhaps as well with the education and health expenditure modules).<sup>30</sup>

Potential future tools include the following:

**Cost-Effectiveness of Data Collection Methods:** A tool is needed that will help MEASURE and USAID PHN Mission staff develop more cost-effective plans for data collection in Performance Monitoring Plans. A brief paper prepared by *DHS+* for USAID Missions gives them an idea of what a standalone survey would cost (MEASURE *DHS+* 1999). However, this paper does not compare the benefits and costs of collecting information through surveys with alternative methods (e.g., routine health information systems, vital registration registers, rider surveys, and sentinel sites). Because the calculations involved in estimating and comparing the costs of various data collection methods are likely to be complex and tedious, this tool might need to be accompanied by a spreadsheet or other software.

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<sup>30</sup> However, it is interesting that both the cost and health expenditure modules were endorsed by the previously mentioned 1996 NAS report. The original MEASURE design called for the development of survey instruments for collecting facility-level cost data (a cost module was envisioned as part of the facility survey). At the time, one motivation for including this element in MEASURE was the perceived need for reliable information on the cost of the reproductive health interventions that were recommended in the 1994 Cairo ICPD. Some initial work in developing a cost data module was done by MEASURE *Evaluation* in collaboration with Family Health International. Four countries were selected in which to test the module, but the work stopped at that point. In discussions with USAID, the team was informed that this was no longer a priority for MEASURE (presumably because other projects, such as Partnerships for Health Reform, have assumed responsibility for collecting this information).

**Use of Routine Health Information Systems:** A tool is needed that would describe the ways that data obtained from routine health information systems (RHISs) can be used most effectively in monitoring and evaluation (including the possibility of linking them with survey and other types of data) and the most cost-effective approaches to developing RHISs. The need for this tool is heightened by the process of decentralization that is occurring in many USAID–assisted countries and the demand for subnational indicators that decentralization fosters.

**Subnational Projections:** As noted, the need for subnational projections is growing rapidly due in part to decentralization.<sup>31</sup> Over the years, BUCEN has developed extremely flexible population projection methodologies and software that can be used to make both national and subnational population projections. It has also developed a wide range of demographic analytical tools and related software. Although some improvements in this software have been supported under MEASURE (e.g., the conversion from Lotus to Excel spreadsheets), the software is not easy to use, especially by relatively inexperienced computer users. Additional support is needed to make this software more useful and accessible than it is.

To address the growing need for subnational projections, USAID should provide modest support to BUCEN over a three-year period to implement an integrated and easy-to-use Windows-based package of demographic analysis and population projection software. This project should be undertaken, if possible, in close collaboration with the United Nations and other agencies currently using and supporting population projection software (e.g., East-West Center, World Bank, The Futures Group International, Research Triangle Institute) in the expectation that the new package would eventually become a standard.<sup>32</sup>

**Effectiveness of Integrated Service Delivery:** A methodology and related tool(s) are needed to evaluate the effectiveness (and possibly the cost-effectiveness) of integrated service delivery. The EVALUATION Project (MEASURE *Evaluation*'s predecessor) conducted one study in Nigeria and the Ivory Coast on the relationship between family planning service delivery integration and unit cost. However, much remains to be learned in this area. WHO is planning to conduct special surveys to evaluate IMCI, and MEASURE may wish to collaborate in this work.

**Knowledge, Attitudes and Practices (KAP) Information on Health Care–Seeking Behavior:** A DHS health information module is needed that would collect information on clients' knowledge of appropriate health care–seeking behavior related to the use of antibiotics and tuberculosis treatment (similar to what is already collected from mothers concerning childhood diseases and treatment options or to what is included in the new DHS malaria module). Many international health organizations are becoming increasingly aware that client knowledge, attitudes, and practices (e.g., self-treatment) are

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<sup>31</sup> MEASURE *Evaluation* noted that there is the need to explore other tools and methodologies to collect data for program monitoring in a decentralized setting. For example, some CAs and NGOs use La Quality Assessment Sampling (LQAS), a method using very small samples to monitor programs. In Nicaragua, Management Sciences for Health (MSH) is using this method for the bilateral Prosalud Project.

<sup>32</sup> As with the development of CPro, most of the actual software coding could be done under subcontract (possibly through the United Nations) with a developing country firm or organization.

an important constraint to progress in solving these problems. The module might also cover knowledge, attitudes, and practices related to such important health determinants as smoking, alcohol consumption, diet, exercise, and use of seat belts.

**Improved International Database:** BUCEN's International Data Base (IDB) is an important monitoring and evaluation resource that currently benefits a wide range of users. However, the IDB could provide much greater value if modest additional resources were invested under a follow-on MEASURE activity. A new Windows user interface is needed that would provide users with increased flexibility in terms of tables and other outputs. Modest additional MEASURE investment is also needed to reduce the cost of data entry and other operating costs to enable the IDB to be updated at more frequent intervals. Data entry costs might be shared with the United Nations, which supports a similar service, possibly using a United Nations-administered subcontract with a developing country organization for data entry. Analysis is currently done in parallel by both BUCEN and the United Nations. Although there is some informal collaboration among United Nations and BUCEN demographers (e.g., analytical reports are sometimes exchanged), it might be preferable to have a BUCEN-maintained web site where all demographic analysis would be posted on a country-by-country basis.

**Improved Software for Survey Design:** The BUCEN-developed Census Design System (CDS) is an innovative software product that fell somewhat short of its overly ambitious objective of preparing a wide range of practically print-ready census materials from user-supplied information. It is nevertheless an impressive achievement. BUCEN has plans to implement an Internet-based system that will provide greater functionality than CDS can now deliver, without requiring the development of complex software. Using the current version of CDS, one becomes aware of the need for a similar expert system (the technical term for such a software product) for use in designing customized surveys (such as those that might be used by an NGO to evaluate its projects). Like CDS, such a tool would begin by asking for the type of information desired from the survey (e.g., information on the level of contraceptive prevalence, methods used, and sources from which methods are obtained). The software would then present mock-up tables of the information requested and would proceed to develop a list of the actual questions that are needed to obtain such information (having given the user the opportunity to choose among alternative ways of asking some questions). As a final step, the software would provide a rough draft of appropriate interviewer and supervisor manuals. Such a tool would be a very useful contribution to monitoring and evaluation.

**Maternal Mortality, Distance Learning, Special-Purpose Surveys, and Sustainability:** There are some areas where additional MEASURE working groups would be useful for the development of future tools and methodologies. One is in the measurement of maternal mortality, an activity in which several MEASURE partners have been involved to date (i.e., MEASURE *Evaluation*, DHS+, BUCEN, and CDC-DRH). Another area in which a working group might be helpful is in distance learning, an area that presents substantial opportunities to the MEASURE partners (e.g., CSPro training) but in which they have relatively limited experience and expertise to date (compared with some other CAs and organizations working in development). A working group might also be useful in the area of special-purpose evaluation surveys, with the objective of developing a manual that would serve as a guide to those designing such surveys. One USAID Mission suggested the need for a methodology to track program

sustainability and indices of institutional capacity of government agencies as well as NGOs.<sup>33</sup>

**Rapid Assessment Tools for Determining Audience Information Needs:** Under MEASURE *Communication*, a tool for assessing policy audiences' information needs in the area of HIV/AIDS was developed in Senegal. Results from the assessment are being incorporated into a new HIV/AIDS advocacy activity in Dakar. More efforts could be devoted to refining this tool for other areas (maternal health, family planning). MEASURE *Communication* also carried out indepth interviews with policymakers in Russia, Romania, and Kazakhstan to understand audience needs and to provide the policy context for a forthcoming policy booklet on the survey findings from the Europe and Eurasia region.

### 3.3.6 Key Recommendation

**MEASURE should develop a more formal process for deciding which tools and methods will be developed in the future, given the tradeoffs between quality, participation, time, and cost of developing tools and methodologies** (see Executive Summary, recommendation 5).

- MEASURE *Evaluation* would benefit from wider input of the research community into its tool development and research studies. Either a formal technical advisory group (as existed in the early years of the project), or an informal peer review process should be set up involving researchers from other institutions (other universities and research organizations, such as the Population Council).
- MEASURE might solicit ideas for new tools at its web sites. The criteria used to set priorities for tool and methodology development should be based in part on clearly developed plans for using the tool in the field.
- In addition, and as noted by MEASURE *Evaluation*, the types of tools that will be needed in the future will depend on various factors, including the state of population and health in the developing world (e.g., declining fertility, new epidemics, aging) and what other donors are supporting.

**MEASURE partners should develop a training and support plan for their existing tools that identifies their likely users and identifies the training and other support needed to enable the tools to be used effectively in the field. This plan might include the development of web-based training tutorials and other distance learning materials** (see Executive Summary, recommendation 5).

### 3.3.7 Additional Recommendations

USAID should consider and provide adequate incentives, if necessary, to the various MEASURE organizations that are expected to develop and implement cost-effective tools for data collection and monitoring and evaluation. In some cases, disappointing results to

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<sup>33</sup> MEASURE *Evaluation* has developed an approach for assessing program sustainability, but the Mission was unaware of this work.

date have been due to USAID Mission unwillingness to request alternative data collection methods. However, failure to develop and implement some tools may also reflect the attitudes and preferences of the MEASURE partners. For example, a bias for quantitative data over qualitative data on the part of the *DHS+* and MEASURE *Evaluation* leadership was perceived.<sup>34</sup>

### 3.3.7.1 Support for and Dissemination of Existing Tools

Assuming CSPro will become the standard for census and survey processing, USAID should seek support from other donors and jointly support the costs of BUCEN's maintaining and enhancing the software.

USAID should also consider supporting a MEASURE conference during the coming year in which its new tools would be introduced to a wide audience of potential users, including as many USAID PHN Mission staff as possible. Such a conference could be modeled after the successful DHS world conference held in 1991.

## **3.4 ACHIEVEMENTS IN IMPROVED INFORMATION THROUGH APPROPRIATE DATA COLLECTION, ANALYSIS, AND EVALUATION**

### **3.4.1 Data Collection**

MEASURE's achievements have been to provide high-quality support to information systems through two major types of data collection: national household surveys and national censuses. Two MEASURE partners are particularly responsible for the population-based household surveys: *DHS+* and CDC. Under MEASURE, *DHS+* has supported 36 surveys in 31 countries (see appendix I), and CDC has or is supporting surveys in 17 countries (see appendix J). Two of the 36 surveys under *DHS+* were smaller interim surveys conducted in Egypt and Tanzania. Two of the CDC surveys are impact studies (Paraguay and Russia), and two include behavioral risk assessments (Mozambique and Zimbabwe). In addition to survey reports (see section 3.5), numerous analytic reports and comparative studies are also produced. For example, analysts in the Philippines and Benin carried out additional analyses on fertility, contraception, infant and child mortality, and maternal and child health.

Indicators in the *DHS+* and CDC surveys have greatly expanded under MEASURE through the addition of separate modules that include topics such as domestic violence, gender, abortion, HIV/AIDS, malaria, and vitamin A. Survey indicators have also expanded through a revision of the *DHS+* core questionnaire.<sup>35</sup> In addition, CDC has developed surveys focusing on young adult reproductive health and has incorporated

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<sup>34</sup> *DHS+* staff noted, "The *DHS+* leadership values qualitative data very highly and has not made any statements to the contrary. Qualitative research is an integral part of M1 (i.e., MEASURE *DHS+*), and we have consistently endeavored to expand this type of research." To promote qualitative studies, *DHS+* developed a pamphlet entitled, "MEASURE *DHS+* Qualitative Research," to explain the role and benefits of such work. MEASURE *Evaluation* also objected to the team's perception of a bias against qualitative data collection, and stated that there is no such bias, but rather "a preference for using the most appropriate method given the circumstances and task at hand."

<sup>35</sup> The *DHS+* A-core questionnaire has 398 questions, of which 70 are background questions. Of the remaining 328 questions, 57 percent are on health and nutrition topics and 43 percent are on population and family planning.

questions on behavioral risk. While both *DHS+* and CDC have added questions on many of the same health issues, CDC does not necessarily have formal modules on some of these topics, and CDC has not yet added any questions on malaria.

Census assistance under MEASURE has been particularly important since so many countries planned their censuses for the year 2000. BUCEN has provided support in 14 countries, including training for census planning, implementation, and post-enumeration surveys, as well as providing long-term assistance in two countries. BUCEN's workshops for the Southern African Development Community, for example, have affected not only the individuals trained but also communications among the statistical offices of the member countries, fostering south-to-south information sharing.

Censuses are an essential information source since they provide the denominators for many health and population indicators. They also provide the sample frames for surveys. One problem, which has appeared in some countries assisted by MEASURE partners, has been that surveys were carried out within one year of the census. The general timing of surveys is typically set by USAID Missions in consultation with host governments. The timing problem has occurred largely because of delays in the census schedule set by the host country (typically due to a shortage of funding for the census) and has resulted in two competing data gathering activities when both have been undertaken by the same national personnel. In addition, if conducted too close together, surveys do not benefit from updated sampling frames. This problem can be mitigated by the fact that census quick counts are usually available about 4 months after the completion of the census and can form the basis of an updated sample frame.<sup>36</sup>

The MEASURE partners have provided support for other innovations in evaluation research, data gathering, and analysis. In Uganda, for example, MEASURE *Evaluation* has improved information availability by helping the USAID Mission develop a Performance Monitoring Plan to work with several different types of data sources. Among other innovations are BUCEN's rider surveys, whose questions are coordinated with those of *DHS+*, as well as CDC impact surveys and subnational surveys among refugee populations. MEASURE *Evaluation* has supported the development of a new type of survey, which combines a qualitative survey with mapping high transmission areas. As called for in the MEASURE RP, *DHS+* and MEASURE *Evaluation* jointly worked on the methodological development of the facility survey (e.g., by sponsoring workshops to discuss the content and sampling approaches with experts and/or potential users). *DHS+* took the lead in actually developing and testing the tool in Kenya and in its revision based on this experience (see section 3.3). Finally, there have been a number of qualitative studies under *DHS+*, although this work has been slow to materialize and is less than envisioned in the MEASURE design and by USAID staff.

Within MEASURE, progress on activities designed to use and improve routine sources of information has been limited. Examples of such work include BUCEN's assistance on India's civil registration system, which resulted in increased registration levels from 50 to 80 percent, and MEASURE *Evaluation's* work on using maternity registers as a tool for

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<sup>36</sup> The only limitations of using quick counts are that the final count may change slightly and that the sample frame does not benefit from information on the characteristics of the population. After a census is fully processed, it is possible to improve the efficiency of the sample by stratifying the enumeration areas by socioeconomic status.

monitoring maternal and newborn health. MEASURE *Evaluation* also helped with the development of computerized applications to assist Haiti in data gathering, processing, and analysis of routine health information. Over the longer term, MEASURE *Evaluation*'s initiative in organizing a workshop for the Routine Health Information Network (RHINO) in 2000 may lead not only to greater understanding of the role and significance of routine health information systems, particularly since RHINO is also being supported by WHO and the World Bank, but also may result in improved routine information systems in developing countries.

### 3.4.2 Information Improvement

National demographic and health and reproductive health surveys are recognized and used by international agencies, nongovernmental organizations, donors, USAID cooperating agencies, and host countries as a high-quality, valuable source of population-based PHN information. Because of their comparability, they are regularly used to assess trends and compare population and health needs across countries. In addition, the work carried out through monitoring and evaluation tool development (e.g., health facility surveys [SPAs] and the QIQ tool) has led to improved information that is being used for public health planning and evaluation in a number of countries.

### 3.4.3 Efficiencies

There do not appear to be efficiencies in information gathering and analysis in MEASURE as a result of its being a centerwide Results Package. In the area of data collection and analysis, the MEASURE partners generally work separately, but they do cooperate as needed. This absence of efficiencies may stem from the absence of leadership that could provide an overarching plan or set of priorities about the information sources that should be developed most efficiently.

The MEASURE design called for a more cost-effective mix of data collection methods and for the collection of cost data that could be used to determine the cost-effectiveness of alternative health and reproductive health interventions. The MEASURE *DHS+* contract does not explicitly give this responsibility to *DHS+* (rather, the *DHS+* contract states that MEASURE *Evaluation* will have this responsibility through the development of improved tools and methodologies), but the division of labor is somewhat unclear.<sup>37</sup> Although some progress has been made by MEASURE to date in both areas, it appears to fall short of what the original design envisioned. For example, little progress has been made under MEASURE in conducting smaller, simpler knowledge, attitudes, and practice (KAP) surveys between larger DHSs.<sup>38</sup> In Jordan and the Philippines, however, USAID Missions' need for more frequent reporting data on key outcomes (e.g., contraceptive prevalence, immunization rates) has been met through BUCEN-assisted

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<sup>37</sup> The *DHS+* contract states: "...attention will also be given to improving the cost-effectiveness of the data collection and evaluation activities... One of the major goals for refining or improving surveillance tools is to make these instruments simpler and less costly. This goal will be shared by the Data Collection Contract (i.e., *DHS+*) and ... (MEASURE *Evaluation*).” (p. 27).

<sup>38</sup> Two interim surveys have been conducted in Egypt and Tanzania. In the former, the sample size for the 1998 interim survey was 6,400 women, compared with a sample of 15,500 women for the DHS 2000 survey; in the latter, the 1999 interim survey had a sample of over 7,500 women and men compared with over 10,000 in the 1996 DHS.

rider surveys (e.g., family planning and child survival modules added to ongoing labor force surveys).<sup>39</sup>

MEASURE *DHS+* has assisted the conduct of benchmark surveys in India. Thirteen of these surveys have been carried out to date and three or four more are planned. The surveys are very targeted, rapid, and inexpensive; they measure progress in achieving predetermined benchmark indicators required for disbursement of funds under the large-scale, bilateral USAID-funded project, Innovations in Family Planning Services, being carried out in one large state of Uttar Pradesh in northern India. The surveys, each of which typically involves interviews in a random sample of 1,000–1,500 households, were completed in 6–12 weeks (from the initial planning stage to the production of a brief final survey report) and thus are a useful tool for program monitoring.

MEASURE *Evaluation* and CDC have developed subnational population surveys to evaluate USAID-assisted activities (combined with multilevel analysis in some cases). Examples include the decentralization impact survey in Paraguay and the Delivery of Improved Services for Health project (DISH) evaluation surveys in Uganda. These surveys are usually smaller and use simpler questions compared with DHS surveys (and are therefore less expensive).

MEASURE *DHS+* has been requested by USAID/Peru to test the feasibility of using a small number of regionally based DHS survey teams that would work throughout the year (as opposed to mounting a large survey every five years). During the course of a year (or at least at two-year intervals), such teams would be able to conduct enough interviews to provide national- and perhaps even regional-level estimates of intermediate outcome indicators (e.g., contraceptive prevalence or immunization rates), but probably not of impact indicators (e.g., fertility or child mortality rates). The teams would also be able to concentrate their work in areas where USAID-supported interventions are ongoing, thereby providing more rapid feedback for USAID on the impact of its interventions than would be possible with DHS-type surveys scheduled at five-year intervals. This is a promising idea that may also reduce data collection costs over time.

Although facility surveys are expensive,<sup>40</sup> they are better suited for the periodic monitoring of programs where results (outputs) need to be established first at the facility level before it is sufficiently cost-effective to begin measuring results (outcomes and impacts) at the population level.

Limited progress has been made in improving a number of approaches to data collection, such as routine health information systems, vital registration systems, sentinel surveillance sites, rapid assessments, and qualitative methods.

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<sup>39</sup> It is noted that the success or value of rider surveys must take into account not only their cost, but also whether such surveys can actually measure change in the indicators of interest. Assessing short-term change, particularly in demographic rates, is very difficult without large samples.

<sup>40</sup> Actual costs of the Kenya SPA were not obtained. However, a menu of costs estimates facilities surveys as costing between \$235,000 and \$650,000, depending on a number of factors (MEASURE *DHS+* 1999). For example, the exact number of facilities surveyed (and the corresponding cost) will depend on the domains for which data users want separate estimates (e.g., public, NGO, and private; urban-rural; regions). The content of the SPA also affects the cost. If the SPA includes only the facility inventory and health worker components, it will be much less expensive than the SPA in which observation and exit interviews with clients are included.

### 3.4.4 Costs

MEASURE's third guiding principle states that more efficient use of resources was a priority, while the fourth guiding principle states that an optimal balance among scale, frequency, quality, and cost should be sought. Both of these principles assume that a major task for MEASURE is to assess costs in order to ascertain the optimal balances among information resources. While cost information about some project activities is available, no systematic study has yet assessed the benefits and costs of different methods of data collection.

Some information was collected on costs, particularly of the DHSs. The cost of surveys depends on many factors, such as sample size (depending upon the degree of precision desired and whether it is necessary to sample subnational areas), the length of the questionnaire, the types of questions asked (e.g., are biomarkers included), and the local costs of interviewers.<sup>41</sup> To calculate the total cost of a DHS in a single country, one has to consider local costs, technical assistance, host country contributions (in kind and in cash), and other donor contributions.

The actual costs of *DHS+* surveys in 23 countries are shown in appendix K. Costs ranged from \$200,000 for a minisurvey in Egypt to \$5.6 million for a survey in India designed to obtain subnational estimates. Excluding India, the average cost of a full survey was \$1.034 million.<sup>42</sup>

USAID encourages countries to undertake a national household survey (*DHS+* or reproductive health survey) every five years or more (although a few countries and USAID Missions have tried to have them as frequently as every two or three years).<sup>43</sup> This is because of the cost of surveys and the nature of population-based estimates. Changes in indicators over a very short time span are likely to be small and difficult to measure without very large representative samples. (Of course, smaller, more frequent surveys do not necessarily overcome the problem of measuring small changes in short time intervals.) In addition, host countries and USAID Missions also need to collect annual data, either through routine health information systems, vital registration, sentinel reporting, or smaller, more frequent surveys. Thus, any overall calculation of data collection costs must include *both* national population-based surveys that provide a snapshot once every five years and other types of data collection that provide annual and/or interim information and other more detailed information for monitoring service delivery programs.

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<sup>41</sup> The MEASURE menu of costs gives "approximate costs for data collection activities." The menu estimates four types of population-based household surveys (DHS, KAP/Interim, add-on of men, and reproductive health and young adult surveys) with costs for add-on modules. It also provides estimates for facility surveys, qualitative research (\$95,000–\$275,000) and further analysis (the range of each study is \$25,000–\$55,000). In this document, field costs for DHS and CDC surveys were assumed to cost the same for samples of 5,000 (\$360,000–\$1,070,000). CDC young adult surveys of 3,000 interviews were less expensive (\$320,000–\$660,000), but sample size could account for much of this difference.

<sup>42</sup> It is not clear whether all host country in-kind and cash contributions are included in these figures.

<sup>43</sup> The scope of work for the *DHS+* contract actually states, "There will continue to be a need on a periodic basis (every six to eight years) for surveys to collect outcome measures such as total fertility rate and infant mortality rate" (USAID 1997, p. 18).

Work performed by the EQUITY Project (managed by Management Sciences for Health [MSH] in the Eastern Cape, South Africa, a country that is instituting a decentralized health services system) has provided interesting data that demonstrate the value of comparing purpose and cost of the DHS-type survey and the routine health information system (RHIS). Some preliminary cost estimates of two data collection systems were collected that provide annual data. Two types of routine or periodic reporting systems have been adopted in this region of about 7 million people. A district health information system for all 660 primary care health clinics requires monthly reporting on only 25 items. Within two years of adopting this system, 95 percent of the clinics are in compliance with the reporting requirements; 80 percent of the clinics are analyzing their own data and using it for their own planning and management needs. District and provincial information officers also analyze data for their own use. An estimate of the annual cost for this system is 21 million rand (R) (US \$2.5 million), or less than 1 percent of the provincial annual personnel budget.<sup>44</sup> While such a system may seem costly compared with a single DHS (estimated at \$600,000 for the Eastern Cape region), it provides up-to-date information for managers and planners about their health services and about the health problems of the population visiting the health clinics.<sup>45</sup>

The second information system in the Eastern Cape is an annual primary health care facility survey. This survey costs about \$25,000 per year and provides considerable information about the activities and quality of care delivered in the facilities. It also provides district and provincial officials with the information they need to monitor and evaluate health facilities. These two systems have been so successful that they are being adopted nationally in South Africa.

An important difference between the Eastern Cape's two information systems and a DHS is that the former are carried out entirely by regular employees of the province, district, or health facilities. By 2000, provincial staff members were conducting the facilities survey without external support. DHS, because of its occasional nature and because in most countries it is not yet institutionalized, usually has to hire staff when a new survey is commissioned.

It is also important to recognize that these data collection systems provide different but complementary information. While the Eastern Cape's two systems provide annual information on the clinic population and services, which is essential for management and planning, the DHS provides complementary information on the health needs of the broader population (not just those individuals who go to clinics for health care) through population-based surveys, which is critical for national health planning and program evaluation.

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<sup>44</sup> This estimate included the time of the clinic nurse to fill out the reports and the time of the district and provincial data specialists to analyze and provide feedback, supplies, etc. These costs may be overestimated since the activities are integral to management systems, and it is difficult to isolate the costs of the information system. A 1989 estimate of a routine health information system from a poorer African country (Chad) with a population then of 7 million and considerably fewer health facilities, was about \$100,000.

<sup>45</sup> MEASURE BUCEN observed that public health programs in developing countries typically have an ongoing data collection system that expends substantial field resources collecting much information that is seldom used adequately. However, if well developed, a new service statistics system can supplant an old one at relatively low additional cost and with great additional benefit. The challenge is often to get public health personnel to stop using old and ineffective systems.

The above discussion suggests the various issues (e.g., data collection costs, purposes of different data collection methods or systems and their usefulness) that host countries, donors, and MEASURE need to consider in setting priorities about which types of information systems should be supported to obtain information in a given setting for given purposes.

### 3.4.5 Gaps<sup>46</sup>

1. The DHS and CDC survey data collection activities are the only well-developed areas of data collection under MEASURE. In addition, given the universally recognized high degree of data reliability, more and more demands are made to expand the number of questions and modules to obtain new indicators, and to draw larger samples that permit small-area estimates. These demands lay a great burden on the survey instruments, using them for purposes beyond that for which they were designed. (New modules have been added [e.g., on malaria and violence] in order to take advantage of that fact that these surveys are being conducted and that they can provide additional information for relatively little additional cost. At the same time, it is recognized that there is a limit to the size of the questionnaire.)
2. There are also gaps in the two survey programs. Both for the CDC design study and in the team's interviews, there was no information on the advantages, similarities, differences, and comparative costs of the DHS and CDC surveys. Moreover, the survey data and analyses need to be more fully exploited by host nationals and even occasionally by USAID and the MEASURE partners themselves. For example, when new survey questions are added to the DHS, there is some evidence that they are not always analyzed. In one country, host nationals reported that they argued for and finally had inserted questions of particular interest to them in a recent survey. However, when the analyses were completed, findings from these questions were not reported, creating frustration among the nationals who themselves did not have the capacity to carry out analyses of the raw data.

Some USAID/Washington HN staff perceived that survey information on nutrition and anemia had not been analyzed and disseminated, although this concern appears to be more an issue of lack of awareness of past and ongoing *DHS+* activities.<sup>47</sup> There may be an additional gap, at least in terms of perception by USAID/Washington HN staff, that indicators for child health (SO 3) have not been supported and utilized as well as those for other Strategic Objectives. In terms of funding, USAID's SO 3 has contributed nearly \$2.7 million or somewhat more than SO 2 (\$2.5 million) and almost \$1 million over the funding from SO 4 (see section 4.2, table 2). As mentioned in section 3.3, the core

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<sup>46</sup> MEASURE *Evaluation* noted another gap in methods of data collection supported by the RP in referring to the important role of longitudinal survey design. "Longitudinal surveys are particularly important for learning more about the small-scale or program-specific impact of an intervention. While DHS surveys are optimal for national-level monitoring of health outcomes, they offer much greater potential for effective evaluation of programs, including health sector decentralization and other reforms."

<sup>47</sup>In the course of its interviews with *DHS+* staff, the team did not have time to assess the analysis and dissemination of nutrition information in the *DHS+*. However, *DHS+* staff has provided additional information on the project's work on nutrition and anemia topics, suggesting that better information dissemination is needed by *DHS+* to USAID staff and also within USAID by the MEASURE management team (see appendix L).

*DHS+* questionnaire includes many questions that are directly related to child health and survival. Furthermore, there are numerous publications on child health and nutrition (nutrition chart books for different countries, comparative/analytical reports, and indepth nutrition reports) (see appendix L).

3. A significant gap in information and in MEASURE's work is RHIS (see appendix M for the team's definition of RHIS). According to USAID/G/PHN staff, these routine systems have traditionally been supported under bilateral and other PHN projects (such as Management Sciences for Health [MSH] and John Snow, Inc. [JSI], two CAs that have field staff in many countries). However, it is surprising that USAID has not used, except to a limited degree to date, the substantial expertise and resources under the MEASURE RP to assess the current state-of-the-art in RHIS and to contribute to improvements in the quality and usefulness of these data.<sup>48</sup>

While every developing country has some kind of RHIS even if it does not function well, there are useful models from a number of countries, such as Morocco, South Africa, and Chad, where the systems are functioning as needed. Annual data are needed for many health indicators that are or can be collected in RHIS. Furthermore, most developing countries are in the process of decentralizing their health services and also need information on local and regional levels. If USAID's objectives of institutionalization are to be met, developing countries need assistance to improve and sustain information systems that are integral to their own administrative and political systems, such as the census, civil registration systems, routine health reporting systems, and disease surveillance systems.

While MEASURE *Evaluation* spearheaded the RHINO initiative, greater priority should be given to RHIS in the MEASURE RP follow-on activity (as well as during the remaining years of the current MEASURE RP). Additional computerized applications of routine health information should be supported. Further, assuming that new tools and methods will need to be developed to improve these systems, it is important that their development be carried out in collaboration with an organization (preferably as a MEASURE partner) that has experience with effective routine health information systems and understands their appropriate role in monitoring and evaluation. Furthermore, USAID PHN staff should be given training about the role of RHIS as a component of monitoring and evaluation and about the potential benefits and costs of strengthening these systems. Finally, USAID should provide adequate core funding of new tool development aimed at improving RHIS and to facilitate testing and refinement in a few countries.

Development work through the RHINO workshop is a first attempt to examine routine systems that have a potential role not only in improving monitoring and evaluation but also in improving management of programs. Additional studies are needed of their potential benefits and cost, for example, under what circumstances do they work well.

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<sup>48</sup> MEASURE *Evaluation* pointed out that project staff had been "lobbying to do work in RHIS since the beginning of the project. However, due to the vertical structure of G/PHN (where RHIS does not fall into any SO) and the procurement process for the Health Policy and Systems Strengthening Project (awarded in 2000) in HN, it was not possible to get an audience to discuss possible activities." Apparently, some HN staff had not considered MEASURE for RHIS work because "it was a POP project."

