MEASURE Evaluation Phase III Final Report

October 1, 2008 to December 31, 2014

University of North Carolina at Chapel Hill

Futures Group ■ ICF International ■ John Snow, Inc.
Management Sciences for Health ■ Tulane University

Contents

List of Acronyms

ABU	Ahmadu Bello University (Nigeria)
CDC	U.S. Centers for Disease Control and Prevention
CNLS	National AIDS Control Commission (Rwanda)
CoP	community of practice
CSI	Child Status Index
DDU	data demand and use
DFID	Department for International Development (United Kingdom)
DIPE	Direction de l'Information de la Planification et de l'Evaluation (Côte d'Ivoire)
DQA	data quality assessment
EGPAF	Elizabeth Glaser Pediatrics AIDS Foundation
ENSEA	L'Ecole Nationale Supérieure de Statistique et d'Economie Appliquée
FGAE	Family Guidance Association of Ethiopia
GBV	gender-based violence
GEMNet-Health	Global Evaluation and Monitoring Network-Health
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	U.S. Global Health Initiative
GIS	geographic information systems
HMIS	health management information system
HIS	health information systems
ICDDR,B	International Centre for Diarrheal Disease Research, Bangladesh
ICD-10	International Classification of Diseases, version 10
IHFAN	International Health Facility Assessment Network
INFAS	National Training Institute for Health Agents (Côte d'Ivoire)
INSP	Instituto Nacional de Salud Pública (Mexico)
IT	information technology
JCRC	Joint Clinical Research Centre (Uganda)
K4Health	Knowledge for Health project
KM	knowledge management
LAC	Latin America and the Caribbean region
LAPM	long acting and permanent method of contraception
LQAS	Lot Quality Assurance Sampling
M&E	monitoring and evaluation
MEET	Monitoring and Evaluation Experiences Together
MER	Medical Education Resources
MERG	M&E reference group
MESST	M&E System Strengthening Tool
MSM	men who have sex with men
NGO	nongovernmental organization
NMCP	national malaria control program
OAU	Obafemi Awolowo University (Nigeria)
OGAC	Office of the U.S. Global AIDS Coordinator
ONA	organizational network approach

OVC	orphans and vulnerable children
PAHO	Pan American Health Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFI	Public Health Foundation of India
PHN	population, health, and nutrition
PLWHIV	people living with HIV
PMI	U.S. President's Malaria Initiative
PMP	program monitoring plans
PLACE	Priorities for Local AIDS Control Efforts
PRISM	Performance of Routine Information System Management
RBM	Roll Back Malaria
RDQA	Routine Data Quality Assessment Tool
RELACSIS	Red Lationoamericana para los Sistemas de Información en Salud (Latin American Network for Health Information Systems Strengthening)
RHB	Regional Health Bureau (Ethiopia)
RHINO	Routine Health Information Network
RHIS	routine health information systems
SIG	Système d'Information de Gestion
SNNPR	Southern Nations, Nationalities and Peoples Region of Ethiopia
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNC	University of North Carolina at Chapel Hill
UNDP	United Nations Development Fund
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
UP	University of Pretoria
VLDP	Virtual Leadership Development Program
WHO	World Health Organization

Executive Summary

The MEASURE Evaluation project has been the U.S. Agency for International Development (USAID)'s primary vehicle for enabling countries to guide their public health policies and programs with scientific data. These data allow countries to direct scarce resources into the programs that will have the most benefit. The intended result is not only healthier populations in the countries receiving USAID funds, but less disease transmission globally in a world where transportation is the most accessible and interdependence between countries is the greatest it has ever been.

Systems to guide public health policies and programs have many components, and many factors affect the degree to which each component is present and functioning. For this reason, MEASURE Evaluation operates in many capacities, which is reflected in the six result areas specified by USAID. This report is structured around those result areas and a few topics that apply to all of the results, such as looking at the project through a geographic or country lens.

Over the six year span of Phase III (October 2008 to December 2014), MEASURE Evaluation conducted 300 activities in 41 countries. The following was accomplished with the assistance of MEASURE Evaluation:

- **Rwanda** was able to collect data on men who have sex with men (MSM), and use the data to obtain funds for new HIV-related programs for MSM.
- The **Liberian** Ministry of Health and Social Welfare demonstrated its capacity to independently conduct population studies to guide public health programs.
- The University of Pretoria, **South Africa**, progressed throughout Phase III in its capacity to teach M&E, demonstrating in the end its ability to teach this topic independently.
- A region of **Ethiopia** was able to move from a paper health information system to an electronic one, which will now be rolled out to the rest of the country.
- **Bangladesh** was able to evaluate a project aiming to improve family planning, finding that it was not effective, and thus enabling the country to redirect resources to more effective programs.
- Practices were established for the evaluation of county-wide **malaria** control efforts.
- Two **global** indicator compendiums were produced through interagency collaborations, one on **gender** equality and HIV, the other on trafficking persons and health.

These examples are a small fraction of the Project's achievements. The rest of this report provides more details. We describe key achievements for each of the result areas in the chapters on results. And, as stated above, other chapters provide additional lenses to the Project. To keep the chapters uncluttered, we have moved the tables that list all of the results achieved by the project and the associated data to an appendix for each Result Area.

Finally and importantly, we wish to thank the American people for funding the MEASURE Evaluation project, for investing in global public health through this project, and for entrusting us – the University of North Carolina at Chapel Hill (UNC) and our partners – with the opportunity to bring about the desired advances.

Chapter 1: Growing the Demand for and Use of Data (Results 1 and 6)

Result 1: *Increased user demand for quality information, methods and tools for decision making.*

Result 6: *Increased facilitation of use of health, population and nutrition data.*

The existence of quality health data is insufficient to ensure that data are used to improve program outcomes.[1] Too often data sit in reports, on shelves or in databases, unused or under-used in program development, improvement and scale-up, policy development, strategic planning, or advocacy.[2] Consequently, many health decision-makers fail to fully use evidence to inform decisions and are unable to respond to priority needs in the health system.

Factors that contribute to data underutilization in decision making include the fact that there are many different decision-makers with varied backgrounds, roles and decision-making priorities; and varied paths of information flow. Furthermore, there is insufficient meaningful interaction between decision-makers and data producers, weak capacity of individuals to present and interpret data, lack of institutional capacity to support and sustain the use of data in decision making, insufficient identification of data needs that are of highest priority to program planners and policy makers, inadequate synthesis and dissemination of data and best practices, and barriers to accessing data.[3,4,5] Many of these constraints are interrelated.

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[1] AbouZahr C, Boerma T. Health information systems: the foundations of public health. *Bull WHO.* 2005. 83:578-583.

[2] Harries AD, Zachariah R, Maher D. The power of data: using routinely collected data to improve public health programmes and patient outcomes in low- and middle-income countries. *Trop Med Intern Health.* 2013. 18:1154-1156.

[3] Harrison T, Nutley T. *A Review of Constraints to Using Data for Decision Making. Recommendations to Inform the Design of Interventions*. Chapel Hill, NC: MEASURE Evaluation, Carolina Population Center; 2010.

[4] Hotchkiss D, Diana M, Foreit K. *How Can Routine Health Information Systems Improve Health Systems Functioning in Low Resource Settings? Assessing the Evidence Base*. Chapel Hill, NC: MEASURE Evaluation, Carolina Population Center 2012.

Poor use of information contributes to low demand for data, between the use of health information and the commitment to improving the quality of data upon which it is based. The more positive experiences decision makers have using information to support a decision, the stronger their demand will be for quality data in the future.[6]

MEASURE Evaluation addressed these challenges in Phase III by placing data use at the center of the Project's overall technical approach and identified capacity development for data-informed decision-making among key health system stakeholders as the Project's ultimate goal. Three strategic approaches guided our activities and are documented against Result 1 and Result 6:

- Building data use capacity at the national, sub-national, individual, facility, and organizational levels through technical assistance and targeted training.
- Developing, applying, and evaluating tools and approaches to improve data use.
- Providing global leadership and collaboration to raise awareness about the benefits of using data to improve health programs and policies.

The project grounded data demand and use as documented by the framework in figure 1. This framework clearly depicts the link between data demand and use (Result 1 and Result 6).

Data Demand and Use Interventions, Tools, and Publications

In support of the strategic approaches, a comprehensive data demand and use (DDU) intervention was developed. The DDU intervention, intended to be integrated into monitoring and evaluation (M&E) and routine health information system (RHIS) strengthening interventions, addresses the three interrelated determinants of data use: technical, behavioral, and organizational determinants. The intervention provides a road map for linking data to decision-making processes, identifying the information needs of decision makers, building the capacity of users to analyze and interpret data, and strengthening the capacity of organizations to support and sustain data-use activities. To support the implementation of the intervention, practical tools, capacity building materials and guidance documents were developed. Specifically, 10 "off the shelf" training packages were developed that address specific capacity needs in DDU. The DDU tools developed in the Phase II of MEASURE Evaluation was revised and three new tools were added during Phase III. Three guidance documents were produced that provide step-wise instructions for improving specific elements of DDU, seven technical publications/case studies were developed that describe successful DDU activities, and three peer-reviewed journal articles on various topics in DDU were published (appendix 5.3). These resources were used by project staff with country-level and global project partners in their efforts to implement the DDU intervention with ministries of health, local U.S. President's Emergency Plan for AIDS Relief (PEPFAR) implementing partners, and local and international nongovernmental organizations (NGOs).

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[5] Davies P, Hodge N, Aumua A, Malik A, Lee YY. Conceptualizing the information needs of senior decision makers in health. *Health Inform Syst Knowl Hub.* 2011. 18:1-20.

[6] Foreit K, Moreland S, LaFond A. Data demand and information use in the health sector: conceptual framework. Chapel Hill, NC: MEASURE Evaluation, Carolina Population Center; 2006.
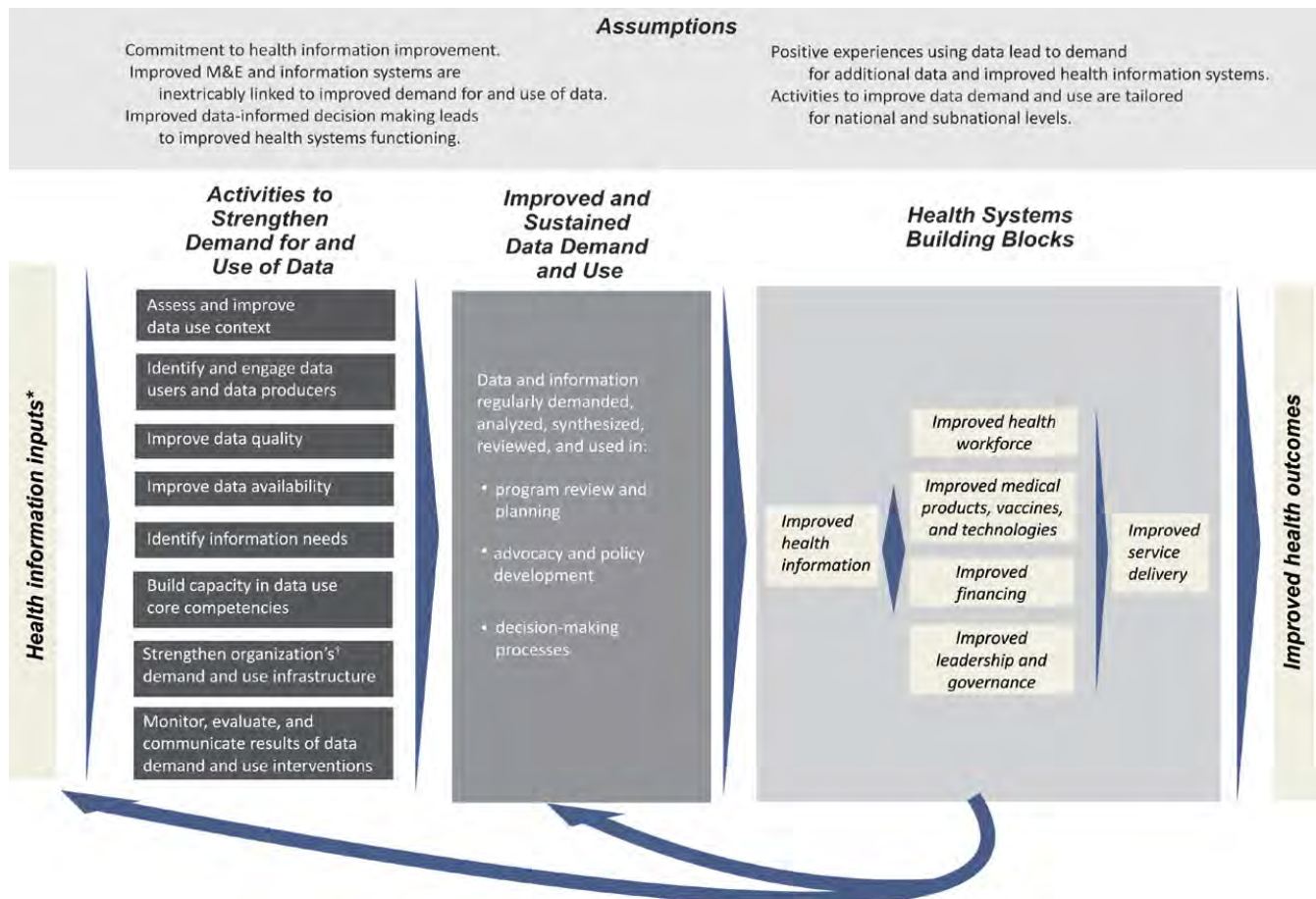
Figure 1: Conceptual framework – the role of data use activities in health systems strengthening.[7]

Notes: * Defined as processes by Health Metrics Network.
† The data demand and use approach broadly defines an organization as a division of the ministry of health at the national, state, or district-levels; a specific program within the ministry; or nongovernmental organization or program.

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[7] Nutley T. *Improving Data Use in Decision Making. An Intervention to Strengthen Health Systems*. Chapel Hill, NC: MEASURE Evaluation, Carolina Population Center; 2012. Available at https://www.cpc.unc.edu/measure/publications/sr-12-73.

Country Examples of DDU Interventions

Project experience and the global literature on DDU suggest that implementation of the full intervention is desirable;[8] however, depending on partners' needs, USAID priorities, and available resources, a partial intervention was often implemented.

Where the full intervention was implemented, the project saw great successes in data demand and use. For example, in **Rwanda** MEASURE Evaluation worked collaboratively with the Ministry of Health over four years to implement the full DDU intervention to support the scale-up of comprehensive HIV prevention, care, and treatment interventions. The Project supported the government's commitment to develop a continuous evidence base for planning and monitoring HIV care and treatment programs. A key element in this commitment was generating the demand for data and strengthening the M&E system to supply quality data. This DDU process informed a study that identified MSM as one of the high-risk target groups driving the HIV epidemic in Rwanda. Study findings on MSM were subsequently used to advocate for dedicated services for HIV programming, the successful receipt of funding to support new programs for MSM, efforts to reform penal codes against homosexuality, and the use of community-based HIV M&E system data to inform district-level strategic and operational planning.

Côte d'Ivoire is another country that successfully implemented the comprehensive DDU intervention and created a data use culture. From 2008 to 2012, the project worked with the Ministry of Health to improve the use of national health data through broadening participation in and building links between data collection and decision-making processes; identifying information needs; improving data quality; building capacity to analyze, synthesize, and interpret data; and developing policies to support data use. This intervention was implemented as part of a robust RHIS strengthening intervention and resulted in increases in the district data-use score from 40 percent to 70 percent as measured by Performance of Routine Information System Management (PRISM).[9]

In addition to the long-term and comprehensive approach used with the governments in Rwanda and Côte d'Ivoire, in **Ethiopia** the project also applied a rapid, partial intervention approach with service delivery organizations in an effort to reach decision makers directly. To this end, the project partnered with three organizations: Pact Worldwide, the Elizabeth Glasier Pediatric AIDS Foundation (EGPAF), and the Family Guidance Association of Ethiopia (FGAE). Each organization was strengthened to support its partners, sub-grantees or district/area office to improve the use of data informed decision making through the institutionalization of elements of the DDU intervention. In EGPAF and Pact, internal systems were created to institutionalize DDU tools. This resulted in the diffusion of DDU tools to country programs as global guidance for DDU. In FGAE, data quality systems were strengthened and DDU training toolkits were adapted and rolled out to all district/area offices and select facilities: 42 individuals were trained in DDU. Within Pact Lesotho, the country program targeted with the DDU intervention, the partnership with MEASURE also resulted in increased service provision by two of their grantees. As a result of data review meetings (one element of the DDU intervention), one grantee reached an additional 150 guardians of orphans and vulnerable children (OVC) with psychosocial

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[8]   Nutley T, Reynolds HW. Improving the use of health data for health system strengthening. *Glob Health Action*. 2013. 6:20001. Available at http://dx.doi.org/10.3402/gha.v6i0.20001.

[9]   Nutley T, Gnassou L, Traore M, Bosso AE, Mullen S. Moving data off the shelf and into action: an intervention to improve data-informed decision making in Côte d'Ivoire. *Global Health Action.* 2014. 7:25035. Available at: http://dx.doi.org/10.3402/gha.v7.25035.

services and HIV education. A second grantee reached an additional 40 children with a complete package of OVC services. In addition, all three organizations committed their own funds to rolling out elements of the DDU intervention, indicating increased demand for and use of data (tables 1.1 and 6.1).

Conclusion

MEASURE Evaluation's experience developing and applying the conceptual framework and logic model to improve the use of data in decision making, provided a solid foundation for work in this area (figure 1). As stakeholders prioritize quality data, health information systems improve, and quality data become more readily available for use we will see stakeholders allocate funds to sustain M&E activities. Furthermore, decision-makers will use data once quality data is available, systems are strengthened, and a data-use culture is established, as demonstrated in **Côte d'Ivoire**. The project will learn from our past experiences and combine this learning with new, innovative information and communication technologies to tackle remaining challenges in facilitating the use of information in decision making.

Chapter 2: Strengthening the M&E Workforce (Result 2)

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.*

At the onset of MEASURE Evaluation Phase III, deficiencies in M&E performance in the resource-challenged countries of Africa, Asia, and Latin America were attributed to gaps in technical and organizational M&E capacity, shortages of skilled M&E professionals, insufficient M&E training, diffuse M&E capacity building efforts, and a shortage of high-quality, up-to-date curricula and learning materials. USAID and PEPFAR sought M&E capacity building leadership to strengthen health systems for sustainability, expand national workforces through pre-service and in-service training, create institutional capacity to respond to the AIDS epidemic, and promote evaluations and provision of evidence.

In response to these needs, MEASURE Evaluation's Phase III capacity-building strategy addressed infrastructure gaps in M&E performance through four primary strategic approaches. Documentation of these capacity-building activities is captured largely by 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. The strategic approaches implemented by the capacity-building team strengthen sustainable technical, managerial, and leadership capacity by:

- building country-level capacity building and organization development-centered technical assistance;
- consolidating five regional training partners as M&E centers of reference;
- developing M&E human resources through training, distance learning and communities of practice; and
- building global capacity building working groups and networks.

Through these four strategic approaches, MEASURE Evaluation increased individual and institutional M&E capacity to identify data needs and collect, analyze, and use appropriate information to meet those data needs.

Country-Level Capacity Building and
Organization Development-Centered Technical Assistance

During Phase III, MEASURE Evaluation operationalized the Project's core philosophy that "every technical assistance activity is an opportunity to enhance M&E capacity." This tenet was operationalized through an array of formal and informal capacity building activities with comprehensive country-specific efforts in **Liberia, Bangladesh, Côte d'Ivoire, Ethiopia, Mali, Nigeria, Rwanda, Tanzania**, **Uganda,** and **Vietnam**.

In **Liberia**, MEASURE Evaluation-III worked with stakeholders to increase local capacity to implement Lot Quality Assurance Sampling (LQAS) surveys by engaging the Health Management Information System, Monitoring and Evaluation and Research units of the Ministry of Health and Social Welfare in formal skill-based training and intensive technical assistance and mentoring. Since 2011, MEASURE Evaluation provided financial and technical assistance for 15 studies in nine counties. During this period, officers in the units assumed greater responsibility for study activities, such as sample selection, training of data collectors and supervision of field teams. In 2013, the units led studies in two counties with minimal technical support from MEASURE Evaluation. Amid these initial gains in capacity building, a competing and challenging public health crisis emerged, the Ebola outbreak, which shifted local priorities.

In **Nepal**, the USAID Mission provided field support for M&E capacity building. MEASURE Evaluation engaged the Public Health Foundation of India (PHFI), our regional training partner in Asia, to provide technical and logistic support to conduct three workshops in Nepal. All three workshops were designed for senior level officials from the Ministry of Health and Population, the USAID Mission in Nepal and its implementing partners and academic institutions. The first workshop focused on M&E of population, health, and nutrition (PHN) programs. The workshop curriculum was customized to Nepal's National Health Sector Plan II 2010-2015), and the results framework and M&E plan of the overall 2010-2015 plan were used by facilitators as an example during the workshop. A second workshop focused on the application of geographic information systems (GIS) in public health and was customized to Nepal's data needs. GIS data available for the health and social sector through USAID projects and the Ministry of Health and Population were used during the workshop. The third workshop addressed impact evaluation of PHN programs, introducing participants to impact evaluation concepts and issues, particularly the main experimental and non-experimental methods for evaluating program impact. The skills gained by participants completing these workshops have enabled better implementation of the M&E plan for the 2010-2015 plan and strengthened in-country capacity to conduct health sector evaluations.

Virtual Leadership Development Programs

During Phase III, MEASURE Evaluation also attained several milestones in strengthening institutions through organization development interventions. For example, 110 teams from national and sub-national government entities as well as from civil society organizations participated in the Virtual Leadership Development Programs (VLDPs) offered. These teams were composed of four to 10 participants with M&E-related responsibilities (data collection, reporting, or use). VLDP is a 14-week

program comprising seven modules virtually facilitated by leadership experts who guide the participants through the online learning materials and provide support to the teams for the development of a leadership project to be implemented in the subsequent six months. Demonstrable results in M&E policies, processes, and procedures have been achieved, ranging from improved data collection processes, more timely and accurate data reporting, and establishment of clearer M&E policies and procedures. Specifically, 91 out of these 110 participating teams completed the facilitated portion of the program and 78 percent of those same teams achieved or made progress toward their desired M&E results

The following are examples of successes achieved through the VLDP: As their leadership project, the Joint Clinical Research Centre (JCRC) in **Uganda** had three desired measurable results. First, revise the JCRC data management curriculum will have been revised to include detailed procedures for data quality management and reporting. Second, institute data quality checks to increase a composite score of accuracy, reliability, timeliness and completion from 40 percent (baseline) to 70 percent. Third, and finally, develop and disseminate a harmonized reporting tool for all JCRC requirements. JCRC was able to achieve all of three of these objectives. The JCRC attributed the achievements to the use of the tools and skills they learned during the VLDP. The results JCRC achieved were that the curriculum was modified, approved, and adopted as standard for all JCRC trainings; data quality checks were included in JCRC routine supervision tools and a six-month follow-on assessment showed that the composite quality of the reports had risen to 90 percent; lastly, reporting and data collection tools were harmonized and adopted by Ministry of Health.

In six-month follow-ups, participants reported improved communications and team work; a more positive, supportive work environment; and improved work processes. All of these accomplishments contributed to improved work performance as measured by the attainment of their desired measurable results.

Consolidating Five Regional Training Partners as M&E Centers of Reference

MEASURE Evaluation established partnerships with several regional universities and training centers in Africa, Asia, and Latin America to build sustainable technical and organizational capacity to conduct short and long-term M&E training programs, provide technical assistance in M&E, and conduct evaluation studies. The overall goal is that these training partners will become centers of reference in M&E in their respective regions.

MEASURE Evaluation followed a phased approach to building sustainable institutional M&E capacity at regional training partner institutions by providing a high level of technical assistance initially, and then gradually reducing support over time as partners' technical and administrative capacity improved. Examples of strengthened institutional capacity leading to demonstrated sustainability of training programs are seen at several regional training partner sites including the following experience at University of Pretoria (table 2.1).

The regional workshops on M&E of HIV/AIDS programs offered at University of Pretoria (UP), **South Africa** illustrate this phased approach. The first workshop in 2005 was taught primarily by MEASURE Evaluation trainers, with UP staff teaching or co-teaching a few sessions. MEASURE Evaluation supplied training materials, provided administrative support, and offered fellowships to participants working in

government and NGOs throughout Africa. As UP trainers acquired experience, gradually UP assumed increasing responsibility for technical and administrative aspects of subsequent workshops, with MEASURE Evaluation decreasing the level of technical assistance and number of fellowships provided over time. At the 2011 HIV workshop, UP assumed sole responsibility for teaching. UP has continued offering two HIV workshops independently each year since 2012 (see table 2.1 for additional UP results).

Five regional training organizations in Africa and Asia and the Global Evaluation and Monitoring Network-Health (GEMNet-Health) completed MEASURE Evaluation facilitated programs in business planning and produced professional business plans for new M&E services to present to potential donors and funders (table 1.1). The business plan for a regional center of reference for M&E in Southeast Asia at PHFI contributed to the establishment of a new M&E unit at PHFI (see Year 6 Result in table 2.1).

MEASURE Evaluation Phase III Training Statistics

*A total of **1,132 training events** worldwide:*

- A total of 1,002 (89 percent) held in Africa; 52 (5 percent) in Asia; 47 (4 percent) in Latin America; 17 (2 percent) in Europe/USA; 14 (1 percent) virtual.
- A total of 1,033 trainings (91 percent) were in-country; 77 (7 percent) regional; 14 (1 percent) virtual; six master's degree programs and 2 US-based (each less than 1 percent).
- *A total of **46,811 people trained** in M&E:*
- A total of 43,092 (92 percent) from Africa; 2,274 (5 percent) from Asia; 1,257 (3 percent) from Latin America.
- A total of 44,260 trainees received in-country instruction organized or supported by MEASURE Evaluation; about 33,300 of these were Ethiopians, accounting for over 75% of all such trainees. Other countries with significant representation were Nigeria (2552), Tanzania (1206), and Mali (1096).
- A total of 25,922 (55 percent) are women.
  - A total of 42,957 (92 percent) from Africa; 2,234 (5 percent) from Asia; 1,240 (3 percent) from Latin America.
  - By country, 33,415 from Ethiopia (78 percent of all Africans trained); 2,859 from Nigeria; 1,272 from Tanzania; 1,178 from Mali.
  - A total of 25,824 (55 percent) are women.

