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Final Evaluation Report

Deliverable G

Mid-term Performance Evaluation of the Azerbaijan Strengthening Health Systems through Integrated Programs

December 2012

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COVER PHOTO

Credit: Giorgi Khechinashvili. This is a view of the Caspian Sea near Baku at sunrise. This evaluation looked at the prospects of sustainability as the sun sets on USAID/Azerbaijan's AZ SHIP in 2013.

FINAL EVALUATION REPORT

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Mid-term Performance Evaluation of the Azerbaijan
Strengthening Health Systems through Integrated Programs

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DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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The USAID/Azerbaijan Health Team is commended for their superb management of AZ SHIP. Most notable is their initiative to create a clear sustainability plan so as to set the stage for long lasting achievement in years to come.

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TABLE OF CONTENTS

ACRONYMS.....	iii
EXECUTIVE SUMMARY	v
1. INTRODUCTION	1
COUNTRY CONTEXT AND PROBLEM DEFINITION	1
AZ SHIP PROJECT BACKGROUND	2
EVALUATION PURPOSE.....	3
2. METHODS.....	4
EVALUATION DESIGN	4
DATA COLLECTION METHODS.....	5
RESULTS	6
ANALYSIS PLAN.....	6
LIMITATIONS.....	7
3. FINDINGS.....	8
EVALUATION QUESTION 1: COMPLIANCE WITH TECHNICAL OBJECTIVES.....	8
EVALUATION QUESTION 2: COMPLIANCE WITH IMPLEMENTATION STRATEGIES	16
EVALUATION QUESTION 3: SUSTAINABILITY.....	21
EVALUATION QUESTION 4: PROJECT MONITORING.....	25
EVALUATION QUESTION 5: STAKEHOLDER SATISFACTION	29
4. RECOMMENDATIONS	32
ANNEXES.....	34
ANNEX A: STATEMENT OF WORK.....	35
ANNEX B: MAP OF AZ SHIP PROJECT SITES	40
ANNEX C: EVALUATION TEAM BIOGRAPHIES	41
ANNEX E: LIST OF PERSONS CONSULTED.....	52
ANNEX F: TEAM PLANNING MEETING AGENDAS	55
ANNEX G: INFORMED CONSENT	59
ANNEX H: KEY INFORMANT SEMI-STRUCTURED QUESTIONNAIRE	60
ANNEX I: DIRECT OBSERVATIONS CHECKLIST.....	62
ANNEX J: FOCUS GROUP DISCUSSION GUIDE	63
ANNEX K: ANALYSIS PLAN.....	64

ANNEX L: AZERBAIJANI TRANSLATIONS OF THE INFORMED CONSENT STATEMENTS, KII QUESTIONNAIRE, FOCUS GROUP DISCUSSIN GUIDE, AND DO CHECKLIST 68

ANNEX M: LIST OF REFERENCES 75

ANNEX N: CONFLICT OF INTEREST STATEMENTS..... 76

ANNEX O: LINKAGES BETWEEN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS..... 83

ACRONYMS

ACSM	Advocacy, Communication, and Social Mobilization
AHD	Assistance to Healthcare Development
AMU	Azerbaijan Medical University
AOR	Agreement Officer Representative
AZ SHIP	Azerbaijan Strengthening Health Systems Integration through Integrated Programs project
CA	Cooperative Agreement
CAG	Community Action Group
CCM	Country Coordinating Mechanism
CME	Continuing Medical Education
COP	Chief of Party
CPG	Clinical Practice Guidelines
DMT	District Monitoring Teams
DO	Direct Objective
DQA	Data Quality Assessment
DRG	Diagnostic Related Groups
eTB	eTB Manager , which is a web-based information system that captures specific information on TB including case management, labs and diagnostics, and drugs that was developed and implemented in several countries with the support of USAID.
Ex Coms	Executive Committees
FGD	Focus Group Discussion
FP	Family Planning
FY	Fiscal Year
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GOAJ	Government of Azerbaijan
HMIS	Health Management Information System
HIV/AIDS	Human Immunodeficiency Virus /
IBTCI	International Business & Technical Consultants, Inc.
ICD	International Classification of Diseases
KII	Key Informant Interview
MNCH	Maternal, neonatal, and child health
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MOJ	Ministry of Justice
M&E	Monitoring and Evaluation
NCD	Non-communicable Diseases
ND	No data
NGO	Nongovernmental Organization
NTP	National TB Program
PHC	Primary Health Care
PHCS	Azerbaijan Primary Health Care Strengthening Project
PHRC	Public Health and Reforms Center

PIRS	Performance Indicator Reference Sheets
PIU	Project Implementing Unit
PMP	Performance Monitoring Plan
PPP	Public-Private Partnerships
PPR	Performance Plan and Report
RFA	Request for Application
RH/FP	Reproductive Health and Family Planning
RILD	Republican Institute for Lung Diseases
RIOG	Republican Institute of Obstetrics and Gynecology
SOW	Scope of Work
STC	Save the Children
TA	Technical Assistance
TB	Tuberculosis
TFM	Transitional Funding Mechanism
TPM	Team Planning Meeting
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

EXECUTIVE SUMMARY

In order to improve the quality of priority health services, ensure institutionalization and sustainability of previous accomplishments, as well as strengthen the Azerbaijani health care system, the United States Agency for International Development (USAID) Mission in Azerbaijan initiated a new two-year-long Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP) project in September 2011. Total life-of-project funding is \$5,899,802. The project is implemented by Abt Associates (Abt), with Save the Children (STC) and Assistance to Healthcare Development (AHD) as sub-partners.

AZ SHIP is expected to improve governance, financing, and resource mobilization of the health system, thus contributing to increased quality, accessibility, and efficiency of health care services for the entire population. AZ SHIP contributes to USAID's Development Objective 3: *Increased Access to Quality Health Care and Targeted Social Assistance through Strengthened Practices and Systems* as found in the USAID/Azerbaijan Country Development Cooperation Strategy, 2011-2016. Also, in this strategy is its development hypothesis: *"Strengthened health care systems with good stewardship, enhanced transparency, and accountability that follow international best practice will lead to better managed health care systems, which in turn should lead to better health outcomes and impacts."* This is predicated on the critical assumption that the *"Ministry of Health has the capacity and means to assume direct responsibility for many of the activities now supported by USAID and can purchase technical assistance for other activities that require external expertise"* as noted in the Mission's development objective narrative.

EVALUATION PURPOSE AND EVALUATION QUESTIONS

The mid-term evaluation of the AZ SHIP project covers the project implementation period of September 27, 2011 to October 1, 2012. The purpose of this evaluation is to determine the effectiveness and timeliness of the project in achieving its strategic and technical approaches. The evaluation will also gauge the willingness and ability of the Ministry of Health (MOH) to institutionalize and sustain AZ SHIP activities at the end of the project in September 2013. At the end of Fiscal Year (FY) 2013, USAID/Azerbaijan will no longer have a health program. With the results of this evaluation, USAID and Abt will be in a better position to transition its achievements to the appropriate departments and institutions.

PROJECT BACKGROUND

To institutionalize government capacity, the project is expected to have a "diagonal approach" that concurrently addresses vertical service delivery in three program elements—maternal, neonatal, and child health (MNCH), reproductive health and family planning (RH/FP), and tuberculosis (TB)—along with preventive services. This should be done in concert with a systems approach implemented across the health care system so as to remove barriers and to coordinate and collaborate with other stakeholders, specifically the international donor community.

EVALUATION QUESTIONS, DESIGN, METHODS AND LIMITATIONS

This was a qualitative performance evaluation which drew its sample from the population of stakeholders in Baku and all seven districts where AZ SHIP is being implemented, namely: Absheron, Agdash, Gabala, Gakh, Ismayilli, Sheki, and Zagatala. The evaluation team applied a mixed-methods approach that allowed them to solicit information from a variety of data sources to reveal findings that might not have surfaced otherwise and to triangulate information from different sources.

The evaluation team was led by an international consultant with local health specialists, USAID health and monitoring and evaluation (M&E) personnel from regional Missions, and professionals from the MOH. USAID/Azerbaijan staff members were in the role of observers and were not involved in the production of any evaluation deliverables.

Limitations: As the results of this study were not based on an experimental design, its results cannot be generalized to make any statements about the district populations or the stakeholder population *writ large*. Also, the nature of qualitative interviews leads to certain biases, namely, interviewer and respondent biases, recall bias, and language and interpretation (perception) biases. Because of the mixed methods approach the team was able to catch some of these inconsistencies through triangulation with other data sources.

CONCLUSIONS

EVALUATION QUESTION 1: COMPLIANCE WITH TECHNICAL OBJECTIVES

For this mid-term evaluation, USAID/Azerbaijan was interested in learning whether Abt is on track in achieving its technical objectives. **Specifically, evaluation question 1 asked: “Did AZ SHIP complete the mid-term activities and reach the mid-term targets associated with its four technical approach objectives?”**

CONCLUSIONS FOR TECHNICAL OBJECTIVE 1: Capacity Building

- AZ SHIP has contributed to health sector reform in Azerbaijan through knowledge transfer which resulted in capacity building.
- Training curricula were developed on issues relevant to the providers and tackled pressing health priorities in the country such as TB. The capacity building approaches were innovative and meaningful and therefore embraced by the participants who readily put their new knowledge into practice.
- AZ SHIP’s approach to capacity building is likely to be sustained because they transferred methods and approaches. This is especially true for the local capacity to develop and revise Clinical Practice Guidelines (CPGs).
- AZ SHIP advocated for and contributed to the advancement of the Government of Azerbaijan (GOAJ) policy and legislative framework.

CONCLUSIONS FOR TECHNICAL OBJECTIVE 2: Mobilization, Allocation, and Use of Resources

- At the local level, there is little decision-making on the mobilization, allocation, and use of resources since this is primarily a function of the Ministry of Economic Development, the Ministry of Finance and the MOH at the central level.
- Full-scale implementation of the Health Management Information System (HMIS) would allow the central level MOH to undertake evidence-based decision making, which could result in more rational and efficient allocation of resources.

CONCLUSIONS FOR TECHNICAL OBJECTIVE 3: Quality of Health Care Resources leads to Quality of Care

- Correct application of the evidence-based CPGs is contributing to improved quality of care based on the opinion of the doctors interviewed.
- The Maternal and Neonatal Health (MNH) Monitoring Tool shows promise for improving the quality of maternal and neonatal care. Chief Doctors at the seven perinatal centers could - but are not - using the data generated from this tool for real-time decision making by applying the analytical features of the software.
- The District Monitoring Team (DMT) mechanism provides a strong foundation for monitoring the implementation of CPGs and hence the quality of care. Further development is needed to

incorporate nursing care and to broaden the methods of data collection such as direct observation of patient care.

CONCLUSIONS FOR TECHNICAL OBJECTIVE 4: Empowerment of Communities and Individuals: Rights & Responsibilities

- More evidence is needed to conclude whether AZ SHIP interventions have contributed toward increasing awareness among communities and individuals about their rights as patients.
- Save the Children’s Community Mobilizers appear to lack sufficient guidance to mobilize communities.
- The ability of two Community Mobilizers to influence effective change in their communities is severely compromised by their extensive coverage areas.
- CAGs lack basic organizational development skills needed to promote social change.

EVALUATION QUESTION 2: COMPLIANCE WITH IMPLEMENTATION STRATEGIES

Evaluation Question 2 directs us to answer: “Did AZ SHIP complete mid-term activities and reach mid-term targets associated with implementing its strategy?” In an effort to strengthen the linkages between project results and health impact, the project design requires AZ SHIP to implement four core implementation strategies that should cross-cut the technical objectives.

CONCLUSIONS FOR IMPLEMENTATION STRATEGY 1: Institutionalize government capacity

- The Population Health and Reforms Center (PHRC) is prepared to continue Abt’s activities beyond the project’s lifetime and is viewed as a resource institution in this regard by its stakeholders.
- The highly centralized decision-making authority within the MOH will greatly determine the sustainability of the health reforms AZ SHIP has been promoting and supporting. Without a budget line item for in-service training, opportunities for continuing education will be very limited.
- One of the primary constraints to institutionalization of AZ SHIP’s interventions faced by the MOH is the inconsistency of the technical expertise of health providers across the health system.
- The DMT modality is not institutionalized, which is to be expected during the introductory period of a new intervention; institutionalization is a process that takes time. However, the sustainability of this mechanism will be at risk if not institutionalized before the project’s end.

CONCLUSIONS FOR IMPLEMENTATION STRATEGY 2: Coordinate and collaborate

- Abt has continued to cement its productive working relationships within the international donor community with only two exceptions; in both of those cases, it appears there is competition for funds focused on policy development. Those exceptions aside, Abt has optimized the comparative advantages of each partner to build economies of scale.

CONCLUSIONS FOR IMPLEMENTATION STRATEGY 3: Mainstream gender

- All indications show that women and men have had equal opportunities to participate and benefit from AZ SHIP activities.
- Abt has not shared its efforts to mainstream gender with its stakeholders.

CONCLUSIONS FOR IMPLEMENTATION STRATEGY 4: Explore public-private partnerships

- The development of public-private partnerships (PPPs) is likely to take more time than is feasible considering the return on the investment. This intervention would likely take more time to establish than is practical or would be useful in the remaining project lifetime.

EVALUATION QUESTION 3: SUSTAINABILITY

The sustainability of AZ SHIP's project interventions is of great importance given Abt's short time frame to complete implementation and USAID's withdrawal of its health program assistance in less than one year. **For that reason, the findings to Evaluation Question 3 have the potential to influence USAID's legacy in Azerbaijan; it asks: "Has AZ SHIP at mid-term started a formal planning process that involves the government and other stakeholders for sustaining its interventions after the project completion date?"**

CONCLUSIONS TO EVALUATION QUESTION 3: Sustainability of AZ SHIP Interventions

- AZ SHIP meets the attributes for a sustainable program as laid out in the evaluation team's framework.
- USAID and Abt's process for ensuring the sustainability of project interventions is in place and serves as a model for other programmers.
- The legacy of AZ SHIP is being established and its sustainability is highly dependent upon the highest-level decision makers in the MOH and the GOAJ.
- PHRC is well positioned and capable of assuming the role Abt has played to date. Capacity building efforts to continue spreading knowledge transfer are still needed and it is incumbent upon the GOAJ to allocate funding and other resources to meet this end.
- With Abt's direct support, the DMTs are working well as a quality improvement mechanism. However, without a ministerial order and the commitment of the Chief Doctors at the district level, the sustainability of this intervention is at risk.
- There is a significant critical mass of stakeholders who feel qualified and motivated to continue implementing AZ SHIP's interventions after the project ends. The district level capacity needs further development in the final year of the project.
- To ensure the HMIS functions to mobilize and increase access to resources, the analytical component that will demonstrate the utility of the system needs to be scaled-up.

EVALUATION QUESTION 4: PROJECT MONITORING

The fourth question presented to the evaluation team revolves around Abt's compliance with monitoring AZ SHIP's project systems. **More specifically, Evaluation Question 4 asks: "Has AZ SHIP developed and implemented monitoring, evaluation, financial management, and reporting systems so that USAID receives valid, complete, and timely data on its performance indicators?"** As described later in the Methods chapter, the evaluation team interviewed AZ SHIP's M&E Specialist and randomly selected training participants to gather its findings in addition to project document review. The team dissected this question into its three components: 1) Performance Monitoring Plan (PMP)

which is basically a Data Quality Assessment (DQA) of the project's monitoring and reporting system; 2) Financial Management; and 3) PPR Indicator Validation.

CONCLUSIONS FOR THE PPR INDICATORS

- Based on review of the original data sources for PPR Indicators 1-4, the evaluation team concludes that the data reported in the PMP are valid.
- All indicators have been reported on in the PMP in a timely manner.
- The absence of outcome indicators is a significant shortcoming of AZ SHIP's PMP because it does not allow for an objective evaluation of the project's effectiveness. The original Request for Applications suggested outcome indicators that were reflective of health outcomes but since AZ SHIP is not a service delivery project, the parties agreed they were inappropriate and decided to only measure outputs. Nonetheless, given there is less than one year left in the project and the USAID program will end in September 2013, selecting and monitoring outcome indicators are not recommended so as to keep the project's focus on implementation.
- The data monitoring process is not secure. Once data are collected and archived, they could be endangered if unauthorized personnel entered the system and manipulated the results.
- The AZ SHIP M&E Specialist has little familiarity with four of the five USAID standards for assessing data quality: validity, reliability, precision, and integrity.

FINANCIAL MANAGEMENT CONCLUSION

- Overall, Abt is in compliance with the Cooperative Agreement (CA) financial reporting requirements by submitting financial reports timely and in a format required by the CA.

CONCLUSIONS FOR BRANDING AND MARKETING

- In general, Abt has properly branded its products and equipment with the USAID logo per its guidelines with only a few exceptions.
- USAID name recognition is variable, yet respondents consistently referred to AZ SHIP's technical assistance (TA), trainings, products, tools, and documents.

EVALUATION QUESTION 5: STAKEHOLDER SATISFACTION

The last evaluation question asks: ***“Do key government (at various levels), donor, UN technical agencies, and community stakeholders express satisfaction and confidence with AZ SHIP's performance and capacity-building efforts?”***

CONCLUSIONS FOR QUESTION 5: Stakeholder Satisfaction

- AZ SHIP has done an excellent job in building and maintaining relationships with its stakeholders because they have honed in on their needs and have offered them practical TA, training, tools, and support that is relevant to their daily work.
- Stakeholders are very impressed with AZ SHIP achievements, especially their leadership in building capacity on CPGs and the development of the HMIS.
- Abt successfully employed adult learning methodologies that met the needs and expectations of their stakeholders.

RECOMMENDATIONS¹

Governance Capacity

1. Continue with capacity building as planned at all levels of the health system, especially at the district levels and with more attention paid to nurses and midwives. Identify their needs and specify what types of training and capacity building are needed to supplement the focus on doctors (long term).
2. Prepare an exit strategy for the hand-over and institutionalization of the DMT mechanism. Assess the effectiveness of the DMT and make needed revisions. Advocate for a “methodological recommendation” for the DMT and its budget line item (medium term).
3. The Sustainability Plan should indicate the key objectives and expected results for the AZ SHIP interventions that are handed over to the MOH and technical agencies. The hand-over process to the stakeholders should be defined so they can objectively move forward with a plan of action (long term).

Resource Mobilization, Allocation, and Use

4. Communicate (i.e., brief) AZ SHIP’s key interventions and achievements among the different departments within the MOH, MOJ, Parliament, the Ministry of Finance, and the Ministry of Economic Development. These communications should include Abt’s efforts to address gender equity (medium term).
5. Meet with Executive Committees and Chief Doctors at the district level to discuss resource mobilization and allocation that is within their purview. Use AZ SHIP tools to help prepare a draft guideline for budget submissions that reflect evidence-based needs (medium term).

Quality of Health Care Resources

6. Scale-up the HMIS and eTB Manager² analytical components throughout Baku and the district with an emphasis on their utility for facility managers and district health authorities (long term).
7. Assess the effectiveness of the MNH Monitoring Tool and advocate for its scale-up after making necessary revisions (long term).
8. Strengthen the DMT monitoring system of CPGs by a) developing written guidance for the supportive supervision process; b) including clinical rounds as part of the process when patients are available; c) transferring ownership of the process to the local teams; and d) including a nurse on the DMT team to monitor the quality of nursing care (medium term).
9. Develop a user-friendly analytical tool for the DMT so they can independently generate aggregated results for district—wide decision making (short term).
10. Initiate the process of client exit interviews at health facilities to ascertain client satisfaction with care and to assess the extent to which individuals take responsibility for their own health (if existing project funds permit - long term).

¹ The legend for the suggested time frame to complete the recommendation is: short term = within next three months; medium term = within next six months; and long term = by the end of the project. They will be added in the final report.

² eTB Manager is a web-based information system that captures specific information on TB including case management, labs and diagnostics, and drugs that was developed and implemented in several countries with the support of USAID. USAID has helped to support the adoption of eTB Manager in several countries, including Armenia, Azerbaijan, Georgia, and Ukraine. It is an integral part of a larger national information system that needs to be put in place in order to adequately manage a national TB program.

Community Empowerment

11. Develop the grass-roots capacity in institutional development of a small group of high-performing CAGs (i.e., one per district - long term). Some suggestions include the following:
 - Begin with basic skills such as developing a mission statement, vision, and goal setting, followed by fundamentals of running a meeting;
 - Revisit the community needs assessment to assist CAGs with priority setting;
 - Build linkages between local NGOs and CAGs. Include Peace Corps Volunteers so that they can assist CAGs to generate interest and resources;
 - Explore opportunities for productive cooperation of CAGs with the local health care authorities (e.g., local sanitary-epidemiology stations might help with messaging on personal hygiene and other patient education posters to be posted in public places in the villages).
12. Solicit the community perspective by including CAG members in the trainings of provider-patient communication and behavior styles (in accordance with training schedule).

Project Monitoring Plan

13. The Performance Indicator Reference Sheets (PIRS) for each indicator need to be clearer (i.e., one or two pages per indicator) and the definitions for some of the indicators needs to be simplified so that they can be tracked in an easier fashion (short term).
14. Document the indicator review process, e.g., minutes from the review process should be briefly summarized (one page) and included as an annex to the quarterly reports (short term).
15. Selected indicators that reflect the sustainability of the project should be validated once each quarter by choosing a random sample of each and tracing the indicator to its source (short term).
16. AZ SHIP's M&E Specialist should undergo on-the-job training by a senior M&E Specialist to better capture results from the component managers and to conduct internal data quality assessments such as independent validation of selected indicators (this should not be a project expense - short term).

Project Financial Management

17. Abt should discuss and agree with the USAID/Azerbaijan Mission as to how they should report the breakdown of financial data by USAID program elements for future reports and whether this information is needed retroactively as well (short term).

Performance Plan and Report Indicators

18. Identify the potential weaknesses in the M&E reporting process (i.e., data security) to anticipate possible problems in its implementation and build in measures to allow for prompt response, if such problems occur (short-term).
19. Data storage should be the responsibility of the M&E Specialist and one alternate representative to prevent the potential for unauthorized changes which could compromise the integrity of the results (short term).

I. INTRODUCTION

COUNTRY CONTEXT AND PROBLEM DEFINITION

Azerbaijan has demonstrated significant progress in the health sector since independence from the Soviet Union in 1991, yet it still lags on a number of important health indicators. Despite the World Bank classifying Azerbaijan as an upper middle income country based on its per-capita gross domestic product (GDP), its health profile far more resembles that of a lower middle income country, as depicted by the World Health Organization's (WHO) data in Table 1 below. Although the country's under five mortality rate has improved, plummeting from 69 to 46 deaths per 1,000 live births between 2000 and 2009 (WHO, 2012), Azerbaijan ranks last in the WHO European Region for its percentage of 1-year olds fully immunized against measles (WHO, 2012). While Azerbaijan public health care is purportedly free, it tops the list in the WHO European region for the highest out-of-pocket health expenditures as a proportion of total health expenditure: 69% of health costs are paid by consumers (WHO, 2012). Life expectancy at birth lags far behind the regional average — 66 versus 71 for men and 70 versus 79 for women (WHO, 2012). Almost 90% of all deaths in the country are due to non-communicable diseases and injuries (WHO, 2012).

Table 1: Azerbaijan Health Indicators Compared to Neighboring Countries & WHO European Region (WHO World Health Statistics, 2012)

Country or Region	Under-five mortality rate	Maternal mortality Ratio	Antenatal Care Coverage (%), at least one visit	Unmet need for family planning (%) ³
Azerbaijan	46	43	77	15
Georgia	22	67	96	16
Turkey	13	20	92	6
WHO European Region	14	20	No data (ND)	ND

Azerbaijan's substandard performance for measles immunization, antenatal care, and family planning all reflect unsatisfactory investment in primary health care and community-based care. The government spends only 2.7% of its GDP on health. Compare this figure to Afghanistan, which spends 2.5% of its GDP, yet the purchasing power parity GDP per capita in the two countries varies dramatically, at \$10,300 purchasing power parity for Azerbaijan and \$1,000 purchasing power parity for Afghanistan (Index Mundi, 2011).

Over the past eight years, with support from the United States Agency for International Development (USAID) and other donors, the Government of Azerbaijan (GOAJ) has strengthened health policies and regulations, introduced family medicine as a specialty, and embraced evidence-based medicine principles as a foundation for improved standards of care for maternal, neonatal, and child health (MNCH), reproductive health and family planning (RH/FP), and tuberculosis (TB).

In spite of those improvements, Azerbaijan has continued to face health sector challenges such as opaque decision-making, low public financing for health, and low salaries for providers, leading to unmotivated health workers relying on informal payments from patients. All of this results in poor quality of services, unsatisfactory health outcomes, and dissatisfied patients.

³ Percentage of women who are fecund and sexually active but want to stop or delay childbearing and are not using any method of contraception.

AZ SHIP PROJECT BACKGROUND

In order to improve the quality of priority health services, ensure institutionalization and sustainability of previous accomplishments, as well as strengthen the Azerbaijani health care system, USAID/Azerbaijan initiated a new two-year-long Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP) project in September 2011.

The project is implemented by Abt Associates, with partners Save the Children (STC) and Assistance to Healthcare Development (AHD). Total life-of-project funding is \$ 5,899,802, with 7.9% out of total allocated for the STC sub-award, and 1.8% for the AHD sub-contract. STC holds responsibility for the community mobilization component of the project. AHD was contracted to conduct an assessment of primary health care (PHC) facilities.

Building on and continuing the work of the Azerbaijan Primary Healthcare Strengthening (PHCS) Project (2007 - 2011), also implemented by Abt, AZ SHIP comprises the following four technical components that contribute to the USAID Mission's strategic objective of increased the use of quality health services and practices:

1. Strengthen governance capacity of the Ministry of Health (MOH) to direct and implement health reform initiatives;
2. Improve mobilization, allocation, and use of health care resources;
3. Improve quality of health care services; and
4. Empower individuals and communities to exercise their health care rights and responsibilities.

Implementation of these components is expected to improve governance, financing, and resource mobilization of the health system, thus contributing to increased quality, accessibility, and efficiency of health care services for the entire population. AZ SHIP contributes to USAID's Development Objective 3: *Increased Access to Quality Health Care and Targeted Social Assistance through Strengthened Practices and Systems* as found in the USAID/Azerbaijan Country Development Cooperation Strategy, 2011-2016. Also in this strategy is its development hypothesis: *"Strengthened health care systems with good stewardship, enhanced transparency, and accountability that follow international best practice will lead to better managed health care systems, which in turn should lead to better health outcomes and impacts."* This is predicated on the critical assumption that the *"MOH has the capacity and means to assume direct responsibility for many of the activities now supported by USAID and can purchase technical assistance for other activities that require external expertise"* as noted in the Mission's development objective narrative.

