

MEASURE Evaluation
Population and Reproductive Health
Associate Award

End of Project Report

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List of Acronyms

ACIPH	Addis Continental Institute of Public Health
AFIDEP	African Institute for Development Policy
ANC	antenatal care
APHRC	Africa Population Health Research Center
ARO	Africa Region Office
CHRIS	Center for Health Research and Implementation Support
CIES	Centro de Investigación, Educación y Servicios
COMPASS	Community Participation for Action in the Social Sector
DHS	Demographic Health Survey
EoP	end of project
FP	family planning
FPAM	Family Planning Association of Malawi
GHI	Global Health Initiative
GIS	geographic information system
GPM	Gender, Policy and Measurement
GPSDO	Guraghe People's Self Development Organization
HPI	Health Policy Initiative
HPP	Health Policy Project
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IPV	intimate partner violence
IR	intermediate result
IRH	Institute for Reproductive Health
LDP	Leadership Development Program
LGA	local government area
LMIS	Logistics Management Information System
M&E	monitoring and evaluation
MA	member association
MEDSAR	Medical Students Association of Rwanda
NIMR	National Institute for Medical Research
NGO	nongovernmental organization
OPRH	Office of Population and Reproductive Health
PHE	population, health and environment
PHN	population, health and nutrition
PMP	performance monitoring plan
PRH	population and reproductive health
RDQA	Routine Data Quality Assessment
RH	reproductive health
SARO	South Asia Regional Office
UCG	Université Catholique du Graben
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
VLDP	Virtual Leadership Development Program

Overview of the Leader and Associate Awards

Background of Leader Award: MEASURE Evaluation

The MEASURE Evaluation project began in 1991 as the EVALUATION Project, changing its name to the MEASURE Evaluation project in 1997. The early years were based on the hypothesis that generating demand for and improving the use of data in policy formulation, program planning, monitoring, and evaluation (M&E) improves health systems and affects health outcomes. This premise continues in MEASURE Evaluation Phase III – Monitoring and Assessment for Results (a.k.a. the Leader Award) and the subsequently issued MEASURE Evaluation Population and Reproductive Health Associate Award (MEASURE Evaluation PRH), 2008-2014 and 2009-2014 respectively.

The last few years have seen a dramatic increase in demand for high-quality family planning/reproductive health (FP/RH) information. At the same time, significant progress has been made by in-country partners to establish and manage data collection, analysis and evaluation activities and to use appropriate data to inform program interventions and policies. This has especially been the case with FP/RH activities supported by the U.S. Agency for International Development (USAID) Bureau of Global Health and Office of Population and Reproductive Health (OPRH).

The U.S. government's Global Health Initiative (GHI) emphasizes improved metrics and M&E. There is a need to strengthen the performance of weak and overburdened M&E systems of recipient countries, improve measurement in areas in which measurement methods are weak, increase evidence on the effectiveness of global health programs, and strengthen use of information beyond the meeting of reporting requirements to the informing of program decision making. During the implementation of MEASURE Evaluation and MEASURE Evaluation PRH, special emphasis was placed on capacity building and helping host countries move toward sustainability in all aspects of data collection, M&E, and in further analysis of data for optimal use in program planning and policy development.

The activity objective of MEASURE Evaluation is improved collection, analysis and presentation of data to promote better use of data in planning, policymaking, managing, monitoring and evaluating population, health and nutrition (PHN) programs. The activity objective of the Leader Award is accomplished through the achievement of the six results listed below.

- Result 1: Increased user demand for quality information, methods, and tools for decision making.
- Result 2: Increased in-country individual and institutional technical/managerial capacity and resources for the identification of data needs and the collection, analysis and communication of appropriate information to meet those needs.
- Result 3: Increased collaboration and coordination in efforts to obtain and communicate PHN data in areas of mutual interest.
- Result 4: Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet users' needs.
- Result 5: Increased availability of PHN data, analysis methods and tools.
- Result 6: Increased facilitation of use of PHN data.

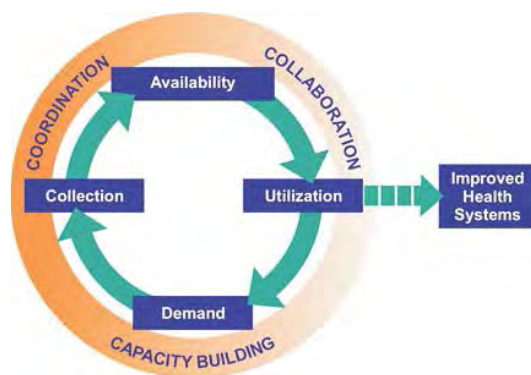
Background of Associate Award: MEASURE Evaluation PRH

The objective of MEASURE Evaluation PRH was to promote optimal demand and analysis of FP/RH data and the appropriate use of such information to measure performance and to inform FP/RH interventions and policies. Through MEASURE Evaluation PRH, the OPRH built on recent accomplishments to strengthen the capacity of FP/RH decision makers to use information appropriately to inform efforts to scale up high quality and sustainable FP/RH programs. The three intermediate results within the OPRH framework that were supported by MEASURE Evaluation PRH were:

- IR 1: Global leadership demonstrated in FP/RH policy, advocacy and services.
- IR 2: Knowledge generated, organized and communicated to advance best practices.
- IR 3: Support provided to the field to implement effective and sustainable FP/RH programs.

Under this Associate Award, special emphasis was placed on achieving the three results that were related to three of the Leader Award results. These were:

- Result 1: Increased collaboration and coordination in efforts to obtain and communicate FP/RH data in areas of mutual interest. (Maps to Result 3 of the Leader Award.)
- Result 2: Improved design and implementation of M&E frameworks and information gathering process including tools, methodologies and technical guidance to meet users' needs. (Maps to Result 4 of the Leader Award, with the inclusion of the M&E frameworks.)
- Result 3: Timely and topical analyses done for improved understanding of FP/RH dynamics and evidence-based decision making. (Maps to Result 5 of the Leader Award, with a focus on secondary analysis rather than analysis methods and tools.)



Details on the results and indicators are found in Table 1. Underlying the approach for MEASURE Evaluation PRH was a conceptual framework developed for MEASURE Evaluation Phase II (2003-2009). The framework is based on a cycle of generating demand for information, improving data collection, making information more available, and facilitating the use of information to inform decisions. This cycle aims to improve health systems and, ultimately, health outcomes, and is nested within a larger context of capacity building, coordination, and collaboration. Our view is that the performance of a

health information or M&E system is determined by technical, organizational, and individual factors. Therefore, realizing a functioning information cycle will necessitate addressing *all* of these elements. Further, capacity building, data demand and use, and knowledge management are cross-cutting themes that must be integrated into all activities. Effective collaboration and coordination in health information systems and M&E is also essential in today's multi-stakeholder global health environment, as is attention to gender issues.

MEASURE Evaluation PRH Infographic

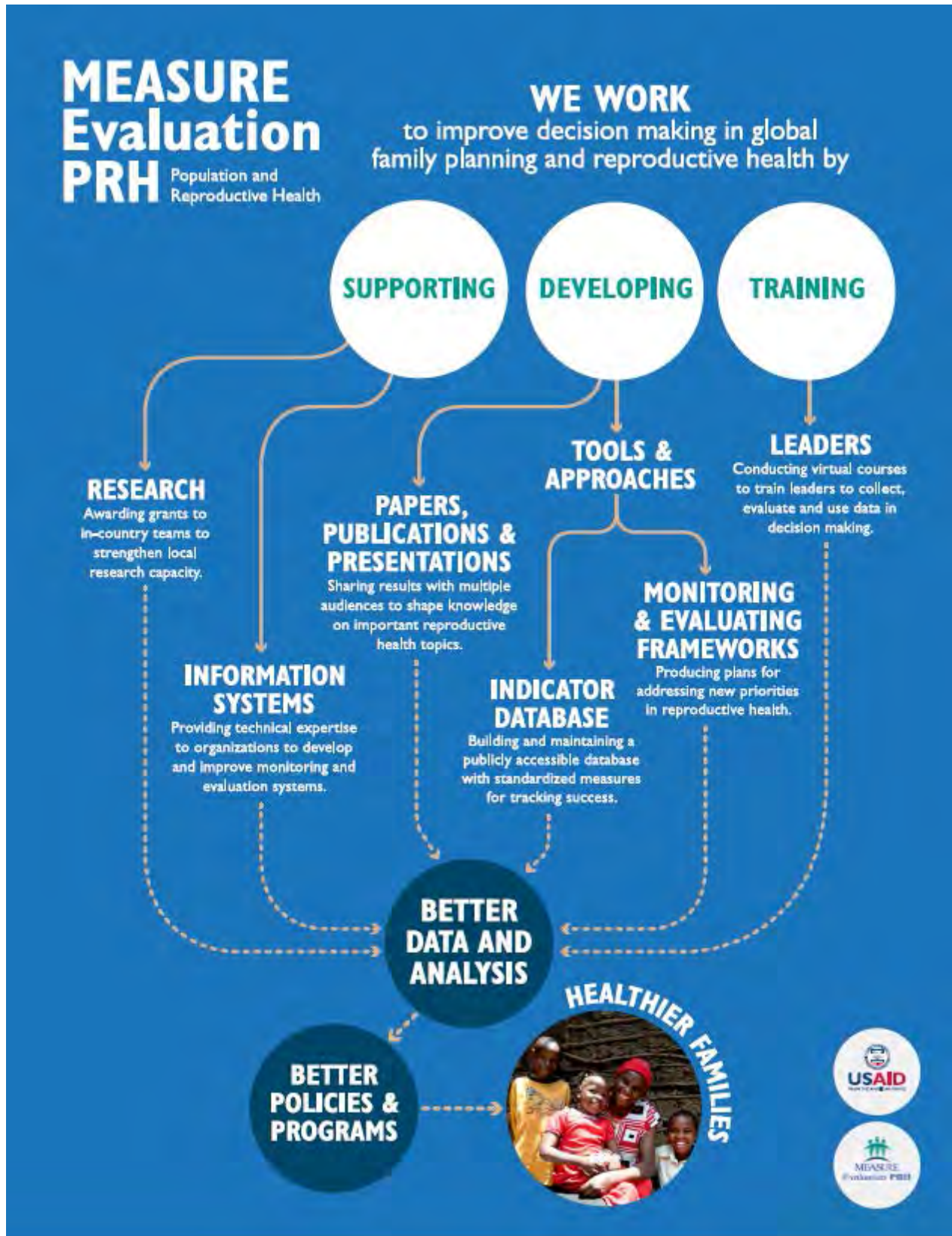


Table 1: MEASURE Evaluation PRH Performance Management Plan End of Project (EoP) Results and Targets

Result	Indicators	EoP Results	EOP Targets
Result 1: Increased collaboration and coordination in efforts to obtain, communicate, and use FP/RH data in areas of mutual interest	1.1 Instances of collaboration or coordination leading to a specific M&E output	17	4
	1.2 Number of key meetings, working groups, conferences, or public health events in which MEASURE Evaluation PRH participates	41	20
	1.3 Number of meetings, working groups, conferences, and public health events in which PRH staff present tools, protocols, methodologies, guides, curricula, and key actionable findings developed by PRH	71	15
	1.4 Number of participants who complete a MEASURE Evaluation PRH-supported training or workshop	543	300
	1.5 Percent of teams providing evidence (qualitative and/or quantitative) of improved M&E performance at 6-months post-program which they attribute to some degree to their LDP or VLDP experience	88%	85%
Result 2: Improved design and implementation of M&E frameworks and information gathering processes, including tools, methodologies and technical guidance, to meet users' needs	2.1 Instances of MEASURE Evaluation PRH tools, protocols, methodologies, guides, curricula, and/or key actionable findings incorporated into the work of other organizations	30	15
	2.2 Instances of MEASURE Evaluation PRH tools, protocols, methodologies, guides, or curricula that improve the data-gathering and data use processes that have been validated, scaled-up, and/or replicated	3	5
	2.3 Instances of new MEASURE Evaluation PRH tools, protocols, methodologies, or guides that improve the data gathering process that have been piloted or developed for a specific application	4	2
	2.4 Instances of new MEASURE Evaluation PRH tools, protocols, methodologies or guides that improve the data gathering process that have been finalized for generalized use	7	4
Result 3: Timely and topical analyses done for improved understanding of FP/RH dynamics and evidence-based decision making	3.1 Instances of research conducted to identify key actionable findings made available to decision-makers and/or stakeholders, including USAID	38	12
	3.2 Documented instances in which information is used as a result of MEASURE Evaluation PRH activities for decision-making in: programs (including design/improvement, management, planning and resource allocation); policy (development and implementation); or advocacy	7	6
	3.3 Number of new MEASURE Evaluation PRH electronic and print materials produced	58	7
	3.4 Number of MEASURE Evaluation PRH articles published in peer-reviewed journals	11	7

Executive Summary

The work of MEASURE Evaluation PRH fell under three main portfolios, as identified in the project's infographic (shown on page 7 of this report), including:

- support for M&E systems improvement and research contributions;
- development of M&E tools and approaches; and
- training leaders in M&E.

A summary of main areas of work and lessons learned for each of these portfolios is presented below.

Support for M&E Systems Improvement and Research Contributions

- [Collaboration with the International Planned Parenthood Federation \(IPPF\) to Strengthen M&E Capacity](#)

MEASURE Evaluation PRH worked with IPPF to strengthen M&E capacity at the country, regional and central level. There were three broad goals for the collaboration:

1. Improve data quality and use throughout the federation.
2. Strengthen the systems for collecting and analyzing data.
3. Build capacity around M&E with a focus on the Africa and South Asia regions.

In order to achieve these goals it was agreed that the technical assistance and training provided by MEASURE Evaluation PRH should support the IPPF model (i.e., if an activity was developed for a specific region or country, it was anticipated that the implementation process and lessons learned would benefit other regions and/or countries throughout the federation); that strengthening data demand and use at the regional offices was a good way to build an M&E culture throughout the organization; and that in order to improve data quality, the demand for data and data use should be expressed at all levels of the organization. The three main lines of work with IPPF are outlined below.