M&E Human Resources Development through Training, Distance Learning, and Communities of Practice

MEASURE Evaluation Phase III provided pre-service and in-service training opportunities for health professionals around the world. Such trainings often complemented MEASURE Evaluation's technical assistance to national governments or were part of the project's commitment to build capacity of regional training institutions. To summarize:

- Instruction was offered on a range of M&E topics including, but not limited to, routine health data collection and quality assessment, LQAS, qualitative evaluation at the country level, and virtual training (ranging from short courses to multi-year degree programs).
- Across all MEASURE Evaluation-led or -supported training, more than 46,500 individuals (55 percent women) received instruction in M&E; these participants represented 108 countries (including 48 from Africa, 24 from Latin America, 23 from Asia). On-site training events were held in 44 countries (24 of them in Africa, 14 in Latin America, five in Asia, one in East Europe).
- Sixty-nine countries had at least 10 members of national staff receive instruction through any type of MEASURE Evaluation training. In Ethiopia, where MEASURE Evaluation provided

significant assistance in the implementation of a region-wide routine health information system, more than 33,000 were trained in-country, representing about 75 percent of all those receiving on-site instruction

- For those regional workshops requiring an application process, 1,011 individuals (38 percent women) were selected from among more than 2,900 applicants; about 75 percent of them were funded by sources other than MEASURE Evaluation.
- MEASURE Evaluation provided 11 fellowships to students attending master's degree programs at regional training partners in Mexico (Instituto Nacional de Salud Pública or INSP) and South Africa (UP).

Distance Learning

Throughout Phase III, MEASURE Evaluation dramatically increased its distance learning footprint. Twenty-one new M&E-related, eLearning course offerings were launched across two eLearning platforms (USAID's Knowledge 4Health-supported Global Health eLearning Center and MEASURE Evaluation Phase III's M&E Learning Center, a learner-centered, Sakai-based eLearning platform launched in 2010), (see tables 2.9 and 2.10). MEASURE Evaluation and Knowledge 4Health collaborated closely on the development of many of these courses offerings. In total, 65,371 eLearners from 196 countries registered for the 22 eLearning courses offered across both platforms (see table 2.8). Of those, 46,562 completed courses earning certificates (figure 2 displays from Year 2- Year 6). This is an overall completion rate of 71 percent, which is significantly higher than the typical completion rate of 6.5 percent to 10 percent for massive open online courses or similar asynchronous, eLearning course offerings.
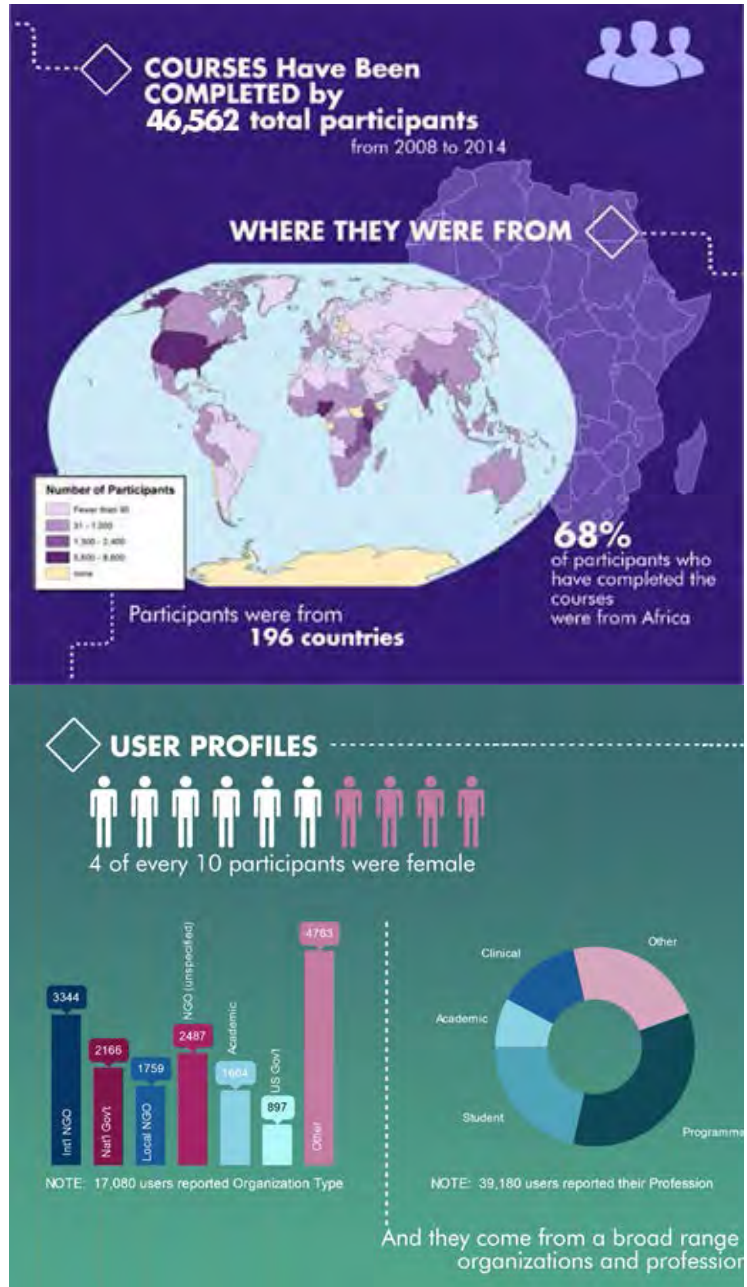
Figure 2: Distance learning course completion and user profiles from Year 2 through Year 6.

Global Capacity Building Working Groups and Networks

In October 2010, MEASURE Evaluation launched a community of practice (CoP) for MEASURE Evaluation funded masters fellows and regional training participants called MEET (Monitoring and Evaluation Experiences Together) in direct response to repeated requests from MEASURE fellows for continued dialogue with MEASURE Evaluation and other MEASURE fellows after graduation. Throughout the remainder of MEASURE Evaluation Phase III, CoP served as a network of M&E professionals to enhance the M&E skills of alumni through providing online forums, sharing M&E experiences, resources, and tools, and facilitating social and professional networking. By the end of MEASURE Evaluation Phase III, membership had grown to 598 members, representing 72 countries and territories. MEET community members have used the CoP to ask questions, provide information, and participate in various discussion forums, including discussion forums and virtual experience exchanges on topics ranging from cross-cutting project themes (e.g. data use, GIS, and gender) to emerging priorities such as impact evaluation and M&E guidelines for key populations to discussing the role of M&E professionals.

In 2012, efforts to further consolidate the regional training partners as regional M&E centers of reference were reinforced through the launch of GEMNet-Health, a global network designed to foster south-to-south support for M&E of health programs (see Result 3).

Conclusion

MEASURE Evaluation's capacity building strategy in Phase III sought to address the challenges in resource-challenged countries through a four-pronged approach. Advancements were made in strengthening M&E systems in several countries through capacity building and organization development technical assistance. Our regional training partners now assume greater responsibility by offering training and other M&E services independently and collaboratively through GEMNet-Health (see table 2.1 and chapter 3). A strong cadre of M&E professionals has been trained through formal training, distance learning, and communities of practice, and are working to strengthen health systems in their countries.

Chapter 3:   Global Leadership and Partnerships in M&E (Result 3)

Result 3: *Increased collaboration and coordination in efforts to obtain and communicate health, population, and nutrition data in areas of mutual interest*

Global health challenges are complex, and there are many actors working to address these challenges simultaneously. Organizations bring various resources and strengths, but in absence of mechanisms for coordination and collaboration, those assets are applied inefficiently and with weak effect. Coordination and collaboration at the global and country level is crucial to ensure that U.S. government agencies, other multilateral agencies, donors, and partners communicate about their work to align and harmonize activities capitalize on synergies, leverage strengths, and avoid duplication.

MEASURE Evaluation collaborates at global, regional, and national levels to bring greater effectiveness and efficiency to our work and to establish sustainable knowledge networks. Result 3 documents increased collaboration and coordination in efforts to obtain and communicate health, population, and nutrition data. Our coordination and collaboration mechanisms include the following strategic approaches:

- participating in international, national, and local planning group structures, including technical working groups;
- collaborating with global working groups to produce joint products;
- promoting online communities of practice for peer-to-peer knowledge sharing and capacity building.

International, National, and Local Planning Group Structures, Including Technical Working Groups

MEASURE Evaluation leverages existing knowledge through group structures, such as technical working groups, to coordinate health system strengthening efforts. In the working group structure, members share a theory of change, and the group's purpose and goals are collectively established. For example, to further collaboration between countries in Latin America, MEASURE Evaluation and the Pan American Health Organization (PAHO) launched the Latin American and Caribbean Network for Health Information Systems (RELACSIS) in 2010 in Lima, Peru. Over 80 professionals representing 17 ministries of health and national statistics offices participated, as well as international donors. Today RELACSIS is a vital network, owned, led, and sustained by participating countries, that strengthens health information systems throughout the region.

Another example of a group structure to facilitate transfer of information is GEMNet-Health, established in Phase III. This collaborative network of national and regional training institutions was designed to facilitate organizational growth and collaboration in order to build capacity in monitoring and evaluation of health programs. The network represents an effective model of south-to-south collaboration and a successful transition away from MEASURE Evaluation direct technical assistance. In this model, member institutions collaborate to leverage their own expertise to provide technical assistance and capacity building in M&E.

As a network they have conducted curriculum harmonization for M&E of public health and nutrition and advanced M&E of PHN workshops; launched an online inventory of M&E resources available at GEMNet-Health member institutions; adopted important internal guidance documents including network bylaws; and conducted the first joint GEMNet-Health's training event, an international workshop on impact evaluation of M&E of HIV/AIDS and health programs. Key milestones relating to implementation of GEMNet-Health's strategic plan achieved during Phase III are illustrated in figure 3. Figure 4 provides a map of GEMNet-Health's member institutions.
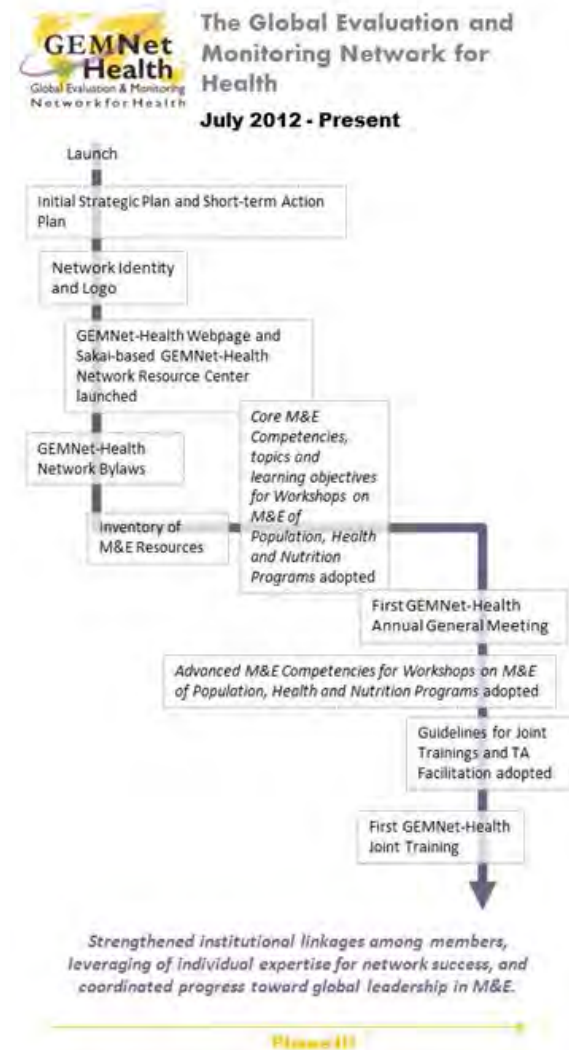
Figure 3: GEMNet-Health strategic plan and implementation process.

Figure 4: Map of GEMNet-Health member institutions.

Collaboration with Global Working Groups to Produce Joint Products

MEASURE Evaluation collaboration with global working groups produced resources that filled M&E knowledge gaps in the global health community. The project worked hand-in-hand with international partners to make substantial contributions to guidance, methodologies, indicators and frameworks for monitoring and evaluation globally. For example, at the request of UN Women, Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO), United Nations Population Fund (UNFPA), Office of the U.S. Global AIDS Coordinator (OGAC), USAID, United Nations Development Fund (UNDP), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), MEASURE Evaluation collaboratively developed the *Compendium of Gender Equality and HIV Indicators*. This collaboration also involved governmental agencies and NGOs, including WHO, various UN agencies, USAID, the United Kingdom's Department for International Development (DFID), Swedish International Development Cooperation Agency, Canadian International Development Agency, and country-level organizations and civil society representatives resulting in broad endorsement and ownership of these important indicators. The compendium provides program managers, organizations, and policy makers with a menu of indicators to better "know their HIV epidemic/know their response" from a gender perspective. In addition, the compendium enables monitoring of progress towards eliminating gender-based inequities in HIV responses and for monitoring and evaluation of programs that address specific types of gender equality interventions in the context of HIV.

In addition, the project leveraged existing knowledge at USAID, U.S. Centers for Disease Control and Prevention (CDC), OGAC, and K4Health to develop four PEPFAR e-learning courses for program managers. These courses, including data use for program managers, economic evaluation basics, geographic approaches to global health, and PEPFAR Next Generation Indicator Guidance, build skills in monitoring and evaluation of HIV/AIDS programs (table 3.1).

Promoting Online Communities of Practice
for Peer-to-Peer Knowledge Sharing and Capacity Building

As of 2014, the MEASURE Evaluation project provided technical assistance to a dozen communities of practice focusing on various aspects of monitoring and evaluation (M&E) of health programs, including those addressing HIV, malaria, health information systems, and data demand and use (table 3.3). These networks connected nearly 8,000 members from over 100 countries and provided platforms to exchange both tacit and explicit knowledge to improve the practice of M&E for global health. These efforts have influenced growth in the communities of practice, including a 21 percent increase between 2012 and 2013 in the number of people who have contributed annually to a MEASURE Evaluation-moderated network. Over the same period of time, the number of new threads, a measure of reciprocity, increased by 11 percent. A strong imperative for Phase IV is to encourage the growth of in-country CoPs following the successful model of Pima, MEASURE Evaluation's associate award in Kenya. In Pima's CoP, M&E professionals discuss and exchange best practices in M&E, share recent reports and research findings, and disseminate lessons learned to colleagues and stakeholders.

Understanding and Leveraging In-Country Networks
to Improve Knowledge Sharing and Referrals

In addition to work the Project conducted on each strategic approach, during Phase III the Project identified networking as an approach that can strengthen client referrals and sharing of knowledge on resources. We successfully tested an organizational network approach (ONA) in three countries, **Ethiopia, Malawi**, and **Thailand**. ONA is an approach for collecting data in a systematic way that yields information about how organizations are connecting with others and how they can improve connections. A summary of experiences in the report titled *Organizational Network Analysis: MEASURE Evaluation's Experience* suggest that ONA can provide quantitative measures and visual representations of connections and yield data that inform the creation of new connections between organizations and of clients to referral services (figure 5). In at least one country, Malawi, the ONA tools have been taken up, adapted, and used independent of MEASURE Evaluation to identify economic strengthening, livelihoods, and food security programs and projects in the community and to strengthen ties with facilities offering nutrition assessment, counseling, and support services.

KIRKOS, Addis Ababa

KOLFE KERANYO, Addis Ababa
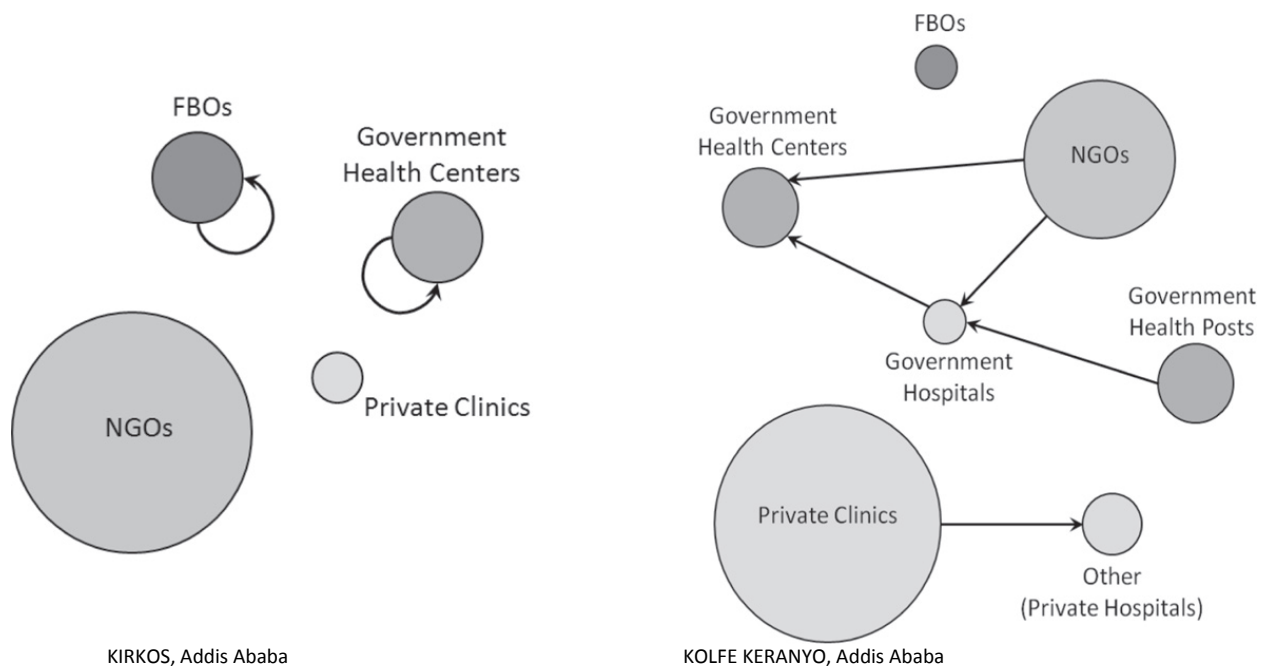
Figure 5: Organizational network analysis.

Note: Summary of dominant referral patterns among organization types in Kirkos and Kolfe Keranyo sub-cities of Addis Ababa, Ethiopia. (Circle size is weighted to the number of organizations in the network for each type. An absence of arrows does not infer an absence of links.)

A second example of an in-country network that improves knowledge sharing is RELACSIS in the **Latin America and the Caribbean** region (LAC). MEASURE Evaluation's ongoing collaboration with PAHO throughout Phase III facilitated reciprocal technical assistance and related support among national health authorities throughout the LAC region. Collaborators used a combination of face-to-face training workshops, training-of-trainers sessions, and technical assistance combined with virtual collaboration and online courses provided through RELACSIS to implement best practice strategies regarding the use of quality health data and health information systems (HIS) among countries in the region. Improving

the quality and analysis of morbidity and mortality data through the use of the International Family of Classification with a specific focus on the International Classification of Diseases version 10 (ICD-10) was a central focus of this multi-faceted capacity building strategy. As a result, all countries in the LAC region have access to necessary software, improved data entry and medical cause-of-death data processing, and procedures to classify causes of death to correct ICD-10 codes. These and other significant gains in improving the information gathering process throughout the LAC have been achieved through the design, adaptation, and implementation of these and other standardized tools and methodologies.

One of the most important factors in the success of RELACSIS has been that individuals, institutions, and countries supported the goals and objectives at the onset, and took ownership of the process as it progressed. The opportunity for the countries to adapt and adopt the frameworks and tools to their country's own particular situation and culture was significant in bringing about this sense of ownership. Our strategy has been to continually encourage south-to-south exchange among countries. As the countries became partners, owners, and actors in the process, professionals and institutions in the participating countries have become aware of existing expertise present in their countries that is transferable to neighboring countries.

Conclusion

M&E systems are complex and require coordination, collaboration, and communication between many actors. Throughout Phase III, MEASURE Evaluation displayed a commitment to investing in relationships, reciprocity, and networking with other organizations. These partnerships resulted in improved regional capacity, the development of various tools and resources, and knowledge exchange to leverage M&E resources. In the future we will apply networking approaches to be comprehensive in the identification of organizations involved in capacity building, contributing to and using routine health information systems, and sharing knowledge to reduce duplicative efforts and capitalize on synergies. We will continue to participate in collaborative groups, including strategically identifying and facilitating establishment of groups to strengthen health information systems.

Chapter 4:   Cultivating Strong M&E and Health Information Systems (Result 4)

Result 4:   *Improved design and implementation of the information gathering process including tools, methodologies, and technical guidance to meet user's needs*
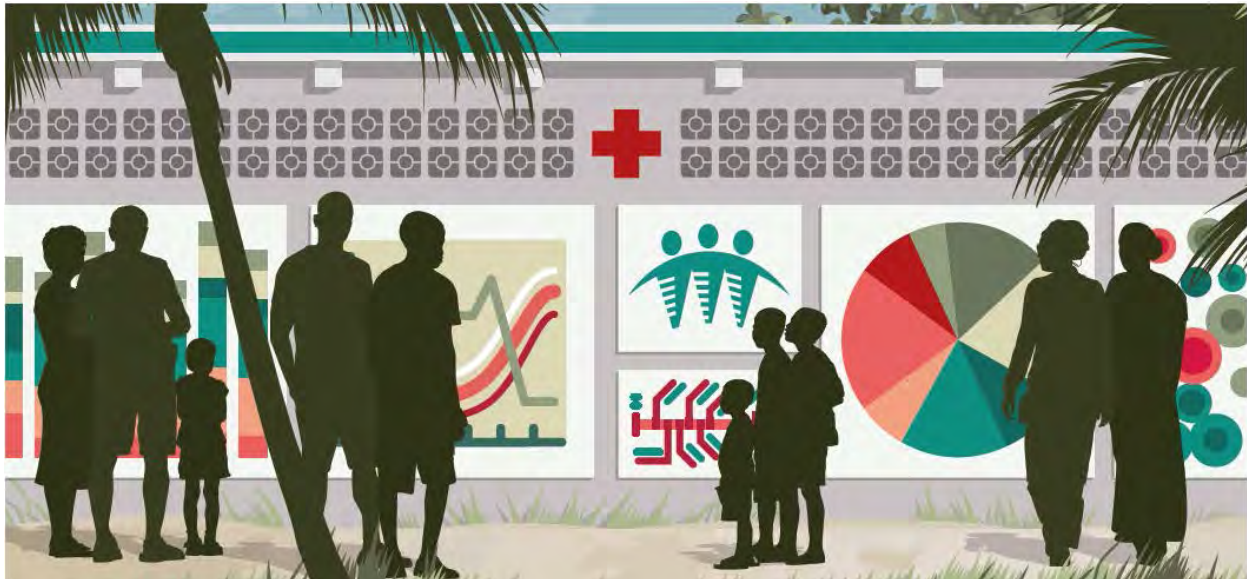
M&E/RHIS data sources are the foundation of the overall health information system. To improve health policies and programs, and ultimately to improve health outcomes, public health decision makers need access to timely and reliable RHIS data, appropriately analyzed and communicated by health service program managers and M&E professionals. However, many countries are unable to collect and use information needed to support decision making. The information sub-systems are typically at uneven stages of development and implementation. They are often in different formats or on different platforms and are not interoperable, greatly compromising their utility. Other common limitations include a lack of systems to ensure data quality, inadequate financial and human resources dedicated to M&E/RHIS, a lack of coordination between stakeholders contributing to and using M&E/RHIS, and insufficient data feedback to sub-national levels.[10]

To add to these challenges, local data needs compete with the demands for data made by the large number of global initiatives that require information. Information technology (IT) promises advances in data management, but must be appropriate for the local infrastructure. The information gathering process, therefore, requires user-friendly tools, methods, and technical guidance suited to users' needs at all levels of the health system.

State-of-the art tools, methods, and systems that improve the information gathering process for M&E, RHIS, and strategic information are the centerpieces of MEASURE Evaluation's work. Result 4

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[10]   Belay H, Lippeveld T. *Inventory of PRISM Framework and Tools: Application of PRISM Tools and Interventions for Strengthening Routine Health Information System Performance*. Chapel Hill, NC: MEASURE Evaluation; 2013.

encompasses the improved design and implementation of the information-gathering process including tools, methodologies, and technical guidance to meet users' needs.

The Phase III MEASURE Evaluation strategies for improving M&E and health information systems were:

- developing tools and guidance documents to define global standards; and
- providing country technical assistance to strengthen the information gathering processes and systems

These two strategies are complementary in that the country technical assistance frequently utilizes tools and methods developed through the core agenda and provides opportunities to field test methodologies to improve data collection that are under development. At the same time, experience obtained through technical assistance helps to identify needs for better data collection or related tools that can be addressed through the core agenda and provides experiences and lessons learned with existing tools that can be shared with the global community.