4. The lack of information about relative costs and efficacy of the different information systems constitutes another important gap in MEASURE's work. It is particularly important to develop comparisons of the costs of surveys and improved routine health information systems. This may be a difficult task, but some studies on costs and effectiveness would be helpful. For example, studies are needed on the comparative costs and content of DHS and CDC surveys, as well as their users and purposes. Studies are also needed on costs of alternative types of surveys, qualitative studies, and routine health information systems, where costs may be lower and annual data can be collected.

5. More work needs to be done to expand the use of qualitative data collection in PHN monitoring and evaluation. Although one important use of qualitative data is to improve the quality of quantitative surveys (e.g., by providing input into questionnaire design and evaluating how individual questions are interpreted in the field), this is far from its only or even main use in monitoring and evaluation. Well-collected and carefully analyzed qualitative data may provide information that other types of data collection cannot. It is of concern, for example, that MEASURE's facility survey instrument (the SPA) does not obtain qualitative information from nonclients (for example, using focus groups). The poor and other underserved groups will be underrepresented in the observational data and exit interviews, and experience in many countries (e.g., the World Bank participatory poverty assessments) suggests that surveys are not an adequate tool for collecting information from these groups. The work of David Gwatkins and others at the World Bank (together with ORC Macro staff) suggests that the key challenge in many country programs is to identify and remove obstacles to the use of existing health facilities (and key public health services) by the poor and other marginalized groups. Qualitative data collection can also be used, as under DHS III, to obtain information about issues that surface in a quantitative survey (e.g., why contraceptive use is relatively low in some clusters compared with others that appear similar in terms of quantitative indicators).

### **3.4.6 Lessons Learned**

The national population-based surveys are being used for many more tasks than those for which they were designed. While the addition or revision of health and nutrition questions in the core questionnaire and the addition of health and nutrition modules, including some with biomarkers, have been positive steps, the instruments are being overloaded, and national surveys are being conducted more frequently and with larger samples in some countries than the MEASURE RP had advised or anticipated.

One unsurprising lesson of the design of the MEASURE RP is that if the funding is given to organizations specializing in surveys, the product is likely to be a survey. This finding demonstrates how USAID's procurements for the components of the MEASURE RP may have reshaped the intent of the MEASURE concept paper, which had proposed a more balanced approach to information collection and analysis. The MEASURE partners concerned with data collection, particularly *DHS+*, CDC, and BUCEN, have their specific areas of information system expertise. While they have expanded their approaches under MEASURE, it has not been to the level anticipated in the RP design. It may be unreasonable to expect organizations that specialize in certain kinds of data collection to branch out too far beyond their primary interest and expertise, as this could diminish their ability to excel in their specialty.

It is important to recognize that the gap between what was envisioned in the design of the RP in terms of the range and balance of data collection approaches and what has occurred in part reflects the availability of funding. Most of the decisions on activities implemented by MEASURE partners in a given country depend on the interest of USAID Mission staff and host country officials and the willingness of the USAID Mission to fund the work.<sup>49</sup> Frequently, Missions are reluctant to fund innovative activities or activities that fall outside the perceived traditional areas of expertise of the MEASURE partners.<sup>50</sup>

Another lesson is that it is not possible to assess the efficiency of information systems if information is not collected about the costs of data collection and analysis as well as the benefits that accrue from different types of data collection systems and different types of information. USAID, through MEASURE, needs to study more costs, benefits, and efficiencies of different types of data collection and analysis systems.

MEASURE has a significant role yet to play in the development of information systems that can provide annual, national, and subnational health information. To date, the MEASURE partners concerned with data collection have not paid much attention to existing routine information systems (nor have they been asked to by USAID Missions). As a result, host countries and Missions may be missing an opportunity to improve and utilize important sources of information to monitor and evaluate programs.

### 3.4.7 Key Recommendations

**The MEASURE RP should continue to support a number of essential and ongoing activities that are designed to improve information (surveys; particular tools, such as SPA, QIQ). At the same time, MEASURE should shift the balance of its efforts to increase support for data collection and analysis needed for annual, subnational monitoring and evaluation and program management (routine health information systems, including service statistics, qualitative data, vital statistics, and surveillance systems).<sup>51</sup> MEASURE should also support additional applications of approaches**

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<sup>49</sup> This is especially true for MEASURE *DHS+*, which is required to obtain a considerably greater proportion of its overall funding from USAID Missions through field support than are MEASURE *Evaluation* or MEASURE *Communication*.

<sup>50</sup> Furthermore, *DHS+* staff pointed out that one reason that USAID Missions may not have supported a range of data collection methods offered by MEASURE is that concrete products are needed to market the other types of methods. “For example, we have found that the availability of the Kenya SPA report has given much greater visibility to the SPA and has resulted in more requests from Missions.” Another reason is that “Missions have a diverse range of technical assistance options with regard to all of the data collection activities...through bilateral project contractors or flagship health projects, and for qualitative research through operations research and other projects.” A final reason is that “Missions do not always share the team’s conviction that routine information systems are ‘cost-effective’, and a number have expressed considerable reservations about significant investment in such systems. It may be that core-funded experiments in setting up information systems that can be shown to yield timely, high-quality data at a reasonable cost are needed to overcome some of the biases against information systems.”

<sup>51</sup> MEASURE *Evaluation* cautions that in making such a recommendation, the report fails to discuss the role and benefits of surveys, and that the rationale for greatly increased emphasis on local RHIS is not adequately supported. “The idea of a separate procurement for health management information systems (HMIS) seems rather premature and is not likely to lead to success. While there are plenty of examples to show that HMIS can work locally, there are only a few that show that the ability of HMIS to obtain the high-quality indicators required for R4 and for evaluation purposes comes anywhere near that of surveys,

**such as rider, facility, and targeted impact evaluation surveys, as is appropriate given host country needs for PHN information** (see Executive Summary, recommendation 3).

- The objectives of this recommendation are to improve and better utilize various data collection systems that can provide needed information, may prove to be cost-effective, can be institutionalized, and will yield data that are internationally credible.
- MEASURE should develop information about best practices for establishing data collection plans, using as examples countries that have already been successful in developing and implementing such plans. This would include both developing and implementing a plan for data collection and analysis (involving different types of data collection) and the development of a dissemination strategy as part of the initial planning. These best practices could then be used with host country nationals and USAID staff to spark the development of appropriate data collection plans in other countries. Core funds should be used to support the development of these best practices.
- USAID should broaden its Performance Monitoring Plans for countries to include a country-specific, five-year data collection plan. The plan would show the link between each proposed type of data and its use, and would be developed to strengthen existing data sources and/or support new sources.

**MEASURE should conduct studies of different data collection systems (looking at purpose, benefit, scale, frequency, quality, and cost) to ensure appropriate, cost-effective use of the various systems** (see Executive Summary, recommendation 6).

**MEASURE should continue to support technical assistance by BUCEN for censuses and vital statistics in developing countries and to extend its work to support estimates and projections following censuses. BUCEN, as well as the CDC PASA, should be expected to participate actively in and coordinate with the MEASURE follow-on activity** (see Executive Summary, recommendation 7).

**MEASURE should continue to provide training to USAID PHN staff (especially in Missions) in basic monitoring and evaluation science, particularly on the appropriate use of data sources for different purposes. MEASURE should also provide training on the applications of newly developed tools and methods in its programs. Training should also be conducted to foster awareness among PHN CAs of the appropriate use of different types of data collection and analysis** (see Executive Summary, recommendation 9).

- MEASURE *Evaluation* and CDC have already provided training to some USAID staff using specially developed training materials. Future USAID staff training should build on this experience and on these initially developed training materials to develop a core set of training materials that will familiarize USAID staff with MEASURE's tools.

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for the same price.” Recommendation 6 above adds the important proviso that additional studies are needed to assess the purposes and costs of the different data collection systems.

### 3.4.8 Additional Recommendation

USAID should ensure adequate support for further analysis and make it an expanded part of the data collection work. Whichever MEASURE partners are given responsibilities for further analysis, they must have adequate expertise in the full range of PHN SOs. Having this expertise would help to eliminate the real and/or perceived lack of attention to health and nutrition issues under MEASURE.

## 3.5 IMPROVED DISSEMINATION AND UTILIZATION OF DATA

Each of the five partners carries out activities to disseminate and promote use of PHN data. This work includes MEASURE *DHS+* project preparation of preliminary and final reports, national in-country seminars, and STATcompiler, a web-based tool used for accessing indicators from existing DHS data to create user-defined tables. The CDC survey program also prepares a final report and sponsors an in-country seminar for each of its surveys. The U.S. Census Bureau periodically conducts data use workshops and maintains a widely used International Data Base on its web site. The web site and a biennial World Population Profile are used to disseminate population data, including population estimates and projections. MEASURE *Evaluation* produces and distributes various technical reports on its work, which are also accessible on its web site.

The partner charged with the predominant role in improved dissemination and data use is MEASURE *Communication*. The project has defined its role, and hence the project's name, in terms of policy communication, meaning "data and analysis used to inform policy decisions." Its work falls into four categories: global communications, media, capacity building, and in-country technical assistance.

**Global Communications:** MEASURE *Communication* has produced numerous materials (booklets, policy briefs, chartbooks, and data sheets) intended for a global audience of developing country policymakers and program managers, government agencies and nongovernmental organizations, staffs of international organizations, donors, and educators, and the media. The mailing list contains about 15,000 recipients, most of whom are in developing countries. Topics have included pregnancy and safe childbirth, breastfeeding, global health challenges, contraceptive safety, family planning and women's health, population and the environment, and gender violence. In addition, MEASURE *Communication* also supports four web sites (MEASURE Gateway, MEASURE *Communication*, PopNet, and PopPlanet), as well as policy information services. Under the latter, the project responds to more than 200 information requests each year, including the preparation of country briefing packets (about 500 per year). Also under global communications, the project supports the dissemination activities of USAID's Interagency Gender Working Group.

**Media:** At the global, regional, and country levels, MEASURE *Communication* has worked with the media. Women's Edition is a global media activity which brings together senior women editors and producers to expand global coverage of women's health and development issues. Other media efforts include the regional media networks in West Africa, PopMédiafrrique and Fem'Médiafrrique, and at the country level,

Intermédiarias in Madagascar. *MEASURE Communication* has also sponsored numerous journalists to attend conferences on issues of international relevance, such as the XIII International AIDS Conference in Durban, South Africa (2000); the Safe Motherhood: Savings Lives Conference in Tunisia; the Asia Pacific Conference on Reproductive Health in Manila, the Philippines; and the meeting on The Reproductive Health Challenge: Securing Contraceptives and Condoms for HIV/AIDS Prevention, held in Istanbul, Turkey.

**Capacity Building:** Training in the design, implementation, and evaluation of dissemination strategies and policy communications occurs at three levels, through in-country, regional, and U.S.–based programs. The training activities are designed to expand the care of skilled professionals, institutionalize dissemination and data use activities within organizations’ programs and operations, and strengthen dissemination approaches by developing new tools and exploring innovative communication strategies. To date, the project has trained over 332 researchers, program officials, and communications specialists globally.

**In-Country Technical Assistance:** A number of activities have been or are being carried out to disseminate population and health information in India (including at state levels), Kenya (at the district level), Madagascar, and Cambodia, as well as more limited activities in a number of other countries, such as Jamaica (with CDC), Russia, and Tanzania. The more comprehensive of these activities involve working with *DHS+*, the local data collection organization, and potential users to develop a strategy for in-country dissemination to meet the needs of a range of user groups.

### 3.5.1 Achievements

The MEASURE partners have published and distributed a wide range of materials designed to increase access to PHN data, research, and analyses that have been supported by the program. They have developed effective web sites, including MEASURE Gateway, that have increased access to information produced by the partners.<sup>52,53</sup>

From April 1998 through March 2001, *MEASURE Communication* has distributed over 175,000 copies of its global materials through targeted mailings, mostly to developing country audiences. Through an evaluative tool to assess the value and usefulness of publications, requests for over 35,000 additional copies of various global publications have been filled. (A questionnaire is sent out with the publication with the intention that the recipient/reader will complete the questionnaire and return it to the organization that published and distributed the publication.) The project’s work with the media, including women journalists, and training of both journalists and researchers to communicate PHN and environmental information effectively, has been well received.

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<sup>52</sup> CDC–DRH is currently making its survey data available in standard recode files. It should also consider increasing access to the survey data on its web site or working out an arrangement to add its data to the *DHS+* STATcompiler.

<sup>53</sup> Both the University of Costa Rica and the University of the Philippines maintain their survey data on web sites, although it is not clear how widely used these sites are. It may be that other institutions in developing countries that have received assistance from MEASURE partners, maintain Internet access to their data.

After a slow start, the in-country work is progressing. MEASURE *Communication* has worked in a total of 13 countries and provided assistance to two regional institutions (in Jordan and Mali) that in turn support PHN dissemination and data use in many countries in those regions. Of the 13 countries, nine country programs have been implemented in collaboration with other MEASURE partners (*DHS+*, *Evaluation*, and CDC). Work in several countries has included subnational efforts that appear to be well received. While the team did not have an opportunity to evaluate work in India and Madagascar, it appears that the combined efforts of *DHS+* and MEASURE *Communication* resulted in improved data dissemination and use that went well beyond what would have occurred with only one of the MEASURE partners. An independent report on the planning for a comprehensive communication strategy in Kenya developed by MEASURE *Communication* and *DHS+* is also positive.<sup>54</sup>

MEASURE *Communication*'s work with other CAs has resulted in a number of well-received publications. These have included

- a summary of operations research results in collaboration with FRONTIERS that was published in 1998;
- a booklet on research results from social marketing projects for adolescents in several African countries with Population Services International;
- a wall chart (1999) in collaboration with the LINKAGES Project, *Breastfeeding Patterns in the Developing World*;
- the 2000 World's Youth data sheet and report, in collaboration with the FOCUS on Young Adults Project;
- the chart book, *Youth in Sub-Saharan Africa*, on adolescent reproductive health, in collaboration with *DHS+*; and
- policy briefs summarizing an National Academy of Sciences (NAS) study of fertility and education, "Is Education the Best Contraceptive?," and Family Health International's (FHI) Women's Studies Project, "How Does Family Planning Influence Women's Lives?"

Within the past year, MEASURE *Communication* has developed a valuable conceptual framework on the role of information in the policy process. This framework involves identifying key audiences that define the policy agenda and can participate in coalition building on key issues. This promising framework is being used to revise the project's approach to evaluating its results, and MEASURE *Communication* is currently in the process of applying the framework to track progress.<sup>55</sup>

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<sup>54</sup> The team met with staff of the National Population Council in Kenya, the collaborating institution with MEASURE *Communication*. Staff members were positive about the work to disseminate information at the district level, but the team did not have the opportunity to meet with district-level officials to verify this assessment.

<sup>55</sup> During the site visit to Honduras, the team was informed of the effect of MEASURE *Communication* training on coalition building among groups interested in population and the environment in that country.

The MEASURE partners, through the dissemination group, have exchanged information about dissemination work, shared publications, and mailing lists. The group is seen as a benefit to all partners. While the working group has largely been for sharing information, it is now being used more for joint planning. For example, partners have been working together to identify barriers to improved information dissemination and are now working to develop a common set of tools for preparing effective presentations using survey and census data.

### **3.5.2 Obstacles to Improved Dissemination and Utilization**

Although an expression of support is given to the importance of dissemination and use of data, there is still no strong commitment to providing funds (beyond the core support from the Office of Population). As a result, it is much easier to obtain funding for data collection than for information dissemination. A number of obstacles affect the ability of MEASURE *Communication* to improve the dissemination and use of PHN information. These are discussed in the following sections.

MEASURE *Communication*'s role in implementing its scope of work was hampered for the first half of the project because of staff problems, including leadership and inadequate staffing levels. Only now is the project fully staffed, and some results are beginning to appear from in-country work. Since MEASURE *Communication* was new relative to the other components, it still does not have a reputation for in-country work among most USAID Missions. Although its subcontractor, AED, was included partly for its field staff, the project's implementation has not successfully drawn on that staff, largely because they had more than enough work to do in-country on the organization's other USAID projects.

Since data dissemination and use is considered part of the policy development process, USAID Missions are more likely to turn to the POLICY project than to MEASURE *Communication* to carry out policy work. The POLICY project is active in many USAID countries, has local staff and consultants in those countries, and has considerable field support (ranging from \$100,000 to \$700,000 for most countries, and the budget for policy work in several priority countries is \$1 million or more).<sup>56</sup>

USAID Missions are generally not interested in working with more than one or two CAs under MEASURE, and consequently, dissemination work through MEASURE *Communication* is typically not supported. Further, even though the *DHS+* contract clearly defines its role in dissemination, the scope of activities, and the need to collaborate with MEASURE *Communication*, there are clear instances of competition between the two projects in some countries. A problem related to obtaining USAID Mission support for a separate communication strategy and program is that there is a lag time, sometimes up to two years, between the initiation of subcontract negotiations with a local implementing organization for a survey and the availability of data to disseminate. Missions may be reluctant to tie up their funds for future dissemination work.

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<sup>56</sup> Budgets for in-country work for MEASURE *Communication* are of approximately the same magnitude as the POLICY project. For example, funding for work in four countries where MEASURE *Communication* developed a comprehensive set of communication activities amounts to about \$1.5 million (\$190,000–\$625,000). There are some countries, such as India, where the USAID Mission has adequate resources to provide field support to both the POLICY and MEASURE *Communication* projects.

MEASURE *Communication* is seen by a number of USAID/Washington HN staff as having limited staff capacity to respond to needs in the health and nutrition arena, largely because it is a population organization. This view is based on a lack of responsiveness to health and nutrition needs (e.g., in the areas of HIV/AIDS and child health) in the early days of the project. However, MEASURE *Communication*'s work in the SO 2 area on safe motherhood has been well received. The perceived lack of responsiveness is also based on differing perceptions of the organization's role. MEASURE *Communication* is a cooperative agreement. (This procurement arrangement allows USAID to invest in a recognized capacity of an organization that shares common goals with USAID, and the scope of work is prepared jointly, drawing on that organization's strengths, but is not based on set deliverables as in a contract.) In this instance, USAID/Washington HN staff was accustomed to working with contracts and to determining the exact deliverables or products to be produced. Thus, there may have been a difference of working cultures between MEASURE *Communication* and HN. Finally, MEASURE *Communication*'s perception of its role in advocacy work is based on providing information to various audiences in developing countries to help them define a policy agenda. Neither project staff nor the organization is comfortable playing a more explicit advocacy role. Therefore, the organization's mission may not suit the needs of some parts of HN.<sup>57</sup>

### 3.5.3 Lessons Learned

There is a lack of understanding and appreciation of the process and skill required for improved dissemination and use of data among some USAID staff, some PHN CAs, and also some MEASURE partners. Many view this work quite narrowly in terms of information dissemination and the production and distribution of publications. They miss the importance of the policy communication process that involves identifying users and key audiences and their information needs, defining the key policy and program issues, developing a multipronged strategy for meeting users' needs, and using a variety of communication channels for effective dissemination.<sup>58</sup>

Development of an effective communication strategy needs to occur at the earliest stages of planning for any new data collection activities, especially when the data are designed to inform key policy and program decision-makers.<sup>59</sup>

Efforts to improve information dissemination in PHN need to be tied closely to data collection activities and/or to organizations whose mandate includes dissemination with a

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<sup>57</sup> In response to the team's comment, MEASURE *Communication* staff has stated, "PRB does not undertake advocacy or lobbying activities in the United States or directly with foreign governments, but (its programs) have helped and will continue to help in-country counterparts develop advocacy strategies that rely on strategic assessment of policy relevant data, well-articulated presentations, and work with the media."

<sup>58</sup> MEASURE *Communication* includes in its approach to improved dissemination and data use "results-oriented strategic planning for data use with local teams who are in the best position to use data for program planning and policy purposes; coalition building around key survey findings and their implications among key policy audience members; presentation of results that draw from multiple data and information sources; presentation of data and information in clear, nontechnical language and formats, building local capacity in state-of-the-art communication and data use techniques; and expertise working with the media, one of the most powerful and cost-effective dissemination channels."

<sup>59</sup> This lesson is reported by MEASURE *Communication*, and while it makes intuitive sense, the team did not have an opportunity to assess its validity.

strong field presence (e.g., the POLICY project), if USAID Missions are going to invest in these efforts through field support.

The historical divides (as described in section 3.1) between population and health and nutrition, including different contractual modes (contract versus cooperative agreement), has made it very difficult for a population organization to respond effectively to a range of PHN needs.

### **3.5.4 Efficiencies**

There are a few examples of efficiencies in terms of improved dissemination and data use. MEASURE *Communication* shared its mailing list with the other partners and produced a common MEASURE publication list that has been mailed twice (2000 and 2001) to PRB's worldwide English language mailing list. The publication list allows organizations globally to request materials from any of the MEASURE partners. Also, the MEASURE Gateway web site and links among all the partner sites allows users to access a wider array of resources more quickly and easily than if the project sites were independent. On average, the Gateway receives over 19,000 hits per month. At the country level (according to MEASURE *Communication* staff), efficiencies have been gained in both streamlined production to meet critical calendar events (e.g., material for the Day of One Billion in India) and more timely dissemination of data when MEASURE *Communication* has been involved from the outset.

### **3.5.5 Gaps**

While the MEASURE partners have produced an impressive range of reports and materials and have established a web site as part of their dissemination efforts, interviews with both USAID and CA staffs revealed a lack of awareness of these materials. In addition, there remains a common perception that a large amount of the information collected, especially population survey data and much of the information on health, is underutilized by host country institutions.

In developing countries, there is a lack of ability to manipulate or analyze large-scale data sets, and this is seen as an obstacle to improved use of the information by host country institutions.

While the Internet is increasingly accessible in developing countries, limits to access remain that may impede dissemination through the Internet.

### **3.5.6 Key Recommendation**

**MEASURE should continue to support improved dissemination and use of PHN information collected by the MEASURE partners and others, through both in-country strategies in policy communication and use of various communication modalities** (see Executive Summary, recommendation 8).

- The in-country work should continue to give attention to subnational dissemination needs, as has occurred in several countries.

- It would also be useful to include the local staffs of United Nations agencies along with USAID and ministries of health in identifying key audiences that help define the policy agenda in given countries.

### **3.5.7 Additional Recommendations**

#### 3.5.7.1 Assess Data Access and Use

MEASURE partners should conduct a study to assess the use of survey data by donors, host countries, and CAs. Study results could be used to generate other donor support for data collection in developing countries.

USAID should fund an audit of a select number of surveys to see how, by whom, and in what ways the information (i.e., specifically questions/variables) is being used and to determine the obstacles to increased use. If several variables are not used, these might be dropped from subsequent questionnaires. This review might also help identify obstacles to greater use and could form a basis for remedial measures in the next five-year MEASURE activity. There are many anecdotes about obstacles to use, but there is no systematic effort to assess them.

#### 3.5.7.2 Ensure Adequate Funding for Additional Analysis and Dissemination

Any budget for data collection needs to incorporate a line item that goes beyond the standard survey dissemination activities, a final report, and national seminar. The budget should allow for the development and implementation of an overall information dissemination strategy that includes additional analysis. A suggested funding proportion could be determined to guide USAID Missions as they consider supporting data collection and dissemination work.

#### 3.5.7.3 Increase Awareness of MEASURE's Work

The USAID MMT and MEASURE partners need to increase their efforts to inform the USAID and CA communities about the work of the partners. For example, in preparation for the upcoming re-design, meetings should be held so that MEASURE partners can inform USAID staff about their achievements and plans for each SO and respond directly to USAID staff questions. The current team did not have time to go through an iterative process to identify the perceived needs of USAID staff, to review with the partners work they might already be doing in particular areas, and then to return to USAID staff with additional clarification about work and progress under MEASURE in order to define future needs and gaps.

Some of the MEASURE publications (including some of the training materials) should be made available on CD-ROM so that institutions and individuals without access to the Internet can obtain them.

MEASURE partners should consider assessing links to web sites maintained by institutions in developing countries that have received technical assistance from MEASURE, as a way of enhancing information dissemination and supporting these institutions.

## 4. MANAGEMENT, FUNDING, AND DESIGN: FINDINGS AND RECOMMENDATIONS

### 4.1 MANAGEMENT

As the MEASURE RP was being designed, a proposal for managing and funding it was reviewed and approved in 1996. The proposed management consisted of one USAID direct hire staff to serve as the overall manager and four technical advisors (two each from POP and HN) to support the individual components. The overall manager was also to support the new dissemination component. This apparently meant that one advisor each from HN and POP would support both the *DHS+* and *Evaluation* projects. (This management arrangement was adopted prior to the addition of the BUCEN and CDC PASAs to MEASURE.)

The actual management of MEASURE has been quite different. There was one overall manager for part of the life of MEASURE; this individual also had been supporting the large *DHS+* project, until recently. Further, only one technical advisor from HN has been assigned to cover all parts of MEASURE. This level of support is inadequate to ensure good input from HN in the management of the MEASURE RP. There has also been substantial turnover among technical advisors for some components. For example, MEASURE *Communication* has had three advisors in only 3½ years. Whereas staff members working as technical advisors are well intentioned, they cannot adequately serve as advocates and brokers for these projects when there is high turnover.

One consequence of the inadequate management inputs directed to this complex, five-partnered RP is that there is considerable ignorance about the work of MEASURE within USAID. Few USAID Missions know that MEASURE is a package. Many USAID staff members are not aware of information and materials available from MEASURE partners. It is difficult enough for the technical advisors, along with the partners (especially MEASURE *Evaluation*), to educate USAID staff on the overall concept and function of monitoring and evaluation, let alone keep USAID staff well informed about the work of the various partners. An added complication is that G/PHN staff members are so busy that it is hard for them to keep up with their regular work, and thus lack time to learn about the work of MEASURE. Technical advisors for the MEASURE partners could play a greater role as a technical resource in monitoring and evaluation at USAID.

A feature of the proposed MEASURE management was that the staff assigned as technical advisors to support the RP were to be located in contiguous office space. With the addition of BUCEN and CDC in the MEASURE RP, there are six technical advisors located in three divisions and two offices. This arrangement is very different from the original proposal, and it is evidence of the reality of managing a centerwide project in an organizational structure that is not really a center, but separate units.

Another management issue for the MEASURE RP is that the component projects form a disparate group in terms of contractual arrangement (one contract, two cooperative agreements, and two PASAs), organizational ethic, and history or visibility within the USAID PHN sector. Each project has different incentives and constraints on its work (e.g., government agencies cannot easily hire staff). Each partner has a different

organizational ethic: one is a for-profit entity that receives a fee based on performance,<sup>60</sup> two are government agencies, one is a nonprofit organization, and one is a university. Finally, each partner has very different experience in working as USAID implementing agencies and in conducting field work. *DHS+* and its predecessor survey projects have been working for over 20 years. The survey program is well known among USAID field staff, widely accepted, and highly valued (despite views of it being too rigid). CDC's survey work, which dates back to the mid-1970s, is well perceived where it is known, but it is a much smaller effort than *DHS+* and its strengths are generally not widely appreciated. BUCEN, also with a long, favorable history of assistance to censuses in developing countries, is well considered, but its role is viewed narrowly and it is not seen as an assistance program requiring HN support. Further, despite the importance of censuses for all government planning and in providing a sampling frame for surveys, BUCEN is not a priority area for POP funding. The previous EVALUATION project and the current MEASURE *Evaluation* project together have spanned 10 years, and the implementing organizations are increasingly well known and favorably perceived across the PHN sector. MEASURE *Communication*, as the newest component, is only beginning to develop experience in overseas work. Its history as a well-respected organization that disseminates population information has been critical for its population work, but this reputation has not yet spread to the HN sector.

The very complexity of MEASURE's management structure, which has been characterized as matrix management,<sup>61</sup> has kept USAID's technical advisors (the MMT) preoccupied with administrative issues. This complexity appears to have hindered the MMT and the overall manager from adequately addressing the larger issues of balance and focus (e.g., balance in terms of data collection methods). This may explain why there is such a preponderance of survey work compared with other types of data collection.

A final management challenge for the MEASURE RP has been obtaining adequate support from the different PHN funding accounts to support core activities. Given the history and characteristics of the different partners, the technical advisor from HN has had a very difficult job trying to attract funding for all the MEASURE partners (see section 4.4).

#### **4.1.1 Key Recommendation<sup>62</sup>**

USAID should assign two staff each from HN and POP to manage MEASURE. This would help to improve the level of knowledge about the work and achievements of the MEASURE partners. This would also help to ensure a greater balance of core resources and attention to the range of SO areas. In addition, USAID efforts to limit staff turnover should improve continuity and consistency of administrative management.

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<sup>60</sup> As has been noted in other sections of this report, the performance-based criteria should be used more effectively by USAID technical advisors to steer DHS to improve its coordination with other MEASURE partners and to give greater emphasis on a variety of cost-effective data collection methods.

<sup>61</sup> See appendix N for a description of matrix management, which provides both organizational and managerial flexibility, and of other organizational structures.

<sup>62</sup> Recommendation 2 appears in section 4.4 in the report. In the executive summary, these two recommendations are placed together.

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- K. Cost of MEASURE *DHS+* Surveys
- L. Summary of *DHS+* Work in Nutrition
- M. Routine Health Information
- N. Summary of Basic Organizational Structures
- O. Yinger Memorandum, May 11, 2001, MEASURE *Communication*

**APPENDIX A**

**SCOPE OF WORK**

**(from USAID)**

## APPENDIX A

### **Scope of Work for the MEASURE Results Package (2002-2007) Pre-Design and Evaluation Effort**

#### **I. Purpose of the Pre-Design and Evaluation Effort**

This pre-design and evaluation effort will identify ways in which the MEASURE Results Package can best meet the needs of host country partners, the five G/PHN SOs, USAID missions, PHN country programs, and regional bureau initiatives to collect data, monitor and evaluate programs, and disseminate data to improve policies and health services. In addition, it will evaluate the achievements of the MEASURE Results Package to date, particularly those resulting from the coordinated efforts of the MEASURE partners made possible by the results package structure. The five G/PHN SOs ---family planning, maternal health, child survival and STD/HIV and infectious disease prevention and control programs -- are at different stages in the development and use of data collection and evaluation tools and methodologies. The pre-design effort will look at the complexities of meeting the varied data needs of the five G/PHN SOs and will identify the best way that MEASURE can meet these needs in the future. This includes looking at the advantages and disadvantages of implementing a Center-wide results package, jointly-managed by POP and HN staff, as compared to alternative organizational structures. The organizational structures to consider include separate and individual projects managed within single offices of the PHN Center to a Center-wide, jointly-managed effort providing services to all SOs, as well as hybrids in between. The pre-design effort will also focus on the advantages and disadvantages of implementing data collection, monitoring and evaluation, and dissemination activities as component parts of a coordinated Center-wide results package.