Standardizing Data Collection

IPPF has long been dedicated to serving the poor and vulnerable. Despite such a focus, there was no standard means of estimating how well the federation was doing to meet the needs of the poor and vulnerable in the countries in which it worked. Together with IPPF member association (MA) Centro de Investigación, Educación y Servicios (CIES)/Bolivia, MEASURE Evaluation PRH developed and pilot-tested a standardized process for collecting information on the level of vulnerability (poverty, social marginalization, and under-served) within the association's clientele. Such information, while necessary for reporting to the IPPF central office, is also useful at the MA/country level for strategic and programmatic planning. MEASURE Evaluation PRH assisted staff from CIES, central office in London, Western Hemisphere Regional Office, and Africa Regional Office (ARO) with the initial roll-out of the methodology in Guatemala, El Salvador, Peru, Uganda and Ghana, and produced a guidance document for future roll-out



throughout the federation. To date, the guidance has been shared with the IPPF evaluation staff and will be uploaded onto the IPPF Exchange (online platform accessible by all staff and volunteers worldwide) in early 2014. The vulnerability assessment methodology is now part of IPPF's Performance Dashboard indicators. Training and implementation of the vulnerability assessment methodology has occurred in a total of 21 countries; ARO, and East, Southeast Asia and Oceania Regional Office requested support to train more MAs and, as a result, 15 more MAs will be trained on the methodology in 2014.

M&E Leadership Development



Results presentation from the IPPF/ ARO LDP

In recognition that a functioning M&E system requires more than individual skills and training, MEASURE Evaluation PRH provided M&E leadership development programs (LDPs) for senior staff of the South Asia Regional Office (SARO) and ARO, in addition to the MAs of countries that host the regional offices (Family Health Options Kenya and Family Planning Association of India). The program focused on overcoming M&E challenges as a “team” whose members are all contributors to successful M&E practice. The teams made important, lasting changes as a result of the LDPs, including for example, the design of a clinic database at SARO to capture information on infrastructure, equipment, staffing, services, and pharmaceuticals from all the clinics in the region. Two years after the program, the database is fully developed and integrated into SARO programs. The database allows the regional office program staff to access data quickly and use data to inform technical assistance visits and support programmatic decisions. It is especially important as a monitoring tool for ensuring that all of the more than 320 clinics in the region are offering at least eight of the

services covered under the Integrated Package of Essential Services. This database tool has been presented to the central office in addition to all the MAs in the region.

The ARO also made lasting change with the development of a database program where they store both historical and current service data along with each MA's projected targets. They use checklist items stored in the system for verifying processes and procedures and the information is available to all of the country teams. The evolving culture of M&E within ARO has helped position M&E as an integral part of the work of the organization, resulting in an expansion of dedicated M&E staff as well as a sharing of the M&E work across the office.

Leadership work within the Africa region continued with a Senior Leadership Forum for Executive Directors. Nineteen leaders participated in a two-day M&E leadership and management forum; after seven months of virtual support, seven participants presented on the improvements in their M&E systems. Many of the presentations underscored the importance of leadership in supporting M&E and how to create an enabling environment for good M&E practice.

IPPF values strengthening of leadership and management in M&E; work with MEASURE Evaluation PRH provided a springboard for supporting further work in this area through a partnership with MSH's Leadership, Management and Governance Project.

Assessing Data Quality

In IPPF, data flow up the system from service delivery points to country and regional offices before landing in the central office. While the central and regional offices rely on the data for a variety of

functions, such as ensuring that the goals of IPPF are being met, they are far removed from the data initiation points and in-country data collection systems, and know that the quality of the data sent to them is variable. Technical assistance was requested from MEASURE Evaluation PRH to pilot a process that could be used to review and help strengthen these in-country data reporting systems. Working with staff from the central office, ARO, and the Family Planning Association of Malawi (FPAM), MEASURE Evaluation PRH revised the Routine Data Quality Assessment (RDQA) tool and piloted it in Malawi. As a result of the assessment, FPAM made a number of changes to their M&E system including: redefinition of services; addition of clear guidelines on how to capture and report services; establishment of procedures for data collection, reporting and management; establishment of procedures for backing-up data; establishment of a data quality feedback loop; and the incorporation of RDQA into the monitoring and supervisory visits on a quarterly basis. A user's guide was produced for IPPF. Elements of the RDQA were recently implemented in Peru, with support from the Western Hemisphere Regional Office.



Medical Office at FPAM's Dowa Clinic, Mr. Ben Kaunda, participating in the RDQA data collection exercise

Lessons Learned

The multi-year, multi-pronged collaboration with IPPF produced a high number of results across a variety of results indicators. These results relate to improvements in data quality, strengthened systems for collecting and analyzing data, and the strengthened capacity in M&E through improved leadership and management practices. The collaboration was a true partnership, with contributions of time and effort given by the project and all levels of IPPF. The incorporation of the work into IPPF organizations was possible given the participation of central and regional staff in all activities, such that they became trainers for the new tools and methodologies. The expanded impact of MEASURE Evaluation PRH's work was due to IPPF's model, where effective distribution channels and knowledge sharing within IPPF ensure that innovations can be shared, tested, modified, and spread throughout the world.

- **Contribution of Research to Build Evidence in FP Priority Areas**

MEASURE Evaluation PRH operated during a time when research in FP experienced renewed interest from the global health community. In November 2009, the first International Meeting on Family Planning Research and Practices was held in Kampala, Uganda. Arising from the conference was a call for more research to build the evidence base in best practices, identify barriers and inequities in access and use, examine high levels of unmet need and unintended pregnancy, and investigate the role of the community in programming and service delivery, among others.

The project contributed to this effort by supporting research activities aimed at improving the collection, analysis, and presentation of data to inform FP/RH interventions and policies and to promote the better use of data in planning, policymaking, and management. Research undertaken by MEASURE Evaluation PRH aimed to advance technical and programmatic priorities of the GHI and the OPRH; these priority areas included gender, poverty/inequity, M&E, contraceptive supply, integration of services, and costing. Cumulatively, there have been over 800 hits to the MEASURE Evaluation PRH Web site for the research conducted in these areas (excluding the research conducted by the small grants program).

Gender

MEASURE Evaluation PRH supported two primary-data collection activities related to the prevention of gender-based violence. Both conducted in Haiti, the first assessed barriers to screening for intimate partner violence (IPV) in health care settings in Artibonite, Haiti. The qualitative study found that asking female clients about IPV was not a common practice, particularly due to the potential stigmatization of IPV survivors. Creating a culture of IPV awareness in the community, soliciting help from authorities, and addressing women's economic situation were considered key factors for overcoming challenges providers face in addressing IPV in health care settings, as were the need for a "team" approach, and training needs for the identification, care and treatment of IPV survivors. The findings were discussed separately with the Haitian minister and director general of public health and population, and disseminated to local stakeholders. The second study implemented and evaluated an IPV prevention curriculum for teens in Artibonite, Haiti. The study found that while levels of dating violence were low, dating violence victimization and perpetration were high.

Additional research in gender examined RH outcomes in relation to both positive and negative exposures. The first centered on measurement of a conceptually complex idea, that of women's "empowerment". Associations between women's empowerment, as measured by several dimensions, and use of contraception were assessed using Demographic and Health Survey (DHS) data from Ghana, Namibia, Uganda, and Zambia. The study identified positive associations between the overall empowerment score and contraceptive use in all countries; however, the association of individual dimensions of empowerment and method use varied by countries, leading to the conclusion that intervention programs may need to involve different approaches depending on the country context.

A study using DHS data from India, Bangladesh, Nepal, and Pakistan, contributed to the knowledge base on the detrimental RH outcomes of child marriage. The study found that child marriage was significantly associated with many negative outcomes of fertility and fertility control, as well as maternal health care utilization. It was concluded that child marriage adds a layer of vulnerability to women that leads to poor fertility control, fertility related outcomes, and maternal care utilization.

Poverty/Inequity

Research was conducted on a number of poverty/inequity related topics. A main focus was on the measurement of poverty, for example, by comparing expenditures-based poverty rankings against the assets-based DHS wealth index. In a comparison of poverty estimates between living standards surveys and DHS from Bangladesh, Malawi, and Ethiopia, it was found that assets-based wealth indices do not consistently track well against expenditure-based measures of poverty and should not be used to identify individuals or households living below consumption-based or expenditures-based poverty thresholds. The study authors recommended that future DHS country surveys harmonize the selection, wording and response categories of questions on household assets and dwelling characteristics with national expenditure surveys, and vice-versa. Furthermore, an assessment of the feasibility and predictive validity of using DHS data to assign consumption-based poverty rankings to households and individuals in Ethiopia indicates that the DHS wealth index of asset-based quintiles captures a different dimension of poverty than does a consumption-based index. While both conceptions of poverty are legitimate, the consumption-based definition is more straightforward and dominates discussion among policymakers. Thus, including consumption-based estimates may give DHS research greater policy relevance.

Another research effort disaggregated the standard DHS asset-based wealth quintiles to specifically look at urban poverty. Wealth data from Bangladesh and Pakistan were recoded into separate urban and rural quintiles; focusing on the urban poor, the study found that the standard DHS wealth measures underestimate the percent of the urban population that is poor, and that reclassified wealth indices show that women in the lowest quintiles are often worse off in fertility and FP indicators. For example, the reclassified lowest wealth quintile in Pakistan had a prevalence of contraceptive non-use of 44% versus the standard wealth quintile estimate of 33%. Thus, by using the standard wealth quintiles, programs risk misrepresenting the urban poor and may miss some of the women and households most in need of FP services.

The importance of looking at wealth separately for urban and rural populations was made explicit by the production of 22 BEST country fact sheets that showed inequalities in FP use and antenatal care based on residence and wealth. The analyses disaggregated relative wealth by urban/rural residence and revealed patterns obscured by national trends.

Finally, a research study examined inequity in the use of FP and other RH services by various individual and household level factors, including wealth and health insurance coverage. Data from Columbia, Ghana, Rwanda, and the Philippines were used; all are countries that have experienced an expansion of health insurance coverage in recent years. The study found that health insurance coverage was linked to use of institutional delivery services and modern FP use. The findings advocate for expanding health insurance coverage, particularly among the poor, in order to increase service utilization and reduce wealth-related inequities in service use.

M&E Gaps and Needs

MEASURE Evaluation PRH undertook a comprehensive review of the evolution and state of current practices and an assessment of perceived issues, future needs and directions in FP M&E. One of the main goals of the review was to make recommendations to improve the M&E of FP programs based on a coherent assessment of current and more than two decades of FP M&E effort, which highlighted successes, lessons learned, and evolving best practices. Information for the report came from a number of sources: a document review, particularly focused on USAID-funded flagship global health M&E projects; an online survey of 64 FP M&E professionals; and in-depth interviews with 19 FP M&E experts. Together, these sources provided rich detail on the practice of M&E in FP as it has evolved over the past two decades, the strengths and weaknesses of the current practice of M&E, and recommendations for future work in this field. As seen by the recommendations for future areas of work, some M&E needs are constant, others are new and emerging as the field of FP evolves, and still other M&E needs persist and require a renewed focus.

There are a limited number of evaluation studies that document which interventions lead to improved outcomes, what differences they make on the beneficiary population and at what cost, and what the feasibility is for replication and scale-up. Drawing on the legacy of the EVALUATION Project in establishing methodological guidance for impact evaluation, MEASURE Evaluation PRH revisited the topic of impact evaluation within the field of FP. This paper takes stock of the current FP evaluation environment, adds what we have learned over the last decade, and considers what can be learned from the dialogue on evaluation approaches taking place in other health fields. The paper argues that the rigor of experimental and multilevel designs is appropriate in some circumstances and should be used when possible. However, in order to answer the contemporary FP evaluation questions, the field needs to accept and use a wide range of evaluation designs closely aligned to the questions that need to be answered, the degree of precision that needs to be attained, and the resources available. The authors

point out designs should not be selected without a clear assessment of the positive and negative features. Many options exist for addressing design limitations, including the use of multiple methods. Furthermore, the rigor of evaluation designs should meet but not exceed the needs of stakeholders.

Contraceptive Supply and Service Environment

Two research efforts looked at the contraceptive supply and service delivery environment; both papers employed data linking procedures to improve their analytical potential. The first used linked data from the 2009 Community Participation for Action in the Social Sectors (COMPASS) project health facility and household surveys to examine the association of the FP service delivery environment with contraceptive outcomes in five states of Nigeria. The availability of an increased range of contraceptive methods showed a strong positive association with the use of quality assurance systems by FP health facilities in the local government area (LGA) in Nigeria. The findings point to increasing modern contraceptive use by focusing efforts on LGAs with staff shortages, low quality of provider-client interaction, and a limited scope of in-service training on the delivery of FP and RH services.

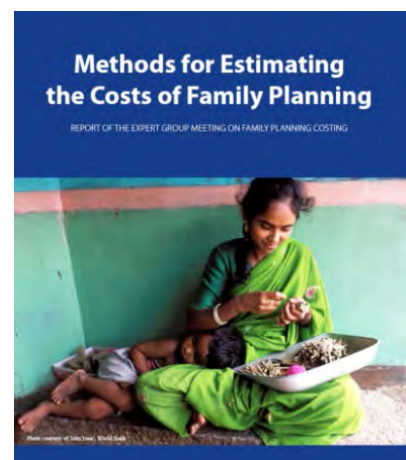
The second study was a collaborative effort with USAID|DELIVER, and used linked data from the Malawi DHS and Logistics Management Information System (LMIS) to explore patterns of contraceptive supply and use. The study found that access to FP services, defined by distance to clinic alone and distance adjusted by supply, are important predictors for the use of injectable contraceptives. Kernel density estimation provided a nuanced way of linking communities to their local service environment that took into account distance decay and supply reliability. Access was only weakly linked to demand, thus interventions aimed at increasing the use of FP should include demand generation components as well.

Integration of Services

Service integration was addressed in a research study looking at use of antenatal care (ANC) and postpartum modern contraceptive use in Kenya and Zambia. The analysis revealed a positive association between ANC use and the adoption of a modern FP method postpartum, while the association between FP use and postnatal care was not found to be significant. Although FP counseling is not often a component of standard ANC service packages, it is possible that the use of ANC services contributes to women's trust in the health care system and overall satisfaction of health care services, which in turn may make women more likely to return for other services. The finding indicates that promoting ANC visits should be considered as a mechanism to increase postpartum FP use.

Costing

Costing FP is a recognized area of need. In preparation for a 2011 international technical working group meeting composed of donors, international cooperating agencies and developing country representatives and hosted by MEASURE Evaluation PRH, a guidance report on methods for estimating the costs of FP was developed with recommendations for what to measure when costing FP programs, how to measure it, and how to perform the cost calculations. The document contains two background methodology papers, one on estimating the unit costs of FP and the other on projecting the costs of FP programming.