The Cooperative Agreement (CA) provides specific guidance on the approaches to these implementation strategies. To institutionalize government capacity, the project is expected to have a "diagonal approach" that concurrently addresses vertical service delivery in three program elements — MNCH, RH/FP, and TB — along with preventive services. This should be done in concert with a systems approach implemented across the health care system so as to remove barriers. The directive to coordinate and collaborate with other stakeholders is specifically focused on the international donor community, namely the World Bank, the WHO, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), and to a lesser degree, the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). In terms of mainstreaming gender into project interventions, the expectation is that AZ SHIP will consider gender when developing interventions so both sexes will have equitable access to services. The project was designed through a gender lens as manifested by a technical focus on maternal health and training for safe deliveries and promoting healthy outcomes for mothers. The project is also meant to increase knowledge of healthy lifestyles, disease prevention, and awareness of risk which is especially pertinent for males who do not traditionally seek health services for non-communicable diseases (NCDs). AZ SHIP should report monitoring and evaluation (M&E) indicators disaggregated by sex. Last, USAID anticipated that Abt will explore the realm of possibilities for public-private partnerships (PPPs) with an emphasis on FP. To strengthen the supply of quality services, AZ SHIP should be reaching out to private hospitals and professional medical associations to

ensure their physicians are included in their trainings. On the demand side, Abt should reach out to private manufacturers and distributors to encourage affordable and accessible health products, specifically contraceptives, and to increase the availability of lower-price products in rural areas. Also, the private sector should be encouraged to co-produce and disseminate educational materials.

At the end of Fiscal Year (FY) 2013, USAID/Azerbaijan will no longer have a health program. The rationale for conducting this mid-term evaluation is to gauge the ability of the GOAJ to adopt and sustain key project interventions. With the results of this evaluation, USAID and Abt will be in a better position to transition its achievements to the appropriate departments and institutions.

EVALUATION PURPOSE

The mid-term evaluation of the AZ SHIP project covers the project implementation period of September 27, 2011 to October 1, 2012. The purpose of this evaluation is to determine the effectiveness and timeliness of the project in achieving its strategic and technical approaches. The evaluation will also gauge the willingness and ability of MOH to institutionalize and sustain AZ SHIP activities at the end of the project in September 2013. It is also expected to highlight AZ SHIP's success in mainstreaming gender in all of its primary activities. (Refer to Annex A for the Statement of Work for this evaluation). The primary audience for this evaluation is USAID and the GOAJ. Other important audiences include Abt, STC, AHD, and the international donor community, especially the World Bank, and health providers (doctors and nurses) in Baku and the districts that collaborated with AZ SHIP.

The evaluation is comprised of three parts. The first part addresses compliance with the project's technical objectives and implementation strategy. The second part validates the quality of the project's monitoring systems of indicators and finances, and assesses the ability of the project to produce the expected deliverables by the dates specified in the first annual work plan. The third part examines stakeholders' perceptions, including their willingness to support interventions after the close-out of the project. Data were collected from Baku and all seven districts where the project is currently implemented. In FY2013, AZ SHIP will commence work in the Nakhchivan Autonomous Republic. See Annex B for a map that delineates the sites visited. The five evaluation questions will be presented in the next section on Methods.

The evaluation team was led by an independent consultant secured by International Business & Technical Consultants, Inc. (IBTCI). In addition to the sole consultant, the evaluation team was comprised of three Azerbaijani Health Specialists seconded from the MOH, foreign service nationals from three Eastern European USAID missions, and USAID/Azerbaijan program and health officers who acted as observers during the data collection period. See Annex C for short biographies of all team members.

2. METHODS

EVALUATION TEAM STRUCTURE

The evaluation team was comprised of an international consultant serving as the Team Leader (Annette Bongiovanni), three Azerbaijani Health Specialists (Matanat Garahanova Sabir, Azerbaijan State Advanced Training Institute for Doctors; Aytakin Asgarova, Public Health and Reforms Center (PHRC); and Gulnara Hajizada, PHRC) and three representatives from USAID Europe and Eurasia (E&E) (Miodrag Bogdanovic, M&E Specialist, USAID/Serbia; Ivica Vasev, M&E Specialist, USAID/Macedonia; and Giorgi Khechinashvili, Deputy Health Team Leader USAID/Georgia). Two health team members from USAID/Azerbaijan (Mehriban Mammadova, AZ SHIP AOR; and Shirin Kazimov) and two representatives from its Program Office (Tamilla Mammadova and Vugar Nagiyev) joined the evaluation team as observers during data collection. Three Azerbaijani interpreters also accompanied the team.

USAID's rationale behind the team structure is twofold: including host-country counterpart institutions from the MOH increased the chances of ownership of the findings, and the participation of MOH and USAID/Azerbaijan representatives on the team meant to encourage the sustainability of the recommendations. MOH and USAID representatives are well poised to formulate relevant action steps to ensure smooth close-out of program activities next year with hand-over of activities to the government of Azerbaijan.

USAID/Azerbaijan staff members were in the role of observers and were not involved in the production of any evaluation deliverables.

During the team planning meetings (TPMs), team members gathered in small working groups to discuss their respective roles and responsibilities and then presented them to the group. This was followed by a discussion of the role and responsibilities of the Team Leader. For a listing of the roles and responsibilities of the team members and a full description of the methodology, see Annex D for Scope and Methodology.

EVALUATION DESIGN

This was a qualitative performance evaluation which drew its sample from the population of stakeholders in Baku and all seven districts where AZ SHIP is being implemented: Absheron, Agdash, Gabala, Gakh, Ismayilli, Sheki, and Zagatala. USAID and AZ SHIP's Chief of Party (COP) provided the evaluation team with nearly a complete list of all their stakeholders (See Annex E for a List of Persons Consulted). The team was able to meet with all but six of the suggested respondents. The evaluation's three sub-teams conducted interviews as individual teams but separate from each other while in Baku. Outside of Baku, Team A traveled to three districts and Teams B and C traveled to two districts each to conduct key informant interviews (KII), facilitate Focus Group Discussions (FGD) with Community Action Groups (CAG) and make direct observations (DO) of health facilities. All central district hospitals and at least one or more polyclinics were visited as well as a selection of other types of health facilities such as TB Dispensaries, ambulatory centers, village hospitals, primary health care (PHC) centers and feldshers. One CAG per district was randomly selected by simple random sampling among all the communities in each district (there are 6 to 7 villages per district).

The specific evaluation questions USAID/Azerbaijan posed to the team were:

- I. Did AZ SHIP complete the mid-term activities and reach the mid-term targets associated with its four technical approach objectives?
 - strengthen the governance capacity of the Ministry of Health to direct and implement health reform initiatives;

- improve the mobilization, allocation, and use of health care resources;
 - improve the quality of health care resources; and
 - empower individuals and communities to exercise their health care rights and responsibilities?
2. Did AZ SHIP complete mid-term activities and reach mid-term targets associated with implementing its strategy to:
 - institutionalize government capacity to undertake and sustain the four technical approach objectives;
 - coordinate and collaborate with other stakeholders;
 - mainstream gender into project interventions; and
 - explore PPPs to sustain project activities?
 3. Has AZ SHIP at mid-term started a formal planning process that involves the government and other stakeholders for sustaining its interventions after the project completion date?
 4. Has AZ SHIP developed and implemented monitoring, evaluation, financial management, and reporting systems so that USAID receives valid, complete, and timely data on its performance indicators? Has AZ SHIP complied with its Branding Strategy and Marking Plan?
 5. Do key government (at various levels), donor, UN technical agency, and community stakeholders express satisfaction and confidence with AZ SHIP's performance and capacity-building efforts?

The evaluation was implemented between September 17 and December 14, 2012. During the first week the team convened as a group from October 2 — 4, 2012. All team members, including USAID/Azerbaijan Health Staff, participated in a three day Team Planning Meeting (Agendas included in the Evaluation Work Plan can be found in Annex F). During the TPMs, all members actively participated in the development of the Evaluation Design including definition of roles and responsibilities, site selection and assignment, creation of data collection instruments, and the analysis plan.

In adherence with guidance on the protection of human subjects recommended by the United States National Institutes for Health, informed consent (Annex G) was solicited from all respondents before commencing to interview them. Key informants and FGD participants were provided a copy in Azerbaijani at the beginning of the interview and the evaluators reviewed it with the respondents and fielded questions upon request. Signatures were not asked for since this was not culturally appropriate in the local setting. Annex L contains a copy of the translated Informed Consent form that was used.

DATA COLLECTION METHODS

The evaluation applied a mixed-methods approach to collect data. This allowed the solicitation of information from a variety of data sources to reveal findings that might not have surfaced if only one method was used. Another advantage of a mixed-methods approach is the ability to triangulate information from different sources.

Document review is an important foundation so as to understand USAID's expectations and Abt's reporting of their interventions. The project's deliverables were also examined, such as advocacy papers, assessments, briefings, training results, tools, and the like. The evaluation also had access to MOH strategic plans, policies, standards, protocols, and guidance developed with Abt's technical assistance (TA). In addition, AZ SHIP's original CA was reviewed along with all quarterly reports and other deliverables submitted to USAID to date. Annex M contains a list of references consulted.

A series of key informant interviews (KII) was conducted using a semi-structured questionnaire (See Annex H) during meetings with key informants. Each of the district hospitals was visited, along with a variety of polyclinics, small village hospitals, village doctor outpatient clinics, feldsher-midwife points, and TB dispensaries. The key informants and the facilities were provided to us by USAID’s Health Team. Direct observations (DO) were made during the health facility visits and the evaluation team requested to see the utilization of any Health Management Information Systems (HMIS) supported by AZ SHIP. Immediately following the facility visits, the team members completed the DO Checklist (See Annex I). The KII and DO instrument were piloted at one interview and site visit in Baku. Only minor revisions were needed.

The fourth method of data collection was to conduct Focus Group Discussions (FGD) among Community Action Groups (CAG) that were formed by AZ SHIP as part of the project activities. Abt provided a complete list of all CAGs for each district. Annex J is the FGD Guide used by the Health Specialists who facilitated these discussions.

Evaluation Question 4 is in reference to AZ SHIP’s internal project monitoring of its performance indicators and finances. This question was dissected into its four components: 1) Performance Monitoring Plan (PMP) which is basically a data quality assessment (DQA) of the project’s monitoring and reporting system; 2) Financial Management; and 3) Performance Plan and Report (PPR) Indicator Validation. Herein are the evaluation’s findings, conclusions, and recommendations for each component; and 4) adherence to USAID’s Branding and Marketing Strategy as described in the CA.

RESULTS

All tallied, 62 key informant interviews were conducted in Baku and the districts. This includes discussions with seven District Monitoring Teams (DMTs) which were counted as one interview but were comprised of four doctors on average. No nurses or midwives are included on the DMTs so the only ones interviewed were those who are CAG members. The evaluation team conducted six FGDs because the district of Absheron is peri-urban and does not have a CAG. In addition to these in-depth interviews, the team visited 37 facilities as depicted in Table 2.

Table 2: Type of Health Facilities Visited in Baku and Districts

	Maternity & Perinatal Hospitals	Central District Hospitals	Polyclinics	Village Hospitals	Rural PHC	TB Dispensaries
Baku	4	n/a	-	n/a	n/a	5
Districts	-	7	9	5	4	3
TOTAL =37	4	7	9	5	4	8

For Evaluation Question 4, twelve statisticians were randomly selected from hospitals using the HMIS (a total of 122 facilities use the HMIS) and 18 participants who attended three different AZ SHIP trainings (and had listed a telephone number). This represented at least 10% of the respective totals. All of the training participants were doctors.

ANALYSIS PLAN

Please see Annex K for the Analysis Plan. Highlights of the analysis of Evaluation Question 3 are found in its respective Findings sections for the reader’s convenience.

LIMITATIONS

As the results of this study were not based on an experimental design, its results cannot be generalized to make any statements about the district populations or the stakeholder population *writ large*. Attribution cannot be assigned in the absence of a counterfactual and the ability to control confounding variables. Also, the nature of qualitative interviews leads to certain biases, namely, interviewer and respondent biases. In particular, this study is susceptible to interviewer bias because there are seven primary interviewers who, while they developed the design and the instruments together, they might have instilled their individual interpretations of the questions asked. Moreover, the Team Leader and Sub-Team Leaders do not speak Azerbaijani and were reliant on interpreters who also might bias the interpretation of the questions and their translation of the respondents' answers. The Sub-team Leader for Team C spoke Russian and conducted some of his interviews in Russian, but in such cases it was the second language for all parties and so still presented a slight barrier. Regarding the respondent bias, stakeholders might have perceived the need to express positive results or withheld from sharing negative results (known as a "halo" bias). Conversely, a couple respondents might have felt the need to present negative results because of misinformation or a conflict of interest (i.e., competing priorities). Fortunately, the recall period for this study is only one year; nonetheless, respondents might not have remembered all of the facts completely. As well, they might have mistakenly attributed interventions or results to Abt or alternatively forgot important milestones which were attributable to Abt's work (recall bias). Because of the mixed methods approach the evaluation was able to catch some of these inconsistencies through triangulation with other data sources.

Lastly, another source of potential bias concerns the intent of the questions versus the actual interpretation of the questions by the respondents. For example, the intent of one particular question was whether AZ SHIP's interventions have influenced the mobilization, allocation, and/or use of resources such as fiscal and human resources. The majority of respondents correctly interpreted the question as intended, but some responded vis-à-vis the physical resources donated to them by the project.

3. FINDINGS

EVALUATION QUESTION I: COMPLIANCE WITH TECHNICAL OBJECTIVES

For this mid-term evaluation, USAID/Azerbaijan is interested in learning whether Abt is on track in achieving its technical objectives. **Specifically, evaluation question I asks: “Did AZ SHIP complete the mid- term activities and reach the mid-term targets associated with its four technical approach objectives?”** These objectives are:

- strengthen the governance capacity of the MOH to direct and implement health reform initiatives;
- improve the mobilization, allocation, and use of health care resources;
- improve the quality of health care resources; and
- empower individuals and communities to exercise their health care rights and responsibilities.

Each of the four objectives was discussed separately with respondents by asking a series of questions and probes. AZ SHIP seeks to build government capacity primarily at the central and district level and to a lesser degree at the community level. At the central level, the focus has been to develop the government’s capacity to understand and adopt a methodology for the development of Clinical Practice Guidelines (CPG); to establish, roll-out, and use a Health Management Information System (HMIS); and to advocate for and provide TA on legislation, policies, strategies, and action plans in the areas of TB and RH/MNCH. At the district level, the thrust of Abt’s capacity building has been to establish and institutionalize a system for monitoring the quality of care through supportive supervision by establishing District Monitoring Teams (DMT). While this is arguably building the capacity of the government, it is more closely related to the improvement in the quality of health care resources and less directed toward the implementation of health reform initiatives as indicated in technical objective I. Therefore, the DMTs are covered in the second technical objective below. Similar, capacity-building of government and civil society representatives at the community level were attempted through Community Action Groups (CAG). Since this is more closely related to the fourth technical objective, it is covered under the fourth technical objective: *Empowerment of Communities and Individuals*. In the course of meeting these capacity building objectives, Abt has continuously offered an array of trainings to managers and providers at all levels of the health care system.

The following are the evaluation’s findings for each technical component.

FINDINGS FOR TECHNICAL OBJECTIVE I: Strengthen Governance Capacity

The line between AZ SHIP and its predecessor project PHCS was often blurred by the respondents who recalled back across all of their experiences working with Abt, which implemented both projects. With consent from USAID, the evaluators decided to refrain from interrupting respondents to pinpoint the exact timing of the experiences they were sharing in order to differentiate between the two projects. The evaluation team agreed with USAID that this distinction would not have been pivotal to any conclusions or recommendations made in the report but might have been a hindrance to the flow of the interview.

In Baku, Abt worked with representatives within Parliament, the Ministry of Justice (MOJ), the Public Health and Reforms Center (PHRC), several departments in the MOH (i.e., Planning, Information and Statistics, Health Information Center, National TB Program (NTP), the Scientific Institute of Lung Diseases, and the Azerbaijan State Advanced Training Institute for Doctors). Hospital directors and other senior managers of health facilities in Baku were also a target audience for TA and training (i.e., Maternity Hospitals, Perinatal Centers, TB Dispensaries, and the Baku City Health Department). Abt

also collaborated with academia to influence pre-service training (i.e., Azerbaijan Medical University, the Azerbaijan State Advanced Training

Institute for Doctors, Medical College #2). To coordinate project activities, Abt actively collaborates with the MOH and World Bank on Health Care Strengthening and the GFATM, as well as PIUs for a GFATM project within the MOJ and MOH. The health program elements covered in depth are TB and MNCH. FP is also covered yet at a slower pace given the political sensitivities surrounding this topic.

Abt's TA in the legislative and policy arena is manifested through concept notes and advocacy papers and reviewing and assisting in drafting laws, strategies, and action plans. Not all of these have been met with the approval of the Minister—some have not been presented to him yet and others have not been approved. The evaluation team heard from several respondents that they are incorporating the innovations of these documents into their daily work. Table 3 below highlights the documents mentioned by the key informants that have been supported by AZ SHIP albeit not an exhaustive list of all of AZ SHIP's TA in this realm. The production of these documents is often in collaboration with other international agencies which are not noted here. The purpose of presenting this table is to see which TA surfaced during the interviews as most memorable to the respondents.

Table 3: Abt Technical Support for MOH Legislation and Policy per Key Informants

Program Element	Document	Status
TB	<ol style="list-style-type: none"> 1. Recommendations for revisions and amendments to the current TB law 2. National TB Strategy 2011-2015 3. National TB Lab Strategy 2011-2015 4. National TB State Program 5. National TB Action Plan 6. Plan for Development of TB Lab Network and TB Diagnostic Algorithm 7. Concept paper for implementing National TB Strategy 8. TB Monitoring Tool 9. TB Advocacy, Communication, and Social Mobilization (ACSM) Strategy 10. Round II GFATM Proposal 	<ol style="list-style-type: none"> 1. Initial Draft submitted to National TB Program (NTP), WHO and Parliament. <i>(Work will continue in FY13).</i> 2. MOH approved by order #72, Sep 21, 2010 3. Draft agreed by NTP and submitted to WHO 4. Draft submitted by MOH to Cabinet of Ministers in 2010 5. Draft submitted to NTP and WHO 6. Draft submitted to NTP and WHO 7. Draft submitted to NTP 8. Developed and testing together with NTP and Research Institute for Lung Diseases (RILD) in target facilities 9. Final draft submitted for approval to MOH <p>Proposal developed and approved by MOH and submitted to GFATM in 2011.⁴</p>
MNCH	n/a	n/a

⁴ After internal changes at GFATM, Round II was cancelled and replaced by the Transitional Funding Mechanism (TFM). A draft proposal for TFM was developed and approved by MOH, and submitted to GFATM. In August 2012, GFATM issued a preliminary acceptance of the proposal with a request for revisions. Abt has provided extensive TA to the GOAJ to revise the proposal. Final revised draft will be submitted in early December 2012.

Program Element	Document	Status
RH/FP	Advocacy paper to support passing of the Reproductive Health Law	Developed and presented to the parliament social committee members.
Other	<ol style="list-style-type: none"> 1. HMIS Implementation Regulation 2. Recommendations on hospital drug procurement list 	<ol style="list-style-type: none"> 1. Ministerial Order #108/2011 2. Draft submitted to the Clinical Department, MOH and Innovation and Supply Center

Practically all respondents interviewed mentioned the Clinical Practice Guidelines (CPGs) and, importantly, distinguished that Abt shared their methodology on how to develop a CPG rather than develop the guidelines for them. Several of the respondents had first-hand experience developing CPGs. One very telling anecdote revealed that capacity building resulting from CPGs led to capacity building in secondary areas, in this case protection of patients' rights. As per the evaluation protocol, before beginning an interview with a hospital director, her informed consent to was solicited, to which she replied, *"Yes, I am familiar with this process because as I was reviewing the background literature for my CPG, I came across information on informed consent and so I took the initiative to institute informed consent in my hospital."*

Further detail on the CPGs will be presented in the presentation of the findings for technical objective three.

HMIS

Abt has been advocating for the passing of an order on Compulsory health insurance which holds promise to improve the financing of health care in the country. This initiative led by the World Bank has met an impasse. Nevertheless, Abt has forged forward to lay the foundation for the needed inputs should this order become a reality. To monitor the health care system's financial status, inputs on Diagnostic Related Groups and costing information will be necessary. AZ SHIP selected Form 66, which is the discharge form that has been used in medical records since the Soviet era, as the basis of the electronic HMIS. This work has been implemented in close collaboration with the MOH and the World Bank, which is providing the funding for the hardware and is responsible for the analytical component of the HMIS. Abt advised on the development of the technical specifications of the software that was outsourced to a local software developer. Abt has also been responsible for the trainings, given initially in the agreed 25 health facilities. Upon hearing a presentation by Abt's senior advisor on the HMIS, the Minister of Health issued Order #108/2011 which calls for the scale-up of the HMIS to all health facilities. Abt is currently helping to facilitate this process to roll-out the HMIS to 122 facilities.

As with any new innovation, there is room for improvement in the HMIS. One key informant highlighted the following problems with the current HMIS: a) coding is missing for many diagnoses; b) no codes for antenatal or intra-natal deaths; c) no identification of the doctor who attended the birth; d) missing information about antenatal care at Women's Consultation Care; and e) the number of days a patient is in care needs to be more precisely calculated. In anticipation of the need for revisions, Abt has already initiated a formal process managed by the MOH to solicit feedback.

In previous years, Management Sciences for Health attempted unsuccessfully to adapt its eTB Manager software in Azerbaijan. USAID asked AZ SHIP to assume this role and they have modified it and built capacity within the MOH to use it as a decision-making tool. Scale-up of the eTB Manager has been much slower than that of the HMIS. However, the system several positive comments from the key informants who have used it, although one TB stakeholder expressed frustration over the delay in rolling-out the program nationwide others did not mention any delays.

Trainings

The main modality for building capacity has been through trainings as well as conferences and workshops. Every five years, doctors and nurses need to sit for an exam in order to be recertified. Abt provided its recommendations on the list of questions used in these examinations. They also developed regulations of CPGs and their linkages to continuing medical education (CME) units and facility-level quality improvement processes. Some of AZ SHIP's trainings fulfill the five year recertification requirement and participants are not required to sit for the standardized national test. The MOH is moving toward the use of CME units from various providers and the AZ SHIP courses have been the first to be accepted by the government.

Complementary to in-service provision for health providers, Abt has been working on the pre-service side with the Azerbaijan Medical University (AMU) and the Baku Medical School. The evaluation team is not aware of any permanent changes to the curricula of the nursing school but understands AMU has incorporated some trainings and CPGs into its pre-service curriculum for doctors. Several respondents are also professors in these institutions and reported that they are using the CPGs in their coursework.

Table 4: Illustrative Examples of AZ SHIP Support and Trainings

AZ SHIP Technical Objective	Topic	Type of Support
Capacity Building	International Classification of Diseases (ICD)	Translated ICD-10 and ICD-9 Clinical Modification into Azerbaijani and incorporated into HMIS
	Introductory Workshops on HMIS for maternity hospitals	Presentations (May, September 2012)
	Main performance indicators for maternity hospitals	Presentations (June, September 2012)
Quality of Health Resources	Variety of trainings on CPGs	Trainings
	Code of Ethical Conduct	Training module; trainings conducted
	AHD Conducted the Service Readiness Assessment of at Primary Health Care (PHC) Facilities	Report submitted in May 2012; AZ SHIP will begin implementation in FY2013. Findings presented to all facilities and district health authorities
Resource Mobilization, Allocation & Use	Basic Benefits Package	Workshop and discussion paper
	Analytical model for main performance indicators for hospitals	Software
	1. Monitoring system concept for maternity hospitals 2. HMIS Analytical Module	1. Software, questionnaires for each level of care and report; being piloted in Republican Institute of Obstetrics and Gynecology (RIOG) Software being piloted in RIOG and (PHRC)
	3. Recommendations on hospital drug procurement list	2. Draft submitted to Innovation and Supply Center.
	eTB Manager	Implemented in 19 facilities including 4 TB facilities in Baku and 15 facilities in Districts
	Diagnostic Related Groups (DRG) Simulation Module	Software, technical report
Empowerment	Health Communication	Concept paper
	Training course on Behavior Change Communication	Training materials and training course conducted in May 2012
	Patients' Rights and Responsibilities	Training course
	Patient-Doctor Communication	Training course

By far, the primary target audience for training has been doctors. Some nurses, midwives and feldshars have been included in the trainings but they are few and far between. The evaluation team reviewed the participant lists for four trainings, none of which included nurses. Table 4 below is a list of the support and trainings offered by AZ SHIP most often mentioned by the key informants.

CONCLUSIONS FOR TECHNICAL OBJECTIVE 1: Capacity Building

- AZ SHIP has contributed to health sector reform in Azerbaijan through knowledge transfer which resulted in capacity building.
- Training curricula were developed on issues relevant to the providers and tackled pressing health priorities in the country such as TB. The capacity building approaches were innovative and meaningful and therefore embraced by the participants who readily put their new knowledge into practice.
- AZ SHIP's approach to capacity building is likely to be sustained because they transferred methods and approaches. This is especially true for the local capacity to develop and revise CPGs.
- AZ SHIP advocated for and contributed to the advancement of the GOAJ policy and legislative framework.

FINDINGS FOR TECHNICAL OBJECTIVE 2: Resource Mobilization, Allocation and Use

Recommendations from the MOH and district level Chief Doctors have provided the necessary authorization needed to implement the CPGs. However, there is no funding attached to them to ensure providers have the resources needed to implement them. Abt has provided infant scales, tools for anthropometric measurements of children, sphygmomanometers, stamps for assisting with patient record keeping – all of which have been useful for implementing some of the CPGs, especially those related to newborns and young children. But these inputs will not be sustained after the project ends and, moreover, there are some 60 CPGs, each of which requires specific supplies for correct implementation.

Unfortunately, the implementation of Compulsory Medical Insurance is delayed; many of the respondents do not know when, or how, this program could be further developed. Some respondents interviewed in Baku intimated that the implementation of this program could have a big role in solving a number of existing problems in regard to the allocation and mobilization of financial resources.

Some of the senior managers of health facilities in the districts who were interviewed implied there is some flexibility in the assignment of health personnel and alluded to the ability of the district Executive Committees' (Ex Com) ability to allocate financial resources to the health facilities in their districts. However, when these findings were presented in Baku, other respondents indicated that the Ex Coms do not have such flexibility or authority. Nonetheless, the evaluation did not learn of any Ex Coms who have been proactive in the mobilization or allocation of health care resources within their districts.

CONCLUSIONS FOR TECHNICAL OBJECTIVE 2: Mobilization, Allocation, and Use of Resources

- At the local level, there is little decision-making on the mobilization, allocation, and use of resources since this is primarily a function of the Ministry of Economic Development, the Ministry of Finance and the MOH at the central level.
- Full-scale implementation of the HMIS would allow the central level MOH to make evidence-based decision making which could result in more rational and efficient allocation of resources.

FINDINGS FOR TECHNICAL OBJECTIVE 3: Quality of Health Resource leads to Quality of Care

Before delving into the findings for this technical objective, it is important for to clarify the genesis of data collection. Strictly speaking, the objective refers to the improvement of the quality of health care resources available to MOH personnel. For example, the electronic version of the discharge Form 66 improved the quality of the HMIS. Respondents referred to the quality of Abt's TA and capacity building most often without needing any probes. Throughout the interviews the respondents described the quality of the health resources and used terms such as practical, useful, relevant, needed, and the like. Almost all respondents mentioned they were satisfied with the high level of skills and expertise of Abt's consultants and trainers and several noted their satisfaction with the training methodology, some making comparisons to the traditional Soviet-style pedagogy. People said they appreciated the use of visual media (i.e., MS PowerPoint), hands-on practice with manikins, bedside teaching with patients, etc. In other words, as people were answering the initial questions about their experiences with Abt's capacity building interventions, they described their impressions of the quality of those interventions. This feedback is covered in Evaluation Question 5. (Stakeholder Satisfaction)

The evaluators also went a step further and asked an additional question related to quality: *Do you believe these activities (referring to the ones mentioned by the respondent) lead to improved quality of care?* While no one was in a position to offer empirical evidence of the project's direct impact on the quality of care (nor was this project designed to directly influence service delivery), respondents offered several anecdotes whereby they made linkages and assumptions between Abt's support (specifically the CPGs and DMTs) and improvements in the quality of care they provide. Noteworthy is that evaluators often did not need to ask this question directly because, unprompted, many respondents associated AZ SHIP's interventions with better quality of services. Given these caveats, the evaluation's findings for this technical objective are now presented. Six out of 39 respondents specifically stated they were convinced that AZ SHIP interventions have led to improved quality of care and service delivery.