The pre-design and evaluation effort will evaluate the achievements to date and identify the key lessons learned during the first three years of implementation of the MEASURE Results Package. It will also look prospectively and provide recommendations for use in the design of the follow-on. Specifically, it will:

- Evaluate the achievements of MEASURE to date, specifically those resulting from the coordinated efforts of the MEASURE partners made possible by the structure of the results package;
- Identify the key lessons learned in the implementation of the MEASURE Results Package by SO;
- Identify ways MEASURE can best meet the varied data needs of family planning, maternal health, child survival, STD/HIV and infectious disease prevention and control programs;
- Recommend ways to structure MEASURE to ensure that it best meets the data collection, monitoring and evaluation and data dissemination needs of host country partners, missions, PHN country programs, SO teams in G/PHN, and regional bureau initiatives;

- Review the extent to which MEASURE's tools and methodologies are used in the field and recommend ways to ensure that centrally-supported data collection, monitoring and evaluation and data dissemination activities meet the needs of and are used by missions, PHN country programs and regional initiatives;
- Determine the synergies and efficiencies that have been gained by having a coordinated Center-wide results package that seeks to coordinate data collection, monitoring and evaluation and data dissemination activities for Population, Health and Nutrition programs;
- Identify gaps in the areas of data collection, monitoring and evaluation, and data dissemination that need to be filled;
- Identify areas of overlap between MEASURE components and other centrally-funded projects;
- Identify opportunities that have been missed in improving data collection, monitoring and evaluation and data dissemination and determine why they were missed;
- Recommend priority areas for consideration in the design of the next phase of MEASURE.

This pre-design effort is just one component in a larger design process that will be undertaken to develop the second five-year phase of the ten-year MEASURE Results Package. This Scope of Work will be conducted by external consultants and will involve input from a wide variety of individuals in the PHN field. A parallel effort will consist of internal USAID discussions of MEASURE management and implementation issues and management reviews of each project, as appropriate. Together, the findings of these efforts will inform the design of the MEASURE follow-on and its component procurements.

## **II. Results Package Background**

### **A. Environment in Which MEASURE Was Developed**

The development of the MEASURE Results Package coincided with internal and external changes in USAID's strategy and working environment. At the time of MEASURE's design, population and health had become one of USAID's four priority assistance areas and all activities were to be coordinated by the Global Bureau's PHN Center. Delivering population, health and nutrition assistance in a more integrated manner required concomitant coordination of data collection, monitoring and evaluation, and data dissemination activities. It was recognized that meeting the varied data needs of family planning, reproductive health, maternal health, child survival and STD/HIV prevention and control programs posed particular challenges because these programs were at different stages in the development and use of data collection and evaluation tools and methodologies. USAID was also increasing its emphasis upon measuring and reporting development results and placing greater demands on the G/PHN Center to provide leadership in monitoring and evaluating PHN program performance.

MEASURE was designed as a PHN Center-wide results package that would improve population, health and nutrition program data and its use across the then four Strategic

Objectives of the PHN Center. MEASURE was designed to provide research and development work that could be scaled up by other projects and to work cooperatively with other projects in their data collection, monitoring and evaluation, and dissemination efforts in each of the Strategic Objective areas. It was expected that there would be some overlap between MEASURE activities and data collection, monitoring and evaluation, and dissemination efforts of other PHN Center projects.

## B. Strategic Objective and Results

The Strategic Objective of the MEASURE Results Package is: **To improve and institutionalize the collection and utilization of data for monitoring and evaluation of host country PHN programs and for policy decisions.** MEASURE was designed to achieve this Strategic Objective by accomplishing the following five results:

1. Improved coordination/partnerships at international, USAID, CA and country level;
2. Increased host country institutionalization;
3. Improved tools and methodologies to achieve increased technical relevance and usefulness of data collection; and analysis for specific program needs;
4. Improved information through appropriate data collection, analysis and evaluation;
5. Improved dissemination and utilization of data.

## C. Guiding Principles

In designing the MEASURE Results Package, the Design Team established the following principles that guided the development of the results package:

- Host country ownership of data collection, monitoring and evaluation activities is crucial to institutionalizing these efforts.
- Existing partnerships among donors/CAs/host-country counterparts will be utilized whenever possible.
- More efficient use of resources is a priority.
- An optimal balance among scale, frequency, quality and cost must be determined.
- An optimal balance among data collection needs prioritized by the PHN Center and those prioritized by the local host country must be achieved.
- The ultimate purpose of data collection is their use in program planning, implementation, management, monitoring and evaluation.
- Program evaluation and monitoring efforts should consider a wide array of data collection approaches.

These principles were to be adopted by the MEASURE partners as they designed and implemented activities that would lead to the achievement of the designated results. The pre-design and evaluation effort will revisit these guiding principles and results to determine if they continue to be responsive to the needs of the current environment.

## D. Results Package Implementation

The MEASURE Results Package includes five complementary procurements (Table 1).

**Table 1**  
**The MEASURE Results Package**

<b>Project</b>	<b>Mechanism</b>	<b>Dates</b>	<b>Funding</b>	<b>Implementing Organizations</b>	<b>Project Director</b>
MEASURE <i>DHS+</i>	Contract	9/30/97 – 9/29/02	\$ 79,905,000	ORC Macro, the Population Council, and the East-West Center	Mr. Martin Vaessen
MEASURE <i>Evaluation</i>	Cooperative Agreement	10/1/97 – 9/29/02	\$ 32,000,000	Carolina Population Center, UNC, JSI, ORC Macro and Tulane	Dr. Ties Boerma
MEASURE <i>Communication</i>	Cooperative Agreement	10/23/97 – 10/30/02	\$ 16,054,000	The Population Reference Bureau	Dr. Nancy Yinger
BUCEN-SCILS	PASA	9/19/97 – 9/30/02	\$ 22,000,000	U.S. Census Bureau	Dr. Robert Bush
CDC-DRH	PASA	10/1/97- 9/30/02	\$ 10,610,000	Centers for Disease Control and Prevention – DRH	Dr. Paul Stupp

The MEASURE Results Package was developed under a ten year authorization in 1997. Initially, the MEASURE Results Package included only three procurements -- *DHS+*, *MEASURE Evaluation* and *MEASURE Communication*. They were designed with the expectation that their activities would be closely linked with activities of the PRB Cooperative Agreement, the BUCEN PASA and the CDC PASA. Subsequently, all activities of PRB and the BUCEN PASA have been incorporated into the MEASURE Authorization.

The CDC PASA was developed under a separate authorization. The CDC PASA supports contraceptive logistics management, reproductive health services for refugees and reproductive health survey work. Of these, the following CDC activities are included as part of the MEASURE Results Package: reproductive health surveys; reproductive health epidemiology training; assistance to the Honduras MOH on a maternal mortality study; collaboration with *MEASURE Evaluation* in Paraguay; and a methodological study on the use of birth registers.

In the implementation of these procurements, the MEASURE partners were to incorporate the following elements:

- support for family planning, reproductive health, maternal health, child survival and STD/HIV control and prevention programs through data collection, analysis and evaluation designed to improve performance;
- establishment, through participatory working groups, of “core data needs” for program performance monitoring and evaluation;
- more emphasis on costs and cost effectiveness of data collection, monitoring and evaluation and data dissemination activities;
- innovative mix of quantitative and qualitative data collection methods;
- emphasis on capacity building of public and private sector institutions to collect, analyze and interpret data;

- a plan for greater coordination, including among donors, within USAID, among CAs and through in-country teams.

#### E. Current Environment

The G/PHN Center now supports five SOs to achieve its overall goal of Stabilizing World Population and Protecting Human Health. These include:

- Increased use by women and men of voluntary practices that contribute to reduced fertility.
- Increased use of key maternal health and nutrition interventions
- Increased use of key child health and nutrition interventions
- Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic
- Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance.

The extent to which MEASURE has contributed to the work of each of these SOs has been shaped by the needs of the SO teams, MEASURE's ability to respond to those needs, and the activities of other PHN CAs. New projects, with sometimes overlapping mandates, that have started since MEASURE began include BASICS II, the New Policy Results Project, the HPSS Project, IMPACT and the JHU MNH Project. The scope of MEASURE must be revisited to ensure that it continues to respond to the needs of missions, PHN country programs and the SO teams; that its goals complement those of other PHN CAs; and that it meets the needs of the changing environment.

### **III. Required Skills for the Pre-Design and Evaluation Effort Team of External Consultants**

The pre-design and evaluation effort will be implemented by a team of external consultants that will work closely with the MEASURE management team throughout their consultancy. It is desirable that all the external consultants on the team have working knowledge and experience in developing countries in their respective areas of expertise. They will have good interviewing and communication skills as well as oral and written presentation skills. They will be responsible for preparing both a series of oral presentations of their findings and recommendations for discussion with G/PHN and MEASURE staff members as well as a written report at the end of the consultancy.

The combined knowledge of the members of the pre-design and evaluation effort consultant team will be in three areas: 1) the technical areas and issues underlying the collection, analysis, and use of information in PHN programs; 2) the technical areas relating to the strategic objectives of the PHN Center; 3) the management of USAID global and field programs.

More specifically the aggregate set of skills and knowledge on the team will include those listed below:

### 1. Technical areas relating to the collection and use of data in PHN programs

The purpose of MEASURE is to provide technical assistance in data collection, analysis and dissemination to support and improve the efficiency and effectiveness of PHN programs in developing countries.

The following technical areas considered integral to this process are:

- Population based surveys - their appropriate use and related issues of cost, sampling and methodology
- Qualitative research - its use and methods
- Routine information systems
- Evaluation of health care systems and quality of care
- Research and development of new measurement and analytic methods for PHN data collection, analysis, and dissemination.
- Dissemination and communication of information for use in policy and program development
- Development of institutional capacity in developing countries for PHN program monitoring and evaluation.
- Short-term training and formal educational programs in PHN monitoring and evaluation.

### 2. Technical areas relating to the PHN Center Strategic Objectives

To be knowledgeable in the measurement issues relating to the PHN Center Strategic Objectives it is important that the team members are familiar with the technical content of those objectives as well as that of the Division of Health Policy and Sector Reform in the Office of Health and Nutrition whose work transects all the technical areas. The technical areas are:

- Family Planning/Reproductive Health
- Maternal and Neonatal Health
- Child Health
- HIV/AIDS and STIs
- Infectious Diseases (concentrating on priority areas of Malaria, Tuberculosis, Anti-Microbial Resistance)
- Health Systems

### 3. Management and role of Global Results Packages

This is the first opportunity for an in-depth review of a Center-wide results package, its responsiveness to user needs, and its level of user “friendliness”. Because of the complexities of the Center-wide Results Package, knowledge of the following should be represented on the team:

- The USAID organizational structure
- The Government Performance Assessment Act (GPRA) and the “R4” program performance review process and data requirements
- The relationships among the operational units within the PHN Center as well as those among the PHN Center, the regional bureaus, the missions and cooperating agencies.
- The relationship of the PHN Center projects to other donors and host country governments
- The USAID budgeting procedures and funding options for supporting project activities.
- The role and responsibilities of Cognizant Technical Officers (CTOs) and Technical Advisors vis à vis the contracting and cooperating agencies.
- Client and results-oriented management systems approaches

One member of the pre-design team will function as the Team Leader. The Team Leader’s role is to ensure that the objectives of the Scope of Work are met and that the team’s activities are well coordinated. Because of the nature of MEASURE it is suggested that one team member have advanced training in demography and at least one member have a clinical background (i.e. either a physician or nurse), preferably with advanced training in measurement. Additionally, to review and make recommendations on the Center-wide design, its possibilities and ramifications, a team member that can respond to the organizational development and management issues is necessary. It is anticipated that the team will total 5 consultants including the team leader. The level of effort is expected to be 175 person days over approximately a 6-week period.

#### **IV. Methodology**

The team will use a variety of methods for collecting information to complete this scope of work. These include document review, key informant interviews, e-mail and telephone survey of missions, and site visits. These approaches are described in more detail in section VII.

To assist the MEASURE partners in preparation for this pre-design and evaluation effort, the MMT will review the Mid-term Review of Activities currently being prepared by the MEASURE partners and develop a set of questions covering additional areas of interest to the external team. There will also be an external design study of the CDC PASA that will take place concurrently. While this pre-design and evaluation effort for the MEASURE Results Package will have limited overlap with the design study of CDC’s work, every effort will be made to be sure that the two efforts are complementary.

#### **V. Duration and Timing**

The assignment will begin in April, 2001 and will be completed by the end of May, 2001. The level of effort is expected to be 175 person days over approximately a 6-week period.

## VI. Pre-Design Effort Outputs

The pre-design effort team will provide the following deliverables:

1. A summary of 1) MEASURE's achievements to date, particularly those resulting from the coordinated efforts of the MEASURE partners made possible by the structure of the results package and 2) key lessons learned in the implementation of the MEASURE Results Package by SO.
2. A summary of recommended priority areas for consideration in the design of the next phase of MEASURE. This will include:
  - discussion of the ways in which MEASURE can best meet the varied data collection, monitoring and evaluation and data dissemination needs of family planning, maternal health, child survival, STD/HIV and infectious disease prevention and control programs;
  - discussion of any gaps or overlaps with other central projects in the areas of data collection, monitoring and evaluation, and data dissemination that have been identified;
  - recommendations for ensuring that MEASURE is meeting the needs of host country partners and effectively building capacity in data collection, monitoring and evaluation and data dissemination;
  - recommendations for ensuring that the tools and methodologies developed by MEASURE are meeting the needs of host country partners and being used in host country programs;
  - discussion of the synergies, benefits, efficiencies and constraints that have occurred as a result of having a coordinated Center-wide results package that seeks to coordinate data collection, monitoring and evaluation and data dissemination activities for Population, Health and Nutrition programs as opposed to separate projects;
  - recommendations of an optimal organizational structure that best meets the data collection, monitoring and evaluation and data dissemination needs of host country partners, missions, PHN country programs, G/PHN SO teams and regional bureaus. These recommendations should specify whether MEASURE should support all SO areas or a selected subset and should minimize overlap of MEASURE's work with that of other PHN CAs.
  - recommendations for ensuring that centrally-supported activities are meeting the needs of host country partners, missions, PHN country programs and regional bureaus.

The external team members will also participate in several meetings to discuss their findings and recommendations with G/PHN staff and the MEASURE CAs, as appropriate. In addition, selected team members will participate in briefings with the team implementing the CDC Design Study to ensure that recommendations for the design of the CDC PASA made in these two efforts support one another. All of these meetings will focus on issues that are salient to the design, structure, management and scope of the MEASURE.

## **VII. Questions to be Addressed by the External Consultants During the Pre-Design and Evaluation Effort**

This Statement of Work presents key questions that should be explored, suggested data sources, and proposed pre-design effort activities. **In each instance, the questions should be tailored to elicit any important differences across the technical areas of family planning/reproductive health, maternal health, child survival, STD/HIV and infectious disease prevention and control.**

A cross-cutting theme that the external team must consider in each of these components is how to monitor and evaluate progress in these areas. This may include activities such as looking at indicators the MEASURE partners have developed, proposing new ones, or making recommendations for revisions to the results.

### **A. Improved Coordination/Partnerships at International, USAID, CA and Country Levels**

- 1. What lessons have been learned by MEASURE partners in improving coordination and partnerships at the international, USAID, CA and country levels?**
- 2. What have been the benefits/synergies/efficiencies/costs, if any, of a coordinated, Center-wide results package with five components that focuses on the full range of PHN data collection, monitoring and evaluation, and dissemination efforts?**
- 3. Under the MEASURE Results Package, what have been the missed opportunities for collaboration / coordination, if any, with partners at the international, USAID, CA and country levels?**
- 4. What considerations and recommendations for improving coordination / partnerships should be taken into account in designing MEASURE follow-on activities?**

#### Data Sources

- MEASURE Background Documents (Concept Paper, Projects' Scopes of Work)
- MEASURE Partners
- USAID/Washington and Mission Staff
- MAB Members
- Other International Donors and Collaborating Institutions
- Host Country Partners
- Selected CAs

## Methods and Procedures

- Review selected documents
- Interview MEASURE partners
- E-mail and telephone survey missions and conduct in-person interviews with USAID/W staff
- Interview key informants, including host country partners, CAs, MAB members, other donors and other experts in the field.

### **B. Institutionalization of the Collection and Utilization of Data for the Monitoring and Evaluation of Host Country PHN Programs**

- 1. What have been the achievements of the MEASURE partners to date in strengthening the data collection, monitoring and evaluation and dissemination abilities of assisted organizations and individuals? How has progress in this area been tracked?**
- 2. What lessons have been learned by the MEASURE partners in strengthening the data collection, monitoring and evaluation and dissemination abilities of assisted organizations and individuals?**
- 3. Where have institutionalization/capacity building efficiencies been gained by having a coordinated Center-wide results package as opposed to separate projects?**
- 4. What gaps and missed opportunities occurred with the existing MEASURE partners' approaches to institutionalization/capacity building?**
- 5. What should be the priority areas for institutionalization/capacity building efforts in the next phase of MEASURE? What should be done to improve existing efforts?**

## Data Sources

- MEASURE Background Documents (Concept Paper, Projects' Scopes of Work etc.)
- Staff of selected MEASURE regional training activities
- Staff of selected MEASURE country programs
- MEASURE Partners
- USAID/Washington and Mission Staff

## Methods and Procedures

- Review selected documents
- Interview staff of the MEASURE partners
- Interview staff at selected MEASURE *Evaluation* regional training sites
- Interview staff in selected MEASURE country programs

- Interview key informants, including host country partners, past trainees, country representatives of other donors, USAID missions and USAID/Washington staff.
- Survey USAID Mission PHN staff

**C. Improved Tools and Methodologies to Achieve Increased Technical Relevance and Usefulness of Data Collection; and Analysis for Specific PHN Program Needs**

- 1. To what extent are the tools and methodologies that have been developed by MEASURE being used in the field?**
- 2. What lessons have been learned by the MEASURE partners in developing and refining appropriate, cost-effective tools and methodologies for data collection, monitoring and evaluation, and dissemination?**
- 3. What efficiencies have been gained in the development of improved tools and methodologies for data collection through having a Center-wide results package as opposed to separate projects?**
- 4. What gaps remain in terms of innovations in data collection, monitoring and evaluation and dissemination?**
- 6. What are the most appropriate means of filling gaps in tools and methodologies as well as scientific understanding of the impact of programs?**
- 7. What recommendations would you make to encourage the MEASURE partners to be innovative and develop a variety of data collection and monitoring and evaluation tools that range from expensive scientifically accurate methods to inexpensive less accurate methods that meet the varied needs of MEASURE's customers.**

Data Sources

- MEASURE partners
- Other PHN CAs
- Other key informants
- USAID Washington G/PHN and Regional Bureau staff and Mission PHN staff

Methods and Procedures

- Review Proceedings of the of the 1996 National Academy of Sciences workshop, Data Priorities for Population and Health in Developing Countries
- Conduct a desk review of tools and methodologies
- Interview staff of MEASURE CAs
- Interview key informants (eg PHN CAs, G/PHN Staff, and others)

- Survey USAID Mission PHN staff

**D. Improved Information through Appropriate Data Collection, Analysis and Evaluation**

- 1. What achievements have been made to date in improving information through appropriate data collection, analysis and evaluation? How has MEASURE tracked progress in this area?**
- 2. What lessons have been learned by the MEASURE partners in improving information through appropriate data collection, analysis and evaluation?**
- 3. What efficiencies have been gained in the improvement of information through appropriate data collection, analysis and evaluation through having a Center-wide results package as opposed to separate projects?**
- 4. What gaps remain in terms of improvements in appropriate data collection, analysis and evaluation?**
- 5. What are the most appropriate means of filling gaps in improving information?**

Data Sources

- MEASURE partners
- Other PHN CAs
- Other key informants
- USAID Washington G/PHN and Regional Bureau staff and Mission PHN staff

Methods and Procedures

- Review selected documents
- Conduct a desk review of tools and methodologies
- Interview staff of MEASURE CAs
- Interview key informants (eg PHN CAs, G/PHN Staff, and others)
- Survey USAID Mission PHN staff

**E. Improved Dissemination and Utilization of PHN Data**

- 1. What achievements have the MEASURE partners made to date in improving data dissemination and utilization by program managers, policy makers, researchers and others? How have they tracked progress in this area?**
- 2. What lessons have been learned through MEASURE's activities to improve data dissemination and utilization by program managers, policy makers, researchers and others?**

3. **What data dissemination and utilization efficiencies have been gained by having a coordinated Center-wide results package as opposed to separate projects?**
4. **What gaps remain in the achievement of effective dissemination practices that result in the use of data for decision making and informing beneficiaries, stakeholders and partners?**
5. **What are the most realistic and appropriate strategies for MEASURE to use either by itself or in working with other groups to promote the improved utilization of data?**

#### Data Sources

- MEASURE Background Documents, including PRB Evaluation of Global Materials
- MEASURE CAs
- USAID Washington G/PHN and Regional Bureau staff and PHN Mission staff
- Host Country Partners
- MAB members

#### Methods and Procedures

- Review background Materials, including PRB's Evaluation of Global Materials
- Interview MEASURE partners, G/PHN and mission staff, and MAB members
- **Conduct a desk review of MEASURE dissemination materials and tools**

#### **F. USAID MEASURE Management Issues**

1. **What lessons have been learned in the experience of USAID's team management of the MEASURE Results Package?**
2. **What have been the missed opportunities, if any, in meeting the needs of the G/PHN/Center's SOs? Why were they missed?**
3. **What considerations and recommendations should be taken into account in designing the management structure for MEASURE follow-on activities?**
4. **What considerations should be taken into account in designing a center-wide budgeting and planning process for MEASURE that accommodates the different budgeting processes of the SOs and missions, different funding constraints etc.**

### Data Sources

- MEASURE Background Documents (Concept Paper, Projects' Scopes of Work)
- Current and former Measure Management Team Members
- MEASURE Partners
- USAID/Washington and Mission Staff

### Methods and Procedures

- Review selected documents
- Interview MEASURE partners
- E-mail and telephone survey missions and conduct in-person interviews with USAID/W staff
- Interview current and former Measure Management Team Members

**APPENDIX B**

**REFERENCES**

## APPENDIX B

### REFERENCES

Bessinger, Ruth E. "Performance Monitoring Plan, USAID Uganda." *MEASURE Evaluation*, June 1, 2000. (Draft)

Brown, Lisanne, Anne LaFond, and Kate Macintyre. "MEASURING Capacity Building." *MEASURE Evaluation*, Tulane University, March 2001.

Bush, Robert D. "Cost-Effective Methodology for Annual Family Planning Indicators," Memorandum to William Miner, USAID/G/PHN/POP/PE. International Program Center, U.S. Bureau of the Census. September 4, 1998.

Carolina Population Center, University of North Carolina; Tulane University; Macro International; and John Snow Research and Training Institute. "MEASURE *Evaluation* Annual Report, October 1, 1999–September 30, 2000."

\_\_\_\_\_. "MEASURE *Evaluation* Annual Workplan, October 1, 2000–September 30, 2001."

Foltz, Anne-Marie and Judith Seltzer. *Future Priorities for USAID in Data Collection, Monitoring, and Evaluation: A Survey of Population, Health, and Nutrition Cooperating Agencies*, Background Paper. U.S. Agency for International Development, Bureau for Global Programs, Field Support, and Research, Center for Population, Health, and Nutrition, March 1996.

Gage, Anastasia and Elizabeth Holt. "Management Review of the MEASURE *DHS+* Component of the MEASURE Results Package, Executive Summary." February 1999.

Jeffers, Joanne Bennett. "Bureau of the Census SCILS PASA Management Review." U.S. Agency for International Development, January 2000.

Kishor, Sunita. "A Framework for Understanding the Role of Gender and Women's Status in Health and Population Outcomes." MEASURE *DHS+*, ORC Macro. (Undated)

Joint United Nations Programme on HIV/AIDS (UNAIDS). *National AIDS Programmes: A Guide To Monitoring and Evaluation*. June 2000.

Macro International Inc. *DHS+ Dimensions*. Vol. 1, No. 1, 1999.

Malanick, Cheryl E. and Anne R. Pebley (editors). *Data Priorities for Population and Health in Developing Countries, Summary of a Workshop*. National Research Council, Commission on Behavioral and Social Sciences and Education, Committee on Population, Washington, D.C.: National Academy Press, 1996.

MEASURE. *Publications from the MEASURE Program*. 4–page bulletin, July 2000.

\_\_\_\_\_. “MEASURE Advisory Board.” (Undated)

\_\_\_\_\_. “MEASURE Half-way, A Review of Activities, October 1, 1997–September 30, 2000.”

\_\_\_\_\_. “MEASURE Tools and Technologies List.” April 6, 2001.

MEASURE *DHS+*. “MEASURE Menu of Costs.” 1999.

\_\_\_\_\_. “AIDS in Africa During the Nineties: Tanzania: A Review and Analysis of Surveys and Research Studies.” 2001.

\_\_\_\_\_. “Qualitative Research at Macro: List of Activities: July 1998 to May 2001.”

\_\_\_\_\_. “Further Analysis Activities, Comparative and Analytical Reports, and Other Analysis-related Activities.” 2001.

MEASURE *Evaluation*. “MEASURE *Evaluation* Training Activities.” April 18, 2001.

\_\_\_\_\_. “Global Initiative on Health Care Decentralization.” Summary of studies in Uganda, Paraguay, the Philippines, and Tanzania prepared for project briefing of USAID. September 2000.

\_\_\_\_\_. *Quick Investigation of Quality (QIQ): A User’s Guide for Monitoring Quality of Care in Family Planning*. MEASURE *Evaluation* Manual Series, No. 2. Carolina Population Center, University of North Carolina at Chapel Hill, 2001.

MEASURE *Evaluation* and MEASURE *DHS+*. “Implementation Plan for Kenya.” ORC Macro, November 15, 2000.

MEASURE Results Package Design Team. “Proposal for G/PHN Funding and Management of MEASURE.” Memorandum. (Undated)

Middleberg, Maurice I. *Partnership for Health: Practical Principles for Moving from Empty Rhetoric to Effective Action*. CARE International, February 10, 2001.

ORC Macro. “MEASURE *DHS+* Year 4 Workplan, October 1, 2000 through September 30, 2001.”

\_\_\_\_\_. *DHS+ Dimensions*. Vol. 1, No. 2, 1999.

Rose, Mandy, Nouredine Abderrahim, Cynthia Stanton, and Darrin Helsel. *Access to Care: A Comparative Report on the Availability and Use of Maternal Health Services*. MEASURE *Evaluation* Technical Report Series, No. 8. Carolina Population Center, University of North Carolina at Chapel Hill, March 2001.

Stewart, Krista and Elizabeth Holt. "Management Review of the MEASURE *Evaluation* Component of the MEASURE Results Package." U.S. Agency for International Development, January 1999.

Sullivan, Tara M. and Jane T. Bertrand, editors. *Monitoring Quality of Care in Family Planning by the Quick Investigation of Quality (QIQ): Country Reports*. MEASURE *Evaluation* Technical Report Series, No. 5. Carolina Population Center, University of North Carolina at Chapel Hill, July 2000.

U.S. Agency for International Development, Bureau for Global Programs, Field Support, and Research, Center for Population, Health, and Nutrition. "MEASURE, Monitoring and Evaluation to Access and Use Results, Results Package Interim Document." August 1996.

\_\_\_\_\_. Action Memorandum for the Deputy Assistant Administrator, Center for Population, Health and Nutrition, Subject: Approval of the Results Package Monitoring and Evaluation to Access and Use Results (MEASURE), 936-3083. August 14, 1996.

\_\_\_\_\_. "Scope of Work for the Data Collection Component: MEASURE One-RFP (DHS+ contract)." September 30, 1997.

\_\_\_\_\_. Performance Criteria for MEASURE DHS+ covering 6-month periods, Periods 1-7, October 1997-March 2001.

\_\_\_\_\_. "MEASURE 2 (Evaluation) Cooperative Agreement Program Description." September 30, 1997.

\_\_\_\_\_. "The MEASURE Results Package, What It Is and How It Works." Electronic mail sent to USAID Missions, February 26, 1998.

\_\_\_\_\_. "Strategic Plan." January 1999.

U.S. Bureau of the Census, Survey and Census Information, Leadership, and Self-Sufficiency. "BuCen-SCILS Participating Agency Service Agreement (PASA) with the U.S. Agency for International Development under the Monitoring and Evaluation to Assess and Use Results (MEASURE Results Package), FY 1997-2001 BuCen Scope of Work." September 19, 1997.

\_\_\_\_\_. "BuCen-SCILS Training Activities." April 24, 2001.

U.S. General Accounting Office. *Managing for Results: Using GPRA to Assist Congressional and Executive Branch Decisionmaking*. Testimony before the Committee on Government Reform and Oversight, House of Representatives, Statement of James F. Hinchman, Acting Comptroller General of the United States. GAO/T-GGD-97-43, February 12, 1997.

Walker, Eric and Anne Wilson. "Principles for Successful Project Collaboration: PATH's Experience." Program for Appropriate Technology in Health, 2001.

**APPENDIX C**  
**PERSONS CONTACTED**

## APPENDIX C

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**APPENDIX D**

**E-MAIL QUESTIONNAIRE SENT TO USAID MISSIONS  
BY THE MEASURE COGNIZANT TECHNICAL OFFICER**

**(from USAID)**

## **APPENDIX D**

### **E-MAIL QUESTIONNAIRE SENT TO USAID MISSIONS BY THE MEASURE COGNIZANT TECHNICAL OFFICER**

I am writing this e-mail to request feedback on your experience with the MEASURE Results Package and to ask for your input on some of the design issues being addressed as we think about the next iteration of MEASURE.

Below I have provided a short description of the components of MEASURE as well as a set of questions to which we would greatly appreciate your response. If you would like to provide a written response to these questions, please cut and paste the questions either into an e-mail or an attachment and insert your response and send to me by return e-mail. I have also included the questions in an attachment in case you might find that more convenient. Please return written responses no later than April 20.

If you do not have time to provide a written response and would rather talk by phone to one of the consultants engaged for our "Pre-Design Effort," please let me know that by return e-mail indicating the best time of day to call you. These calls will be made by one of the consultants between April 30 and May 11 and will focus on the questions listed below.

I know how busy life is in the Missions and am most appreciative of any input you are able to offer.

Warmest regards,  
MEASURE Team Leader

## The MEASURE Results Package:

The Measure Results Package is a G/PHN Center-wide Results Package made up of five separate procurements. The implementers of these procurements have been working in a collaborative manner for the last 3 ½ years. The five components and their primary responsibility under MEASURE are as follows:

1. MEASURE *DHS+* (Macro International and subcontractors The Population Council and East-West Center): Assisting institutions in developing countries in obtaining program relevant population, health and nutrition data through a range of data collection options including population-based surveys, facility surveys and qualitative research.
2. MEASURE *Evaluation* (University of North Carolina and subagreements with Tulane, Macro, JSI): Improving performance monitoring systems, developing tools and methods for evaluating interventions, conducting program impact evaluations, and building capacity in monitoring and evaluation, both through regional training and through country and project specific-workshops.
3. MEASURE *Communication* (Population Reference Bureau and subagreement with the Academy for Educational Development): Fostering better dissemination and use of data and information to support improved population and health programs and policies.
4. MEASURE BUCEN-SCILS (U.S. Bureau of the Census): Supporting developing countries in planning censuses and designing add-ons to sample surveys to produce PHN information.
5. Centers for Disease Control and Prevention--Division of Reproductive Health (CDC-DRH): Collecting population-based data through surveys and providing training in reproductive health epidemiology.