The indicators to monitor performance against Result 4 are based on the following expected program impact pathway (figure 6). Global tools are developed to strengthen information gathering. The purposes of these global-level tools are to set global standards that aim to improve the comparability and overall quality of information, and to provide resources to countries to avoid duplication of efforts in solving similar information gathering challenges. Such tools will only be successful in strengthening information gathering if they are used. Technical assistance at the country level aims to strengthen country M&E and information systems by putting in place fundamental components of the system (e.g., plans, standards, data collection activities/surveys etc.). The anticipated outcome of these activities was improved information gathering demonstrated by improvements such as coverage and quality of data collected or improved efficiency of data collection.
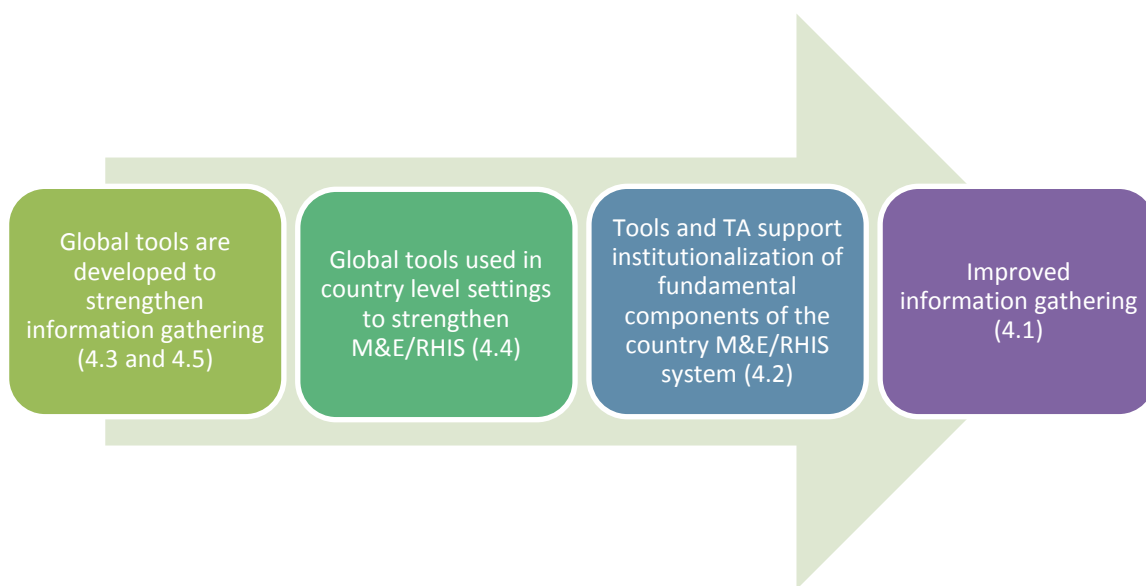
Figure 6: Impact pathway for Result 4, strengthening the information gathering process.

Strengthening Information Gathering Processes
through Tool Development and Application: Tool Development

Over the course of Phase III, MEASURE Evaluation documented 32 instances of new MEASURE Evaluation tools, methodologies, technical guides, or indices designed to improve the data gathering process piloted or developed for a specific application (table 4.5). In Year 6, the final year of the project, MEASURE Evaluation piloted a tool designed to measure country ownership of M&E systems in **Tanzania** and **Jamaica** and Datadyne's Magpi application for mobile data collection and reporting on HIV education and outreach in Southern and northeast region of **Jamaica**.

From Years 4 to 6 of the project, 10 new MEASURE Evaluation tools, methodologies, technical guidelines, and indices were validated for general use (table 4.3). In Year 6, the Project developed and validated guidelines for data management standards in routine health information systems that were validated in Year 6 in Nigeria and Bangladesh. These guidelines serve as a reference tool for countries to align their routine health information system to international standards for data management, analysis, the use of data for decision making, systems integration and interoperability, and routine health information system governance.

Implementation of Tools

MEASURE Evaluation provided technical leadership to apply, replicate, scale up, or otherwise validate tools, methodologies, technical guidance or other products in multiple contexts for generalized use by M&E or HIS stakeholders. In Phase III, MEASURE Evaluation documented 354 instances of implementation of MEASURE Evaluation tools, methodologies, technical guides, or other product developed to improve the information gathering process (table 4.4).

In addition, country governments employed MEASURE tools independent of MEASURE Evaluation support. For example, in the last year of the project, the Rwandan government implemented the 12 components M&E System Strengthening Tool (MESST) to assess the national M&E system at the a workshop in June 2014 with no support from MEASURE Evaluation.

Tool Implementations
30+ countries used the data quality audit tools and routine data quality audit tools over **100** times
17 countries in **Africa** and **2** in **Southeast Asia** implemented the Child Status Index
32 implementations of the Performance of Routine Information System Management (PRISM) tools occurred in countries in **Africa, Southeast Asia and Latin America and the Caribbean**
13 countries in **Africa** and the **Caribbean** used UNAIDs' 12 components framework to assess HIV/AIDS M&E systems and develop actions plans to strengthen the system
7 regions in **Kenya** implemented the Referral Systems Assessment and Monitoring toolkit (RSAM) to measure, assess, and strengthen referral systems
Angola, **Burundi, China, Dominican Republic, Kenya, Jamaica**, **Nigeria** and **Uganda** used Priorities for Local AIDS Control Efforts (PLACE) tools
Rwanda and **Côte d'Ivoire** adapted and used the HIV/AIDS M&E tools (3ILPMS)
Sample Vital Registration with Verbal Autopsy (SAVVY) was implemented in **Ghana, Kenya, Tanzania** and piloted in **4** provinces in **Zambia**
The Community Level Program Information System for Reporting on HIV/AIDS Programs (CLIPR) tools to design an M&E framework and information system for essential services delivered to OVCs was used in **Cambodia**

Development of Key M&E/RHIS System Components

As part of MEASURE Evaluation's approach to improve host-country HIS and M&E systems, the Project provided technical assistance to develop and document key system process and plans (e.g., M&E plans, M&E system operational plans, national RHIS/M&E strategies, etc.) to help build a strong M&E system or other health information systems (HIS) components. In Phase III, MEASURE Evaluation contributed to 262 instances of key M&E/HIS reference documents developed for host-country HIS and M&E systems in 24 countries and two regions (Asia and the Near East and Central America). M&E/HIS reference documents included M&E plans, strategies and frameworks; program monitoring plans (PMP) and PEPFAR reporting; M&E/HIS standard operating procedures; guidelines for data collection tools; guidance on country ownership; baseline assessments; status reports; surveillance reports; and data analysis plans. These reference documents supported programs across various health areas including HIV/AIDS, TB, malaria, family planning, OVCs, avian flu, and maternal and child health.

In Year 6 alone, there were 43 instances of key M&E/RHIS system components implemented including national malaria M&E and operational plans in Democratic Republic of the Congo (DRC), a national health management information system (HMIS) recording and reporting procedures manual in Ethiopia, and a roadmap/blueprint for the deployment of DHIS 2.0 architecture for the Department of Planning, Research and Statistics in Nigeria.

Improvements in M&E/RHIS System Performance

In Phase III, MEASURE Evaluation contributed to 38 instances of improved design and implementation of the information-gathering process through new and innovative tools, methodologies, and technical guidance to improve M&E/HIS system performance in nine countries including **Côte d'Ivoire**, **Mozambique**, **Nigeria**, **Tanzania**, **Ethiopia**, **Rwanda**, **Mali** and **Bangladesh**. MEASURE Evaluation has supported country government ministries of health, ministries of education, and ministries of foreign affairs in improving their M&E/HIS systems in the areas of data quality, data collection tools, geospatial information systems, integration, data reporting, data analysis, databases, and harmonization of indicators and tools.

From the collective work conducted under MEASURE Evaluation Phase III, nine countries have shown improvements in their M&E RHIS system performance over the years. The following three examples highlight this progress:

Improving Data Quality in Côte d'Ivoire

A national health information system called the Système d'Information de Gestion (SIG) was implemented by the **Côte d'Ivoire** Ministère de la Santé et de l'Hygiène Publiqe and partners in 1995. The SIG collected all health data from the primary health care level throughout the country using standard, paper-based data collection and management tools (facility registers and patient records). Despite the improvements to the SIG over time, the implementation of the system suffered from political instability and high staff turn-over. As a result, data were still largely unavailable for decision making and those data that were available were not always included in decision making processes. MEASURE Evaluation was called upon to conduct data quality improvement measures in collaboration with the health ministry and partners to:

- conduct RHIS assessment using the PRISM framework to understand all factors contributing to the low use of information;
- develop an HIS strengthening plan to guide HIS activities by conducting data quality audits (DQAs) at the national level and routine data quality assessments (RDQAs) at the regional level;
- build capacity in data quality assurance through partnerships developed with the school of nursing National Training Institute for Health Agents (INFAS) and the data managers' institute L'Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA); and
- provide in-service training for decision makers, program managers and M&E specialists from the health ministry and PEPFAR implementing partners.

In 2012, MEASURE Evaluation conducted a second RHIS assessment and found that data accuracy increased at the facility level from 43 percent in 2008 to 60 percent in 2012. A two-fold increase in data accuracy was experienced at the district level, rising from 40 percent in 2008 to 81 percent in 2012. Data completeness at the facility level increased from 43 percent in 2008 to 65 percent in 2012 and at the district level from 80 percent to 98 percent. The assessment also revealed a notable improvement in data quality as assessed in supervision visits. Finally, data use (an average score based on discussion of RHIS findings, the decisions taken based on the data discussion, and the decision to refer the issue to upper management), increased at the district level from 40 percent in 2008 to 70 percent in 2012 while the data use score at the facility level remained the same, 38 percent in 2008 and 2012.

Improving the Data Gathering Process in Ethiopia

In 2009, the Ethiopian Federal Ministry of Health through USAID/Ethiopia asked MEASURE Evaluation to assist in the scale-up of the reformed HMIS/M&E system. The goal of the project was to promote a sustainable HMIS in the country that produces quality data and information used at all management levels in the Ethiopian health system in the Southern Nations, Nationalities, Peoples' Region (SNNPR), and Oromia.

MEASURE Evaluation assisted the ministry and Regional Health Bureau (RHB) in SNNPR to adapt, implement, and institutionalize key HMIS/M&E tools:

- paper-based reformed HMIS in all health centers and hospitals in SNNPR;
- community health information system implemented at health posts in SNNPR and Oromia; and
- electronic data management and data processing systems.

The electronic data management and data processing systems include:

- Health System Reference Database, which provides a master list of health facilities;
- electronic HMIS (eHMIS) for HMIS data entry and transmission with such added features as Report Tracker and Indicator based Performance Reports;
- Decision Support System, which helps the managers in decision making process by making analyzed HMIS data readily available and accessible;
- Electronic Integrated Disease Surveillance and Response reporting system for weekly data entry and reporting of surveillance diseases; and
- Electronic Medical Catalog System, which allows patient registration at hospitals and health centers.

As a result of these interventions and complementary technical assistance provided, in SNNPR, 4,408 health facilities (98 percent) are implementing HMIS and generating monthly reports. All 19 Zone/Sp.*woreda* and 152 woreda health offices have access to the eHMIS and all are using offline data entry at woreda level such that updated woreda data is immediately available for review, planning and decision making. Also in SNNPR, 19 hospitals and 72 health centers have had functional electronic medical catalog systems installed; and 38 woreda health offices have had functional electronic weekly disease reporting system. In Oromia, nine out of 18 zones have completed training and started implementing a community health information system.

Conclusion

Over the course of Phase III MEASURE Evaluation developed an impressive volume and array of tools for strengthening health information systems. Those tools were deployed around the world in conjunction with technical assistance to lay a foundation for robust health information systems. Consequently, the documented improvements to health systems were made at the national and local level and appropriate guidance documents are being used to direct system performance. In Phase IV we will continue to improve on tools, methods, and systems, drawing in advances from IT to achieve efficient and effective information systems that contribute to better health outcomes nationally.

Chapter 5:   Sharing Evidence-Based Knowledge (Result 5)

Result 5: *Increased availability of population, health and nutrition data, analysis, methods, and tools.*

A major aim of MEASURE Evaluation's work is to promote greater accountability, transparency, and impact of health programs by disseminating actionable data to inform decision-making in health policy and programs. MEASURE Evaluation generates data, tools, and analysis to contribute to this goal whether by directly providing data and analysis to policy makers and stakeholders or contributing to responsive and accountable health systems by strengthening the knowledge base for monitoring and evaluation. In addition to the technical assistance the project provides, the knowledge produced by MEASURE Evaluation is shared through the project's knowledge management (KM) strategy and by disseminating research, analysis, and tools widely to institutions and networks across the globe: this became an explicit mandate for MEASURE Evaluation in Phase III, as USAID made agency-wide efforts to institutionalize KM.[11] Though the larger KM Strategy encompasses portions of Result 3: Collaboration and Coordination discussed earlier, here we highlight successes in Result 5: increased availability of population, health and nutrition data, analysis, methods and tools. The relevant KM strategic approaches for Result 5 are to:

- increase the availability of actionable data and facilitate access to data, with a special emphasis on decision makers and community stakeholders;
- expand and broaden the reach of effective dissemination avenues including publications, presentations, and web content; and
- exploit new technology for dissemination efforts

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[11]   Knowledge Management Support. USAID, http://www.usaid.gov/results-and-data/information-resources/knowledge-management-support March 18, 2014.

Targeted Dissemination to Stakeholders

Decision makers and community stakeholders need access to reliable, relevant data and information in a digestible format when and where they need it. MEASURE Evaluation is proactive about making actionable research accessible to stakeholders so that the research is used for policy and program improvement. Dissemination is a key part of the monitoring and evaluation life-cycle. The example below from Rwanda highlights the critical step of sharing data with decision-makers and other stakeholders and how it can result in bold policy change.

Exploring HIV Risk among MSM in Kigali, **Rwanda** was a biological and behavioral surveillance study conducting research with the MSM population in Kigali, Rwanda and led by the National AIDS Control Commission (CNLS), with technical assistance from MEASURE Evaluation and financial assistance from UNAIDS and USAID. The study was designed to better inform program managers and policy makers about the MSM population in Kigali, to explore the nature of sexual/risk activity among the MSM population, and to establish men's opinions regarding potential HIV prevention activities. Study findings were disseminated to 40 MSM in Kigali in July 2009 at an international conference in Rwanda, and at a second dissemination meeting in December 2009 for representatives from CNLS, the Rwanda Ministry of Health, CDC, USAID, the Global Fund, and civil society groups including donors and advocacy groups. MEASURE Evaluation was interviewed in Rwanda by BBC radio in October 2009 regarding study findings. After the 2009 dissemination meeting, MSM were identified as a priority group within the HIV/AIDS national strategic plan, validating their existence and enabling the development of a costed plan to secure global fund support for MSM programming in Rwanda. These were important changes in a region where anti-homosexuality legislation has reduced access to needed services. Study data was the sole information source for the position paper to the President and Parliament drafted by civil society groups in Rwanda to lobby for appropriate health care services and protection from discrimination, data and outreach which influenced the de-criminalization of homosexuality in Rwanda in 2010.

This example demonstrates that making key actionable research findings and quality data available to stakeholders enabled stakeholders and decision-makers in this context to make evidence-based decisions and enact positive, meaningful change.

Peer-Reviewed Journal Articles and Finalized Reports

In addition to targeted dissemination, the Project disseminates knowledge widely through traditional and novel dissemination techniques. Over the course of Phase III, the Project has published hundreds of documents (table 5.3 for reports and table 5.4 for peer-reviewed journal articles), more than 60 of which can be classified as tools for strengthening data collection, analysis, and use for improved M&E and health information systems (see chapter 4 for additional information).[12] These publications cover a range of health information topics for both global and regional audiences across nine languages. In Phase III, the most downloaded publication was *M&E Fundamentals: A Self-Guided Minicourse*, which was downloaded 31,980 times. The three most downloaded publications in Year 6 were *How Do We Know if a Program Made a Difference? A Guide to Statistical Methods for Program Impact Evaluation; M&E Fundamentals: A Self-Guided Minicourse*; and *Community-Based HIV/AIDS Prevention, Care, and Support Program*.

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[12] All publications are listed in Appendix 5: Increased Availability of Data, Analysis and Tools and access to all publications is available at: https://www.cpc.unc.edu/measure/publications

In addition to practical tools and guidance documents, we reached public health professionals through 94 publications including those in widely-read journals such as the *Lancet*, *PLOS Medicine*, and *AIDS.* MEASURE Evaluation and USAID's thought-leadership in M&E across health areas is demonstrated by the breadth, quantity and impact of peer-reviewed journal articles. A few articles published during Phase III had especially meaningful contributions to the literature based on the number of times they were cited: Toward a multidimensional measure of pregnancy Intentions: evidence from the United States in *Studies in Family Planning*; PRISM framework: a paradigm shift for designing, strengthening and evaluating routine health information systems in *Health Policy and Planning*; and Can universal insecticide-treated net campaigns achieve equity in coverage and use? The case of northern Nigeria in *Malaria Journal*.

Presentations

MEASURE Evaluation staff disseminated and engaged in discussions on key research findings with public health professionals at professional and scientific conferences around the world. Some examples include "Building M&E capacity in community-based HIV programs in Tanzania: From diagnosis to assessing impact" at the African Evaluation Association Conference in Yaoundé, Cameroon; "Building skills to advocate for change with health data" at the Global Health & Innovation Conference in New Haven, CN, USA; and by participating in a panel on non-communicable disease at the Urban Health Symposium in Bangladesh.

Webinar presentations steadily increased over Phase III, broadening the reach of presentations to a wider range of professionals. The most popular webinars in Y6 were "Monitoring referrals to strengthen service integration" with 134 total users, and "GIS for M&E of public health programs" with 101 total users viewing the presentation. At the beginning of Phase III, MEASURE Evaluation joined Slideshare, providing free access to presentations that can be viewed by web visitors. Since then, MEASURE Evaluation has joined the top 1 percent for number of users accessing slides on Slideshare.

Web Content and Dissemination

The platforms available and accessible for knowledge dissemination changed dramatically over Phase III and MEASURE Evaluation's knowledge dissemination strategies evolved accordingly. The Project's Twitter account, started in 2010, currently has 2,740 followers. By the end of Phase III, we had twitter followers spread across six continents. The *Evaluate* blog was started in early 2012 and is populated daily with tools, webinars, and news from the project. The project also added a Flickr account to share photos from the field. In addition, MEASURE is connected through Facebook, LinkedIn, and Google+ and continues to provide news through the *Monitor*, a newsletter, and an RSS feed. Due to the increasing volume of activity on our social networks, the project has begun to analyze those networks through Net-Map, a social network mapping tool, to understand and maximize our dissemination efforts through our network connections.

As the project diversified virtual dissemination techniques, we also ensured that technology platforms were accessible to audiences with limited information technology resources. At the start of Phase III, MEASURE Evaluation's Web site was mostly inaccessible to the developing world. The site was redesigned to meet low-bandwidth requirements in most developing countries. In addition, the site redesign responded to our users' needs and was made accessible from a mobile phone. These two changes allowed virtual access and engagement with whole new groups of participants from developing

countries. Of the **more than four million successful requests last year**, the majority were from developing countries. There were a total of **368,705 outside links to the MEASURE Evaluation Web site**, and at least **994 domains link to the site**.

Figure 7: Map approximating geographic locations of MEASURE Evaluation's twitter followers.

The above map uses the location field of Twitter accounts to approximate the geographic location of Twitter followers.[13]

Conclusion

During Phase III, dissemination of project knowledge expanded dramatically both in use of new channels and in reach. The Project learned the best approach to disseminate actionable data to stakeholder and decision makers to see meaningful policy change. We continued to build on traditional dissemination techniques across health areas in M&E and made high-impact research findings available to stakeholders by producing peer-reviewed journals, developing guidance documents, and attending conferences and making presentations around the world. The project leveraged new virtual dissemination tools to make quality information available to participants from developing countries. Moving forward, we will continue to build on our strengths, expand the reach and impact of MEASURE Evaluation, and tap areas for potential growth in knowledge management.

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[13] Followerwonk at http://followerwonk.com/analyze/@MEASURE_Eval?op=fl.

Chapter 6:   MEASURE Evaluation Phase III Contributions to the President's Emergency Plan for AIDS Relief

HIV/AIDS is a global public health crisis that has required immense resources. This global response, conducted on a scale and at a pace never before seen in public health, has created an urgent need for M&E tools, approaches, data, and data use to ensure transparency, accountability, and impact.

The nature of the HIV/AIDS challenge and the scale of the response has posed special challenges to M&E. Interventions have been targeted at high-risk populations which are often hidden, marginalized, and hard to track and whose populations can be difficult to estimate. Further, effective treatments and approaches are often taken to scale without standard evaluations having been conducted. Due to ethical considerations rigorous studies using randomization are often impossible. Finally, an HIV response is often composed of complex packages of interventions, both behavioral and biomedical, making it impossible to isolate the effectiveness of a single intervention in the absence of others.

In Phase III of MEASURE Evaluation, the Project tackled the biggest challenges in the M&E of the global HIV response by developing and applying a strategic framework that consisted of six main strategic approaches:

- providing global leadership and collaboration for M&E of HIV programs;
- developing, adapting, and maintaining new and existing tools and approaches in M&E of HIV;
- strengthening the HIV evidence base by evaluating HIV programs and by developing approaches which address the methodological constraints facing M&E of HIV programs;
- supporting data use to inform HIV programs and policy;
- building M&E capacity for HIV at the individual, organization, and systems levels; and
- supporting the sharing of HIV M&E strategies, lessons learned, and best practices through digital knowledge management approaches

Providing Global Leadership and Collaboration Related to HIV M&E

MEASURE Evaluation has effectively implemented each of these strategic approaches to advance the M&E of HIV programs. For example, by providing global leadership and collaboration in M&E of HIV, MEASURE Evaluation supported HIV and OGAC in the development of the new Medical Education Resources (MER) for HIV indicators which will help to track the effectiveness of PEPFAR supported HIV programming worldwide.

Developing, Adapting, and Maintaining New and Existing Tools and Approaches in M&E of HIV

MEASURE Evaluation also has served as a leader in developing tools and approaches to creatively address the M&E challenges in HIV: for example, we used the new UNAIDS evaluation guidelines to produce an evaluation plan for the Ghana National HIV Prevention Program by developing strategies for mapping and size estimations for key populations at high risk of HIV, and by revising and expanding the

popular Orphans and Vulnerable Children (M&E) Toolkit to ensure the tools are being used to the greatest advantage for HIV programming worldwide. The use of these tools has helped to strengthen the HIV evidence base, evaluate HIV programs, and develop approaches which address the methodological constraints facing the M&E of HIV programs.

Supporting Data Use to Inform HIV Programs and Policy

In order to support better HIV M&E data use, MEASURE Evaluation has developed guidance for maximizing the impact of HIV data, including using data for gender-aware HIV programming and for using community mapping data for programming. Community mapping is an important consideration given the extensive use of community based programs to support people living with HIV (PLWHIV), and the ongoing effort to incorporate community-based program data into routine health information systems. Extensive data use support was also given to countries seeking to improve the routine collection and use of HIV data, including in **Botswana**, **Nigeria**, and **Côte D'Ivoire**.

Building M&E Capacity for HIV
at the Individual, Organization, and Systems Levels

Similarly, the ongoing efforts to build in-country capacity for HIV related M&E, have also been extensive, ranging from the support of graduate training programs to the creation of a worldwide network of training partners for greater South-South capacity building.

Supporting the Sharing of HIV M&E Strategies, Lessons Learned,
and Best Practices through Digital Knowledge Management Approaches

Finally, the creation of AIMnet, an online forum of M&E specialists to promote discussion and learning among HIV professionals has been a huge success. AIMNet began with 1505 participants in Year 3 and grew to 2,445 active participants by close of Year 6 (table 3.3). The promotion of HIV M&E information through KM has been also fostered by the growth of social media outlets such as Twitter and Facebook and the growing popularity of webinars over the life of Phase III.

Conclusion

MEASURE Evaluation tackled the challenges in M&E for HIV in a multidimensional and strategic way throughout Phase III, serving as USAID's flagship M&E project to support the PEPFAR goals of transparency, accountability, and impact. MEASURE Evaluation's work in the area of M&E for HIV continues to align with PEPFAR's goals and strategies to promote more streamlined collection of HIV related data and to use this data to efficiently and effectively strive for an AIDS-free generation.

Chapter 7: MEASURE Evaluation Phase III Contributions to the President's Malaria Initiative

Malaria remains a public health challenge worldwide, particularly in low and middle-income countries in tropical and semi-tropical regions. The international community and endemic countries have joined efforts to control and potentially eliminate the disease. In the past decade, these efforts have resulted in a significant scaling-up of key interventions including vector control, intermittent preventive treatment during pregnancy, and diagnosis and treatment.

To support and improve the implementation of these interventions there is need for effective monitoring and evaluation systems to track progress and measure achievements. Effective and strong M&E systems require skilled human resources, key indicators and tools, strategies to measure progress and impact, coordination among key stakeholders, and reliable data. Most endemic countries and the international community face major challenges in meeting these requirements.

In Phase III, MEASURE Evaluation played a key role at the global level to inform malaria control policy and guidelines by engaging with global stakeholders including WHO, the Global Fund, the Bill & Melinda Gates Foundation, UNICEF, and DFID. In addition, MEASURE Evaluation supported national malaria control programs (NMCPs) at the country level, with focus on the U.S. President's Malaria Initiative (PMI) priority countries, to measure achievements of malaria control efforts, and to strengthen information systems for monitoring program performance. MEASURE Evaluation's support to PMI applied five strategic approaches:

- coordinating global malaria monitoring and evaluation efforts;
- developing methods and tools for monitoring and evaluation of malaria control programs;
- providing technical leadership and conduct research to better inform malaria control programs;
- building and strengthening capacity in monitoring and evaluation of national malaria control programs; and
- supporting countries to build strong monitoring and evaluation systems.

Coordinate Global Malaria Monitoring and Evaluation Efforts

MEASURE Evaluation provided technical leadership in the Roll Back Malaria[14] Monitoring & Evaluation Reference Group (RBM MERG), the global partnership to implement coordinated action against malaria, throughout Phase III (table 3.2 for membership in other technical working groups). During this time, MEASURE Evaluation brought RBM partners together for 11 meetings to harmonize efforts and collaborate on new initiatives to support endemic countries in monitoring and evaluation of malaria. MEASURE Evaluation also led a strategic shift in meeting planning to focus more on technical needs relevant to malaria endemic countries. Part of this strategy included appointing new regional MERG representatives to engage endemic countries in discussing M&E challenges and finding long-term solutions tailored to country specific contexts.