Clinical Practice Guidelines

- Catalyzed the MOH's development of 28 CPGs focused on primary health care (PHC) in TB (including surgery), maternal and neonatal care, reproductive health, and acute and chronic diseases among others.
- CPGs distributed to doctors at the facility level. All facilities visited had several copies which are clearly in use.
- Some CPGs have been poorly translated according to a few doctors. A key stakeholder at the MOH took the lead to address this issue by convening a workshop to clarify any confusion among the stakeholders.
- Trainings on CPGs are highly praised by respondents.
- DMTs routinely monitor CPG implementation at the district level with Abt TA.
- Some respondents noted a delay in the publication and distribution of the CPGs. No delays were reported during the development stage, however.
- New curricula for post-graduate training of nurses (for the required continuing medical education every five years), training of trainers, and provision of teaching materials and manikins completed in collaboration with the Baku Medical College (for nurses).
- Approved CPGs have been brought closer to the end users – practitioners, particularly at the district and village level. Almost all facilities visited had copies of the CPGs readily available for

providers and chief doctors. The one exception was in Agdash where several doctors did not have the CPGs readily accessible.

Maternal and Neonatal Health (MNH) Monitoring Tool

A Maternal and Neonatal Health (MNH) Monitoring Tool is being piloted in Republican Institute for Obstetrics and Gynecology (RIOG). This analytical tool allows for real time analysis of the quality of care in the seven perinatal hospitals for antenatal care, intra-partum care, and the early neonatal period. A team of monitors from the RIOG visits each of the perinatal centers each quarter to collect data that populates constructs for quality of care administered during these three time periods in maternal care. They use their site visits as an opportunity to provide feedback and build local capacity to improve the quality of care. The hospital director has assigned a physician to continuously monitor the results of the tool. Centers which do not improve poor quality of care within a designated time frame are cited for poor performance. Based on interviews with RIOG and Abt, the analytical component of this tool is limited to RIOG and is not being utilized at the perinatal centers.

District Monitoring Teams (DMTs)

DMTs are an AZ SHIP innovation that has been implemented at the district level for the past nine months. DMTs are comprised of four to six physicians, usually the Chief Doctor and Deputy Doctor of the Central District Hospital and directors from the adult and pediatric polyclinics, among others. In collaboration with the DMTs and other stakeholders, Abt has identified 21 priority indicators that reflect implementation of some CPGs. These indicators have been tracked quarterly at the facility level since inception. Confirmation that these site visits were indeed happening was readily triangulated by all the relevant respondents. The main means of data collection is through medical review; one DMT member spoke about observing patient care and interviewing patients. After review of the medical charts — in one village hospital the director said the DMT reviewed 90 to 100 charts each time — the DMT members offer supportive supervision to the doctors and nurses. A few providers who were recipients of DMT reviews mentioned that it has taken a while to trust in this process since they are so accustomed to the punitive style of supervision. However, each of them went on to say that, with time, they realized the DMT was there to help them and their anxieties decreased.

CONCLUSIONS FOR TECHNICAL OBJECTIVE 3: Quality of Health Care Resources leads to Quality of Care

- Correct application of the evidence-based CPGs is contributing to improved quality of care based on the opinion of the doctors interviewed.
- The MNH Monitoring Tool shows promise for improving the quality of maternal and neonatal care. Chief doctors at the seven perinatal centers could be using the data generated from this tool for real-time decision-making by applying the analytical features of the software.
- The DMT mechanism provides a strong foundation for monitoring the implementation of CPGs and hence the quality of care. Further development is needed to incorporate nursing care and to broaden the methods of data collection, such as direct observation of patient care so as to benefit the entire health care system.

FINDINGS FOR TECHNICAL OBJECTIVE 4: Empowerment of Communities and Individuals: Rights & Responsibilities

Not surprisingly, most of the respondents at the central level in Baku were not that familiar with recent trends and changes in communities and individuals understanding their rights and taking responsibility for their care. Those who did comment were hospital directors. During district site visits evaluators heard much more about recent trends in individual behaviors from health providers who are much closer to their patient populations. According to them, patient behavior has started to change as they become

more proactive and involved in their health care. It was very difficult to draw any linkages to AZ SHIP's interventions with a few important exceptions. Sometimes patient demands do not correspond to evidence-based CPGs (e.g., requests for prescriptions for antibiotics for viral respiratory illnesses). Several doctors mentioned they show the CPGs to their patients to confirm they are following international standards of care and the patients are then satisfied and comply. One Chief Doctor referred to public health messaging on the television which he believes is influencing patients understanding of their rights. Some of the key deliverables produced by AZ SHIP this year include the following:

- ✓ Support to the National TB Program (NTP) to finalize the National TB Health Communication Strategy;
- ✓ Conducted additional analysis of TB knowledge, attitudes and practices to inform the implementation of the Communication Strategy;
- ✓ Developed and updated provider-patient communication trainings and the patients' rights modules for all trainings on MNCH, TB, RH/FP and non-communicable diseases;
- ✓ Adapted community development and mobilization tools; and
- ✓ Conducted town hall meetings in districts and communities.

Respondents mentioned the Communication Strategy in Baku, but at the district level the most often cited deliverables among the respondents was training on provider-patient communication and patients' rights trainings. No one mentioned the community development and mobilization tools or the town hall meetings.

Community Action Groups

One village-level CAG was visited in six of the districts visited, the exception being Absheron district which has no CAGs because it is a peri-urban area located on the outskirts of Baku. The CAGs are comprised of community activists; health providers including doctors, nurses and midwives; teachers; and village representatives from the Ex Com office. There are two Community Mobilizers employed by Save the Children who cover 20 communities each. At best, they visit each community once a month. The purpose of the visits is to develop these CAGs into grass-roots organizations and at the same time spread health messages. There are health events held in the communities that are focused on oral hygiene, TB awareness and prevention, and patient rights and responsibilities. Limited patient education materials have been provided and TB prevention posters were observed in most health facilities. One facility had a poster on patient rights but it was produced by a previous USAID project.

CAGs have a unique energy in every community depending on the issues that the communities face in general. For example, in communities where water and infrastructure are primary concerns, they are less proactive in AZ SHIP's interventions. In other villages that do not have these pressing issues, the CAGs are more engaged in the project's interventions.

Based on FGDs, which included the Community Mobilizers, it appears that the CAGs have acted primarily in a recipient role as they attend health events. CAG activities in most of the visited villages seem to be isolated from the communities and are not known to the villagers. Some CAG members, when probed a few times, said they spread health messages on an *ad hoc* basis when they happen to see a friend or family member.

None of the CAGs are convening meetings on their own accord and only meet as a group when the Community Mobilizer arrives. Even then, it was not completely clear what happens during these meetings. There do not appear to be any agendas, discussions on health priorities, or action plans – nothing along these lines was mentioned.

CONCLUSIONS FOR TECHNICAL OBJECTIVE 4: Empowerment of Communities and Individuals: Rights & Responsibilities

- More evidence is needed to conclude whether AZ SHIP interventions have contributed toward increasing awareness among communities and individuals about their rights as patients.
- Save the Children’s Community Mobilizers appear to lack sufficient guidance to mobilize communities.
- The ability of two Community Mobilizers to influence effective change in their communities is severely compromised by their extensive coverage areas.
- CAGs lack basic organizational development skills needed to promote social change.

EVALUATION QUESTION 2: COMPLIANCE WITH IMPLEMENTATION STRATEGIES

In an effort to strengthen the linkages between project results and health impact, the project design requires AZ SHIP to implement four core implementation strategies that should cross-cut the technical objectives. These implementation strategies are:

- institutionalize government capacity to undertake and sustain the four technical approach objectives;
- coordinate and collaborate with other stakeholders;
- mainstream gender into project interventions; and
- explore PPPs to sustain project activities.

Evaluation Question 2 directs the evaluation to answer: “Did AZ SHIP complete mid-term activities and reach mid-term targets associated with implementing its strategy?” In regard to the institutionalization of government capacity, recall that the Program Description in the CA reminds the evaluation to assess whether AZ SHIP employed a diagonal approach that focuses on MNCH, RH/FP, TB, and preventive services while simultaneously strengthening the health system through barrier reduction and institutionalized services. The second implementation strategy--coordination and collaboration—is in reference to international stakeholders. The third implementation strategic focus on gender is meant to be incorporated into the design of project interventions and tracking sex-disaggregated data. The fourth implementation strategy— the exploration of PPPs—is related to opening up project trainings to private sector physicians and specifically to seek opportunities to increase access to affordable contraceptives, including in rural areas.


Per the evaluation analysis plan and as prescribed in the project design, the evaluation looked at each of the implementation strategies in relation to the project’s technical components. The fourth technical objective is focused on empowering communities and individuals through the establishment of grass-roots organizations. This objective is only applicable to the mainstreaming gender implementation strategy and therefore is omitted from the findings in the other three strategies. Findings are presented accordingly below.

FINDINGS FOR IMPLEMENTATION STRATEGY I: Institutionalize government capacity

Strengthen Governance Capacity

Beginning with PHCS and continuing with AZ SHIP, the PHRC has taken the lead in the development of CPGs and is recognized by the MOH to be the steward of CPG development. As described earlier in

the response to Question 1, the evaluation team heard from several respondents who were trained to prepare CPGs. These people are MOH officials, directors of hospitals, and senior managers within the TB Institute and in academia who have expertise in the technical areas covered by the CPGs they developed. All are quite confident that the methodology for CPG development is well entrenched in the PHRC after having overseen the development of over 60 CPGs to date. This following quote represents the general sentiment of the respondents who attested to the institutionalization of the CPGs within PHRC: “*Protocols are approved by PHRC and they have capabilities to organize working groups for updates whenever necessary.*” Moreover, many of the people who have been developing the CPGs and who have teaching positions have been using them as part of their coursework.



“The project’s role in the changes described is critical. In addition to the technical expertise, USAID has authority among policymakers. This helps us to move things from recommendation to implementation in a more expedient way.”

Senior MOH Representative

There was much discussion about the institutionalization of the trainings, in particular those on CPGs. On the pre-service side, professors from Azerbaijan Medical University’s (AMU) Family Planning Department have been actively participating in the Master Training course offered by Abt. Also, the new curriculum for training residents (newly graduated physicians) includes information from Abt trainings: “*Anyone working in this field is supposed to know everything about evidence-based medicine.*” There are hopes that the State Student Admissions Office will agree to include the CPGs in the curriculum and actively participate in their updates. Another university representative told us: “*The initiative of Abt is sustainable since many university teachers have been participating in the trainings with enthusiasm.*” The CPGs have not been included in the pre-service curriculum for nurses, however. Nonetheless, faculty from the Medical School (for nurses) said the interventions will be sustained since its faculty have been trained and are capable of properly teaching the Abt courses.

One of the most influential figures in the GOAJ said this about Abt’s influence in the health reform process:

“The process started before Abt was here, but Abt was instrumental in helping with its implementation. Abt was only one of several organizations but it was an important brick in the implementation.”

The CPGs have also been included in the post-graduate education curriculum required for physicians’ and nurses’ recertification every five years. According to a representative from an international donor “*...this will ensure the sustainability of knowledge transfer.*”

At the same time, the international donor community and many other MOH officials lamented that there remains a need for continued technical capacity building of health providers. Numerous providers conveyed their eagerness to continue learning more and many mentioned that the concept of evidence-based medicine was first introduced to them during AZ SHIP training.

Resource Mobilization, Allocation and Use

The HMIS and eTB Manager are two important tools to improve the mobilization, allocation and use of health resources. They help managers to follow a patient’s history, track performance of the physicians, and forecast budgets and procurement needs to better allocate resources.

In response to the scale-up of the HMIS, all of the district sites visited have hired statisticians responsible for data entry and some have plans to hire more staff.

One hospital director expressed her doubts as to whether the HMIS would be maintained and is unclear regarding which MOH department is the responsible body: “*...it is the PHRC that needs to update and maintain the system. If Abt goes now, it will stop...partnership with PHRC is important.*” On the other hand, a

representative from the MOH's Information and Statistics Department is more confident: "All the [HMIS] functions such as data entry and analysis are institutionalized at the hospital level in Bakzdrav." Indeed, the evaluation did not receive any confirmation that funding is available to continue trainings beyond the pre-service and the recertification coursework administered every five years.

The MOH matched the World Bank's contribution and provided 150 computers to use the HMIS; this is in addition to the technical support it provides to those 300 health facilities.

The RIOG maximized the use of human resources needed for monitoring the quality of care administered under its purview. To cover the 70 regions involved, the MOH covers the costs for 39 regions, UNFPA covers 20, and Abt covers 11.

Improve Quality of Health Resources

Because the PHRC values the importance of quality and the need to measure it for empirical evidence, the director established a Division for Monitoring, Evaluation and Quality. Yet an even clearer indication that the CPGs are fully institutionalized is based on the observations of wear and tear on the booklets at the district and village level in a variety of health facilities (hospitals, polyclinics, PHC). Evaluators observed marked-up CPGs with hand written notes and many with worn binders which substantiated the numerous testimonials from providers who attest they use them in daily practice.

At the district level, Chief Doctors for the districts have issued internal orders for the use of CPGs based on the recommendation letter issued from the MOH. The DMTs have been officially registered with the District Medical Councils in five of the districts visited and the sixth one is about to be registered. Their primary responsibility is to ensure the CPGs are being implemented at the facility level. DMTs are relatively new (less than one year old in most districts). Abt is currently providing transportation costs and honoraria to the DMT members. An AZ SHIP staff member or consultant accompanies the teams on their quarterly site visits and conducts the analysis and prepares the presentations for the District Medical Council reviews.

CONCLUSIONS FOR IMPLEMENTATION STRATEGY 1: Institutionalize government capacity

- PHRC is prepared to continue Abt's activities beyond the project's lifetime and is viewed as a resource institution in this regard by its stakeholders.
- The highly centralized decision-making authority within the MOH will greatly determine the sustainability of the health reforms AZ SHIP has been promoting and supporting. Without a budget line item for in-service training, opportunities for continuing education will be very limited.
- One of the primary constraints to institutionalization of AZ SHIP's interventions faced by the MOH is the inconsistency of the technical expertise of health providers across the health system.
- The DMT modality is not institutionalized, which is to be expected during the introductory period of a new intervention. However, the sustainability of this mechanism will be at risk if not institutionalized before the project's end.


FINDINGS FOR IMPLEMENTATION STRATEGY 2: Coordinate and collaborate Strengthen Governance Capacity

AZ SHIP interventions fall within the existing MOH programs and activities are well coordinated within the international donors according to their reports. The one exception is that UNICEF is also working on supportive supervision and there is no coordination on this front despite efforts on behalf of USAID to facilitate the process.

In most instances, AZ SHIP staff have forged relationships with key stakeholders who have influence over health sector reform in the country. These local actors are playing a critical role in implementing project activities (e.g., protocol development, conducting trainings, utilizing the HMIS, etc.). Abt has worked hand-in-hand with the World Bank, initially to support the Compulsory Medical Insurance Act and more recently on the HMIS. All Bank personnel interviewed and some MOH officials spoke of the close working relationship between the Bank and Abt, especially in the implementation of the HMIS.

Recently, Abt has been collaborating closely with WHO in the development of the National NCD Strategy. They also have worked together to provide TA to PHRC to revise its data entry forms based on WHO requirements to reduce duplication between TB dispensary and hospital statistics.

An MOH stakeholder who coordinates the support of all international organizations working with her institution said: *“The mode of expert assistance Abt is providing us is always collaborative. We work hand-in-hand as one team on developing protocols or training materials. As a result, our staff, including master trainers, are well-prepared to lead the work independently. We own the process now.”*



“At all stages of our collaboration with Abt, we have been closely working together as one team. The deliverables provided to us by the project were not abstained from reality. I believe that at this stage we ourselves are already able to do many of those things ourselves.”

Senior MOH Official

Of 39 quotations from interviews with key informants, thirty-seven attested to Abt’s finesse at collaborating and coordinating with

stakeholders; two international donors revealed some weaknesses, yet of those one also highlighted the strengths of their cooperation: *“We have quite good cooperation. We have joint meetings with the MOH to define how to synergize our efforts...we have co-financed many trainings abroad...and while there is still room for improvement our cooperation is in very good shape.”*

Resource Mobilization, Allocation and Use

Abt’s most productive collaboration has been with the World Bank, with which it has built synergies on many fronts, most notably the HMIS. The World Bank initiated the need to institutionalize the system and funded the hardware (computers) and its funds supported the software development outsourced to a local firm. Abt worked closely with both the World Bank and the MOH to design the software package and training end-users.

Improve Quality of Health Resources

Every two weeks, the cumulative results of the DMT visits for a district are presented at the District Medical Councils. In all of the sites visited, the DMTs have been formally registered with the Councils. The analysis of the DMT results is conducted by the AZ SHIP advisor who accompanies the team. The DMT members interviewed are not involved with the compilation of the data but they do present their findings to the District Medical Councils.

Abt is an active member of the GFATM’s Country Coordinating Mechanism (CCM). Numerous respondents in Baku mentioned Abt’s important role on the CCM which they often use to share their innovations.

CONCLUSIONS FOR IMPLEMENTATION STRATEGY 2: Coordinate and collaborate

Abt has continued to cement its productive working relationships within the international donor community with only two exceptions; in both of those cases, it appears there is competition for funds focused on policy development. Those exceptions aside, Abt has optimized the comparative advantages of each partner to build economies of scale.

FINDINGS FOR IMPLEMENTATION STRATEGY 3: Mainstream gender

The methodology of this evaluation afforded the team an opportunity to interview the vast majority of AZ SHIP's stakeholders — people who are direct recipients of their TA and capacity building efforts.

Table 5 presents the gender breakdown of key respondents⁵ and FGD participants as an indication that the project's stakeholders have an adequate gender balance.

The PMP targets for the number of participants trained in evidence-based CPGs included at least 50% to be women. At the end of year one, 72% of the total 1,544 participants in that training were women.

Table 5: Gender Breakdown of Key Respondents and FGD Participants Interviewed

Type of Respondent <i>Corresponding Technical Objective</i>	Females	Males
Baku Key Informants <i>Strengthen Governance Capacity</i>	16 (48%)	17 (52%)
District Key Informants ⁶ <i>Strengthen Governance Capacity</i>	12 (48%)	13 (52%)
DMT Composition <i>Improve Quality of Health Resources</i>	13 (46%)	15 (54%)
CAG Composition <i>Empowerment of Communities</i>	22 (48%)	24 (52%)

Twenty-one key informants interviewed in Baku and the districts were asked: Does Abt specifically address gender issues? Not one person recalled hearing about gender from Abt personnel or during an AZ SHIP event.

CONCLUSIONS FOR IMPLEMENTATION STRATEGY 3: Mainstream gender

- All indications are that women and men have had equal opportunities to participate and benefit from AZ SHIP activities.
- Abt has not shared its efforts to mainstream gender with its stakeholders.

FINDINGS FOR TECHNICAL OBJECTIVE 4: Explore public-private partnerships

Abt has made several overtures to establish a PPP to promote family planning but has been met with some degree of resistance by the private sector. Numerous respondents said that family planning is a very sensitive topic; many did not wish to enter into such discussions. As noted, the CA instructed AZ SHIP to focus on FP when exploring PPPs.

Strengthen Governance Capacity

AZ SHIP's PMP does not disaggregate training participants by the type of institution. Upon review of the training participants randomly selected to validate the PPR Indicators for Question 4, none were

⁵ Note that four of the Baku respondents were representatives of international organizations and therefore not recipients of AZ SHIP support. Three of those respondents were male and one was female.

⁶ Each DMT is considered as one respondent because they were interviewed as a group. The presentation of the DMT in this table is solely to delineate the gender breakdown within each DMT.

associated with private hospitals or institutions. Most of the private providers are indeed public sector providers who have their own personal practices after hours. Thus, by building the capacity of the public sector providers, they are indeed building this capacity in the private sector.

Due to the limited success of Abt to establish a PPP during this exploratory stage, there were no opportunities for Abt to engage the government into a partnership with any of the private corporations contacted.

Resource Mobilization, Allocation and Use

AZ SHIP's COP met with representatives of Bayer Schering Pharma AG, Riyad-Farm, and the pharmaceutical distribution company AVROMED. Representatives from Gedeon Richter did not respond to her requests for a meeting. During these meetings, they discussed the possibility of introducing lower-priced contraceptives into the market. Unfortunately, Bayer was unable to cooperate to meet this end because the representative did not feel it would increase sales. Moreover, he noted that Bayer already introduced relatively low cost oral contraceptives on the market. The General Manager from AVROMED noted that his company offers a wide range of low- to high-cost contraceptives to rural areas of Azerbaijan and reaches some 1,800 drug stores. The distributor's representative concurred with the others in that there is no leverage for further price reductions than the current low-priced contraceptives they offer outside of Baku.

Success was met when an agreement was brokered with Access Bank. While Access feels that family planning is too sensitive of a topic for them to touch, they were comfortable supporting the promotion of breastfeeding to plan family size. In cooperation with PHRC, Access helped produce a brochure on the Lactational Amenorrhea Method and printed 2,000 copies. Another successful cooperation was with Proctor and Gamble, which provided 3,200 copies of "Health ABC," a children's book about healthy living, and donated products such as toothbrushes and toothpaste that were distributed at community health events. During FGDs in Gabala, the CAG members said this particular event was very successful and the children are still talking about it today.

CONCLUSIONS FOR IMPLEMENTATION STRATEGY 4: Explore public-private partnerships

The development of PPPs is likely to take more time than is feasible considering the return on the investment. This intervention would likely take more time to establish than is practical or would be useful in the remaining project lifetime.

EVALUATION QUESTION 3: SUSTAINABILITY

Given that Abt has a short time frame to complete implementation and USAID is withdrawing its health program assistance in less than one year, the sustainability of AZ SHIP's project interventions is of great importance. For that reason, the findings to Evaluation Question 3 have the potential to influence USAID's legacy in Azerbaijan; **Question 3 asks: "Has AZ SHIP at mid-term started a formal planning process that involves the government and other stakeholders for sustaining its interventions after the project completion date?"** In short, the answer is a simple 'yes'. This process involves close scrutiny of each project intervention to ascertain which ones will be phased out and which will be handed over to the MOH. For many of the interventions to be handed over, an international organization and, in a few cases, local non-government organizations (NGOs), also have been identified. Noteworthy is that only one of the interventions under the fourth technical objective (empower individuals and communities to exercise health care rights and responsibilities) is planned to be handed-over to the National TB Program and PHRC. This is to support the NTP/PHRC leadership in designing and implementing communication and prevention campaigns through support from WHO,

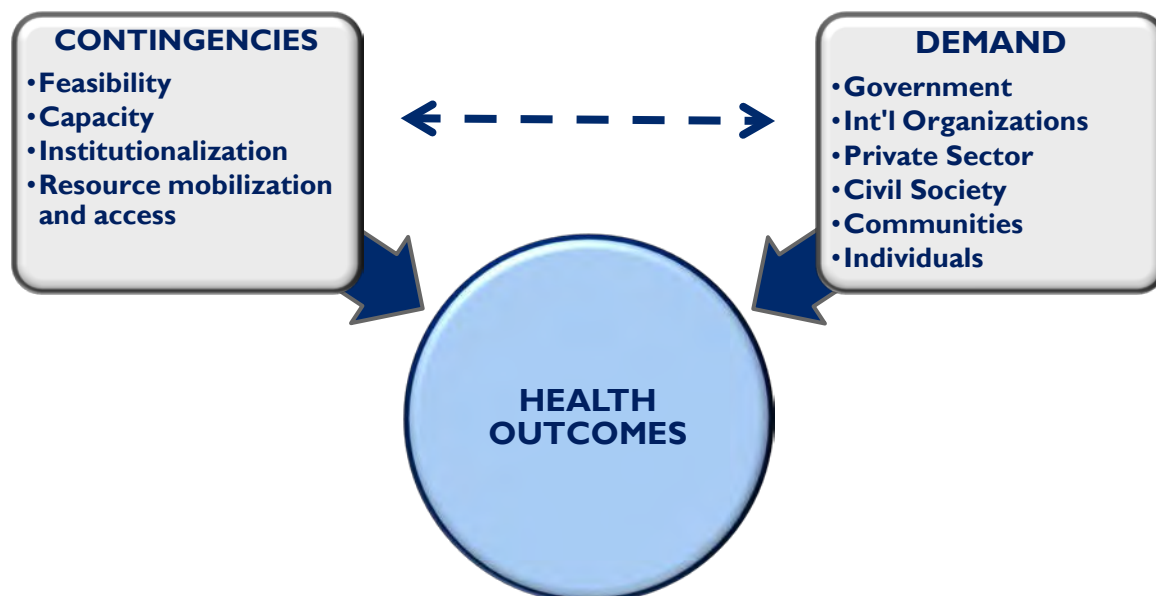
GFATM, and the Azerbaijan Health Communication Association. Conversely, the majority of the 29 interventions launched through technical objective one are planned to be handed over to various departments in the MOH and most of them are coupled with an international organization. At this juncture, the level of discussion is between USAID and Abt and the next step will be to hold discussions with the international donors and NGOs.

This Sustainability Plan, while simple in format, covers each and every project intervention. At this nascent stage, the Plan does not indicate the processes of the hand-over and neither does it provide information on future expectations.

The evaluation team went a step further from the original evaluation question and examined the overall sustainability of the AZ SHIP project in terms of the team’s collective definition of the key attributes of sustainability and existing literature (Swerissen, 2007). The evaluators submit that healthy outcomes are attained as a result of contingencies being in place and there is also demand for them from stakeholders. Figure 1 below depicts the framework for analyzing sustainability. The figure shows the inter-relationship between contingencies (supply side) and demand for healthy outcomes. These two attributes feed into one another. For example, simply providing the inputs needed to strengthen the health system will not result in healthy outcomes unless it is met by demand by all relevant stakeholders. Conversely, demand for services and information could be raised but would fall short of changing practices and behaviors if it were not met with the needed inputs. These two attributes are interdependent and in a constant state of flux as a function of the conditions surrounding them. For a fuller description of our analysis of Question 3, kindly refer back to Annex K: Analysis Plan.

Given that AZ SHIP is not a service delivery project, its effect on health outcomes was not evaluated. However, Abt is responsible for contributing to the contingencies and the project’s first and fourth technical objectives and implementation strategies all directly influence demand.