Lessons Learned

MEASURE Evaluation PRH advanced the technical and programmatic priorities of the GHI and the OPRH by focusing research on select priority areas. The project did not have the budget to support quantitative data collection and therefore took advantage of DHS data, often in combination with other available data sets, and qualitative data.

Recent initiatives, such as USAID/OPRH activities identifying research needs of new focus areas and WHO's exercise to set new FP research priorities, have helped identify research topics and improve the articulation of research needs in the field of FP. Information coming from routine and special surveys will be needed to meet these demands. There remains a difficulty in linking service data with population-based data, which may necessitate data collection vehicles other than the typical DHS and Service Provision Assessment. However, non-survey data are also important: data collected through routine health information systems is likely underutilized for addressing research questions and qualitative data can be used to help to fill knowledge gaps.

- **Small Grants Program for Research**

MEASURE Evaluation PRH supported a small grants program for FP/RH research that was administered to local universities and nongovernmental organizations (NGOs) in low-income countries. The specific aims of the small grants program were to:

1. increase the evidence-base of FP/RH research;
2. provide data use opportunities to inform programs and policies; and
3. improve the local capacity of developing country researchers and research institutions.



MEDSAR, a sub-grantee from Rwanda, making preparations for their MEASURE Evaluation PRH-funded research project

The small grants supported primary and secondary data analysis, led to the development of working papers and publications, and assisted with implementing data use activities. After a successful pilot of small grants, the process was repeated for three additional rounds. Over the course of four years, 15 organizations and universities from 10 USAID FP priority countries completed their research projects, as outlined below, in Table 2.

The research projects fell into four key themes:

- I. Integration of FP into HIV Services
- II. Community-Based Approaches to Improving FP Service Delivery
- III. Factors Influencing the Adoption of FP
- IV. Birth Intervals and the Relationship to Proximal Determinants of Child Health

Table 2: MEASURE Evaluation PRH Sub-grantees by Research Topic and Country

Sub-grantee	Research Topic
Uganda	
Rakai Health Sciences Program (RHSP)	Does use of hormonal contraception influence the effectiveness of ARV therapy among HIV-infected women?
Health Child	Can wireless text messaging increase uptake of FP services in Uganda?
Kenya	
African Population and Health Research Center (APHRC)	Spatial analysis of contraceptive use in Kenya
African Institute for Development Policy (AFIDEP)	The policy and programmatic evolution of community-based distribution of FP in Kenya and prospects for its sustainability
Moi University School of Medicine	Investigating low uptake of skilled delivery services and postpartum FP services among women in Western Kenya
Ethiopia	
Dire Dawa Regional Health Bureau	Assessing the integration of FP and HIV/AIDS care and treatment services in health facilities in Dire Dawa City, Ethiopia
Population, Health and Environment (PHE)-Ethiopia Consortium	Establishing the effectiveness of the PHE approach for achieving FP outcomes in Ethiopia
Ghana	
Kintampo Health Research Centre	Improving FP service delivery to adolescents in Ghana
Center for Health Research & Implementation Support (CHRIS)	Intended FP use among pregnant women presenting at health facilities in rural Ghana
Malawi	
University of Malawi College of Medicine	Examining FP uptake, continuation, and provider-switching in rural Karonga using a patient-held record system
Democratic Republic of the Congo (DRC)	
Université Catholique du Graben (UCG)	Assessing healthy timing and spacing of pregnancy practices among postpartum women in Butembo, DRC, and barriers to adopting FP
Tanzania	
National Institute for Medical Research (NIMR)	Assessing the effect of quality of FP services offered in HIV/AIDS care and treatment clinics in Tanzania
Rwanda	
Medical Students Association of Rwanda (MEDSAR)	What affects the integration of men in FP?
Bangladesh	
Eminence	Examining the gap between preferred and actual birth intervals in Bangladesh: implications for fertility and child health
Madagascar	
WISE Toamasina	Spousal agreement on FP and effects on family well-being in Madagascar

All of the final research manuscripts were turned into working papers and posted online where, to-date, they have been accessed nearly a thousand times. From these, four research briefs were developed and

three peer-review journal articles were published. The research findings were disseminated to USAID, in-country stakeholders, and in eight instances to international audiences.

Arguably the most successful aspect of the small grants program was the extent to which this program provided young, emerging, and/or under-funded organizations or researchers the opportunity to conduct research, receive high-quality technical assistance, and develop and implement a data dissemination plan. Many of the researchers expressed what a new and positive experience it was for them to be responsible for leading a research project from start to finish, from writing the concept paper and proposal to applying for ethics approval, managing the sub-grant, handling logistics, protocol design, planning, implementation and supervision of fieldwork, meeting reporting requirements, data management and cleaning, analysis, write-up, and dissemination.

As the program officer, I coordinated the research, and in so doing I benefited a lot. I developed my capacity how to conduct research and I have also developed my skill in research proposal writing, data analysis, reporting, etc.

Ahmed Mohammed
PHE-Ethiopia Consortium

Lessons Learned

As outlined in the 2014 report to USAID, “The MEASURE Evaluation PRH Small Grants Program: Building Capacity and Informing the Field of Family Planning Research”, there were several lessons learned from the small grants program. Some key lessons were to select applicants with varying levels of capacity; invest the time to provide as much technical support as needed as it pays off in higher quality research papers; take advantage of pre-existing research and mentorship relationships of grantees; and prior to each new round of small grants, evaluate the program and make the necessary adjustments.

Due to the high number of concept papers we received coupled with a limited budget, we were able to fund less than 4% of the total applicants. Because of the great demand for this kind of opportunity among researchers in developing countries, future small grants programs would garner a high response rate and be a viable option for supporting primary and secondary data analysis.

Development of Tools and Approaches

The project succeeded in developing several resources, including tools, protocols, guides, reports, frameworks, methodologies, an online course, and a database, to improve M&E in FP and RH. MEASURE Evaluation PRH staff also provided technical assistance in M&E to USAID, technical advisory groups, and working groups.

- **Family Planning/Reproductive Health Indicators Database**

Early in the project, MEASURE Evaluation PRH was tasked with updating the *Compendium of Indicators for Evaluating Reproductive Health Programs* (2002). After an extensive document review and consultations with over 150 experts in FP and RH, a comprehensive online Family Planning and Reproductive Health Indicators Database was developed. With technical guidance on indicator



selection, using conceptual and results frameworks, and 426 key indicators and accompanying narratives for 12 cross-cutting (e.g., training, policy, management) and 25 specific technical areas (e.g., postabortion care, safe motherhood, FP and HIV), the database continues to be as popular as its predecessor, receiving more than 288,000 hits from over 13,000 distinct users in the two-and-a-half year period since it went live. Accessed around the globe by researchers, program designers and implementers, evaluation specialists, and donors, this resource provides a menu of indicators to be used selectively as part of the M&E of national programs, regional programs, and country projects. As an online database, evidence and links can be updated and new technical areas added as needed.

- [M&E Frameworks, Tools, and Guides](#)

The project produced several M&E resources and tools.

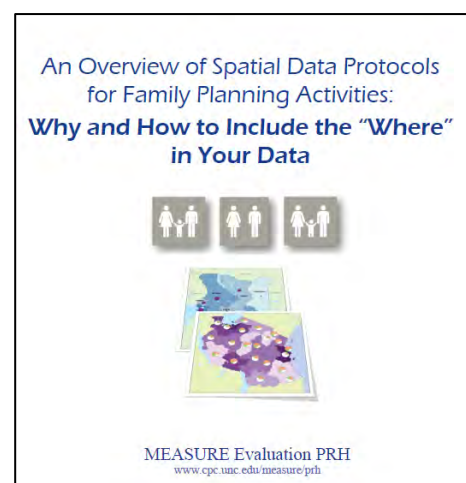
Monitoring Guides for New Areas

The Framework for Monitoring and Evaluating Efforts to Reposition Family Planning and accompanying *Repositioning Family Planning: Decision Support Tool Manual* were created in response to USAID's initiative to increase political and financial commitment to FP in sub-Saharan Africa. Following a comprehensive literature review and several key informant interviews, a framework was developed to assess efforts in repositioning FP, identify gaps in strategies, and inform funding, program design, policy, advocacy, and program improvement. To accompany the framework, 24 illustrative indicators were identified. The Decision Support Tool provides a way for stakeholders to gather information about the indicators and receive progress feedback to support decision making. Both resources were the results of collaborative efforts and were piloted in Tanzania. They have been presented at USAID and at international conferences and are being used by other projects, such as the Health Policy Project (HPP) and Advance Family Planning, to assess repositioning efforts in West Africa.

USAID recognized that although several resources have been developed to assist program implementers with scaling up, once scale-up is underway, few resources exist to help ensure continuous and systematic monitoring of the process to track progress toward sustainability of these innovations. The *Guide for Monitoring Scale-up of Health Practices and Interventions* was developed to provide governments, donors, country organizations, and implementing partners with a low cost and replicable approach to monitoring the process of scaling up innovations in health. Written in collaboration with colleagues at FHI 360, the Institute for Reproductive Health, and Futures Group, highlights of the guide include a framework for monitoring scale-up, illustrative indicators, case studies, and how to incorporate geographic information systems (GIS) for monitoring scale-up.

Use of Spatially Referenced FP Data

Two resources focus on how to use geography to facilitate data linkages. *An Overview of Spatial Data Protocols for Family Planning Activities: Why and How to Include the 'Where' in Your Data* presents an overview of the ways to structure FP data to take maximum advantage of existing data, or to facilitate future inclusion of the geographic context of data being gathered. Likewise, *GIS Data Linking to Enhance Multi-sectoral Decision Making for Family Planning and Reproductive Health: A Case Study in Rwanda* addresses the problem of FP/RH



decision making being hindered by a lack of information from other health sectors, such as maternal and child health or HIV/AIDS, as well as sectors outside the realm of public health, such as food security, education, physical infrastructure, and poverty, among others. This tool documents the process of using a GIS to link FP/RH data with data from multiple sectors, using Rwanda as a case study.

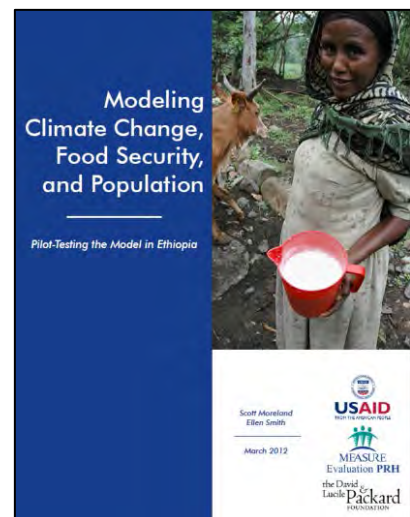
Addressing Poverty, Equity, and Health

Initially published in 2008, *Addressing Poverty: A Guide for Considering Poverty-Related and Other Inequities in Health* underwent significant updates and was reissued in 2012. The guide provides concrete, practical recommendations for those that wish to consider, design, or refine activities to address poverty and/or other inequities in health. Taken as a whole, this guide covers the spectrum from priority-setting to M&E with a focus on FP and RH, although the principles discussed can be applied to any element within health.

Addressing equity and health, an online course housed on the MEASURE Evaluation M&E Learning Center is a two-hour online course that was developed to assist policymakers and program managers with finding better ways of engaging the poor and other excluded groups in the design of policies, programs, and financing mechanisms to make certain that they meet the needs of these groups.

PHE Models and Guide

A computer-simulation model was developed to help clarify the complex interactions involving PHE, specifically the dynamic relationships among climate change, food security, and population growth. The model was developed to be simple enough to adapt to a country and also be used at the policy level to introduce population issues into the dialogue on adaptation to climate change in the context of food security. It was piloted in Ethiopia and shared with stakeholders at zonal, regional, and national levels. With funding from the David and Lucile Packard Foundation, a technical document explaining the model was developed; with support from HPP, the PHE-Ethiopia Consortium used the model and analysis in four events — two training sessions for journalists and two policy dialogue workshops — with a total of 128 participants. The tool has been used to inform policy and decision makers at different levels of the Ethiopian government and the public at large about the need to consider the influence of population, food security, and climate change on the lives of Ethiopians and to develop integrated approaches to address these challenges.



The training materials and tool kit for M&E of PHE programs that was initiated under MEASURE evaluation Phase II was finalized and disseminated under MEASURE Evaluation PRH. The success of the kit is evidenced in the nearly 48,000 hits it has received for various parts of the resource package. The tool kit aims to increase the M&E capacity, skills and knowledge of those who plan, implement, and evaluate innovative, integrated health and community development programs in low-resource settings. It includes an introduction to M&E of PHE, training modules, facilitator notes, activity handouts, the *Guide for Monitoring and Evaluating Population-Health-Environment Programs*, and supplemental materials. The resource, which was a result of a collaborative effort among various organizations working in the population, health, and environment sectors (e.g., IPPF, USAID, World Wildlife Federation, Population Reference Bureau), has been shared on various blogs and organizational Web

sites (e.g., Conservation International, Woodrow Wilson Center, The New Security Beat), adapted, and incorporated into the work of other organizations.

- **Technical Assistance to USAID**

Throughout the life of the project, MEASURE Evaluation PRH worked with its management team to identify M&E needs and areas for technical assistance within the USAID Bureau of Global Health, and most particularly, OPRH. While interaction with technical advisors often led to work captured in other sections of the report (such as the repositioning FP framework or the guide to monitoring scale-up, for example), this section focuses on the technical assistance undertaken specifically to assist the bureau with improving the execution of its work.

One of the ways MEASURE Evaluation PRH provided M&E support to the Bureau of Global Health was through the development of tools. The *Performance Management Plans: A Checklist for Quality Assessment* was developed to assist project advisors in their review of performance monitoring plans (PMPs) by summarizing the characteristics of a strong PMP in a clear and concise manner. In a two-year period, this online guidance has received over 600 hits.

Technical assistance was also provided to address issues related to the GHI. Work with the Women, Girls and Gender Equality M&E Working Group led to the development of a draft guide with a series of modules directing the user through the different steps of integrating gender into a health program's M&E plan. Additionally, a detailed outline to guide the gender integration pilot process and materials for evaluating the process were also developed.