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[14] Roll Back Malaria is the global partnership to implement coordinated action against malaria. For more information please see http://www.rollbackmalaria.org/index.html/.

The RBM MERG released several key documents in Phase III, which are helping to shape how data is collected and how impact evaluations are being conducted (table 3.1). MEASURE Evaluation also contributed, to a number of high-level documents including the World Malaria Report (2010, 2011) and the Global Plan for Artemisinin Resistance Control document (2010), all released by the World Health Organization.

Develop Methods and Tools for Monitoring and Evaluation of National Malaria Control Programs

MEASURE Evaluation collaborated with a number of partners and authors to release new and updated resources for NMCPs and others interested in M&E of malaria control programs, including an updated *Household Survey Indicators for Malaria Control* document, a *Malaria Indicator Survey* and corresponding toolkit, a *Regional Malaria Framework for Southeast Asia*, and a framework document for evaluating the impact of national malaria control programs in highly endemic countries (table 4.2). These documents are a result of MEASURE Evaluation's technical leadership and ability to build consensus in a process involving several partners. The tools are widely used to improve malaria information systems in malaria endemic countries.

Provide Technical Leadership and Conduct Research to Better Inform Malaria Control Programs

MEASURE Evaluation led a number of research efforts, including the multi-agency impact evaluation initiated by PMI, which began in 2010 and is still ongoing. This evaluation is being carried out in 15 priority countries in sub-Saharan Africa (SSA) to assess the impact of the scale-up of key malaria interventions on under-five mortality. MEASURE Evaluation provided technical inputs for the development of the evaluation protocol, analysis and review of reports for each of these evaluations (table 5.3). The evaluation has been completed in Tanzania mainland, Malawi, and Senegal, where the results are being used to inform malaria control efforts in country and among international partners. Evaluations are ongoing in Angola, Ethiopia, Mali, Mozambique, Rwanda, and Uganda. Roll Back Malaria has published progress and impact reports and advocacy documents from evaluations in Tanzania mainland and Malawi, using some of the results generated by MEASURE Evaluation. In each country, the report caught the attention of the President, who signed the foreword.

MEASURE Evaluation also contributed to global evidence on malaria M&E through publishing peer-reviewed articles on diverse topics related to malaria in renowned journals including the *Malaria Journal* (table 5.4). In addition, MEASURE Evaluation engaged with the scientific community by presenting every year at major international conferences including the American Public Health Association meeting (2010), Annual Meeting of the American Society of Tropical Medicine and Hygiene (2011, 2012, 2013), the Global Health Metrics & Evaluation Conference (2011, 2013), the Multilateral Initiative on Malaria Pan-African Malaria Conference (2013), and the Global Congress on Verbal Autopsy: State of the Science (2011) (table 5.7).

Build and Strengthen Capacity in M&E of Malaria Control Programs

Over the course of Phase III, MEASURE Evaluation partnered with the University of Ghana and the Centre de Recherché en Santé in Burkina Faso to develop and conduct annual regional malaria M&E

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workshops for Anglophone and Francophone countries (tables 2.6 and 2.7). This resulted in 146 malaria professionals from 30 countries trained in M&E fundamentals.[15] These courses have helped endemic-country professionals build their capacity in M&E of malaria control programs, which have developed organizational capacity among partner institutions, who are now equipped with expertise to deliver training in M&E of malaria. The courses were highly appreciated by participants. One of the participants stated in a six-month follow up report:

> *…immediately after the workshop I was part of a team that was assigned to review our project M&E plan … and most of my contributions to the process were based on what I learnt from the workshop. To be specific, when it came to developing an indicator reference sheet/matrix, we actually used the template developed by my workshop group members as an example.*

Another participant thought the course helped strengthen his team. He stated that:

> *…I participated in the workshop with newly recruited staff and I was able to handover most of my routine M&E work to him. Now I have more time to work with assisting implementing partners and critically review their PMPs. Recently I was called to take the lead in impact evaluation of the project and I am hoping to use some of the learning from the workshop.*

The success of these regional trainings resulted in requests for country-specific trainings. MEASURE Evaluation conducted trainings for 50 professionals in Kenya and 27 professionals in the Democratic Republic of Congo (tables 2.6 and 2.7). MEASURE Evaluation also made the M&E of malaria course available to a wider audience by launching an online short course in English (table 2.10). This resulted in a high uptake of new participants (table 2.8).

Support Countries to Build Strong Monitoring and Evaluation Systems

MEASURE Evaluation worked closely with national malaria control programs in specific regions to strengthen capacity and improve M&E systems for monitoring malaria control activities. Key achievements from Phase III include a Strategic Plan and M&E Plan for Malaria in Democratic Republic of Congo, strengthened malaria surveillance systems in Kenya and Mali, where malaria epidemic response tools and mobile phone reporting are now being employed, and revised communication indicators for the Regional Indicator Framework of Southeast Asia.

Conclusion

The achievements from these efforts provide a strong foundation to build on in Phase IV. MEASURE Evaluation will continue working with partners to build a strong malaria information system that will provide quality data to inform program implementation and measure achievements. This will be done with the understanding of the changing epidemiological context where the scale-up of key interventions has resulted in a significant reduction of malaria burden.

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[15] https://www.cpc.unc.edu/measure/publications/ms-07-20

Chapter 8:   Summary of MEASURE Evaluation Phase III Contributions to the Global Health Initiative

The U.S. Global Health Initiative (GHI), established in 2009, articulates the U.S. government's approach to improving global health. Its main objectives are (1) to achieve meaningful health improvements and (2) to build country-led platforms for the sustainable delivery of essential health care and public health programs. Drawn from the principles outlined in the Paris Declaration on Aid Effectiveness and the high-quality programming already in place in the field, the GHI is based on seven core principles:

- focus on women, girls and gender equality
- encourage country ownership and investing in country-led plans
- strengthen health systems
- promote global partnerships
- increase impact through strategic coordination and integration
- promote research and evaluation
- improve metrics, monitoring, and evaluation

Although Phase III of MEASURE Evaluation began before GHI, the GHI objectives and principles have been integral to the project. We structure this annual report is around the results that we hold ourselves accountable for, but the GHI principles are reflected in each indicator and chapter.

In addition to supporting achievements in each of the seven principles, MEASURE Evaluation provided direct technical support to inter-U.S. government agency teams that were formed around each GHI principle to review evidence for each principle, develop results frameworks, and propose a set of global and illustrative indicators.

The ultimate output of these efforts was the *United States Government Global Health Principles Monitoring and Evaluation Resource Guide*, the development of which was led by MEASURE Evaluation. The resource guide provides a standard, cohesive, and evidence based approach to monitoring progress toward achieving the principles for field offices, implementing partners, the donor community, and host country counterparts. Use of the guide is intended to help local programs and projects demonstrate how they are contributing to achieving global health goals.

During Phase III, MEASURE Evaluation provided technical support to the interagency group working to increase impact through strategic coordination and integration to help further the group's learning agenda. The work with this group filled an important gap in understanding how countries plan for, monitor, and evaluate integrated health programs. We produced a document titled, *Findings from a Multi-Country Assessment of Integrated Health Programs*, which summarizes types of services that are integrated in 10 countries, the rationale for the integration model, and strengths and weaknesses of the M&E systems to monitor and evaluate integration. Through the Phase III extension, we will provide evidence from two countries, Malawi and Senegal, on the current state of integrated health services, the strengths and weaknesses of the health system to support integrated health service delivery, and the state the monitoring and evaluation systems to provide data to monitor and inform planning. Ultimately the results of this work will provide an evidence-based approach to plan integrated interventions for the local epidemiology and build M&E systems that are tailored to monitor and evaluate the response.

Chapter 9: Summary of Achievements in MEASURE Evaluation's Phase III Evaluation Portfolio

Evaluation research provides evidence of health program performance and effects on health outcomes, including effects on the health system and gendered outcomes that can be used to inform program decision-making. In the early 2000s, M&E efforts were largely focused on monitoring to meet immediate needs to report against global indicators. Global interest in evaluation increased steadily during the life of MEASURE Evaluation Phase III as USAID, PEPFAR, and other development agencies introduced evaluation policies and guidelines. The evaluation portfolio within MEASURE Evaluation aimed to both influence and respond to growing evaluation needs in the field. It crosscuts and contributes to all six MEASURE Evaluation Phase III results.

The goal of the MEASURE Evaluation strategy in Phase III was "*to meaningfully expand the evidence base on effective global public health programs.*" The strategy included three strategic approaches:

1. Implement evaluations: Undertake the strongest feasible evaluations that will inform future programs/interventions
2. Methodological development: Expand measures and methods for evaluating programs/ interventions and M&E/HIS
3. Increase demand: Increase demand for evaluation and awareness of project's evaluation experience

The evaluation work in MEASURE Evaluation Phase III focused primarily, but not exclusively, on quantitative and mixed methods impact evaluation and on certain types of performance evaluation (e.g. those focused on outcomes rather than process).

Implement Evaluations

Evaluations typically take time to produce final results. Those that produced results in Phase III were either initiated in Phase II or early in Phase III, or involved only one round of data collection. Results from the Phase II

Evaluation Studies

Evaluations initiated in Phase II and completed in Phase III

- PEPFAR OVC public health evaluation
- PEPFAR care and support public health evaluation
- Nigeria COMPASS evaluation, Nigeria

Evaluations conducted in Phase III

- Bangladesh Smiling Sun Franchise Program evaluation
- Bangladesh Mayer Hashi evaluation
- Ukraine TB/HIV evaluation Phase I*
- Women's justice and empowerment initiative evaluation
- Mali HIV prevention portfolio assessment
- Mali PRODESS evaluation
- Mali evaluation of cell phone use for RHIS
- Mozambique assessment of m-health initiative
- Mozambique community care for OVC/HBC assessment
- Jamaica assessment of mobile M&E application
- Performance evaluation of Ghana MARP program
- Nigeria malaria rapid assessment
- Malaria impact evaluations in Tanzania, Malawi, Angola, Senegal

Evaluations initiated in Phase III

- Bangladesh MIH project evaluation (baseline survey)*
- Bangladesh NSDP evaluation (baseline survey)*
- Guatemala WHIP evaluation (baseline survey)
- Nepal SUAAHARA-GPM evaluation (baseline survey)*
- Malaria impact evaluations, multiple countries

*Will be completed in the Phase III extension period.

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public health evaluation of community-based programs for OVC in **Kenya** and **Tanzania** were shared early in Phase III. Mixed results were obtained for the interventions evaluated such as home visiting and kids clubs, and pointed to the importance of implementation factors such as volunteer skills, resources, and supervision. More recently, the end line survey for the Mayer Hashi project in **Bangladesh** found that higher levels of provider training and higher presence of communications materials in project areas did not appear to translate into improved provider knowledge and practice or increased use of long acting and permanent (LAPM) contraceptive methods. The results were used in a policy brief on LAPM methods that USAID/Bangladesh is using to inform future planning for LAPM programing (table 6.1).

Two studies were undertaken to document lessons learned from the experience of implementing evaluation activities in Phase III: *Impact evaluations of large-scale public health interventions: Experiences from the field* and *The Western Highlands Integrated program (WHIP) evaluation baseline survey in Guatemala: a case study in evaluation practice*. These studies highlighted a number of technical and implementation lessons related to identification of program beneficiaries/intervention areas, comparison groups, questionnaire length, and timelines, among others. Recommendations from the first study included that (1) alignment between funders, implementers, and evaluators is critical to a well-designed evaluation that complements the program; (2) creative adaptation of the evaluation design to fit operations is the norm, not an outlier; and (3) flexibility to consider other types of evaluation solutions to meet the needs at hand is necessary when an impact evaluation is either not appropriate or feasible. These lessons will inform evaluation work in Phase IV and are relevant to future implementation of the USAID Evaluation Policy more broadly.

Methodological Development

Successful evaluation can be hindered by methodological constraints in measuring key outcomes or other data limitations. While much of the work of the project to improve measurement and data quality described in this report is relevant to strengthening evaluation, we highlight two particular areas here.

Measurement of Mortality: The challenges in measuring cause-specific mortality are well known and present a significant constraint for evaluating programs that aim to reduce deaths from specific causes such as maternal causes or malaria. In Phase III MEASURE Evaluation undertook several activities to improve measurement of maternal mortality within its larger mortality measurement portfolio. For example, the 2010 Bangladesh Maternal Mortality Survey (BMMS) used verbal autopsy methods with a household survey platform. The study found a 40% reduction in the maternal mortality ratio since 2010, showing Bangladesh on track to meet MDG5. The results of the 2010 BMMS have been used extensively to inform health sector planning in **Bangladesh**. In **Zambia**, similar verbal autopsy methods have been used with a community census platform to estimate maternal mortality in Saving Mothers Giving Lives pilot districts. Initial results show lower maternal mortality in pilot districts than the national average and have supported scale-up of program activities. Nevertheless, challenges exist in using verbal autopsy methods with different platforms to measure mortality, as presented in a multi-country methodological comparison presented at the International Union for the Scientific Study of Population (IUSSP) conference in 2013.

Network Methods: Interventions are often complex and involve interactions between multiple organizations to achieve results, particularly for integrated programs and referrals. In Phase III, MEASURE Evaluation tested the use of network methods to measure the strength and impact of connections between health organizations. For example, a study in **Ethiopia** showed that data on

network characteristics, such as referral density and centrality, could be used to inform interventions to strengthen networks to support integrated service delivery, and that such interventions can increase referrals and reduce clients' felt needs. Network methods were also tested in the context of providing multiple services to men who have sex with men in **Thailand** and for integration of nutrition, food security, economic strengthening, and livelihood interventions in **Malawi**.

Increase Demand

Demand for evaluation increased during Phase III, driven in large part by the USAID evaluation policy introduced in 2011. This resulted in increased demand for evaluations from field missions in the last two years of the project, and increased demand for training in impact evaluation. In Phase III, the project conducted 16 regional and country level workshops in impact evaluation (table 2.6). The project undertook a number of presentations in various formats and venues to increase awareness of and demand for evaluation activities (table 5.7).

Looking to the Future: Increasing Capacity in Rigorous Evaluation

Result 4 in MEASURE Evaluation Phase IV focuses on improved capacity for rigorous evaluation. During Phase III, the project collaborated with various in-country partners to implement in-country evaluations and that experience informed our learning and mentoring model strategy for Phase IV. In addition, regional capacity was developed to provide direct training and mentorship for monitoring and evaluation among regional partners. For example, faculty at the Instituto Salud Publica in **Mexico** took increasing responsibility for teaching sessions in their regional evaluation workshop in Phase III, and served as resources in other impact evaluation workshops. In the last year of the project, a joint regional impact evaluation workshop was held in Pretoria, South Africa in collaboration with GEMNet-Health to increase the capacity of regional training partner faculty to train on evaluation. In addition, results and lesson learned from Phase III related to training in impact evaluation are also informing our Phase IV strategy to increase evaluation capacity. In Phase IV, we intend to strategically build on this experience by training a new generation of M&E professionals who will make substantial contributions in rigorous evaluation and health system strengthening in their countries.

Chapter 10: Summary of Achievements in MEASURE Evaluation's Phase III Gender Portfolio

Over the last 15 years, the international health community voiced a need to address gender-related inequalities and disparities in programs and policies.[16] [17] [18] Countries lack appropriate data and systems to monitor and evaluate activities to reduce gender-based violence (GBV), and there is limited local capacity to carry out gender-sensitive research and evaluation. There have been few standard gender M&E indicators and minimal guidance regarding new data needed to examine the effect of gender M&E data among researchers, program managers, and decision-makers. Routine M&E health data has often not been used to investigate gender and its effects on program progress and outcomes. In addition, a common challenge is limited understanding of and demand for gender M&E data. Researchers, program managers, and decision-makers who often do not understand what kind of data is produced by gender M&E, nor recognize the value it may hold to address health inequities and improve health outcomes. Donors, including PEPFAR, WHO, UNAIDS, the Global Fund, and the World Bank now require gender integration into programs. As a USAID funded project, MEASURE Evaluation fulfills USAIDS' "Gender and Female Empowerment Policy" to integrate approaches and actions to advance gender quality and empowerment while promoting the use of gender-sensitive indicators and sex-disaggregated data.

MEASURE Evaluation Phase III Gender Strategy

MEASURE Evaluation has advanced the gender M&E field by increasing the capacity of individuals and organizations to integrate gender into M&E activities through the provision of guidance, tools, and technical support. These have focused on the collection, analysis, and use of gender-related information for program and policy decision making at the local and global levels. Our gender strategy is based on four strategic approaches:

- provide M&E capacity building and training to improve gender data use;
- improve the use of existing data and collection of new data that incorporates information on the gender-related effects of programs and policies;
- conduct innovative research and evaluation to improve the evidence demonstrating the effects of gender on health programming and policy; and
- collaborate in global networks and initiatives to promote and improve the knowledge base of gender M&E.

Provide M&E Capacity Building and Training to Improve Gender Data Use

MEASURE has worked to increase capacity for collection, analysis, and use of gender-related data through training. The gender M&E module was posted online during Phase III and is now used in eight

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[16] Global Health Inititative (GHI). *Focusing on Women, Girls, and Gender Equity*. Washington, DC: GLHI; 2009. Located at: http://www.ghi.gov/about/principles/194857.htm.
[17] Oslin et al. Gender and health promotion, a multisectorial policy approach. *Health Promo Intl.* 2007. 21(S1):25-35.
[18] Vlassoff, C and Moreno, CG 2002. Placing gender at the center of health programming: challenges and limitations. SSM, 54: 1713-1723.

countries, has been translated into French and Spanish, and makes gender M&E concepts, tools, and strategies available to increase use by governments and other health agencies of gender-related data.

Improve the Use of Existing Data and Collection of New Data that Incorporates Information on the Gender-Related Effects of Programs and Policies

MEASURE Evaluation has developed new tools and resources for M&E of gender and health and integrated gender into existing tools. The two gender-related indicator compendiums produced during Phase III are an example of MEASURE Evaluation's response to the gap in gender M&E indicators. These two compendiums—Gender Equality and HIV and Trafficking in Persons and Health—add over 100 collaboratively selected indicators from experts and leaders in the field. Both compendiums were developed through a collaborative process with participants from U.S. government, multi- and bilateral agencies, including UN and WHO, civil society, and research institutions. These compendiums provide a menu of indicator options for governments or organizations to select applicable measures for gender-related themes. In Phase III, the gender team also worked with project staff to integrate gender into existing tools; for example, PRISM spreadsheet tools now include gender-related questions as well as a new feature that offers the opportunity to create dynamic tables that compare indicators by sex.

Conduct Innovative Research and Evaluation to Improve the Evidence Demonstrating the Effects of Gender on Health Programming and Policy

MEASURE Evaluation has improved the evidence base on a wide variety of gender and health issues, including child marriage, GBV prevention and response, service use by men who have sex with men and transgender persons, and women's economic empowerment. MEASURE Evaluation and partners increased the global evidence base on the impact of gender integration on health outcomes and improved the capacity of stakeholders in India to conduct gender M&E to use gender-related data to improve programs. The global evidence base and capacity was built through doing a systematic review and disseminating actionable research findings from this review. The review examined evaluations of gender-integrated health programs presenting evidence of how gender programming influences health outcomes. The national dissemination meeting engaged key program and policy decision-makers in discussions of how to take this evidence and apply it to Indian national policies and local programs. A follow-on workshop then engaged state-level stakeholders to delve into skills and knowledge needed for gender integration into programs and gender M&E, and discussions on how to operationalize both at state levels.

Collaborate in Global Networks and Initiatives to Promote and Improve the Knowledge Base of Gender M&E

MEASURE Evaluation's commitment to providing global technical support, consultation, and collaboration can be seen through the successful adoption of a gender and HIV indicator, recent intimate partner violence, into the Global AIDS Response Progress Reporting. MEASURE Evaluation played a significant role in the selection and definition of the indicator to be submitted to the UNAIDS MERG for inclusion into the reporting, along with the justification of the choice through facilitating a

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collaborative process which included global partners from OGAC and USAID, the UN, the Global Fund, World Bank and others. The acceptance of the indicator as a core indicator for regular reporting under UNAIDS guidelines represents significant progress in acknowledging and addressing gender inequalities in the HIV epidemic.

Conclusion

During Phase III, MEASURE Evaluation made significant contributions to advance gender and health M&E through implementation of our gender strategy. Gender has been integrated into activities across the project and it is now a strong cross-cutting theme. We have also filled gaps in gender and health M&E through conduct of innovative gender-focused research and evaluation, development of gender M&E tools and resources, capacity-building efforts, and provision of essential global technical leadership on gender and health M&E. Phase III gender strategy achievements laid a foundation of evidence for gender M&E and tools and resources to conduct gender M&E. Moving forward, Phase IV must build greater human and technical capacity for gender M&E as well as demystify, build demand for, and increase use of gender related M&E data.

Chapter 11: Summary of Achievements in MEASURE Evaluation's Phase III Field Portfolio

USAID missions in 37 countries and three regional bureaus requested and funded many types and levels of technical assistance (TA) portfolios over the life of MEASURE Evaluation Phase III. In fulfillment of USAID expectations at the time of project design, funding from field missions accounted for roughly two-thirds of all funds expended by the project in Phase III. In 13 countries, the work required an in-country office and/or long-term resident advisors. In other countries, collaborative work was carried out through local government counterparts, using local/regional consultants and strategic "tour of duty" (TDY) visits by our U.S.-based technical experts. The scopes of work funded by USAID missions always reflect mission-specific strategies and results frameworks, which are in turn developed in the context of host-country needs. Our response to the many mission requests for assistance required us to draw upon the full spectrum of expertise available in the MEASURE Evaluation technical and thematic portfolio, and generated results across all six project result areas. A total of 122 scopes of work and associated activities were completed with field funding from 37 countries and regions over the life of Phase III.

Work in the African region accounted for the largest proportion of field funds received and expended in Phase III. The project responded to requests from USAID missions in 21 countries in sub-Saharan Africa. Field funding received from missions in Latin America and the Caribbean, and Asia, each accounted for roughly 10% of the total field-funded portfolio. Given the geographical distribution of Phase III field funding resources, it is not surprising that 65% of Phase III project results achieved with field funding were reported on the basis of work done in sub-Saharan African countries.

Figure 8 shows the breakdown by technical/thematic area for primary project results achieved by field-funded activities. A breakdown of field-funded PMP results by country and type of result/activity is provided in Appendix 6. At the primary results level, most (77%) fall under two technical/thematic areas—information gathering (21%) [See chapter on improved information gathering] and capacity building and training (56%) [See chapter on capacity building and training]. Overall, above three quarters (80%) of Phase III field-funded activities generated at least one PMP result, and of these, 66% generated

more than one result. For example, the 1,007 training events carried out in 37 countries and regions were able to achieve one or more secondary results in addition to the primary result.

Primary Results Reported by Field-funded Activities in Phase III, by Type of Results
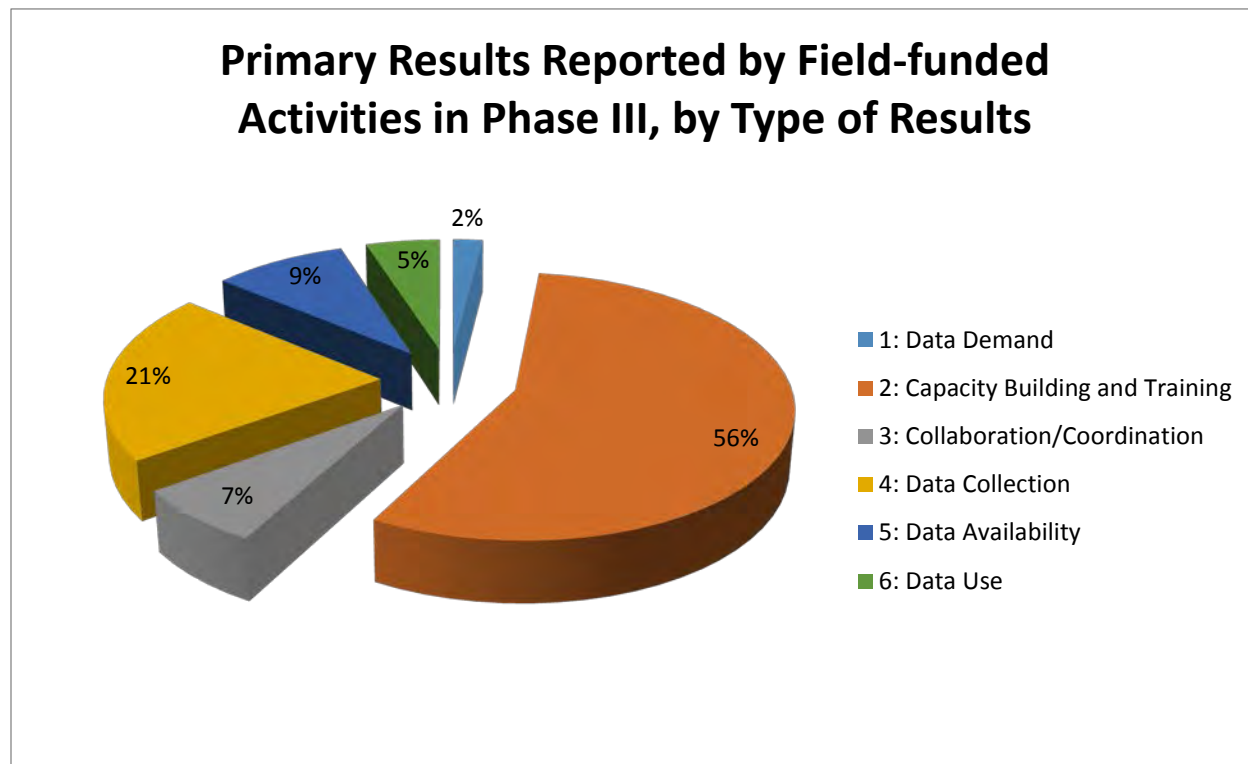
Figure 8: Primary results reported by field-funded activities in Phase III, by type of results.