Figure 1: Attributes of Sustainable Health Projects



CONTINGENCIES

Feasibility

The data collection instruments did not directly ask questions regarding the feasibility of implementing AZ SHIP interventions. Nonetheless, numerous respondents spontaneously relayed how *helpful* the trainings and CPGs are, that Abt's support was based on their own *realities*, and their interventions are *practical, useful, and valuable*. In fact, one of these five terms was mentioned a total of 76 times during conversations with the respondents. And yet not one of the key informants complained AZ SHIP was not relevant to their daily work or the country's needs. On the other hand, during the FGDs, some of the CAG members alluded to other community priorities that have not been addressed by AZ SHIP such as water quality, infrastructure, and environmental pollution because these issues are outside of the the project's manageable interest.

Institutionalization

The correct and consistent implementation of the CPGs is imperative to ensure a foundation for quality care. The MOH and Chief Doctors in seven districts have all recommended their use. The DMT mechanism allows for quality monitoring by assessing compliance and documentation on the use of the CPGs. Through supportive supervision which they learned through Abt trainings and workshops, they build local capacity of front-line providers. Abt is providing financial and technical support to help the DMTs learn by doing so this intervention is not yet sustainable. However, they have been registered in their respective District Medical Councils, which are briefed monthly or semi-monthly, indicating that they are on the road to being institutionalized.

As noted, many of Abt's training courses have already been incorporated into preservice curricula (for doctors) and for post-graduate studies (for nurses and doctors) in the Postgraduate College for Advanced Training. The RIOG has established a Center for Excellence and new residents go through a rigorous three month training on evidence-based medicine and CPGs, among other AZ SHIP trainings, before commencing work in the hospital. Training courses developed in TB and MNH program elements still need to be institutionalized in their respective facilities and affiliated with the State Advanced Training Institute for Doctors.

Capacity

Abt has made significant progress in building government capacity through 29 interventions. Some of the more notable ones which speak to the sustainability of AZ SHIP include:

- ✓ Advocacy and preparation of the PHRC to be designated as the institutional home for the Quality Improvement Process. A new department for Monitoring and Analysis has been established.
- ✓ Supported the establishment of RIOG's Center of Excellence.
- ✓ Developed regulations concerning the implementaiton of CPGs and their linkages to Continuing Medical Education and facility-level QI processes.
- ✓ Azerbaijan Medical University curriculum includes evidence-based medicine modalities and trains medical students on MOH-approved CPGs.

Refer back to the findings for Evaluation Question I for details on other capacity building accomplishments.

Resource mobilization and access

The eTB Manager has been a long time coming and slow to scale-up according to some. To date, 19 facilities are using it, including 15 in the districts, and 2,093 TB cases have been entered. End-users have described how they use the data it generates to track and mobilize resources much more efficiently such

as forecasting for drug procurements. But barriers also remain that are impeding full implementation of this and the HMIS (Form 66) such as lack of genuine interest from some providers and limited access to hardware in the districts (computers). The analytical capability of HMIS is currently limited to the PHRC and the RIOG. Abt provides support to these two institutions to aggregate and analyze data and develop summary reports in an effort to improve the quality of care. Some informants complained about a the lack of a feedback loop in these two electronic systems and an inability to generate reports for their own facility. At the central level, Abt has regularly convened meetings to solicit feedback on the HMIS and eTB Manager.

DEMAND

The evaluators' model indicates a broad array of stakeholders who affect the demand for knowledge and services that would lead to improved health outcomes. In this evaluation, the vast majority of the respondents were government officials and managers and government-funded physicians. As

noted earlier, the majority of the private sector providers are public providers who also see patients in their own privately-managed practices. Moreover, there are no private hospitals in the district, and a limited number in Baku. Discussions with civil society were limited to six FGDs who gave mixed reviews. A couple of CAGs are very motivated and hopeful to continue project activities; however, given that they are not fully engaged, it is difficult to discern what their future activities might look like. One CAG was very negative in terms of the sustainability of their group.

Drawing from the pool of key informant interviewees, close to half (44%) of them are personally committed and plan to continue to implement the AZ SHIP interventions and learnings. Very few of them are in a position to influence funding decisions but among those who are, they claimed the following:

"We conducted large scale promo activities in public places. Now we are looking for funding opportunities to ensure the sustainability of our activities." MOH, Baku

"I as the director, will be sure the MOH will take over and the activities will continue. We are aware that the [donor] is not here forever and we are already buying our own drugs." MOH, Baku

"We are interested to build-upon AZ SHIP's achievements. Once the project is completed we will consult with Abt regarding which results of its project could continue to be used and improved." International Organization

"As a Chief Doctor, I will not allow for the local capacities to diminish." Chief Doctor, District

"So far, we incorporated in our work up to 70% of the transferred knowledge. I believe there is local potential to take over the legacy of AZ SHIP." Director Polyclinic, District

Not all feedback regarding projects for sustainability was positive; 11% of the respondents interviewed expressed some uncertainty as to their capacity and wondered if the government would sustain AZ SHIP initiatives. Twenty-eight percent of the respondents who were asked if he/she had plans to continue working on the initiatives started by Abt did not directly answer the question. Some of the respondents who were more skeptical of the sustainability of AZ SHIP's interventions noted:

"The MOH has no capacity to take over the entire job that Abt has done [re: HMIS]. Anything that the MOH tells us to do we will do it. We are implementers and it is not up to us to think about sustainability." MOH Director

"Our hospital started our cooperation with Abt in 2009 and together, we have developed a lot. But there are limitations to this process; there is still a lack of expertise, equipment and competent staff." Chief Doctor, District

"Abt will leave behind a legacy of technical expertise, new knowledge, openness, practical approaches, clinical protocols, evidence-based medicine, and more. It will be up to the local stakeholders to improve their capacities, but also upon international organizations to take over and build-on Abt's results."

International Organization Representative

“We need help with trainings for another 2-3 years because there are more than 21 diseases to study.” DMT Member, District

CONCLUSIONS TO QUESTION 3: SUSTAINABILITY OF AZ SHIP INTERVENTIONS

- AZ SHIP meets the attributes for a sustainable project as laid out in our framework.
- USAID and Abt’s process for ensuring the sustainability of project interventions is in place and serves as a model for other programmers.
- The legacy of AZ SHIP is being established and its sustainability is highly dependent upon the highest level decision makers in the MOH and the GOAJ.
- PHRC is well positioned and capable of assuming the role Abt has played to date. Capacity building efforts to continue spreading knowledge transfer are still needed and it is incumbent upon the GOAJ to allocate funding and other resources to meet this end.
- With Abt’s direct support, the DMTs are working well as a quality improvement mechanism. However, without a ministerial order and the commitment of the Chief Doctors at the district level, the sustainability of this intervention is at risk.
- There is a significant critical mass of stakeholders who feel qualified and motivated to continue implementing AZ SHIP’s interventions after the project ends. The district level capacity needs further development in the final year of the project.
- To ensure the HMIS functions to mobilize and increase access to resources, the analytical component that will demonstrate the utility of the system needs to be scaled-up.

EVALUATION QUESTION 4: PROJECT MONITORING

The fourth question presented to our evaluation team revolves around Abt’s compliance with monitoring AZ SHIP’s project systems. **More specifically, Evaluation Question 4 asks: “Has AZ SHIP developed and implemented monitoring, evaluation, financial management, and reporting systems so that USAID receives valid, complete, and timely data on its performance indicators?”**

As described in the previous Methods chapter, document review and interviews of AZ SHIP’s M&E Specialist and training participants selected at random were used to gather findings.

This question was dissected into its three components: 1) Performance Monitoring Plan (PMP) which is basically a DQA of the project’s monitoring and reporting system; 2) Financial Management; and 3) PPR Indicator Validation. The findings, conclusions, and recommendations for each component are presented below.

PMP FINDINGS

As of the end of the second quarter, all indicator targets have been met and in 33% of the cases, targets were exceeded for project year one. The actuals are presented as cumulative numbers and, where they exceed the targets, there is an explanation as to why this happened. For example, *Indicator 1.3 Number of health facilities using a health management information system, including e-TB manager, or new procurement/logistics tool* had a target of 25 health facilities; the actual is 142 and the overachievement occurred due to a ministerial order #108/2011 which requires the HMIS to be scaled-up nationwide. (Note that this indicator essentially reflects the HMIS (electronic version of Form #66) because 19 facilities are using the eTB manager, and only one facility ever used the new procurement tool).

All indicators are at output level, no outcome indicators are listed in the PMP. At the beginning of the project, USAID and Abt discussed the need for outcome indicators but were at an impasse as to which to select. The original Request for Applications suggested outcome indicators that were reflective of health outcomes but since AZ SHIP is not a service delivery project, the parties agreed they were inappropriate and decided to only measure outputs. The indicators are presented per project component: component one has three indicators, component two has four indicators, component three has eight indicators, and component four has six indicators for a total of 21 indicators. Definitions for four of the indicators are complicated; for example, they are measuring several variables within the same indicator (i.e., technical papers, workshops, and training events are all combined into Indicators 2.2—2.5).

The methodologies used for data collection are described in the Performance Indicator Reference Sheets (PIRS) and vary depending on the indicator. For some indicators, the method is through attendance sheets, for other indicators it is the project records, and for a couple of indicators, tools were developed by the project staff. It is hard to find references for some of the categories listed in the PIRS, although they do exist.

DQA Team

AZ SHIP does not have a DQA team as it is not required, but they do control for quality as described in the PIRS. AZ SHIP's Chief of Party (COP) and Deputy COP developed the reporting mechanisms and the PMP. The M&E Specialist has joined the team recently and resumed the work.

Overall Approach and Schedule

The description of the quality control allows both the project's Component Leads and the M&E Specialist to do random checks on the quality of the data collection but no indicators are validated nor are there other quality control checks described. The database is managed by an administrative assistant who receives inputs from the Component Leads.

Indicators included in USAID's Review

Abt has clearly identified the four indicators reported in the PPR which are also incorporated into the PMP. According to the Mission's M&E Specialist, DQAs are conducted by USAID/Azerbaijan, and only for the PPR indicators reported up to USAID/Washington as mandated by USAID's Automated Directive System - ADS 203.

Categorization of the Indicators

The PMP matrix identifies the indicator by type of indicator (all are outputs) and by its project component. It provides units of measurement and disaggregation (i.e., male/female and urban/rural). The PMP also describes the cost of data collection for each indicator. The PMP outlines the data collection method, identifies data quality issues, and notes if any follow-up actions are needed. Finally, the PMP also provides specific information on who is responsible for the data collection and the frequency of data collection.

Working Sessions to Review Indicators

The project's M&E Specialist, together with the COP and the entire team, review the data as described in the PIRS (quarterly or annually). The PIRS contains data limitation line items as well as a line item for follow-up actions if any are discovered. Data analysis is described in detail specifying how Abt will proceed if there are barriers in meeting the targets and/or opportunities to scale-up the activities. In addition, results are reviewed during USAID's semi-annual Portfolio Review sessions and at routine activity level meetings with the Agreement Officer's Representative.

PMP CONCLUSIONS

- AZ SHIP has developed a very good performance monitoring system which meets the basic requirements of ADS 203.
- The PMP contains no outcome level indicators which makes it difficult to measure end results, and precludes the measurement of the effectiveness of the project's technical objectives.
- The project's M&E Specialist is relatively new and not fully ready to assess the quality of the data entered into the PMP.

FINANCIAL MANAGEMENT FINDINGS

The evaluation analyzed quarterly financial reports submitted by Abt to USAID/Azerbaijan in regard to the timeliness of their submission and their compliance with the CA clauses on financial reporting. The financial reports were also checked against approved CA budget.

Abt submitted three quarterly financial reports on time and in the SF 425 format as required by the CA. By the time of this evaluation reviewed the reports, the fourth quarterly financial report was not yet due for submission. The CA requires that financial reports should include a breakdown by the USAID health program elements, in this case Tuberculosis 3.1.2, Other Public Health Threats 3.1.5, MCH 3.1.6, and Reproductive health / Family Planning 3.1.7. The quarterly reports submitted and analyzed do not include such a breakdown. However, USAID has not requested this from Abt just yet.

The evaluation also assessed whether the project expense data reported in the SF-425 forms corresponded to the approved cooperative agreement budget. According to the original CA budget, \$2,886,984 has been allocated for the first year of the project. The project has spent \$ 1,877,065 during its initial three quarters of implementation, with an average quarterly burn rate of \$ 629,022. The spending during the initial three quarters is in line with the planned utilization as per the CA budget. The project pipeline as of July 1, 2012 is \$4,022,737, with a projected quarterly burn rate of \$804,547 for the remaining five quarters.

FINANCIAL MANAGEMENT CONCLUSION

- Overall, Abt is in compliance with the CA financial reporting requirements by submitting timely financial reports in the format required by the CA.

FINDINGS FOR THE PPR INDICATORS

Data Quality of the PPR Indicators

A DQA was conducted on AZ SHIP's four PPR indicators listed below. All four of these indicators are custom-designed to meet the needs of AZ SHIP. The PPR Indicators are:

1. Number of improvements to laws, policies, regulations or guidelines related to improving access to and use of health services drafted with USG support;
2. Number of medical/paramedical practitioners trained in evidence-based clinical guidelines;
3. Number of health facilities using a health management information system, including the eTB manager, or the new procurement/logistics tool;
4. Number of healthcare workers trained in patient-provider communication.

An Azerbaijani Health Specialist conducted a second interview with AZ SHIP's M&E Specialist to speak specifically about data quality measures employed for these four PPR indicators. Previously, she was interviewed through an interpreter and asked questions about the PMP in general as reported above under PMP Findings. She did not fully or directly answer our questions concerning the data quality of these indicators. She considers the PPR Indicators as their highest level indicators. These indicators are

collected by the AZ SHIP Component Lead who is managing the progress of the respective interventions which influence the PPR Indicator results. She claims that there is a high precision of the data collected because of the methods they use and because they continually monitor these indicators.

The data presented in the PMP is disaggregated into categories by the type of training, the analytical tools provided, etc. The M&E Specialist believes this assures the validity of the data collected. She went on to assert the indicator data are reliable because they have a very good monitoring system. In this way, she believes the project management has access to accurate information which is in a usable format that can be used for decision-making.

Almost all data are reported quarterly, which yields sufficient information when the project needs it and is compliant with the CA requirements.

During this interview in the AZ SHIP office, one of our team members did not observe any mechanism in place which would prevent unauthorized changes of data.

The data quality examination process gave information about the validity of the indicator “1.2: Number of policies, regulations and procedures developed by MOH with AZ SHIP support.” The target of two has been met through developing a monitoring tool for evaluation of quality of services in TB and development of the Code of Ethical conduct.

Data Validation of the PPR Indicators

PPR Indicator #1 corresponds to PMP Indicator 1.2: number of policies, regulations and procedures developed by MOH with AZ SHIP support. The target for this indicator is for two policies to be developed for Year One. As of the end of the second quarter, AZ SHIP had helped the MOH: 1) develop a monitoring tool for evaluation of quality of services in TB service, and 2) supported the PHRC in the development of the Code of Ethical Conduct and produced an associated training package. For the first product, Indicator 3.2.8 is reported by Abt as having developed this tool, and Indicator 3.2.9 reports they have used the tool to engage in policy dialogue with MOH and NTP to expand the number and functions of TB coordinators to introduce a supportive supervision approach to monitor implementation of the National TB Strategy in the districts. Representatives from the NTP made reference to this tool in their discussions with the evaluation team. Abt provided the team with two tools; one is for TB Dispensaries and the other is adapted for use at PHC facilities. They are both written in Azerbaijani and have not yet been reviewed. As validation of the second product produced in Indicator 1.2, a representative from PHRC confirmed the support on the Code of Ethical Conduct as well as two other respondents who spontaneously mentioned the course. The evaluation team reviewed two related presentations on Informed Consent (March 2012) and Introduction to Health Care Ethics and Ethical Conduct (June 2012), both written in English. Both presentations were complete, included speakers’ notes, were of high quality, and in concurrence with international standards on ethics.

To validate PPR Indicator #2, the Evaluation Team conducted telephone interviews with 11 end-users of the HMIS (one respondent did not answer evaluators’ calls). All respondents said they had been trained on the use of the system and some more than once. The majority of them consider the HMIS to be very effective, saying it is a far superior system than the current Soviet system. A few said there are some technical issues surrounding the use of the HMIS such as non-functional computers and slow internet connections, which impede the effective use of the system. Eight of the institutions relayed how they have been using the results. For example, they analyze the deaths by the ICD diagnosis and total number of patients, discharges, A couple of doctors mentioned that the HMIS links some results of care to the physician but only one Chief Doctor plans to monitor his staff’s performance using the HMIS. The third and fourth PPR Indicators were validated by telephone interviewing 18 physicians who attended three courses: TB training, perinatal care, and patient-doctor communication. In all three cases, the majority of the total participants were females. Every participant said they have applied the content of their

training to their daily work and have discussed their learning with their supervisors. Five mentioned the trainings were very efficient. All in all they were quite satisfied.

CONCLUSIONS FOR THE PPR INDICATORS

- Based on review of the original data sources for PPR Indicators 1-4, the evaluation team concludes that the data reported in the PMP are valid.
- All indicators have been reported in the PMP in a timely manner.
- The absence of outcome indicators is a significant shortcoming of AZ SHIP's PMP because it does not allow for an objective evaluation of the project's effectiveness. Nonetheless, given there is less than one year left in the project and the USAID program will end in September 2013, the evaluation does not recommend selecting and monitoring outcome indicators so as to keep the project's focus on implementation.
- The data monitoring process is not secure. Once data are collected and archived, they could be endangered if unauthorized personnel entered the system and manipulated the results.
- The AZ SHIP M&E Specialist has little familiarity with four of the five USAID standards for assessing data quality: validity, reliability, precision, and integrity.

FINDINGS FOR BRANDING AND MARKETING

During site visits to health facilities it was found that, overall, most USAID donated equipment was properly branded per AZ SHIP's CA Branding and Marketing Strategy. Project tools, presentations and documents were also labeled in accordance with this strategy. In a few cases, the logos were not visible. In a few other cases, items were branded but the USAID logo was not displayed prominently per branding regulations. In terms of marketing, USAID and Abt were mentioned frequently during meetings in Baku. However, respondents in the districts seldom, if ever, mentioned USAID. District respondents most often mentioned the names of the Abt staff and consultants. There were many instances in the districts whereby it was clear the informants did not realize the support was from USAID. Three respondents in Baku did not associate the project's TA and/or products with USAID, Abt or AZ SHIP. These respondents were quite familiar with the products, though. Also, during telephone interviews with training participants, most doctors did not know that USAID or Abt sponsored the training. For example, of the five TB training participants interviewed, three thought UNICEF sponsored the training and two did not know.

CONCLUSIONS FOR BRANDING AND MARKETING

- In general, Abt has properly branded its products and equipment with the USAID logo per its guidelines with just a few exceptions.
- USAID name recognition is variable; yet respondents consistently referred to AZ SHIP's TA, trainings, products, tools and documents.

EVALUATION QUESTION 5: STAKEHOLDER SATISFACTION

The last evaluation question asks: *“Do key government (at various levels), donor, UN technical agencies, and community stakeholders express satisfaction and confidence with AZ SHIP's performance and capacity-building efforts?”* First, is a summary of key findings followed by evidence collected during KIIs and FGDs:

- ✓ An overwhelming majority of respondents express satisfaction with the performance of AZ SHIP.
- ✓ AZ SHIP achievements are very much appreciated, particularly among local communities at the district level who regret the project will soon end.

- ✓ AZ SHIP implementation approaches, namely institutionalization of government capacity and collaboration, are well accepted by Azerbaijan’s governmental agencies and the medical community at both the central and district levels.
- ✓ The international donor community recognizes USAID’s efforts and most of them work well together to synergize their activities.

Among the 58 respondents asked this question, only four offered a negative review of Abt’s performance. Yet, one of those four went on to say “I love the project...” and another said that Abt was doing a good job providing technical assistance and his organization would be willing to continue with the work Abt started after the project ends. The remaining 54 responses were all positive and many people expressed their gratitude to Abt for having included them as participants and their regret that the project will soon end.

The general sentiment is that Abt has provided high quality expertise and in an innovative format that was meaningful and relevant to the stakeholders. Many respondents specifically pointed out that Abt is quite flexible and readily adapts their trainings to the participants’ needs. All three evaluation sub-teams

I have read Dale Carnegie books to learn more about interpersonal relationships but it was only after I received Abt’s TA as a DMT member that I learned how to put new communication approaches into practice.

DMT Member

repeatedly heard accolades about AZ SHIP advisors by name, most often the TB, HMIS, and DMT advisors. People were particularly impressed with Abt’s interactive methods and multi-faceted pedagogy such as the use of state-of-the-art technologies including audio-visuals, and hands-on practice with manikins, in addition to teaching, and the like. A couple of people contrasted Abt’s adult instructional methodologies to the

traditional Soviet training style whereby an expert pontificates in a monologue based on his experience but not substantiated by empirical evidence. When discussing their positive impressions of Abt, respondents often equated it with their professionalism and work ethic. Excerpts from discussions include comments such as: “Their work is always very timely and practical”; “their work is invaluable”; “let me express my deep appreciation and gratitude to USAID and AZ SHIP”; “I prefer Abt to other organizations because it works with communities on the ground”; “...an important source of unbiased information and know-how.”; “they have no backsliding”; “always ready to provide advice and expertise”; “AZ SHIP has taught us to fish rather than give us a fish”; and “...enhanced my self-confidence” to cite only some of the kudos.

Among the international donor community, two of the key informants felt that Abt, and for that matter USAID, lacked access to key decision makers in the GOAJ. They are of the persuasion that bilaterals have weak policy and advocacy skills and that this role is more appropriate for the United Nations. This is contrasted with the opinions of the other international donor representatives who face the same barriers to policy development. These other respondents see this as a mostly a result of local politics.

LESSONS LEARNED

Four people gave their opinions on how Abt could improve its TA. One TB expert spoke highly of the quality of Abt’s TB specialist as a generalist in the field. However, he suggested that in some instances it would be better to work with consultants who have more specific expertise in monitoring, laboratory management, and social

“Our cooperation with Abt is truly exceptional. I even wrote an official letter of gratitude to the COP.”

Academician

assistance rather than a generalist. This same respondent also said that AZ SHIP's assistance is always timely and relevant, especially compared to other donors: *“Other donors might take one year to mobilize a consultant and by that time, the consultancy is no longer relevant.”* A similar suggestion came from a village hospital doctor who lamented that sometimes the Abt experts were not so good in answering participants' questions: *“...experts are needed to address some of the burning issues of the doctors...we should not be treated as school children”*. Indeed, this was an outlier commentary and this is the same person who said he loved the project and was grateful for the TA, hence he seemed to contradict himself. Someone from a central district hospital recommended that the timing of the trainings be more flexible to ensure full attendance of the doctors. The last suggestion for improvement came from an Ex Com representative in one of the CAGs. He wants to see support for STC intensified and offered on a regular basis to more people. In this way, his CAG would gain more recognition within his community.

CONCLUSIONS FOR QUESTION 5: STAKEHOLDER SATISFACTION

- AZ SHIP has done an excellent job in building and maintaining relationships with its stakeholders because they have honed in on their needs and have offered them practical TA, training, tools, and support that is relevant to their daily work.
- Stakeholders are very impressed with AZ SHIP's achievements, especially their leadership in building capacity on CPGs and the development of the HMIS.
- Abt successfully employed adult learning methodologies that met the needs and expectations of their stakeholders.

4. RECOMMENDATIONS⁷

The recommendations herein are organized according to AZ SHIP's four technical objectives and also the fourth evaluation question which is focused on compliance with project monitoring and reporting. This is to ease the adaptation of them since AZ SHIP's workplan is organized according to its technical objectives and not the evaluation questions. Annex O is a matrix which lists each conclusion and recommendation and respective findings categorized according to the five evaluation questions.

GOVERNANCE CAPACITY

1. Continue with capacity building as planned at all levels of the health system, especially at the district levels and with more attention paid to nurses and midwives. Identify their needs and specify what types of training and capacity building are needed to supplement the focus on doctors (long term).
2. Prepare an exit strategy for the hand-over and institutionalization of the DMT mechanism. Assess the effectiveness of the DMT and make needed revisions. Advocate for a “methodological recommendation” for the DMT and its budget line item (medium term).
3. The Sustainability Plan should indicate the key objectives and expected results for the AZ SHIP interventions that are handed-over to the MOH and technical agencies. The hand-over process to the stakeholders should be defined so they can objectively move forward with a plan of action (long term).

RESOURCE MOBILIZATION, ALLOCATION, AND USE

4. Communicate AZ SHIP's key interventions and achievements in short briefings among the different departments within the MOH, MOJ, Parliament, the Ministry of Finance, and the Ministry of Economic Development. These communications should include Abt's efforts to address gender equity (medium term).
5. Meet with Executive Committees and Chief Doctors at the district level to discuss resource mobilization and allocation that is within their purview. Use AZ SHIP tools to help prepare a draft guideline for budget submissions that reflect evidence-based needs (medium term).

QUALITY OF HEALTH CARE RESOURCES

6. Scale-up the HMIS and eTB Manager analytical components throughout Baku and the districts with an emphasis on their utility to facility managers and district health authorities (long term).
7. Assess the effectiveness of the MNH Monitoring Tool and advocate for its scale-up after making necessary revisions (long term).
8. Strengthen the DMT monitoring system of CPGs by a) developing written guidance for the supportive supervision process; b) including clinical rounds as part of the process when patients are available; c) transferring ownership of the process to the local teams; and d) including a nurse on the DMT team to monitor the quality of nursing care (medium term).
9. Develop a user-friendly analytical tool for the DMTs so they can independently generate aggregated results on a quarterly basis for district—wide decision making (short term).

⁷ The legend for the suggested time frame to complete the recommendation is: short term = within next three months; medium term = within next six months; and long term = by the end of the project.

10. Initiate the process of client exit interviews at health facilities to ascertain client satisfaction with care and to assess the extent to which individuals take responsibility for their own health (if existing project funds permit - long term).

COMMUNITY EMPOWERMENT

11. Develop the grass-roots capacity in institutional development of a small group of high performing CAGs (i.e., one per district - long term).
 - Begin with basic skills such as developing a mission statement, vision, and goal setting, followed by fundamentals of running a meeting;
 - Revisit the community needs assessment to assist CAGs with priority setting;
 - Build linkages between local NGOs and CAGs. Include Peace Corps Volunteers so that they can assist CAGs to generate interest and resources;
 - Explore opportunities for productive cooperation of CAGs with the local health care authorities (e.g., local hygienic-epidemiology centers might help with messaging on personal hygiene and other patient education posters to be posted in public places in the villages).
12. Solicit the community perspective by including CAG members in the trainings of provider-patient communication and behavior styles (in accordance with training schedule).

PROJECT MONITORING PLAN

13. The PIRS for each indicator needs to be clearer (i.e., one or two pages per indicator) and the definitions for some of the indicators needs to be simplified so that they can be tracked in an easier fashion (short term).
14. Document the indicator review process, e.g., minutes from the review process should be briefly summarized (one page) and included as an annex to the quarterly reports (short term).
15. Selected indicators that reflect the sustainability of the project should be validated once each quarter by choosing a random sample of each and tracing the indicator to its source (short term).
16. AZ SHIP's M&E Specialist should undergo on-the-job training by a senior M&E Specialist to better capture results from the component managers and to conduct internal data quality assessments such as independent validation of selected indicators (this should not be a project expense - short term).