MEASURE Evaluation PRH conducted an analysis of the results framework and summary performance reports used by OPRH to determine the extent to which intermediate results feed into and inform one another and to make recommendations for future rounds of the reporting system. The analysis found that there were more feedback loops in earlier years of reporting (2007-2009) than in more recent years; however, limited information was consistently provided on the linkages, especially with the application of tools and/or across cooperating agencies. Coding of activities was also found to be inconsistent. A number of recommendations were provided, including the transferal of the system to an on-line database and the provision of clear definitions of the intermediate and sub-intermediate results.

- **Technical Assistance to UNFPA**

MEASURE Evaluation PRH collaborated with the United Nations Population Fund (UNFPA) to assist its efforts to finalize a monitoring framework for the initiative to carry forward the 1994 International Conference on Population and Development (ICPD) Program of Action, entitled *ICPD Beyond 2014*. Through a consultative process with 15 experts from across the field of FP, a document was produced that contains a list of priority FP indicators, including the definitions, possible data sources, links to other initiatives, and overlap with the original Program of Action objectives.

Lessons Learned

MEASURE Evaluation PRH advanced the technical and programmatic practice of M&E in FP and RH by developing tools, protocols, guides, reports, frameworks, methodologies, an online course, a database, and through the provision of technical assistance to USAID, technical advisory groups, and working groups. The project staff's high level of engagement in various M&E technical working groups (e.g., newborn health, repositioning FP, poverty and equity) translated into the most current information being incorporated into the database as well as the development of other M&E tools and resources.

The indicator database and other M&E tools benefitted from a highly collaborative process involving the participation of individuals from a wide range of government and nongovernment organizations.

Training Leaders in M&E

- **Virtual Training**

Strong management and leadership skills are crucial to the successful performance of M&E staff working in FP/RH. These skills are not often addressed in schools of medicine or public health, which are the typical grounds where key staff involved in M&E activities receive formal training. To address this gap in training, a Virtual Leadership Development Program (VLDP) for FP professionals working in M&E was developed and implemented by MEASURE Evaluation PRH.

The VLDP is an online learning program that strengthens the capacity of teams to identify and address institutional/organizational challenges. Team members work independently on the VLDP Web site with additional support from a program workbook and participate in on-site team meetings within their organizations throughout the program. During the VLDP, each team develops an action plan that addresses a real M&E challenge that they are facing. Leadership and organizational development specialists facilitate the program, providing support and feedback, and assist the facilitation team when the participants are working on their action plans.

MEASURE Evaluation PRH implemented five VLDPs over the life of the project. After the first two offerings, innovative adjustments were made to the course and the third offering was a “short form”, which reduced the number of weeks from 13 to 11. The “short form” has since become the standard for VLDPs. The fourth offering was an “expanded version” of the VLDP, which added a second facilitator and enrolled twice the typical number of teams to participate. The fifth and final offering of the course was conducted in French.

In total, 422 individuals were trained by the VLDP program, representing 59 teams from 23 countries. The program had an acceptance rate of 16.8%, indicating a very high demand for the program. After completion of the program, the M&E results for the teams included improved reporting (timeliness, completeness and accuracy/compliance); improved processes and procedures for basic data collection; the introduction or improvement of M&E training at all organizational levels; and the development of M&E plans, policies, procedures, and harmonized tools or other support materials.

- **In-person Training**

MEASURE Evaluation PRH also took advantage of relevant conferences to reach leaders for training in the M&E of FP, including: a workshop on designing high-impact research conducted in conjunction with the 2009 International Conference on Family Planning held in Entebbe, Uganda; a session on how to address poverty in health programming presented at the 2009 Mini-University (and again at USAID); and a one-day training course in M&E of FP developed and implemented in collaboration with the Addis Continental Institute of Public Health (ACIPH) in conjunction with the 2013 International Conference on Family Planning held in Addis Ababa, Ethiopia.

Lessons Learned

The demand for training is persistent and is expressed by M&E professionals as well as non-M&E professionals. The provision of a range of training opportunities is an important step in meeting this demand. By engaging people at all levels and in all departments of an organization, the development of

an M&E culture that provides an enabling environment for successful data collection, reporting, analysis and use can be achieved. As a result, M&E is not just the job of a select cadre of M&E professionals, but is owned by everyone in the organization.

In addition, developing leadership and management capacity can lead to larger organizational results that can be expected to increase work performance going forward, including improved communications and team work, a better work environment, and improved management processes.

Recommendations for Future Work

At the conclusion of MEASURE Evaluation PRH, it is recommended that work continue in the following areas:

Support for M&E Systems Improvement and Research Contributions

- Conduct periodic updates and maintenance of the FP/RH Indicators Database
- Continue support to global implementation networks, such as IPPF, to strengthen M&E systems
- Address measurement, M&E and research issues identified as gaps in new OPRH focal areas and global initiatives, such as FP2020
- Continue support to in-country research organizations and research teams
- Assess usefulness of routine health information data for research

Development of Tools and Approaches

- Complete women, girls, and gender equality guidance for integrating gender into M&E; conduct pilot of guidance
- Continue support to UNFPA's ICPD Beyond 2014 initiative, particularly with the finalization of the FP monitoring indicators
- Collaborate on implementation of the guide for monitoring scale-up; document implementation experiences
- Develop M&E tools for new areas, as needed
- Provide technical assistance for evolving M&E needs

Training Leaders in M&E

- Continue to offer a range of training opportunities for M&E and non-M&E professionals involved with FP program implementation

Result 1: Increased Collaboration and Coordination

Introduction

MEASURE Evaluation PRH worked to increase collaboration and coordination in efforts to obtain, communicate, and use FP/RH data in areas of mutual interest by:

- collaborating with FP/RH data users and service providers on issues related to monitoring and evaluating programs and data use in decision making;
- establishing and supporting global standards for FP/RH M&E in collaboration with relevant partners; and
- building individual and organizational capacity to monitor and evaluate FP/RH programs.

Results were achieved by actively participating and taking a leadership role in global PRH M&E working groups; developing and implementing capacity building strategies to build leadership and M&E skills; and implementing activities that increase data demand and information use of FP/RH decision makers.

Results Achieved

Indicator 1.1: Instances of collaboration or coordination leading to a specific M&E output

There were **17** instances of collaboration or coordination leading to a specific M&E output.

- The **M&E of PHE training materials and tool kit** that were started in Phase II were finalized and disseminated under this project after extensive collaboration and coordination with health and environment groups and stakeholders. These included representatives from the Jane Goodall Institute, Population Reference Bureau, International Food Policy Research Institute (IFPRI), Woodrow Wilson Center, Conservation International, Planned Parenthood Federation of America, World Wildlife Federation, and USAID.
- The **Family Planning and Reproductive Health Indicators Database** was developed and launched after a culmination of two years of collaboration and coordination with over 150 FP/RH experts from around the world, including several technical priority champions from USAID.
- **Five VLDPs** were conducted over the course of this project for M&E units working in FP/RH: four for Anglophone countries and one for Francophone countries. Among the 59 teams comprised of 422 participants that completed the programs, M&E challenges were identified and action plans were developed and executed by each team. Most of the teams were followed up with after six months to determine the progress and results they had achieved in implementing their action plans. The evaluation showed that the majority of the teams either achieved their desired measurable result or made significant strides in doing so.
- **Two LDPs** were conducted with IPPF regional staff: one in India with SARO and one in Kenya with ARO. In total, nine teams of 44 individuals completed the six-month program. In addition, a **third specially-designed, two-day LDP was organized** in South Africa for 19 executive directors of the IPPF ARO MAs. The LDPs included representatives from different departments as participants, with the objectives of building leadership for M&E and establishing a culture of M&E throughout IPPF. The program has been an effective way to introduce leadership and management goals while also achieving short-term strategic M&E goals.
- A one-day **M&E of FP Programs workshop** was held in Addis Ababa, Ethiopia, in conjunction with the 2013 International Conference on Family Planning in Ethiopia. In collaboration with MEASURE

Evaluation training partner, ACIPH, 25 FP practitioners attended the one-day event. The workshop provided an overview of general M&E concepts, FP frameworks and key indicators, a historical perspective of the main issues in M&E of FP programs, and current and emerging issues in FP M&E.

- In collaboration with FHI 360, Georgetown’s Institute for Reproductive Health (IRH), Futures Group, ExpandNet, and members of the Monitoring of Scale-up Community of Practice, the **Guide to Monitoring Scale-up of Health Practices and Interventions** was developed and finalized in Year 5.
- A guidance document for measuring the costs of FP programs with recommendations on what to measure, how to measure it, and how to perform the cost calculations was developed as a result of an international technical working group collaboration composed of international cooperating agencies, donors, and developing country representatives. The report, **Methods for Estimating the Costs of Family Planning: Report of the Expert Group Meeting on Family Planning Costing**, reviews the state-of-the-art in costing FP practices, defines the kinds and levels of cost information that are desirable, and makes recommendations for standards and methods for measuring the costs of FP programs. The guidance document also contains the background methodology papers, “Estimating Unit Costs of Family Planning” and “Projecting the Costs of Family Planning Programming”.
- The **Framework for M&E Efforts to Reposition Family Planning** was developed as a result of years of collaboration with USAID and other organizations. Key informant interviews took place with USAID mission staff in nine African countries, members of the USAID Repositioning FP Working Group (e.g., RESPOND Project, EngenderHealth; USAID|DELIVER project, John Snow, Inc.), and implementing partners outside of USAID (e.g., Urban RH Initiative, Futures Institute, Implementing Best Practices in FP Initiative).
- Building on previous work completed by MEASURE Evaluation PRH, MEASURE Evaluation, and USAID|DELIVER, this collaboration looked at how **to link data to investigate contraceptive supply and use**. With DHS data for Malawi, facility-level commodity supply data in Malawi was linked with population-based outcome data in order to explore patterns of contraceptive distribution and use and determine the potential for predicting contraceptive prevalence based on consumption.
- MEASURE Evaluation PRH **collaborated with UNFPA to develop a list of FP indicators** to be included in a monitoring framework for *ICPD Beyond 2014*. Fifteen senior researchers and M&E experts were consulted with to finalize the list of indicators and present to UNFPA.
- In collaboration with the Center for Disease Control and Prevention, U.S. Department of State, and USAID, particularly the GHI’s M&E Working Group, the draft **“Guide for Integrating Gender into US Government M&E Plans”** was developed to meet in-country M&E needs for gender-integrated health programs.

Indicator 1.2: Number of key meetings, working groups, conferences, or public health events in which MEASURE Evaluation PRH participates

MEASURE Evaluation PRH maintained active participation in the global FP/RH community in order to build the visibility and technical leadership standing of the project and to facilitate sharing of the work of the project with others. MEASURE Evaluation PRH staff participated in **40** key meetings, working groups, task teams, forums, conferences, and public health events. (See Appendix A.)

Indicator 1.3: Number of meetings, working groups, conferences, and public health events in which MEASURE Evaluation PRH staff present tools, protocols, methodologies, guides, curricula, and key actionable findings developed by the project

There were **71** occasions where MEASURE Evaluation PRH tools, guides, approaches, methodologies, or key actionable findings were presented at domestic and international conferences, meetings, and technical working groups. (See Appendices B and C.)

Indicator 1.4: Number of participants who complete a PRH-supported training or workshop

In the course of four years, a total of **543** participants from 39 countries completed a MEASURE Evaluation PRH-supported training event or workshop. Depending on the audience, the trainings were conducted in English, French, and Spanish.

Table 3: MEASURE Evaluation PRH-Supported Trainings

Training or Workshop	Participants	Date	Country Representation
Designing High Impact Research, Uganda	19	November 2009	Egypt, Uganda, India, Kenya, United States
LDP with IPPF SARO and Family Planning Association of India, India	13	June 2010 – March 2011	India
LDP with IPPF ARO and Family Health Options Kenya, Kenya	31	May 2011 – January 2012	Kenya
LDP for Executive Directors of IPPF ARO MAs, South Africa	19	November 2012	Ethiopia, Chad, Mozambique, Cameroon, Tanzania, Sao Tome & Principe, Sierra Leone, Mali, Ghana, Liberia, Central African Republic, Uganda, Cape Verde, Senegal, Benin, Nigeria, Kenya, Côte d’Ivoire, Uganda, Malawi
First VLDP for M&E units working in FP	64	February – April 2010	Ethiopia, Kenya, Nigeria, Pakistan, Tanzania, Uganda
Second VLDP	47	February – May 2011	Botswana, Ghana, Kenya, Tanzania, India, Nigeria
Third VLDP	49	February – May 2012	Kenya, Nigeria, Uganda, and Zambia
Fourth VLDP	160	January – April 2013	Uganda, Zimbabwe, Ethiopia, Ghana, Liberia, Malawi, Kenya, Nigeria, Bangladesh, Haiti, Afghanistan, Nepal
Fifth VLDP	88	September – December 2013	Rwanda, Côte d’Ivoire, Guinea, Haiti, DRC, Togo, Burkina Faso
GIS training for IPPF/London staff	7	February 2012	England
Workshop to roll out the vulnerability assessment tool to IPPF MAs in the Western Hemisphere Region, Bolivia	11	November 2011	Guatemala, Peru, El Salvador
Workshop to roll out the vulnerability assessment tool to IPPF MAs in the Africa Region, Uganda	10	October 2011	Uganda, Ghana
M&E of FP Programs workshop, Ethiopia	25	November 2013	Ethiopia, Nigeria, Kenya, Zambia, India, Senegal

Indicator 1.5: Percent of teams providing evidence (qualitative and/or quantitative) of improved M&E performance at 6-months post-program which they attribute to some degree to their LDP or VLDP experience

After the first workshop we all would look forward to the other workshops where we could share and learn from each other. The Family Planning Association of India has decided to take the LDP to its other branches. Our management is supporting us in this initiative to take it further ahead. The CEO has requested us to develop an action plan and the LDP has decided to now work with three branches.

Participant of the SARO LDP

The six-month follow-up that was conducted after the five VLDPs and two LDPs revealed that among the 67 teams that completed the programs, **88%** achieved or exceeded their desired measurable results with regard to improved M&E performance, effectively exceeding our target of 85%. Some of the teams did not achieve their measurable result due to personnel changes and competing priorities but reported improvements in relationships with internal and external stakeholders.