Narratives from the Field

Three countries—Côte d'Ivoire, Bangladesh, and Nigeria—have been selected as illustrative of the types of work undertaken, and for a glimpse at some of the accomplishments flowing from this work. In each of these countries, the USAID mission envisioned an ambitious scope and funded a sustained and high level of activity throughout the six Phase III project years.

Côte d'Ivoire

Health information systems in Cote d'Ivoire are in transition, and MEASURE Evaluation used a multi-pronged approach to support improvements to the collection and processing of routine health data. These included helping to review and reproduce paper-based data collection tools, updating the Management Tool for Electronic Patient Files—a national database referred to as SIGDEP—monitoring the availability of all data collection tools, installing SIGVISION software in two health regions, and facilitating a regional-level training of trainers for data managers on use of the revised data collection tools. Since then, the national SIGDEP system was expanded to include drug and ARV management, and now manages data in 233 HIV treatment sites.

Extensive support provided to the Ministry of Health (MOH) included

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Overview: Côte d'Ivoire

Our work in Côte d'Ivoire, while primarily focused on strengthening the health information system, nevertheless produced PMP results in all six Phase III result areas. Among the total of 125 results reported by our Côte d'Ivoire team, most reflect the team's success in building capacity, improving intra-agency coordination, data quality, dissemination and use of information for decision-making. For example, MEASURE Evaluation supported 34 training and/or workshop events, and assisted local counterparts with developing 27 monitoring and evaluation/HIS reference documents. Thirteen in-country communities of practice (COPs), technical working groups (TWGs) and other coordinating mechanisms were established and maintained with MEASURE Evaluation support and active participation. Of particular note are the findings from a baseline (2008) and follow up (2012) PRISM assessment that showed notable performance improvements in a number of measures of health information system performance. Among others, these improvements were associated with an increased use of Routine Health Information System (RHIS) information to inform new voluntary counseling and treatment (VCT) strategies and policies, and an increase in VCT utilization nationwide.

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the updating, printing and dissemination of key documents—for example, a national policy document on health information, the 2008-2013 National Strategic Plan, and a data management procedures manual. The procedures manual provides a detailed description of the data management and data quality control tasks to be executed at each level of the information flow. All MOH M&E positions, and all regional M&E units, are now funded by the MOH, and the Ministry has directed all health districts and regions to assign a physician as the Head of M&E.

Weaknesses identified in the management, quality, availability, and use of OVC data were targeted by several related streams of work with a focus on training, software innovations, and upgrading capacity at more than 30 Social Centers. Trainings of trainers were conducted on how to use a Routine Data Quality Assessment (RDQA) to assess OVC data quality, and a three-year program of capacity building for the national program M&E Unit and Social Center M&E staff equipped local staff to assume responsibility for training users on the OVC database (with limited assistance from MEASURE Evaluation). An OVC database was installed on Social Center coordinating platforms, in conjunction with formative supervision to improve functionality and development of a procedures manual for OVC data management.

As part of a related effort to strengthen M&E capacity at the Ministry of Education (MEN), an assessment of the informatics environment was carried out for M&E focal points at the regional level. Findings from the assessment were used to improve coordination across the different levels of the Ministry and its partners, leading to increased rates of data entry into the OVC database, and capacity improvements among the Ministry's OVC M&E focal points.

Support to the Ministry of Education also helped with the formulation of an M&E capacity building plan, and implementation of the plan was facilitated by organizing short, targeted trainings on data analysis, M&E of HIV, and data demand and use. Capacity building activities were supplemented with support for coordinating meetings at both the central and regional levels, and by facilitating a workshop to disseminate M&E findings. Assessment and modification of data collection forms led to improved rates of HIV/AIDS data transmission among the Regional Health Directorates, and the Directorates now use RDQA and PRISM follow-up tools to conduct supervisory visits, with limited MEASURE Evaluation support.

HIV/AIDS M&E systems strengthening began with efforts to improve coordination. MEASURE Evaluation organized and facilitated regular meetings to enhance coordination between the MOH, Ministry of Fight against AIDS (MLS), international donors, and USAID IPs. These coordination meetings featured sessions on using data for decision-making, and alerting data users (e.g., the MOH, MLS, and USAID IPs) to the types of data available to meet program managers' needs and to inform action oriented research. Similarly, the findings from a collaborative data triangulation exercise conducted with HIV stakeholders served as the foundation for Côte d'Ivoire's national HIV strategy, and for the development and implementation of a central-level data use plan. When dissemination of the PRISM findings indicated limited levels of data use at the regional level, the regional health director arranged quarterly coordination meetings to enable health districts to review and discuss their health data.

MEASURE Evaluation was called on in a number of instances to respond to an urgent need for assistance. One case involved a rapid assessment of the computer systems environment among the health districts and regions; in another, the need was for a quick turnaround on workshops and trainings conducted in collaboration with various ministries and other organizations. As these needs expanded, MEASURE Evaluation formed training partnerships with the National Training Institute for Health Agents (INFAS) and the National Superior School for Applied Economics (ENSEA). Initial trainings were provided to both partners, and were followed up with assistance to the trainees as they made revisions to their training curricula. The strategic partnership with INFAS also opened the way for MEASURE Evaluation to support the institutionalization of pre-service training in M&E. INFAS now offers an M&E and an RHIS curriculum independently, as part of their pre-service training program.

Bangladesh

The Phase III portfolio in Bangladesh was unusually broad, with activities ranging from capacity building workshops and preparation of reference documents, to M&E staffing support at the Ministry of Health and Family Welfare (MOHFW), national survey implementation and program impact evaluations. Over the course of Phase III, MEASURE Evaluation collaborated on the preparation of 64 M&E/HIS reference documents for Bangladesh organizations and/or programs, supported and maintained a high level of participation in 12 in-country communities of practice (COP) or coordinating mechanisms, and conducted three two-week workshops on M&E of Population, Health and Nutrition Programs; GIS Applications in Public Health; and Program Impact Evaluation. MEASURE Evaluation also collaborated with the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B) on the TRAction project, assisting with two secondary analyses related to family planning discontinuation and prevention of early age marriage.

> **Overview: Bangladesh**
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> MEASURE Evaluation field-funded activities in Bangladesh achieved 114 results over Phase III, from all result areas. These comprised roughly 6% of all Phase III field-funded activity results. MEASURE Evaluation created a Technical Assistance Support Team to work directly with the Program Management and Monitoring Unit at the Ministry of Health and Family Welfare; provided extensive technical support for implementation and data analysis on two major national surveys; and assisted with development of an online reporting system for the Directorate General (DG) of Health Services and the DG of Family Planning.

One major achievement recorded relates to extensive work and support provided to the MOHFW in response to a request to build M&E capacity and establish a systematic M&E system within the Ministry. MEASURE Evaluation partnered with ICDDR,B to create and lead a Technical Assistance Support Team (TAST) assigned to the Program Management g and Monitoring Unit (PMMU) under the Planning Wing of MOHFW. The TAST now works directly with the PMMU to provide key technical, managerial, planning and coordination support for monitoring and managing implementation of the Health, Population and Nutrition Sector Development Program (HPNSDP) and to promote evidence-based decision making at the Ministry. The TAST/PMMU provided vital support to the many activities required for the Annual Program Review covering the first and second years of the HPNSDP. At the official launch in December 2011, the PMMU was manned by one full-time MOHFW staff member; within two years, the unit had grown to six staff members. The PMMU/TAST subsequently produced two Six-Monthly Progress Reports (SmPR) for the period July–December 2012 and July-December 2013, and two Annual Program Implementation Reports (APIR) for 2012 and 2013 for the sector-wide health program. The 2012 SmPR was the first six-month progress report ever prepared in any health sector program in Bangladesh. While the findings from the SmPRs prepared by the PMMU/TAST with MEASURE Evaluation support led to needed changes in coordination procedures within the HPNSDP, APIRs fed into the Annual Program Review as the main resource documents for the Independent Review Teams. In addition, the PMMU/TAST organized its first ever orientation on the HPNSDP for 190 staff on planning, monitoring, and management of health programming.

Surveys and data collection had a major role in the Bangladesh portfolio—the project provided TA on several important survey activities. The first was the 2009-2010 Bangladesh Maternal Mortality Survey (BMMS), for which MEASURE Evaluation developed the complex sampling plan and the equally complex

data processing procedures. A presentation on preliminary findings from a number of secondary analyses performed on BMMS data was prepared jointly by MEASURE Evaluation, ICDDR,B, the National Institute of Population Research and Training (NIPORT), and USAID/Bangladesh. These data were used to select low performing districts and upazilas (sub-districts) for the HPNSDP's performance-based financing modality, known as Disbursement of Accelerated Achievement of Results (DAAR).

MEASURE Evaluation similarly led the implementation of the Urban Health Survey 2013 (UHS), including data analysis and report writing for both the 2013 UHS, and the Marketing Innovations for Health (MIH) baseline survey. MEASURE Evaluation designed and supported the Smiling Sun Franchise Program Evaluation Survey, including computing key indicators, producing a report of findings, and conducting further analyses, as requested by the mission, to inform the design of the next stage of the program. Recommendations from the report were incorporated into the program management plan for the follow-on program, the NG0 Health Service Delivery Program (NHSDP). Under Phase III, MEASURE Evaluation initiated the baseline survey for NHSDP

MEASURE Evaluation collected, processed and analyzed data for the Mayer Hashi Endline Survey, conducted in six program districts and three non-program districts, and provided technical review and comments for the draft survey report. The goal of the Mayer Hashi program was to promote long-acting and permanent contraceptive methods. MEASURE Evaluation TA supported the preparation of a number of policy briefs, including "The future of long-acting and permanent methods of contraception in Bangladesh," printed for circulation to family planning managers, policy planners, and researchers. Other policy briefs and publications included "Cost-effectiveness of long-acting and permanent methods of contraception in Bangladesh," and "Maternal mortality in Bangladesh: a Countdown to 2015 country case study," which was published in the Lancet.

MEASURE Evaluation and ICDDR,B worked with the Management Information Systems (MIS) units and other program offices of the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP) to strengthen the routine health information system (RHIS) of the MOHFW. Particular focus was on supporting the monitoring and evaluation functions of the HPNSDP and limited to the six Operational Plans (OPs) that cover Maternal, Neo-natal, Child Health, Family Planning (MNCH-FP) and Nutrition services and the Community Clinics. MEASURE Evaluation supported ICDDR,B to adopt a systems-level approach in working with the GOB to revise existing facility-level and community health worker data collection forms and develop electronic information systems for the MIS units of the DGHS and DGFP. Revised paper-based forms and registers for all levels of health care workers (from the community to the highest health facility level) were first adopted and approved at the central policy level for eventual roll out nationwide through various partners adopting the new standard forms following specialized training. The project also resulted in the successful advocacy at the policy level for a single data platform (DHIS2). The RHIS systems for facility-based and community-based service statistics (both paper-based and electronic) now provide necessary programmatic data and information for reporting in pilot areas in Tangail District and all relevant health care workers have been trained on how to use the revised forms and online systems. This was achieved by working closely and collaboratively with DGHS and DGFP. In addition, multiple Development Partners and NGOs are using the revised tools in the areas where they work. With the Community Clinics (CCs) Revitalization Project, the revision of paper-based maternal and child health data capturing tools, and digitalization and implementation of electronic reporting was achieved and has been rolled out nationally. The DGHS is now able to monitor all 12,517 community clinics.

Nigeria

The main challenges addressed by MEASURE Evaluation Phase III in Nigeria centered around weaknesses in the Nigerian multi-sectorial M&E system and the National HIV/AIDS and OVC information systems. As one key part of our response, MEASURE Evaluation collaborated with the Nigerian government and the Supply Chain Management System (SCMS) project to scale-up implementation of the Logistics and Health Program Management Information Platform (LHPMIP). This is a web-based electronic platform that improved reporting from facilities and non-facilities of indicators used by the Nigerian National Response Information Management System (NNRIMS). Using LHPMIP and the district health information system (DHIS) as the NNRIMS data transmission platform, the Nigerian

Overview: Nigeria

MEASURE Evaluation's Phase III Nigeria portfolio was among the largest in scope, and with many diverse activities. A total of 204 results were achieved in Nigeria, across all six result areas. These accounted for roughly 11% of all field-funded results achieved in Phase III. Overall, MEASURE Evaluation supported 85 training or workshop events; provided major technical assistance to the Nigeria National Response Information Management system for HIV/AIDS; assisted with implementation of the Child Status Index and built capacity for strengthening the OVC information system at the federal and state levels; and supported institutionalization of M&E training at two Nigerian universities.

government can now monitor the flow of HIV/AIDS reports up from facilities to the higher levels, because all facilities providing HIV/AIDS services now report through one uniform information system. In some states, trainings and roll-out of the platform are being funded independently, and are proceeding with little assistance from the implementing partners operating in their states. As a result, efforts to combat HIV/AIDS in Nigeria are better directed.

MEASURE Evaluation provided the Department for Child Development at the Federal Ministry of Women's Affairs and Social Development (FMWASD) with TA to improve information on OVC outcomes and to strengthen the collection, management, utilization, and dissemination of data relevant to OVC programs. This included the development of secondary data analysis plans for the National OVC Situation Analysis and Assessment.

MEASURE Evaluation also assisted with the implementation of the Child Status Index (CSI) as a national OVC surveillance tool, and piloting of the National OVC M&E plan. MEASURE Evaluation translated the CSI tool and the accompanying *CSI Made Easy Guide* into Hausa, Igbo, Yoruba and pidgin English, and disseminated the translated tools at the first Nigerian CSI training workshop. The CSI tools have been widely used—for example, the CSI was adapted by the FMWASD and incorporated into their national M&E OVC framework.

At the sub-national level, MEASURE Evaluation activities built the capacity of OVC service providers and M&E officers, working through the different State Ministries of Women Affairs (Gender) and Social Development.

MEASURE Evaluation supported the institutionalization of M&E training within two Nigerian Universities: Obafemi Awolowo University (OAU) and Ahmadu Bello University (ABU). The faculty at OAU and ABU are fully and independently able to facilitate the training modules on Gender M&E, Data

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Quality, and Data Demand and Use. The Population and Reproductive Health Programme at OAU, and the Department of Community Medicine at ABU, have now implemented eight workshops on M&E of Public Health Programs with minimal technical support from MEASURE Evaluation.

Chapter 12: Summary of Successes from MEASURE Evaluation Phase III Associate Awards

Over the course of MEASURE Evaluation Phase III, the project was awarded five Associate Awards (AA), each with five years funding. The Population and Reproductive Health (PRH) AA is the only one funded by USAID Washington and the only one that has completed the entire five-year funding cycle at the time of this report. Associate Awards in Ethiopia, Kenya, South Africa, and Tanzania were awarded from USAID missions at different times and are still ongoing. This chapter provides a summary of the five AAs and major accomplishments to date.

Population and Reproductive Health — PRH AA (2009-2014)

The objective of the **MEASURE Evaluation Population and Reproductive Health (PRH) AA** (2009 – 2014) was to promote optimal demand for, and analysis of, family planning (FP)/reproductive health (RH) data and the appropriate use of such information to measure performance and inform FP/RH interventions and policies. PRH's work fell under three main portfolios: **support** for monitoring and evaluation (M&E) systems improvement and research contributions; **development** of M&E tools and approaches; and **training** leaders in M&E.

The project supported several research activities addressing USAID priorities, including: gender, poverty/inequity, M&E, contraceptive supply, integration of services, and costing. The research portfolio also included a robust small grants program with 15 sub-grantees completing research projects and disseminating their findings to FP stakeholders and decision makers.

A comprehensive online Family Planning and Reproductive Health Indicators Database was developed containing 426 key FP/RH indicators and reference sheets. The Framework for Monitoring and Evaluating Efforts to Reposition Family Planning and the accompanying Repositioning Family Planning: Decision Support Tool Manual were created and piloted in response to USAID's initiative to increase political and financial commitment to FP in sub-Saharan Africa. The framework has been applied in eight West African countries. USAID/Tanzania, Advance Family Planning, and Pathfinder International have also used the framework for planning and priority setting. A Guide to Monitoring Scale-up of Health Practices and Interventions was developed and has been referenced by other projects and organizations. A computer-simulation model was developed to help clarify the complex interactions involving population, health and environment (PHE), specifically the dynamic relationships among climate change, food security, and population growth. It was piloted in Ethiopia and has been used by the PHE-Ethiopia Consortium.

A total of 543 participants from 39 countries completed a PRH-supported training event or workshop, with the five Virtual Leadership Development Programs being the most significant. Three Leadership Development Programs were conducted with regional staff from the International Planned Parenthood Federation (IPPF). PRH also assisted IPPF with the development and pilot-testing of a standardized process for collecting information on clientele's level of poverty, social marginalization, and extent of being under-served within CIES, IPPF's Bolivian member association. The vulnerability assessment methodology was rolled out in Central America, South America, and Africa and is now part of IPPF's Performance Dashboard indicators.

MEASURE Evaluation Monitoring and Evaluation for Malaria Prevention and Control – Ethiopia (2009- 2013)

The *Monitoring & Evaluation for Malaria Prevention & Control in Ethiopia* project provided technical assistance to Ethiopian health professionals in support of monitoring and evaluation (M&E) of malaria prevention and control activities supported by PMI in Oromia Regional State of Ethiopia.

MEASURE Evaluation achievements include:

- Finalization, adoption and implementation of the national malaria M&E strategy in 2010.
- Maintained a network of 10 sentinel surveillance sites for the collection of routine malaria mortality and morbidity data in Oromia. 83 facilities in 10 sites reported individual and aggregate data by the end of the project.
- Development of a methodology to ensure that Health Management Information System (HMIS) data is utilized for decision-making. The ACIPH connect web-portal provides all relevant stakeholders with access to weekly summary reports delivered in near real time through the SMS reporting system.
- Development of methodologies to track malaria-related commodities not tracked by other systems. The project included reporting on commodity stock-outs for microscopy related commodities, RDTs and drugs into standard monthly reporting to facilitate action in these instances.

MEASURE Evaluation PIMA — Kenya (2012 - 2017)

The objective of MEASURE Evaluation - PIMA is to build sustainable M&E capacity of Kenyan health officials in using evidence-based decision-making to improve the effectiveness of the country's health system, thereby improving the lives of the Kenyan people. To achieve this, the project provides support to targeted national and sub-national programs to (i) Strengthen M&E capacity; (ii) Improve the collection and use of quality information through strengthening of three key health sub-sector systems: Community Health Information System (CHIS)/ Referral System (RS)/ Civil Registration and Vital Statistics System (CRVS); and (iii) Expand the availability of in-country capacity to meet the human resource needs of M&E health professionals.

Despite the delays and shifting priorities that effected the first two years of implementation, the project has witnessed significant successes and had some key achievements.

- *Baseline assessments completed with five national departments and 17 counties*. PIMA succeeded in establishing statuses and gaps in systems' performance and capacity for the national departments of Malaria, Civil Registration, Disease Surveillance and Response, Reproductive Health and Community Health Services. From the assessment findings, the project supported development of sector strategic plans, M&E plans, performance reviews and contributed to the development annual work plans (AWPs), supported the establishment of governance and coordination structures (such as the M&E Technical Working Group), provided

support in leadership training, clarification of roles and responsibilities for M&E, and staffing structure and competency development.

- *PIMA developed a comprehensive, tiered exit strategy for focus and non-focus counties in response to USAID's strategic programmatic and budgetary realignments.* This strategy included offering circumscribed technical and administrative support to the latter counties whilst pursuing a revised stakeholder engagement strategy to the former. This was important to help ensure that the project efforts lead to sustainable solutions after project activities end.
- PIMA assisted with establishing a M&E Unit at the Health Information Systems Division which offers an opportunity for sustainable sectorial support and created a coordinating structure for the stakeholder and M&E reforms.

In the first two and a half years of implementation, the project learned many lessons that have impacted, and will impact, future implementation.

- The introduction of the new governance system in Kenya has proven challenging for all USAID partners as they accommodate new institutions, new personnel and new processes. With these government changes have come multiple layers of gatekeepers (both political and programmatic) determining operational access to the counties and effecting speed of that access. The project has learned that managing change is a key aspect of success in implementing a health systems strengthening project in this type of environment. Shifting priorities, scopes, and partners has resulted in some delays in achieving expected results; however, gaining the appropriate stakeholders buy-in has proven critical for moving project priorities forward.
- Documenting and disseminating the insights gleaned from the project on capacity improvement and systems strengthening – especially at the outcome level – are imperative.
- Developing carefully crafted and consistent methods to approach, engage, and work effectively with local stakeholders is critical to success. County leadership has proven central to the implementation of operational plans in their geographic areas.

MEASURE Evaluation SIFSA:
Strategic Information for South Africa — South Africa (2013-2018)

MEASURE Evaluation ‐ SIFSA seeks to sustainably enhance the capacity of government officials, and the PEPFAR implementers that support them, to identify data needs, collect and analyze good quality data, and use information for health decision-making.

SIFSA's main achievements align with the project's three priority areas:

1. *Implementation of strategies and policies that enhance HIV strategic information:*

- SIFSA supported the Department of Health (DoH) in District Health Information System (DHMIS) policy implementation with the development, distribution, and promotion of Standard Operating Procedures (SOPs) at all levels. The signing of a Memorandum of Understanding with the Department of Planning, Monitoring, and Evaluation launched official collaborations and the SIFSA-supported curricula (DHIS Foundation and Intermediate, Evidence-Based Health Management, Monitoring and Evaluation and Communicating Data for Decision-making) will promote a culture of data use.

- An Auditor General South Africa (ASGA) pre-audit of DoH facilities yielded a clean performance audit for one facility. The facility attributed these results to the fact that SOPs had been implemented and guidelines followed, resulting in good data quality and use of information in planning and evidence‑based decision‑making. Furthermore, a PEPFAR Implementing Partner (IP) provided support to this facility, illustrating the effectiveness of linking with IPs to operationalize the DHMIS policy and SOPs.
- SIFSA developed training materials to support the DHMIS policy, SOPs, and National Indicator Data Set (NIDS) using a standardized approach.

2. *Strategic information capacity building for data quality and use:*

- Standardized training materials for DHMIS policy, SOPs, and NIDS developed by SIFSA will promote consistent outcomes. Leveraging IPs to cascade SOPs to the facility level will increase the likelihood of uptake.
- SIFSA additionally developed several tools, including an RDQA tool and checklists for pre-submission validation and audit, as well as an environmental scan eLearning course.

3. *Strategic information capacity building to strengthen health information systems:*

- SIFSA has developed materials for a wide variety of topics. Documentation will support eHealth processes with materials on interoperability, structure, and dashboards, while strategy and implementation plans will support mHealth approaches. Geographic Information System (GIS) training manuals and a GIS M&E manual for University of Pretoria students will broaden familiarity with GIS application.
- Additional tools created with SIFSA support include a PEPFAR partner atlas, standards for facility codes, and roadmaps to unique patient identifiers.

Over the course of Phase III, MEval-SIFSA achievements have created numerous opportunities for learning that can inform future efforts and has contributed some promising practices.

Partnerships:

- Capitalize on resources available through partners (such as venues) and opportunities to collaborate on activities. For example, MEval-SIFSA seized an opportunity to co-facilitate M&E courses with the UP and MEASURE Evaluation.
- Strive to find synergies that help ensure project deliverables are achieved. MomConnect project provided an opportunity to develop the mHealth foundation measures for and may even assist in achieving mHealth project objectives.

Capacity-Building:

- Increase provincial staff awareness of how information systems are operationalized. The development, rollout and assistance with implementation of the DHMIS Policy SOPs generated significant awareness of the requirements of a functional health information system. Since the SOPs were developed for all levels of the health system, and referenced the roles and responsibilities of other levels, each level better understood how their role in health information management contributed to the improvement of the national HIS.

Collaborative Approaches:

- SIFSA has consistently worked through provincial and district management to involve appropriate partners. Strong links of collaboration already exist with partners such as Right to Care, ANOVA, Foundation for Professional Development, Wits Reproductive Health Institute, and Health Information System Program. Partners are involved in cascading training and standardized training, and some have undertaken work plan rationalization with SIFSA to prevent duplication of efforts.
- In uThungulu District, SIFSA developed a district team to create a Vision 2020 and strengthen implicated systems through various technical assistance activities. Through this collaborative team approach, the uThungulu District efforts resulted in enhanced data application. The HIV/AIDS, STI and TB (HAST) Program Manager has since reported increased confidence using data and targets, providing on‐site feedback to lower levels of the health care system, and consulting with low-performing health facilities to jointly identify gaps and agree on remedial action.
- Finally, SIFSA also elected a team-based approach, training DoH staff and IPs on DHIS together at provincial and district level.

MEASURE Evaluation Tanzania AA — Tanzania (2014-2019)

The MEASURE Evaluation-Tanzania AA is the most recently awarded. The overall objectives are to improve systems that monitor and evaluate health and social service programs, while enhancing local capacity to sustain and use the systems created. The project has three core result areas: i) national level data use and M&E systems strengthening; ii) sub‐national level data use and M&E systems strengthening; and iii) improving the evidence base through conducting research and building research capacity. At the time of Phase III close out, there were only six months of implementation.

National level data use and M&E systems strengthening:

- The TZ AA is providing continued support to the Departments of Social Welfare (DSW) in Mainland Tanzania and Zanzibar to develop a M&E plan for most vulnerable children (MVC) programs, mainstream child protection data collection tools and process into the MVC M&E plan and develop training materials for orienting national level stakeholders and building service providers' capacity to implement the M&E plan at the local government authority (LGA) level.

MEASURE Evaluation has worked with partners in Tanzania throughout Phase III, primarily in strengthening the data quality of PEPFAR IPs and supporting M&E strengthening for orphans and vulnerable children. Many results have been achieved and are cited throughout this report. Because of these past successes, and the relationships and strategies advanced by the team, the TZ AA has a strong foundation to build future success.