PROJECT FINANCIAL MANAGEMENT

17. Abt should discuss and agree with the USAID/Azerbaijan Mission as to how they should report the breakdown of financial data by USAID program elements for future reports and whether this information is needed retroactively as well (short term).

PERFORMANCE PLAN AND REPORT INDICATORS

18. Identify the potential weaknesses in the M&E reporting process (i.e., data security) to anticipate possible problems in its implementation and build-in measures to allow for a prompt response if such problems occur (short-term).
19. Data storage should be the responsibility of the M&E Specialist and one alternate representative to prevent the potential for unauthorized changes which could comprise the integrity of the results (short term).

ANNEXES

ANNEX A	Statement of Work
ANNEX B	Map of AZ SHIP Project Sites
ANNEX C	Evaluation Team Biographies
ANNEX D	Scope and Methodology
ANNEX E	List of Persons Consulted
ANNEX F	Team Planning Meeting Agendas
ANNEX G	Informed Consent
ANNEX H	Key Informant Semi-Structured Questionnaire
ANNEX I	Direct Observation Checklist
ANNEX J	Focus Group Discussion Guide
ANNEX K	Analysis Plan
ANNEX L	Translations of the Informed Consent, KII questionnaire, FGD guide, and DO Checklist
ANNEX M	List of References
ANNEX N	Conflict of Interest Statements
ANNEX O	Matrix that Links Each Conclusion and Recommendation and Respective Findings

ANNEX A: STATEMENT OF WORK

MID-TERM PERFORMANCE EVALUATION OF AZERBAIJAN STRENGTHENING HEALTH SYSTEMS THROUGH INTEGRATED PROGRAMS (AZ SHIP) PROJECT

I. PURPOSE

The purpose of the mid-term performance evaluation of AZ SHIP is to determine the effectiveness and timeliness of the project in achieving its strategy and technical approach. It will also determine the willingness and ability of the Ministry of Health to institutionalize and sustain AZ SHIP activities at the end of the project in September 2013. The evaluation will provide pertinent information about the project's successes in (1) coordinating and collaborating with important stakeholders; (2) promoting public-private partnerships to support quality services; (3) building central and district government capacity to manage, implement, and finance health policies and services; (4) improving the quality of health services; and (5) empowering individuals and communities to exercise their health care rights and responsibilities. The evaluation should highlight AZ SHIP's success in mainstreaming gender in all of its primary activities. It will also support its findings with specific examples. The evaluation will cover the project implementation period of September 27, 2011 to the start date of the evaluation.

The evaluation will consist of two parts. The first part will describe the effectiveness and timeliness of project interventions and the ability of the project to produce expected deliverables by the dates specified in the Annual Work plan. It will determine the effectiveness of AZ-SHIP's monitoring, evaluation, and reporting systems and the validity and quality of data submitted to USAID for its performance reports. It will also examine the project's compliance with USAID's branding and marking policies, as described in its Cooperative Agreement. Finally, it will review the project's financial management system, including its expenditure of funds and pipeline. The second part will examine the technical and financial sustainability of its interventions and government willingness and ability to support interventions after the close of the project.

The primary stakeholders for the AZ SHIP mid-term performance evaluation are the USAID/Azerbaijan Mission, the Government of Azerbaijan Ministry of Health, and the district health authorities in the project's seven target districts. Other stakeholders will include USAID/Washington (Europe and Eurasia Bureau, Global Health Bureau, and Policy, Planning, and Learning Bureau), UN technical agencies, Global Fund, and World Bank. Stakeholder input and participation in the evaluation process will take place at two critical points. The Mission will share the Evaluation Statement of Work and design with government and other key partner stakeholders and incorporate comments and recommendations into the final document. After a preliminary draft of the report has been produced, the evaluation team will formally present key findings and recommendations to stakeholders for feedback that will be incorporated into the final report.

In collaboration with stakeholders, USAID will make needed mid-term adjustments to improve the effectiveness of AZSHIP and chart a roadmap for its technical and financial sustainability. The Mission will use the evaluation to complete its Phase-Out Plan for the health section of Development Objective 3, Access to Quality Health Care and Targeted Social Assistance Increased through Strengthened Practices and Systems, in the USAID/Azerbaijan Country Development Cooperation Strategy, 2011-2016.

II. REQUIRED EVALUATION QUESTIONS

1. Did AZ SHIP complete the mid-term activities and reach the mid-term targets associated with its four technical approach objectives: (i) strengthen the governance capacity of the Ministry of Health to direct and implement health reform initiatives; (ii) improve the mobilization, allocation, and use of health care resources; (iii) improve the quality of health care resources; and (iv) empower individuals and communities to exercise their health care rights and responsibilities?
2. Did AZ SHIP complete mid-term activities and reached mid-term targets associated with implementing its strategy to (i) institutionalize government capacity to undertake and sustain the four technical approach objectives; (ii) coordinate and collaborate with other stakeholders; (iii) mainstream gender into project interventions; and (iv) explore public-private partnerships to sustain project activities?
3. Has AZ SHIP at mid-term started a formal planning process that involves the government and other stakeholders for sustaining its interventions after the project completion date?
4. Has AZ SHIP developed and implemented monitoring, evaluation, financial management, and reporting systems so that USAID receives valid, complete, and timely data on its performance indicators? Has AZ SHIP complied with its Branding Strategy and Marking Plan?
5. Do key government (at various levels), donor, UN technical agency, and community stakeholders express satisfaction and confidence with AZ SHIP's performance and capacity-building efforts?

The first two questions are highest priority for the evaluation.

The evaluation team must answer Questions 1 and 2 by determining if AZ SHIP's first annual work plan reflects all relevant activities described in its Cooperative Agreement. It will then ascertain if AZ SHIP's quarterly reports demonstrate mid-term progress on completing the activities described in the work plan. The evaluation team must use project quarterly reports and the project performance monitoring and evaluation plan to determine if the project is achieving the targets identified in the plan.

The evaluation team must answer Question 3 by examining the draft Sustainability Plan for the Health program and also through discussions with USAID, the MOH, and other key stakeholders. The Team must address Question 4 by examining the performance monitoring and evaluation plan and financial reports and by interviewing project and other relevant stakeholder staff about the validity, completeness, and timeliness of data. Compliance with the Branding and Marking Plan will be determined through direct observation and discussions. For Question 5, quality aspects associated with performance (for example, the ability of the project to generate trust and confidence with its government and stakeholder counterparts) must be addressed through the rapid appraisal interviews.

III. METHODOLOGY

The evaluation team must use rapid appraisal methodology, an approach suitable for the kind of data collection and analysis pertinent to the evaluation. Review of the Cooperative Agreement, annual work plans, quarterly performance and financial reports, and monitoring and evaluation tables will provide important information about the project's completion of mid-term activities and targets. The Mission recommends that the evaluators use multiple rapid appraisal methods to verify the information from these reports and also to gauge satisfaction by the government and key stakeholders about project performance. Relevant rapid appraisal methods will include some or all of the following: face-to-face interviews with key informants, focus groups, group discussions, and community discussions. (The team is encouraged to recommend additional methods as long as they do not add to the duration or cost of the evaluation). The team should be prepared to use a semi-structured questionnaire or topic list to ensure that all relevant issues are covered in the evaluation. If not, it should propose an alternate tool to USAID. The team should also be prepared to describe the strengths and weaknesses of its methodology.

The evaluation team must conduct a literature review of all documents cited in the "Reference Documents" section of this Statement of Work. These documents shall describe the context of the health sector in Azerbaijan and also provide information on the AZ SHIP Cooperative Agreement and the management, implementation, monitoring, and reporting of activities and their financing. Although quantitative baseline information was not collected at the start of AZ SHIP, the PHCS Project Final Report, 2007-2011, will give team members information about the health policy and financing, quality improvement, and personal and community empowerment status of AZ SHIP-supported areas at the beginning of the AZ SHIP Project.

The team must visit all seven districts covered by AZ SHIP and meet with district health authorities, such as Chief Physicians, members of the District Monitoring Teams, and midwives. They must also conduct community-level discussion in a sample of the 40 communities covered under the project. A random selection of these communities should take place during the preparation stage of the evaluation, so that relevant government and community officials can be notified in a timely fashion before the arrival of the evaluation team in the district. The evaluation team should also be prepared to meet with all of the government authorities significantly assisted by AZ SHIP, including, but not limited to, the National TB Program, Republican Institute of Lung Disease (RILD), Public Health and Reform Center, Republican Institute of Obstetrics and Gynecology (RIOG), Post Graduate Institute of Medicine (PGIM), Azerbaijan Medical University (AMU), and relevant parliamentarians. The evaluation team should also meet with relevant USAID counterparts, such as UNICEF and WHO.

Before the start of the field work, the evaluation team shall receive USAID approval of a plan that will describe procedures for the qualitative data transcription and analysis.

After data collection, the team must share with USAID data to be discussed at the Stakeholder's Meeting and used in the written reports. It will also describe ways the information shall be used for formulating the sustainability recommendations for project activities after the termination of the project in September 2013.

The evaluation team must also assess AZ SHIP's monitoring and evaluation system to ensure that the project is gathering, analyzing, and reporting on data that measure project performance and that meet the requirements of USAID's Performance Management Plan (PMP). These data should be valid, complete, and timely, as well as demonstrate appropriate gender disaggregation. The evaluation team must review AZ SHIP's input into the Mission's Health Sector Phase-Out

Plan to ascertain that relevant activities are properly sustained after USAID's departure in September 2013. (The Mission is developing a Phase-Out Plan for all of its health activities to help enable the government and/or other key stakeholders to continue support after September 2013).

IV. OTHER NOTES

USAID will support this evaluation with two-three USAID officers. Information on these individuals will be provided to the Contractor after the award is made.

V. REPORTING REQUIREMENTS TO ENSURE THE QUALITY OF THE EVALUATION REPORT

Per the USAID evaluation policy, draft and final evaluation reports will be evaluated against the following criteria to ensure the quality of the evaluation report.

- The evaluation report should represent a thoughtful, well-researched, and
- well-organized effort to objectively evaluate what worked in the project, what did not, and why.
- Evaluation reports shall address all evaluation questions included in the scope of work.
- The evaluation report should include the Statement of Work as an annex.
- USAID/Azerbaijan must agree in writing with all modifications to the Statement
- of Work, whether in technical requirements, evaluation questions, evaluation team composition, methodology, or timeline.
- The evaluation methodology shall be explained in detail and all tools used in conducting the evaluation such as questionnaires, checklists, and discussion guides will be included in an Annex in the final report.
- The evaluation findings will ensure that, where relevant, data analysis takes gender into consideration.
- Limitations to the evaluation shall be disclosed in the report, with particular attention paid to the limitations associated with the evaluation methodology.
- The evaluation findings should be presented as analyzed facts, evidence, and data.
- Findings should be specific, concise and supported by strong evidence.
- Sources of information need to be properly identified and listed in an annex.
- Recommendations need to be supported by a specific set of findings.
- Recommendations should be action-oriented, practical, and specific, with defined responsibility and timelines for the action.

VI. OTHER REQUIREMENTS

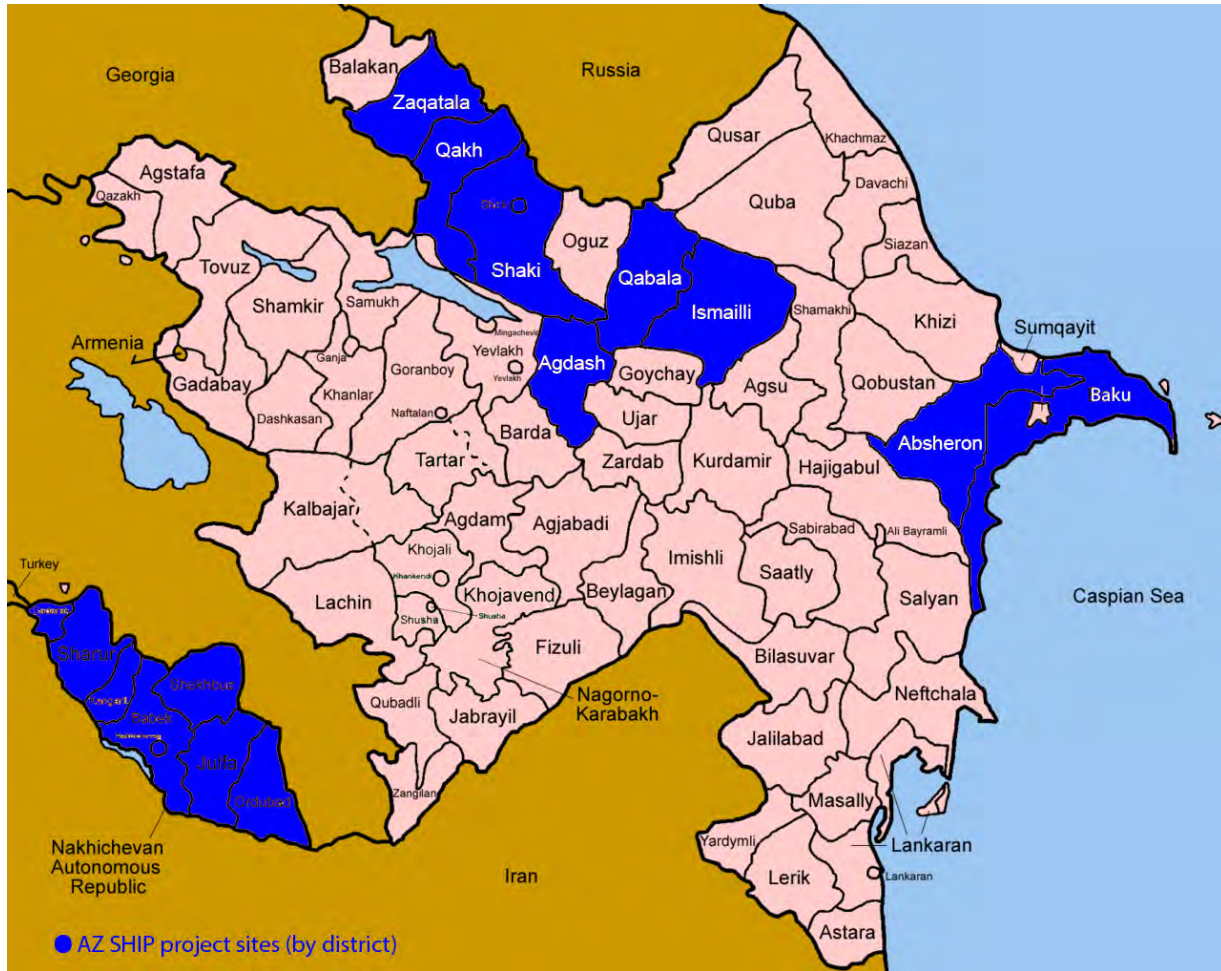
The evaluation team shall be familiar with USAID's Human Subject Protection Policy and USAID's Evaluation Policy (<http://www.usaid.gov/evaluation>). The evaluation team shall provide adequate training for its survey staff on survey methodology, USAID's survey regulations, other relevant regulations, and data collection plan.

The contractor has the responsibility to safeguard the rights and welfare of human subjects involved in the survey research supported by USAID. USAID has adopted the Common Federal Policy for the Protection of Human Subjects, Part 225 of Title 22 of the Code of Federal

Regulations (Recipient organizations must familiarize themselves with the USAID policy and provide "assurance" that they will follow and abide by the procedures of the Policy.

All records from the evaluation (e.g., interview transcripts or summaries) must be provided to the COR. All quantitative data collected by the evaluation team must be provided in an electronic file in easily readable format agreed upon with the COR. The data should be organized and fully documented for use by those not fully familiar with the project or the evaluation. USAID will retain ownership of the survey and all datasets developed.

ANNEX B: MAP OF AZ SHIP PROJECT SITES



ANNEX C: EVALUATION TEAM BIOGRAPHIES

Annette Bongiovanni is an independent consultant and served as the Team Leader for this evaluation. She has over 30 years' experience in the health field beginning her career as a critical care nurse at Stanford University Hospital. Ms. Bongiovanni earned a degree in public policy from Harvard University and has participated and led evaluations in Armenia, Russia, and the Ukraine. Ms. Bongiovanni is skilled in evaluation and research, policy analysis, and health systems strengthening. Her technical areas of expertise include maternal, neonatal, and child health; reproductive health and family planning; and HIV/AIDS.

Miodrag Bogdanovic, Monitoring and Evaluation (M&E) Specialist, USAID/Serbia served as the Sub-team Leader for Team A in this evaluation. He has 16 years of experience and holds MSc. in Economic Development from the Secondary School of Economics at the University of Niš, Leskovac, and an MA in Development of Countries in Transition from the University of Trento, Italy. Mr. Bogdanovic's main areas of expertise are economic development; M&E; business development; and business planning. He is adept at evaluation procedures with a focus on the preparation of evaluation questions. He facilitated the evaluation team's internal review of the findings and conclusions from the districts.

Matanat Garakhanova, Assistant Professor, Department of Pediatrics, Azerbaijan State Advanced Training Institute for Doctors, served as a Health Specialist for Team A. She has 26 years of experience and is a graduate of the Faculty of Pediatrics at the Azerbaijan State Medical University. Dr. Garakhanova is a pediatrician with experience in TB and HIV/AIDS prevention initiatives and specialization in community health. She has coordinated the "Health and Care in the Community" program for the Red Crescent Society since 2003. Dr. Garakhanova ground-truthed information for the evaluation.

Ivica Vasev, Monitoring and Evaluation and Project Development Specialist served as the Sub-team Leader for Team B in this evaluation. He possesses 15 years of experience in the development arena and holds an MA in Political Theory from the University of Manchester, United Kingdom. Mr. Vasev is an expert in political theory and political research and analysis. He is skilled in monitoring and evaluation; organizational performance improvement; and project design. Mr. Vasev's competencies in the development of evaluation instruments and facilitation skills were a critical contribution to this evaluation.

Aytakin Asgarova, Manager, Department of Population Health, Public Health and Reforms Center, Azerbaijan Ministry of Health, served as a Health Specialist for Team B. She has 7 years of experience and is a graduate of the Azerbaijan Medical University with a specialization in Medical Prophylaxis. She has participated in a number of health initiative funded by UN organizations and has been active in youth organizations, networks, and NGOs working on health issues from breast feeding to reproductive health. She previously conducted research on cost-effectiveness of Harm Reduction Programs. Ms. Asgarova's ground-truthed information for this evaluation and provided government perspective to help guide the correct interpretation of results and the formulation of practical recommendations.

Giorgi Khechinashvili, Senior Health Systems and Financing Advisor, USAID/Georgia led Team C as a Sub-team Leader for this evaluation. A medical doctor specialized in cardiology, Dr. Khechinashvili also holds an MSc in International Health from Heidelberg University and MSc in Public Policy and Administration from the London School of Economics. He has more than 12 years of experience in

public health and health policy. Dr. Khechninashvili's is adroit in public policy analysis; development project planning; management and evaluation; designing logical frameworks; and indicator development. He is also a Lecturer in policy analysis and public administration at the University of Georgia, Tbilisi.

Gulnara Hajizada, Health Systems Strengthening Advisor, Health Policy and Reforms Department, Public Health and Reforms Center, Azerbaijan Ministry of Health, served as a Health Specialist for Team C. She has 14 years of experience and holds an MPH in Health Systems Management and Policy from the Institute of Tropical Medicine and an MD from the Azerbaijan Medical University. Dr. Hajizada has worked in public health policy since 2007. She previously conducted research on experiential surgery, monitoring and evaluating trials on new technologies and curative methods. Dr. Hajizada ground-truthed information for this evaluation and provided government perspective to help guide the correct interpretation of results and the formulation of practical recommendations.

ANNEX D: SCOPE AND METHODOLOGY

EVALUATION DESIGN

This qualitative study is a mid-term performance evaluation of a two-year project. The purpose of this performance evaluation is to inform USAID on Abt's compliance with its technical objectives and implementation strategy. Another key objective of this evaluation is to ascertain the processes in place to ensure a sustainable hand-over of project activities to the Ministry of Health. The evaluation revealed the perceptions of stakeholders both in the government and in civil society. Aside from USAID, the other primary audiences for this study are Abt, MOH and its providers, and international organizations working in Azerbaijan. The specific evaluation questions are:

- Did AZ SHIP complete the mid-term activities and reach the mid-term targets associated with its four technical approach objectives:
 - strengthen the governance capacity of the Ministry of Health to direct and implement health reform initiatives;
 - improve the mobilization, allocation, and use of health care resources;
 - improve the quality of health care resources; and
 - empower individuals and communities to exercise their health care rights and responsibilities?
- Did AZ SHIP complete mid-term activities and reach mid-term targets associated with implementing its strategy to:
 - institutionalize government capacity to undertake and sustain the four technical approach objectives;
 - coordinate and collaborate with other stakeholders;
 - mainstream gender into project interventions; and
 - explore public-private partnerships to sustain project activities?
- Has AZ SHIP at mid-term started a formal planning process that involves the government and other stakeholders for sustaining its interventions after the project completion date?
- Has AZ SHIP developed and implemented monitoring, evaluation, financial management, and reporting systems so that USAID receives valid, complete, and timely data on its performance indicators? Has AZ SHIP complied with its Branding Strategy and Marking Plan?
- Do key government (at various levels), donor, UN technical agency, and community stakeholders express satisfaction and confidence with AZ SHIP's performance and capacity-building efforts?

The evaluation was implemented between September 17 - December 14, 2012. During the first week the team convened as a group from October 2-4, 2012. All team members, including USAID/Azerbaijan Health Staff, participated in a three day Team Planning Meeting (TPM) (Agendas included in the Evaluation Workplan can be found in Annex F). During these TPMs, all members actively participated in the development of this Evaluation Design including definition of roles and responsibilities, site selection and assignment, creation of data collection instruments, and the analysis plan.

Protection of Human Subjects

In adherence with guidance on the protection of human subjects recommended by the United States National Institutes for Health, informed consent (Annex G) was solicited from all respondents before commencing to interview them. We will not ask for signatures since this would not be culturally appropriate in the local setting. Annex III is a copy of the Informed Consent form that will be used. It will be provided to the respondent in Azerbaijani language at the beginning of each interview and its contents will be discussed.

Evaluation Team Structure

The evaluation team was comprised of an international consultant serving as the Team Leader (Annette Bongiovanni), three Azerbaijani Health Specialists (Matanat Garahanova Sabir, Azerbaijan State Advance Training Institute for Doctors; Aytakin Asgarova, Public Health and Reforms Center (PHRC); and Gulnara Hajizada, PHRC) and three representatives from USAID Europe and Eurasia (E&E) (Miodrag Bogdanovic, M&E Specialist, USAID/Serbia; Ivica Vasev, M&E Specialist, USAID/Macedonia; and Giorgi Khechinashvili, Deputy Health Team Leader USAID/Georgia). Two health team members from USAID/Azerbaijan (Mehriban Mammadova, AZ SHIP AOR; and Shirin Kazimov) and two representatives from its Program Office (Tamilla Mammadova and Vugar Nagiyev) joined the evaluation team as observers during data collection. Three Azerbaijani interpreters also accompanied the team.

USAID's rationale behind the team structure is twofold. Including host-country counterpart institutions from the MOH increased the chances of ownership of the findings. The participation of MOH and USAID/Azerbaijan representatives on the team was to encourage the sustainability of the recommendations. MOH and USAID representatives are well poised to formulate relevant action steps to ensure smooth close-out of program activities next year with hand-over of activities to the government of Azerbaijan.

USAID/Azerbaijan staff members were in the role of observers and were not involved in the production of any evaluation deliverables.

Roles and Responsibilities of Evaluation Team Members

During the TPMs team members gathered in small working groups to discuss their respective roles and responsibilities and then presented them to the group. This was followed by a discussion of the role and responsibilities of the team leader as described below.

Roles and Responsibilities of the Team Leader: Annette Bongiovanni (Team A)

Submission and quality of the deliverables and for the overall performance and conduct of the evaluation field work, as well as the desk research, planning, data analysis, and report drafting;

Maintain positive and productive relationships with the client including USAID/Caucasus representatives and personnel, as well as with the staff of USAID implementing partners,

Manage the evaluation team, the evaluation workload, and maintain positive and productive working relationships among evaluation team members;

Ensure all project deliverables and other materials relevant to the project as requested by IBTCI are submitted by due dates agreed on by IBTCI and the client;

Ensure that all project deliverables and other materials relevant to the project that are requested by IBTCI, as well as all related tasks and activities, including data collection and analysis methods performed during the project, are in compliance with the USAID 2011 Evaluation Policy, the USAID data quality standards as outlined in relevant chapters of the USAID Automated Directive System and other performance standards as directed by IBTCI and the client;

Responsible for managing, maintaining, tracking, and controlling project funds while in the field;

Perform all duties in compliance with USAID standards and requirements and also with IBTCI standards and requirements.