## Survey Questions:

1. Which of the MEASURE partners (1 through 5 above) have worked in your country in the last 3 ½ years and what have been their primary activities?
2. The purpose of designing MEASURE as a PHN Center-wide Results Package was to facilitate greater coordination of data collection, monitoring and evaluation, and data dissemination in a broader array of PHN program areas. In your experience, have you "procured" MEASURE in a coordinated approach, and if yes, how successful has MEASURE been in achieving this coordination objective?
3. MEASURE as a PHN Center-wide Results Package grew out of several projects that had been in the Office of Population. Has the fact that MEASURE is able to address a range of PHN areas influenced your decision to use one or more of the components of MEASURE? Is there any advantage for your Mission in having MEASURE be able to address a range of PHN areas?
4. Even though MEASURE is intended to be an integrated package of data collection, monitoring and evaluation and dissemination services, Missions obtain technical assistance by providing field support to specific MEASURE partners (i.e., *DHS+*, *Evaluation*, *Communication*, BUCEN-CILS, CDC-DRH). Is this process for allocating field support one that has presented any problems or

confusion for your Mission? If so, do you have ideas on how you might like to see this process changed?

5. Are there data collection, monitoring and evaluation, and dissemination needs in your country that MEASURE has not been able to meet? If so, please explain.

6. One major focus of MEASURE has been building capacity for data collection, monitoring and evaluation, and data dissemination. What changes, if any, have you noticed in this regard in your country as a result of the work of the MEASURE partners? Which of the current elements of MEASURE's capacity building should be continued or revised and what additional aspects of capacity building need attention?

7. Another focus of MEASURE has been the development of improved tools and methodologies for collection of data, monitoring and evaluation, and data dissemination. Are you aware of and/or using any of these new tools and methods? If so, which ones (e.g., STAT Compiler, National AIDS Programmes: A Guide to Monitoring and Evaluation, Quick Investigation of Quality, Reproductive Health Epidemiology Training Manual, Communicating Population and Health Research to Policymakers Training Manual, CSPro)?

8. While quite a number of innovations have occurred as part of MEASURE (you may want to check out [www.measureprogram.org](http://www.measureprogram.org)), what tools and methodologies do you think need to be developed or refined during the next 5 years of MEASURE? What areas of PHN program intervention are especially in need of new tools and/or methods for data collection, monitoring and evaluation and dissemination?

9. Improving the dissemination and use of data for policy and program decisions has been one of the major challenges faced by MEASURE. In the current design of MEASURE, MEASURE *Communication* is the component that has had this as its primary objective. Nonetheless, each of the other components also does dissemination of their data and findings. What are your perceptions of dissemination by MEASURE? On what basis do you decide which partner to use for data dissemination activities? How might dissemination efforts be improved in the future?

10. Presently there is a CTO for the MEASURE Results Package; 5 Technical Advisors from the Office of Population, each assigned to a specific MEASURE component; and 1 Technical Advisor from the Office of Health and Nutrition who supports all of the MEASURE components. How has this management arrangement worked for you as a person from the Mission who might request services from MEASURE? Are there changes that you think should be made?

11. Are there ways that you think the structure of MEASURE should be changed to better meet the needs of your Mission and country counterparts in your country?

12. Please provide any other comments you have about the current MEASURE or MEASURE in the future.

Thank you for your responses.

**APPENDIX E**

**HOST COUNTRY CAPACITY BUILDING**

**(from U.S. Census Bureau)**

## **APPENDIX E**

### **HOST COUNTRY CAPACITY BUILDING**

One of the five major areas of concentration in the Monitoring and Evaluation to ASsess and Use REsults (MEASURE) results package is increasing host country institutionalization. MEASURE recognized that previous efforts at institutionalization were not adequate, hence the explicit emphasis on capacity building. MEASURE provides for counterpart training, the strengthening of partner training institutions overseas, the design of new and improved methodologies, the development and support of appropriate software tools, and the involvement of counterpart organizations in MEASURE activities. Nevertheless, it is clear that many of the constraints that prevented the development of local capacity in prior projects still exist under MEASURE. Based on initial country visits, an area of increasing focus is the USAID annual performance monitoring system at the country, regional, and worldwide levels. This will likely heighten barriers to institutionalization.

Although a wide variety of data collection, monitoring, evaluation, analysis, and dissemination activities and counterpart organizations are envisioned under MEASURE, for the sake of simplicity, this discussion focuses on data collection, primarily surveys and censuses. Most of the capacity building issues discussed are common to all MEASURE activities.

For the sake of subsequent discussions of the remedial strategies, it is useful to classify the barriers to capacity building into two categories. The first is internal barriers, those that are created or largely under the control of the countries themselves. The second refers to barriers created by the policies and procedures of the donor community.

#### **INTERNAL BARRIERS TO INSTITUTIONALIZATION**

The countries receiving support under MEASURE vary substantially in levels of development and many, if not most, of the country level constraints to institutionalization are a function of available resources. As a result, the problems discussed under this heading all are generally more severe in the smaller less developed countries, e.g., those in Africa, rather than larger, more developed countries, e.g., the Philippines and India.

##### **Severe Resource Constraints**

In many countries supported under MEASURE, the availability of government resources is very limited. This problem is further exacerbated by the relatively low priority generally accorded to statistical and information-related activities, as well as health activities. All too often, we meet counterparts who have not received their government salaries for months, whose main sources of income are second and third jobs held in addition to their government positions, and whose monthly salary is less than our daily per diem. Rigid government pay scales and these circumstances create a number of problems.

## **Staff Recruiting**

The circumstances outlined above make the recruitment of high-quality staff difficult. All too often, the statistical offices must recruit at the subprofessional level because they cannot afford university graduates or attract them to entry-level positions. As a result, new employees require intensive remedial training at the start of their careers, and it is often years before they can assume substantial, independent responsibility and function at the professional level. In a number of countries, new employee training often focuses on such basic academic topics as mathematics and writing, rather than practical statistical, data processing, and analytical skills.

## **Staff Retention**

The same problems that make recruiting difficult lead to poor staff retention. Staff with scarce technical skills such as data processing and sampling have readily marketable skills outside the statistical office. It is not unusual for those in these fields to leave for private sector jobs at quadruple their salaries. Even staff members without specialized technical skills are often able and eager to find private sector jobs at significantly higher wage levels. All too often, the statistical office is left with a large gap in quality between the few excellent and committed employees at the top, and the majority of the staff unable to find alternative employment or who work part-time.

## **Delegation**

The resulting bipolar staff structure tends to concentrate the authority and the work in the hands of a few, high level staff members. This leads to an environment where delegation of authority is difficult. Senior staff often try to do everything themselves because they do not trust their junior staff to carry out even moderately complex tasks. Further, they do not have the time to train their junior staff to carry out these activities. Unfortunately, statistical and data collection activities generally are learned by doing. This situation further slows the accumulation of relevant skills by junior staff.

## **Counterparts**

Frequently, senior professionals are forced to perform several jobs, any one of which would warrant one or more senior positions in a developed country statistical office. As a result they are unable to give adequate time and attention to any of the jobs they hold. Thus, senior staff members do not have the time to function as effective counterparts to technical assistance providers. Further, junior staff members often do not have a sufficient skill base to serve as counterparts. All too often technical assistance providers, in the absence of a viable counterpart, ultimately do the work themselves and an institutionalization opportunity has been lost.

Another counterpart-related problem is the selection of candidates for overseas training. At times, nonprogrammatic considerations govern the selection of participants. When the wrong trainee is sent overseas, most or all of the value of the training is lost.

## **Statistical Organization**

In a number of countries, responsibility for the population housing census is located outside of the statistical office. In a large country with adequate resources, both personnel and financial, this need not be a great problem. But in a smaller country or where resources are tight, this creates problems and inefficiencies. Most countries in the latter circumstance cannot afford to have scarce statistical and data-processing resources devoted full-time to an activity that occurs once every 10 years. Statistical activities, certainly censuses and to a lesser extent surveys, tend to be episodic. A statistical organization functions best when it is able to move scarce staff resources to meet current priorities, and the larger and more inclusive the organization, the easier this is. Separating the census from the statistical office makes such movement to meet statistical priorities much more difficult. Further, the population census and the subsequent intercensal surveys should be viewed as an integrated program. There is always a trade-off between the content of the census and the subsequent intercensal survey program. Under ideal circumstances, where the two programs are closely integrated, a relatively simple census coupled with subsequent surveys can be the most cost effective in meeting the country's information needs.

## **DONOR BARRIERS TO INSTITUTIONALIZATION**

### **Structural Adjustment**

Widespread pressure to reduce public sector expenditures (e.g., The World Bank, IMF, and others) makes creating and maintaining an adequate staff in a governmental organization even more difficult. Given the low priority already accorded to information, statistical organizations are often disproportionately affected.

### **International Comparability**

Efforts to standardize definitions, procedures, and content reduce local input into these decisions and shift the dialog from local data producers and users to local data producers and donors. This situation does not foster the producer/user dialog, which provides vital guidance to data producers and greatly increases the likelihood that the resultant information will be used. It is through meeting local user needs that the statistical office can build local support and interest, eventually expanding the country resources devoted to information production.

### **Donor Financial Constraints**

Donors are under increasing financial constraints, which also limit institutionalization. In an environment of diminishing donor funding, programs are pared back to their minimum essential components. For data collection activities, this often means that institutionalization is eliminated as desirable, but not critical. The emphasis is on getting the job done and not leaving a residual capability.

One specific result of the increased project focus is the reduction in long-term overseas training. In the past, degree training in the U.S. was a vital step in the development of the executive staff of developing country statistical offices. At one point, over half of the heads of developing country statistical offices had been through long-term training at the U.S. Census Bureau. This program has been eliminated, due to lack of funding, and no viable alternative has taken its place. Quality senior management is critical to successful institutionalization, and an important tool in the creation of these capabilities has been eliminated.

Further, it is often less expensive for a cooperating agency (CA) to take direct responsibility for high skill aspects of a data collection activity (sampling, content and forms design, edit and tabulation specifications, data processing, and analysis) rather than support a local institution in such an effort. Unfortunately, limited resources often make this approach necessary and the potential capacity building benefits of local participation are lost.

Finally, the selection of local counterpart organizations is often driven by short-term cost, timing, and credibility considerations, with scant attention paid to long-term capacity building goals. As a result, scarce technical skills are fragmented within the host country, the preferable counterpart institution's staff resources are further diminished, and a learning opportunity is given to institutions whose long-term survival is questionable.

### **Donor Time Constraints**

Donor reporting requirements and information needs often have very tight time constraints and precise deadlines. It is difficult to achieve effective institutionalization in such an environment. Local organizations often lack the staff resources and skills to meet stringent deadlines, and the CA must step in to do the work to meet deadlines. A potential host country learning experience is lost.

Institutionalization is a long-term process. In an environment of short-term deadlines and needs, the longer term perspective is often lost. Often, moderate incremental investments that will pay off in the future are not made because the benefits are not immediate. Funding for training and local training institutions are examples of the kind of long-term investments that are needed.

### **Donor Competition**

The increasing number of donor-driven data initiatives competing for the limited resources, time, and attention of local data producers often creates problems. Because donor funding is the only route to overseas training, equipment and vehicles, and salary supplements for current staff, data producers too often commit to multiple donor initiatives that exceed their implementation capacity. As a result, the counterpart organizations do poorly, lose credibility with donors, let their domestic programs slip, and do not take advantage of the institutionalization opportunities these initiatives offer.

Multiple donors participating in a single activity, such as a census, present a somewhat different problem related to donor competition. Certainly, given the magnitude of a population census, multiple donor participation is not only desirable but necessary. Nevertheless, there is much

diversity among the donors in their policies, procedures and priorities. All too frequently, particularly when counterpart resources are very scarce, the host country delays critical planning and financial decisions while seeking the best deal from the involved donors. Given that proposals to donors are frequently delayed and that there is a substantial lead time to fund an activity, countries are many times left without adequate time to prepare for a specific census or survey.

Finally, the loss of quality counterpart staff to outside employment was discussed earlier. The donors themselves are significant sources of such outside employment. There has been a long tradition of donor employment of high-quality developing country staff at or near the end of their careers. In many ways, this represented an incentive to excel within the counterpart organization. The knowledge that truly outstanding performance could reap this very significant reward was a strong motivation. However, it appears that donors are now recruiting more junior counterpart institution staff members, diminishing the former incentives and weakening the counterpart organizations. While it would be unfair to erect artificial barriers to economic advancement of talented developing country professionals, donors need to consider the organizational implications of such hiring decisions.

### **Sector Focus**

USAID, as well as a number of other donors, tend to segment their programs into relatively autonomous sectors. Local donor representatives tend to select counterpart institutions from within their sector. In many instances, the optimal location for an activity from the sector perspective would not be the optimal location for an activity from a national perspective. In the instance of data collection activities, one can see the establishment of parallel statistical activities in the individual sectors. This results in competition for and the fragmentation of scarce statistical skills and serves as a barrier to the creation of a strong central statistical capability that can serve the entire country.

### **Proliferation of Software and Methodologies**

The development of appropriate software and methodologies represents an important tool in developing host country capabilities. It sometimes seems as if every organization providing technical assistance and training is developing its own set of tools. This is true, not only across sectors, but within the population and health sector. Statistical software designed for a very specific purpose, for example, is easier to develop and to learn. Unfortunately, very few counterparts perform just one specific survey or data collection activity. Rather, they are faced with the prospect of learning a variety of software packages to serve all their needs. In the long run, it is preferable to develop more broadly capable software packages that can adequately serve a variety of needs, ultimately lowering the burden on our counterparts of learning new software.

### **Ownership**

Perhaps most importantly, countries often view donor data collection initiatives as an imposition, which is only of use to the donor. Sustainability rests on host country ownership of the activity. Ultimately, donor coordination and the establishment of statistical priorities should reside in the

hands of the host country. In many instances this is not the case, with donors playing an inordinately large role. Data collection priorities and programs must be set and supported by host country institutions if they are to be sustained.

## **RECOMMENDED HOST COUNTRY ACTIONS**

This and the subsequent section on recommended donor actions are far from exhaustive. Rather, they represent an attempt to stimulate discussion and bring ideas to the surface.

### **Creation of Statistical Institutes**

A number of countries have given their statistical organizations institute status in an attempt to circumvent the staff recruitment and retention problems created by existing civil service salary structures. This strategy is recommended for countries experiencing these types of problems. It could also begin to eliminate the need for second and third jobs among civil servants. Where productive, senior donor representatives should support such initiatives in discussion with senior host country decision makers.

### **Staff Training**

Institute status should help countries in their efforts to recruit higher level staff. This should be particularly true in countries where there is substantial unemployment among recent university graduates. The statistical institutes could then shift their in-country training activities from remedial English and math to practical statistical planning and implementation skills. This should permit greater and earlier delegation of responsibility, more interested and committed staff, and greater staff continuity. Donors should support this shift to more productive staff training where feasible.

### **Centralization**

Where feasible and necessary, given resource constraints, countries should be encouraged to centralize their statistical activities. This is particularly true for unifying census and household survey activities under a single entity. Even when certain sector-specific statistical activities are maintained separately, the central statistical organization should play a technical support role. This provides for the rational sharing of scarce statistical skills. This will be very sensitive in many countries, but where the situation permits, senior donor representatives should support such initiatives with senior host country decision makers and within the United Nations.

### **Reimbursable Programs**

In many countries, statistical organizations only receive operating funds through the normal appropriation process or from donors (the latter is not all that common and is generally controlled by a ministry of external affairs). In such instances, there are no rules or procedures for the transfer of funds from one governmental organization to another in return for services performed. This type of reimbursable arrangement is a major component of the U.S. statistical system. It has several advantages. It ensures that the organization seeking the data plays a major

role in the specification of any data collection activity and, because they are paying, is a powerful incentive to use the resultant information. This strategy also encourages responsiveness to user needs on the part of the data producer. To be effective under such a strategy, the data producing organization must use the additional resources obtained to expand its capacity (staff) rather than increasing salaries for existing staff. Failure to expand staff to meet the increased workload will create serious performance problems and damage the long-term credibility of the data producing organization. The strategy can also be effective at putting donor data initiatives on a more businesslike basis with data producers. Again, the major payoff of this strategy is increased collaboration and communication between day users and data producers.

## **RECOMMENDED DONOR ACTIONS**

### **Serious Donor Coordination**

All too often, major statistical activities are launched simultaneously in countries without sufficient capacity for data collection. Donor coordination at the country level could go a long way toward resolving these problems, particularly in an environment of flexibility and accommodation. Nevertheless, some data collection initiatives originate entirely from the outside and are not amenable to coordination among the country donor representatives. Perhaps country coordination could be combined with the establishment of a major statistical activity database that all countries and donors could access and modify, within established rules. The alternative is the establishment of a program similar to the largely defunct national household survey capability program. This program sought to establish an ongoing survey program that would serve as the framework for both ongoing and ad hoc data collection activities, providing both the capacity and flexibility to respond to changing information needs. Unfortunately, this framework does not readily accommodate large, complex surveys, such as the DHS or the LSMS, and is not consistent with the current donor program focus.

### **Cross Sector Coordination**

Statistical programs serve all sectors. At least within an individual donor's country programs, this should be recognized, and steps should be taken to coordinate all significant data collection initiatives across sectors and to consider their national institutional implications.

### **Software Consolidation**

Current efforts to integrate common software packages and to encourage their use through the United Nations should be continued.

### **Improve Information Access and Use**

Within individual countries, this is the key to turning what are now donor-driven data collection initiatives into data collection programs that countries can identify as their own. An active and concerned data user community drives such priority shifts, mounts support for statistical agencies when they perform well, and raises questions when they do not. The use of information in most countries is a fraction of what could be. Increased resources and attention should be paid

to improving statistical organizations support for data users and enhancing the ability of those users to apply information to decision-making.

### **Resources for Capacity Building**

If there is one point that is clear, it is that capacity building requires resources. If donors and countries wish to make progress in this area, adequate resources will have to be provided.

**APPENDIX F**

**SUMMARY OF MEASURE TRAINING ACTIVITIES**

**(from MEASURE Partners)**

## APPENDIX F

### SUMMARY OF MEASURE TRAINING ACTIVITIES

#### Institutions Strengthened through MEASURE *DHS+*

Country	Implementing Agency
Armenia	National Institute of Statistics Ministry of Health and Social Security
Bangladesh	Mitra and Associates National Institute for Population Research and Training Associates for Community and Population Research
Benin	Institut Nationale de la Statistique et des Etudes Economiques
Cambodia	National Institute of Statistics Ministry of Health
Colombia	PROFAMILIA
Dominican Republic	Centro de Estudios Demograficos
Egypt	National Population Council El-Zanaty and Associates
Ethiopia	Central Statistical Authority
Ghana	Ghana Statistical Service National Population Council Secretariat
Guatemala	Instituto Nacional de Estadistica
Guinea	Direction Nationale de la Statistique
Haiti	Institut Haitien de l'Enfance
India	International Institute for Population Sciences 25 state-level implementing organizations
Indonesia	Central Bureau of Statistics National Family Planning Coordinating Board Ministry of Health
Kenya	National Council on Population and Development Ministry of Health
Kazakhstan	Academy of Preventive Medicine
Malawi	National Statistical Office
Mali	Direction Nationale de la Statistique et de l'Information and Cellule de la Planification et de Statistique, MSP
Nepal	New Era Ministry of Health
Nigeria	National Population Commission
Peru	National Institute of Statistics

Philippines	University of the Philippines Population Institute National Statistics Office Department of Health De la Salle University La Sallette University
Rwanda	Office National de la Population
Senegal	Services d'Etudes et de Recherche pour le Developement Humain en Afrique
Tanzania	National Bureau of Statistics Reproductive and Child Health Unit, Ministry of Health
Turkey	Hacettepe University Institute of Population Studies
Turkmenistan	National Institute of Statistics and Forecasting Ministry of Health
Uganda	Uganda Bureau of Statistics
Zambia	Central Statistical Office Central Board of Health
Zimbabwe	Central Statistics Office University of Zimbabwe

## Participants in MEASURE *DHS*+ Capacity-Building Activities

<b>Visitors to Macro Offices for Training, Further Analysis Collaboration, Report Writing, etc.</b>			
<b>Person</b>	<b>Country</b>	<b>Purpose of Visit</b>	<b>Dates of Visit</b>
Mr. D. Kudayarov	Kyrgyzstan	Draft/edit final report	4/20 - 5/19 1998
Mr. T. Builashey	Kyrgyzstan	Draft/edit final report	4/20 - 5/19 1998
Ms. Z. Botbaeva	Kyrgyzstan	Draft/edit final report	4/20 - 5/19 1998
Mr. J. Razafimanjato	Madagascar	Draft/edit final report	6/15 - 7/5 1998
Mr. V. Rabeza	Madagascar	Draft/edit final report	6/15 - 7/5 1998
Mr. Suharno	Indonesia	Review/edit final report	6/21 - 7/10 1998
Mr. Ida Bagus Permana	Indonesia	Review/edit final report	6/21 - 7/10 1998
Dr. Ratna Pundarika	Indonesia	Review/edit final report	6/21 - 7/10 1998
Mr. A. Gradah	Yemen	Draft/edit final report	8/15 - 8/30 1998
Mr. A. Nasser Al-Qubati	Yemen	Draft/edit final report	8/15 - 8/30 1998
Mr. A. Ali Abdulla	Yemen	Draft/edit final report	8/15 - 8/30 1998
Ms. Monina Collado	Philippines	Draft final report; field trips	9/4 - 9/17 1998
Dr. Socorro Abejo	Philippines	Draft final report; field trips	9/4 - 9/17 1998
Dr. Erlinda Guerrero	Philippines	Draft final report; field trips	9/4 - 9/17 1998
Mr. Edgar W. Sajquim	Guatemala	Prepare data entry and editing programs	9/14 -10/9 1998
Mr. K.B. Danso-Manu	Ghana	Prepare data entry and editing programs	9/17 -10/17 1998
Mr. Ngagne Diakhate	Senegal	Prepare data entry and editing programs	9/17 -10/17 1998
Mr. Aliou Gaye	Senegal	Prepare regional chartbook	10/1 - 10/17 1998
Mr. Bakary Djiba	Senegal	Prepare regional chartbook	10/1 - 10/17 1998
Mr. Angeles Barberena	Nicaragua	Draft/edit final report	10/18 - 10/31 1998
Mr. Jimmy Rosales	Nicaragua	Draft/edit final report	10/18 - 10/31 1998
Mr. Luis Blandon	Nicaragua	Draft/edit final report	10/18 - 10/31 1998
Mr. Medard Fotso	Cameroon	Draft/edit final report	1/ 6 - 1/30 1999
Mr. Paul Roger Libite	Cameroon	Draft/edit final report	1/ 6 - 1/30 1999
Mr. Kodjo Anipah	Togo	Draft/edit final report	1/ 8 - 1/30 1999
Mr. Afi Oro Gnao	Togo	Draft/edit final report	1/ 8 - 1/30 1999
Mr. Amadou Sow	Guinea	ISSA training	1/ 6 - 2/5 1999
Mr. Lansana Cherif	Guinea	ISSA training	1/ 6 - 2/5 1999
Ms. Vane Nyong=a	Kenya	Draft/edit final report	1/ 11 - 1/27 1999
Mr. George Kichamu	Kenya	Draft/edit final report	1/ 11 - 1/27 1999
Ms. Pascale Ratovondrahona	Madagascar	Work on provincial chartbook	3/28 - 4/2 1999
Mr. Idrissa Alichina Kourgueni	Niger	Draft/edit regional report	5/15 - 5/30 1999
Ms. Sabine Attama	Niger	Draft/edit regional report	5/15 - 5/30 1999

Ms. Nolwazi Mbananga	South Africa	Draft/edit chapter of final report/field trips	5/16 - 6/3 1999
Mr. Jonathan Levin	South Africa	Study ISSA, sampling errors, field trips	5/16 - 6/3 1999
Ms. Lusanda Mahlasela	South Africa	Field trips to NCHS, CDC/ overview of DHS procedures	5/16 - 6/3 1999
Ms. Paz Marquez	Philippines }	Further analysis mentoring with Charles Westoff, drafting paper on fertility preferences in Philippines and Indonesia	7/18-7/31 1999
Mr. Ida Bagus Permana	Indonesia }		7/18-7/31 1999
Ms. Siti Fathonah	Indonesia	Further analysis on contraceptive use dynamics	7/18-31 1999
Mr. Soeharsono Soemantri	Indonesia	Further analysis mentoring with Ken Hill on child mortality in Indonesia	7/18-8/6 1999
Mr. Eric Okrah	Ghana	Draft/edit final report for 1998 Ghana DHS	7/99
Dr. Banu Ergocmen	Turkey	Draft/edit final report for 1998 Turkey DHS	7/99
Dr. Attila Hancioglu	Turkey	Draft/edit final report for 1998 Turkey DHS	7/99
Dr. Sinan Turkyilmaz	Turkey	Draft/edit final report for 1998 Turkey DHS	7/99
Dr. Oti Boateng	Ghana	Edit final report for 1998 Ghana DHS	7/99
Ms. Sourdes Fidalgo	Mozambique	Finalize Mozambique In-Depth Nutrition Report	1/20-2/6 2000
Ms. Carina Ismael	Mozambique	Finalize Mozambique In-Depth Nutrition Report	1/20-2/6 2000
Ms. Ana Vega	Colombia	Convert standard data entry and editing programs for use in Colombia DHS	1/30-2/19 2000
Mr. Tinga Sinare	Burkina Faso	Draft/edit final report for 1998-99 Burkina Faso DHS	2/1-2/22 2000
Mr. Francois Ilboudo	Burkina Faso	Draft/edit final report for 1998-99 Burkina Faso DHS	2/1-2/22 2000
Mr. Mamadou Badian Diallo	Guinea	Finalize draft of final report for 1999 Guinea DHS	3/00
Mr. Ibrahima Diallo	Guinea	Finalize draft of final report for 1999 Guinea DHS	3/00
Ms. Marie-Anne Doualamou	Guinea	Finalize draft of final report for 1999 Guinea DHS	3/00
Mr. Paul Kizito	Kenya	Draft final report on 1999 Kenya SPA	4/10-4/21 2000
Dr. Margaret Mukumi	Kenya	Draft final report on 1999 Kenya SPA	4/10-4/21 2000
Mr. Joseph Maturofa	Zimbabwe	Draft final report on 1999 Zimbabwe DHS	4/15-5/4 2000
Mr. Bedel Sarbaev	Kazakhstan	Edit final report on 1999 Kazakhstan DHS	5/20-6/9 2000
Dr. Adil Katarbaev	Kazakhstan	Edit final report on 1999 Kazakhstan DHS	5/20-6/9 2000
Dr. Turqeldy Sharmanov	Kazakhstan	Edit final report on 1999 Kazakhstan DHS	5/20-6/9 2000
Dr. Akkumys Salkhanova	Kazakhstan	Edit final report on 1999 Kazakhstan DHS	5/20-6/9 2000

Mr. Emmanuel Boadi	Ghana	Work on further analysis paper	6/00
Mr. Steve Grey	Ghana	Work on further analysis paper	6/00
Mr. S. N. Mitra	Bangladesh	Draft final report on 1999-00 Bangladesh DHS	7/24-8/11 2000
Dr. Ahmed Al-Sabir	Bangladesh	Draft final report on 1999-00 Bangladesh DHS	7/24-8/11 2000
Mr. James Kaphuka	Malawi	Training in data processing for the 2000 Malawi DHS	7/00
Dr. Fatma El-Zanaty	Egypt	Work on final report for 2000 Egypt DHS	9/18-9/29 2000
Mr. Osamwanyi Osagie	Nigeria	Edit final report for the 1999 Nigeria DHS	9/19-9/28 2000
Dr. Bunmi Dosumu	Nigeria	Edit final report for the 1999 Nigeria DHS	9/19-9/28 2000
Ms. Gezu Birham	Ethiopia	Work on final report of the 2000 Ethiopia DHS	11/4-11/23 2000
Mr. Amare Isaias	Ethiopia	Work on final report of the 2000 Ethiopia DHS	11/4-11/23 2000
Mr. Girma Kassie	Ethiopia	Work on final report of the 2000 Ethiopia DHS	11/4-11/23 2000
Mr. Jameson Ndawala	Malawi	Work on final report of the 2000 MDHS	5/14-5/18 and 5/24-6/1 2001
Dr. Habib Somanje	Malawi	Work on final report of the 2000 MDHS	5/21-5/25 2001
Dr. Ann Phoya	Malawi	Work on final report of the 2000 MDHS	5/21-5/25 2001
Dr. Chary Nazarov	Turkmenistan	Work on final report of the 2000 TDHS	5/17-6/14 2001
Dr. Michel Cayemittes	Haiti	Work on final report of Haiti DHS	6/3-6/27 2001
Mr. J. Moussavou	Gabon (not USAID)	Work on final report	6.8-6/27 2001
Mr. Ndong Nkogo	Gabon	Work on final report	6.8-6/27 2001
Mrs. Helene Bengobsame	Gabon	Work on final report	6.8-6/27 2001
Mr. Darith Hor	Cambodia	Work on final report	6/3-6/24 2001
Dr. Sovanratnak Sao	Cambodia	Work on final report	6/3-6/24 2001
Dr. Clara Fayorsej	Ghana	Work on qualitative study analysis	7/9-7/20 2001
Mr. Sawudatu Zchariah	Ghana	Work on qualitative study analysis	7/9-7/20 2001
Ms. Karine Saribekyam	Armenia	Work on final report for 2000 ADHS	7/7-7/25 2001
Mr. Hrachya Petrosyan	Armenia	Work on final report for 2000 ADHS	7/7-7/25 2001
Mr. Levon Eolian	Armenia	Work on final report for 2000 ADHS	7/16-8/3 2001
Ms. Julietta Maglachants	Armenia	Work on final report for 2000 ADHS	7/16-8/3 2001