Chapter 13: Indicator Summary Table

The indicator summary table lays out the PMP indicators for MEASURE Evaluation Phase III (page numbers for specific indicators can be found on the far right-hand side). All results as reported against the PMP are listed for each indicator by year of the Project. The reporting dates for each year are as follows:

Task Order	October 2008 to June 30, 2009
Year 2	July 1, 2009 to June 30, 2010
Year 3	July 1, 2010 to June 30 2011
Year 4	July 1, 2011 to June 30, 2012
Year 5	July 1, 2012 to June 30, 2013
Year 6	July 1, 2013 to June 30, 2014
Year 7	July 1, 2014 to December 31, 2014

Note that the first partial year of Phase III overlapped with the concluding months of the Task Order, which was in effect from August 7, 2007 to March 24, 2009. For purposes of this report, the term Task Order refers to results data that were common or similar under both the Task Order and Phase III and occurred during the first partial year of Phase III.

Indicator Summary Table

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Appendix 1: Growing the Demand for and Use of Data (Results 1 and 6)

Table 1.0: Summary of Data Demand Results Across All Years of Phase III

Increased user demand for quality information, methods, and tools for decision making. (Result 1)									
Result	Indicators		TO	Year 2	Year 3	Year 4	Year 5	Year 6*	Year 7	Total
Result 1: Increased user demand for quality information, methods, and tools for decision making.	1.1	Instances where country organizations or programs request and/or secure non-USAID funding for M&E or HIS staff and/or activities as a result of MEASURE Evaluation activities.	1	2	7	4	8**	12	2	35
	1.2	Number of MEASURE Evaluation core-funded regional training or workshop event participants who are funded by sources other than MEASURE Evaluation.	n/a	91	109	197	147	158	70	772
	1.3	Number of MEASURE Evaluation core-funded regional training or workshop event applicants who secured funding from sources other than MEASURE Evaluation.	n/a	139 (36.1%)	146 (35.1%)	268 (39.4%)	174 (30.9%)	186 (32%)	70 (24.6%)	983 (33.7%)
	1.4	Number of MEASURE Evaluation core funded regional training or workshop applicants.	n/a	385	416	681	564	582	285	2913

* Y6: July 1, 2013-June 30, 2014, Y7: July 1-December 31, 2014.
**Updated data, collected and documented in Y6

Table 1.1: Examples of Increased Demand for Data Y2 – Y7

Instances where country organizations or programs request and/or secure non-USAID funding for M&E or HIS staff and/or activities as a result of MEASURE Evaluation activities. (Indicator 1.1)		
Result	Country	Year
The Guanajuato State Health Department revised its plan and budget for RHIS strengthening based on the PRISM assessment undertaken in January 2010.	Mexico	Year 2
Government of Nigeria uses costed M&E work plan to obtain funding commitments from donors for implementation	Nigeria	Year 2
Costa Rica secures funding from Mesoamerican Health Initiative to conduct OBAT	Costa Rica	Year 3
Regional M&E units are funded by the Cote D'Ivoire Ministry	Cote D'Ivoire	Year 3

Instances where country organizations or programs request and/or secure non-USAID funding for M&E or HIS staff and/or activities as a result of MEASURE Evaluation activities. (Indicator 1.1)		
Result	Country	Year
of Health		
United Kingdom's Department for International Development (DfID) funded data demand and use training	Nigeria	Year 3
Health sector HIV data review meetings, funded by the Nigeria federal government and UNAIDS, are held	Nigeria	Year 3
Funds mobilized from GFATM for institutionalization of data quality assessments for HMIS in Rwanda	Rwanda	Year 3
CDC funding is approved for evaluation of impact and effectiveness of the 2010 WHO guidelines for PMTCT in Rwanda	Rwanda	Year 3
UEMOA and WAHO Agree to Provide Funding for RHIS Training through the Centre Africain d'Etudes Superieures en Gestion (CESAG)	West Africa	Year 3
Ministry of Education funds Internet connections for 10 regional directorates to improve completeness of reporting	Côte d'Ivoire	Year 4
Ministry of Family and Social Affairs secures funding from UNICEF and World Bank to expand participation in national OVC program M&E unit coordination meeting	Côte d'Ivoire	Year 4
M&E unit added by Ministry of Health to the Research and Statistics Department in Kano State, Nigeria	Nigeria	Year 4
NACA pays for RDQA workshop and subsequent RDQA monitoring with GFATM funds	Zimbabwe	Year 4
The MOH in Côte d'Ivoire designated and funded district-level M&E staff	Côte d'Ivoire	Year 5
Findings from MEASURE Evaluation MSM study in El Salvador used by the National AIDS Program as part of the application for funding to Global Fund	El Salvador	Year 5
In Ethiopia, the Regional Health Bureau funded CHIS training in Gadeo zone	Ethiopia	Year 5
Government of Chana requests funds from CDC to fund another "Integrated Biological and Behavioral Survey" after MEASURE Evaluation technical assistance	Ghana	Year 5
The National Commission for Children requested funding from UNICEF to hire a consultant as the OVC M&E specialist to assist in implementing OVC M&E strengthening activities	Rwanda	Year 5
Rwanda Network for People Living with HIV AIDS (RPP+) secured funding from GFATM to continue to support a staff person for M&E systems strengthening	Rwanda	Year 5
Ministry of Health and Family Welfare (MOHFW) increases staffing of Program Monitoring and Management Unity (MMU) to monitor Health, Population and Nutrition Sector (HPNSDP), as a result of the independent Review Teams' (IRT) APR 2012 praise of the TAST/PMMU's performance and recommendation to the GOB to further support its efforts	Bangladesh	Year 5*
District AIDS Coordinator, 2 Gender and Family Planning Officers, and Gender-Based Violence Officer from Kibungo Hospital advocated for funds from the Rwanda Biomedical Center to fund a promotional campaign targeting adult men for volunteer counseling and testing services with sports radio on radio Izuba.	Rwanda	Year 5*

Instances where country organizations or programs request and/or secure non-USAID funding for M&E or HIS staff and/or activities as a result of MEASURE Evaluation activities. (Indicator 1.1)		
Result	Country	Year
CHAS has submitted a M&E plan and costing information to Global Fund as part of its Phase 2 proposal for HIV/AIDS	Asia and the Near East	Year 6
MOHFW hires new staff (consultants) using Joint Donor TA Fund (managed by DfID) to continue/strengthen MEASURE Evaluation's support to PMMU	Bangladesh	Year 6
Global Fund funds population size estimation study of trans-women	Costa Rica	Year 6
FMOH cost-shares printing and transportation of CHIS family folders in SNNPR	Ethiopia	Year 6
CHIS refresher trainings for supervisors were funded by the zonal health department in Gamo Gofa Zone, SNNPR	Ethiopia	Year 6
ACIPH independently carries out and funds PHN Workshop (Feb/March 2013)	Ethiopia	Year 6
Jamaican Ministry of Health provides emergency funding for mobile data collection and reporting for community peer educators reporting on HIV education and outreach in Southern and North East Regions of Jamaica to increase the timeliness and accuracy of reporting	Jamaica	Year 6
University of Pretoria in South Africa uses business development plan exercise to request funds from I-TECH for funding of a Centre for Monitoring and Evaluation at the School of Health Systems and Public Health	South Africa	Year 6
The Guyana National AIDS Programme (NAPS) requested and received funds from the Global Fund, PAHO, and GIZ to support implementation of the semi-annual Biological and Behavioral Surveillance Survey (BBSS) using PLACE methodology	Guyana	Year 6
The Government of Bangladesh funds a portion of the Bangladesh Maternal Mortality Survey 2013 and Urban Health Survey	Bangladesh	Year 6
The Public Health Foundation of India coordinates a regional donor meeting on June 16 and uses their business plan that was developed with assistance from MEASURE Evaluation to secure non-USG funding	India	Year 6
Ikeja Local Government supports monthly data review meetings with Lagos State Ministry of Health and the Lagos State Agency for Control of AIDS in Nigeria	Nigeria	Year 6
Cuidados das Infância submits child protection project proposal to UNICEF	Angola	Year 7
South African National AIDS Council submits successful Global Fund grant proposal for programmatic mapping and size estimation of vulnerable populations thanks to MEASURE Evaluation TA	South Africa	Year 7

1.1a: Selected Results from Indicator 1.1: Instances where country organizations or programs request and/or secure non-USAID funding for M&E or HIS staff and/or activities as a result of MEASURE Evaluation activities.

The Guyana National AIDS Programme (NAPS) requested and received funds from the Global Fund, PAHO, and GIZ to support implementation of the semi-annual Biological and Behavioural Surveillance Survey (BBSS) using PLACE methodology: Non-USG funding was requested by the Guyana National AIDS Programme (NAPS) to support implementation of the 2013 Biological and Behavioural Surveillance Survey (BBSS) in Guyana. The BBSS is a semi-annual HIV behavior, knowledge and attitudes surveillance survey that uses the PLACE methodology. The 2013 Guyana BBSS included two components: (1) a study of HIV-related knowledge and behavior among high-risk, mobile populations involved in the logging and mining industries in Guyana's hinterlands, and (2) a study in the coastal regions to gauge HIV risk behaviors and HIV prevalence at venues where sex workers and men who have sex with men meet new sexual partners. MEASURE Evaluation provided technical assistance to support the BBSS, including assistance with questionnaire and protocol development, training of data collectors, supervisors, and lab technicians, and final data analysis, feedback, and action plan development. However, NAPS was independently responsible for implementing the protocol and conducting fieldwork. In order to do this, NAPS required additional financial support. In November 2013, independent of MEASURE Evaluation, NAPS made requests to, and received funding from, UNAIDS, PAHO/WHO, and the Global Fund, and GIZ PANCAP, or the Pan-Caribbean Partnership Against HIV and AIDS Project. The Ministry of Health and private donors also contributed.

Ikeja Local Government supports monthly data review meetings with Lagos State Ministry of Health and the Lagos State Agency for Control of AIDS in Nigeria: A team consisting of the Ikeja LGA AIDS Action Manager/Health Educator from Ojodu Primary Health Care Centre (PHCC) and the Council Manager of Ikeja LGA attended the MEASURE Evaluation workshop on Data Demand and Use held in August 2011. They learned and practiced routine data analysis skills and discussed how to use data to advocate for improvement in services they provide by getting support of the policy and decision makers as well as program managers. Their plan post-training was to continue identifying gaps in service delivery in their facility and overall area of jurisdiction, and to use data to advocate for political support and creation of an enabling environment for improved service delivery. When the Ikeja LGA AIDS Action Manager/Health Educator returned to her facility after the MEASURE Evaluation workshop, she briefed the PHCC management and they initiated a gap analysis. The Ministry of Health and PHCC management jointly identified inability to regularly hold Lagos Agency for Control of AIDS (LACA) data review meetings at recommended times (due to lack of funding) as an issue. The forum was seen as a potential opportunity to gather together all facility persons to discuss data findings and implementation challenges. Because this forum would provide a space to share lessons learnt and best practices (which other facilities could use to address similar problems), the team decided to seek support to ensure continuity of the LACA meeting. In an April 2014 meeting with the Ikeja Local Government Chairman, the team presented PHCC data, focusing on data related to pregnant women. Data on pregnant women and HIV testing and status proved especially compelling. The data convinced the Ikeja Local Government Chairman to offer, on behalf of the Ikeja Local Government, an imprest of N20,000 to support LACA meetings. This funding allows the PHCC and MOH to resume LACA data review meetings and continue information-exchange. This request for funds was prompted by the initial MEASURE Evaluation training but completed independent of the project.

University of Pretoria in South Africa Uses Business Development Plan exercise to request funds from I-TECH for funding of a Centre for Monitoring and Evaluation at the School of Health Systems and

Public Health: As part of a capacity-building exercise led by MEASURE Evaluation, the University of Pretoria School of Health Systems and Public Health (SHSPH) developed a business plan to request funds from the International Training and Education Center for Health (I-TECH) to support a creation a Centre for M&E at the University of Pretoria. SHSPH is an important partner of MEASURE Evaluation, currently offering a Master's Degree in Public Health in collaboration with the project. To better inform development of the business plan, SHSPA conducted an assessment of current activities. The assessment team paid particular attention to the prevailing needs of student and practitioner markets. The assessment aimed to ensure that the business plan would address target clients' perceived needs as well as the collective expertise and competencies of M&E Unit staff. The assessment findings led to recommendations that the Centre for M&E have three core offerings: 1) a concentration in M&E for students enrolled in the SHSPH; 2) short-courses in M&E for working professionals; and 3) world-class consulting services in M&E system design and implementation, mid-term and impact evaluations, and capacity building in the application of proven M&E tools and practices to institutionalize M&E in host organizations and institutions. Over the course MEASURE Evaluation exercise, SHSPH identified all necessary components of the envisioned Centre and incorporated them into one cohesive and persuasive proposal. The resulting business plan proposes a strategic and articulate response to these needs. Following completion of the exercise with MEASURE Evaluation, SHSPH decided to formalize and finalize the business plan, submitting the document to I-TECH.

The Public Health Foundation of India coordinates a regional donor meeting on June 16 and uses their business plan that was developed with assistance from MEASURE Evaluation to secure non-USG funding: The Public Health Foundation of India (PHFI) was launched as a private partnership in 2006 to redress the limited institutional capacity in India for strengthening training, research and policy development. In 2008 PHFI was able to establish a strategically positioned Training Division with the goal of meeting the short-term training needs of public health practitioners and professionals of the health sector. Following successful management, technical and leadership competencies, the Training Division decided to establish a Regional Centre of Reference for Public Health M&E in Southeast Asia. PHFI requested MEASURE Evaluation's support in developing a business plan. MEASURE Evaluation supported PHFI in identifying the principal components of the business plan and communicating the strategic goal of the proposed center. PHFI finalized the plan, entitled "Business Plan for the Creation of a Regional Centre of Reference for Public Health M&E in Southeast Asia." In addition, the proposed Design and Implementation Team includes professionals that have received training from MEASURE Evaluation. PHFI next coordinated a regional donor meeting on June 16, 2014, to advocate for the business plan. Stakeholders invited to the regional meeting includes representatives from organizations like USAID, Ministry of Health and Population, DFID, World Bank, MEASURE Evaluation, UNICEF, PATH, WHO, FHI, MSH, UNDP, Futures Group, JHPIEG, GIZ etc. from regional countries like Nepal, Bangladesh and Afghanistan. After pitching the plan, PHFI successfully were able to secured non-USG funding the creation of the center. Jamaican Ministry of Health provides emergency funding for mobile data collection and reporting for community peer educators reporting on HIV education and outreach in Southern and North East Regions of Jamaica to increase the timeliness and accuracy of reporting

Jamaican Ministry of Health provides emergency funding for mobile data collection and reporting for community peer educators reporting on HIV education and outreach in Southern and North East Regions of Jamaica to increase the timeliness and accuracy of reporting: In June 2014, the Southern Region health department requested emergency funding from the national-level Ministry of Health to ensure uninterrupted data service to a key mHealth platform. The mHealth platform was originally developed and piloted by MEASURE Evaluation to overcome data collection issues with availability, accuracy and timeliness of data. CPEs began collecting data in April of 2013. The pilot assessment found

that the mHealth intervention improved the availability, timeliness, and accuracy of data collected by community peer educators (CPEs). The Regional Behavior Change and Communication Officer (BCC Officer) of the Southern Region has assumed responsibility for the platform's continued operations. She oversees all regional community peer educators, who use the platform to conduct monitoring and evaluation of community HIV/AID interventions piloted by MEASURE Evaluation. The platform is also used by CPEs based in the North East Region. Uninterrupted continuance of the data plan, provided by mobile network operator Digicel, is critical for the data integrity of Magpi reports. In June 2014, the Regional BCC Officer requested emergency funding from the national MoH office to continue the data plan. The national office agreed to provide this funding.

Cuidados das Infância submits child protection project proposal to UNICEF: Cuidados das Infância (CI) is a local NGO based in Angola's Viana Municipality of Luanda that focuses on child protection and HIV/AIDS prevention. The organization's principal activities include radio programs advocating for child protection. With the support of MEASURE Evaluation and Africare Angola over the course of a capacity-building workshop and subsequent mentoring, CI developed an M&E plan for inclusion in a proposal submitted to UNICEF. A team consisting of CI's Executive Director, project coordinator and advisor participated in the M&E/Data Demand and Use training workshop in August 2014. After training, CI's main objective was to apply newly learned skills in building a strong project proposal for funding. CI developed the proposal for a project entitled, "Linha SOS - Denúncia de Violência contra Crianças" (SOS Line – Reporting Violence against Children). The included M&E plan demonstrated the successful application of M&E skills acquired during the workshop. UNICEF ultimately chose to fund the project, with roughly $185,000 allocated over 18 months. CI's Executive Director shared the following about his organization's collaboration with MEASURE Evaluation: "The way we design our project proposals has changed due to the knowledge we gained on M&E. The training and follow-up visits have clarified our vision on the selection of project indicators and provided an in-depth knowledge on the means of verification of project activities and data collection systems. We hope to continue to receive this kind of support in the future."

Tables 1.2-1.4:   Demand for Regional Trainings Y2-Y7

Table 1.2:	Number of MEASURE Evaluation core-funded regional training or workshop event participants who are funded by sources other than MEASURE Evaluation. (Indicator 1.2)						
		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7*	Total
		91	109	197	147	158	70	772
Table 1.3:	Number and percent of MEASURE Evaluation core-funded regional training or workshop event applicants who secured funding from sources other than MEASURE Evaluation. (Indicator 1.3)						
		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7*	Total
		139 (36.1%)	146 (35.1%)	268 (39.4%)	174 (30.9%)	186 (32%)	70 (24.6%)	983 (33.7%)
Table 1.4:	Number of MEASURE Evaluation core funded regional training or workshop applicants. (Indicator 1.4)						
		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7*	Total
		385	416	681	564	582	285	2,913

* Year 7 refers to the period from July 1, 2014, to December 31, 2014.

Result 6

Table 6.0: Summary of Data Use Results across All Years of Phase III

Increased facilitation of use of health, population and nutrition data. (Result 6)									
Result	Indicators	End of Task Order	Year 2	Year 3	Year 4	Year 5	Year 6*	Year 7*	Total
Result 6: Increased facilitation of use of health, population and nutrition data.	6.1 Documented instances in which information is used as a result of MEASURE Evaluation activities in decision making in: (1) programs (including design/improvement, management, planning and resource allocation); (2) policy (development and implementation); or (3) advocacy.	3	2	8**	6	11**	11	4	45
	6.2 Instances of the implementation of a finalized MEASURE Evaluation tool, strategy or curriculum developed to facilitate the use of data.	5	28**	32**	63	81**	34	0	238
	6.3 Instances of MEASURE Evaluation tools, strategies or curricula designed to facilitate the use of data piloted or developed for a specific application.	n/a	1	7	7	17	5	1	38

* Y6: July 1, 2013-June 30, 2014, Y7: July 1-December 31, 2014.
**Updated data, collected and documented in Y6

Table 6.1: Examples of the use of data for decision making Y2-Y7

Documented instances in which information is used as a result of MEASURE Evaluation activities in decision-making in: (1) programs - including design/improvement, management, planning and resource allocation; (2) policy - development and implementation; or (3) advocacy. (Indicator 6.1)		
Result	Country	Year
Rwanda CNLS uses men-who-have-sex with men (MSM) study findings application funds to support health programs for MSM	Rwanda	Year 2
Rwandan Parliament uses findings from Study Exploring HIV Risk among MSM in Kigali to inform efforts to reform penal codes against homosexuality in Rwanda	Rwanda	Year 2
Analysis of situation and response to HIV/AIDS used in national HIV/AIDS planning	Belize	Year 3
MCH outcomes gathered during LQAS, used by APHIA Plus for annual operations planning	Kenya	Year 3
Data from OVC secondary analysis used in supporting the Ministry develop new National Plan of Action for OVC in Nigeria	Nigeria	Year 3*
Male circumcision programs are scaled up using results from application of the Decision Makers Program Planning Tool	Rwanda	Year 3
Community-based HIV M&E system data are used to inform a district-level strategic and operational plan	Rwanda	Year 3
Triangulation study helps identify priority groups for prevention activities for 2010-2015	Rwanda	Year 3
Results from Linkages and Referral study inform design of essential health care package and national referral system	Swaziland	Year 3
Findings from PLACE study used to develop and evaluate OVS programs	Zimbabwe	Year 3
Findings from data triangulation exercise with HIV stakeholders used as the foundation for national HIV strategic plan in Côte d'Ivoire	Côte d'Ivoire	Year 4
PRISM Findings Used to Change Performance Review Procedures	Ethiopia	Year 4
MARPS survey findings lead to increased outreach testing and additional counselors trained	Jamaica	Year 4
PRODESS evaluation report findings used in the development of the National 10 Year Plan for Health and Social Development	Mali	Year 4
Data used to inform National PMTCT Plan	Nigeria	Year 4
Modeling and survey data used to inform national M&E targets	Nigeria	Year 4
In Bangladesh, MEASURE Evaluation's Annual Program Implementation Report findings led to changes in the way coordination took place within the Ministry of Health and Family Welfare's HPNSDP	Bangladesh	Year 5
MEASURE Evaluation supported the use of data for program improvement at the health regional level in Côte d'Ivoire through data review meetings	Côte d'Ivoire	Year 5
Findings from MSM study are used to create MARP-friendly programs in El Salvador	El Salvador	Year 5
Findings from the secondary analysis of DHS data were used in Guatemala by	Guatemala	Year 5

Documented instances in which information is used as a result of MEASURE Evaluation activities in decision-making in: (1) programs - including design/improvement, management, planning and resource allocation; (2) policy - development and implementation; or (3) advocacy. (Indicator 6.1)		
Result	Country	Year
the National Commission Against Racism Against Indigenous People to advocate for changes to the way ethnicity is reported in surveys		
One hundred fifty OVC guardians were reached with PSS and HIV education through educational materials after a data review process conducted by PACT Lesotho's sub-grantee, Lesotho Inter-Religious AIDS Consortium, revealed that services were not being provided to eligible adults in vulnerable households	Lesotho	Year 5
Forty children were reached with a complete package of services after a data review process conducted by Pact Lesotho's sub-grantee, Lesotho Inter-Religious AIDS Consortium, revealed that only psycho-social services were being provided to OVC in their program	Lesotho	Year 5
FHI 360 used the findings of MEASURE Evaluation's secondary analysis of HIV data in Mozambique to redesign a mHealth intervention	Mozambique	Year 5
The Epidemic Preparedness Response (EPR) rapid assessment guided EPR country programming and assisted PMI resource allocation for malaria EPR in Kenya.	Kenya	Year 5*
Instances of data use as a result of the malaria DDU workshops in Mali	Mali	Year 5*
District Health Director, Gender and Family Promotion Officer, District Health Community Supervisor, and Data Manager attend Regional Forum on the Use of HIV Data for Gender-aware, district level programming and use skills to implement data use campaign	Rwanda	Year 5*
District AIDS Coordinator and Technical Assistant attend Regional Forum on the Use of HIV Data for Gender-aware, district level programming and address the lower proportion of men compared to women patients currently on ARVs	Rwanda	Year 5*
Findings from PRISM used by Burundi's Ministry of Health to develop an action plan.	Burundi	Year 6
Program Monitoring and Management Unit (PMMU) has systematic and regular monitoring procedures in place and performance reports are produced and used by the Ministry of Health and Welfare (MOHFW) for improved program management and decision-making	Bangladesh	Year 6
Recommendations from the "Bangladesh Smiling Sun Franchise Program Impact Evaluation Report" used to inform HNDP's program management plan (PMP) for second round of Smiling Sun Franchise Program	Bangladesh	Year 6
Secondary data analysis of 2005 AIS survey and of the 2012 DHS	Cote D'Ivoire	Year 6
Director of M&E Unit for MOH Jamaica uses MEASURE Evaluation recommendations from baseline RDQA findings to standardized guidelines, update indicators, and upgrade data collection tools	Jamaica	Year 6
Determinants to Data Use Constraints in Central and Eastern Kenya: Findings from a DDU Assessment	Kenya	Year 6
Pact Worldwide and Lesotho Inter-Religious AIDS Consortium use the Framework for Linking Data with Action to uncover service delivery gaps and	Lesotho	Year 6

Documented instances in which information is used as a result of MEASURE Evaluation activities in decision-making in: (1) programs - including design/improvement, management, planning and resource allocation; (2) policy - development and implementation; or (3) advocacy. (Indicator 6.1)		
Result	Country	Year
improve services by supporting caregiver updates to overcome service delivery gaps		
Director General in charge of the Murtala Mohammed Specialist Hospital in Kano State uses service delivery data to re-allocate staff time to improve access to and use of PMTCT ANC services	Nigeria	Year 6
Findings from 12 Components Assessment used to develop NOP-II	Nigeria	Year 6
R2P and Project SEARCH building off MEASURE Evaluation's Iringa Mapping work in Tanzania	Tanzania	Year 6
The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Zimbabwe has successfully documented and integrated the use of data in decision-making and evidence-based program management, using MEASURE Evaluation's Constraints to Using Data for Decision Making Tool	Zimbabwe	Year 6
Cuidados das Infancia revises "JANGO Juvenil" project using PLACE-Luanda survey information developed by MEASURE Evaluation	Angola	Year 7
Implementation of MIS forms revised under RHIS project are being used for monitoring respective projects in all sub-districts of Netrokona (by JICA), Bandarban and Cox's Bazar (by UNICEF), 1 sub-district in Dinajpur (by Plan International), and 1 sub-district in Satkhira (by CARE Bangladesh)	Bangladesh	Year 7
USAID/Bangladesh is using the policy brief developed from endline evaluation of Mayer Hashi project findings to inform long-acting and permanent contraceptive method (LAPM) programming	Bangladesh	Year 7
The Democratic Republic of Congo's Ministry of Public Health wrote "The Annual Report of Control Activities Against Malaria 2013" using results from the M&E system implemented by MEASURE Evaluation	Democratic Republic of Congo	Year 7

Result 6.1.a

6.1: Documented instances in which information is used as a result of MEASURE Evaluation activities in decision making in: (1) programs (including design/improvement, management, planning and resource allocation); (2) policy (development and implementation); or (3) advocacy.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in <u>Zimbabwe</u> has successfully documented and integrated the use of data in decision-making and evidence-based program management, using MEASURE Evaluation's Constraints to Using Data for Decision Making tool: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Zimbabwe has successfully documented and integrated the use of data in decision-making and evidence-based program management. Through their data use plan, based on MEASURE Evaluation's Constraints to Using Data for Decision Making and the Framework for Linking Data to Action, the Zimbabwe team identified constraints to data use and existing areas weak in M&E. Both technical and managerial staff came together to propose solutions and steps involved along a project timeline. One example of a constraint to using data that the team addressed was low data analysis and use capacity among technical officers. To solve this constraint, the team decided to have technical officers participate in the data analysis and co-present at Evidence-Based Program Review Meetings (EBPR). As a result of their participation, the EBPR meetings continually expand beyond routine M&E reviews to cover evaluations, surveys, and other program areas. To effectively link data to action, the Zimbabwe team also selected key questions and indicators to identify gaps in the health care system. They further created a data use module of Program Management Indicators that District Focal Persons utilize to ensure service delivery to PMTCT clients.