Roles and Responsibilities of the Sub-team Members

Table 6: Roles and Responsibilities of the Sub-team Members

Team Member	Role & Responsibility
<p>Sub-team Leaders</p> <p>Miodrag Bogdanovic M&E Specialist, USAID/Serbia Team A</p> <p>Ivica Vasev M&E Specialist, USAID/Macedonia Team B</p> <p>Giorgi Khechinashvili Deputy Health Team Leader USAID/Georgia Team C</p>	<p>Led the KII interviews</p> <p>Organized and led respective sub-team</p> <p>Introduced the team at KII (Key Informant Interviews), DO (Direct Observations), and FGD (Focus Group Discussions) and initiated the discussions.</p> <p>Solicited Informed Consent from all KII and FGD respondents.</p> <p>Wrote comprehensive notes for all questions in English during KII and FGD. Completed DO checklist immediately following health facility visits.</p> <p>Shared first draft of transcript with Health Specialist and incorporated her inputs.</p> <p>Transcribed notes into MS Word into the respective data collection instrument. Transcripts were to have been completed in full and submitted to the Team Leader within 48 hours of interview. One transcript per KII, per facility visit (DO), and per FGD was submitted.</p> <p>Led daily debriefings upon completion of all site visits.</p> <p>Provided written contributions to the Team Leader upon request.</p>
<p>Azerbaijani Health Specialists</p> <p>Matanat Garahanova Sabir Azerbaijan State Advanced Training Institute for Doctors</p>	<p>Led the FGD with Community Action Groups.</p> <p>Participated fully in the interviews, technical discussions and briefings.</p> <p>Intervened when the interpreter incorrectly interpreted the data collection instrument.</p> <p>Provided insights regarding the topic, the conversations and the quality of the responses.</p> <p>Attended all team meetings at the scheduled time and for the full duration unless other arrangements were made with the Team</p>

Team Member	Role & Responsibility
<p>Team A</p> <p>Aytakin Asgarova</p> <p>Manager, Department of Population Health</p> <p>PHRC</p> <p>Team B</p> <p>Gulnara Hajizada</p> <p>Health Systems Strengthening Advisor</p> <p>PHRC</p> <p>Team C</p>	<p>Leader/Sub-team Leader prior to the meeting.</p> <p>Wrote comprehensive notes in either Azerbaijani or English during KII and after completion of the DO and FGD.</p> <p>Transcribed notes into MS Word at the end of each day. The respective data collection instrument was to have been completed in full and submitted to the Sub-team Leader within 24 hours of interview. One transcript per KII, per facility visit (DO), and per FGD was required.</p> <p>Solicited clarification from Sub-Team Leaders on matters which were unclear.</p>
<p>USAID/Azerbaijan Members</p> <p>Shirin Kazimov</p> <p>Health Specialist</p> <p>Team A</p> <p>Tamilla Mammadova</p> <p>M&E Specialist</p> <p>PPO</p> <p>Team B</p>	<p>Role of an observer.</p> <p>He/she was encouraged to take notes and was welcome to ask questions during Key Informant Interviews (KII) so long as he/she stayed on topic and followed the Sub-team Leader’s guidance.</p> <p>He/she was encouraged to provide his/her insights of his/her observations during the daily debriefs.</p> <p>Assisted the team in understanding USAID’s expectations of the evaluation.</p> <p>Advised team on preferences for the presentation and structure of the findings.</p>

Team Member	Role & Responsibility
<p>Vugar Nagiyev Communications Specialist PPO Team B</p> <p>Mehriban Mammadova AZ SHIP Activity Officer Representative (AOR) Team C</p>	
<p>Interpreters</p> <p>Zamira Abbasova, Group 1</p> <p>Aynura Garabayli Group 2</p> <p>Aida Parviz Samadli Group 3</p>	<p>Interpreted from English to Azerbaijani and Azerbaijani to English.</p> <p>Studied the informed consent, data collection instruments and acronyms before data collection commenced.</p> <p>Translated selected documents upon request of the Sub-team Leader.</p> <p>Take notes as needed in order to better translate and interpret the discussion.</p> <p>Refrain from embellishing the questions on the data collection instruments so as to not bias the interviews.</p> <p>Attend all KII, health facility visits (DO), FGDs, and briefings at the scheduled time.</p>
<p>Logistics Coordinator:</p> <p>Nurana Radjobova</p>	<p>Updated schedule for Baku and district meetings on a daily basis and distributed to team members.</p> <p>Created and updated the report <i>Annex: List of Respondents Interviewed</i>.</p> <p>Organized transportation and maintain communications with rental car agency.</p> <p>Organized and confirm hotel bookings.</p> <p>Maintained daily communications and updates with Team Leader and</p>

Team Member	Role & Responsibility
	<p>copies to Zamira Abbasova, Interpreter.</p> <p>Communicated directly with interpreters and drivers as needed with updates on logistics.</p>
<p>All Team Members <i>(except Logistics Coordinator)</i></p>	<p>Active participation in all team meetings:</p> <p>Week 1 (10/2/12—10/4/12): Team Planning Meetings to prepare the evaluation workplan and design (led by Team Leader)</p> <p>Week 2 (10/8/12—10/13/12): Analyze and interpret findings from Baku Key Informant Interviews (KII) (led by Team Leader)</p> <p>Week 3 (10/15/12—10/20/12): Analyze and interpret findings from District KII, direct observation in the health facilities and FGDs with Community Action Groups (CAG).</p> <p>Week 4 (10/22/12—10/26/12): Review and edit presentations for USAID/Abt Debrief and Stakeholder Meeting and actively participate in these meetings.</p> <p>Comment on written deliverables produced by sub-team leaders upon request.</p>

SAMPLING STRATEGY & SITE SELECTION

AZ SHIP is being implemented at the central level in Baku and in seven districts: Absheron, Agdash, Gabala, Gakh, Ismayilli, Sheki, and Zagatala. Our three sub-teams will be in Baku and travel to all seven districts to conduct KIIs, DO of an array of health facilities, and conduct FGD among CAGs. USAID/Azerbaijan provided us with the list of stakeholders representing the MOH institutions collaborating with AZ SHIP and other stakeholders. The evaluation team collected data at all of the district hospitals, as well as a selection of other types of health facilities in each district visited. One CAG per district was randomly selected by simple random sampling among all the communities in each district. See Annex IV for the Draft Agenda of our Site visits.

DATA COLLECTION METHODS

We applied a mixed-methods approach to collect our data. This allowed us to solicit information from a variety of data sources to reveal findings that might not have surfaced otherwise if we were to rely solely on one method. Another advantage of a mixed-methods approach is the ability to triangulate information from different sources.

Document review is an important foundation so as to understand USAID’s expectations and Abt’s reporting of their interventions. As well, we examined the project’s deliverables such as advocacy papers, assessments, briefings, training results, tools, and the like. We also had access to MOH strategic plans, policies, standards, protocols, and guidance developed with Abt’s TA. In addition, we reviewed AZ SHIP’s original Cooperative Agreement and all quarterly reports and other deliverables submitted to USAID to date.

We conducted a series of **key informant interviews** (KII) using a semi-structured questionnaire (See Annex H) during our meetings with key informants. We visited each of the district hospitals and a variety of polyclinics, small village hospitals, village doctor outpatient clinics, feldsher-midwife points, and TB dispensaries. During the health facility visits we will make **direct observations** (DO) and requested to see the utilization of any Health Management Information Systems (HMIS) supported by AZ SHIP. Immediately following the facility visits, the team members completed the DO Checklist (See Annex I). We piloted the KII and DO instrument at one interview and site visit in Baku. Only minor revisions were needed.

Our fourth method of data collection was to conduct **Focus Group Discussions (FGD)** among Community Action Groups (CAG) that were formed by AZ SHIP as part of the project activities. Abt provided us with a complete list of all CAGs for each district. Annex J is the FGD Guide used by the Health Specialists who facilitated these discussions.

Evaluation Question 4 is in reference to AZ SHIP’s internal project monitoring of its performance indicators and finances. We dissected this question into its four components: 1) Performance Monitoring Plan (PMP) which is basically a data quality assessment (DQA) of the project’s monitoring and reporting system; 2) Financial Management; 3) Performance Plan and Report (PPR) Indicator Validation. Herein we present our findings, conclusions, and recommendations for each component; and 4) adherence to USAID’s Branding and Marketing Strategy as described in the Cooperative Agreement (CA).

We collected data from three sources to conduct this assessment: 1) in-depth interviews with AZ SHIP’s Chief of Party (COP) and Monitoring and Evaluation (M&E) Lead; 2) project documents—AZ SHIP Program Description, Year 1 Work Plan, the first three Quarterly Reports, and the second quarter PMP for FY12; 3) project products (e.g., tools and presentations); and 4) telephone interviews with a random selection of at least 10% of all training participants for each of the trainings listed in PPR Indicators 2, 3, and 4 below.

The third part of Evaluation Question 4, is in relation to the PPR indicators that the Mission reports up to USAID/Washington. All four indicators are custom-designed to meet the needs of AZ SHIP. The PPR Indicators are:

- Number of improvements to laws, policies, regulations or guidelines related to improving access to and use of health services drafted with USG support;
- Number of medical/paramedical practitioners trained in evidence-based clinical guidelines;
- Number of health facilities using a health management information system, including the eTB manager, or the new procurement/ logistics tool;

- Number of healthcare workers trained in patient-provider communication.

During our in-depth interviews with the M&E Specialist, we asked the following questions vis-à-vis the four PPR indicators:

- How do you collect the data and what is the unit of measure?
- Do you disaggregate data against type of regulations?
- Is there reasonable assurance that the data collection methods being used do not produce systematically biased data (e.g., consistently over- or under-counting)?
- Are data available frequently enough to inform program management decisions?
- Are mechanisms in place to prevent unauthorized changes to the data?

To confirm compliance with USAID's Branding and Marketing Strategy we observed AZ SHIP products and donated equipment in facilities using our DO Checklist.

LIMITATIONS

As the results of this study were not based on an experimental design, its results cannot be generalized to make any statements about the district populations or the stakeholder population *writ large*. Attribution cannot be assigned in the absence of a counterfactual and the ability to control confounding variables. Also, the nature of qualitative interviews leads to certain biases, namely, interviewer and respondent biases. In particular, this study is susceptible to interviewer bias because there are seven primary interviewers who, while they developed the design and the instruments together, they might have instilled their individual interpretations of the questions asked. Moreover, the Team Leader and Sub-Team Leaders do not speak Azerbaijani and were reliant on interpreters who also might bias the interpretation of the questions and their translation of the respondents' answers. The Sub-team Leader for Team C spoke Russian and conducted some of his interviews in Russian, but in such cases it was the second language for all parties and so still presented a slight barrier. Regarding the respondent bias, stakeholders might have perceived the need to express positive results or withheld from sharing negative results (known as a "halo" bias). Conversely, a couple respondents might have felt the need to present negative results because of misinformation or a conflict of interest (i.e., competing priorities). Fortunately, the recall period for this study is only one year; nonetheless, respondents might not have remembered all of the facts completely. As well, they might have mistakenly attributed interventions or results to Abt or alternatively forgot important milestones which were attributable to Abt's work (recall bias). Because of the mixed methods approach the evaluation was able to catch some of these inconsistencies through triangulation with other data sources.

Lastly, another source of potential bias concerns the intent of the questions versus the actual interpretation of the questions by the respondents. For example, the intent of one particular question was whether AZ SHIP's interventions have influenced the mobilization, allocation, and/or use of resources such as fiscal and human resources. The majority of respondents correctly interpreted the question as intended, but some responded vis-à-vis the physical resources donated to them by the project.

ANNEX E: LIST OF PERSONS CONSULTED**I. BAKU**

Date	Time	Name	Position, Organization
October 8	11:30	Jeyhun Mammadov	Director of Public Health and Reforms Center, MOH
October 8	2:00	Jabrayil Asadzadeh	Head of Center of Public Health and Reform
October 8	2:00	Sakina Ismaylova	PIU. In the same building as PHRC, 6th floor
October 8	3:00	Dilara Mammadaliyeva	Medical School
October 9	9:00	Zakiya Mustafayeva	Ministry of Health
October 9	9:30	Nigar Akhundova	Maternity House No.1
October 9	10:00	Irada Ismaylova	Ministry of Health
October 9	2:00	Sanan Karimov	Rector, Doctors Training Institute
October 9	2:00	Sevinj Mammadova	Maternity House No.4, Lokbatan, 28 may street
October 9	3:00	Rashida Abdullayeva	Center of Innovations and Drug Supply
October 10	11:00	Kamran Garakhanov	Head, WHO Country Office, UN House,
October 10	2:00	Svetlana Mammadova	TB Specialist, TB Dispanser
October 10	2:00	Azim Nagdaliyev	Head, Perinatal Center
October 10	3:00	Mark Hereward	UNICEF Representative
October 12	3:00	Viktor Gasimov	Head, National TB Program
October 11	10:00	Teymur Seyidov	Health Officer, UNFPA, Office located Dalga Plaza, 4th floor
October 11	10:30	Soltan Mammadov	Vice Chair, Global Fund's Coordination Unit, Office located inside Caspian Plaza, 3rd floor
October 11	2:00	Esmira Yusifova	TB Dispansery, No.4
October 12	11:00	Eljan Mammadbayov	Head TB Specialist of MH
October 22	10:00	ABT, M&E Specialist	(055) 255 6460
October 22	3:00	Head of International Relations Department, Medical University	(050)3407673
October 23	11:00	Deputy head of RILD, Azerbaijan Pulmonologists Association	(050)3124074

2. IN DISTRICTS

Name	District	Facility	Position	Date	Time
Aliyev Mejid	Sheki	Central District Hospital	Chief Doctor	Oct 17	9:00-10:30
Mammadov Knyaz	Sheki	Central District Hospital	Deputy of CD, DMT member	Oct 17	2:00-3:30
Hamidova Kifayat	Sheki	Central Adult Polyclinic	Chief of therapeutical dep., DMT member	Oct 17	11:00-12:30
Akhundova Zarafshan	Sheki		DMT member	Oct 17	2:00-3:30
Teymurova Arzu	Sheki		DMT member	Oct 17	2:00-3:30
Hasanov Talih	Sheki	Kish DAC	Chief Doctor	Oct 18	2:00-3:30
Hajiyev Ramiz	Sheki	Kichik Dahna PH	Chief Doctor	Oct 18	4:00-5:30
Hamzayev Hajiveli	Qakh	Central District Hospital	DMT member	Oct 15	3:00-4:30
Hajiyev Camaladdin	Qakh	Central Adult Polyclinic	Chief Doctor, DMT member	Oct 15	10:00-11:30
Kerimova Taliya	Qakh	Central District Hospital	Chief Pediatrician, DMT member	Oct 15	12:00-1:30
Seyidaliyeva Guldana	Qakh		DMT member	Oct 15	3:00-4:30
Efendiyeva Natella	Qakh	Qoragan DAC	Chief Doctor	Oct 16	4:00-5:30
Hajiyeva Malak	Qakh	Djalayir DAC	Chief Doctor	Oct 16	10:00-11:30
Nuriyev Nuru	Agdash	Central District Hospital	Chief Doctor	Oct 15	10:00-11:30
Abdullayev Bahman	Agdash	Central Adult Polyclinic	Chief Doctor, DMT member	Oct 15	2:00-3:30
Mammadova Gular	Agdash	Central Pediatric Polyclinic	Chief Doctor	Oct 15	4:00-5:30
Eyyubov Azer	Agdash		DMT member	Oct 15	12:00-1:30
Samadova Asmar	Agdash		DMT member	Oct 15	12:00-1:30
Aliyev Vagif	Agdash		DMT member	Oct 15	12:00-1:30
Huseynov Niymat	Agdash	Kukal DAC	Chief Doctor	Oct 16	2:00-3:30
Makhmudov Zulfuqar	Zaqatala	Central District Hospital	Chief Doctor	Oct 17	9:30-11:00
Teyyubov Mammadrasul	Zaqatala	Central Adult Polyclinic	Chief Doctor, DMT member	Oct 17	1:30-3:00

Name	District	Facility	Position	Date	Time
Maharramov Etibar	Zaqatala		DMT member	Oct 17	11:30-1:00
Bayramov Vagif	Zaqatala	Alibayramli DAC	Chief Doctor, DMT member	Oct 18	12:00-1:30
Mammadov Mirsayyaf	Zaqatala	Central Pediatric Polyclinic	Chief Doctor	Oct 17	3:30-5:00
Shakhmardanova Nigar	Zaqatala		DMT member	Oct 17	11:30-1:00
Duxiyeva Khatun	Zaqatala		DMT member	Oct 17	11:30-1:00
Bayramov Sabir	Qabala	Central District Hospital	Chief Doctor	Oct 16	10:00-11:30
Melikov Djavanshir	Qabala	Central District Hospital	Deputy of CD, DMT member	Oct 16	3:00-4:30
Mammadov Orxan	Qabala	Central Adult Polyclinic	Chief Doctor, DMT member	Oct 16	3:00-4:30
Rustamova Sadagat	Qabala	Central Pediatric Polyclinic	Chief Doctor, DMT member	Oct 16	12:00-1:30
Aslanov Saleh	Qabala		DMT member	Oct 16	3:00-4:30
Aslanbeyli Sahib	Qabala		DMT member	Oct 16	3:00-4:30
Huseynov Afer	Qabala	Vandam DAC	Chief Doctor	Oct 17	2:00-3:30
Ismayilov Israil	Ismayilli	Central District Hospital	Deputy of CD, DMT member	Oct 18	11:30-1:00
Djabrailov Fuad	Ismayilli	Central Adult Polyclinic	Chief Doctor, DMT member	Oct 18	2:00-3:30
Ragimov Vidadi	Ismayilli	Central Pediatric Polyclinic	Chief Doctor, DMT member	Oct 18	4:00-5:30
Prokofyeva Marina	Ismayilli	Ivanovka PH	Chief Doctor		
Mammadov Ziyad	Ismayilli	Topchu DAC	Chief Doctor		
Qaralova Mehriban	Absheron	Central District Hospital	Chief Doctor	Oct 15	11:00-12:30
Bayramova Raya	Absheron	Central Adult Polyclinic	DMT member	Oct 15	9:00-10:30
Quliyeva Khatira	Absheron	Central Pediatric Polyclinic	Deputy of CD, DMT member	Oct 15	9:00-10:30
Dadashova Zohra	Absheron		DMT member	Oct 15	9:00-10:30
Djafarova Ulviyya	Absheron		DMT member	Oct 15	9:00-10:30
Nuriyeva Ziba	Absheron	Masazir DAC	Chief Doctor	Oct 15	1:00-2:30
Aliyev Natiq	Absheron	Saray PH	Chief Doctor		

ANNEX F: TEAM PLANNING MEETING AGENDAS

TEAM PLANNING MEETING AGENDA

Day One

October 2, 2012

9:30—4:00PM

I. Welcome, Introductions (30 minutes)

Annette Bongiovanni, IBTCI

- a. See attachment: *Extended Team Members*

II. Understanding the Scope of Work (15 minutes)

Mehriban Mammadova, USAID/Azerbaijan, Health Project Management Specialist, AZ SHIP Activity Manager

- a. History of USAID/Azerbaijan health sector support
- b. Objectives of the evaluation
- c. Primary and secondary audiences for the report

III. Evaluation Questions (30 minutes)

Tamilla Mammadova, USAID/Azerbaijan, PPO, Evaluation Activity Manager

- a. Rationale for the evaluation questions (See attachment: *Evaluation Questions*)
- b. Clarifications (group)

IV. Evaluation Team Structure (45 minutes)

Annette Bongiovanni, IBTCI

- a. **Roles & Responsibilities of Team Members**
 - i. Team Leader R&R (See attachment: *Team Leader's Roles & Responsibilities*)
 - ii. Sub-team Leaders R&R
 - iii. Health Specialist R&R
- b. **Sub-team Composition:**
 - i. Groups A, B, C each comprised of USAID/E&E staff, Azerbaijani Health Specialist, USAID/Azerbaijan (observer), and interpreter
- c. **Communications**
 - i. Daily Tasker Updates
 - ii. English Transcripts (to be prepared on Wednesday)
 - iii. Daily Debriefs (led by Team Leader and Sub-Team Leaders while in Districts)

V. Evaluation Deliverables (30 minutes)

Annette Bongiovanni, IBTCI

- a. Evaluation Workplan (see attachment)
- b. Evaluation Design (*to be discussed after lunch*)
- c. Rough Outline of Main Findings and Recommendations
- d. Stakeholders' Meeting Presentation (MS PowerPoint)

- e. Detailed Outline Main Findings and Recommendations
- f. Draft Report
- g. Final Report with Annexes

LUNCH BREAK: 12:00—1:30

VI. Evaluation Design (90 minutes)

Ivica Vlavec, USAID/Macedonia

- a. **Study Domains** (“topic list”)
- b. **Data Collection Methods**
 - i. Key Informant Interviews (see attached lists)
 - ii. Direct Observation (informal)
 - iii. Focus Group Discussions (see attached list)
 - iv. Document Review (see attached *Background Documents* and electronic zip file)
- c. **Site Selection:** Baku, Asheron, Districts (see attached *Draft Agenda District Site Visits*)
- d. **Data Validation** of Four Primary Indicators (Mehriban Mammadova)
- e. **Data Collection Instruments:**
 - i. Key Informant Interviews (KII)--Semi-structured Questionnaire versus Topic List
 - ii. Focus Group Discussion (FGD) Guide
NB: Today we will discuss the overarching structure of the instruments which will be developed in draft on Wednesday.
- f. **Limitations of the evaluation**

TEA TIME: 3:30—3:45

VII. Team Observations and Concerns (30 minutes)

Dr. Baghirova Nigar Ilyasovna, Khazar University

ADJOURN

**AZ SHIP Mid-term Evaluation
Team Planning Meeting Agenda
October 3, 2012
9:30—5:00PM
Day 2**

I. District Site Visit Schedule (30 minutes)

Annette Bongiovanni, IBTCI

- a. Revise Schedule:
 - i. Key Informant Interview (KII) with Chief Doctor
 - ii. KII with DMT
 - iii. Direct Observation (DO) in health facility
 - iv. Only one CAG per district
 - I. Respective sub-groups randomly select CAG (See attachment from Day I packet)
- NB: Include nurses and/or midwives in meetings when possible

II. Data Collection Instruments (3 small working groups) (60--90 minutes)

Annette Bongiovanni, Giorgi Khechinashvili, Ivica Vlasev

- a. Key Informant Interviews (KII)--Semi-structured Questionnaire
 - b. Direct Observation Checklist (consider triangulation with the KII data)
 - c. Focus Group Discussion (FGD) Guide
- NB: *Transcript Formats will mirror the respective instruments*

LUNCH BREAK: 12:00—1:30

III. Presentation of Data Collection Instruments (45 minutes)

- a. KII: Annette
- b. FGD: Ivica
- c. DO: Giorgi

IV. Evaluation Design Matrix (60 minutes)

Ivica Vlasev

V. Analysis (45 minutes)

Giorgi Khechinashvili

- a. Domains: AZ SHIP Project Components crossed with AZ SHIP Implementation Strategies (see attached *Analysis Plan*)

VI. Roles and Responsibilities of Team Members (2 small working groups) (30 minutes)

- a. Sub-team Leaders
- b. Health Specialists
- c. Group Discussion after small working groups meet

VII. Expectations for Thursday and Friday (October 4-5, 2012) (30 minutes)

- a. Instrument Revisions
- b. Evaluation Design Matrix (see attachment)

- c. Evaluation Draft Reviews
- d. Background Document Review
- e. KII with Dr. Fazia Aliyeva

VIII. Team Concerns and Observations

ADJOURN

ANNEX G: INFORMED CONSENT

Hello, my name is _____ and my colleague(s) is/are _____. We are part of an evaluation team that is examining USAID's support to the Azerbaijani Ministry of Health and civil society. Our evaluation results will hopefully elucidate best practices that can be built-upon and spread across the country. We are also interested in hearing about lessons learned that would help improve future programming to strengthen the health system.

We would welcome an opportunity to conduct an in-depth interview that will take approximately 1-2 hours depending upon your availability and interest. We are seeking your consent to discuss your experiences working on/with the AZ SHIP Project implemented by Abt Associates. The information you provide us will not be linked to you personally in our report. However, we will share your views with other people at USAID/Azerbaijan. All the information that you will provide to us will be kept confidential and will be used for planning purposes only. Even then, any other information that can be directly linked to you will not be used. Only members of the evaluation team, including USAID/Azerbaijan members, will have access to the transcripts. We will produce a final report which will be a synthesis of our analysis drawn from interviews from numerous respondents. We might include quotes to highlight but they will not include your name. If you do not wish to have anything you mention during the interview quoted, please let us know now.

The information that you will share with us will help USAID and its partners in the Ministry of Health to improve the last year of AZ SHIP. We will be encouraging you to share your viewpoints, hindsight, recommendations, and suggestions to improve the last year of project implementation. The information that you provide to us will not be used against you in any way.

Your participation in this discussion is completely voluntary. If you choose not to participate, there will be no negative outcomes. Likewise, you can decline responding to specific questions that do not relate to your experience or if you do not have sufficient information to address them or find them too sensitive. You can also stop this interview at any time.

Please let me know if you have any objection to participating in this interview and also if you have any questions before we start. You are very welcome to interject through the interview to seek clarifications and/or ask questions. Thank you very much for taking the time to meet with us.

Now that you have heard this information, may we have your permission to start the interview?

ANNEX H: KEY INFORMANT SEMI-STRUCTURED QUESTIONNAIRE

Name of Team Member:	
Date:	
Baku:	District:
Village:	
Name of Facility:	
Type of Facility: hospital__ polyclinic__ PHC__ TB Dispensary__ other__	

Evaluation Question 1: Did AZ SHIP complete the mid-term activities and reach the mid-term targets associated with its four technical approach objectives?

- Tell us about your collaboration with Abt on health reform initiatives?
 - Probe: Have you noticed any differences in capacity of the government/your staff?
 - Probe: Have you collaborated with Abt on any of the following:
 1. Strategic plans; laws; policies; regulations; procedures; clinical standards and protocols/guidance
 2. Please describe the nature of your cooperation?
 - b. What your work done in partnership? Describe.
- I.a How about the HMIS—have you worked with Abt on HMIS?
 3. If yes, which ones specifically? (Form 66; eTB Manager; Procurement/Logistics Tool (MS Excel)
 4. Do you find this useful or is it burdensome?
 5. Is it facility-based or aggregated at a district/national level?
 6. How do you use the results from these electronic systems?
- Has has your work with Abt influenced the rationalization of health care resources? Explain.
 - Probe: Resources include human, fiscal, infrastructure.
 - Probe: Mobilization, allocation and use of resources?
- Has the quality of health care resources changed over the past year? If yes, how?
 - Probe: As the respondent speaks, clarify if Abt were involved with these changes.

- In the past year, have you noticed or heard about any changes in the behavior/attitudes of individuals and communities toward/regarding their own health care?
 - Probe: Specifically, have people begun to exercise (practice) their health care rights and responsibilities?
 - Probe: Are patients more proactive in the care they receive.

Evaluation Question 2: Did AZ SHIP complete mid-term activities and reached mid-term targets associated with implementing its strategy?

- You spoke about: *(Note to Interviewer: Refer to the topics the respondent already raised)*. Have any of them been “institutionalized” within the government? Describe.
- How does Abt coordinate and collaborate with you?
- Does Abt specifically address gender issues? Explain.
- Are you aware/familiar with any public-private partnerships that Abt has organized or supported? Please explain.

Evaluation Question 3: Has AZ SHIP at mid-term started a formal planning process that involves the government and other stakeholders for sustaining its interventions after the project completion date?

- Abt’s project (AZ SHIP) will end in one year. Do you have any plans to continue working on the initiatives/interventions started by Abt? If so, tell us about those plans.
 - Probe: *Who will assume (take-over) the work you just spoke about? What institution or department? (Get specific: Who, What, Where, Why, When, and How)?*

Evaluation Question 5: Do key government (at various levels), donor, UN technical agency, and community stakeholders express satisfaction and confidence with AZ SHIP’s performance and capacity-building efforts?

- How satisfied with AZ SHIP’s performance? Do you have confidence in their work? Please explain and give examples.

If relevant: You mentioned changes about (refer to previous conversations above), do you think they might have happened without Abt’s involvement? Explain.

ANNEX I: DIRECT OBSERVATIONS CHECKLIST

Name of Team Member: Date: Baku: District: Village: Name of Facility: Type of Facility: hospital__ polyclinic__ PHC__ TB Dispensary__ other__

Activity	Observations (availability)	Yes/No	Prompt Yes/No	Comments
HMIS – at hospitals;	1. Computers (reception desk; statistician's office) 2. Forms/patients registers			
HMIS – at TB dispensaries	1. Computers 2. Forms/patients registers			
Patients responsibilities – at Health Facilities (hospitals, polyclinics, health points)	USAID/Abt produced flipcharts, posters, brochures			
Patients responsibilities at Community levels	USAID/Abt produced flipcharts, posters, brochures			
Quality improvement activities– at Health facilities (hospitals, polyclinics, health points)	Clinical Protocol Guidelines (books, print-outs, guides, etc.) Providers mention/references CPGs			
DMT activities:	1. List of Health Facilities to monitor 2. List of follow-up indicators 3. DMT reports			
Other				

ANNEX J: FOCUS GROUP DISCUSSION GUIDE

Name of Team Member:

Date:

Baku:

District:

Village:

Name of Facility:

Type of Facility: hospital__ polyclinic__ PHC__ TB Dispensary__ other__

1. How did you become involved in the AZ SHIP activities?
 - a. Probe: How were selected to become a part of this Community Action Group (CAG)?
2. What types of activities were you involved in?

Note to the Facilitator: Possible areas of activity might include advocacy, capacity building, skills training, establishing linkages, etc. Give specific examples in your notes.

3. Did you find it useful to participate in these activities?
 - a. Was there some aspect in particular that was more useful than others? Please cite specific examples

Note to Facilitator: Please tell their story.

Were some aspects less useful or not relevant? Please cite specific examples.