Although the **IPPF Africa Region Senior Leadership Program for Executive Directors** was not included in this calculation because it followed a different format and timeline than the standard LDP, the presentations of results by the participants were excellent showing both improvements in

M&E and leadership capacity in seven country MAs. The executive directors showed that they understand better their own roles in improving M&E policies, procedure, and results and that they serve as facilitators in their MAs to create an enabling environment for M&E.

Result 2: Improved Design and Implementation of M&E Frameworks and Information Gathering Processes

Introduction

To meet users' needs, the project worked to improve the practice of M&E through the design and implementation of M&E frameworks and information gathering processes by:

- developing M&E frameworks, tools, and methodologies for priority PRH areas;
- providing guidance and technical support on use of new and recently developed tools to PRH cooperating agencies; and
- improving the state of the art in data collection and reporting on PHE, gender, youth, poverty and inequity, and other PRH program areas.

Results were achieved by providing technical assistance; implementing capacity building activities that promoted M&E tools relevant to PRH; and designing, developing, and validating state-of-the-art tools and methodologies that addressed gaps in M&E of FP/RH programs globally.

Results Achieved

Indicator 2.1: Instances of MEASURE Evaluation PRH tools, protocols, methodologies, guides, curricula, and/or key actionable findings incorporated into the work of other organizations

There were **30** instances of project-developed tools, protocols, methodologies, guides, curricula, and/or key actionable findings incorporated into the work of other organizations during the life of the project.

- Individuals and organizations who had contributed to the development of **training modules addressing the M&E needs of PHE integrated projects** were contacted for follow-up. Evidence was found that the materials were further distributed and adapted among in-country networks. For example, the module was used in developing PHE-Ethiopia Consortium's M&E plan and in creating indicator agreements for the Environment and Development Society of Ethiopia. Components of the module were incorporated into a one-day training for Guraghe People's Self Development Organization (GPSDO) in Ethiopia by the Public Health Institute and David and Lucile Packard Foundation. The BALANCED Project also used aspects of the training module in a working group meeting that was held in Ethiopia with partner NGOs. Additionally, World Wildlife Federation reported that it had adapted and piloted the baseline assessment tool from the M&E of PHE training materials.
- HPP incorporated the **Repositioning Family Planning M&E Framework** into its Year 1 project work plan in West Africa. HPP then translated the framework into French, collected data specified in the repositioning indicators, and applied the framework in eight West African countries. USAID/Tanzania, Advance Family Planning, and Pathfinder International have used the framework for planning and priority setting.
- A **methodology to assess poverty and vulnerability** initially developed and implemented in collaboration with the IPPF MA in Bolivia, CIES, and was adapted and rolled out to 20 other MAs (see Table 4) and continues to be rolled out; ARO has requested support to train more MAs as did the

East, Southeast Asia and Oceania Region. Additionally, the IPPF Central Office incorporated examples of its application into new donor agreements.

Table 4: IPPF MAs Where the Vulnerability Assessment Tool Has Been Used

Member Association	Country	Year Trained	Data Collection Began
Africa			
Reproductive Health Uganda (RHU)	Uganda	2011	2011
Planned Parenthood Association of Ghana (PPAG)	Ghana	2011	2011
Chama cha Uzazi na Malezi Bora Tanzania (UMATI)	Tanzania	2013	2013
Family Guidance Association of Ethiopia (FGAE)	Ethiopia	2013	2013
Planned Parenthood Federation of Nigeria (PPFN)	Nigeria	2013	2013
Family Health Options of Kenya (FHOK)	Kenya	2013	2013
East, Southeast Asia and Oceania			
Family Planning Association of the Philippines (FPAP)	Philippines	2013	2013
Reproductive Health Association of Cambodia (RHAC)	Cambodia	2013	2013
Indonesian Planned Parenthood Association (IPPA)	Indonesia	2013	2013
South Asia			
Family Planning Association of Bangladesh (FPAB)	Bangladesh	2011	2011
Family Planning Association of Nepal (FPAN)	Nepal	2011	2011
Rahnuma (formerly FPAP)	Pakistan	2011	2011
Afghan Family Guidance Association (AFGA)	Afghanistan	2011	2012
Family Planning Association of India (FPAI)	India	2011	2011
Western Hemisphere			
Centro de Investigación, Educación y Servicios (CIES)	Bolivia	2010	2010
Instituto Peruano de Paternidad Responsable (INPPARES)	Peru	2011	2012
Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM)	Guatemala	2011	2012
Asociación Salvadoreña Demográfica (ADS)	El Salvador	2011	2012
Bem-Estar Familiar no Brasil (BEMFAM)	Brazil	2012	2013
Fundación Mexicana para la Planeación Familiar (MEXFAM)	Mexico	2012	2013
Asociación Hondureña de Planificación Familiar (ASHONPLAFA)	Honduras	2012	2013

- The **vulnerability assessment methodology** is now part of IPPF’s Performance Dashboard indicators under the organization’s “perform” goal. The new indicator is “number of MAs collecting client data on poverty and vulnerability status (using the IPPF Vulnerability Assessment methodology)”.
- The combination of **two products produced as part of the IPPF ARO LDP** has led to the development of a new data management program for use by country focal teams to manage both historical and current service data along with projected targets for each MA. Office staff also use checklist items stored in the system for verifying processes and procedures. The data management program and dashboard grew from a



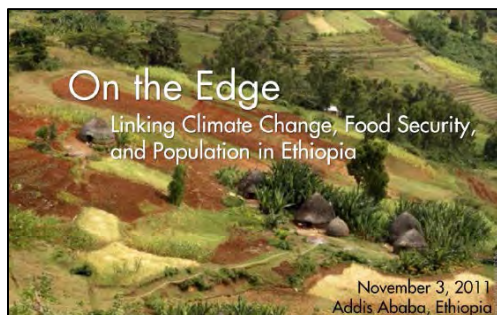
database originally designed by the Financial Management Team and a checklist developed by the Access Team as part of the leadership training program.

- The **revised RDQA User's Guide** that accompanied the pilot test of the adapted RDQA tool with IPPF's MA in Malawi was tested with the associated clinic network of IFFP's Peruvian MA.
- When the IBP Fostering Change Task Team started updating the *Guide to Fostering Change to Scale Up Effective Health Services* in 2012, one of the key revisions they aimed to address was including information on how to monitor scale-up. As a result, several parts of the *Guide to Monitoring Scale-up of Health Practices and Interventions* were incorporated into the finalized **fostering change guide**.
- The **scale-up guide** was incorporated into the work of HPP, specifically under the project's Gender, Policy, and Measurement (GPM) program. Futures Group, through HPP, gave a webinar as well as a satellite session at the Women Deliver Conference on the guide and how the framework and indicators are being used in the GPM program.
- The **PMP guidance** that was developed under this project was used with the USAID-funded Compiling an Evidence Base for Orphans and Vulnerable Children project.
- The document, *GIS Data Linking to Enhance Multi-sectoral Decision Making for Family Planning and Reproductive Health: A Case Study in Rwanda* helped a **UNICEF consultant** to see the importance of including common geographic identifiers in a planned health management information system for Somalia.

Indicator 2.2: Instances of MEASURE Evaluation PRH tools, protocols, methodologies, guides, or curricula that improve the data-gathering and data use processes that have been validated, scaled-up, and/or replicated

There were **three** instances of project-developed tools, protocols, methodologies, guides, or curricula that improve the data-gathering and data use processes that were validated.

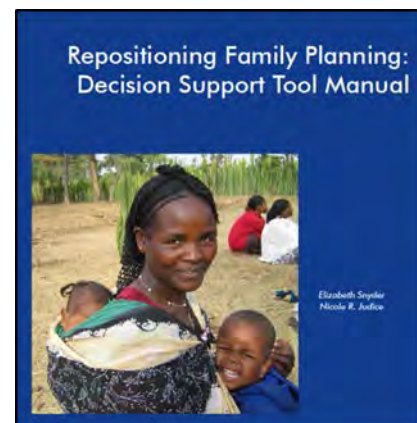
- A **computer simulation model** was developed to help clarify the dynamic relationships between climate change, food security, and population growth. The model, which was developed through



several rounds of consultation, advisory, and validation meetings with stakeholders, was tested in Ethiopia in collaboration with the PHE-Ethiopia Consortium. A Microsoft PowerPoint presentation was developed that summarizes the main results of the Ethiopia pilot as well as a report, "Modeling Climate Change, Food Security, and Population: Pilot Testing the Model in Ethiopia". Additionally, a policy brief was developed and, with

Packard Foundation funding but co-branded with MEASURE Evaluation PRH, a technical document on the model, *Improving Access to Family Planning Can Promote Food Security in a Changing Climate*, was published.

- An M&E framework for measuring the state of repositioning FP in USAID's priority countries for the repositioning FP initiative in sub-Saharan Africa was developed after a thorough process involving key informant interviews and document reviews. The resulting **Repositioning FP M&E Framework** was validated in a



Tanzania field test, after which the framework and indicators were modified accordingly and finalized. Among the 24 repositioning FP indicators, nine key ones and their accompanying narratives were selected to be included in the FP/RH Indicators Database.

- With the assistance of a select group of stakeholders, USAID’s Health Policy Initiative in Tanzania (HPI/Tanzania) applied the M&E Framework and *Decision Support Tool Manual for Repositioning FP* in Tanzania in a participatory workshop to identify policy priorities in FP and develop recommendations to strengthen FP programs throughout the country. Workshop participants reviewed policies, strategies, and program materials; engaged in a series of in-depth discussions; and used the M&E Framework’s decision support tool to score Tanzania’s progress in repositioning FP.

Indicator 2.3: Instances of new MEASURE Evaluation PRH tools, protocols, methodologies, or guides that improve the data gathering process that have been piloted or developed for a specific application

There were **four** instances of new project tools being piloted or developed for a specific application.

- In a collaborative effort with IPPF/London, PRH assisted IPPF Western Hemisphere and CIES to develop a methodology to assess the vulnerability profiles of FP clients that can be used to assist MAs with strategic planning and IPPF reporting requirements, which requires they report the percentage of their clients who are “vulnerable”. The **vulnerability assessment methodology** contains measures for poverty, using the Quick Poverty Score tool (developed under MEASURE Evaluation Phase II), social exclusion, and being under-served; all dimensions of the IPPF definition of vulnerability. In 2010, the tool was pilot-tested in Bolivia in collaboration with CIES and was applied in all nine clinics nation-wide. The assessment found that 57% of surveyed clients had at least one element of vulnerability, with 17% living in poverty, although rates of vulnerability varied greatly by clinic.
- MEASURE Evaluation’s **RDQA tool** was revised and piloted for use at the IPPF MA in Malawi, FPAM. Overall, the tool showed strengths in FPAM’s M&E structure, functions and capabilities, as well as links with the national (government) system. The identified weaknesses were in the areas of data management process and definitions of services provided.
- OPRH requested a guidance document for establishing quality standards for performance management planning. MEASURE Evaluation PRH developed *Performance Management Plans: A Checklist for Quality Assessment* to address this need. The 14-item checklist is designed to help managers decide whether or not a document has the basic characteristics of a good PMP.
- In response to OPRH’s request for an analysis of the PRH Results Framework, the *Results Framework Analysis Report* was developed to determine whether results achieved under Intermediate Result (IR)-2 (Knowledge generated, organized, and disseminated in response to program needs) feed into and inform activities under IR-1 and IR-3. The report, which is an analysis of OPRH’s annual “Ultrafabs Report”, summarizes the extent of reporting under each IR, the extent that IR-2 informs the other IRs, and makes recommendations for future rounds of the Results Reporting system.



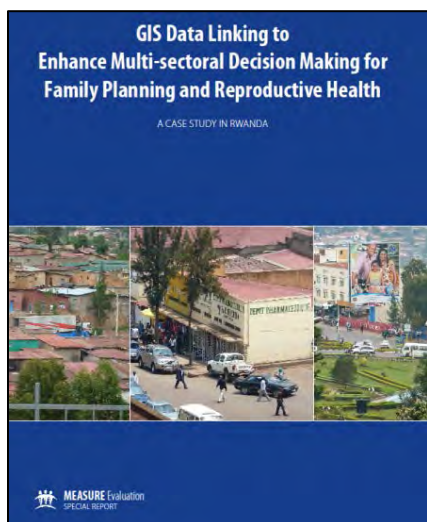
Reviewing health records at an FPAM facility for the RDQA pilot

Indicator 2.4: Instances of new MEASURE Evaluation PRH tools, protocols, methodologies or guides that improve the data gathering process that have been finalized for generalized use

There were **seven** instances of new project tools being finalized for general use during the life of project.

- After two years of dedicated effort, the **Family Planning and Reproductive Health Indicators Database** went live at the end of Year 3. This updated, online version of the *Compendium of Indicators for Evaluating Reproductive Health Programs* (2002) is a comprehensive M&E tool containing more than twice the number of core indicators (an increase from 209 to 424) with accompanying indicator guidance, 14 newly-added technical areas (an increase from 21 to 35), and links to over 125 additional online indicator resources.

- The resource ***An Overview of Spatial Data Protocols Guide for Family Planning Activities: Why and How to Include the “Where” in Your Data*** was written to provide an overview of the schema necessary to map FP/RH data, as well as guidance on modifying data to make it mappable.



- With Rwanda as a case study, the tool, ***GIS Data Linking to Enhance Multi-sectoral Decision Making for Family Planning and Reproductive Health***, shows how GIS can help overcome the stove-piping of data and enhance the visualization and analysis FP/RH data.
- The ***Guide for Monitoring Scale-up of Health Practices and Interventions*** was finalized at the end of Year 5. The guide was first conceptualized in 2011 by the M&E of Scale-up Technical Advisory Group. It was developed as a “how-to” resource to assist program implementers and country stakeholders with identifying if scale-up is happening as intended, assess if the scale-up is adhering to the model or pilot, and determine if the scale-up efforts can be sustained to achieve the desired impact.

- A ***Repositioning Family Planning: Decision Support Tool Manual*** was developed to accompany the *Framework for Monitoring and Evaluating Efforts to Reposition Family Planning*. After the framework was piloted in Tanzania and adapted and tested in West Africa, stakeholders in West Africa and donor representatives expressed an interest in visually presenting and communicating the information collected through application of the framework and indicators to monitor progress toward repositioning FP. In response, MEASURE Evaluation PRH developed a simple decision support tool to accompany the framework and indicators.

- ***Addressing poverty: A Guide for Considering Poverty-Related and Other Inequities in Health*** was updated and reprinted. It has been disseminated at international conferences, workshops, and among USAID staff in Washington and in missions.