R2P and Project SEARCH building off MEASURE Evaluation's Iringa Mapping work in <u>Tanzania</u>: Research to Prevention (R2P) and USAID's Project Search produced the report "Strategic Assessment to Define a Comprehensive Response to HIV in Iringa, Tanzania," in September 2013. The report draws on a 2011 mapping assessment of Iringa conducted by MEASURE Evaluation. This assessment mapped health care facilities in the Iringa region, together with their catchment areas. When R2P and Project Search undertook plans to develop a comprehensive inventory of existing HIV prevention services and interventions in the Iringa region, staff first referenced the MEASURE Evaluation assessment report and next supplemented those findings with additional visits to health facilities. Using the GPS data gathered by MEASURE and lists of facilities from district and regional officials, R2P and Project search representatives visited 141 facilities in targeted clusters within the Iringa region. Targeted clusters were geographically distinct areas that were defined as intervention and control areas for a potential future cluster-randomized trial of combination HIV prevention. Clusters were defined based on population, health clinic catchment area, community separators (geographic and political boundaries) and community unifiers (schools, markets, churches, roads/paths) and were located within 1.5 hours driving time of Iringa town. Twenty-four clusters were identified based on sample size calculations for the proposed study. R2P and Project Search then marked the GPS coordinates of each facility, questioned health facility staff about the villages served by each individual facility and checked patient registers. Through these activities, R2P and Project Search were able to further characterize and refine the catchment areas originally identified by MEASURE.

Recommendations from the "<u>Bangladesh</u> Smiling Sun Franchise Program Impact Evaluation Report" used to inform second round of HNDP's program plan for second round of Smiling Sun Franchise Program: The impact evaluation report prepared by MEASURE Evaluation informed the second round of HNSDP's Bangladesh Smiling Sun Franchise Program (BSSFP). The program's overall objectives were to

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increase the use of family planning, maternal, child, and other basic health services in areas served by BSSFP, with an emphasis on serving the poor and improving the sustainability of local NGOs. The program was developed at a time when funding for USAID/Bangladesh was expected to decline drastically. Thus, improving financial sustainability of local NGOs within a four-year period was a major emphasis of the program. To meet the desired outcomes, BSSFP had four objectives: (1) develop a franchise model; (2) recover 70 percent of operational costs by the end of the project; (3) increase and expand quality service volume; and (4) ensure that 30 percent of all health services provided were targeted towards the poor unable or only partially able to pay. The impact evaluation conducted by MEASURE Evaluation assessed the impact of the BSSFP on increasing use of selected Family Planning, Maternal and Child Health (FP-MCH) services. The results were based on the comparative analysis of a baseline survey conducted in 2008, soon after the program's initiation, and an endline survey conducted in2011. The objective of this evaluation was to assess whether BSSFP increased the use rate of FP-MCH services at least to a level achieved in comparable areas w health services are provided by the government and/or other NGO partners. The impact evaluation identified several recommendations, including:

- Evaluate the price levels and structure in order to make it more responsive to community needs
- Explore cost containment approaches to improve NGO program sustainability
- Assess community perception of BSSFP as a health service source for the poor
- Examine why use of ANC and BSSFP's market share in providing ANC have declined and develop appropriate strategies to improve ANC coverage

These recommendations subsequently informed the second round of the BSSFP.

Pact Worldwide and Lesotho Inter-Religious AIDS Consortium use the Framework for Linking Data with Action to uncover service delivery gaps and improve services by supporting caregiver updates to overcome service delivery gaps: MEASURE Evaluation worked with Pact Worldwide and the Lesotho Inter-Religious AIDS Consortium (LIRAC), a local NGO delivering OVC and other community-level HIV support services, to improve the use of data in programming. The project document, "Framework for Linking Data with Action," was introduced to LIRAC to facilitate tracking programmatic findings that resulted from the data review as part of an effort to institutionalize the data demand and use intervention into service delivery operations. The tool was used to monitor the process of investigating findings and to note when program activities were altered to address findings from the original analysis. Based on the use of the Framework, LIRAC discovered that volunteers providing OVC services were only providing services to children and were not providing relevant services to eligible adults within OVC households. Family members and other eligible guardians were not provided services such as nutrition counseling, child protection, and psychosocial services. Based on this finding, LIRAC supported its four affiliates to sensitize caregivers on how to provide services to eligible adults. As a result, a total of 150 guardians were reached with PSS and HIV education through information, education, and communication materials and educational HIV movies. These activities opened platforms for dialogue between guardians and caregivers. LIRAC also discovered that most services delivered to OVC were psychosocial services. They were not receiving the other services included in the comprehensive care package. In response to these findings, LIRAC worked with volunteers to build their skills to provide these services. Forty children were served and health care and child protection indicators had increased from 5% to 15% and 3% to 10%, respectively.

Director General in charge of the Murtala Mohammed Specialist Hospital in Kano State, <u>Nigeria,</u> uses service delivery data to re-allocate staff time to improve access to and use of PMTCT ANC services: The Murtala Mohammed Specialist Hospital in Kano State normally has the highest ANC attendance in Sub-Saharan Africa because it provides free maternity services, including surgery and HIV/AIDS counseling and testing services for patients referred from other PMTCT facilities. However, Director General Dr. Saadatu Saidu and Deputy Director of Public Health and Disease Control Dr. Ahiru Rajab, both with the Kano State Agency for the Control of AIDS (KSACA), discovered that hospital attendance was slipping. Both the Director General and the Deputy Director had previously attended a data demand and use (DDU) training hosted by MEASURE Evaluation in August 2011. The two KSACA officials applied their DDU knowledge and skills in a data review of attendance at Murtala Mohammad Specialist Hospital. It was then that they discovered that ANC at Murtala attendance had fallen below that of two smaller hospitals, Nuhu Bamali Women and Children's Hospital and Kura Hospital. The Director General and the Deputy Director continued to investigate these initial findings, receiving ongoing support through the MEASURE State M&E Technical Advisor throughout the process. After further investigation, the KSACA officials found that Murtala's PMTCT staff focal person had been transferred to another facility but not replace by a new staff member. While the Deputy Director led the data review and follow-up investigation, the Director General headed discussions with the hospital management team to identify potential solutions. Ultimately, the team opted to split the PMTCT focal person's time between the hospital and the new facility assignment, with Murtala receiving two days per week.

Cuidados das Infância revises "JANGO Juvenil" project using PLACE-Luanda survey information developed by MEASURE Evaluation: Cuidados das Infância (CI), a local NGO based in Angola's Viana Municipality of Luanda, contributes to the creation of a favorable environment for the growth and development of children, adolescents and youth. CI in the past has implemented a project called JANGO Juvenil (JJ). JJ creates an informative space in which youths have free access to information and condoms and provides recreational and sporting activities with the aim to diminish juvenile delinquency. An M&E workshop led by MEASURE Evaluation and Africare Angola provided an opportunity for CI staff to review data gained through the Priority for Local AIDS Control Efforts (PLACE) – Luanda study methodology and use this information to inform revisions to the JJ project leading up to a new proposal submission. A team consisting of the Executive Director, project coordinator and advisor participated in the M&E/Data Demand and Use training workshop in August 2014. The CI representatives learned to define M&E and develop related component (such as results and logical frameworks). After training, CI's main objective was to apply newly learned skills in building a strong project proposal for funding. Three coaching visits supported the CI team's efforts after the workshops, with a view toward using newly acquired data to strengthen the JJ intervention. During the first visit workshop content was reviewed, and recommendations for an M&E plan for a new proposal were provided. During the second coaching session potential indicators to track during the implementation of this project were discussed. The team requested further support in developing an indicator table and an outline of an Excel database to track indicators over time. During the third visit, the CI team completed a final review of their work with MEASURE Evaluation and Africare Angola. The new JJ plan was thus heavily informed by the PLACE-Luanda survey. CI plans to distribute 80,000 condoms in the community, targeting specific locations like inns, hotels, restaurants, snack bars and night clubs.

Table 6.2: Implementations of Data Demand and Use Tools, Strategies or Curricula Y2-Y7

Instances of the implementation of a finalized MEASURE Evaluation tool, strategy, or curriculum developed to facilitate the use of data. (Indicator 6.2)			
Application	Instances	Country	Year
Seven Steps Guide			
Training of trainers with Family Guidance Association of Ethiopia	1	Ethiopia	Year 4
U.S. Centers for Disease Control and Prevention Ukraine Project M&E and data use workshop	1	Ukraine	Year 4
DDU training for central level HIV stakeholders (August 2011)	1	Honduras	Year 4
DDU training for central level maternal and child health (MCH)/family planning(FP)/health system reform (HSR) stakeholders	1	Honduras	Year 4
DDU training of trainers at central level	1	Honduras	Year 4
DDU regional training for priority HIV/FP/MCH stakeholders April 2012	1	Honduras	Year 4
DDU regional training for priority HIV/FP/MCH stakeholders May 2012	1	Honduras	Year 4
Centre d'Etudes Supérieures en Administration et Gestion (CESAG) adapted and incorporated *Seven Steps Guide* into RHIS regional training	1	Senegal	Year 4
TB Cares eForum	1	Global	Year 4
DDU Coaching Workshop For Kano State Teams	1	Nigeria	Year 5
Family Guidance Association of Ethiopia (FGAE) DDU Coaching Visit	7	Ethiopia	Year 5
CRS Ghana DDU Coaching Visit	3	Ghana	Year 5
DDU training in Guyana	1	Guyana	Year 5
DDU Workshop for local HIV/AIDS NGOs	1	Dominican Republic	Year 5*
Iringa GIS Workshop (Iringa Urban Municipality, Iringa Rural, Kilolo, Makete, Mufindi, Ludewa, Njombe, Njombe Town)	8	Tanzania	Year 5*
Part of piloting process for M&E in Health Programs and Services at OAU	1	Nigeria	Year 6
Assessment of Constraints to Data Use			
Piloted in Uganda at five health facilities.	5	Uganda	Year 2
Implemented in Uganda at four health facilities.	4	Uganda	Year 2
Adopted by Elizabeth Glaser Pediatric Aids Foundation	1	Global	Year 3
2 unconfirmed instances of implementation of the Assessment of Constraints to Data Use identified through follow-up surveys	2	Global	Year 3
DDU Virtual Learning Development Program team exercise	10	Bolivia, South Africa, Ethiopia, Vietnam, Kenya, Mozambique, Ghana, and Botswana	Year 4
State-level DDU trainings in Lagos, Kano and Anambra	5	Nigeria	Year 4
DDU assessment with FGAE headquarters and two program sites	3	Ethiopia	Year 4
DDU training for trainers of trainers	4	Cote d'Ivoire	Year 4
DDU training in Guyana	4	Guyana	Year 5
Côte d'Ivoire	1	Côte d'Ivoire	Year 5
DDU assessment with PACT Lesotho	5	Lesotho	Year 5
DDU Assessment for Reproductive Health Data	1	Kenya	Year 5
DDU Assessment by University of Malawi College of Medicine	1	Malawi	Year 6
DDU Assessment of data use constraints at one of the National Telehealth Center (UPM NTHC) implementation sites in an urban area encompassing 9	10	Philippines	Year 6

primary care centers and 1 lying-in clinic

Framework for Linking Data with Action			
Implemented in two districts in Lagunes, Cote d'Ivoire, in December 2009	2	Cote d'Ivoire	Year 2
Used as part of the M&E operation plan workshops for TMARC and TACARE organizations in Tanzania to guide development of M&E plans	1	Tanzania	Year 2
Used as part of two workshops held Nigeria (Lagos and Kaduna) to promote data use in their state or IP organization	14	Nigeria	Year 2
Adapted version used by national and local policymakers and program implementers in Nigeria to develop research questions for a secondary analysis of the national OVC situation analysis	1	Nigeria	Year 2
8 unconfirmed instances of implementation of the Framework for Linking Data with Action identified through follow-up surveys	8	Global	Year 3
Framework for Linking Data with Action, Assessment of Constraints to Data Use and the Information Flow Map in Cote d'Ivoire	1	Cote d'Ivoire	Year 3
Adopted by Elizabeth Glaser Pediatric Aids Foundation	1	Global	Year 3
The Targeted States High Impact Project uses framework to prioritize actions from findings of a contraception study	1	Nigeria	Year 4
Health Policy Project uses framework with OVC groups	1	Cote d'Ivoire	Year 4
DDU and geographic information systems (GIS) workshop for national OVC programs	3	Uganda, Tanzania, Ethiopia	Year 4
State-level DDU trainings in Lagos, Kano, and Anambra	3	Nigeria	Year 4
DDU training for trainers of trainers	4	Cote d'Ivoire	Year 4
DDU training in Guyana	4	Guyana	Year 5
GIS and Data Demand and Use training in Tanzania	8	Tanzania	Year 5
April 2013 Lagos State M&E Meeting	1	Nigeria	Year 5
Kano State DDU Coaching Session March 2013	3	Nigeria	Year 5
FGAE DDU Coaching Visit	7	Ethiopia	Year 5
DDU assessment with PACT Lesotho	5	Lesotho	Year 5
PACT Lesotho sub-grantee NGOs	2	Lesotho	Year 5
EGPAF Data Use Training in June 2013 in Hyderabad, India	4	India	Year 5
Linking Data with Action completed in 6 districts after Data Use Summit	6	Cote D'Ivoire	Year 6
Linking Data with Action implemented by University of Malawi College of Medicine	1	Malawi	Year 6
Linking Data with Action completed by Anambra training participants	4	Nigeria	Year 6
Linking Data to Action Tool implemented in Zambia	1	Zambia	Year 6
Information Use Map			
Used by TMARC in Tanzania as part of the M&E operation plan workshop to guide development of M&E plan	1	Tanzania	Year 2
Two (2) implementations of the information use map used by 14 teams as part of two workshops held Nigeria (Lagos and Kaduna) to promote data use in their state or IP organization	2	Nigeria	Year 2
Two (2) unconfirmed instances of implementations of the Information Use Map identified through follow-up surveys	2	Global	Year 3
Used during data demand and use assessment with Catholic Relief Services (CRS) at headquarters and two projects	2	Ghana	Year 4
State-level DDU trainings in Lagos, Kano and Anambra	4	Nigeria	Year 4
DDU assessment with FGAE headquarters and two program sites	2	Ethiopia	Year 4
DDU assessment with PACT Lesotho	5	Lesotho	Year 5
DDU training in Guyana	4	Guyana	Year 5
Thailand DDU Training June 2013	2	Thailand	Year 5
Implementation of Information use map at one of the National Telehealth	10	Philippines	Year 6

Center (UPM NTHC) implementation sites in an urban area encompassing 9 primary care centers and 1 lying-in clinic			
Data Demand and Use Concepts and Tools: A Training Tool Kit			
PEPFAR requested training of implementing partners	1	Cote d'Ivoire	Year 4
DDU and GIS workshop for national OVC programs	1	Uganda, Tanzania, Ethiopia	Year 4
State-level DDU trainings in Lagos, Kano, and Anambra	3	Nigeria	Year 4
Four (4) DDU training for trainers of trainers	4	Cote d'Ivoire	Year 4
Thailand DDU Training June 2013	1	Thailand	Year 5
DDU assessment with PACT Lesotho	1	Lesotho	Year 5
EGPAF Data Use Training in June 2013 in Hyderabad, India	1	India	Year 5
Integrating Data Demand and Use into a Monitoring and Evaluation Training Course: A Training Tool Kit			
One (1) implementation of the Data Demand and Use Integration Tool Kit	1	Global	Year 3
Addis Continental Institute of Public Health PHN Workshop (January 2012)	1	Ethiopia	Year 4
Addis Continental Institute of Public Health TOT Workshop (August 2011)	1	Ethiopia	Year 4
Stake Holder Analysis Matrix			
Applied by the Targeted States High Impact Project (TSHIP) in Nigeria during its initial stakeholder assessment in the states of Bauchi and Sokoto; to be included in the *Report of the Rapid Policy Assessment in Bauchi State, Nigeria*.	1	Nigeria	Year 2
Five (5) unconfirmed instances of implementations of Stakeholder Analysis Matrix/Engagement Tool identified through follow-up surveys	5	Global	Year 3
One (1) confirmed implementation of the Stakeholder Analysis Matrix/Engagement tool (with additional 5 unconfirmed instances identified through follow up surveys)	6	Global	Year 3
Implementation of Stakeholder engagement tools at one of the National Telehealth Center (UPM NTHC) implementation sites in an urban area encompassing 9 primary care centers and 1 lying-in clinic	10	Philippines	Year 6
Conducting High Impact Research Training Tool Kit			
National AIDS Control Association	1	Nigeria	Year 4
ABU Implements High Impact Research Principles	1	Nigeria	Year 5*
Others			
PRISM approach used to develop a plan to promote the use of HMIS information for health planning, management and decision making	1	Ethiopia	Year 3
Decision Calendar implemented in Kenya	1	Kenya	Year 3

**Documented in Year 6

Table 6.3: Development and Pilot testing of new Data Demand and Use Tools, Strategies, or Curricula Y2-Y7

Instances of MEASURE Evaluation tools, strategies, or curriculum designed to facilitate the use of data piloted or finalized for general use. (Indicator 6.3)		
Instance	Country or Region	Year
MEASURE Evaluation Global Tools Piloted or Finalized		
Data Use for Program Managers: An eLearning course	Global	Year 3
Introduction to Basic Data Analysis and Interpretation for Health Programs: A Training Tool Kit	Global	Year 3
Using Data to Improve Service Delivery: A Training Tool Kit for Pre-service Nursing Education	Global	Year 3
Integrating Data Demand and Use into a Monitoring and Evaluation Training Course: A Training Tool Kit	Global	Year 3
Data Demand and Use Concepts and Tools: A Training Tool Kit	Global	Year 3
High Impact Research Training Tool Kit	Global	Year 4
Data Demand and Use: Concepts and Tools (online course)	Global	Year 4
Data Demand and Use and Leadership: A Training Tool Kit (pilot)	Global	Year 4
Building Leadership for Data Demand and Use: A Training Tool Kit (and Facilitator's Guide)	Global	Year 5
Complementing Routine Data with Qualitative Data: Understanding 'The Why' Behind Program Data (pilot)	Global	Year 5
Country or Organization Specific Strategies to Promote Data Use		
District level data use brochures to present pertinent HIV program information directly to district-level decision-makers	Rwanda	Year 2
Health Sector HIV Data Review Meeting	Nigeria	Year 3
Data Management Procedures and Data Quality Protocol	Côte d'Ivoire	Year 3
Decision Support System included in the national HMIS to promote data use	Ethiopia	Year 4
Decision Support Tool (dashboard) developed in and for Asia region	Asia	Year 4
Malaria data district dashboards developed to improve the availability of data for decision making	Kenya	Year 4
Feedback bulletin promotes data use	Côte d'Ivoire	Year 4
BOFWA Maun in Botswana designated a data officer and has begun planning with available data as a result of an action plan created during Virtual Leadership Development Program (VLDP) for DDU participation	Botswana	Year 5
Data use concepts and skills were introduced in core curricula for both in-service and pre-service training institutions in Côte d'Ivoire	Côte d'Ivoire	Year 5

Instances of MEASURE Evaluation tools, strategies, or curriculum designed to facilitate the use of data piloted or finalized for general use. (Indicator 6.3)		
Instance	Country or Region	Year
Regional health director in Côte d'Ivoire decides to have health districts conduct quarterly coordination meetings to discuss health data as a result of MEASURE Evaluation PRISM findings about limited data use.	Côte d'Ivoire	Year 5
HMIS Information Use Guide and Training Manual developed in Ethiopia	Ethiopia	Year 5
Packard Foundation funded FGAE independently created the first draft of their indicator definition guideline and modified data capturing tools as a result of data demand and use assessment, and in support of data use within the organization	Ethiopia	Year 5
National Catholic Health Services in Ghana improved data quality in order to promote the use of data after creating a data use action plan in the VLDP for DDU	Ghana	Year 5
Elizabeth Glaser Pediatric AIDS Foundation finalized a data use guidance document as part of their organizational M&E guidance	Global	Year 5
PACT Worldwide incorporated DDU principles in internal guidance to improve organizational data use	Global	Year 5
The Rafiki wa Maendeleo Trust in Kenya has improved data reporting and presentation as part of implementing a data use action plan during the VLDP for DDU	Kenya	Year 5
PACT Lesotho institutes program wide data review meetings as a result of MEASURE Evaluation's data demand and use assessment and mentoring	Lesotho	Year 5
Ahmadu Bello University adapted the MEASURE Evaluation Using Data to Improve Service Delivery: A Training Tool Kit for its Pre-service Nursing Education	Nigeria	Year 5
Nigeria NACA applies High Impact Research principles in Operations Research activity.	Nigeria	Year 5
Investigators of HBC/OVC care integration evaluation use the High Impact Research methods to ensure that the findings of the study are used to improve the guidelines for HBC in TZ	Tanzania	Year 5
The STAR-EC Program in Uganda was able to revitalize District Performance Review meetings that are used for data review and planning as a result of VLDP for DDU participation	Uganda	Year 5
West African Region Health Organization includes MEASURE Evaluation data use guidance in the 2013-2014 operational plan	West Africa	Year 5
National HMIS Information Use Guide and Training Manuals	Ethiopia	Year 6
Determinants to Data Use Constraints in Central and Eastern Kenya: Findings from a DDU Assessment	Kenya	Year 6
New chapter in the DDU Toolkit "Tools for Data Demand and Use in the Health Sector: Data Demand and Use Coaching Guide" piloted in Rwanda and Nigeria and finalized	Global	Year 6
Quarterly Health Data Consultative Committee meetings held by the Anambra State Department of Planning, Research, and Statistics within the SMoH	Nigeria	Year 6
Ikeja Local Government holds quarterly data review meetings with Lagos State Ministry of Health and the Lagos State Agency for the Control of AIDS in Nigeria	Nigeria	Year 6

Instances of MEASURE Evaluation tools, strategies, or curriculum designed to facilitate the use of data piloted or finalized for general use. (Indicator 6.3)		
Instance	Country or Region	Year
Training tool "Complementing Routine Data with Qualitative Data for Decision Making: Understanding the "Why" behind program performance Data" for health professionals finalized	Lesotho	Year 7

Appendix 2: Strengthening the M&E Workforce (Result 2)

Table 2.0: Summary of Capacity Building and Training Results Across All Years of Phase III

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 2)									
Indicator		Task Order	Year 2	Year 3	Year 4	Year 5	Year 6*	Year 7	Total
2.1 Instances of regional, national, or sub-national institutions assisted in M&E/HIS strengthening by MEASURE Evaluation that demonstrate increased capacity to independently carry out M&E/HIS activities.	Training Partners	3	0	3	2	7	9	2	26
	Country Partners	0	5	4	9	10**	13	8	50
2.2 Instances of institutional or program M&E capacity building plans developed with assistance from MEASURE Evaluation.	Training Partners		0	4	0	0	1	0	5
	Country Partners	n/a	8*	6	1	6	1	1	23
2.3 Number and Percentage of MEASURE Evaluation core-funded, regional training participants who are engaged in M&E activities and who report using the skills learned six months or one year after training.†		n/a	40; 95% *74; 95%*	69; 96% *54; 96%*	100;93% *42; 89%*	73; 94% *64; 94%*	486; 94% *405; 96%*	n/a	n/a
2.4 Number and percentage of MEASURE Evaluation core-funded masters students who are engaged in M&E activities and who report using the skills learned six months or one year after training.†		n/a	6; 100% *3; 100%*	2; 100% *3; 75%*	2; 100% *0;0%*	1; 50% *3; 100%*	15; 88% *19; 90%*	n/a	n/a
2.5 Number and percentage of teams from virtual M&E organizational development programs that have made progress in achieving their desired performance within six months of completing the programs.		n/a	7; 58%	10; 100%	26; 79%	20; 77%	8; 73%	n/a	71;77%

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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 2)									
Indicator		Task Order	Year 2	Year 3	Year 4	Year 5	Year 6*	Year 7	Total
2.6 Number of training or workshop events supported by MEASURE Evaluation.	Country training	0	51	110	117	281	458	16	1,033
	Regional training	3	7	9	10	14	6	1	50
	VLDPs, other OD sessions	1	2	4	5	6	9	0	27
	Master's degree programs	0	0	0	1	2	2	1	6
	Other training**	1	2	2	3	2	0	0	10
2.7 Number of participants who completed a MEASURE Evaluation training or workshop.	Country training	n/a	2,205	4,971	4,048	14,713	17,620	684	44,241
	Regional training‡	107	216	303	315	386	317	23	1,667
	VLDPs, other OD sessions	92	154	161	214	204	0	0	825
	Master's degree programs	0	0	0	3	4	3	1	11
	Other training**	0	0	9	6	92	19	0	126
2.8 Number of people who completed MEASURE Evaluation online courses.††		1708	2,463	8,041	16,120	12,986	9,357	5,170	46,562
2.9 Instances of new MEASURE Evaluation tools, methodologies, technical guidance, curricula, or indices centered on capacity building and measurement for M&E that have been validated or otherwise finalized for general		n/a	5	1	4	1	3	0	14
2.10 Instances of MEASURE Evaluation curricula, tools, methodologies, technical guides, or indices centered on capacity building or capacity measurement for M&E that have been piloted or developed for a specific application.		n/a	4	6	4	8	18	1	41

Notes: * Y6: July 1, 2013-June 30, 2014, + denotes results documented during Y7: July 1-December 31, 2014.