Note to Facilitator: Please tell their story.

4. How do you envision the future of these activities?

Note to interviewer: Refer back to the activities specifically mentioned).

5. Do you believe that you will continue with the activities of this group beyond AZ SHIP presence? If so, which ones? Why? How will this work?
6. Do community stakeholders express satisfaction and confidence with AZ SHIP's performance and capacity building efforts?

Note to interviewer: Please cite specific examples or anecdotes.

ANNEX K: ANALYSIS PLAN

The responses to Evaluation Questions 1 and 2 were analyzed by plotting the four implementation strategies (institutionalization; coordination and collaboration; mainstreaming gender; and PPPs) against each of the four technical objectives (governance capacity, resource mobilization, allocation and use; quality of health care resources; and empowerment). This approach reflects the inherent design of AZ SHIP and expectations laid out in its CA. Overall this model worked with a couple exceptions as will be pointed out later in the respective sections. Table I provides the matrix used to plot the qualitative information.

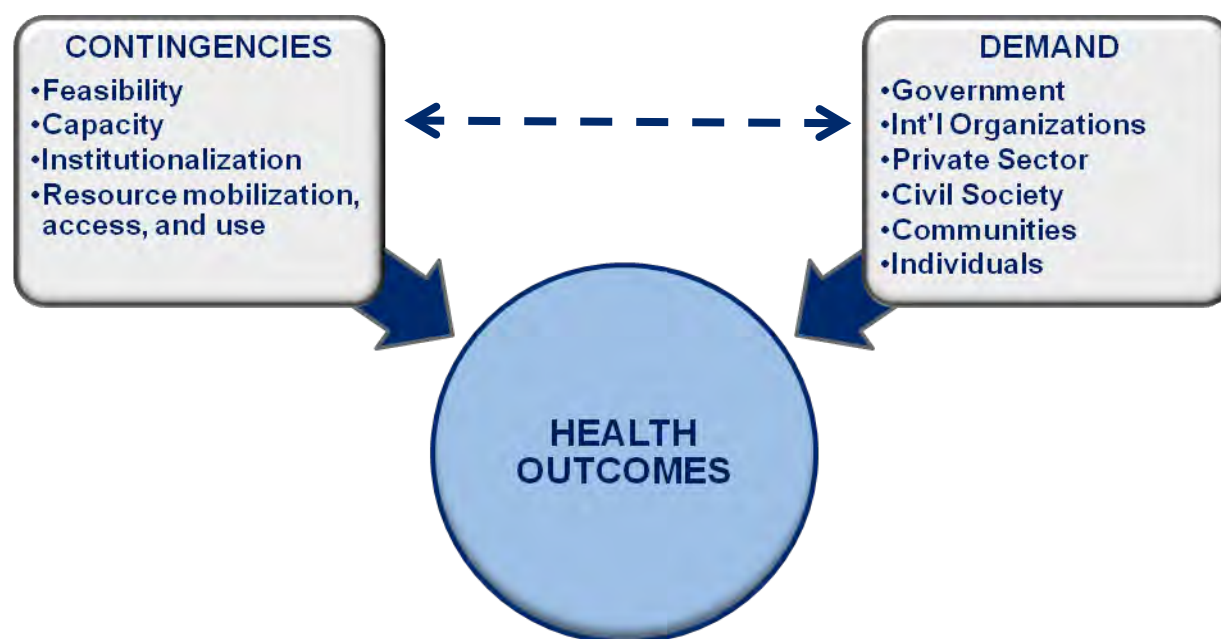
Table I: Analysis of Implementation Strategies of AZ SHIP Technical Objectives

Implementation Strategies:	Institutionalization of government capacity to undertake and sustain the four technical approach objectives	Coordination & Collaboration with other stakeholders	Mainstreaming Gender into project interventions	Public-Private Partner-ships to sustain project activities
Technical Objectives:				
Strengthen the Governance Capacity of MOH to direct and implement health reform initiatives;				
Improve the Mobilization, Allocation, and Use of health care Resources				
Improve the Quality of Health Care Resources				n/a
Empower Individuals and Communities to exercise their health care rights and responsibilities	n/a	n/a		n/a

All notes from the key informant interviews and the focus group discussions were transcribed into MS Word after being thoroughly vetted within each of the sub-teams. These transcripts were then cleaned by the Team Leader and uploaded into Atlas.ti a qualitative analysis software package. She coded all information in the transcripts according to the key domains covered by questions 1,2,3, and 5. Note our definition for the Institutionalization code refers to acts such as the ministerial order such as #108 for HMIS; an official recommendation from the MOH at the central level or the Chief Doctor at the local level; incorporation of trainings into pre-service curricula; registration of the DMT into District Medical Councils, and the like. The Sustainability code was assigned to discussions about the assimilation of project activities by the GOAJ, the likelihood that capacity building interventions have translated into routine practices, and more general statements of the viability of project interventions after AZ SHIP ends.

The sustainability of AZ SHIP's project interventions is of great import given Abt's short time frame to complete implementation. We assessed the formal planning process initiated by the Mission as part of its Sustainability Plan. We understand this process involves close scrutiny of each project intervention to ascertain what steps are needed to institutionalize it within the MOH health system. We went a step farther, and examined the overall sustainability of the AZ SHIP project in terms of our team's collective definition of the key attributes of sustainability and existing literature (Swerissen, 2007 and). We submit that healthy outcomes are attained as a result of **contingencies** being in place and there is also **demand** for them from stakeholders. Figure 1 below depicts our framework for analyzing sustainability. The figure shows the inter-relationship between contingencies (supply side) and demand for healthy outcomes. These two attributes feed into one another. For example, simply providing the inputs needed to strengthen the health system will not result in healthy outcomes unless it is met by demand by all relevant stakeholders. Conversely, demand for services and information could be raised but would fall short of changing practices and behaviors if it were not met with the needed inputs. These two attributes are interdependent and in a constant state of flux as a function of the conditions surrounding them.

Figure 1: Attributes of Sustainable Health Projects



To achieve maximum health benefits, project interventions should be relevant to the local context and appropriate to meet the needs of improving **health outcomes**. For example, it is important to institutionalize clinical practice guidelines that are evidence-based on internationally accepted standards. It would not be appropriate for the project to merely institutionalize an outdated clinical protocol if it were no longer relevant or appropriate. We believe that institutionalization is one component of sustainability but it is not synonymous with sustainability.

For a program to be sustainable after it ends, certain **contingencies** should be in place. The interventions promoted should be feasible to implement by the MOH in terms of its available resources. And having all the inputs in place would be for naught if the government did not have the capacity to understand and implement the interventions. Clearly, innovations such as the DMT, the HMIS, laws, policies, strategies, plans, protocols and many other project interventions would need to be institutionalized within the government's health system and training institutions if there is an expectation to mainstream improvements.

The third attribute of sustainability is local **demand** which is defined according to the target audience. From the GOAJ heard much about their perceived needs for Abt's interventions. Whether based on facts or not, if the MOH is not willing to assume the project's key interventions, they are unlikely to be sustained after the project ends. Similarly, international organizations and the private sector or civil society can decide if they wish to adopt and/or adapt some of Abt's innovations (e.g., HMIS, CAGs, etc.). From the viewpoint of individuals and communities, they should be empowered to understand their rights and responsibilities. This would hopefully translate into improved health seeking behaviors.

Given that AZ SHIP is not a service delivery project, we did evaluate its effect on health outcomes. They are responsible for contributing to the contingencies and their first and fourth technical objectives directly influences demand and implementation strategies all influence demand.

The fourth evaluation question is primarily concerned with the project monitoring and compliance and therefore a more straightforward analysis of project documents that was in part, substantiated by our direct observation methodology in health facilities.

Before data collection, we had expected that respondents would share their perceptions on their satisfaction and confidence with Abt's ability to implement the four technical objectives. But responses to this line of questioning yielded comments specific to particular interventions or were cast more broadly. Therefore, Evaluation Question 5 is not presented within the framework described in Table 1 above. Our results are presented as they were received and note lessons learned.

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ANNEX L: AZERBAIJANI TRANSLATIONS OF THE INFORMED CONSENT STATEMENTS, KII QUESTIONNAIRE, FOCUS GROUP DISCUSSIN GUIDE, AND DO CHECKLIST

ƏLAVƏ I: MƏLUMATLI RAZILIQ

Salam, mənim adım _____, bu (bunlar) mənim iş yoldaşım (yoldaşlarım) _____. Biz USAİD-nin Azərbaycan Respublikası Səhiyyə Nazirliyi və vətəndaş cəmiyyətinə dəstəyini qiymətləndirmə heyətinin üzvləriyik. Bizim qiymətləndirmənin nəticələri ümid edirik ki, gələcək təcrübələrə təkan verərək onların ölkə daxilində yayılmasına imkan yaradacaqdır. Biz həmçinin səhiyyə sisteminin gücləndirilməsi məqsədilə aldığınız təcrübəni öyrənərək proqramın daha da yaxşılaşdırılmasını istəyirik.

Sizin də maraqlarınız çərçivəsində və iş cədvəliniz də buna imkan verdiyi qədər sizinlə təxminən 1-2 saat davam edəcək geni^o müsahibə aparmaq istərdik. Biz Abt Associates tərəfindən həyata keçirilən AZ SHIP layihəsi haqqında sizin iş təcrübənizi müzakirə etmək üçün sizin razılığınızı istəyirik. Bizə verəcəyiniz məlumat bizim hesabatda sizin şəxsiyyətinizlə əlaqələndirilməyəcəkdir. Lakin onu da qeyd edək ki, sizin fikirlərinizi USAID / Azərbaycan təşkilatındakı digər insanlar ilə bölüşəcəyik. Bizə verəcəyiniz bütün məlumatlar məxfi saxlanılır və onlardan yalnız planlaşdırılma məqsədilə istifadə olunacaqdır. Hətta bununla belə, birbaşa sizinlə bağlı olan hər hansı digər məlumat istifadə edilə bilməz. USAID / Azərbaycan heyəti də daxil olmaqla yalnız qiymətləndirmə komandasının üzvləri bu protokolları görə biləcək. Biz bir çox müsahiblərimizdən alacağımız müsahibələri təhlil edərək nəticəni yekun hesabatımıza daxil edəcəyik. Sizdən gətirilmiş sitatlar da hesabatımızda yer ala bilər, lakin bu zaman sizin adınızı qeyd etməyəcəyik. Siz müsahibə zamanı hər hansı bir fikrin sitat kimi çəkilməsini istəmirsinizsə, bizə indi bu haqda məlumat verin.

Bizimlə bölüşəcəyiniz məlumat USAİD və onun Səhiyyə Nazirliyindəki tərəfdaşlarına AZ SHIP layihəsinin sonuncu il üçün fəaliyyətini yaxşılaşdırmağa kömək edəcək. Biz sizdən xahiş edəcəyik ki, layihənin həyata keçirilməsini təkmilləşdirmək üçün öz fikir, şərh, təklif və tövsiyələrinizi bizimlə paylaşsınız. Bizə verəcəyiniz məlumat hər hansı bir şəkildə sizə qarşı istifadə olunmayacaqdır.

Bu müzakirədə sizin iştirakınız tamamilə könüllüdür. Əgər iştirak etmək istəmirsinizsə, bunun heç bir mənfi nəticələri olmayacaq. Eyni zamanda, sizin üçün həssas olan, haqqında çox məlumatınız olmayan və ya sizin təcrübəniz ilə əlaqədar olmayan suallara cavab verməyə bilərsiniz. Siz istənilən vaxt bu müsahibəni dayandıra bilərsiniz.

Başlamadan əvvəl hər hansı bir sualınız, və ya bu müsahibədə iştirak etmək üçün hər hansı bir etirazınız varsa bizə bildirin. Sualınız olarsa və ya hər hansı bir izahata ehtiyacınız olarsa müsahibəni dayandıra bilərsiniz. Bizimlə görüşmək üçün vaxt ayırdığınız üçün sizə çox təşəkkür edirik.

Sizə deyəcəklərimiz bu qədər, indi isə icazənilə bu müsahibəyə başlamağa bilərikmi?

ƏLAVƏ II: ƏSAS MƏLUMAT SORĞUSU

Qrup üzvünün adı:
Tarix:
Bakı: <input type="checkbox"/> Rayon <input type="checkbox"/>
Kənd: <input type="checkbox"/>
Müəssisənin Adı:
Müəssisənin növü: xəstəxana <input type="checkbox"/> poliklinika <input type="checkbox"/> İTYM <input type="checkbox"/> Vərəm Dispanseri <input type="checkbox"/> başqa <input type="checkbox"/>

Qiymətləndirmə Sualı 1. AZ SHIP dörd texniki yanaşma vəzifələri ilə bağlı özünün aralıq fəaliyyət və hədəflərinə çatdı mı?

Sağlamlıq islahatı təşəbbüsləri ilə bağlı Abt ilə əməkdaşlığınız haqqında bizə məlumat verin

Əlavə (məhkəmləndirici) sual: Hökumət / sizin işçi heyətin potensialında hər hansı bir dəyişiklik hiss etdinizmi?

Əlavə (məhkəmləndirici) sual: Aşağıda göstərilənlərdən hər hansı biri ilə bağlı Abt ilə əməkdaşlıq etmişinizmi:

Strateji planlar, qanun; qaydaları; nizamnamələr; klinik standartlar və protokollar / istiqamətləndirmə.

Sizin əməkdaşlıq nə kimi xarakter daşıyırdı?

a. İşiniz əməkdaşlıq şəraitində həyata keçirilmişdir? Təsvir edin.

I.a Siz Səhiyyə İdarəolunması İnformasiya Sistemi (bundan sonra HMİS) ilə bağlı Abt ilə işləmişinizmi?

Əgər cavab bəlidirsə, konkret olaraq hansı ilə? (Forma 66; ETB meneceri; Satınalma / Logistika Vasitəsi (MS Excel)

Bu təcrübə sizin üçün faydalı yoxsa ağır oldu?

O hər hansı bir müəssisəyə əsaslanmışdı yoxsa rayon / milli səviyyədə aparılmışdı?

Siz rəy hesabatı almısınızmi?

Bu elektron sistemlərin nəticələrindən necə istifadə edirsiniz?

Abt sizə resursların daha səmərəli bölüşdürülməsi, səfərbər olunması və ya istifadəsində yardım edibmi? İzah edin.

Sizcə bu fəaliyyətlər (yuxarıda I-ci sualda sadalananlara istinad edin) göstərilən qayğının keyfiyyətini yaxşılaşdırıb? İlah edin.

Əlavə (məhkəmləndirici) sual: Əgər onlar Kliniki Təcrübə Qaydalar (KTQ) barədə söz açsa KTQ-ın mütəmadi nəzərdən keçirilməsi və yenilənməsinə dair standart proseslərin olub olmadığını soruşun.

Əlavə (məhkəmləndirici) sual: Əgər onlar Davamlı Tibbi Təhsil (DTT) proqramının inkişafı barədə söz açsa tibb bacıları/qardaşları və həkimlərə aid proqrama dair sertifikat imtahanının suallarının qiymətləndirilməsi və ya yenidən nəzərdən keçirilib keçirilməməsi barədə maraqlanın.

Əlavə (məhkəmləndirici) sual: Əgər onlar Rayon Tibbi Komandalarının (RTK) adını çəksə, nəzarət prosesi barədə soruşun, məsələn:

Nəzarət necə həyata keçirilir - onun tezliyi, bu proses zamanı alətdən /siyahıdan istifadə olunurmu, nəticələr analiz edilirmi, işçilərə fikir və rəylər verilirmi, davranışda dəyişiklik/ irəlləyişi yoxlamaq məqsədilə əvvəlki nəzarət hesabatlarına istinad edilirmi?

Təlimatçı üçün Qeyd: Müsahibəni verən şəxs danışan zaman Abt-ın bu dəyişikliklərə cəlb olunmasını öyrənin. Biz xüsusən neonatal qayğı, TB və ailə planlaşdırılması və reproduktiv sağlamlıq barədə eşitmək istəyirik.

Son il ərzində fərdlərin və icmaların öz sağlamlıqlarının qeydinə qalması ilə bağlı davranış və münasibətlərinin dəyişməsində hər hansı bir yenilik hiss edib və ya eşitmisinizmi?

Əlavə (məhkəmləndirici) sual: Abt-ın dəstəyi nəticəsində xəstələr özlərinin sağlamlığı ilə bağlı əsasən nəyi öyrənib? Bu məlumat xeyirli idi?

Əlavə (məhkəmləndirici) sual: İnsanlar xəstələrin hüquqları qanunu ilə tanışdırlar?

Əlavə (məhkəmləndirici) sual: Sizin fikrinizcə Abt-ın müdaxiləsi insanlara öz səhiyyə qayğısına məsuliyyətlə yanaşmağı kömək edibmi?

Qiymətləndirmə Sualı 2: AZ SHIP öz strategiyasını həyata keçirməklə bağlı özünün aralıq fəaliyyət və hədəflərinə çatdı mı?

Siz bu haqda danışdınız: (Müxbir üçün Qeyd: respondentin qaldırdığı mövzulara istinad edin). Onlardan hansısa hökumətin daxilində "himayə"yə alındı mı? Təsvir edin

Abt sizinlə necə koordinasiya və əməkdaşlıq edir?

Abt xüsusi gender məsələləri ilə məşğul olurmu? İzah edin.

Abt tərəfindən təşkil olunmuş və ya dəstəklənən hər hansı dövlət-özəl əməkdaşlıq ilə tanışsınız mı? Zəhmət olmasa izah edin.

Qiymətləndirmə Sualı 3: AZ SHIP aralıq dövründə layihənin başa çatdıqdan sonar əldə etdiyi nəticələrin davamlılığı üçün hökumət və digər tərəfdaşların da cəlb olduğu rəsmi bir planlaşdırma prosesinə başlamışdı mı?

9. Abt-ın layihəsi (AZ SHIP) bir ildən sonra başa çatacaq. Siz Abt tərəfindən başlanmış hər hansı bir təşəbbüslər / müdaxilələr üzərində işinizi davam etdirmək kimi bir planınız varmı? Əgər belədirsə, bu planlarınız barədə bizə məlumat verin.

Əlavə (məhkəmləndirici) sual: Kim indicə haqqında danışdığınız işlərin icrasını davam etdirəcək? Hansı təşkilat və ya şöbə? (Daha konkret məlumat alın: Kim, nə, harada, nə zaman və necə?)

Qiymətləndirmə Sualı 5: Əsas hökumət (müxtəlif səviyyələrdə), donor, BMT-nin texniki təşkilatı və icma partnyorları AZ SHIP-in iş və potensialın artırılması sayəsində səylərindən razı qaldıqlarını ifadə ediblərmi?

AZ SHIP-in işi sizi qane edirmi? Onların işinə inamınız varmı? Zəhmət olmasa, izah edin və nümunələr verin.

Əgər uyğundursa: Siz bəzi dəyişikliklər haqqında danışdınız (əvvəlki danışığlara istinad edin). Sizcə, onlar Abt-ın iştirakı olmadan da baş verə bilərdimi? İzah edin.

Əlavə III: Birbaşa müşahidə üçün qaydalar

Qrup üzvünün adı: Tarix: Bakı: <input type="checkbox"/> Rayon: <input type="checkbox"/> Kənd: <input type="checkbox"/> Müəssisənin adı: Müəssisənin növü: xəstəxana <input type="checkbox"/> poliklinika <input type="checkbox"/> İTYM <input type="checkbox"/> Vərəm Dispanseri <input type="checkbox"/> başqa <input type="checkbox"/>
--

Fəaliyyət	Müşahidələr (mövcudluğu)	Bəli/ Xeyr	Qısa Hə/yox	Qeydlər
SIIS (HMIS) – xəstəxanalarda; Forma 66 <input type="checkbox"/> e vərəm Meneceri <input type="checkbox"/>	Kompüterlər (Qeydiyyat şöbəsində; statistikaçının otağında) Formalar/Xəstələrin qeydiyyatı	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	Forma 66 <input type="checkbox"/> e vərəm Meneceri <input type="checkbox"/>
SIIS (HMIS) – Vərəm dispanserində	Kompüterlər Formalar/Xəstələrin qeydiyyatı	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	
Səhiyyə müəssisələrində (xəstəxanalar, poliklinikalar, tibb məntəqələri) xəstələrin vəzifələri	USAID / Abt istehsalı olan flipçart kağızları, plakatlar, broşürələr	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	
Icma səviyyəsində xəstələrin vəzifələri	USAID / Abt istehsalı olan flipçart kağızları, plakatlar, broşürələr	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	
Keyfiyyətinin yaxşılaşdırılmasına yönələn fəaliyyətlər- Səhiyyə müəssisələrində (xəstəxanalar, poliklinikalar, tibbi məntəqələri)	Klinik Protokol Təlimatları (bundan sonra KPT) (kitablar, çap materialları, təlimatlar, və s.) Provayderlər / istinadlar KPT qeydlər	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	
DMT fəaliyyətləri:	Monitorinq üçün tibbi müəssisələrin siyahısı Əlavə göstəricilərin siyahısı DMT hesabatları	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	<input type="checkbox"/> Bəli <input type="checkbox"/> Xeyr	
Başqa				

ƏLAVƏ İV: MÜZAKİRƏ QRUPU ÜÇÜN QAYDALAR

Qrup üzvünün adı:

Tarix:

Baki: Rayon

Kənd:

Müəssisənin Adı:

Müəssisənin Növü: xəstəxana, poliklinika, İTYM, Vərəm Dispanseri, başqa

Salam, mənim adım _____, bu (bunlar) mənim iş yoldaşım (iş yoldaşlarım) _____ . Biz ABŞ Beynəlxalq İnkişafa Yardım Agentliyi (bundan sonra, USAİD)-nin Azərbaycan Respublikasının Səhiyyə Sistemi və Vətəndaş cəmiyyətinə dəstəyi kimi Abt Assosiasiyası tərəfindən həyata keçirilən Azərbaycanda Səhiyyə Sisteminin Gücləndirilməsi (AzSHİP) layihəsinin işini qiymətləndirmə heyətinin üzvləriyik. Bu gün biz sizinlə - İcma Fəaliyyət Qrupunun (İFQ) üzvləri ilə son 12 ay ərzində AZ-SHIP layihəsi/Abt ilə əməkdaşlıq təcrübənizi müzakirə etmək üçün buradayıq. 1,5 saatdan uzun sürməyəcək müzakirə USAID təşkilatına nailiyyətləriniz, gəldiyiniz nəticələr, layihənin qalan ili üçün plan, həyata keçirəcəyiniz praktiki, faydalı və mümkün fəaliyyətlər haqqında eşitmək imkanı verəcəkdir. Qrupun hər bir üzvünün öz rəyini ifadə etmək imkanı olacaq. Müzakirədə iştirak könüllüdür. Əgər iştirak etmək istəmirsinizsə, bunun heç bir mənfi nəticələri olmayacaq. Verdiyiniz cavablar məxfi qalacaq və sizin adlarınız yekun hesabatda qeyd olunmayacaq.

AZ SHIP fəaliyyətlərinə necə oldu ki, cəlb olundunuz?

a. Əlavə (məhkəmləndirici) sual: necə oldu ki, İcma Fəaliyyət Qrupuna (İFQ) üzv olaraq seçildiniz?

Siz hansı növ fəaliyyətlərə cəlb olunmuşdunuz?

Təlimatçı üçün Qeyd: Fəaliyyətin mümkün sahələrinə ictimai vəkillik, potensialın gücləndirilməsi, bacarıqların ötürülməsinə xidmət edən təlimlər, əlaqələrin yaradılması daxil ola bilər. Qeydlərinizdə konkret nümunələr verin.

Bu tədbirlərdə iştirak etmək sizin üçün faydalı idimi?

Daha çox faydalı olan bəzi aspektlər var idimi? Zəhmət olmasa konkret nümunələr verin.

Təlimatçı üçün Qeyd: Zəhmət olmasa bir hekayə danışın

Konkret bəzi aspektlər daha çox və ya az faydalı oldumu? Zəhmət olmasa konkret nümunələr verin

Təlimatçı üçün Qeyd: Zəhmət olmasa bir hekayə danışın

Bu fəaliyyətlərin gələcəyini necə görürsünüz?

Təlimatçı üçün Qeyd: konkret qeyd olunmuş fəaliyyətlərə istinad edin

Siz AZ SHIP-in iştirakı olmadan bu qrupun fəaliyyətlərini davam etdirəcəksinizmi? Əgər bu belədirsə, hansıları davam etdirəcəksinizmi? Niyə? Bu necə alınacaq?

İcma partnyorları AZ SHIP-in işi və potensialın artırılması söylərindən razı qaldıqlarını ifadə ediblərmə?

Müxbir üçün Qeyd: Zəhmət olmasa konkret nümunələr və ya lətifələrdən sitat gətirin.

ANNEX M: LIST OF REFERENCES⁸

1. Alasgarova A. (2012) Informed Consent (presentation) AZ SHIP, Abt Associates.
2. Alasgarova A. (2012) Introduction to Health Care Ethics and Ethical Conduct. AZ SHIP, Abt Associates.
3. AZ SHIP Evaluation Reference documents:
 - a. AZ SHIP Annual Report: (submitted by November 1, 2012)
 - b. AZ SHIP Cooperative Agreement SOL-112-12-00000218
 - c. AZ SHIP Reproductive Health Law Advocacy paper (2012)
 - d. AZ SHIP Quarterly Report: October-December 2011
 - e. AZ SHIP Quarterly Report: January-March 2012
 - f. AZ SHIP Quarterly Report: April-June 2012
 - g. AZ SHIP Quarterly Report: July-September 2012 (submitted by November 1, 2012)
 - h. AZ SHIP TB Cost Estimation Tool (MS Excel) (2011)
 - i. AZ SHIP TB Advocacy Paper
 - j. AZ SHIP Year 1 Work Plan and Monitoring and Evaluation Plan
4. Azerbaijan Health System Performance Assessment 2009
5. Azerbaijan National TB Strategy 2011-2015
6. Azerbaijan Health System Review: Health Systems in Transition, Vol. 12, No. 3, 2010
7. Ibrahimov F. and Verdiyev M. (2012) Service Readiness Assessment in Select PHC. Assistance to Healthcare Development, Baku Azerbaijan.
8. Indexamundi, (2011) [http://www.indexmundi.com/azerbaijan/gdp_per_capita_\(ppp\).html](http://www.indexmundi.com/azerbaijan/gdp_per_capita_(ppp).html)
Accessed November 10, 2012.
9. PHCS Project Final Report, 2007-2011
10. Swerissen H. (2007) Understanding the Sustainability of Health Programs and Organisational Change A Paper for the Victorian Quality Council. Faculty of Health Sciences, La Trobe University.
11. UNICEF (2011) Infant and Child Nutrition Assessment Report, New York.
12. USAID-AZ SHIP (2012) Sustainability Plan. USAID/Azerbaijan.
13. World Health Organization. (2012) World Health Statistics Geneva.

⁸ AZ SHIP Project documents written in Russian that were reviewed by Azerbaijani Health Specialists are not included here.