<b>Data Processing Procedures Workshop, Macro, April-May 1999</b>			
Mr. Alexander Izmoukhambetov	Kazakhstan	Prepare data entry and editing programs	4/9 - 6/8 1999
Mr. Aboubakar Ghapoutsa	Cameroon	Prepare data entry and editing programs	4/26 - 6/4 1999
Ms. Alyaa El-Sayed	Egypt	Prepare data entry and editing programs	5/3 - 5/28 1999
Mr. Mohamed Abdou	Egypt	Prepare data entry and editing programs	5/3 - 5/28 1999
Mr. Julius Majale	Kenya	Prepare data entry and editing programs	4/26 - 6/4 1999
Mr. Turgay Unalan	Turkey	Prepare data entry and editing programs	4/26 - 6/4 1999
Ms. Batsirai Changa	Zimbabwe	Prepare data entry and editing programs	4/26 - 6/4 1999
<b>Data Processing Tabulation Workshop, Macro, November 1999</b>			
Mr. Alexander Izmoukhambetov	Kazakhstan	Finalize data set and run tabulations	11/15- 12/3 1999
Mr. Aboubakar Ghapoutsa	Cameroon	Finalize data set and run tabulations	11/15 -12/3 1999
Mr. Julius Majale	Kenya	Finalize data set and run tabulations	11/15 -12/10 1999
<b>Workshop on Preparing Materials for DHS National Seminars, Macro, April 2000</b>			
Mr. Irenius Ruyobya	Tanzania }	Targeting audiences, computerized presentations, working with the media, designing factsheets, posters, etc.	4/10- 4/21 2000
Mr. Mario Gutierrez	Bolivia }		4/10- 4/21 2000
Mr. Tinga Sinare	Burkina Faso }		4/10- 4/21 2000
Mr. Peter Katambarare	Zimbabwe }	Stayed an extra week to draft final report	4/10- 4/30 2000
Mr. Julius Atula	Nigeria }	Stayed an extra week for ISSA training	4/10- 4/28 2000
Ms. Ebere Iheanacho	Nigeria }	Stayed an extra week for ISSA training	4/10- 4/28 2000

<b>Participants Sponsored in Short-term Training Elsewhere</b>			
Mr. Subrata Bhadra	Bangladesh	EWPI course on population communications	5/27 - 6/27 1998
Ms. Batista Chilopa	Zambia	U.of Michigan summer sampling course	6/28 - 7/25 1998
Mr. Gonzo	Zimbabwe	MEASURE/ <i>Evaluation</i> summer institute	5/? - 6/? 1998
Ms. Endah Winarni	Indonesia	MEASURE/ <i>Evaluation</i> summer institute	5/23 - 6/18 1999
<b>Workshop in Conakry, Guinea on Preparing Materials for the DHS National Seminar</b>			
Ms. M'Ballou Berete	Guinea	Targeting audiences, computerized presentations, working with the media, designing factsheets, posters, etc.	5/8-5/12, 2000
Ms. Salematou Diallo	Guinea		5/8-5/12, 2000
Mr. Mamadou Cherif Bah	Guinea		5/8-5/12, 2000
Mr. Ibrahima Diallo	Guinea		5/8-5/12, 2000
Ms. Marie-Anne Doualamou	Guinea		5/8-5/12, 2000
Mr. Mamadou Badian Diallo	Guinea		5/8-5/12, 2000
Mr. Lansana Fofana	Guinea		5/8-5/12, 2000
Mr. Ousmane Balole	Guinea		5/8-5/12, 2000
Mr. Lansana Cherif	Guinea		5/8-5/12, 2000
Mr. Abdoulaye Diallo	Guinea	5/8-5/12, 2000	

<b>Participants at DHS Data Users= Workshops in Durban</b>						
	<b>Person</b>	<b>Country of Residence</b>	<b>Nationality</b>	<b>Language</b>	<b>Sat./ Sun.</b>	<b>Funding</b>
1	Peter Ubomba-Jaswa	S.Africa	S.Africa	English	Sat.	No support needed
2	Gebrenegus Ghilagaber	Sweden	Eritrea	English	Sun.	1 day per diem
3	Nontsikelelo Manzini	S.Africa	S.Africa	English--some Fr.	Sat.	Lunch money
4	Clement Kihinga	Tanzania	Tanzania	English	Sun.	Airfare, 7 days= per diem
5	Marc Pilon	Burkina	French	French-some En.	Sun.	No support needed
6	Lusanda Mahlasela	S.Africa	S.Africa	English	Sun.	No support needed
7	Nompumelelo Nzimande	S.Africa	S.Africa	English	Sat.	Lunch money
8	Saneliswe Tsela	S.Africa	S.Africa	English	Sat.	Lunch money
9	Xoli Mahlalela	S.Africa	S.Africa	English	Sat.	No support needed
10	Lwechungura Kamuzora	Tanzania	Tanzania	English	Sun.	1-2 days= per diem
11	Bruce Hibbert	S.Africa	S.Africa	English	Sat.	2 days= per diem
12	Innocent Ngenzi	S.Africa	S.Africa	Both	Sat.	2 days= per diem
13	Sowan Kelly	S.Africa	S.Africa	English	Sat.	2 days= per diem
14	Leon Swartz	S.Africa	S.Africa	English	Sat.	2 days= per diem
15	Amadou Noumbissi	USA	Mali	French, some En.	Sun.	1 day per diem
16	Abdoulaye Tall	Senegal	Senegal	French	Sun.	1 day per diem
17	Alle Diop	Senegal	Senegal	French	Sat.	No support needed
18	Olivia Aglah	Ghana	Ghana	English	Sun.	No support needed
19	Muluye Desta	Kenya	Ethiopia	English	Sun.	Airfare, 7 days per diem
20	Agbessi Amouzou	Cote d'Ivoire	Cote d'Ivoire	French, some En.	Sun.	1 day per diem
21	Georges Reniers	Ethiopia	French	French and Eng.	Sun.	No support needed
22	Ngianga-Bakwin Kandala	Congo	Congo--Kinsh.	French and Eng.	Sun.	Airfare, 6 days= per diem
23	Mohamadou Gueye	Mali	Senegal	French and Eng.	Sun.	No support needed

- Vijay Verma trained staff members of the International Institute for Population Sciences in the calculation of sampling errors for the National Family Health Survey-2.
- Macro consultant, Andrew Kantner worked with 11 junior researchers (graduate students) in the Philippines on a set of further analysis studies. Most used the papers they produced as input for their Master's theses.

**MEASURE *Evaluation***  
**Summary of Training Activities**  
**4/18/01 Update**

ACTIVITY	DATA/TIME FRAME	NUMBER OF STUDENTS*
<b>MASTER'S DEGREE PROGRAMS</b>		
Master's Degree in Population and Reproductive Health Research  Institute for Population and Social Research Mahidol University, Thailand	Cohort 1: September 1998 – August 1999	5 M2-funded, 7 in M&E course
	Cohort 2: September 1999 – August 2000	6 M2-funded, 17 in M&E course
	Cohort 3: September 2000 – August 2001	5 M2-funded, (15 in M&E course)
	Cohort 4: September 2001 – August 2002	(5 M2-funded)
Professional Master's Degree in Population and Health  Central American Population Program/School of Statistics, University of Costa Rica	Cohort 1: March 1999 – July 2000	6 M2-funded, 17 in M&E course
	Cohort 2: February 2001 – July 2002	5 M2-funded, (12 in M&E course)
Master's Degree in Public Health  School of Health Systems and Public Health University of Pretoria, South Africa	Cohort 1: January 2000 – June 2001	3 M2-funded, 7 in M&E course
	Cohort 2: January 2001 – June 2002	4 M2-funded
	Cohort 3: January 2002 – June 2003	(4 M2-funded)

\* Numbers in parenthesis are approximate for training activities or selection of students/participants that have not yet occurred.

ACTIVITY	DATA/TIME FRAME	NUMBER OF PARTICIPANTS
<b>REGIONAL WORKSHOPS</b>		
<p>Regional Workshop on Monitoring and Evaluation of Population and Reproductive Health Programs</p> <p>Institute for Population and Social Research Mahidol University, Thailand</p>	<p>Course 1: October 16 – November 3, 2000</p> <p>Course 2: February 5 – March 2, 2001 (organized to accommodate large demand in 2000)</p> <p>Course 3: November 5 – 23, 2001</p>	<p>2 M2-funded, 43 total</p> <p>7 M2-funded, 16 total</p> <p>(10 M2-funded, 25 total)</p>
<p>Monitoring and Evaluation of Health Programs at the District Level: Practical Applications (taught in French)</p> <p>CESAG Dakar, Senegal</p>	<p>Course 1: November 2 – 20, 1998</p> <p>Course 2: October 9 – 28, 2000</p> <p>Course 3: March 19 - 31, 2001 (organized by special request)</p> <p>Course 3: October 1 – 19, 2001</p>	<p>8 M2-funded, 31 total</p> <p>0 M2-funded, 27 total</p> <p>0 M2-funded, 16 total</p> <p>(0 M2-funded, 30 total)</p>
<p>Methods for Evaluating the Impact of Population, Health and Nutrition Programs (taught in Spanish)</p> <p>Central American Population Program/School of Statistics, University of Costa Rica</p>	<p>Course 1: July 10 – 28, 2000</p> <p>Course 2: July 9 – 27, 2001</p>	<p>6 M2-funded, 15 total</p> <p>(6 to 9 M2-funded, 15 total)</p>

ACTIVITY	DATA/TIME FRAME	NUMBER OF PARTICIPANTS
<b>REGIONAL WORKSHOPS, CONT.</b>		
<p>Monitoring and Evaluation of Population, Health and Nutrition Programs within a Decentralized System</p> <p>Institute of Statistics and Applied Economics Makerere University, Kampala, Uganda</p>	<p>Course 1: November 6 – 23, 2000</p> <p>Course 2: August 6 – 23, 2001</p>	<p>9 M2-funded, 20 total</p> <p>(10 M2-funded, 20 total)</p>
<b>US-BASED WORKSHOPS</b>		
<p>Summer Institute on Monitoring and Evaluation of Population, Health and Nutrition Programs</p> <p>University of North Carolina, Chapel Hill</p>	<p>Course 1: May 25 – June 19, 1998</p> <p>Course 2: May 24 – June 18, 1999</p>	<p>14 M2-funded, 36 total</p> <p>14 M2-funded, 45 total</p>

## **MEASURE *Communication* Trainees, 1998-2001**

### **ARGENTINA**

Mr. Hernán Martín Manzelli  
Centro de Estudios de Población (CENEP)  
2001 University of Costa Rica

Mr. Edgardo Javier Ábalos  
Centro Rosarino de Estudios Perinatales (CREP)  
2001 University of Costa Rica

### **BANGLADESH**

Dr. Sharifa Begum  
Bangladesh Institute of Development Studies  
1998 East-West Center

Mr. Subrata K. Bhadra  
Natl Institute of Population, Research, and Training  
1998 East-West Center

Mrs. Lutfun Nahar  
ICDDR,B  
1999 RH-Mahidol University

Dr. Jatan Bhowmick  
Concerned Women for Development (CWFD)  
2000 RH-Mahidol University

Dr. Abu Taher Muhammed Faruq  
UFHP/JSI  
2000 RH-Mahidol University

Ms. Khanum Parveen  
Operations Research Project, HPED  
2001 PHE-Mahidol University

### **BOLIVIA**

Ms. Wilma Llanos Segovia  
CARE Bolivia  
2000 University of Costa Rica

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Proyecto de Salud Integral (PROSIN)  
2000 University of Costa Rica

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Population Council-Oficina de Bolivia  
2001 University of Costa Rica

Ms. Gloria Tellería Geiger  
UNFPA  
2001 University of Costa Rica

Mr. Rafael Revilla  
Unidad de Política, Investigación y Análisis  
2001 PHE-IUCN

### **CAMBODIA**

Mrs. Sisokhom Sek  
Royal University of Phnom  
1999 RH-Mahidol University

Mr. Rong Chhorng  
Department of Human Rights & NGOs  
2000 RH-Mahidol University

Mr. Tuon Thavrak  
General Directorate of Planning  
2000 RH-Mahidol University

Mr. Hash Vongdara  
Office of the Council of Ministry  
2000 RH-Mahidol University

Ms. Lina Hang  
Census and Survey Dept.,  
Nat'l Institute of Statistics  
2001 East-West Center

### **CHILE**

Mr. Enrique Ruben Oviedo Saavedra  
SUR; Centro de Estudios Sociales y Educacion  
2000 University of Costa Rica

Ms. Paula Vidal Pollarolo  
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2001 University of Costa Rica

### **COLOMBIA**

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Universidad de Antioquia  
2001 University of Costa Rica

### **COSTA RICA**

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Universidad Estatal a Distancia (UNED)  
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Area de Conservacion  
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IDESPO-Universidad Nacional  
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Red de Desarrollo Sostenible de CR  
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Universidad de Costa Rica-CIHAC  
2001 University of Costa Rica

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Ms. María Isabel Chavarría  
Programa de Desarrollo Forestal (MINAE)  
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#### **ECUADOR**

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Fundacion Natura  
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Universidad Politécnica Salesiana  
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#### **EGYPT**

Ms. Sahar Hegazi  
Population Council  
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#### **ETHIOPIA**

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Health Education Center  
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Mr. Lawrence Aduonum-Darko  
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#### **GUATEMALA**

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Centro de Investigacion Epidemiologica en SR  
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Research Institute for Mindanao Culture (RIMCU)  
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Save the Children, Philippine Field Office  
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Ministry of Health, Dept of Nutrition  
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Ms. Hlalefang Lekena  
Gauteng Population Unit  
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Mr. Sanath Ratnayaka Weerakoon  
District Secretariat  
1998 East-West Center

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University of Peradeniya  
1999 RH-Mahidol University

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**TAIWAN**

Ms. Shiow-Yun Lin  
Research, Development & Evaluation Committee -  
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1999 East-West Center

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2000 IPH-Makerere University

Mr. Josibert Joseph Rubona  
Ministry of Health  
2000 IPH-Makerere University

Mr. Irenius Joseph Ryobya  
National Bureau of Statistics  
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**THAILAND**

Dr. Churnrurtai Kanchanachitra  
Institute for Population & Social Research  
1998 East-West Center

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Institute for Population & Social Research  
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SRS Programme on Health Financing & Health  
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2000 RH-Mahidol University

Ms. Kusol Soonthorndhada  
Institute for Population & Social Research (IPSR)  
2001 PHE-Mahidol University

Ms. Nucharee Srivirojana  
Population Council, South & East Asia  
2001 PHE-Mahidol University

**TURKEY**

Dr. Ismet Koc  
Hacettepe University  
1999 East-West Center

**UGANDA**

Dr. Freddie Peter Ssengooba  
Institute of Public Health  
1999 East-West Center

Mr. Lukwago Osman Luswa  
Institute of Public Health  
2000 East-West Center

Mr. Lynn Atuyambe  
Institute of Public Health  
2000 IPH-Makerere University

Ms. Gakenia Wamuyu Maina  
Institute of Public Health - Makerere University  
2000 IPH-Makerere University

Mr. Martin Ninsiima  
Population Secretariat, Ministry of Finance  
2000 IPH-Makerere University

**U.S.A.**

Mr. Julius Dasmarrinas  
1998 East-West Center

Ms. Cristina Ruden  
John Snow, Inc.  
1999 RH-Mahidol University

Ms. Deborah Duchon  
Applied Cultural Research Project  
Georgia State University  
2001 East-West Center

**VENEZUELA**

Ms. Maria Di Brienza Parente  
Universidad Catolica Andres Bello  
2000 University of Costa Rica

**VIETNAM**

Ms. Phuong Thi Thu Huong  
Centre for Population Studies and Information  
1999 East-West Center

Pham Dinh Huynh  
Sub-Academy of Journalism & Communication  
1999 East-West Center

Mrs. Nguyen Thi Hai  
DRDNEZ  
1999 RH-Mahidol University

Dr. Truong Quy Duong  
Hoabinh Provincial Health Dept.  
2000 RH-Mahidol University

Mr. Nguyen Thanh Son  
Vietnam Family Planning Association (VINAFPA)  
2000 RH-Mahidol University

Ms. Khuat Thi Hai Oanh  
Health and Population Program  
Market and Development Research Center  
2001 East-West Center

**WESTERN SAMOA**

Mrs. Malaefono Taua Fa'afeu  
Government Department  
2000 East-West Center

**ZIMBABWE**

Mr. Brown Nkomo  
Zimbabwe National Family  
Planning Council  
2000 IPH-Makerere University



Region/ Country	East-West Center				Mahidol Univ. (RH)		Univ. of Costa Rica		IUCN (PHE)		IPH Makerere Univ.	Mahidol Univ. (PHE)	India NFHS-2
	1998	1999	2000	2001	1999	2000	2000	2001	2000	2001	2000	2001	2001
Thailand	1	1	1			1						2	
Vietnam		2		1	1	2							
Western Samoa			1										
Latin America/Caribbean													
Argentina								2					
Bolivia							2	2				1	
Chile							1	1					
Colombia								1					
Costa Rica		1						3	3	3			
Ecuador									1	1			
Guatemala							2		1	2			
Honduras							1	2	3	1			
Mexico							2	1	2	2			
Paraguay							2	2					
Peru								2	2	3			
Venezuela							1						
Middle East/North Africa													
Egypt	1	1											
Turkey		1											
North America													
U.S.A.	1			1	1								
Totals	12	16	14	12	16	15	11	16	12	12	14	16	9

**Totals by institution:**

East-West Center: 54  
Mahidol University (PH): 31  
Mahidol University (PHE): 13  
South Africa Pop. Conference: 14  
University of Costa Rica: 27  
IUCN Costa Rica: 24  
IPH Makerere University: 14  
India NFHS-2 Seminar: 9

**Totals by region/country:****Africa 36**

Ethiopia 3  
Ghana 7  
Cote d'Ivoire 2  
Kenya 2  
Malawi 2  
Mali 2  
Senegal 1  
South Africa 7  
Tanzania 4  
Uganda 5  
Zimbabwe 1

**Asia 91**

Bangladesh 6  
Cambodia 5  
India 26

**Grand total: 186****Trainees by year:**

1998: 14  
1999: 48  
2000: 66  
2001 (through June): 62

Indonesia 9  
Malaysia 1  
Mongolia 1  
Nepal 10  
Pakistan 4  
Papua New Guinea 1  
Philippines 10  
Singapore 1  
Sri Lanka 3  
Taiwan 1  
Thailand 6  
Vietnam 6  
Western Samoa 1

**Latin America/Caribbean 53**

Argentina 2  
Bolivia 5

Chile 2  
Colombia 1  
Costa Rica 10  
Ecuador 2  
Guatemala 5  
Honduras 7  
Mexico 7  
Paraguay 4  
Peru 7  
Venezuela 1

**Middle East/North Africa 3**

Egypt 2  
Turkey 1

**North America 3**

U.S.A. 3

<b>BUCEN-SCILS TRAINING ACTIVITIES</b>					4/24/01
<b>Country</b>	<b>Institution</b>	<b>Training Activity</b>	<b>Activity Totals</b>	<b>Country Totals</b>	<b>Funding Source</b>
Armenia	Ministry of Statistics	Census processing workstudy in Washington	5	5	USAID Field Support funded
Ghana	Ghana Statistical Service	Census Planning Workshop in Ghana	33		USAID Field Support funded
Ghana	Ghana Statistical Service	IMPS Workshop in Ghana	7		USAID Field Support funded
Ghana	Ghana Statistical Service	Census processing workstudy in Washington	3	43	USAID Field Support funded
Guinea	Direction National de la Statistique et de L'Informatisation	IMPS training	3	3	USAID Field Support funded
Honduras	Direccion General de Estadistica y Censos	IMPS Workshop in Honduras	15	15	USAID Field Support funded
India	Office of the Registrar General	IMPS Workshop in India	12		USAID Field Support funded
India	ORGI	Library Software in India	5		USAID Field Support funded
India	ORGI and Ministry of Home Affairs	Census Planning and Implementation Visit to Bureau	4		USAID Field Support funded
India	ORGI	IMPS Workshop in India	14		USAID Field Support funded
India	ORGI	Sampling Workshop in US	2		USAID Field Support funded
India	ORGI	Data Dissemination Visit to US	1		USAID Field Support funded
India	ORGI	Funded Participation in Civil Registration Workshop	1	39	USAID Field Support funded
Jordan	Department of Statistics (DOS), Yarmouk University, Mu'tah University	Subnational Population Projection Results	350	110	USAID Field Support funded
Jordan	DOS	ARC VIEW	5		USAID Field Support funded
Jordan	DOS, Civil Status and Passport Department, National center for Human Resources Development, Social Security Corp	Demographic Methods and Subnational Projections	16		USAID Field Support funded
Jordan	Mapping Agency				USAID Field Support funded
Jordan	DOS, University of Jordan, ESCWA, the Jordanian National Committee on Women, and the Princess Basma Women's Resource Center	National Gender Workshop - 20+ Jordanian organizations were represented	60		USAID Field Support funded
Jordan	DOS	Sampling Workshop in US	8		USAID Field Support funded
Jordan	DOS	Data Dissemination Workshop in US	7		USAID Field Support funded
Jordan	DOS	Improving Data Quality Workshop in US	4		USAID Field Support funded
Jordan	DOS	ARC VIEW ARC INFO	9		USAID Field Support funded

Jordan	DOS	Sampling Workshop in Jordan	8		USAID Field Support funded
Jordan	DOS	Training on demographic analysis and JAFS report preparation	1		USAID Field Support funded
Jordan	Social Security Corp.	Analytical Meth visit to US	2		USAID Field Support funded
Jordan	DOS	National Accounts Training	6		USAID Field Support funded
Jordan	DOS	Workstudy visit on JAFS report completion	2		USAID Field Support funded
Jordan	DOS	English Training (arranged and funded 343 8-week sessions in Jordan)	83		USAID Field Support funded
Jordan	DOS	Gender Statistics Workshop in US	3		USAID Field Support funded
Jordan	Jordan Population Council	IMPS Workshop in US	1		USAID Field Support funded
Jordan	DOS	Data entry control and testing visit to US	1		USAID Field Support funded
Jordan	DOS	Training on demographic analysis and JAFS report preparation	2		USAID Field Support funded
Jordan	Lands and Surveys Department	GIS Workshop in US	3		USAID Field Support funded
Jordan	DOS	Advanced Sampling Workshop in US	1		USAID Field Support funded
Jordan	DOS and Social Security Corp.	Subnational Estimates and Projections Workshop in Jordan	14		USAID Field Support funded
Jordan	DOS	Funded participation in SNA 1993 workshop	1		USAID Field Support funded
Jordan	DOS	Sampling Applications training in Jordan	5		USAID Field Support funded
Jordan	DOS	Census and dissemination related visit to US	4	596	USAID Field Support funded
Kenya	Central Bureau of Statistics	IMPS Workshop in Kenya	19	19	USAID Field Support funded
Madagascar	L'Institut National de la Statistique	Demographic Analysis Workshop in Madagascar	16		USAID Field Support funded
Madagascar		IMPS Workshop in US	2	18	USAID Field Support funded
Malawi	National Statistical Office	IMPS Workshop In Malawi	15		USAID Field Support funded
Malawi	National Statistical Office	Operational Control workstudy in US	1		USAID Field Support funded
Malawi	National Statistical Office, University of Malawi (Demographic Unit, Chancellor College)	Demographic Analysis Workshop in Malawi	10	26	USAID Field Support funded
Mozambique	Instituti Nacional de Estatistica	IMPS training in Mozambique	10		USAID Field Support funded
Mozambique	Instituti Nacional de Estatistica	Data Dissemination Workshop in US	1		USAID Field Support funded

Mozambique	Over 200 local organizations throughout Mozambique	Province Level Data Use Support Conferences	1000	1011	70% USAID Field Support funded, 30% local government funded
Senegal	Direction de la Prevision de la Statistique	Forms Design Workshop in Senegal	1		USAID Field Support funded
Senegal	Direction de la Prevision de la Statistique	Pilot Census processing workstudy in US	3		USAID Field Support funded
Senegal	Direction de la Prevision de la Statistique	Regional IMPS Workshop in Senegal (Senegalese participants)	9	13	USAID Field Support funded
South Africa	Statistics South Africa	Dissemination Study Tour to US	1	1	USAID Field Support funded
Sri Lanka	Department of Census and Statistics	IPPS/CSPPro Workshop in Sri Lanka	22		USAID Field Support funded
Sri Lanka	Department of Census and Statistics	Training in use of CENVAR component of IMPS	4	26	USAID Field Support funded
Tanzania	Department of Statistics	IMPS training in Tamzania	15		USAID Field Support funded
Tanzania		IMPS overview on Tanzania	15	30	USAID Field Support funded
Zambia	Central Statistical Office and Examinations Council of Zambia	IMPS Workshop in Zambia	17	17	USAID Field Support funded
Worldwide	35 Countries	International Visitors Program - 2000	465		Entirely Census Bureau funded
Worldwide	23 Countries	Summer Workshop program - 2000	82		Estimate 40% Field Support funded, rest UN, World Bank, own country
Worldwide	62 Countries	International Visitors Program - 1999	376		Entirely Census Bureau funded
Worldwide	24 Countries	Summer Workshop Program - 1999	79		Estimate 40% Field Support funded, rest UN, World Bank, own country
Worldwide	52 Countries	International Visitors Program - 1998	348		Entirely Census Bureau funded
Worldwide	24 Countries	Subber Workshop Program - 1998	81	1431	Estimate 40% Field Support funded, rest UN, World Bank, own country
Regional Training	24 Countries	IMPS and CDS Demonstrations in Thailand	75		BUCEN participation USAID funded
Regional Training	18 Countries	Census questionnaire design training and IMPS Demonstration in Chile	65		BUCEN participation USAID funded
Regional Training	Benin, Berkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Djbouti, Equatorial Guinea, Guinea, Ivory Coast, Mali, Mauritania, Niger, Rwanda, Senegal, Togo	Census Analysis Workshop in Senegal	36		5% USAID funded, 95% UNFPA funded.

Regional Training	Angola, Benin, Cape Verde, Chad, Comoros, Congo, Ivory Coast, Djibouti, Gabon, Mali, Mauritania, Rwanda, Sao Tome & Principe, Togo, FAO	IMPS Workshop in Senegal (not including 9 Senegalese)	29		20% USAID funded, 80% UNFPA funded
Regional Training	Mozambique, Mauritius, Botswana, Zambia, Tanzania, Swaziland, Malawi, Seychelles, Nigeria, ECA	Improving Data Quality at ECA in Ethiopia	28		20% USAID funded, 80% UNFPA funded
Regional Training	Bangladesh, Barbados, Bhutan, Cambodia, China, Cook Islands, Fiji, India, Indonesia, Iran, Kenya, Kiribati, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Palau, Papua New Guinea, Peru, Philippines, Republic of Korea, Rwanda, Samoa, Solomon Islands, Sri Lanka, Thailand, Tonga, Turkey, Vanuatu, Viet Nam	3 IMPS Workshops at the Statistical Institute of Asia and the Pacific	62		25% USAID funded, 75% UNFPA funded
Regional Training	Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe, and Kenya	Southern Africa Development Community (SADC) Workshop on Census Planning, Management, and Organization	28		30% usaid funded, 70% UNFPA funded
Regional Training	Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe	SADC Workshop on Census Mapping	28		30% usaid funded, 70% UNFPA funded
Regional Training	Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe, and Kenya	Second SADC Workshop on Census Planning, Management, and Organization	30		30% usaid funded, 70% UNFPA funded
Regional Training	Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Zambia, and Zimbabwe	Second SADC Workshop on Census Mapping	15		30% usaid funded, 70% UNFPA funded

Regional Training	Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Zambia, and Zimbabwe	SADC Workshop on Census Processing	30	426	30% usaid funded, 70% UNFPA funded
			3719		

**Reproductive Health Epidemiology PASA Activities and Accomplishments,  
Division of Reproductive Health, CDC  
October 1997 – January 2001**

**Goals and Activities for Reproductive Health Epidemiology under the PASA**

There are four stated goals for Reproductive Health Epidemiology activities under the PASA:

- I. Increase reproductive health epidemiologic skills and their application by staff of Ministries of Health, non-governmental organizations, USAID Missions, and others in developing countries, enabling them to collect key data effectively and efficiently, analyze it, and translate it into a form useful for developing and promoting effective reproductive health interventions.
- II. Provide USAID with technical expertise and updates in the area of reproductive health.
- III. Provide USAID with the expertise and personnel necessary to investigate significant and unusual circumstances in the area of reproductive health.
- IV. Increase professional linkages with other Cooperating Agencies (CAs) in the area of RHE.

In order to meet these goals, DRH has undertaken four major activities:

- 1. Reproductive Health Epidemiology Training Workshops.** DRH conducts one to two week RHE Training Workshops by invitation of a host country or other organization, as well as shorter RHE overviews to meet the needs of audiences requesting short-term, targeted RHE training. For each workshop and overview, the needs and preferences of the target audience are assessed, including background, prior training, need for topic-specific training, computer availability and knowledge, etc. Course content, examples, and case studies are tailored to the particular audience by using local data, surveys, literature, and priority RHE issues. During the two-week workshops, participants are divided into small groups to develop RHE research proposals. At the end of the workshop, these proposals are presented to local experts and potential funders, with the expectation that with further work the proposals will be submitted, funded, and implemented. When feasible, Epi-info training with RHE examples is included in the workshops and overviews. Follow-up activities include on-going technical assistance in RHE proposal development and projects.
- 2. Reproductive Health Training Materials.** In addition to the core RHE Training Manual, An Epidemiologic Approach to Reproductive Health, DRH is developing a series of topic-based training modules. These modules will cover such topics as the epidemiology of maternal health, infant health, reproductive tract infections, reproductive health surveillance, and others. These new modules will supplement the core training manual and provide applied information and practice to training participants.
- 3. Reproductive Health Epidemiology Technical Assistance.** DRH provides technical assistance in routine data collection, analysis, presentation, and decision making, as well as investigations of significant and unusual circumstances, in the area of reproductive health.
- 4. Increasing Professional Linkages within and outside of CDC.** DRH actively seeks to collaborate with other groups both within CDC and outside of CDC, including other CAs, Ministries of Health, non-governmental organizations, and others, in order to build capacity for reproductive health epidemiology activities around the world.

A detailed list of the activities to date and the planned/projected activities through the completion of this PASA (September 2002) are included below.