- In the last month of the project, ***Addressing Equity and Health***, a poverty and equity e-learning course, was finalized and launched as part of the MEASURE Evaluation M&E Learning Center. The course presents the EQUITY Framework for Health, which provides practical guidance on how to ensure that the voices of the poor are actively engaged in policymaking and that pro-poor strategies are incorporated throughout the policy-to-action process.



Result 3: Timely and Topical Analysis of FP/RH

Introduction

One of the cornerstones of the project was conducting timely and topical analysis for improved understanding of FP/RH dynamics and evidence-based decision making through:

- improved understanding of technical and programmatic priorities in FP/RH;
- contributions to improvements in the collection, analysis, and presentation of data to inform FP/RH interventions and policies through research; and
- responding to identified FP/RH research gaps, evaluation priorities, and methodological concerns.

MEASURE Evaluation PRH attained this objective by conducting secondary data analyses using available data as well as primary data collection, where needed, to answer priority questions for FP/RH program decision making; and by examining issues related to specific FP/RH program areas, such as women's empowerment, early marriage, and poverty on FP/RH outcomes.

Results Achieved

Indicator 3.1: Instances of research conducted to identify key actionable findings made available to decision-makers and/or stakeholders, including USAID

There were **38** instances of research conducted to identify key actionable findings made available to decision-makers and/or stakeholders, including USAID. (See Appendix D.) Some of the examples of research findings being made available to decision makers include:

- A French version of the summary of findings from the study conducted on the acceptability and barriers to routine screening for IPV in Haitian health care settings was shared with the Haitian minister of public health and population in a one-on-one meeting with the study's principle investigator; with the director general of the Ministry of Health in a meeting with the principle investigator and Haitian research team; at an in-country dissemination seminar in Montrouis, Artibonite; and at a brown bag presentation at USAID/Washington.
- The results of the Malawi pilot test of the adapted RDQA tool were presented to in-country stakeholders at FPAM, as well as at IPPF's central office.
- The climate change, food security, and population growth model, analysis, and pilot was presented to stakeholders in Ethiopia at zonal, regional, and national validation workshops; at USAID/Washington; at the International Union for the Scientific Study of Populations Conference in Busan, South Korea; and at the Climate Change and Population Conference of Africa in Accra, Ghana.

Among the instances of research findings disseminated to stakeholders, nearly half (15) were a result of the small grants program that was implemented for four years. All of the small grants research manuscripts were turned into working papers and shared directly with USAID/Washington and technical staff at other offices and organizations, as appropriate (e.g., the U.S. Centers for Disease Control and Prevention, USAID Missions, in-country health bureaus). In addition, two-page research briefs were developed to summarize four of the research projects. The manuscripts and briefs were disseminated through various channels ranging from meetings with local health facility or regional health office staff to oral presentations at large international conferences.

Table 5: Small Grants Dissemination Activities

Sub-grantee	Journal Publications to-Date	Presentation at Intl. Conference	Presentation at Regional Conference	Presentation at University Research Event	Local Dissemination Workshop	Local Stakeholder's and/or Technical Meeting	Final Report Sent to Stakeholders	Research Brief Developed	Posted on MEASURE Evaluation PRH Web Site	Posted on Another Web Site (or Blog)	Final Report Sent to USAID
Rakai	X	X							X		X
APHRC					X				X		X
UCG	X	X			X		X		X		X
Moi University			X	X	X	X	X		X		X
Dire Dawa							X		X		X
Kintampo		X			X		X	X	X		X
CHRIS	X				X		X	X	X		X
PHE-Ethiopia		X	X		X		X	X	X	X	X
U. of Malawi		X		X		X			X		X
Health Child		X	X			X			X		X
NIMR			X			X		X	X		X
MEDSAR		X		X				X	X		X
AFIDEP		X				X	X	X	X		X
Eminence							X		X		X
WISE Toamasina						X	X		X		X

Indicator 3.2: Documented instances in which information is used as a result of MEASURE Evaluation PRH activities for decision-making in: programs (including design/improvement, management, planning and resource allocation); policy (development and implementation); or advocacy

There were **seven** documented instances in which information was used for programming, policy development, or advocacy as a result of MEASURE Evaluation PRH activities.

- The Bolivian IPPF MA, **CIES**, used the results of a client intercept survey developed in collaboration with MEASURE Evaluation PRH, to set annual targets (percent of clients poor, excluded, and/or underserved that are reached) for each of their nine clinics nationwide. Each clinic then developed and implemented an action plan to reach its target and administered the survey annually to measure progress.
- With support from HPP, the **PHE-Ethiopia Consortium** used the climate change, food security, and population growth model and analysis in four events – two trainings for journalists and two policy dialogue workshops – with a total of 128 participants. The tool has been used to inform policy and decision makers at different levels of government and the public at large about the need to consider the influence of population, food security and climate change on the lives of Ethiopians and develop integrated approaches to address these challenges.

- **GPSDO**, the focus organization for the small grant-supported evaluation of PHE interventions conducted by the PHE-Ethiopia Consortium, learned from the research findings which areas need more attention and are redesigning their interventions accordingly. For example, GPSDO's program focuses on newly-married couples. The findings from the evaluation showed that there were more unwanted pregnancies in young, married women in the PHE intervention site and in older, married women in the non-PHE site. This is an unexpected finding that they are attempting to understand and develop strategies to address in their PHE programming.
- Following a GIS training led by MEASURE Evaluation PRH, **IPPF/Central Office** employed Quantum-GIS to use data from their MA in Bangladesh (the Family Planning Association of Bangladesh) to map the location of their clinics and the services provided by the clinics.
- The **FP/RH Indicators Database** has been a valuable global M&E resource for researchers, program designers, and program implementers. Examples of organizations that have reported using the database for their programs include Concern Worldwide, EngenderHealth, Pathfinder International, and PHE-Ethiopia Consortium.
- As a result of the **ARO LDP**, IPPF's participating MAs developed an effective data management program for tracking service data, targets, and results to-date. The MAs also reported a change in M&E management, leadership, and culture following the LDP.
- The **SARO LDP** led to an improved reporting system and better integration of data from different projects. Based on the learning from the LDP, the Family Planning Association of India adapted the module on leadership and management and rolled out the training course on leadership and management skills for external agencies.

Indicator 3.3: Number of new MEASURE Evaluation PRH electronic and print materials produced

During the project, **58** electronic and print materials were produced (Appendix E).

Indicator 3.4: Number of MEASURE Evaluation PRH articles published in peer-reviewed journals

During the project, **11** papers were published in peer-reviewed journals (Appendix F). These articles are also posted on the MEASURE Evaluation PRH Web site. There are five research papers that have been submitted for publication but have not yet been published:

- "The Effect of the Service Environment on Demand and Use of Injectable Contraceptives in Malawi", Skiles S., et al.
- "Explaining Inequity in the Use of Family Planning and Institutional Delivery Services", Do M., Soelaeman R. and Hotchkiss D.
- "Acceptability and Barriers to Routine Screening for Intimate Partner Violence in Haitian Healthcare Settings", Gage A.J., Honoré J.G., and Deleon J.
- "Effectiveness of a Violence-Prevention Curriculum among Middle and Late Adolescents in Four Communities in Artibonite, Haiti", Gage A.J., Honoré J.G., and Deleon J.
- "Family Planning Service Delivery to Adolescents in the Kintampo Districts: the Status Quo and Way Forward", Enuameh Y.

Appendix A: MEASURE Evaluation PRH Participation at Key Meetings, Working Groups, Conferences, Technical Consultations, or Public Health Event

Type of Event	Date	Participants
MEASURE Partners' Poverty Working Group	September 2009	Karen Foreit
Bureau of Global Health Cooperating Agencies M&E Working Group Meeting	May 2010	Janine Barden-O'Fallon
	December 2010	Bridgit Adamou
	June 2011	Janine Barden-O'Fallon
	November 2011	Janine Barden-O'Fallon
	May 2012	Janine Barden-O'Fallon
	February 2013	Bridgit Adamou
	October 2013	Janine Barden-O'Fallon
FHI's Contraceptive and RH Technologies Research and Utilization Program, meeting on FP Research and Its Use	March 2010	Janine Barden-O'Fallon
Inter-Agency Youth Working Group Meeting and Technical Consultation	June 2010	Janine Barden-O'Fallon
Global Health Council Conference	June 2010	Janine Barden-O'Fallon
Inter-Agency Gender Working Group Training of Trainers Workshop: Gender 101	August 2010	Bridgit Adamou
Population, FP, and Achievement of the MDGs	December 2010	Scott Moreland
M&E Retreat for the Population Council	December 2010	Janine Barden-O'Fallon
Population/FP Cooperating Agencies Meeting (hosted by Population Action International)	December 2010	Sylvia Alyon
Technical Advisory Group on High Impact Practices	February 2011	Bridgit Adamou
Technical Consultation Meeting on FP/MNCH/Nutrition Integration	March 2011	Janine Barden-O'Fallon
Expert Meeting on Essential Elements for M&E of Scale-up	June 2011	Bridgit Adamou
Expert Group Meeting on Updating Guidelines on Costing FP Programs	June 2011	Janine Barden-O'Fallon
Contraceptive Years Prevalence Update Meeting	September 2011	Bridgit Adamou
Poverty/Equity Working Group Meeting	November 2011	Karen Foreit & Bridgit Adamou

Implementing Best Practices Semiannual Meeting	December 2011	Bridgit Adamou
	December 2012	Bridgit Adamou
UNFPA ICPD Beyond 2014 Secretariat Indicator Selection Meeting	January 2012	Janine Barden-O'Fallon
Frontiers in Development Forum	June 2012	Janine Barden-O'Fallon
Implementing Best Practices Fostering Change for Scale-up Task Team Meeting	June 2012	Bridgit Adamou
	September 2012	Bridgit Adamou
	October 2012	Bridgit Adamou
	May 2013	Bridgit Adamou
Global Health Mini-University	September 2012	Janine Barden-O'Fallon
Annual Conference of the American Evaluation Association	October 2012	Janine Barden-O'Fallon
OPRH Cooperating Agencies Meeting	February 2013	Janine Barden-O'Fallon
	January 2014	Janine Barden-O'Fallon
Policy, Advocacy, and Governance Meeting for USAID Cooperating Agencies	February 2013	Janine Barden-O'Fallon
Implementing Best Practices M&E of Scale-up Task Team Meeting	May 2013	Bridgit Adamou
	December 2013	Bridgit Adamou
Newborn Health Indicators Technical Meeting	July 2013	Bridgit Adamou
Institute for Reproductive Health Lessons Learned from Scaling Up Forum	July 2013	Bridgit Adamou
M&E of FP Programs Workshop	November 2013	Janine Barden-O'Fallon & Bridgit Adamou

Appendix B: Presentations of MEASURE Evaluation PRH-Supported Research, Tools, or Guides

International Union for the Scientific Study of Populations Conference	
September 27-October 2, 2009 Marrakech, Morocco	<ul style="list-style-type: none"> • Contraceptive discontinuation in urban areas of Honduras, by Janine Barden-O’Fallon • Pregnancy intentions in Honduras and inconsistent contraceptive behavior, by Janine Barden-O’Fallon
August 26-31, 2013 Busan, South Korea	<ul style="list-style-type: none"> • Evaluation of FP and reproductive health programs: updates and innovations, session chaired by Janine Barden-O’Fallon • Examining the relationship between fertility intentions & FP, by Aisha Dasgupta, University of Malawi College of Medicine (sub-grantee) • Adolescents’ intentions and willingness to use contraceptives in rural Ghana, poster by Abubakari Sulemana, Kintampo Health Research Centre (sub-grantee) • Assessing efforts to reposition FP in Francophone West Africa: methodology and common findings in eight countries, by Elizabeth McDavid, Futures Group • Modeling the linkages between climate change, food security and population, by Scott Moreland
USAID MAQ Mini-University	
October 9, 2009 Washington DC, USA	<ul style="list-style-type: none"> • Addressing Poverty Training Session, conducted by Karen Foreit
International Conference of Family Planning	
November 15-18, 2009 Kampala, Uganda	<ul style="list-style-type: none"> • FP evaluation research, roundtable discussion facilitated by Janine Barden-O’Fallon • Developing a framework and approach for measuring success in repositioning FP, by Nicole Judice
November 29-December 2, 2011 Dakar, Senegal	<ul style="list-style-type: none"> • Disentangling poverty and place of residence for FP strategic planning, by Karen Foreit • Achieving equity in FP: getting beyond the rhetoric, panel moderated by Janine Barden-O’Fallon • Role of child marriage on reproductive health outcomes, by David Hotchkiss • Relationships between maternal health care and postpartum FP use in Zambia and Kenya, by David Hotchkiss (on behalf of Mai Do) • Using a collaborative, participatory approach to develop and apply a framework for measuring success in repositioning FP, by Nicole Judice • The influence of hormonal contraception on the effectiveness of ARV therapy among HIV-infected women, poster by Rakai researcher (sub-grantee) • Barriers to adoption of FP among women in Eastern Democratic Republic of Congo, by Ilene Speizer (on behalf of Jeffrey Mathe)