ANNEX N: CONFLICT OF INTEREST STATEMENTS

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Annette Bongiovanni
Title	Health Specialist
Organization	IBTCI
Evaluation Position?	<input checked="" type="checkbox"/> Team Leader <input type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-112-TO-12-00003
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	Mid-term Evaluation of Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP) Cooperative Agreement Number: 112-A-11-00001
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

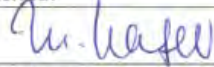
Signature	
Date 09/06/12	

Disclosure of Conflict of Interest for USAID Evaluation Team Members	
Name	George Khechinashvili
Title	Senior Health Systems and Financing Advisor
Organization	USAID/Georgia
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number (contract or other instrument)	AID-112-TO-12-00003
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if	Az-SHIP
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i></p> <ol style="list-style-type: none"> 1. <i>Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.</i> 2. <i>Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.</i> 3. <i>Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.</i> 4. <i>Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.</i> 5. <i>Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i> 6. <i>Preconceived ideas toward individuals, groups, organizations, or objectives of the</i> 	
<p>I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.</p>	
Signature	
Date	12/5/2012

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Ivica Vasev
Title	M&E and Project Development Specialist
Organization	USAID Macedonia
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-112-TO-12-00003
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	AZ SHIP USAID Azerbaijan
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	

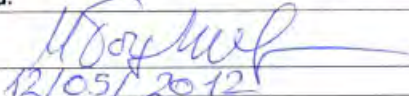
I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	12/04/2012

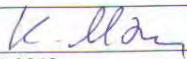
Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Miodrag Bogdanovic
Title	Monitoring and Evaluation Specialist
Organization	USAID/Serbia and Montenegro
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-112-TO-12-00003
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	Azerbaijan Strengthening Health Systems through Integrated Programs
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	

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Signature	
Date	12/05/2012

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Matanat Garakhanova
Title	National Health Specialist
Organization	Azerbaijan State Advance Training Institute for doctors,
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-112-TO-12-00003
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	AZ SHIP Abt associate
I have real or potential conflicts of Interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID Operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous director significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID Operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.	
Signature	
Date	05.12.2012

Name	Avtakin Asgarova
Title	Manager of Health Population Department
Organization	Public Health and Reform Center, MOH
Evaluation Position?	<input type="checkbox"/> Team member <input type="checkbox"/>
Evaluation Award Number <i>(contract or other instrument)</i>	IBTCI Contract # 5489
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	Mid-term Performance Evaluation of Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP), Abt Associates Inc., 1006024
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> No <input type="checkbox"/>
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i>	
	<ol style="list-style-type: none"> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.

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Signature	
Date	07/12/2012

Disclosure of Conflict of Interest for USAID Evaluation Team Members

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Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-112-TO-12-00003
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	AZ SHIP USAID
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous director, significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	Decemer 7, 2012

ANNEX O: LINKAGES BETWEEN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
EVALUATION QUESTION 1: COMPLIANCE WITH TECHNICAL OBJECTIVES		
TECHNICAL OBJECTIVE 1: Strengthen Governance Capacity		
<ul style="list-style-type: none"> - Strengthening of MOH’s TB efforts: CPGs, training doctors and nurses; treatment of multi-drug resistant (MDR) TB cases; development of the TB Laboratory Network and Diagnostic Algorithm; and preparation of ACSM for the TB Strategy. - The eTB Manager software was developed, modified, and capacity has been built within the MOH to use it as a decision–making tool. 	<p>AZ SHIP has contributed to health sector reform in Azerbaijan through knowledge transfer which resulted in capacity building.</p>	
<ul style="list-style-type: none"> - Trainings on CPGs are highly praised by key informants. - Stakeholders were fully engaged in project implementation at the national and local levels. - Almost all respondents found the trainings to be very interesting, relevant, and practical. They were particularly impressed with Abt’s training methodologies (case studies, use of equipment (i.e., mannequins), visual presentations, etc.). - Identified 21 priority indicators in collaboration with stakeholders for monitoring the implementation of 	<p>Training curricula were developed on issues relevant to the providers and tackled pressing health priorities in the country such as TB. The capacity building approaches were innovative and meaningful and therefore embraced by the participants who readily put their new knowledge into practice.</p>	<ol style="list-style-type: none"> 1. Continue with capacity building as planned at all levels of the health system, especially at the district levels and with more attention paid to nurses and midwives. Identify their needs and specify what types of training and capacity building are needed to supplement the focus on doctors. 2. Prepare an exit strategy for the hand-over and institutionalization of the DMT mechanism. Assess the effectiveness of the DMT and make needed revisions. Advocate for a “methodological recommendation” for the DMT and its budget line item. 3. The Sustainability Plan should indicate the key objectives and expected results for the AZ SHIP interventions that are handed-over to the MOH and technical agencies. The hand-over process to the stakeholders should be defined so they can objectively move forward with a plan of action.

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>CPGs by DMTs.</p>		
<ul style="list-style-type: none"> - Catalyzed the MOH’s development of 28 CPGs. - CPGs distributed to doctors at the facility level. All facilities visited had several copies which are clearly in use. - MNH Monitoring Tool tracks quality of care in seven regional perinatal centers (see above). - MOH “methodological recommendations” have been instrumental in implementing the CPGs within all levels of health facilities visited. 	<p>AZ SHIP’s approach to capacity building is likely to be sustained because they transferred methods and approaches. This is especially true for the local capacity to develop and revise CPGs.</p>	
<ul style="list-style-type: none"> - MOH issued Order #108 which calls for the scale-up of the HMIS. 	<p>AZ SHIP advocated for and contributed to the advancement of the GOAJ policy and legislative framework.</p>	
<p>TECHNICAL OBJECTIVE 2: Resource Mobilization, Allocation and Use</p>		
<ul style="list-style-type: none"> - No funding attached to MOH orders or recommendations. - Implementation of the Obligatory Medical Insurance is delayed. - Unclear if Ex Coms have facilitated decision-making vis-à-vis provision of financial resources. 	<p>At the local level, there is little decision-making on the mobilization, allocation, and use of resources since this is primarily a function of the Ministry of Economic Development, the Ministry of Finance and the MOH at the central level.</p>	<ol style="list-style-type: none"> 4. Communicate AZ SHIP’s key interventions and achievements in short briefings among the different departments within the MOH, MOJ, Parliament, the Ministry of Finance, and the Ministry of Economic Development. 5. Meet with Executive Commissioners and Chief Doctors at the district level to discuss resource

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<ul style="list-style-type: none"> - MOH issued Order #108 which calls for the scale-up of the HMIS. 	<p>Full-scale implementation of the HMIS would allow the central level MOH to make evidence-based decision making which could result in more rational and efficient allocation of resources</p>	<p>mobilization and allocation that is within their purview. Use AZ SHIP tools to help prepare a draft guideline for budget submissions that reflect evidence-based needs.</p>
<p>TECHNICAL OBJECTIVE 3: Quality of Health Resource: Quality of Care</p>		
<ul style="list-style-type: none"> - CPGs have been brought closer to the end users – practitioners, particularly at the district and village level. All facilities visited had copies of the CPGs readily available for providers and chief doctors and show signs of extensive use. - CPGs are based on international standards. - DMTs routinely monitor CPG implementation at the district level with Abt TA. 	<p>Correct application of the evidence-based CPGs is contributing to improved quality of care based on the opinion of the doctors interviewed.</p>	<ol style="list-style-type: none"> 6. Scale-up the HMIS and eTB Manager analytical components throughout Baku and the district with an emphasis on their utility to facility managers and district health authorities. 7. Assess the effectiveness of the MNH Monitoring Tool and advocate for its scale-up after making necessary revisions. 8. Strengthen the DMT monitoring system of CPGs by a) developing written guidance for the supportive supervision process; b) including clinical rounds as part of the process when patients are available; c) transferring ownership of the process to the local teams; and d) including a nurse on the DMT team to monitor the quality of nursing care.
<ul style="list-style-type: none"> - MNH Monitoring Tool allows for real time analysis of the quality of care in the seven perinatal hospitals for antenatal care, intra-partum care, and the early neonatal period. 	<p>The MNH Monitoring Tool shows promise for improving the quality of maternal and neonatal care. Chief doctors at the seven perinatal centers could be using the data generated from this tool for real-time decision-making by applying the analytical features of the software.</p>	<ol style="list-style-type: none"> 9. Develop a user-friendly analytical tool for the DMT so they can independently generate aggregated results for district—wide decision making.
<ul style="list-style-type: none"> - DMTs are conducting quarterly, supportive supervision. The main means of data collection is medical record review. No nurses are included on the DMTs. 	<p>The DMT mechanism provides a strong foundation for monitoring the implementation of CPGs and hence the quality of care. Further development is needed to incorporate nursing care and to</p>	<ol style="list-style-type: none"> 10. Initiate the process of client exit interviews at health facilities to ascertain client satisfaction with care, and to assess the extent to which individuals take responsibility for their own health (if existing project funds permits).

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
	broaden the methods of data collection such as direct observation of patient care.	
TECHNICAL OBJECTIVE 4: Empowerment of Communities and Individuals: Rights & Responsibilities		
<ul style="list-style-type: none"> - According to many district stakeholders the behavior of local beneficiaries has started to change and they are more proactive and involved in their health care. - CAGs are not proactively meeting as a group. They share information <i>ad hoc</i> with other community members. - CAG activities in most of the visited villages seem to be isolated from the communities itself and are not known to the villagers. 	<p>More evidence is needed to conclude whether AZ SHIP interventions have contributed toward increasing awareness among communities and individuals about their rights as patients.</p>	<p>11. Develop the grass-roots capacity in institutional development of a small group of high performing CAGs (i.e., one per district).</p> <ul style="list-style-type: none"> • Begin with basic skills such as developing a mission statement, vision, and goal setting, followed by fundamentals of running a meeting; • Revisit the community needs assessment to assist CAGs with priority setting. • Build linkages between local NGOs and CAGs. Include Peace Corps Volunteers so that they can assist CAGs to generate interest and resources; • Explore opportunities for productive cooperation of CAGs with the local health care authorities (e.g., local sanitary-epidemiology stations might help with messaging on personal hygiene and other patient education posters to be posted in public places in the villages). <p>12. Solicit the community perspective by including CAG members in the trainings of provider-</p>
<ul style="list-style-type: none"> - CAGs have been in a recipient role—attended health events. 	<p>Save the Children’s (STC) Community Mobilizers appear to lack sufficient guidance to mobilize communities.</p>	
<ul style="list-style-type: none"> - At best, STC Community Mobilizers visit each community once per month (One Mobilizer is responsible for ~ 20 communities). 	<p>The ability of two Community Mobilizers to influence effective change in their communities is severely compromised by their extensive coverage areas.</p>	
<ul style="list-style-type: none"> - STC’s Community Mobilizers do not appear to be providing clear guidance or direction to CAGs. 	<p>CAGs lack basic organizational development skills needed to promote social change.</p>	

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
		patient communication and behaviour styles. (in accordance with training schedule)
EVALUATION QUESTION 2: COMPLIANCE WITH IMPLEMENTATION STRATEGIES		
IMPLEMENTATION STRATEGY I: Institutionalize government capacity		
<ul style="list-style-type: none"> - AZ SHIP staff has forged relationships with key stakeholders who have influence over health sector reform in the country. These local actors are playing a critical role in implementing project activities (e.g., protocol development, conducting trainings, utilizing the HMIS, etc.). 	<p>NCPHR is prepared to continue Abt’s activities beyond the project’s lifetime and is viewed as a resource institution in this regard by its stakeholders.</p>	<p>#3 (above) The Sustainability Plan should indicate the key objectives and expected results for the AZ SHIP interventions that are handed-over to the MOH and technical agencies. The hand-over process to the stakeholders should be defined so they can objectively move forward with a plan of action.</p>
<ul style="list-style-type: none"> - Most of the interviewees consider the PHRC as the primary resource (NB: This institution is a parastatal of the MOH). - Evaluation revealed no confirmation that funding will be available to continue trainings beyond the pre-service and the recertification coursework administered every five years. 	<p>The highly centralized decision-making authority within the MOH will greatly determine the sustainability of the health reforms AZ SHIP has been promoting and supporting. Without a budget line item for in-service training, opportunities for continuing education will be very limited.</p>	<p>#5 (above) Meet with Executive Commissioners and Chief Doctors at the district level to discuss resource mobilization and allocation that is within their purview. Use AZ SHIP tools to help prepare a draft guideline for budget submissions that reflect evidence-based needs.</p>
<ul style="list-style-type: none"> - The international donor community and many other MOH officials lamented that there remains a need for continued technical capacity building of health providers. - Numerous providers conveyed their eagerness to continue learning more and many mentioned the concept of 	<p>One of the primary constraints the MOH faces to institutionalize AZ SHIP’s interventions is the inconsistency of the technical expertise of health providers across the health system.</p>	<p>#1 (above) Continue with capacity building as planned at all levels of the health system, especially at the district levels and with more attention paid to nurses and midwives. Identify their needs and specify what types of training and capacity.</p>

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>evidence-based medicine was first introduced to them during an AZ SHIP training.</p> <ul style="list-style-type: none"> - The CPGs have not been included in the pre-service curriculum for nurses - Many physicians complained that their wages are insufficient to support them. 		
<ul style="list-style-type: none"> - Even though District Medical Councils have sanctioned the DMTs, no evidence was presented in evaluation to support the institutionalization of the DMT by the central MOH. - AZ SHIP fully funds the implementation of the DMT including a technical advisor, transport costs, and an honorarium for the DMT members. 	<p>The DMT modality is not institutionalized which is to be expected during the introductory period of a new intervention. However, the sustainability of this mechanism will be at risk if not institutionalized before the project's end.</p>	<p>#3 (above) Prepare an exit strategy for the hand-over and institutionalization of the DMT mechanism. Assess the effectiveness of the DMT and make needed revisions. Advocate for a “methodological recommendation” for the DMT and its budget line item.</p>
<p>IMPLEMENTATION STRATEGY 2: Coordinate and collaborate with other stakeholders</p>		
<ul style="list-style-type: none"> - AZ SHIP interventions fall within the existing MOH programs and activities are well coordinated within the international donors according to their reports. - Abt has worked hand-in-hand with the World Bank initially to support the Compulsory Medical Insurance act and more recently on the HMIS. - Abt has collaborated closely with WHO to support the implementation of the National NCD Strategy and to provide TA to NCPHR to revise its 	<p>Abt has continued to cement its productive working relationships within the international donor community with only two exceptions, in both of those cases, it appears there is competition for funds focused on policy development. Those exceptions aside, Abt has optimized the comparative advantages of each partner to build economies of scale.</p>	<p>None</p>

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>data entry forms based on WHO requirements to reduce duplication between TB dispensary and hospital statistics.</p> <ul style="list-style-type: none"> - Among 39 quotations from key informants, 37 of them attested to Abt's finesse at collaborating and coordinating with stakeholders. 		
IMPLEMENTATION STRATEGY 3: Mainstream gender into project interventions		
<ul style="list-style-type: none"> - 48% of all key informants were female. - 46% of all DMT members interviewed were female. - 48% of all CAG members interviewed were female. 	<p>All indications are that women and men have had equal opportunities to participate and benefit from AZ SHIP activities.</p>	<p>#4 (above) Communicate AZ SHIP's key interventions and achievements in short briefings among the different dep Communicate AZ SHIP's key interventions and achievements in short briefings among the different departments within the MOH, MOJ, Parliament, the Ministry of Finance, and the Ministry of Economic Development.</p>
<ul style="list-style-type: none"> - Not one of the 21 key informants asked if Abt specifically addresses gender issues recalled hearing about gender from Abt personnel or during an AZ SHIP event. 	<p>Abt has not shared its efforts to mainstream gender with its stakeholders.</p>	
IMPLEMENTATION STRATEGY 4: Explore public-private partnerships		
<ul style="list-style-type: none"> - Abt has made several overtures to establish a public-private partnership (PPP) to promote family planning but has been met with resistance. - AZ SHIP's COP discussed lowering the cost of contraceptives with reps of Bayer Schering Pharma AG, Riyad-Farm, and AVROMED and gave their rationale for not complying with this request (Gedeon Richter declined to 	<p>Development of PPPs is likely to take more time than is feasible considering the return on the investment. This intervention would likely take more time to establish than is practical or would be useful in the remaining project lifetime.</p>	<p>None.</p>

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>meet COP).</p> <ul style="list-style-type: none"> - Numerous respondents noted family planning is a very sensitive topic; many of whom do not wish to enter into such discussions. 		
EVALUATION QUESTION 3: SUSTAINABILITY		
<p>CONTINGENCIES</p> <p><i>Feasibility:</i></p> <ul style="list-style-type: none"> - Numerous respondents spontaneously relayed to us how helpful the trainings and CPGs are, that Abt’s support was based on their own realities, and their interventions are practical, useful, and valuable. One of these five terms mentioned a total of 76 times during the KIIs <p><i>Institutionalization:</i></p> <ul style="list-style-type: none"> - The MOH and Chief Doctors in seven districts have all recommended the CPGs - Many training courses have been incorporated into pre-service curricula (for doctors) and for post-graduate studies (for nurses and doctors) in the Postgraduate College for Advanced Training. - RIOG has established a Center for Excellence and new residents go through a 3-month training on evidence-based medicine and CPGs, 	<p>AZ SHIP meets the attributes for a sustainable program as laid out in the [Attributes of a Sustainable Health Program] framework.</p>	<p>#3 (above) The Sustainability Plan should indicate the key objectives and expected results for the AZ SHIP interventions that are handed-over to the MOH and technical agencies. The hand-over process to the stakeholders should be defined so they can objectively move forward with a plan of action.</p>

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<p>among other AZ SHIP trainings, before commencing work in the hospital.</p> <p><i>Capacity:</i></p> <ul style="list-style-type: none"> - Abt has made significant progress in building government capacity through 29 interventions - Developed regulations concerning the implementation of CPGs and their linkages to Continuing Medical Education and facility-level QI processes. - Azerbaijan Medical University curriculum includes evidence-based medicine modalities and trains medical students on MOH-approved CPGs. <p><i>Resource mobilization & access:</i></p> <ul style="list-style-type: none"> - To date, 19 facilities are using the eTB Manager, including 15 in the districts, and 2,093 TB cases have been entered. <p>DEMAND</p> <ul style="list-style-type: none"> - Close to half (44%) of key informants are committed and plan to continue to implement the AZ SHIP interventions and leanings. 		
<ul style="list-style-type: none"> - USAID & Abt’s sustainability planning process involves close scrutiny of each project intervention to ascertain which ones will be phased-out and which will be handed-over to the MOH. For many of the interventions to be handed-over, an IO and in a few cases local NGO 	<p>USAID and Abt’s process for ensuring the sustainability of project interventions is in place and serves as a model for other programmers.</p>	

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>also have been identified.</p> <ul style="list-style-type: none"> - This Sustainability Plan, while simple in format, covers each and every project intervention but it does not indicate the processes of the hand-over nor provide any information on future expectations. 		
<p>See Findings for Evaluation Question 1.</p>	<p>The legacy of AZ SHIP is being established and its sustainability is highly dependent upon the highest level decision makers in the MOH and the GOAJ.</p>	
<p>Most of the interviewees consider the PHRC as the primary resource (this institution is a parastatal of the MOH).</p>	<p>NCPHR is well positioned and capable of assuming the role Abt has played to date. Capacity building efforts to continue spreading knowledge transfer are still needed and it is incumbent upon the GOAJ to allocate funding and other resources to meet this end.</p>	
<ul style="list-style-type: none"> - DMTs routinely monitor CPG implementation at the district level with Abt TA. - DMTs are conducting quarterly, supportive supervision. The main means of data collection is medical record review. No nurses are included on the DMTs. - Even though District Medical Councils have sanctioned the DMTs, no evidence was presented in evaluation to support the institutionalization of the DMT by the central MOH. - AZ SHIP fully funds the implementation 	<p>With Abt’s direct support, the DMT are working well as a quality improvement mechanism. However, without a ministerial order and the commitment of the Chief Doctors at the district level, the sustainability of this intervention is at risk.</p>	<p>#2 (above) Prepare an exit strategy for the hand-over and institutionalization of the DMT mechanism. Assess the effectiveness of the DMT and make needed revisions. Advocate for a “methodological recommendation” for the DMT and its budget line item.</p> <p>#8 (above) Strengthen the DMT monitoring system of CPGs by a) developing written guidance for the supportive supervision process; b) including clinical rounds as part of the process when patients are available; c) transferring ownership of the process to the local teams; and d) including a nurse on the DMT team to monitor the quality of nursing care.</p> <p>#9 (above) Develop a user-friendly analytical tool for</p>

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<p>of the DMT including a technical advisor, transport costs, and an honorarium for the DMT members.</p>		<p>the DMT so they can independently generate aggregated results for district—wide decision making.</p>
<ul style="list-style-type: none"> - The international donor community and many other MOH officials lamented that there remains a need for continued technical capacity building of health providers. - Numerous providers conveyed their eagerness to continue learning more and many mentioned the concept of evidence-based medicine was first introduced to them during an AZ SHIP training. 	<p>There is a significant critical mass of stakeholders who feel qualified and motivated to continue implementing AZ SHIP's interventions after the project ends. The district level capacity needs further development in the final year of the project.</p>	<p>#1 (above) Continue with capacity building as planned at all levels of the health system, especially at the district levels and with more attention paid to nurses and midwives. Identify their needs and specify what types of training and capacity building are needed to supplement the focus on doctors.</p>
<ul style="list-style-type: none"> - Only RIOG and PHRC currently have access to the analytical component of the HMIS. 	<p>To ensure the HMIS functions to mobilize and increase access to resources, the analytical component that will demonstrate the utility of the system needs to be scaled-up.</p>	<p>#6 (above) Scale-up the HMIS and eTB Manager analytical components throughout Baku and the district with an emphasis on their utility to facility managers and district health authorities.</p>
EVALUATION QUESTION 4a: PROJECT MONITORING		
PMP		
<ul style="list-style-type: none"> -Clearly identified the indicators reported in the PPR and they are incorporated into PMP. USAID conducts a DQA on those four PPR indicators. - All indicator targets have been met and 33% of them have been exceeded. The 	<p>AZ SHIP has developed a very good performance monitoring system which meets the basic requirements of ADS 203.</p>	<p>13. The PIRS for each indicator needs to be clearer (i.e., one or two pages per indicator) and the definitions for some of the indicators needs to be simplified so that they can be tracked in an easier fashion.</p> <p>14. Document the indicator review process, e.g.,</p>

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<p>actuals are presented as cumulative numbers, and where they exceed targets there is an explanation as to why this happened.</p> <ul style="list-style-type: none"> - The methodology for data collection is described in the Performance Indicator Reference Sheets (PIRS). - The PMP matrix categorizes indicators according to project technical component. - All indicators are listed by their unit of measurement and disaggregated. (male/female, urban/rural) - PMP describes the cost of data collection - Data collection method is listed for each indicator. - Data quality issues are addressed. - Notes on follow-up actions, if needed, are included. - Specific information on who is responsible for the data collection and the frequency of data collection is provided. 		<p>minutes from the review process should be briefly summarized (one page) and included as an annex to the quarterly reports.</p> <ol style="list-style-type: none"> 15. Selected indicators that reflect the sustainability of the project should be validated once each quarter by choosing a random sample of each and tracing the indicator to its source. 16. AZ SHIP's M&E Lead should undergo on-the-job training by a senior M&E Specialist to better capture results from the component managers and to conduct internal data quality assessment such as independent validation of selected indicators. (This should not be a project expense).
<ul style="list-style-type: none"> - All indicators are at the output level; none measure outcomes. - USAID and Abt discussed the inclusion of outcome indicators at the beginning of the project and jointly agreed to not include them. 	<p>The PMP contains no outcome level indicators which makes it difficult to measure end results, and precludes the measurement of the effectiveness of the project's technical objectives.</p>	

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<ul style="list-style-type: none"> - AZ SHIP's M&E Lead has joined the team. - The description of the quality control allows for random checks on the quality of the data collection but no indicators are validated nor are there other quality control checks described. 	<p>The AZ SHIP M&E Lead is relatively new and not fully ready to assess the quality of the data entered into the PMP.</p>	
FINANCIAL MANAGEMENT		
<p>Three quarterly financial reports have been submitted in due time, and in the format required by the cooperative agreement.</p>	<p>Overall, Abt is in compliance with the CA financial reporting requirements by submitting financial reports on time and in a format required by the CA.</p>	<p>17. Abt should discuss and agree with the USAID/Azerbaijan Mission as to how they should report the breakdown of financial data by USAID program elements for future reports and whether this information is needed retroactively as well (short term).</p>
PPR INDICATORS		
<ul style="list-style-type: none"> - An evaluation team member went to the original data source for each PPR indicator to confirm the results reported in the PMP. 	<p>Based on the review of original data sources for PPR Indicators 1-4, the data reported in the PMP are valid.</p>	<p>18. Identify the potential weaknesses in the M&E reporting process (i.e., data security) to anticipate possible problems in its implementation and build-in measures to allow for prompt response, if such problems occur.</p> <p>19. Data storage should be the responsibility of the M&E Lead and one alternate representative to prevent the potential for unauthorized changes which could comprise the integrity of the results.</p>
<ul style="list-style-type: none"> - Review of PMP and quarterly report submissions. - Interviews with USAID Health Team confirmed timely submission of PMP results. 	<p>All indicators have been reported in the PMP in a timely manner.</p>	
<ul style="list-style-type: none"> - All indicators are at the output level; none measure outcomes. - USAID and Abt discussed the inclusion of outcome indicators at the beginning of the project and jointly agreed to not 	<p>The absence of outcome indicators is a significant shortcoming of AZ SHIP's PMP because it does not allow for an objective evaluation of the project's effectiveness. Nonetheless, given there is less than one</p>	

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
include them.	year left in the project and the USAID program will end in September 2013, we are not recommending selecting and monitoring outcome indicators so as to keep the project's focus on implementation.	
- During KII with M&E Specialist, the respondent did not observe or hear of any mechanism in place which would prevent unauthorized changes of PMP data.	The data monitoring process is not secure. Once data are collected and archived, they could be endangered if unauthorized personnel entered the system and manipulated the results.	
- KII with M&E Lead revealed a lack of appreciation of the characteristics of data quality.	The AZ SHIP M&E Lead has little familiarity with four of the five USAID standards for assessing data quality: validity, reliability, precision, and integrity.	
EVALUATION QUESTION 4b: BRANDING STRATEGY AND MARKETING PLAN		
- Posters on TB prevention and family planning and donated equipment (e.g., infant scales, height charts, and sphygmomanometers) all are labeled properly with the USAID logo with very few exceptions.	AZ SHIP has complied with USAID's Branding Strategy and Marketing Plan.	None.
EVALUATION QUESTION 5: STAKEHOLDER SATISFACTION		
- An overwhelming majority of respondents express satisfaction with the performance of AZ SHIP.	AZ SHIP has done an excellent job in building and maintaining relationships with its stakeholders because they have honed in on their needs and have offered them practical TA, training, tools, and support which is relevant to their daily work.	None
- AZ SHIP achievements are very much	Stakeholders are very impressed with AZ	

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>appreciated, particularly among local communities at the district level who regret the project will soon end.</p> <ul style="list-style-type: none"> - The international donor community recognizes USAID’s efforts and most of them work well together to synergize their activities. 	<p>SHIP achievements especially their leadership in building capacity on CPGs and the development of the HMIS.</p>	
<ul style="list-style-type: none"> - AZ SHIP implementation approaches, namely institutionalization of government capacity and collaboration, are well accepted by Azerbaijan’s governmental agencies and the medical community at both the central and district levels. 	<p>Abt successfully employed adult learning methodologies that met the needs and expectations of their stakeholders.</p>	