## RHE Activities and Accomplishments, October 1997 – January 2000

<b>1. Reproductive Health Epidemiology Training Workshops</b>		
<b>Dates</b>	<b>Activity</b>	<b>Staff</b>
March 1998	Two week RHE training workshop in Romania for 21 physicians, who work in a variety of clinical, public health, and university settings. The students divided into four groups to develop research proposals, that were presented at the end of the course. The students then planned to seek funding for these proposals. At least one proposal was funded. In addition, two participants later took lead roles in the Romania RH Survey, and 2 others took minor roles.	Florina Serbanescu Leo Morris Polly Marchbanks
May 1998	Two week RHE workshop in Brazil, including the test of the Portuguese translation of the RHE training manual.	Leo Morris Cibele Barbosa
June 1998	Two day RHE overview, Summer Institute on Monitoring and Evaluation of Population, Health, and Nutrition Projects, UNC, Chapel Hill, NC	Isabella Danel Kate Curtis
August 1998	One day RHE overview for IDIs, USAID	Polly Marchbanks Mary Goodwin
August, 1998	One week course in Spanish for National Public Health Institute, Cuernavaca, Mexico	Isabella Danel Gilberto Chavez
October, 1998	Four day RHE course for USAID staff, Washington DC	Kate Curtis Polly Marchbanks Isabella Danel Paul Stupp
June 1999	Two day RHE overview, Summer Institute on Monitoring and Evaluation of Population, Health, and Nutrition Projects, UNC, Chapel Hill, NC	Linda Bartlett Cindy Berg
August 1999	One week course for 20 students in Spanish, National Public Health Institute, Cuernavaca, Mexico	Isabella Danel Gilberto Chavez
May 2000	Three-day RHE and Survey Data course for NEPS, USAID	Polly Marchbanks Julia Samuelson Leo Morris
May 2000	One week course in Spanish for IMSS (Mexican Social Security Institute), Mexico	Isabella Danel Meredith Reynolds
July 2000	Two-week RHE training workshop in Moldova (UNICEF)	Florina Serbanescu Polly Marchbanks Kate Curtis

<b>2. Reproductive Health Epidemiology Training Materials</b>		
<b>Date started</b>	<b>Activity</b>	<b>Staff</b>
January 1998	Portuguese Language Version of RHE Manual Status: Final draft under review	Leo Morris
November 1998	Production and dissemination of RHE Training Workshop Brochure	Kate Curtis
June 1999	Production of RHE Training Website	Margaret Watson Rose Pecoraro
November 1998	Reproductive Health Surveillance Module Status: cleared, undergoing final revisions before layout and graphics Piloted in Moldova in July 2000, slide set completed, translation into Romanian	Kate Curtis Tolu Osisanya Divya Agrawal Joy Herndon Florina Serbanescu Nancy Burnett
January 1999	Multivariate analysis applied to contraceptive use Status: in clearance	Charlie Chen Leo Morris
January 1999	Life table analysis of effectiveness and continuation of contraceptive use Status: in clearance	Charlie Chen Leo Morris
May 1999	Maternal Health Epidemiology Module Status: undergoing final review before printing Potential pilot in South Africa, Nov 2001	Divya Agrawal Kate Curtis Isabella Danel Florina Serbanescu Nancy Burnett
September 1999	Reproductive Tract Infections Modules Status: cleared, undergoing final revisions before layout and graphics	Divya Agrawal Kate Curtis Susan Hillis Polly Marchbanks Nancy Burnett
September 2000	RHE Module: Family Planning Status: currently being drafted	Johnmark Opondo Kate Curtis Polly Marchbanks Charlie Chen
September 2000	Begin process of putting training materials on the web: Preface to the Web Edition Corrections to RHE manual	Kate Curtis Divya Agrawal RHE Team
Summer 2000	Develop electronic library of training materials	Divya Agrawal Nancy Burnett
On-going	Translation of training materials: RHE manual into Portuguese RHE brochure into Spanish, Portuguese, Russian	Leo Morris Nancy Burnett
On-going	Develop auxiliary materials for RHE training modules, e.g., slide sets, lecture notes, pre/post test, etc	Kate Curtis Divya Agrawal RHE Team
Ongoing	Continued presentation and dissemination of RHE Training Workshop information, brochure, and training manual and modules	RHE Team

### 3. Reproductive Health Epidemiology Technical Assistance

<b>Dates</b>	<b>Activity</b>	<b>Staff</b>
October 1998 - ongoing	Technical assistance to Honduran Ministry of Health in analysis and presentation of data on mortality among reproductive-aged women in Honduras	Isabella Danel Paul Stupp
Winter-Spring 2000	Technical assistance to WHO, Geneva, for the Medical Eligibility Criteria for Contraceptive Use Working Group Meeting	Kate Curtis Cammie Chrisman
May 2000	Technical assistance Mexican Social Security Institute on routine data use	Isabella Danel Meredith Reynolds
July 2000	Technical assistance to UNICEF Moldova in developing perinatal health care surveillance system	Florina Serbanescu Kate Curtis
September 2000	Technical assistance to WHO, Geneva, for the meeting on Implantable Contraceptives for Women (May 2001) Background paper "Safety of implantable contraceptives: data from observational studies"	Kate Curtis
2000-2001	Analysis of parity and age at first birth as risk factors for cervical cancer in Costa Rica	Kate Curtis Polly Marchbanks

### 4. Increasing Professional Linkages and Collaborations Within and Outside of CDC

<b>Dates</b>	<b>Activity</b>	<b>Staff</b>
January 1998 - ongoing	Discussions and collaboration with the Division of International Health, CDC on including RHE training in FETP courses and other DIH training activities and collaboration on development of training materials	Kate Curtis Isabella Danel RHE Team
April 1998 – ongoing	Continued discussions with Field Epidemiology Training Program (FETP) / Public Health Schools Network (TEPHINET) / Public Health Schools Without Walls (PHSWOW) on RHE training and training materials development, including presentation on Reproductive Health Epidemiology Workshop and Training Manual to FETP/TEPHINET/PHSWOW conference, April 1998	Kate Curtis Isabella Danel RHE Team
Ongoing	Member of MEASURE Training Working Group to increase collaboration on training activities among the five MEASURE partners	Meredith Reynolds
Ongoing	Utilization of selected chapters of RHE manual by Department of International Health, Tulane University School of Public Health	---

## Currently Planned/Projected RHE Activities, January 2001– September 2002

<b>1. Reproductive Health Epidemiology Training Workshops</b>		
<b>Dates</b>	<b>Activity</b>	<b>Staff</b>
Spring 2001	Three-day course for NEPS, USAID, on how to use survey data and indicators	Leo Morris DHS EVALUATION
May 2001	One week training for Mexican Social Security Institute, linked to routine data use technical assistance visit	
July 2001	Two week course for University of Costa Rica, in collaboration with MEASURE	Paul Stupp Meredith Reynolds
August 2001	Two week course for Mexico School of Public Health, Cuernavaca	Gil Chavez
November 2001	Two week course for Pretoria School of Public Health (South Africa), in collaboration with MEASURE	3 DRH staff
Tentative	Two-week RHE training workshop in Georgia	Florina Serbanescu, plus 1-2
May 2002 (tentative)	One week training for Mexican Social Security Institute, linked to routine data use technical assistance visit	
August 2002 (tentative)	Two week course for Mexico School of Public Health, Cuernavaca	Gil Chavez
2001-2002	Additional courses as requested: potentially Romania, Brazil, others	RHE Team
<b>2. Reproductive Health Epidemiology Training Materials</b>		
<b>Dates</b>	<b>Activity</b>	<b>Staff</b>
By September 2001	Completion of RHE Modules on RH Surveillance, Maternal Health, Reproductive Tract Infections, Multivariate analysis applied to contraceptive use, Life table analysis of effectiveness and continuation of contraceptive use	RHE Team
By December 2001	Completion of RHE Modules: Family Planning, Questionnaire Design, Infant Health, Prevention Effectiveness	RHE Team
By September 2002	All RHE Modules included on DRH/RHE Training website (each module, plus any translations, will be added as it is completed)	RHE Team SCRB
By September 2002	Develop auxiliary materials for RHE training modules, e.g., slide sets, lecture notes, pre/post test, etc	RHE Team
Ongoing	Continued presentation and dissemination of RHE Training Workshop information, brochure, and training manual and modules	RHE Team

### 3. Reproductive Health Epidemiology Technical Assistance

<b>Dates</b>	<b>Activity</b>	<b>Staff</b>
Ongoing	Technical assistance to Honduran Ministry of Health in analysis and presentation of data on mortality among reproductive-aged women in Honduras	Isabella Danel Paul Stupp
September 2000- June 2001	Technical assistance to WHO, Geneva, for the meeting on Implantable Contraceptives for Women (May 2001) Background paper "Safety of implantable contraceptives: data from observational studies"	Kate Curtis
July 2000-ongoing	Technical assistance to UNICEF Moldova in developing perinatal health care surveillance system	Florina Serbanescu Kate Curtis
2000-2001	Analysis of parity and age at first birth as risk factors for cervical cancer in Costa Rica	Kate Curtis Polly Marchbanks
2001-2002	Additional technical assistance as requested	RHE Team

### 4. Increasing Professional Linkages and Collaborations Within and Outside of CDC

<b>Dates</b>	<b>Activity</b>	<b>Staff</b>
Ongoing	Discussions and collaboration with the Division of International Health, CDC on including RHE training in FETP courses and other DIH training activities and collaboration on development of training materials	Kate Curtis RHE Team
Ongoing	Member of MEASURE Training Working Group to increase collaboration on training activities among the five MEASURE partners	Meredith Reynolds
Ongoing	Utilization of selected chapters of RHE manual by Department of International Health, Tulane University School of Public Health	---
Ongoing	Development of course for NEPS: how to use survey data and indicators; collaboration with MEASURE partners (DHS, EVALUATION)	Leo Morris

**APPENDIX G**

**MEASURE TOOLS AND TECHNOLOGIES LIST**

**(from MEASURE Partners)**

## APPENDIX G

### MEASURE TOOLS AND TECHNOLOGIES LIST

#### 1. MEASURE *DHS+*

CSPro  
STATcompiler  
Basic questionnaire, modules, interviewers and supervisors manuals, tabplan  
The training manual  
Anemia manual/testing procedures  
HIV/AIDS manual/testing procedures  
Vitamin A manual/testing procedures  
Malaria manual  
The Chissap program for table production for multiple countries  
Preliminary reports  
Final reports  
Key findings  
The DHS archive  
The DHS web site and survey database  
Series of comparative and analytical studies  
Tools for report production

#### 2. MEASURE *Evaluation*

The revamped web site provides the most comprehensive overview of tools and how MEASURE *Evaluation* got to the tools.

#### AIDS

National AIDS Programmes: A Guide to Monitoring and Evaluation (plus workshop reports, Zambia survey and others)

Manual on monitoring and evaluation of AIDS projects for NGOs: Evaluando Proyectos de Prevención de VIH/SIDA: Un Manual con Enfoque en las Organizaciones No Gubernamentales (Bertrand y Solís) (pdf) (English and French versions in preparation)

#### Tools for Better Surveillance

Monitoring the AIDS epidemic using HIV prevalence data among young women attending antenatal clinics: prospects and problems (Zaba, B., T. Boerma and R. White). AIDS. Vol. 14, No.11, 2000.

Adjusting antenatal clinic data for improved estimates of HIV prevalence among women

in sub-Saharan Africa (Zaba, B., L. Carpenter, T. Boerma, S. Gregson, J. Nakiyingi, and M. Urassa). AIDS. Vol. 14, No. 17, 2000.

### **Child Survival**

Compendium of Child Survival Monitoring and Evaluation Tools  
Frontline health workers self-evaluation manual

### **Family Planning**

Quick Investigation of Quality (QIQ)  
Meeting Report on the Multi-Country Field Test of Quality of Care Indicators  
Monitoring Quality of Care in Family Planning by the Quick Investigation of Quality  
QIQ Country Reports (pdf)  
A User's Manual for Monitoring Quality of Care (forthcoming)  
A Compendium of Instruments and Field Manuals  
Family Planning Effort Scores

### **Maternal Health**

Rating Maternal and Neonatal Health Programs in Developing Countries  
CLAP Distance Analysis (data base tool)  
Guidelines for the use of censuses to estimate levels of maternal mortality

### **General Monitoring and Evaluation**

Indicators for Reproductive Health Program Evaluation (being updated)  
Training manual for monitoring and evaluation courses (in preparation)

### **3 MEASURE *Communication***

#### **Capacity Building**

Policy Communication Fellows (training binder)

Communicating Population and Health Research to Policymakers (training binder)

Developing Policy Presentations (training binder)

Making the Link: Population, Health, and Environment (training binder)

Making the Link: Population, Health, and Environment (resource binder)

Population and Health Online Resource Guide (Gates/MEASURE)

### **Additional training materials** (stand-alone tools)

CD-ROM compilation of workshop products  
Daily training guide  
Presentation Tips and Guidelines  
Evaluating Policy Communication Training  
Master's level course syllabus/module (upcoming)

### **Media**

Women's Edition resource binders by topic (7)

### **Reference Tools for Population and Health Professionals**

Country Briefing Packets  
Quick Online Guide (laminated card with web site addresses)  
Population Handbook, 4th International Edition  
World Data Sheets and booklets (3)  
Youth Data Sheet and booklet  
Women of the World Data Sheet  
PopNet, PopPlanet, MEASURE program (Gateway) web sites  
Examples from in-country activities (press kits, video, materials)

### **Ideas for tools to be produced by MEASURE Follow-on**

How to present research findings and survey data in accessible graphs  
(examples of most common errors: dos and don'ts using DHS findings)  
Guidelines for Assessing Audience Information Needs

## **3. BUCEN-SILS**

### **International Data Base (IDB)**

The International Data Base (IDB) is a computerized source of demographic and socio-economic statistics for 227 countries and areas of the world. The IDB provides quick access to specialized information, with emphasis on demographic measures, for individual countries or selected groups of countries. The IDB combines data from country sources (especially censuses and surveys) with IPC's estimates and projections to provide information dating back as far as 1950 and as far ahead as 2050.

### **HIV/AIDS Surveillance Data Base**

The HIV/AIDS Surveillance Data Base is a compilation of HIV seroprevalence studies and AIDS case reporting from developing countries. The data base is maintained by the Health Studies Branch, International Programs Center (IPC), Population Division, U.S.

Census Bureau, with funds from USAID. It is a compilation of information from those studies appearing in the medical and scientific literature, presented at international conferences, and appearing in the press. The data base is updated twice a year.

### **CSPro**

The Census and Survey Processing System (CSPro) was conceived in 1998 as a collaborative software development effort between IPC and Macro, Intl. The vision of the product is to: (1) create a single Windows-based public domain software tool which data producers throughout the world can use for all census and survey data processing tasks, (2) reduce dependency of subject matter specialists on computer programmers, and (3) combine the power of ISSA with the ease of use of IMPS. CSPro 2.0 was released in May 2000. Macro staff members used CSPro 2.1 to process the Nepal DHS.

### **Census Design System**

The Census Design System (CDS) is a tool for census planners. CDS incorporates the UN recommended output tables and question and response wordings into a menu-driven system. Based on user choices, CDS generates census questionnaires and manuals. CDS contains lots of useful information, which helps planners design and implement a population and housing census. CDS was released in November 2000.

### **Population Analysis Spreadsheets (PAS)**

PAS consists of 45 spreadsheets for population analysis. This package includes spreadsheets for the analysis of age structure, fertility, mortality, internal migration, and urbanization. The PAS documentation is contained in the second volume of the manual, "Population Analysis with Microcomputers." The spreadsheets were originally developed in Lotus 1-2-3 and have been converted for use with Excel.

### **Rural/Urban Projection (RUP) Program**

RUP is a cohort-component population projection program that can be used for projecting the population of one or two areas (usually urban and rural areas) simultaneously. The calculations are done on a yearly basis using data by single years of age. The input and output are flexible to accommodate a wide range of needs in terms of types of data and age grouping (e.g., data by five-year ages that can be split into single ages by the program). The PAS documentation is contained in the second volume of the manual, "Population Analysis with Microcomputers."

## **5. MEASURE CDC-DRH**

### **Surveys**

- A. Reproductive Health Surveys in countries with high abortion and low fertility rates (Eastern Europe)
- B. Reproductive Health Surveys in countries with moderate to high fertility and limited abortion (Latin America/Africa)
- C. Male Reproductive Health Surveys
- D. Young Adult Reproductive Health Surveys and RH-Behavioral Risk Surveys
- E. Program Evaluation Surveys

### **Reproductive Health Epidemiology**

- A. Reproductive Health Epidemiology Training Workshops (and Manual)
- B. Reproductive Health Needs Assessment/Burden of Disease Studies in Refugee settings
- C. Reproductive Age Mortality (RAMOS) Studies to classify deaths to reproductive age women

More detail on most of these can be found at the DRH/Global web site:  
[www.cdc.gov/nccdphp/drh/global.htm](http://www.cdc.gov/nccdphp/drh/global.htm)

**APPENDIX H**

**CHILD HEALTH AND CHILD SURVIVAL TOPICS IN THE  
*DHS+* CORE QUESTIONNAIRE**

## APPENDIX H

### CHILD HEALTH AND CHILD SURVIVAL TOPICS IN THE DHS+ CORE QUESTIONNAIRE

#### Direct Questions

Child's height  
Child's weight  
Child's hemoglobin level  
Survival of each live birth (2 questions)  
Child's size and weight at birth (3 questions)  
Breastfeeding (8 questions)  
Feeding practices and child nutrition (33 questions)  
Child's immunizations (14 questions)  
Vitamin A supplementation for child  
Childhood illnesses and treatment (17 questions)  
Decisions about medical treatment for children

Total: 82 questions

#### Related Questions

Main source of drinking water (2 questions)  
Toilet facilities (2 questions)  
Cooking fuel  
Bednets (3 questions)  
Handwashing facilities and practices (3 questions)  
Salt iodization  
Number of living children (competition for resources)  
Number of nonlive births (maternal depletion)  
Antenatal care (related to health outcomes for living children) (19 questions)  
Delivery characteristics (3 questions)  
Disposal of child's stools  
Mother's cigarette smoking (secondary smoke) (2 questions)  
Mother's employment (11 questions)

Total: 50 questions

Total direct and related questions: 132

**APPENDIX I**

**MEASURE *DHS*+ SURVEYS**

## APPENDIX I

### MEASURE *DHS+* SURVEYS

Country	Year	Fieldwork		Type	Status	Implementing Organization	Female			Male			Households Sample	Special Features
		Start	End				Resp.	Age	Sample	Resp.	Age	Sample		
Benin	2001	Aug-01	Oct-01	DHS	Ongoing		All Women	15-49	7,000	All Men	15-64	2,500	6,096	Men's Survey
Ethiopia	2000	Feb-00	Apr-00	DHS	Ongoing	Central Statistical Authority	All Women	15-49	15,367	All Men	15-59	2,607	14,072	Abortion, AIDS Knowledge & Behavior, Anthropometry, GPS/Georeferenced, Men's Survey, Maternal Mortality, Service Availability
Gabon-Funded outside of Measure	2000	Oct-00	Dec-00	DHS	Ongoing	Direction Générale de la Stat. Et des Etudes Economiques	All Women	15-49	6,183	All Men	15-59	2,004	6,203	AIDS Knowledge & Behavior, Anthropometry, Men's Survey
Ghana	1998	Nov-98	Feb-99	DHS	Completed	Ghana Statistical Service	All Women	15-49	4,843	All Men	15-59	1,546	6,003	AIDS Knowledge & Behavior, GPS/Georeferenced
Guinea	1999	May-99	Jun-99	DHS	Completed	Direction Nat. de la Statistique et de l'Information	All Women	15-49	6,753	All Men	15-59	1,980	5,090	AIDS Knowledge & Behavior, GPS/ Georeferenced, Men's Survey, FGM, Malaria, Maternal Mortality, Service Availability
Kenya	1999	Apr-99	Aug-99	SPA	Completed	Nat. Council for Pop. and Dev./Min. of Health								GPS/ Georeferenced
Kenya	1998	Feb-98	Jul-98	DHS	Completed	Nat. Council for Pop. and Dev.	All Women	15-49	7881	All Men	15-54	3407	8380	AIDS Knowledge & Behavior, Anthropometry, Calendar, GPS/ Georeferenced, Men's Survey, FGM, Maternal Mortality
Madagascar	2002			DHS	Ongoing		All Women	15-49	7,500	All Men	15-59	2,000	8,000	
Malawi	2000	Jul-00	Nov-00	DHS	Ongoing	Nat. Statistical Office	All Women	15-49	14,000	All Men	15-54	3,000	15,315	AIDS Knowledge & Behavior, Anthropometry, GPS/ Georeferenced, Malaria, Maternal Mortality
Mali	2001	Jan-01	Apr-01	DHS	Ongoing	CPS/MSSPA et DNSI	All Women	15-49	14,100	All Men	15-59	3,500	14017	AIDS Knowledge & Behavior, AIDS Testing, Anthropometry, Anemia, Calendar, GPS/ Georeferenced, Men's Survey, Social Marketing, Child Labor, FGM, Maternal Mortality, Service Availability
Namibia	2000			DHS	Ongoing		All Women	15-49	6,755	All Men	15-59	2954	6,392	GPS/ Georeferenced

Country	Year	Fieldwork		Type	Status	Implementing Organization	Female			Male			Households Sample	Special Features
		Start	End				Resp.	Age	Sample	Resp.	Age	Sample		
Nigeria	1999	Mar-99	May-99	DHS	Completed	Nat. Pop. Comm.	All Women	Oct-49	7,647	All Men	15-64	2,680	7,647	AIDS Knowledge & Behavior, Anthropometry, Men's Survey, FGM, Maternal Mortality, Service Availability, Verbal Autopsy
Rwanda	2000	Jun-00	Aug-00	DHS	Ongoing	Office National de la Population	All Women	15-49	10,421	All Men	15-59	2,717	9,696	AIDS Knowledge & Behavior, GPS/ Georeferenced, Malaria, Maternal Mortality
Senegal	1999	Oct-99	Dec-99	DHS	Completed	SERDHA	All Women	15-49	17,189	All Men	15-59	7,850	9,085	AIDS Knowledge, GPS/ Georeferenced, Men's Survey
Tanzania	1999	Sep-99	Nov-99	Interim	Completed	Nat. Bureau of Statistics	All Women	15-49	4,029	All Men	15-59	3,542	3,615	AIDS Knowledge & Behavior, GPS/ Georeferenced, Social Marketing, Women's Status
Uganda	2000	Sep-00	Feb-01	DHS	Ongoing	Uganda Bureau of Stat. (formerly Dept. of Stat.)	All Women							Abortion, AIDS Knowledge & Behavior, Anthropometry, GPS/Georeferenced, Iodine, Men's Survey, Child Labor, Malaria, Maternal Mortality
Zambia	2001	Jul-01	Nov-01	DHS	Ongoing	Central Statistical Office	All Women	15-49	8,000	All Men	15-59	2,500	8,000	AIDS Knowledge & Behavior, GPS/ Georeferenced, Men's Survey, Social Marketing, Domestic Violence, Maternal Mortality
Zimbabwe	1999	Sep-99	Dec-99	DHS	Completed	Central Statistical Office	All Women	15-49	5,907	All Men	15-54	2,609	6,369	AIDS Knowledge & Behavior, Calendar, GPS/ Georeferenced, Men's Survey, Maternal Mortality

<b>Near East/ N. Africa</b>															
Egypt	2000	Mar-00	May-00	DHS	Completed	Nat. Population Council	Ever Married Women	15-49	15,573				16,957	Calendar, GPS/Georeferenced	
Egypt	1998	Nov-98	Dec-98	Interim	Completed	El-Zanaty & Associates	Ever Married Women	15-49	6,406				6,759	Calendar, GPS/Georeferenced	
Mauritania (Funding outside of Measure)	2000	Oct-00	Dec-00	DHS	Ongoing	Office Nat. de la Statistique	All Women	15-49	6,500	All Men	15-59	2,500		AIDS Knowledge & Behavior, Men's Survey, FGM, Gorging Module, Maternal Mortality, Service Availabitly	
<b>Europe/ Eurasia</b>															
Armenia	2000	Oct-00	Dec-00	DHS	Ongoing	National Statistical Service/MOH	All Women	15-49	6,430	All Men	15-54	1,719	5,980	Abortion, AIDS Knowledge & Behavior, Anemia, Anthropometry, Calendar, Men's Survey	
Kazakhstan	1999	Jul-99	Sep-99	DHS	Completed	Academy of Preventive Medicine	All Women	15-49	4,800	All Men	15-59	1,440	5,844	Abortion, Anemia, Anthropometry	
Turkey	1998	Aug-98	Nov-98	DHS	Completed	Hacettepe University Inst. of Pop. Studies	Ever Married Women	15-49	8,576	Husbands		1,971	8,059	Calendar, Men's Survey	
Turkmenistan	2000	Jul-00	Oct-00	DHS	Ongoing	MCH/MOH and MIT	All Women	15-49	7,919				6,303	Abortion, AIDS Knowledge, Anemia, Anthropometry, Iodine, Micronutrients	

Asia														
Bangladesh	2001	Jan-01	May-01	Special	Ongoing	Mitra & Associates/ ACPR/NIPORT							100,000	GPS/ Georeferenced, Maternal Mortality / Maternal Health Services, Verbal Autopsy
Bangladesh	2000	Oct-99	Mar-00	DHS	Ongoing	Mitra & Associates/ NIPORT	Ever Married Women	Oct-99	10,544	Currently Married Men	15-59	2,556	9,854	AIDS Knowledge, Anthropometry, Calendar, GPS/ Georeferenced, Men's Survey
Bangladesh	1999	Jul-99	Dec-99	SPA	Ongoing	Mitra & Associates/ NIPORT								GPS/ Georeferenced
Cambodia	2000	Feb-00	Jun-00	DHS	Ongoing	Nat. Inst. Of Statistics/Min of Health	All Women	15-49	15,351				12,236	AIDS Knowledge & Behavior, Anemia, Domestic Violence, Maternal Mortality, Women's Status
India	1999	Nov-98	Jul-00	DHS	Completed	International Inst. for Pop. Sciences	Ever Married Women	15-49	90,303				92,486	Abortion, AIDS Knowledge, Anemia, Anthropometry, Iodine, Micronutrients, Maternal Mortality
India	1999			Benchmark	Ongoing	Various	All Women							
Nepal	2001	Jan-01	Jun-01	DHS	Ongoing	Min. of Health/ New ERA								GPS/Georeferenced
Latin America & Caribbean														
Colombia	2000	Mar-00	Jul-00	DHS	Completed	PROFAMILIA	All Women	15-49	11,585				10,907	AIDS Knowledge, Domestic Violence, Women's Status
Dominican Republic	1999	Aug-99	Dec-99	Pre-test	Completed	Gen. Estud. Soc. y Dem. (CESDEM)	All Women	15-49	1,286	All Men	15-64	1,400	1,381	AIDS Knowledge, Men's Survey, Domestic Violence, Women's Status
Guatemala	1999	Nov-98	Apr-99	Interim	Completed	Inst. Nacional de Estadística	All Women	15-49	6,021				5,587	
Haiti	2000	Mar-00	Jul-00	DHS	Ongoing	Inst. Haitien de l'Enfance	All Women	15-49	10,159	All Men	15-59	3,171	9,595	AIDS Knowledge & Behavior, Anemia, GPS/ Georeferenced, Men's Survey, Domestic Violence, Maternal Mortality, Service Availability, Women's Status
Nicaragua	2001			Special	Ongoing									
Peru	2000	Aug-00	Nov-00	DHS	Completed	Inst. Nacional de Estadística e Informática	All Women	15-49	32,000				32,000	AIDS Knowledge & Behavior, Anemia, Anthropometry, Calendar, Micronutrients, Domestic Violence, GPS/ Georeferenced, Maternal Mortality, Women's Status

**APPENDIX J**

**INTERNATIONAL SURVEYS CONDUCTED WITH CDC-DRH  
TECHNICAL ASSISTANCE, 1997-2002**

**(from CDC-DRH)**

## APPENDIX J

### INTERNATIONAL SURVEYS CONDUCTED WITH CDC-DRH TECHNICAL ASSISTANCE 1997-2002

1997							
Year & Country	Type of Survey	Dates of Field Work	Implementing Organization	Contact Person	Respondents	Completed Interviews	Status
<b>Moldova</b>	RHS	July - Sept	Institute of Mother & Child Care/MoH	Mihai Stratila (Florina Serbansecu)	Females 15-49	5,142 - females	Final report 12/98; Domestic violence module, Young Adult module; Maternal Morbidity Health Behavior modules.
<b>Jamaica</b>	RHS	Aug - Dec	National Family Planning Board (NFPB)	Carmen McFarlane (Jay Friedman)	Females 15-49; Males 15-24	6,384 - females; 2,279 - males	Final report Feb 98; Young Adult report 4/98
1998							
Year & Country	Type of Survey	Dates of Field Work	Implementing Organization	Contact Person	Respondents	Completed Interviews	Status
<b>Cape Verde</b>	RHS	April-Aug	National Statistics Institute (INE)	Lourdes Lopes; (Leo Morris)	Females 15-49; Males 15-54	6,250 - Females; 2,450 - males	Final report March 2000; Maternal Morbidity Young Adults modules.
<b>El Salvador</b>	RHS	April-Nov	ADS	Jose Maria Caceras (Paul Stupp)	Females 15-44	11,688	Final report April 2000; Young Adult; Maternal Morbidity; Nutritional Status; School Attendance modules.
<b>Paraguay</b>	RHPES	Sept-Nov	CEPEP	Mercedes Melian (Leo Morris)	Females 15-44	3,598	Final report 11/98; Young Adult module; Domestic Violence module

RHS - Reproductive Health Survey

RHPES - Reproductive Health Program Evaluation Survey

YARHBRS - Young Adult Reproductive Health and Behavioral Risk Survey

**International Surveys Conducted with CDC-DRH Technical Assistance 1997-2002 (continued)**

1999							
<b>Year &amp; Country</b>	<b>Type of Survey</b>	<b>Dates of Field Work</b>	<b>Implementing Organization</b>	<b>Contact Person</b>	<b>Respondents</b>	<b>Completed Interviews</b>	<b>Status/Comments</b>
<b>Ecuador</b>	RHS	March-August	CEPAR	Caton Olmedo (Paul Stupp)	Females 15-49	14,285	National and regional seminars conducted August 2000; Final report published February 2001. Young Adult Module Domestic Violence module.
<b>Russia</b>	RHPES	March-June	All Russian Center for Public Opinion and Market Research (VCIOM)	Valentina Bodrova (Howard Goldberg)	Females 15 -44	6,004; approx 2000 at each of 3 sites	Impact survey in 3 sites w/USAID projects to follow up 1996 baseline survey. Preliminary report published 3/00. Seminar conducted June/00 . Final report in progress.
<b>Ukraine</b>	RHS	June - October	Kiev International Institute for Sociology (KIIS)	Vladimir Paniotto; (Howard Goldberg)	Females 15-44	7,128	Oversample in 2 USAID priority areas. Preliminary report published 3/00. Seminar conducted June 2000. Final report in progress.
<b>Romania</b>	RHS	Jul-Oct	Association for Public Health & Management (APHM)	Mona Marin (Florina Serbanescu)	Females 15-44 Males 15-49	6,888 - females, 2,438 - males	Oversample in 3 USAID priority areas. Preliminary report published (English) 5/00. Final report conference held March 01 with distribution of Romanian language report. Final English report in progress. Young Adult module; Domestic Violence module; He
<b>Georgia</b>	RHS	Nov 99 -Feb 00	National Center for Disease Control (NCDC)	Paata Imnadze, Nick Nutsubidze, (Florina Serbanecu)	Females 15-44	7,798	Includes sample of IDP women. Preliminary report published 7/00. Seminar conducted 7/00. English language preliminary report published 9/00. Final report in progress. Conference scheduled for 7/01. Young Adult module Ddomestic; Violence module; Heal

**International Surveys Conducted with CDC-DRH Technical Assistance 1997-2002 (continued)**

2001							
Year & Country	Type of Survey	Dates of Field Work	Implementing Organization	Contact Person	Respondents	Completed Interviews	Status/Comments
<b>Honduras</b>	RHS	Feb-June (Females); March-July (Males)	ASHONPLAFA	Suyapa Pavon (Paul Stupp)	Females 15-49; Males 15-59	8,000 females; 4,000 males	Field work in progress for both surveys. Nutrition, Domestic Violence; Young Adult; and School Attendance modules.
<b>Azerbaijan</b>	RHS	April-July	ADRA	Conrad Vine; Shafag Rahimova; (Florina Serbanescu)	Females 15-44	6, 600 - females	Includes oversample of IDP women. Field work training completed; field work in progress
<b>Mozambique</b>	YARHBRS	July-Sept	INE	Arao Balate (Leo Morris)	Females 15-24; Males 15-24	6,300 females; 6,300 males	Final review of pretest questionnaire in February; pretest completed May 2001 and training for fieldwork scheduled for July.
<b>Zimbabwe</b>	YARHBRS	Aug-Oct	ZNFPC	Hazel Dube; (Joan Herold)	Females 15-29; Males 15-29	3,600 females; 3,600 males	Pretest scheduled July 2001.
<b>Albania</b>	RHS	Pending	Pending	Pending	Females 15-44	Pending	First planning visit completed April 5-8.