November 12-15, 2013 Addis Ababa, Ethiopia	<ul style="list-style-type: none"> • What affects the integration of men in FP in Rwanda?, poster by Jean Christophe Rusatira, MEDSAR (sub-grantee) • Can mobile phone text messaging increase uptake of FP services in Uganda?, by Health Child researcher (sub-grantee) • Integration of FP and the environment: Impacts and results from integrated approaches, by Negash Teklu, PHE-Ethiopia Consortium (sub-grantee) • Monitoring the scale-up of FP practices and interventions, by Bridgit Adamou • Evolution of FP impact evaluation: new contexts and methodological considerations, by Janine Barden-O'Fallon • Explaining inequity in the use of FP services, Mai Do • Using a participatory approach to develop and apply a decision support tool for measuring success in repositioning FP, by Nicole Judice
Global Maternal Health Conference	
August 30-September 2, 2010 New Delhi, India	<ul style="list-style-type: none"> • Measuring and evaluating reproductive health programs and initiatives, by Bridgit Adamou
American Public Health Association Annual Meeting and Expo	
November 6-10, 2010 Denver, CO, USA	<ul style="list-style-type: none"> • Women's multi-dimensional empowerment and the choice of modern contraceptives, poster by Mai Do • Examination of characteristics between Honduran women who switched methods after a discontinuation and women who did not, by Janine Barden-O'Fallon
October 29-November 2, 2011 Washington DC, USA	<ul style="list-style-type: none"> • Influence of the service delivery environment on FP outcomes in Nigeria, poster by Stacey Gage
Population Association of America Annual Meeting	
March 31-April 2, 2011 Washington DC, USA	<ul style="list-style-type: none"> • Women's multi-dimensional empowerment and the choice of modern contraceptives in two selected African countries, by Mai Do
May 3-5, 2012 San Francisco, CA, USA	<ul style="list-style-type: none"> • Influence of the service delivery environment on FP outcomes in Nigeria, by Stacey Gage • Relationships between maternal health care and postpartum FP use in Zambia and Kenya, by David Hotchkiss (on behalf of Mai Do)
April 11-13, 2013 New Orleans, LA, USA	<ul style="list-style-type: none"> • Explaining inequity in the use of FP services in sub-Saharan Africa, poster by Mai Do • Enabling adolescents access to FP services: perspectives from rural communities in Central Ghana, by Yeetey Enuameh, Kintampo Health Research Centre (sub-grantee)
Global Health Metrics and Evaluation Conference	
March 13-16, 2011 Seattle, WA, USA	<ul style="list-style-type: none"> • Disentangling the effects of wealth and place of residence to interpret trends in health inequalities, poster by Karen Foreit

Tropical Institute of Community Health Annual Scientific Conference	
April 29-May 2, 2011 Kisumu, Kenya	<ul style="list-style-type: none"> Exploring low uptake of skilled delivery services among women living in Port Victoria and Eldoret, Kenya, by Violet Naanyu, Moi University (sub-grantee)
MEASURE Evaluation All Staff Meeting	
May 15-20, 2011 Charlottesville, VA, USA	<ul style="list-style-type: none"> Updating the <i>Compendium of Indicators for Evaluating Reproductive Health Programs</i>, by Bridgit Adamou Building a framework to monitor and evaluate efforts to reposition FP, by Nicole Judice and Liz Snyder
The Private Sector in Health Symposium	
July 9, 2011 Toronto, Canada	<ul style="list-style-type: none"> Effect of expanding private sector provision of contraceptive supplies on horizontal inequity in modern contraceptive use, by David Hotchkiss
European Population Conference	
June 13-16, 2012 Stockholm, Sweden	<ul style="list-style-type: none"> Improving FP service delivery to adolescents in Ghana: Evidence from the Brong Ahafo Region, by Yeetey Enuameh, Kintampo Health Research Centre (sub-grantee)
Climate Change and Population Conference of Africa	
July 1-4, 2012 Accra, Ghana	<ul style="list-style-type: none"> Modeling the linkages between climate change, food security and population, by Scott Moreland
University of Malawi College of Medicine Research Dissemination Conference	
November 22-23, 2012 Mangochi, Malawi	<ul style="list-style-type: none"> Examining the relationship between fertility intentions & FP, poster by Aisha Dasgupta, University of Malawi College of Medicine (sub-grantee)
Women Deliver Conference	
May 28-30, 2013 Kuala Lumpur, Malaysia	<ul style="list-style-type: none"> Measuring the scale-up FP and maternal and child health programs, by Rachel Kiesel, Futures Group, Health Policy Project (HPP)
Population Association of Southern Africa Conference	
July 10-12, 2013 Mmabatho, South Africa	<ul style="list-style-type: none"> Can mobile phone text messaging increase uptake of FP services in Uganda?, by Yovani Lubaale, Health Child (sub-grantee)
Tanzania National Family Planning Conference	
October 9-11, 2013 Dar es Salaam, Tanzania	<ul style="list-style-type: none"> Results of implementing the repositioning FP M&E framework in Tanzania, Laili Irani, PRB, HPP FP services in HIV/AIDS care and treatment: Can quality be maintained? A case study from Tanzania, by Justin Murashani, National Institute for Medical Research (sub-grantee)
Population, Health and Environment Conference	
November 10-11, 2013 Addis Ababa, Ethiopia	<ul style="list-style-type: none"> Integration of FP and the environment: impacts and results from integrated approaches, by PHE-Ethiopia Consortium (sub-grantee)
Webinars	

March 22, 2013	<ul style="list-style-type: none"> • What Makes a Good Performance Management Plan? A new tool for managers, by Tori Taylor
May 16, 2013	<ul style="list-style-type: none"> • Enhancing FP and RH Decision Making through GIS Data Linking, by James Stewart
June 6, 2013	<ul style="list-style-type: none"> • Measuring Success in Repositioning FP, by Nicole Judice and Liz Snyder
July 30, 2013	<ul style="list-style-type: none"> • Monitoring Scale-up of Health Practices and Interventions, by Bridgit Adamou
November 5, 2013	<ul style="list-style-type: none"> • Monitoring the Scale-up of Health Practices and Interventions, by Rachel Kiesel
International Public Health Organizations	
August 14, 2012 FHI 360; Durham, NC	<ul style="list-style-type: none"> • Development of the <i>Guide to Monitoring the Scale-up of Health Practices and Interventions</i>, by Bridgit Adamou
November 2, 2012 JSI; Boston, MA	<ul style="list-style-type: none"> • Development of the <i>Guide to Monitoring the Scale-up of Health Practices and Interventions</i>, by Bridgit Adamou
November 2, 2012 Pathfinder; Watertown, MA	<ul style="list-style-type: none"> • Development of the <i>Guide to Monitoring the Scale-up of Health Practices and Interventions</i>, by Bridgit Adamou
December 14, 2012 Ipas; Chapel Hill, NC	<ul style="list-style-type: none"> • Development of the <i>Guide to Monitoring the Scale-up of Health Practices and Interventions</i>, by Bridgit Adamou
July 9, 2013 IPPF; London, England	<ul style="list-style-type: none"> • Modifying the RDQA Tool for the Malawi Experience, by Scott Moreland and Meghan Bishop

Appendix C: MEASURE Evaluation PRH Presentations at USAID/Washington Meetings and Working Groups

Date	Meeting Type	Presenter(s)	Topic
Year 1			
March 2009	OPRH Technical Champions Mtg.	Janine Barden-O'Fallon & Ilene Speizer	Introduction to the MEASURE Evaluation PRH Associate Award
Year 2			
October 2009	Training	Karen Foreit	Addressing poverty in health
October 2009	Repositioning FP Working Group	Scott Moreland & Nicole Judice	Presentation of the methodologies and approach to developing an M&E framework for repositioning FP
Year 3			
October 2010	Repositioning FP Working Group	Nicole Judice	Presentation and facilitated discussion of the M&E of FP repositioning framework and field pilot of the framework
March 2011	Brown bag	Janine Barden-O'Fallon	Contraceptive discontinuation, switching and stopping among Honduran women
June 2011	OPRH Open Staff Mtg.	Bridgit Adamou	Updating the <i>Compendium of Reproductive Health</i> Indicators and development of the FP/RH Indicators Database
Year 4			
December 2011	PHE presentation & discussion	Janine Barden-O'Fallon & Scott Moreland	Piloting a model in Ethiopia linking RH and population variables with food and environmental indicators
May 2012	Brown bag	Stacey Gage	Role of child marriage on RH outcomes
Year 5			
September 2012	Monitoring of Scale-up Working Group	Bridgit Adamou	Introducing the <i>Guide to Monitoring Scale-up of Health Practices and Interventions</i>
October 2012	OPRH Open Staff Mtg.	Janine Barden-O'Fallon	PMP quality assessment checklist
April 2013	Brown bag	Stacey Gage	Qualitative study of the acceptability and barriers to routine screening for intimate partner violence in Haitian health care settings
May 2013	Brown bag	Nicole Judice	Repositioning FP M&E framework
May 2013	Brown bag	Janine Barden-O'Fallon	Capacity building in the MEASURE Evaluation PRH project
Year 6			
August 2013	Brown bag	Martha Skiles &	Linking data to investigate contraceptive supply and use in Malawi

		Andrew Ingles	
October 2013	Brown bag	Mai Do	Inequity in the use of FP and institutional delivery services in sub-Saharan Africa

Appendix D: Research Conducted Where Key Actionable Findings Were Disseminated to Decision Makers and/or Stakeholders, Including USAID

Sub-grantee Research	
1	MEDSAR: Men and Family Planning in Rwanda: What Affects the Integration of Men in Family Planning?
2	CHRIS: Factors Influencing the Willingness of Pregnant Women in Rural Ghana to Adopt Postpartum Family Planning
3	Health Child: Can Mobile Phone Text Messaging Increase Uptake of Family Planning Services in Uganda?
4	Kintampo: Improving Family Planning Service Delivery to Adolescents in Ghana: Evidence from Rural Communities in Central Ghana
5	Moi University: Exploring low uptake of skilled delivery and postpartum family planning services among women living in Western Kenya
6	Rakai: Effect of hormonal contraceptive use on virologic response to antiretroviral therapy among women in Rakai, Uganda
7	APHRC: Spatial analysis of contraceptive use and unmet need in Kenya
8	UCG: Assessment of healthy timing and spacing of pregnancy practices among postpartum women in Butembo, Eastern DRC, and barriers to the adoption of family planning methods
9	NIMR: Quality of Family Planning Services in HIV/AIDS Care and Treatment Clinics in Tanzania
10	PHE-Ethiopia Consortium: Effectiveness of the PHE Approach for Achieving Family Planning and Fertility Outcomes in Ethiopia: A Comparative Study in the Gurage Zone
11	U. of Malawi: Using a Patient-Held Record System to Examine FP Uptake, Continuation of Use, and Method/Provider-Switching
12	Dire Dawa: Assessment of Integration of FP into HIV/AIDS Care and Treatment Services in Health Facilities in Dire Dawa City
13	WISE: The Influence of Family Dynamics on Contraceptive Use in Madagascar and the Ensuing Impact on Family Well-Being
14	Eminence: Existing Gap between Preferred and Actual Birth Intervals in Bangladesh: Relation to Fertility and Child Health
15	AFIDEP: An assessment of the policy and programmatic evolution of the community-based distribution of FP program in Kenya
In-House Research	
16	Measuring and interpreting urban fertility and family planning indicators by wealth in two South Asian countries
17	OPRH Results Framework Analysis Report
18	The Effect of the Service Environment on Demand and Use of Injectable Contraceptives in Malawi
19	Evolution of FP Impact Evaluation: New contexts and methodological considerations (<i>to be finalized under the Leader</i>)
20	What differentiates method stoppers from switchers? Contraceptive discontinuation and switching among Honduran Women
21	Assessment of M&E in Family Planning
22	Estimating consumption-based poverty in the Ethiopia Demographic and Health Survey
23	Estimating consumption-based poverty in the Bangladesh Demographic and Health Survey

24	Estimating consumption-based poverty in the Malawi Demographic and Health Survey
25	Comparing alternative measures of poverty: Assets-based wealth index vs. expenditures-based poverty score
26	22 BEST Country Fact Sheets
27	Methods for Estimating the Costs of Family Planning: Report of the Expert Group Meeting on Family Planning Costing
28	Influence of the service delivery environment on family planning outcomes in Nigeria
29	Effect of an expansion in private sector provision of contraceptive supplies on horizontal inequity in modern FP use
30	The influence of child marriage on fertility, fertility-control, and maternal health care utilization in South Asia
31	Women's empowerment and choice of family planning methods
32	The Acceptability of and Barriers to Routine Screening for Intimate Partner Violence in Haitian Health Care Settings
33	Effectiveness of a Violence-Prevention Curriculum among Middle and Late Adolescents in Port-au-Prince, Haiti
34	MEASURE Evaluation PRH Results and Lessons Learned from PRH Leadership Development Activities
	Pilot Tests
35	Pilot of the Vulnerability Assessment Tool for IPPF in Bolivia
36	Pilot of the Framework for Monitoring and Evaluating Efforts to Reposition Family Planning in Tanzania
37	Simulation Model for Identifying Relationships Between Climate Change, Food Security, and Population Pilot Tested in Ethiopia
38	Pilot of the Modified Routine Data Quality Assessment Tool for IPPF in Malawi

Appendix E: New MEASURE Evaluation PRH Electronic and Print Materials Produced

	Working Papers
1	<i>Measuring and interpreting urban fertility and family planning indicators by wealth in two South Asian countries</i> , Speizer I, Luseno W.
2	<i>Estimating consumption-based poverty in the Ethiopia demographic and health survey</i> , Shreiner M.
3	<i>Effect of an expansion in private sector provision of contraceptive supplies on horizontal inequity in modern contraceptive use: Evidence from Asia and Africa</i> , Hotchkiss D, Godha D, Do M.
4	<i>Women's empowerment and choice of family planning methods</i> , Do M, Kurimoto N.
5	<i>Exploring low uptake of skilled delivery and postpartum family planning services among women living in Western Kenya</i> , Naanyu V, et al.
6	<i>Effect of hormonal contraceptive use on virologic response to antiretroviral therapy among women in Rakai, Uganda</i> , Polis C, et al.
7	<i>Spatial analysis of contraceptive use and unmet need in Kenya</i> , Ettarh RR.
8	<i>Assessment of healthy timing and spacing of pregnancy practices among postpartum women in Butembo, Eastern DRC, and barriers to the adoption of family planning methods</i> , Mathe JK, Kasonia KK, Maliro AK.
9	<i>Estimating consumption-based poverty in the Bangladesh Demographic and Health Survey</i> , Shreiner M.
10	<i>Estimating consumption-based poverty in the Malawi Demographic and Health Survey</i> , Shreiner M.
11	<i>Influence of the service delivery environment on family planning outcomes in Nigeria</i> , Gage AJ, Zomahoun D.
12	<i>The influence of child marriage on fertility, fertility-control, and maternal health care utilization: A multi-country study from South Asia</i> , Godha D, Gage AJ, Hotchkiss D.
13	<i>Comparing alternative measures of poverty: Assets-based wealth index vs. expenditures-based poverty score</i> , Foreit K, Schreiner M.
14	<i>Men and Family Planning in Rwanda: What Affects the Integration of Men in Family Planning?</i> Rusatira JC, Kyamanywa P.
15	<i>Factors Influencing the Willingness of Pregnant Women in Rural Ghana to Adopt Postpartum Family Planning</i> , Baiden F, et al.
16	<i>Can Mobile Phone Text Messaging Increase Uptake of Family Planning Services in Uganda?</i> Walakira B, et al.
17	<i>Improving Family Planning Service Delivery to Adolescents in Ghana: Evidence from rural communities in Central Ghana</i> , Enuameh Y, et al.
18	<i>Quality of Family Planning Services in HIV/AIDS Care and Treatment Clinics in Tanzania</i> , Murashani J, et al.
19	<i>Effectiveness of the PHE Approach for Achieving Family Planning and Fertility Outcomes in Ethiopia: A Comparative Study in the Gurage Zone</i> , Belachew T, et al.
20	<i>Using a Patient-Held Record System to Examine Family Planning Uptake, Continuation of Use, and Method/Provider-Switching in Rural Karonga</i> , Dasgupta ANZ, et al.
21	<i>Assessment of Integration of Family Planning into HIV/AIDS Care and Treatment Services in Health Facilities in Dire Dawa City Administration, Eastern Ethiopia</i> , Kassa M, Abera G, Girma B, Adamou B.
22	<i>The Influence of Family Dynamics on Contraceptive Use in Madagascar and the Ensuing Impact on Family Well-Being</i> , Hajason JZ., Piña K,