**International Surveys Conducted with CDC/DRH Technical Assistance 1997-2002**

2002							
Year & Country	Type of Survey	Dates of Field Work	Implementing Organization	Contact Person	Respondents	Completed Interviews	Status
<b>Guatemala</b>	RHS	Jan - May	Universidad del Valle	Edgar Hidalgo (Paul Stupp)	Females 15-49; Males 15-59	9,300 - females; 3,700 males	Pretest scheduled Sept 01; Nutrition; Domestic violence, Young Adults, School attendance modules.
<b>Paraguay</b>	RHS	Pending	CEPEP	Mercedes Melian (Leo Morris)	Females 15-44	Pending	

**APPENDIX K**

**COST OF MEASURE *DHS+* SURVEYS**

**(from MEASURE *DHS+*)**

## APPENDIX K

### COST OF MEASURE *DHS*+ SURVEYS

Countries/surveys	Local cost	TA cost	Total		Contributions other donors	USAID direct	Total cost
			USAID/Macro				
Armenia*	\$ 449,878	\$ 541,113	\$ 990,991		\$ 3,500		\$ 994,491
Bangladesh (Mat. Mort.)*	\$ 722,605	\$ 583,701	\$ 1,306,306				\$ 1,306,306
Bangladesh (DHS)	\$ 428,847	\$ 392,617	\$ 821,464				\$ 821,464
Cambodia*	\$ -	\$ 275,089	\$ 275,089		\$ 408,548		\$ 683,637
Colombia	\$ 289,200	\$ 71,160	\$ 360,360		\$ 612,000		\$ 972,360
Egypt '98	\$ 141,172	\$ 80,000	\$ 221,172				\$ 221,172
Egypt 2000	\$ 450,783	\$ 269,122	\$ 719,905				\$ 719,905
Ethiopia*	\$ 834,824	\$ 558,928	\$ 1,393,752		\$ 294,856		\$ 1,688,608
Ghana	\$ 692,086	\$ 397,611	\$ 1,089,697				\$ 1,089,697
Guatemala	\$ 491,869	\$ 355,488	\$ 847,357		\$ 85,000		\$ 932,357
Guinea	\$ 263,165	\$ 351,905	\$ 615,070		\$ 374,679		\$ 989,749
Haiti*	\$ 150,000	\$ 506,487	\$ 656,487		\$ 210,000	\$ 1,100,000	\$ 1,966,487
India*	\$ 2,565,301	\$ 2,371,005	\$ 4,936,306		\$ 664,000		\$ 5,600,306
Kazakistan	\$ 373,471	\$ 341,023	\$ 714,494		\$ 28,000		\$ 742,494
Malawi*	\$ 214,008	\$ 494,100	\$ 708,108		\$ 1,100,000		\$ 1,808,108
Mali*	\$ 554,398	\$ 418,575	\$ 972,973		\$ 736,582		\$ 1,709,555
Nepal*	\$ 377,909	\$ 432,902	\$ 810,811				\$ 810,811
Peru*	\$ 1,688,341	\$ 411,659	\$ 2,100,000		\$ 40,000		\$ 2,140,000
Rwanda*	\$ 675,972	\$ 395,199	\$ 1,071,171		\$ 60,000		\$ 1,131,171
Senegal	\$ 487,759	\$ 75,000	\$ 562,759				\$ 562,759
Tanzania	\$ -	\$ 317,459	\$ 317,459		\$ 321,000		\$ 638,459
Turkey	\$ 210,000	\$ 246,724	\$ 456,724		\$ 384,083		\$ 840,807
Turkmenistan*	\$ 228,925	\$ 424,228	\$ 653,153				\$ 653,153
Uganda*	\$ 738,504	\$ 438,974	\$ 1,177,478		\$ 391,863		\$ 1,569,341
Zimbabwe	\$ 567,329	\$ 350,000	\$ 917,329		\$ 25,000		\$ 942,329

\* denotes that the figures are estimates as the survey work is not yet fully completed. Estimates should be close.

**APPENDIX L**

**SUMMARY OF *DHS+* WORK IN NUTRITION**

**(from MEASURE *DHS+*)**

## APPENDIX L

### SUMMARY OF *DHS+* WORK IN NUTRITION

In the area of nutrition, *DHS+* Project staff collaboration with USAID has included contacts with Africa Bureau, Global Bureau, and field staff. The project staff also maintains contacts with the other USAID-funded nutrition CA's, such as FANTA, SARA/SANA, BASICS, MOST, LINKAGES, PROFILES, IFPRI, ICRW, various child survival PVOs as well as PAHO, World Bank and others, sharing the nutrition publications and data and providing and receiving technical advice as requested.

With respect to specific activities, the number of nutrition-related indicators included in the core DHS instruments has increased substantially during the MEASURE *DHS+* project and the reports have a much more expanded chapter on nutritional and micronutrient status of children and women compared to the DHS-III project. The development of the questionnaire and the tabulation plans were informed through feedback and advice of USAID, the nutrition CA's, universities, PVOs and nutrition experts worldwide.

In the areas of analysis and dissemination, the most extensive activity to date involves *DHS+* nutrition data from Sub-Saharan African countries. The project staff is also preparing two comparative reports on women's and children's nutritional status. The *DHS+* nutrition staff has also been involved in qualitative research studies on feeding practices in Mali and Ghana, which is the basis for a forthcoming comparative analytic report. Under the GIS initiative, there is an on-going collaborative analysis with researchers from the Texas A and M University looking at Malian nutrition patterns in a geographic perspective.

Most recently, *DHS+* staff has been involved with Tulane University and AED on an update of Women's Nutrition Indicators for the Global PHN Office. Additionally, staff has been discussing with Euoyong Chung of the Global Bureau additional analysis of the Ethiopia data and the development of a child-feeding index and diet diversity score in collaboration with FANTA project staff.

A complete listing of the publications that have been issued or are being prepared as part of MEASURE *DHS+* follows.

#### **Nutrition Chartbooks**

- Nutrition of Infants and Young Children in Tanzania, 1997
- Nutrition of Young Children and Their Mothers in Madagascar, 1997
- Nutrition of Young Children and Their Mothers in Mozambique, 1997
- Nutrition of Young Children and Mothers in Burkina Faso, 1998-99
- Nutrition of Young Children and Their Mothers in Cameroon, 1998

- Nutrition of Young Children and Their Mothers in Ghana, 1998
- Nutrition of Young Children and Their Mothers in Kenya, 1998
- Nutrition of Young Children and Their Mothers in Togo, 1998
- Nutrition of Young Children and Mothers, Zimbabwe 1999
- Nutrition of Young Children and Their Mothers in Guinea, 1999
- Nutrition of Young Children and Mothers, Ethiopia 2000
- Nutrition of Young Children and Mothers, Malawi (due 2001)
- Nutrition of Young Children and Mothers, Mali (due 2001)
- Nutrition of Young Children and Mothers, Rwanda (due 2001)
- Nutrition of Young Children and Mothers, Tanzania (due 2001)
- Nutrition of Young Children and Mothers, Uganda (due 2001)

### **Comparative/Analytical Reports**

- Complementary Feeding in West Africa: Ghana and Mali (due 2001)
- Women's Health And Nutrition (due 2001)
- Children's Nutritional Status (due 2001)
- Role of Availability on Nutritional and Health Outcomes in Mali (due 2001)

### **Indepth Nutrition Report**

- Nutrition and Health Status of Young Children and Their Mothers in Madagascar: Findings from the 1997 Madagascar Demographic and Health Survey
- Nutrition and Health Status of Young Children and Their Mothers in Mozambique: Findings from the 1997 Mozambique Demographic and Health Survey

### **Use of Anemia Data**

The anemia data in from the *DHS+* in Kazakstan were used by UNICEF to support a decision for an iron fortification program in the Aral Sea region. In countries where anemia was measured, this information is also used in chartbooks (see Madagascar 1997) and nutrition reports. Also, high levels of anemia always receive considerable media coverage during and after national seminars. While *DHS III* also collected anemia measurements in a few surveys, these data are now collected as part of the core questionnaire for *MEASURE DHS+*. As such, these data are just becoming available for many countries. *FANTA*, the World Bank and *BASICS* have requested anemia data.

### **Additional Use of Nutrition Data**

India is a good example where nutrition data had three important uses.

(1) Earlier this year, when Indian Prime Minister Atal Behari Vajpayee announced a major new government initiative to eliminate hunger in India in the next seven years, he liberally used the results of the India *DHS* in providing justification for the program. He cited the *DHS* data on anemia in women and children, as well as the *DHS* data on

undernutrition, and said that “the data are crystal clear.” The clear impression from his statement was that the DHS findings had helped the government to formulate the new policy and also to establish the need for such a policy.

(2) In India, nutrition programs for children have always focused almost exclusively on preschool children age 3-6 years, but the DHS data showed convincingly that malnutrition is rampant at much younger ages. Therefore, current nutrition programs are getting to children after it is already too late. Based solely on the DHS findings, the government of the state of Gujarat set up a working group to explore changes in the government nutrition program to focus attention on younger children.

(3) DHS health and nutrition results from India have been a major focus of media attention both within and outside of India (newspapers, radio programs, TV programs, wire service stories and Internet articles). Attached is a list of 64 articles and other media coverage on these aspects of the DHS results. In all, there have been 45 newspaper articles, 8 wire service/internet stories, 10 television programs, and 1 national radio program, all with health and nutrition findings from the India DHS as the main focus. Most of these emphasize the DHS results on anemia and malnutrition.

In general, substantiating data utilization is always one of the most difficult tasks, because *DHS+* may not be working in countries when utilization occurs and utilization will also take its time. However, given the emphasis that all countries put on deficiencies in the nutritional status of their population, these data have huge potential for affecting policies and programs. The way this may happen is nicely illustrated through the India example.

#### Use of *DHS+* information for Child Survival and Health

*DHS+* incorporated suggestions from USAID staff working on SO 3 in revising the questionnaire. Further, HN staff in Missions are important users of child survival and health information. *DHS+* staff has provided many special tabulations on child mortality and birth intervals for USAID. Staff also gave a presentation on child survival and other data at a West Bank Technical Seminar in March 2000 at the request of USAID, Al Bartlett. SO 3 data are also used extensively in the R4 process.

**APPENDIX M**

**ROUTINE HEALTH INFORMATION**

## APPENDIX M

### ROUTINE HEALTH INFORMATION

Routine Health Information is data collected during the operation of administrative systems. Routine Health Information systems (RHIS) are linked to the health services structure. These data systems include the collection of data from health units, communities, civil registration, and censuses. Typically, countries conduct a national population census once every 10 years, and thus a national census is not part of routine data collection. However, census data are useful on a routine basis and are used in conjunction with routinely collected information. Census data are used to make national and subnational estimates of population size, fertility, mortality and migration, and population projections. These estimates and projections are the basis for health planning, including staff allocation, the location of new facilities, defining clinic catchment areas, and defining populations to be served.

<b>Health Unit Data Collection</b> <ul style="list-style-type: none"><li>▪ Clinic and hospital patient logs or registers of demographic and clinical information</li><li>▪ Patient records</li><li>▪ Maternal care register</li><li>▪ Child health register</li><li>▪ Client and service data collected by ancillary health services</li><li>▪ Outreach service records</li><li>▪ Laboratory tests</li><li>▪ Disease surveillance</li><li>▪ Facility data (location, staffing, services available, hours of service, etc.)</li><li>▪ Essential drug and equipment inventories, orders, and delivery records</li><li>▪ Personnel data (location, qualifications, etc.)</li><li>▪ Monthly/quarterly health unit performance reports</li></ul>	<b>Community Data Collection</b> <ul style="list-style-type: none"><li>▪ Population or community-based information systems</li><li>▪ Home-based care</li><li>▪ Childhood immunization records</li><li>▪ Environmental monitoring (water, air, land, noise)</li><li>▪ Occupational health monitoring and surveillance</li></ul>
<b>Civil Registration Systems</b> <ul style="list-style-type: none"><li>▪ Birth register</li><li>▪ Death register</li><li>▪ Family/residence register</li></ul>	<b>Census</b> <ul style="list-style-type: none"><li>▪ National population census</li></ul>

**APPENDIX N**

**SUMMARY OF BASIC ORGANIZATIONAL STRUCTURES**

## APPENDIX N

### SUMMARY OF BASIC ORGANIZATIONAL STRUCTURES

The structure of any organization can be classified into one of three basic types: functional, project/program, or matrix.

The **functional** structure makes organizational divisions by the types of internal operations that an organization must carry out in order to function. Most bureaucracies have been set up with this type of structure. This type of structure tends to be more suitable for bureaucratic managers. The main organizational units would have titles such as administration, personnel, training, finance, research, procurement, and logistics/supply.

The **project/program** structure makes divisions based on the products or services that an organization is delivering to its clientele. Each project or program manager carries out all or most other necessary organizational functions within his or her unit. This type of structure tends to be more suitable for technocratic managers. For a health organization, the organizational units would have titles such as:

Maternal and Child Health	Nutrition
Family Planning/Reproductive Health	Health Education
Medical Services	Expanded Programme of Immunization
Vector-borne Disease (e.g., malaria) Control	
Communicable Disease Control	
Tuberculosis	

The **matrix** structure is a combination of both the functional and the project/program structures. This structure is usually developed when there is an existing (usually mature) functional structure, and there is a need for the development for a focused, state-of-the-art project or program to solve a specific problem. This type of organizational evolution has been the case in many ministries of health in most countries of the world. Most of the special programs and projects have been developed because of or with the aid of international assistance. These project/program activities may have created some short-term results, but often have also created organizational chaos.

The **matrix** structure provides maximum organizational and managerial flexibility. It can expand or reduce functions or activities with need. It allows staff the possibility of multiple career paths, especially up to the mid-career level, rewarding both special technical and organizational/managerial skills. However, the matrix structure has many problems. Many individual staff members have two bosses; therefore, authority and accountability becomes more difficult—often very difficult. Staff must often invent new procedures and regulations. Two budgets are required in many cases. Management becomes much more complex, and most managers are not prepared for this. Therefore, for most matrix organizations to be productive and successful organizations, they need to have competent, flexible, productive, and highly motivated **management** and **staff**. These are characteristics of young organizations staffed by relatively young or young-thinking people.

Since many public and private sector organizations have evolved into matrix organizations, effective management of this structure is now being studied. However, it has only been in the last two or three years that much attention has been paid to matrix management among North American management research and training organizations. In general, most organizational development consultants recommend avoiding matrix organizational structures because they are so difficult to manage on a day-to-day basis. This reality is demonstrated in most large health organizations.

**APPENDIX O**

**YINGER MEMORANDUM, MAY 11, 2001, MEASURE *COMMUNICATION***

**(from MEASURE *Communication*)**

## APPENDIX O

### YINGER MEMORANDUM, MAY 11, 2001, MEASURE *COMMUNICATION*

To: Judith Seltzer, Team leader for MEASURE pre-design team; other pre-design team members; and the MIT and MMT  
Cc: Peter Donaldson, MEASURE *Communication* team  
From: Nancy Yinger, Director of International Programs and MEASURE *Communication*  
RE: Ideas for the next round of the MEASURE partnership  
Date: May 11, 2001

PRB staff think the MEASURE program should continue as a partnership. There is value added to combining policy-oriented dissemination with data collection and research:

- Audience-centered, strategic dissemination contributes to achieving MEASURE's strategic objective—the utilization of MEASURE data.
- USAID field staff receive value added when policy communication activities are linked to data collection, particularly in terms of subnational dissemination and MEASURE *Communication's* (M3) media work, because the relevant staff from each partner are well informed about each other's activities and have working relationships.
- Through MEASURE *Communication's* work, a wide array of policy audiences receive information relevant to their needs quickly and in nontechnical formats that they can use for immediate planning, advocacy, and policy and programmatic purposes.
- PRB has been better able to carry out the objectives of MEASURE *Communication* by being formally linked to new data sources and organizations with field presence.

This list addresses only the benefits of including PRB's work in policy communication as part of the MEASURE program, not the links among the other partners or PRB's links with other cooperating agencies. Like all the MEASURE partners, PRB starts from a commitment to high quality data and information and sound analysis. PRB is not a communications group per se, rather we bring communication techniques to bear to make population and health information more useful to more people. This moves beyond awareness raising to helping influential audiences use the information to improve policies and programs.

What follows are some ideas for the next round of MEASURE based on PRB's experiences over the past three-and-a-half years.

### **1. Explore different partnership arrangements**

USAID has linked the five MEASURE partners under one umbrella, but for the most part the partners do not have formal contractual links. This is appropriate since each of the partners carries out activities that are not linked to any other partner. There are opportunities, however, to think about small or ad hoc contractual arrangements. In USAID's complex funding world, which includes population and health core funds, as well as population and health field support funds from Missions and Bureaus, money is tight because all these pots come with separate agreements and restrictions. So, for example, PRB might from time-to-time develop "Purchase of Service Agreements" with ORC Macro for data analysis out of core funds and ORC Macro in turn, might do the same with PRB to provide dissemination, for example media work for national seminars, out of field support funds. Another model to explore is seconding staff to one or more partners. Having clear contractual commitments among the partners for small pieces of each other's scopes of work might strengthen the partnership. It would also give all the partners the opportunity to articulate a shared vision of the division of labor regarding in-country dissemination work.

### **2. Internal Working Groups and other mechanisms to enhance technical coordination**

The two internal working groups—dissemination and training—are working well. The staff who participate from MEASURE *Communication* have found that over time these groups have moved beyond information sharing to shared understanding and identifying joint activities/products. Without adding pointless groups and useless meetings, there might well be other internal groups that could help improve coordination. Some other possibilities include the following:

- Thematic issues such as maternal health, adolescents, reproductive health, child survival. These could also include USAID staff from different SO teams and Bureaus so that they get a better understanding of the various components of MEASURE and we could stay abreast of their interests and priorities
- Country working groups
- A group on Web work
- A group on cross-MEASURE activities—like the MEASUREd newsletter, if there is going to continue to be a unified MEASURE "brand."

### **3. Taking a new look at areas of overlap: dissemination, secondary analysis, data use training**

One of the points that came out of the MEASURE Half-Way report was a concern that because there is some overlap in scopes of work, Missions might be confused about which partner to turn to for specific activities. It is not possible or desirable to eliminate all these overlaps, but the MEASURE program can certainly better articulating the comparative advantages of working with one partner or another.

- **Dissemination.** Each of the partners does and should continue to disseminate data and research results. However, each partner may emphasize different audiences, have different objectives for their dissemination activities, or be able to conduct dissemination activities at different points, e.g. immediately after a survey is completed, or over six-months or a year. PRB's mandate under MEASURE is not to disseminate to technical audiences, yet that kind of exchange is vital—to share the best science and data collection techniques and results. PRB staff need to continue to be recipients of that kind of dissemination in order to carry out MEASURE *Communication's* work. The MEASURE program needs to develop better mechanisms for communicating among ourselves how we can work together to bring each group's comparative advantage to bear on dissemination, both in-country and with “global” materials.
- **Secondary analysis.** A key aspect of effective policy communications is the ability to identify the policy relevance of data; this requires analytical skills and is a hallmark of what PRB brings to bear in all its work. PRB needs staff to help in-country partners make the most effective use of DHS and CDC data, as well as the results of MEASURE *Evaluation's* (M2) research. Often policy analysis takes place after MEASURE *DHS+* (M1) or CDC have completed work in a country. We suggest, therefore, in the next phase that MEASURE *Communication* also have an explicit mandate to work with counterparts to conduct policy-relevant secondary data analysis in support of in-country policy communications activities. PRB staff also rely on data beyond just what our MEASURE partners provide. The MEASURE *Communication* team works with counterparts to use data and research from other cooperating agencies, from censuses, and non-USAID funded sources. Analytical skills are needed to interpret the policy implications of these data as well.
- **In-country data-use training.** Similarly, to make effective use of data, MEASURE's in-country counterparts need to be able to manipulate the data, make effective tables and graphics, and explain how the data were collected. Again, this need may arise after our MEASURE partners have completed their work in a particular country. Thus, PRB also needs to be able to provide policy-oriented data use training, which could be linked to or incorporated into MEASURE *Communication's* existing capacity building activities.

#### 4. Doing more with BUCEN and CDC

BUCEN conducts dissemination training (three-week annual courses). There may be a way for MEASURE *Communication* to contribute, such as facilitating sessions on working with the media. BUCEN also offers training in gender indicators: MEASURE *Communication*, in its role as the dissemination arm of the Interagency Gender Working Group (IGWG), could contribute to these as well. Perhaps BUCEN and PRB could prepare a joint publication on “Censuses around the world” for policy audiences.

PRB has prepared one joint report with CDC (on Jamaica) and are slated to do another one on the E&E region with CDC and MEASURE *DHS+* data. PRB and CDC have not yet had the chance to work together in-country. The MEASURE *Communication* team would welcome the opportunity to do so. We could also try to identify two-to-three comparative policy-oriented reports collaboratively over the life of the second round of the MEASURE program, based on assessments of audience needs. In addition, we could contribute dissemination content to CDC's epidemiology training, to the extent that matches with the goals of the training.

**5. Doing more with MEASURE *Evaluation***

Before MEASURE, PRB and UNC collaborated on a wallchart and with the preparation of policy briefs of the Evaluation Project's research. This is an area where seconded staff from MEASURE *Communication* might be appropriate (this is not to imply any criticism of the hard working MEASURE *Evaluation* dissemination staff!) If MEASURE *Evaluation* staff focus on technical dissemination, and MEASURE *Communication* staff contributes to policy-level dissemination, that could be a good division of labor. The two groups have not yet had the chance to collaborate on a global or comparative policy report and could explore topics for collaborative comparative policy-oriented reports. As the two projects worked together during this round of MEASURE to identify training sites, PRB staff would welcome the opportunity to continue to collaborate on capacity building activities.

**6. Continue to work in-country with MEASURE *DHS+* partners and prepare comparative, policy-oriented reports**

Our in-country collaboration with ORC Macro, particularly in India, has been very effective. After MEASURE *DHS+*'s extensive effort to collect statistically representative data at the national and state levels in India, the MEASURE *Communication* team has been able to work with the MEASURE *DHS+* team and in-country counterparts to produce summary materials, mobilize the news media, and design a workplan to make the results more accessible at the state level. Our work with the media continues to result in more effective use of the data. Because of the intense nature of survey work, and ORC Macro's other staffing needs, dissemination beyond the national seminar should remain as a component of MEASURE *Communication*'s mandate. The MEASURE *Communication* team would welcome more opportunities to collaborate in-country and capitalize on lessons learned from the first three years. Similarly, MEASURE *Communication* would welcome more opportunities to collaborate on chartbooks and other global publications.

**7. Explore different kinds of management structures**

If MEASURE continues to be linked under one strategic objective, then we need to have mechanisms to contribute to each other's strategic thinking. This was sometimes difficult to achieve during the MMT/MIT meetings. If these meetings continue, their goals need to be re-examined. They need to move beyond information sharing, which goes on in an informal way on a "daily basis" at a technical level. It also might be better to share the responsibility for arranging future meetings, rather than having that burden placed on only one partner. Probably meeting quarterly is too often, as the projects now have a history of collaborating in several areas, and have heavy workloads. One advantage of continuing the current partnership is that it offers the change to improve the current program-wide management systems, rather than invest in new ones.

One possibility for the future is to make use of the project TAGs. MEASURE *Communication* does not have a TAG, but we could benefit from one. If the MEASURE directors were on each other's TAGs, we could participate at a conceptual level. This approach would replace the MEASURE-wide MAB.



**POPTECH**

**POPULATION TECHNICAL ASSISTANCE PROJECT**

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### **4.1.2 Additional Recommendations**

If G/PHN is reorganized so that monitoring and evaluation become a centerwide function, then staff overseeing the MEASURE RP should be located together.

USAID technical advisors should play a greater role both as technical resources at USAID and as brokers between USAID Missions and the MEASURE partners. For example, they should participate in regional state-of-the-art courses that cover monitoring and evaluation topics to become better known among USAID field staff. To be more effective brokers, they should understand how USAID works, both in Washington and in the field, including the role and management of field support funds. This requires adequate time in the field on short-term assignments. Also, in the role of country program manager, they should seek additional opportunities to be involved in the design of Performance Monitoring Plans. They should also help identify appropriate countries to be monitoring and evaluation models. In addition, they should continue to assist the MEASURE partners in an ongoing process of educating USAID PHN staff in Washington and Missions about MEASURE's role in monitoring and evaluation.

It is strongly recommended that USAID management consider how to overcome the problem of turnover of technical advisors. While the cause of this staffing problem may be beyond the ability of G/PHN to address, it is clearly undercutting effective management (no doubt with other projects in G/PHN as well) and needs to come to the attention of senior USAID management.

In the design study for the CDC PASA with the Office of Population, it was recommended that management of the PASA (especially the survey element) be moved to the Policy and Evaluation Division to facilitate collaboration with other parts of MEASURE. This recommendation should be strongly considered unless another centerwide management arrangement becomes feasible in the future.

## **4.2 FUNDING**

This analysis of funding for MEASURE reviews the overall source of funds from the POP and HN accounts and the differences among the partners. It also examines differences in funding by core versus field support. Contributions from other donors were also reviewed since this was an anticipated element of MEASURE funding.

MEASURE, as a whole, has received the majority of its funds (69 percent) from POP and 31 percent from HN during the period fiscal years (FY) 1997–2001 (see table 1). Funding from POP and HN for the different partners has been variable. Both *DHS+* and MEASURE *Evaluation* have received a higher proportion of funds from HN (38 and 40 percent, respectively), while the other partners received considerably smaller proportions of their funding from HN (core and field support combined). Both CDC and BUCEN are generally considered population activities, particularly by USAID HN staff in Washington, and thus receive no core funding from health. This is so despite the fact that CDC surveys have a range of health questions, and that USAID Missions use both health and population funds to support field costs for CDC surveys.

When only POP funding is considered, *DHS+* and BUCEN have received more than half of their funds in the form of field support (65 and 56 percent, respectively), followed by CDC, with 39 percent. Not surprising, core POP support has been very important for both MEASURE *Evaluation* and MEASURE *Communication*.

In looking at the HN account alone, two thirds or more was in the form of field support for *DHS+*, MEASURE *Evaluation*, and MEASURE *Communication*, reflecting the lower levels of core support from HN (relative to core POP funds). At the same time, the levels of field support are quite varied by component, ranging from \$16.4 million for *DHS+*, to \$9.6 million for MEASURE *Evaluation*, and to \$1.4 million for MEASURE *Communication*. Interestingly, MEASURE *Evaluation* has received more than twice the amount of field support from HN as from POP, perhaps showing the increasing amount of work in monitoring and evaluation for HIV/AIDS.

**Table 1: Funding of MEASURE Components by Source of USAID Funds, FY 1997–2001 (in thousands)**

	<i>DHS+</i>	<i>Eval.</i>	<i>Comm.</i>	CDC*	BUCEN*	Total
<b>Population</b>						
<b>Core</b>	13,330	16,255	11,090	7,522	5,940	54,137
<b>Field</b>	24,854	4,027	1,759	4,829	7,432	42,901
<b>Total</b>	38,184	20,282	12,849	12,351	13,372	97,038
<b>Health</b>						
<b>Core</b>	6,949	3,945	625	0	0	11,519
<b>Field</b>	16,350	9,606	1,430	609	4,416	32,411
<b>Total</b>	23,299	13,551	2,055	609	4,416	43,930
<b>TOTAL</b>	61,483	33,833	14,904	12,960	17,788	140,968
	<b>Percent of Total Funding</b>					
<b>Population</b>	62.1	59.9	86.2	95.3	75.2	68.8
<b>Health</b>	37.9	40.1	13.8	4.7	24.8	31.2
<b>TOTAL</b>	100.0	100.0	100.0	100.0	100.0	100.0

\*These totals do not include additional expected field support funds in FY 2001 for both CDC and BUCEN.

It was anticipated that the division of core funds between POP and HN would be apportioned according to the core budget for each office. In FY 1997, this would have meant a 55/45 percent split between POP and HN. The actual split for that fiscal year was about 61/39 percent. In subsequent years, fluctuations in the funding for the two offices have been fairly small, although by FY 2001, the funding was about equal. HN funding has not met the agreed-upon proportion for any year. By FY 2001, HN funding was farther from the agreed-upon arrangement, given that a larger percentage of the combined G/PHN funds were devoted to HN.<sup>63</sup>

<sup>63</sup> While the proportional arrangement was based on core budgets for the two offices, if the overall funding for the POP and HN accounts is considered (including both core and field support funds), the proportions have changed considerably since FY 1997. Given the total funding for the POP and HN accounts or directives, there has been a progressively higher proportion for HN, so that by FY 2001, 56 percent of the total G/PHN funds were directed to HN and 44 percent to POP. On this basis, the proportion of funds for MEASURE from HN should have been even higher.

Table 2 shows funding trends by each of the core G/PHN accounts for three MEASURE partners. There is much variability by project and over time. Accordingly, it is difficult to identify clear trends. Because of the variability in core funding, it is not surprising that projects look to field support to increase their funding levels. At the same time, some USAID staff members see advantages in higher levels of field support, particularly for DHS (which was designed to depend more on field support), since it may mean that additional core funds can be used to shift the emphasis to other types of data collection.

**Table 2: Funding Trends by Core G/PHN Accounts for Three MEASURE Partners  
FY 1997–2001 (in thousands)\***

Partner	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	Total
<b>DHS+ POP</b>	<b>3,105</b>	<b>2,500</b>	<b>3,000</b>	<b>3,325</b>	<b>1,400</b>	<b>13,330</b>
SO2	960	375	500	362	345	2,542
SO3	210	631	600	600	646	2,687
SO4	150	125	400	400	645	1,720
<b>HN Total</b>	<b>1,320</b>	<b>1,131</b>	<b>1,500</b>	<b>1,362</b>	<b>1,636</b>	<b>6,949</b>
<b>Evaluation POP</b>	<b>1,575</b>	<b>4,100</b>	<b>2,675</b>	<b>4,505</b>	<b>3,400</b>	<b>16,255</b>
SO2	480	200	100	335	390	1,505
SO3	105	400	220	0	125	850
SO4	75	75	330	330	780	1,590
<b>HN Total</b>	<b>660</b>	<b>675</b>	<b>650</b>	<b>665</b>	<b>1,295</b>	<b>3,945</b>
<b>Communication POP</b>	<b>1,320</b>	<b>2,500</b>	<b>2,700</b>	<b>2,570</b>	<b>2,000</b>	<b>11,090</b>
SO2		190	10	200	0	490
SO3		160	0	0	0	160
SO4		75	0	0	0	75
<b>HN Total</b>		<b>425</b>	<b>10</b>	<b>200</b>	<b>0</b>	<b>635</b>

\*As shown in table 1, BUCEN and CDC receive core funding only from the Population account.

USAID/Washington HN staff in charge of nutrition and maternal and child health raised a funding concern. Given that there is no specific budget commitment for work in this area, crosscutting issues, such as nutrition and maternal health, do not receive much funding. USAID staff also perceives that these issues do not receive much attention under MEASURE. This perception may only be partly accurate since efforts by MEASURE *Evaluation* and *DHS+* in these areas exist, but were not investigated.

The final funding issue examined was the contribution of other donors to MEASURE–assisted activities (see table 3). Generally, other donors’ contributions go directly to host country institutions that are implementing a survey or census. BUCEN, *DHS+*, and CDC are the only partners that generate substantial support from other donors for in-country work, although the exact figures from CDC are not available. In addition to USAID’s funding of BUCEN’s support of census assistance in developing countries, other donors have contributed nearly \$30 million. Other donors have contributed over \$7 million to fund *DHS+* surveys. While not shown in the table, this amount compares favorably with past survey projects. Other donor support for *DHS+* increased from \$131,217 for DHS I, to \$1.4 million for DHS II, and to \$9.4 million for DHS III. It is not clear yet whether other donor support for *DHS+* will reach or surpass the level for DHS III since the other

donor contributions for *DHS+* represent only four years, compared with the five-year *DHS III* project. Other donor contributions for *DHS+* represent less than 15 percent of USAID funding for the survey program. This suggests that the MEASURE Results Package has not to date increased other donor funding for the survey program.

**Table 3: Summary of Donor Contributions to MEASURE–assisted Work  
FY 1997–2001 (in thousands)**

<b>Donor Support</b>	<b><i>DHS+</i></b>	<b><i>Evaluation</i></b>	<b><i>Communication</i></b>	<b>CDC<sup>64</sup></b>	<b>BUCEN</b>
<b><i>Multilateral</i></b>					
IDB				Partial funding of local costs	3,000
PAHO/WHO	5		Support for training	Partial funding of local costs	
UNAIDS		145			
UNDP		200			1,700
UNFPA	1,186		Support for training	Partial to 100% funding of local costs	12,285
UNICEF	2,123	124		Partial funding of local costs	
World Bank	471	120			300
Other**	1,949				300
<b><i>Bilateral</i></b>					
Canada					1,000
Denmark					800
DFID	1,568				
European Union					8,100
Other U.S. government					1,740
<b><i>Foundations</i></b>					
Ford			Support for training		
Packard			Support for training		
<b>TOTAL</b>	<b>7,302</b>	<b>589</b>	See footnote <sup>65</sup>	NA	<b>29,225 (not all)</b>

These funds cover mostly country surveys, censuses, and monitoring and evaluation; the amounts for *Evaluation* cover both central and country support.

\*\*Survey support provided by the governments of Mauritania and Turkey; census support provided by government of Tanzania.

One interesting note based on the team’s limited interviews with other donors is that one private foundation, which sees itself both as a consumer of DHS information and as a

<sup>64</sup> Since CDC cannot support local costs, other donors and host country governments fund these surveys. In this way, USAID funds for CDC technical assistance are leveraged.

<sup>65</sup> MEASURE *Communication* has received over \$2.1 million in matching funds from other donors, which contribute to the overall objectives of the MEASURE RP by strengthening aspects of PRB’s international work. These include 1) a grant from the Rockefeller Foundation for a Cairo +5 research and dissemination project, 2) a second grant from the Rockefeller Foundation for work in Japan, 3) a grant from the Gates Foundation for web development, and 4) a grant from the Summit Foundation for Population and Environment work. The funds represent 16 percent of the MEASURE *Communication* budget, or twice the level of matching funds that PRB promised in its proposal to USAID.

potential source of funds for special studies and surveys in particular countries, has found little interest on the part of the implementing organization in seeking its funds for this purpose. In contrast, the EVALUATION Project did some very useful work for this donor in helping to establish a strategic monitoring system, but USAID leadership was not interested in having the project reimbursed for these efforts.

Based on very little evidence, there is perhaps a mixed message about obtaining other donor funding, and USAID staff itself may need to be clearer and more proactive in working with MEASURE partners to obtain other donor funds. Most of the other donor support comes from country-specific activities and USAID Mission staff can have, and probably have had in some countries, an important role in seeking other donor support. One USAID staff member who has extensive field experience suggested that USAID Mission staff should place an upper limit on USAID funds for a survey, thereby placing more pressure on other donors to contribute.<sup>66</sup>

In summary, the MEASURE RP is still largely funded by G/PHN/POP. There has been essentially no change in the share of core funding between G/PHN/POP and G/PHN/HN over the life of the RP. The only SO area showing an increase in core funding is SO 4. Funding through field support does show a higher contribution from G/PHN/HN. In general, this finding suggests that MEASURE is not yet seen as a centerwide resource as was hoped. There are a few possible reasons for this. First, the flagship projects fulfill many of the monitoring and evaluation needs. Second, MEASURE's approach to data collection, analysis, and dissemination may not fulfill the needs of health and nutrition programs to the same extent that it does in the case of population programs. Third, there seems to be a lack of awareness of the availability and usefulness of HN data. Thus, there may be a failure in making potential users better informed about the richness of the information that has been collected.

#### **4.2.1 Recommendations**

USAID staff (both Washington and Missions) and the MEASURE partners should actively pursue additional funding from other donors to support MEASURE work, particularly work that is of direct benefit to them (i.e., funding for data that they use for their own programs). USAID staff should also solicit formal donor input into MEASURE's design.

While it is beyond the scope of the current assignment, it is nevertheless recommended that USAID staff explore the amount of emphasis that has been given to the crosscutting issues of nutrition and maternal health through the MEASURE RP and communicate this information to interested USAID staff. Also, gaps that might be addressed in the future need to be defined. If important gaps were identified, USAID HN staff would need to determine how these could be addressed and funded. For example, MEASURE could form a working group to determine future priorities and to implement particular analysis or activities of high priority.

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<sup>66</sup> Seeking other donors' financial support is one type of collaboration. It is also important that the future MEASURE activities continue to emphasize joint technical efforts with international organizations (e.g., WHO, UNAIDS, and UNICEF) to support in-country implementation of monitoring and evaluation work.

### 4.3 OVERALL DESIGN

USAID/G/PHN developed the MEASURE RP at a time of increasing emphasis on measuring and reporting the results of development assistance in population, health, and nutrition. Its purpose was to “attempt to rationalize data collection, monitoring and evaluation” at a time of decreasing resources. The RP was to provide a framework for more efficient, effective, and strategic management of these activities. It was to “maximize... coordination of centrally funded activities with USAID’s field programs through joint programming...”

There are many reasons why implementing the RP has not yet lived up to expectations. Many of the reasons, discussed in section 3.1, concern historical, organizational, and philosophical divides. At the same time, it must be remembered that USAID’s PHN sector work in monitoring and evaluation as a central function is a relatively recent development. It dates to 1991 and the beginning of the EVALUATION Project, whose mandate was limited to the evaluation of family planning programs. At that time, the only well-developed aspect of monitoring and evaluation was the survey program, and it continues to be the centerpiece of USAID/G/PHN’s approach to monitoring and evaluation.

This is not to say that there was no evaluation work supported by USAID, but rather that there was not a comprehensive approach or philosophy to monitoring and evaluation. There was limited knowledge or application of appropriate methods for effective monitoring and evaluation, and no general consensus on definitions for the range of monitoring and evaluation indicators in the PHN sector.

After 10 years, the situation has changed. Today, there is a greater understanding of monitoring and evaluation, there are well-defined indicators for a range of PHN programs, and there are some attempts at more comprehensive monitoring and evaluation in USAID field programs.

The current design combined different aspects of monitoring and evaluation: data collection (surveys and censuses among other data collection methods) and tools and methods for monitoring and evaluation and dissemination. It did not attempt to integrate other aspects of monitoring and evaluation, such as the Population Technical Assistance (POPTECH) project, and there has been some confusion over the respective roles of POPTECH and MEASURE in evaluation. It did not attempt to integrate or separate parts of monitoring and evaluation in existing HN flagship projects, but it was expected that MEASURE would provide a forum and serve as a coordinating body to ensure that the priority needs in monitoring and evaluation for health and nutrition programs were addressed (either through flagship projects or parts of MEASURE). It was also expected to serve as a clearinghouse so that monitoring and evaluation tools and approaches would be more widely known. In addition, it was expected that monitoring and evaluation planning, especially with host country counterparts, would be a key part of initial steps to improve monitoring and evaluation.

As has been seen in this review, some progress has been made, but probably not as much as was expected. Given the various divides, this finding is not surprising. The basic design of MEASURE that attempts to give greater prominence to the importance of

planning for monitoring and evaluation is beginning to take hold. Some progress has been made in developing different data collection systems and in disseminating monitoring and evaluation results, and considerable progress has been made through MEASURE components in addressing monitoring and evaluation issues in the HN sector and in working with staff of some of the HN flagship projects.

In discussions with USAID staff about the next steps in the design process, it became clear that there are significant gaps in knowledge about the needs for the variety of data collection systems, especially from a field perspective. There is awareness that work on routine health information systems is funded by bilateral programs and in countries where there is a technical assistance or implementing organization. Less clear are the needs for central or core expertise and assistance in the types of data collection required for improved program management in developing countries (i.e., methods beyond large, population-based national surveys).

#### **4.3.1 Key Recommendation**

**In the design of the follow-on MEASURE activity, USAID should involve staff from four or five Missions, Washington, D.C., HN flagship projects, and the key population service delivery project to assess needs for core expertise and assistance for data collection required for improved program management in developing countries (i.e., methods beyond large, population-based national surveys). USAID should also involve other donors in the design process to a much greater extent than was possible under this evaluation<sup>67</sup> (see Executive Summary, recommendation 10).**

#### **4.3.2 Additional Recommendations**

The design of the future MEASURE activity should retain the current guiding principles.

USAID staff should consider bringing into the conceptual framework for G/PHN's monitoring and evaluation work, the evaluation functions performed by POPTECH, the Monitoring, Evaluation and Design Support project (MEDS), and the Synergy Project. By doing so, it may be easier to clarify the different evaluation functions of different projects. This suggestion does not mean that these projects need to be part of a larger authorization package, but that the relationship between MEASURE and these projects should be clearly described and that this information should be conveyed adequately to USAID staff.

MEASURE *Evaluation* staff suggested that USAID should consider the possibility of establishing regional field offices, perhaps in conjunction with the regional universities with which the RP is already working, as part of the design of the future activity. These regional offices would enable the project staff to provide more frequent and rapid technical assistance to countries, to engage in longer term capacity building with regional counterparts, and to stay better informed about local developments and needs in monitoring and evaluation than has been possible under the current RP.

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<sup>67</sup>USAID should probably have invited a few donor representatives to work with the evaluation team. It is not too late for USAID to solicit input from other donors, and this is highly recommended.

Broad participation and collaboration with other organizations has improved the quality of tool development and the likelihood that the tools will be widely used in the field (see section 3.3). The future design should continue to emphasize such collaboration in the implementation of MEASURE activities.

#### **4.4 CENTERWIDE RESULTS PACKAGE**

MEASURE was designed as a centerwide activity. All of the MEASURE partners had been POP projects before the creation of the RP. Some of the partners have been more successful than others in obtaining support from core HN funds and from health field support funds (see section 4.2). Those that have been more successful are *DHS+* and *MEASURE Evaluation*. Thus, some progress appears to have been made in meeting HN needs. USAID field Missions see health and population as irrevocably joined. Most USAID/Washington staff members also agree that MEASURE should continue to be a centerwide activity. Some might like to see different organizations implement certain parts, or greater health expertise among the implementing organizations. Some USAID/Washington staff members see a focus on reproductive health, which encompasses some of the SOs in HN, as the most logical and manageable extension for projects that were formerly devoted to population and family planning.

##### **4.4.1 Key Recommendation**

**MEASURE should continue to be a centerwide activity. Since MEASURE has largely been supported by population funds, a greater investment by the HN sector, especially through core funds, would be desirable to ensure that more attention is given to HN priorities. Attention given to core activities should be in proportion to the level of support coming from the different SO areas (although if funding were not limited and fungible, it should be based on overall program priorities). MEASURE should continue to be responsive to emerging health areas, such as adult health, environmental health, and infectious diseases, as funding permits (see Executive Summary, recommendation 2).**

- USAID should provide additional core funds to facilitate coordination. USAID should also use performance-based criteria in the *DHS+* contract as an incentive to promote coordination.
- The MEASURE RP has not yet become a truly centerwide activity. Nevertheless, good potential exists for this to occur.

#### **4.5 FUTURE PROCUREMENTS**

The major issues that need to be addressed through the structure of the future procurements are

- ensuring coordination of the monitoring and evaluation functions among partners,
- shifting the balance of data collection and analysis activities toward routine health information systems and qualitative information, and

- integrating dissemination activities into the planning process for monitoring and evaluation.

Two alternative options for future procurements are presented. The advantages and disadvantages of each in terms of their effectiveness in improving the coordination of monitoring and evaluation are reviewed. The development of capacity in routine health information systems and the rationale and suggestions for routine health information are presented next. Finally, the two dissemination options along with their advantages and disadvantages (part of the first option) are reviewed.

## 4.5.1 Recommendations

### 4.5.1.1 Option One

The MEASURE RP should continue to include the existing components of monitoring and evaluation with increased emphasis on planning, additional emphasis on a variety of data collection systems to complement population-based national surveys, and additional emphasis on analysis and dissemination. There should be three or four new procurements:

- The cooperative agreement for the evaluation component should be modified to allow implementation of monitoring and evaluation work, especially in advising host countries and USAID Missions, in planning to improve existing systems, and in providing technical assistance to help implement certain improvements.
- The current data collection contract (*DHS+*) should be continued, but with some modifications to increase incentives for developing and/or implementing the range of data collection methods (using performance-based criteria effectively).
- A new component should be developed to evaluate and improve routine health information systems for monitoring and evaluation. This component should receive core funds until its role has been well established and Missions are willing to pay for its assistance. If having a new component and thus a separate procurement is not feasible, this work could be handled as a subcomponent of the evaluation component.<sup>68</sup>
- Two options are presented for the dissemination/communication component: 1) keep a separate component, but strengthen existing links, or 2) include the component in another agreement (see discussion at the end of section 4.5.4).

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<sup>68</sup> MEASURE *Evaluation* makes a strong argument for having the research and development work in RHIS be combined with the evaluation component. “The skills required for RHIS and monitoring and evaluation are highly complementary; moreover, the host country counterparts will often be one and the same for the two areas. The ‘competition among MEASURE partners’ at the country level, cited in the report, would be exacerbated by splitting out RHIS. We strongly advise against a separate routine data procurement, as was done with USAID’s Data for Decision Making Project. What is needed, at this point in time, is an integrated/comprehensive approach that addresses appropriate sources of data.”

#### 4.5.1.2 Option Two

The follow-on MEASURE activity should be developed as one procurement. The role of the prime contractor or cooperating agency should be to provide leadership, vision, and balance to the task of supporting data collection, analysis, monitoring, evaluation, and dissemination in host countries for USAID Missions. Such leadership is provided best by a consortium or by an organization that does not carry biases in favor of particular types of data collection.<sup>69</sup>

The capacity to carry out the existing activities of MEASURE should be continued under the new procurement, including implementation activities in countries. The subcomponents should include evaluation, DHS, dissemination, and routine health information systems. The dissemination component should be built into the data collection and analysis component so that dissemination plans are made at the start of data collection. Additional core funds should be made available to increase technical capacity in new areas of alternative data collection and monitoring systems.<sup>70</sup>

In either of the above options, both the BUCEN and CDC PASAs should be expected to participate actively with the MEASURE follow-on activity.

#### **4.5.2 Coordination**

The first option assumes that coordination can be improved by the following types of funding options and management procedures:

- increased core funding to facilitate, coordinate, and ensure that periodic MIT meetings take place at each of the MEASURE partners' locations on a rotating basis;
- more effective use of performance-based criteria in the *DHS+* contract to improve coordination. Criteria might include facilitating the involvement of MEASURE *Communication* in country planning during the initial survey design process. This would ensure access to CDC and BUCEN rider and evaluation surveys on a common web site, with *DHS+* using STATcompiler,

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<sup>69</sup> MEASURE *Evaluation* found the recommendation of one procurement an appealing concept. By having such an arrangement, "it would help all partners to have a clear picture of the goals of the project and the distribution of activities." MEASURE *Communication* also suggested that some sort of consortium arrangement (e.g., as in the BASICS project) should be explored in further discussions of the best design for the future activity. Two recent papers on successful project collaboration and partnerships are cited for the USAID design team's review (Walker and Wilson 2001 and Middleberg 2001).

<sup>70</sup> MEASURE *Communication* expressed several concerns about the recommendations (option 1, second item and option 2) regarding dissemination under the future RP. "We find the recommendations weaken rather than strengthen efforts to maximize utilization of monitoring and evaluation data for programmatic and policy purposes; tie dissemination to the relatively narrow perspective of data collection rather than broader audience needs; and marginalize policy communications, and erodes research into policy communications best practices, evaluation methodologies, and tool development... Just as specialized skills are needed for data collection but also for dissemination and utilization of information..." The merging of the communication component with the data collection component "would undermine the need for broader data dissemination and utilization that the pre-design and evaluation reports recommends. These recommendations reflect a misunderstanding of the technical skills required for maximizing the use of monitoring and evaluation data for policy change."

and collaborating with CDC in an open, fair, detailed comparison of costs and contributions of the two survey programs (including costs of design, data collection, data analysis, reporting, overhead);

- routine sharing (promoting) of the scope, strengths, and possible roles of fellow MEASURE partners with USAID Missions whenever new activities are being planned; and<sup>71</sup>
- addition of working groups on key MEASURE topics, such as maternal mortality.

It should be recognized that there is a cost associated with the above suggestions to improve coordination. The benefits versus the costs were not assessed; it will be necessary for the USAID design team to do so.

An advantage of pursuing the first procurement option is that it does not require a superstructure and vast management associated with one procurement. Past experiences of USAID/G/PHN with large procurements are not necessarily positive and have made staff wary of trying to implement them. This option would apparently save the added overhead costs resulting from having major subcontracts.<sup>72</sup> The primary weakness of this option is that it does not identify a clear leader among the MEASURE partners. It would thus leave this responsibility to USAID staff members, who are limited in number, influence, and continuity.

The second option—for a single procurement—starts from the assumption that existing mechanisms of coordination among partners have been insufficient to achieve synergy or efficiency. Moreover, slight modifications, such as performance-based criteria to improve coordination, additional funding for MIT meetings (which, according to partners, were not particularly useful [see section 3.1]), and the establishment of working groups, while useful, are not sufficient to change the administrative environment.

While the limitations of large procurements are recognized, this option is the viable alternative if MEASURE is to solve the triple problems of leadership, coordination, and funding flexibility. As for concerns for increased costs when using subcontracts, those must be balanced against the findings that, under its present configuration, MEASURE has not created synergy or efficiency.

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<sup>71</sup> As noted by MEASURE *Evaluation*, USAID would need to provide additional support so that staffs of all MEASURE partners would be up-to-date on the various activities and developments of the partners. Without such an ongoing awareness of activities, including those of CDC and BUCEN, it would be difficult to promote effectively the involvement of other partners and to be an advocate for the entire MEASURE RP.

<sup>72</sup> USAID staff informed the team during the final briefings on the preliminary recommendations for this report that such costs could add another 10 percent to the cost of the procurement. The team did not have an opportunity to follow up this point in further discussions with USAID staff. It is clear that any comparison of costs between the different procurement options depends on many factors, including the types of organizations, their cost structures, and the nature of the arrangements with collaborating organizations (i.e., the nature of the subcontracts or subagreements).

- **Leadership** is needed to set the agenda for MEASURE as a whole, to plan the tools to be developed, to determine the types of information to support, to bring together MEASURE’s disparate components, and to provide disinterested advice and one-stop shopping for USAID Missions contemplating the support of information systems.
- A single procurement provides **incentives for coordination** among its components and decreases the probability of their competing in the field (to the dismay of some USAID Missions).
- **Flexible funding:** Under present structures and under the first option, funds are locked in by function (data collection, evaluation, dissemination). A single procurement can transfer funds as needed among different functions to meet the needs and requests of host countries and USAID Missions.<sup>73</sup>

The main weakness of this option is whether one single organization exists or whether a consortium would be able to provide the necessary leadership and unbiased technical input to draw on the range of data collection methodologies.

Further, the recommendation to fold the dissemination component into the data collection and analysis component might result in diminished work in policy communication and insufficient use of PHN information for policy and program purposes. It should be recognized that past efforts to engage data collection organizations in a broader range of communication activities, as opposed to narrowing the task of disseminating reports and other materials, have not been very successful.

Finally, neither procurement option can resolve the fact that two MEASURE partners, BUCEN and CDC, as government agencies, cannot receive contractual funds under the purview of a prime contractor.

#### **4.5.3 Shifting the Balance toward Routine Health Information**

Many USAID Missions have invested in routine health information systems at the country level. However, there has not been a systematic attempt to use these data as part of the MEASURE RP. Nor has there been a coordinated effort to improve the quality of these data and to define their appropriate role in MEASURE. While there have been several isolated research efforts using RHIS data (under MEASURE *Evaluation*) and the successful Morocco RHIS data collection project, systematic exploration of this area remains to be completed.

In order to promote the development and use of RHIS, there needs to be a place that provides USAID Missions with technical assistance in establishing (or improving),

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<sup>73</sup> The original draft of this point stated that funding was also “locked in by type of information system (DHS, RHI).” However, the scope of work for the *DHS+* contract covers multiple types of data collection methods, and thus funds can easily be applied to different types of data collection, depending on the needs and requests of host countries and USAID Missions. Team members had quite different views of the reasons for more limited support of the variety of data collection methods other than national population-based surveys. Several saw the onus on the configuration of the procurement package, USAID management, and contractors’ primary expertise and ‘bias’; several saw the onus on what is requested and perceived as the need by USAID Missions and host countries.

training, and using RHIS data. An RHIS contractor or subcontractor would support improvement of RHISs and could gain efficiency by having a single source of development and training. This contractor or subcontractor would research and develop RHIS methodologies and tools (including continued work on computer programs for routine health information data processing and analysis) that would be of value to host countries and USAID Missions.

The initial effort should provide core funds sufficient to enable the contractor or subcontractor to research best practices and develop RHIS methodologies and tools. Among these methodologies would be some supporting the consensual process needed to create improved, sustainable information systems. This development would be similar to the long history of investment in DHS methods and tools. If new software is developed, it must be understood to be in the public domain, following the example set by the development of CSPro.

This RHIS component of MEASURE would best be served as a contract arrangement similar to the current contract for *DHS+* (but at least initially, it would be much smaller). Country Missions would fund individual efforts.

#### **4.5.4 Improved Dissemination and Data Use**

Under the first procurement option, there are two options considered for the future structure of MEASURE *Communication*.

1. Keep the current structure with a separate communication component, but strengthen links (see appendix O), such as:
  - setting up working groups on different thematic issues (e.g., maternal health, adolescents, and child survival) that would involve relevant PHN CAs and USAID staff (with MEASURE partners as conveners) to identify priorities and to develop and implement plans, including those for dissemination; and
  - adding contractual links to ease the movement of resources and funding of joint activities (for the short term, PRB could write a purchase order to pay ORC Macro for *DHS+* data tabulations, etc.).

**Justification:** Several team members saw real progress over the past 18 months in the MEASURE *Communication* work, including its approach to in-country work and recent examples of apparent success in initiating dissemination planning in the early stages of monitoring and evaluation and data collection planning. The special niche that has been developed under this project, such as identifying key audiences, developing communication strategies for different audiences (including subnational groups), and the training of researchers and journalists to better communicate key PHN information, should not be lost. The principles of policy communication developed by MEASURE *Communication* apply equally across the PHN sector. Because MEASURE *Communication* is the newest component and given its slow implementation, additional time is needed to determine if its niche is useful. The conceptualization by MEASURE *Communication* of the role of information in policy development is moving the project in

the right direction and some of the more comprehensive country programs look promising.

If MEASURE *Communication* were to remain separate, core funding would continue to be essential to overcome the constraints of obtaining field support for this part of monitoring and evaluation. This option would also require a renewed effort to communicate to USAID Missions the benefits of MEASURE *Communication*'s strategy and results from its in-country work as they become available. With such renewed efforts, it is possible that this option might be able to overcome some of the obstacles identified previously. Of course, the main disadvantage of this option is that a renewed marketing effort by MEASURE *Communication* may still not be effective. This option would also require a good-faith effort on the part of MEASURE *Communication* and USAID/G/PHN/HN staff to work together to address HN priorities and needs.

2. Include the future communication/dissemination component in another agreement.<sup>71</sup>

If the dissemination component were made a subcomponent of a future MEASURE monitoring and evaluation component or of data collection, clear guidelines on the proportion of effort needed to support dissemination work would have to exist in order not to minimize this area of emphasis, as tends to happen with subagreements or subcontracts. The disadvantage of this option is that what is special in the current MEASURE *Communication* component would likely be lost if its work is assumed by a much larger project. Past efforts at combining data collection with dissemination work have not been especially effective and tend to marginalize the policy communication and strategy development aspect of this work. In addition, there are some small, additional activities (e.g., Policy Communication fellows program, Policy project files) that might be eliminated even though previous assessments found they were useful.<sup>74</sup>

**Justification:** The second option is presented because the structural problem of MEASURE *Communication* being external to the data collection organizations seems to be irresolvable. The conceptualization of the dissemination component can be viewed as a separate function that may have been ill conceived. The nature and mission of the current implementing agency is such that it will never be able to meet adequately either the field needs or the needs in HN outside the population area. In addition, given the overlapping (but by no means synonymous) mandate with a much larger Policy project, perhaps the only viable option is to incorporate the objectives and approaches of MEASURE *Communication* into another project, such as *DHS+*.

Whether or not the *Communication* component is kept separate or combined with a data collection or some other project, the need for adequate policy communication and dissemination specialists in the range of PHN areas would continue to be pertinent.

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<sup>74</sup> USAID's Office of Population may want to reestablish a separate cooperative agreement with PRB if it is determined that these various activities are deemed valuable and if they satisfy the needs primarily of the population sector.

## 5. CONCLUSIONS

1. The MEASURE RP does not act as nor is it perceived to be a single program with a coherent vision, principles, objectives, and activities. This is so even while the individual components are performing valuable and much praised services, and despite the fact that there have been a number of worthy examples of coordinated work. In short, MEASURE is not significantly greater than the sum of its parts.

While the responsibility for some coordination has fallen to and been carried out by MEASURE *Evaluation*, no single component of the RP has the responsibility to think through the wide array of monitoring and evaluation options and alternatives to data collection and program monitoring. As some USAID/Washington and Mission staff pointed out to the team, Missions do not have a place to go to obtain disinterested advice on the most appropriate and cost-effective monitoring and evaluation activities for their programs and host countries. In addition, there have been instances of competition rather than cooperation among some MEASURE partners in the field, given the need to obtain field support to fulfill their contract or agreement.

Furthermore, certain of MEASURE's important guiding principles have not been followed in the implementation of the RP. For example, the issue of cost-effective approaches has not been addressed by any component, and the issue of which data collection types are most compatible with host country needs and institutionalization has not been addressed. By not following these principles, the MEASURE RP has not fulfilled USAID's expectations.

The authorization document for MEASURE has a central vision, but there has not been a central capacity or guiding force to make such a vision work.

2. The design of the MEASURE RP provides no flexibility in redressing imbalances among the types of activities because it divides the span of monitoring and evaluation activities into different procurements and PASAs, making it difficult for both insiders and outsiders to understand why the balance of activities is organized as it is.

USAID has established centers for excellence and support for national population-based surveys. The very success of the survey programs (DHS and CDC) and the relatively minor support for other types of data collection systems have created a firm notion within USAID, particularly in the field, that national population-based surveys are the solution to most data gathering and reporting needs.

However, it is increasingly recognized worldwide that large, national household surveys are not necessarily the best tools for monitoring and evaluation in all situations. Given the trend toward decentralization in host countries, they increasingly need subnational data, which considerably increases the sample size needed and, hence, the cost of surveys. In addition, USAID Missions, because of reporting requirements, need annual data that are not feasible to obtain through DHS. Hence, host countries and USAID Missions should be turning to other methods of data collection (which may also prove to be cost-effective): routine health information systems, such as sentinel surveillance, health facility reporting, and vital statistics; facility-based surveys; smaller household surveys; focus groups; and other qualitative techniques.

USAID has not established centers of excellence or support for other types of data collection and analysis as has been done in the area of national surveys. Thus, any future activity needs to develop such expertise and capacities in order to respond to needs for these other types of data collection. Further, any shift toward supporting other data collection tools must be accompanied by workshops and dissemination of information to USAID Washington staff, host countries, and field Missions about the value and appropriate use of such methods.

3. While the implementation of the RP has not yet lived up to expectations, progress has been made in improving the understanding of monitoring and evaluation (among USAID staff, CAs, and host countries), defining key monitoring and evaluation indicators, developing monitoring and evaluation tools, and developing a more comprehensive approach to monitoring and evaluation in a few USAID field programs. This progress is just a beginning.

While the RP has been able to address needs for some HN programs (especially HIV/AIDS), overall it still serves the needs of POP programs more than HN. Part of the reason is funding. Over 70 percent of MEASURE's funding comes from the POP account. There are several explanations for the level of HN funding over the past 3 ½ years: 1) there is a lack of demand for MEASURE because other HN projects are filling the need, 2) there is a lack of understanding about what the MEASURE RP has done and can do, and 3) there is a view among HN staff that the approach to monitoring and evaluation by MEASURE, the particular implementing organizations, and/or the particular set of staff skills of the implementing organizations do not address HN needs sufficiently.

Whatever the explanations, the MEASURE RP has not yet become a truly centerwide program. Whether the hurdles to making MEASURE an effective centerwide program can be overcome, obviously depends on a strong and continuing commitment by USAID staff to see the problems clearly and to look for solutions.