	Raveloharimisy JL.
23	<i>Existing Gap between Preferred and Actual Birth Intervals in Bangladesh: Relation to Fertility and Child Health</i> , Fuad MH, Khan SH, Jahan FA, Talukder SH.
24	<i>An assessment of the policy and programmatic evolution of the community-based distribution of family planning program in Kenya and prospects for its sustainability</i> , Musila RN, Mueni E.
25	<i>Evolution of FP Impact Evaluation: New contexts and methodological considerations</i> , Levy J, Barden-O’Fallon J, Curtis S. (to be finalized under the Leader Award)
26	<i>Short-term Effects of a Violence Prevention Curriculum on Knowledge of Dating Violence among High School Students in Port-au-Prince, Haiti</i> , Gage AJ, Honoré JG, and Deleon J.
Tools and Guides	
27	<i>Measuring vulnerability: A guide to collecting, analyzing and utilizing data on the vulnerability status of IPPF Member Association clients</i>
28	<i>Guide for Monitoring Scale-up of Health Practices and Interventions</i> , Adamou B, et al.
29	<i>GIS Data Linking to Enhance Multi-sectoral Decision Making for Family Planning and Reproductive Health</i>
30	<i>Framework for Monitoring and Evaluating Efforts to Reposition Family Planning</i> , Judice NR, Snyder E.
31	<i>Repositioning Family Planning Decision Support Tool Manual for Repositioning Family Planning</i> , Snyder E, Judice NR
32	<i>Performance Monitoring Plans: A Checklist for Quality Assessment</i>
33	<i>Modeling Climate Change, Food Security, and Population</i>
34	<i>An Overview of Spatial Data Protocols Guide for Family Planning Activities: Why and How to Include the “Where” in Your Data</i>
35	Family Planning and Reproductive Health Indicators Database
36	<i>A Guide for Monitoring and Evaluating Population-Health-Environment Programs</i> , Finn T.
37	<i>International Planned Parenthood Federation Routine Data Quality Assessment Tool: User’s Guide</i>
38	<i>Addressing poverty: A guide for considering poverty-related and other inequities in health</i> , Foreit K.
39	<i>Guide for Integrating Gender into US Government M&E Plans (to be finalized under the Leader Award)</i>
Research Briefs	
40	<i>Strategies for Addressing Intimate Partner Violence in Haiti: Perspectives of Female Clients (in French and English)</i>
41	<i>Strategies for Addressing Intimate Partner Violence in Haiti: Perspectives of Health Care Providers (in French and English)</i>
42	<i>Improving Access to Family Planning Can Promote Food Security in a Changing Climate</i>
43	<i>Quality of Family Planning Programs in HIV/AIDS Care and Treatment Clinics</i>
44	<i>Factors Influencing the Adoption of Postpartum Family Planning</i>
45	<i>Involving Men in Family Planning Programs and Services</i>
46	<i>The Evolution of Community-Based Distribution of Family Planning in Kenya</i>
47	<i>The Kenya Leadership Development Program: Linking Management and Leadership Training to Service Delivery Outcomes</i>
Reports	

48	<i>Methods for Estimating the Costs of Family Planning: Report of the Expert Group Meeting on Family Planning Costing, Moreland S.</i>
49	<i>Family Planning Association of Malawi (FPAM): Routine Data Quality Assessment (RDQA)</i>
50	<i>OPRH Results Framework Analysis Report</i>
51	<i>Selection of Family Planning Indicators for ICPD Beyond 2014 (to be finalized under the Leader Award)</i>
52	<i>The MEASURE Evaluation PRH Small Grants Program: Building Capacity and Informing the Field of Family Planning Research</i>
53	<i>MEASURE Evaluation PRH Results and Lessons Learned from Population and Reproductive Health Leadership Development Activities</i>
54	<i>Assessment of Monitoring and Evaluation of Family Planning</i>
55	<i>Adapting a Violence-Prevention Curriculum to the Haitian Setting: Insights from focus group discussions, Gage AJ, Honoré JG, and Deleon J.</i>
56	<i>Pilot Test of a Violence Prevention Curriculum among High School Students in Port-au-Prince, Haiti: Baseline evaluation survey , Gage AJ, Honoré JG, and Deleon J.</i>
57	<i>A Qualitative Study of the Acceptability of and Barriers to Routine Screening for Intimate Partner Violence in Health Care Settings in Artibonite, Haiti: Implications for Training, Practice and Research, Gage AJ, Balan JG, Deleon J, Honoré JG.</i>
	Fact Sheets
58	22 BEST country fact sheets, Foreit K.

Appendix F: MEASURE Evaluation PRH Articles Published in Peer-Reviewed Journals

#	Publications
1	Barden-O'Fallon J, Speizer I. "What differentiates method stoppers from switchers? Contraceptive discontinuation and switching among Honduran Women", <i>International Perspectives on Sexual and Reproductive Health</i> , 2011, 37(1):16-23.
2	Mathe JK, Kasonia KK, Maliro AK. "Barriers to adoption of family planning among women in Eastern Democratic Republic of Congo", <i>African Journal of Reproductive Health</i> , 2011, 15(1):69-77.
3	Hotchkiss D, Godha D, Do M. "Effect of an Expansion in Private Sector Provision of Contraceptive Supplies on Horizontal Inequity in Modern Contraceptive Use: Evidence from Africa and Asia", <i>International Journal for Equity in Health</i> , 2011, 10:33.
4	Do M, Kurimoto N. "Women's empowerment and choice of family planning methods", <i>International Perspectives on Sexual and Reproductive Health</i> , 2012 (38)1.
5	Schreiner, M. "Estimating expenditure-based poverty in the Bangladesh Demographic and Health Survey", <i>The Bangladesh Development Studies</i> , 2011 (4).
6	Polis CB, Nakigozi G, Ssempija V, Makumbi FE, Boaz I, Reynolds SJ, Ndyanabo A, Lutalo T, Wawer MJ, Gray RH. "Effect of hormonal contraceptive use on virologic response to antiretroviral therapy among women in Rakai, Uganda", <i>Contraception</i> , May 2012.
7	Moreland S, Smith E. "Climate Change, Food Security, and Population in Sub-Saharan Africa: Modeling the Linkages", <i>International Journal of Climate Change: Impacts and Responses</i> , 2013.
8	Do M, Hotchkiss D. "Relationships between antenatal and postnatal care and postpartum modern contraceptive use: evidence from population surveys in Kenya and Zambia", <i>BMC Health Services Research</i> , 2013, 13:6.
9	Deepali G, Hotchkiss D, Gage A. "Associations between child marriage and reproductive health outcomes and service utilization: A multi-country study from South Asia", <i>Journal of Adolescent Health</i> , 2013, 52:5.
10	Eliason S, Baiden F, Graham-Hayfron Y, Bonsu D, Phillips J, Awusabo-Asare K. "Factors influencing the intention of women in rural Ghana to adopt postpartum family planning", <i>Reproductive Health</i> , 2013, 10:34.
11	Godha D, Hotchkiss D, Gage A. "Child marriage associated with suboptimal reproductive health", <i>Digest in: International Perspectives on Sexual and Reproductive Health</i> , 2013 39(2):105.

Appendix G: MEASURE Evaluation PRH Country-Level Activities

Region	Activity	Date	Country
Africa	Workshop on Designing High Impact Research	November 2009	Uganda
	Research projects conducted by in-country small grants' recipients	2010-2014	Uganda, Kenya, DRC, Madagascar, Tanzania, Rwanda, Ethiopia, Ghana
	Pilot-test of the repositioning FP M&E framework	2011	Tanzania
	Development of a fact sheet, "GIS Data Linking to Enhance Multi-Sectoral Decision Making for FP and RH", for Rwandan stakeholders	2011	Rwanda
	Workshop to roll out the IPPF vulnerability assessment to MAs in the Africa Region	October 2011	Uganda, Ghana
	Pilot-test of a computer simulation model clarifying the relationships among climate change, food security, and population growth	2011	Ethiopia
	Pilot-test of the revised RDQA tool for IPPF	May 2013	Malawi
	M&E of FP Programs workshop	November 2013	Ethiopia
	Senior LDP for Executives of IPPF/ARO MAs	November 2012	Kenya
	LDP workshop with IPPF/ ARO	May 2011 – Jan. 2012	Kenya
SE Asia	LDP workshop with IPPF/ SARO and the Family Planning Association of India	October 2009- Mar. 2011	India
	Research project conducted by in-country small grants' recipient	2013-2014	Bangladesh
Latin America	Pilot-test of the vulnerability assessment tool developed for IPPF MAs	August – September 2010	Bolivia
	Workshop to roll out the vulnerability assessment to IPPF MAs in the Western Hemisphere Region	November 2011	Guatemala, El Salvador, Peru
UK	GIS training for IPPF/London staff	February 2012	England

Appendix H: MEASURE Evaluation PRH Activity Codes

Code	Activity Titles
PRH-1	Global PRH/FP Leadership, Collaboration & Coordination
PRH-2	FP/RH Indicators Database
PRH-3	Training of Trainers Toolkit for PHE
PRH-4	Repositioning FP Monitoring Tools
PRH-6	Small Grants Program
PRH-7	Expansion of Evidence Base
PRH-8	First VLDP for FP Community
PRH-9	GIS Analysis for PRH
PRH-10	Collaboration with IPPF
PRH-11	Addressing Poverty and Equity in RH
PRH-12	Second VLDP for FP Community
PRH-13	Modeling Population, Food Security & Climate Change
PRH-14	Costing Guidelines for FP Programs
PRH-15	Third VLDP for FP Community
PRH-16	Monitoring Scale-up and Implementation of HIPs
PRH-17	Technical Assistance to USAID
PRH-18	Fourth VLDP for FP Community
PRH-19	Technical Assistance to the GHI Women, Girls, and Gender Equality M&E Working Group
PRH-20	Fifth VLDP for FP Community
PRH-21	Assessment of VLDP Programs
PRH-22	Linking Data to Investigate FP Supply and Use
PRH-23	Evolution of FP M&E
PRH-24	Support to UNFPA for FP Indicators for ICPD Beyond 2014

Appendix I: MEASURE Evaluation PRH Financial Report

Obligations Versus Expenditures

Award Budget Versus Actual Expenditures

Below is the agreement budget as authorized in the award to the University of North Carolina at Chapel Hill (UNC-CH), including local cost financing items.

	Core	Field	Total
UNC-CH	\$5,626,817	\$1,373,183	\$7,000,000

Revisions to this budget were made in accordance with 22 CFR 226. The obligations received were core funds only with a total obligation of \$4,568,000 over the life of the project. The total obligations were spent throughout the life of the award. The expenditures were on target with what was negotiated in the project's annual work plans, as approved by USAID.

- **Sub-Awards**

Three major partners assisted UNC-CH in the implementation of this award. In addition to the sub-awards issued to each partner organization, 15 sub-grants were awarded to local NGOs and universities through the project’s small grants program. UNC-CH worked with the USAID management team in selecting the recipients. The total direct cost for the small grants was \$177,004.

Partner Name	Start Date	End Date	Direct Cost
Futures Group International	11/1/2009	1/28/2013	\$874,052
Tulane University	11/1/2009	12/31/2013	\$459,539
Management Sciences for Health	11/1/2009	12/31/2013	\$914,847

- **Summary of non-US Government Funding**

Because UNC-CH did not commit to specific cost-share targets in the proposal, leveraged funds from non-US government sources were not captured. While opportunities to leverage funds when possible were explored, these leveraged funds were not recorded in the financial reporting system.

- **Asset Disposition and Equipment**

No durable supplies or equipment were purchased over the life of this project. Therefore, there is no asset disposition or equipment plan in the closeout of this award.

- **Type of Accounting System Used During Reporting Period**

UNC-CH has a financial records system (Phoenix) which is an integrated general and subsidiary ledger record keeping and reporting system. The system is designed to provide both the features of a budgetary control system (management information) and a fund accounting system (stewardship information). The system complies with the guidelines of both the National Association of College and University Business Officers and the American Institute of Certified Public Accountants.

Since this system uses the cash basis accounting method for financial reporting, the amount of vouchered expenses reported in the Phoenix system is less than the actual amount spent due to delays in posting expenditures. UNC-CH has an agreement with the US Department of Health and Human Services that allows use of a line of credit type of funding arrangement. Therefore, formal invoices are not submitted to USAID. Rather funds are drawn-down every two or three days in amounts that are estimated to be sufficient to operate the posted cash expenses of the project and this information is reported on Line E of the SF425 report.

UNC-CH has designed an accrual shadow financial system that allows UNC-CH and partners to report costs through a Web-based interface that facilitates verification against invoices and financial records. UNC-CH and partner charges are then accumulated and reported on a monthly basis. UNC-CH and partner financial officers have the ability to enter data and instantly access reports over a Web-based interface that allows them to view obligations, expenses, and pipelines by scope of work and advise technical staff on the financial status of projects. Each tranche of funding is applied to USAID-approved cost centers, referred to as activity codes. This specified cost center budgeting system includes detailed and finite budget targets for all scopes of work by partner and funding source. The financial system has the ability to date-range expenditures by tranche, scope of work, and partner.

C. Financial Reporting

UNC-CH submitted quarterly financial reports, SF269/SF425 in accordance with 22CFR 226.52. Reports after the final report will be submitted directly to the AOR.