    ‡ Regional trainings offered as non-degree instruction through MEASURE Evaluation's regional training partners or other partner institutions.

    †† Additional people completed MEASURE Evaluation authored courses at the Global Health eLearning Center. See Table 2.8 for breakdown of course completions by year.

    **Updated data, collected and documented in Y6

Table 2.1.a: Examples of Increased M&E Training Capacity Amongst Institutional Training Partners Y2-Y7

Instances of regional, national, or sub-national institutions assisted in M&E/HIS strengthening by MEASURE Evaluation that demonstrate increased capacity to independently carry out M&E/HIS activities. (Indicator 2.1)		
Result	Country	Year
Addis Ababa University School of Public Health and the Population Studies Institute assumed leadership for the planning and instruction of the 2010 Regional Workshop on Monitoring and Evaluation of Population, Health and Nutrition Programs for Anglophone Africa, in collaboration with the Ethiopian Public Health Association	Ethiopia	Year 3
PHFI delivered a diploma M&E course without MEASURE Evaluation instructional support	India	Year 3
INSP offered a regional impact evaluation workshop with minimal support	Mexico	Year 3
Public Health Foundation of India conducted a national workshop on GIS in Public Health in March 2012	India	Year 4
University of Pretoria independently offers two annual regional workshops on M&E of HIV/AIDS programs	South Africa	Year 4
Public Health Foundation of India conducted the regional workshop on M&E of PHN Programs with no instructional support from MEASURE Evaluation and conducted the GIS workshop independently for the second time	India	Year 5
Public Health Foundation of India conducted four national workshops on M&E of PHN Programs in December 2012 and February 2013 based on skills gained from MEASURE Training of Trainers in 2009	India	Year 5
Four PHFI staff conducted a training on business planning for health tools to 29 participants for State Employment Generation Mission of Assam with limited TA from MEASURE Evaluation in September 2012	India	Year 5
Obafemi Awolowo University developed a business plan in April 2013 for offering an Advanced Certificate Course in M&E of Public Health Programs to complement its existing basic course	Nigeria	Year 5
CESAG (African Center for Advanced Studies in Management) developed a business plan to design and launch a Masters Certificate program in Monitoring & Evaluation	Senegal	Year 5
CESAG (African Center for Advanced Studies in Management) demonstrates increased capacity to implement HIV/AIDS M&E, GIS, and RHIS workshops for Francophone Africa with reduced support from MEASURE Evaluation	Senegal	Year 5
University of Pretoria independently offered two regional workshops on M&E of HIV/AIDS programs	South Africa	Year 5
Public Health Foundation of India (PHFI) teaching all sessions of fourth Workshop of M&E of PHN Programs offered jointly with MEASURE Evaluation	Asia and the Near East	Year 6
ACIPH shows increased capacity to independently carry out M&E trainings and offers HIV workshop and Data Analysis using STATA without MEASURE Evaluation assistance	Ethiopia	Year 6
ACIPH develops a business plan to Establish an International Training Centre for Monitoring and Evaluation with limited technical assistance from MEASURE Evaluation	Ethiopia	Year 6
ACIPH and Mekele University in Ethiopia successfully launched a new M&E program to augment its existing MPH curriculum in Spring 2013.	Ethiopia	Year 6

Instances of regional, national, or sub-national institutions assisted in M&E/HIS strengthening by MEASURE Evaluation that demonstrate increased capacity to independently carry out M&E/HIS activities. (Indicator 2.1)		
Result	Country	Year
Public Health Foundation of India (PHFI)now has the capacity to adapt and implement the Performance of Routine Health Information System (PRISM) tool	India	Year 6
PHFI establishes an M&E Unit within the Training Division to coordinate the expanding portfolio of M&E activities at PHFI.	India	Year 6
Le Centre Africain d'Etudes Superieures en Gestion (CESAG) developed a Virtual Leadership Development Program (VLDP) for Data Demand and Use (DDU)	Global	Year 6
Le Centre Africain d'Etudes Superieures en Gestion (CESAG) developed a Leadership and Data Demand and Use Curricula for Ethiopia, Rwanda, and Jamaica	Global	Year 6
Mahidol coordinated and puts on majority of the presentations for an M&E training aimed at community based organizations providing health services in the ANE region	Thailand	Year 6
OAU and Ahmadu Bello University complete a two-week M&E workshop for August 2014 and November 2014 without any support from MEASURE Evaluation	Nigeria	Year 7
University of Pretoria, School of Health Systems and Public Health are independently offering a 2-week workshop on Monitoring and Evaluation of Health Programs in Pretoria, South Africa, from October 6-24, 2014	South Africa	Year 7

Table 2.1.b: Examples of Increased M&E Capacity of Regional National or Sub-national Institutions Assisted by the Project Y2-Y7

Instances of regional, national, or sub-national institutions assisted in M&E/HIS strengthening by MEASURE Evaluation that demonstrate increased capacity to independently carry out M&E/HIS activities. (Indicator 2.1)		
Result	Country	Year
Four (4) instances of improved data quality	Tanzania	Year 2
Zambia CSO took lead on 2009 SBS report	Zambia	Year 2
One (1) instance of four ministries demonstrate increased ability to work together to produce a compendium of harmonized HIV/AIDS indicators together	Cote'd Ivoire	Year 3
Obafemi Awolowo University (OAU) and Ahmadu Bello University (ABU) conduct their first M&E training workshops	Nigeria	Year 3
Kenya NCAPD conducts LQAS survey with reduced technical assistance	Kenya	Year 3
MOH delivers RDQA training for facility-based HMIS data independently	Rwanda	Year 3
National Training Institute for Health Agents (INFAS) in Aboisso, Côte d'Ivoire, independently offers M&E and RHIS curriculum in their pre-service training program	Cote d'ivoire	Year 4
National Training Institute for Health Agents (INFAS) in Aboisso, Côte d'Ivoire, independently offers M&E and RHIS curriculum in their pre-	Cote d'ivoire	Year 4

Instances of regional, national, or sub-national institutions assisted in M&E/HIS strengthening by MEASURE Evaluation that demonstrate increased capacity to independently carry out M&E/HIS activities. (Indicator 2.1)		
Result	Country	Year
service training program		
Côte d'Ivoire National Institute for Public Health independently offers M&E curriculum in an in-service training program in June 2012	Cote d'ivoire	Year 4
DIPE independently conducts RQDA in six health districts	Cote d'ivoire	Year 4
Faculty at Obafemi Awolowu University and Ahmadu Bello University show increased ability to provide Gender M&E, Data Quality and Data Demand and Use Modules, with decreased support from MEASURE Evaluation	Nigeria	Year 4
Rwanda Biomedical Center demonstrates increased capacity to use geographic information systems	Rwanda	Year 4
National University of Rwanda School of Public Health develops curriculum for a competency-based M&E certificate course	Rwanda	Year 4
Zambia Central Statistics Office staff demonstrate increased capacity to produce effective data dissemination products	Zambia	Year 4
DQA conducted by staff from National Agency for Control of AIDS Zimbabwe after a training by MEASURE Evaluation	Zimbabwe	Year 4
Regional health directorates in Côte d'Ivoire conduct supervisory visits using RDQA and PRISM follow-up tools with limited MEASURE support	Côte d'Ivoire	Year 5
Supervisory visits by MEASURE Evaluation conducted in 15 social centers improved capacity of OVC M&E focal points, thereby improving data entry rates in the OVC database	Côte d'Ivoire	Year 5
Program Management and Monitoring Unit (PMMU) provides regular GOB-led bi-annual reviews of the sector-wide health program for the first time in the history of the sector-wide health program, through technical assistance from MEASURE Evaluation.	Bangladesh	Year 5*
Health extension workers (HEWs), regional and zonal health managers, woreda health officers and health center staff show increased capacity to use HMIS and CHIS through training of trainers (TOTs) in SNNPR (14 zones & 157 districts) and Oromia (8 zones)	Ethiopia	Year 5
SNNPR Regional Health Bureau (RHB) in Ethiopia has shown increased capacity to independently produce weekly HMIS reports, monthly IDSR reports, present data and conduct regular health performance reviews	Ethiopia	Year 5
Family Guidance Association of Ethiopia (FGAE) demonstrates increased capacity to develop M&E materials and implement DDU trainings as a result of prior technical assistance from MEASURE Evaluation	Ethiopia	Year 5

Instances of regional, national, or sub-national institutions assisted in M&E/HIS strengthening by MEASURE Evaluation that demonstrate increased capacity to independently carry out M&E/HIS activities. (Indicator 2.1)		
Result	Country	Year
Participants of the secondary analysis capacity building process demonstrate increased capacity to carry out M&E activities such as statistical analysis using Stata independently	Guatemala	Year 5
Ministry of Health has demonstrated increased capacity to develop annual statistical reviews and quarterly bulletins with reduced technical support by MEASURE Evaluation	Haiti	Year 5
Participants of Malaria M&E training report increased capacity to use M&E knowledge and skills in their current work	Kenya	Year 5
On the job training in Stata and data analysis conducted with staff of the Center for Treatment and Research on AIDS, Malaria, Tuberculosis and other Epidemics (TRAC Plus) enables those staff to analyze data with limited TA and submit abstracts to the Annual International Conference for Exchange and Research on HIV and AIDS	Rwanda	Year 5
MOHFW capable of managing annual program reviews of the sector-wide health program with minimal donor support	Bangladesh	Year 6
Program Management and Monitoring Unit (PMMU) is established within Bangladesh's Planning Wing of the Ministry of Health and Family Welfare (MoHFW)	Bangladesh	Year 6
Bangladesh Health, Population, Nutrition Sector Development Program organized its first ever orientation to 190 staff on planning, monitoring, and management of HNP sector program	Bangladesh	Year 6
As a result of the joint supervision training put on by MEASURE Evaluation, the Central Region of Burundi learns how to do joint supervision and completes joint supervision without support from MEASURE Evaluation	Burundi	Year 6
Increased capacity of DIPE to train others in use of SIGDEP	Cote D'Ivoire	Year 6
Research briefs developed by teams of Guatemalan public health professionals who participated long-term capacity building process to promote secondary analysis of the National Maternal and Child Health Survey 2008-2009 (Encuesta Nacional de Salud Materno)	Guatemala	Year 6
Increased capacity for Ministry of Health and Social Welfare to independently conduct health outcome monitoring using LQAS in 2013 with financial support and limited technical support from MEASURE Evaluation	Liberia	Year 6
Local researchers capacity was built to produce two papers (Family Planning Paper and Longevity of ITNs) with limited oversight from MEASURE Evaluation	Madagascar	Year 6

Instances of regional, national, or sub-national institutions assisted in M&E/HIS strengthening by MEASURE Evaluation that demonstrate increased capacity to independently carry out M&E/HIS activities. (Indicator 2.1)		
Result	Country	Year
Government staff from NACA and NASCAP show improved capacity to provide more complete data for GARPR reports (previously known as UNGASS reports)	Nigeria	Year 6
Increased capacity of TSHIP staff in Bauchi and Sokoto, Nigeria, to make maps using Quantum GIS for inclusion in quarterly reports	Nigeria	Year 6
NASCP Program Officer shows increased capacity to conduct data analysis using QGIS and STATA after MEASURE Evaluation trainings	Nigeria	Year 6
Program Officer at Nigeria's National AIDS and STD Control Program shows increased capacity to develop and use maps to analyze and share data after attending MEASURE Evaluation QGIS training	Nigeria	Year 6
Increased capacity of Instituto Gorgas to analyze findings from first reproductive health survey to retrain interviewers for a second round of reproductive health survey	Panama	Year 6
FOJASSIDA independently analyzes Voluntary Counseling and Testing (VCT) services data and develops accompanying graphs	Angola	Year 7
DIRECÇÃO PROVINCIAL DE SAUDE (DPS) analysis of supervisory support results in all data centers successfully submitting routine reports into the online HIS	Angola	Year 7
REDE NACIONAL DE PESSOAS VIVENDO COM VIH/SIDA (RNP+) has the capacity to launch new data collection system after MEASURE Evaluation technical assistance	Angola	Year 7
ASSOCIAÇÃO SOLIDARIEDADE CRISTÃ AJUDA MÚTUA (ASCAM) has the capacity to analyze health facility HIV testing identities and service barriers and produces improved tracking plan with limited technical assistance from MEASURE Evaluation	Angola	Year 7
PMMU produces first quarterly e-journal with limited assistance from MEASURE Evaluation	Bangladesh	Year 7
Line Directors, Program Managers and Deputy Program Managers independently compiled and submitted data for the mid-term program implementation review of the sector-wide health program for the first time.	Bangladesh	Year 7
Increased capacity of University of Costa Rica to implement the capacity building activities in-country to implement a reproductive health survey, lead the trainings and review of the analysis process	Costa Rica	Year 7
OVC data producers and decision-makers engaged Ministry of Gender, Labor and Social Development (MGLSD) in capacity building to carry out M&E/HIS activities	Tanzania; Ethiopia; Uganda	Year 7

2.1.c Selected Results from Indicator 2.1: Instances of regional, national, or sub-national institutions assisted in M&E/HIS strengthening by MEASURE Evaluation that demonstrate increased capacity to independently carry out M&E/HIS activities.

Program Officer at <u>Nigeria's</u> National AIDS and STD Control Program shows increased capacity to conduct data analysis using QGIS and STATA after MEASURE Evaluation trainings: Nancy Twakor, Program Officer with Federal Ministry of Health's National AIDS and STD Control Program (NASCP), attended two MEASURE Evaluation trainings in Bwari, Nigeria. The first workshop, held in July 2013, focused on data management and analysis with Stata. The second workshop, held on September 2013, focused on use of QGIS (an open-source GIS software package) for data analysis and mapping. Prior to these workshops, the NASCP Program Officer had never worked with either STATA or QGIS. Participation enabled the Program Officer to assume multiple new responsibilities related to data analysis and mapping, independent of any continued MEAURE Evaluation support. Three NASCP projects in particular allow the Program Officer to implement these new skills. Two projects are primarily academic, and examine PMTCT service delivery and utilization for PMTCT and MCH services based on data collected using semi-structured questionnaires. The Program Officer's training is particularly relevant to the projects' need for univariate and bivariate data analysis in STATA. The Program Officer additionally applies her QGIS training in a third project on mapping emergency medical records as part of a larger national data repository effort. The analysis examines distribution of HIV/AIDS services points, opportunities for possible expansion of PMTCT, ART and HCT service points, and how private sector participation in HIV/AIDS services can be improved. These projects were made possible by the Program Officer's participation in MEASURE Evaluation trainings.

Program Management and Monitoring Unit is established within <u>Bangladesh's</u> Planning Wing of the Ministry of Health and Family Welfare: The Government of Bangladesh is committed to establishing a dedicated unit for managing, monitoring and evaluating the sector-wide health program. This priority is documented in the Ministry of Health and Family Welfare (MOHFW)'s Strategic Plan for the 2011-2016 Health, Population and Nutrition Sector Development Program (HPNSDP). The MOHFW had previously implemented two sector-wide monitoring and evaluation units. However, neither unit was functional. At the time, institutional commitment to institutionalizing the unit as a permanent structure within the MOHFW remained low, with detrimental implications for the national health system: previous annual reviews of the national health program consistently cited the lack of a systematic monitoring and evaluation system to track the progress of the health program as a major weakness. These reports cited an over-reliance on periodic national surveys and tracking of expenditure data as the only means that were used to assess health program performance. The GOB released its National Strategy for Achievement of Poverty Reduction (NSAPR II) in 2009. The NSAPR II emphasized strengthening the capacity of ministries and their staff to effectively monitor and evaluate the performance of development projects. The Strategic Plan for the 2011-2016 HPNSDP reflected this policy shift by calling for a results framework with indicators to track high-level results. The Strategic Plan also called for a program implementation plan (PIP) that would include a process for identifying and including initial indicators for all Operational Plans. Both of these objectives were supported by MEASURE Evaluation and the International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR-B). In December 2011, the MOHFW established the Program Management and Monitoring Unit (PMMU) within its Planning Wing to monitor performance of the HPNSDP. The MOHFW requested USAID/Bangladesh's support in establishing a systematic monitoring and evaluation (M&E) system and build M&E capacity. As a result, MEASURE Evaluation and the ICDDR-B expanded their existing assistance to create and lead the Technical Assistance Support Team (TAST) to the PMMU within the MOHFW. The TAST works directly

with the PMMU to provide key technical, management, planning and coordination support to monitor and manage the implementation of the HPNSDP and promote evidence-based decision-making. The TAST assists the PMMU and the Planning Wing of MOHFW in monitoring both the overall performance of HPNSDP and all thirty-two Operational Plans. The TAST additionally developed the first sector-wide Performance Monitoring Plan (PMP) for HPNSDP; oversees fund availability; disbursement and utilization; and provides assessments of the health situation in the country. This partnership has resulted in sizable capacity building within the MOHFW, with the TAST/PMMU leading activities aimed at strengthening and improving the routine health information systems so that critical information needed to monitor and evaluate the HPNSDP is routinely available, complete, and high quality.

Increased capacity for <u>Liberian</u> Ministry of Health and Social Welfare to independently conduct health outcome monitoring using LQAS in 2013 with financial support and limited technical support from MEASURE Evaluation: Lot Quality Assurance Sampling (LQAS) is a relatively rapid and inexpensive approach to data collection for monitoring and evaluation purposes. Speedy data collection and availability through LQAS helps program managers use data as evidence to inform decisions, plan programs, develop budgets, and formulate targeted interventions. A MEASURE Evaluation-led exercise in Bong County in March 2014 continued to strengthen national LQAS capacity. LQAS for outcome monitoring in Liberia began in 2011, with significant input and assistance from MEASURE Evaluation and a local sub-contractor, Subah-Belleh Associates (SBA). This assistance included protocol development, planning, fieldwork, and analysis. Relatively little direct involvement came from the Ministry of Health and Social Welfare (MOHSW) during that initial period. To create a sustainable system for outcome monitoring in Liberia using LQAS 2013, MEASURE Evaluation conducted a capacity building practicum study in Lofa county for Ministry of Health and Social Welfare (MOHSW) staff at both central and county levels. MOHSW participants led the Lofa study with MEASURE Evaluation's assistance and afterward reflected on lessons learnt. Following this practice study, the MOHSW independently undertook independent LQAS studies in River Cess and Sinoe counties in the last quarter of 2013. MEASURE Evaluation provided very minimal external technical support, but continued to provide significant financial support of LQAS activities. The MOHSW otherwise managed the entire process, including indicator selection, target setting with the County Health and Social Welfare Teams (CHSWTs), questionnaire design, training of interviewers, managing fieldwork and logistics, data entry and management, and data analysis. Data issues encountered during the process allowed MOHSW staff to identify additional capacity building needs related to LQAS implementation, for which they sought support from MEASURE Evaluation. Therefore, the Project conducted a second capacity-building exercise with MPHSW staff in Bong County in 2014, to address these needs. Topics covered in the exercise included: coding with CSPro (an open source data management tool), data analysis, and protocol development. Also in 2014, a capacity needs assessment using the four-tier scale of the Staged Capacity Building Model evaluated the ability of the Health Management Information System, Monitoring, Evaluation and Research (HMER) Unit to independently implement a LQAS survey at scale (in 15 counties). The assessment found the following: Indicator selection, sample frame identification, sample point selection, and random household selection were conducted independent of external support. Target setting, questionnaire design, interviewing competence, and field supervision and data quality assurance were conducted with assistance from MEASURE Evaluation. MEASURE Evaluation continued to provide consultation on a small number of survey skills (including data entry and management system, data entry, and data analysis). The MOHSWN remains responsible for the overall products employing LQAS.

OVC data producers and decision-makers engaged in capacity building to strengthen data management and use in <u>Ethiopia</u>, <u>Tanzania</u>, and <u>Uganda</u>: A five-day training provided an opportunity

for OVC data producers and data users (decision-makers) from Ethiopia, Tanzania, and Uganda to develop their expertise with a variety of data tools and applications. A preliminary baseline evaluation conducted by the project had found low human capacity to analyze and interpret data among national and sub national data producers and decision-makers in these three countries. To address this, MEASURE organized the capacity-building training, held in Zanzibar, Tanzania, between March 12th and 16th, 2012. The training brought together representatives from the national government (including the Ministry of Gender, Labor, and Social Development), donors such as USAID and the CDC, and M&E officers and managers from PEPFAR implementing partners. MEASURE worked closely with each country group during the training as they worked to elaborate a DDU action plan to collect, use, and generate data to support OVC programs, and provided continued mentorship and target technical assistance following the training as well. By the end of the intervention, participants were able to identify key data sources to integrate into regular OVC program management and the programmatic implications of findings and priority information needs. As well, participants could assess key barriers to data use and proposed interventions to overcome barriers and improve use of data for decision-making and were aware of mapping as a decision support tool, and practical analysis of existing service delivery and DHS data using maps—skills that then enabled them to use QGIS for mapping OVC data.

Increased capacity of TSHIP staff in Bauchi and Sokoto, <u>Nigeria</u>, to make maps using Quantum GIS for inclusion in quarterly reports: Geographic data must be conveyed clearly, efficiently, and compellingly if it is to be useful for decision-makers. MEASURE trained staff at the Targeted States High Impact Project (TSHIP) in the collection, storage, and analysis of geospatial health and non-health data as part of a GIS training held in Abuja in May 2013. The training strengthened GIS capacity for managing and using data in a geographic format for M&E, and was based on the joint MEASURE Evaluation/MEASURE DHS QGIS curricula. The training included and an introduction to QGIS and geospatial analysis for health, data management, using maps (data quality and analysis), mapping to support decision making, and an open forum where the participants share the maps they produced based off their own data. At the beginning of training, participants anecdotally reported that they had no prior experience using QGIS. After the training, TSHIP produced maps using QGIS without assistance from MEASURE Evaluation. Maps were produced for inclusion in TSHIP's 2013 annual report for USAID. Several examples include maps showing the distribution of ANC of IPTs at health facilities in Bauchi and Sokoto, the distribution of deliveries by skilled birth attendants in Bauchi and Sokoto, and percentage of children that received diphtheria, pertussis, and tetanus (DPT3) in Bauchi and Sokoto. Although data quality (which affects the usability of maps produced using that data) remains a challenge in Bauchi and Sokoto, the TSHIP M&E Director considers the production and use of maps generated as a result of these trainings an important step toward broader health system strengthening. He expressed this enthusiasm in exchanges with MEASURE Evaluation, saying, "I found the maps of skilled birth attendance rates very interesting. Some rural LGAs are much higher or lower than other rural LGAs. Why is that? The quality of the LGA hospital? The MSS program? Fascinating! "

FOJASSIDA independently analyzes indicators Voluntary Counseling and Testing (VCT) services disaggregated by sex and develops accompanying graphs: Using skills gained during an August 2014 M&E and Data Demand and Use workshop led by MEASURE Evaluation and Africare Angola, Fórum Juvenil De Apoio A Saúde E Prevenção Da Sida (FOJASSIDA) analyzed voluntary counseling and testing (VCT) service indicators and created graphs for improved visualization of the data. FOJASSIDA is a local NGO involved in Information, Education, and Communication (IEC) and HIV/AIDS advocacy activities on behalf of the population of Cazenga municipality. FOJASSIDA works closely with Municipal administration of Cazenga, the Municipal health department, and Radio Cazenga and additionally collaborates with the Institute for the Fight against AIDS (INLS) and Angolan Networks of AIDS Service

Organization (ANASO). During the workshop, FOJASSIDA's HIV/AIDS project coordinator, Malaria Project coordinator, and M&E assistant learned how to define M&E and develop related M&E products. They also completed training on two DDU tools and descriptive data analysis. Over the course of three post-workshop coaching sessions, however, MEASURE Evaluation and Africare Angola promoted these practices. During the third and final session, FOJASSIDA shared several graphs related to VCT services created using Excel and demonstrated increased capacity to analyze data.

Table 2.2.a: Institutional or Program Capacity Building Plans Y2-Y7 with Training Partners

Instances of institutional or program M&E Capacity Building Plans developed with assistance from MEASURE Evaluation. (Indicator 2.2)		
Example	Country	Year
Capacity building plan developed with Public Health Foundation of India (PHFI)	India	Year 3
Capacity building plan developed with Instituto Nacional de Salud Publica (INSP)	Mexico	Year 3
Capacity building plan developed by Centro de Ensenanaza Superior Alberta Gimenez (CESAG)	Senegal	Year 3
Capacity building plan developed with University of Pretoria School of Health Sciences and Public Health (UP-SHSPH)	South Africa	Year 3
Addis Continental Institute of Public Health (ACIPH) develops a comprehensive M&E Capacity Building Plan ("M&E Portfolio: M&E Plan and Capacity Building") to further frame and guide ACIPH's ongoing and evolving M&E activities with assistance from MEASURE Evaluation	Ethiopia	Year 6

Table 2.2.b: Institutional or Program Capacity Building Plans Y2-Y7 with Country Partners

Instances of institutional or program M&E Capacity Building Plans developed with assistance from MEASURE Evaluation. (Indicator 2.2)		
Example	Country	Year
Six (6) M&E capacity building plans developed by six PEPFAR implementing partners to address weaknesses identified through DQAs	Tanzania	Year 2
Capacity building plan for organizational development	Cote d'Ivoire	Year 2
Ministry of Women and Social Action M&E Capacity Building Plan	Mozambique	Year 2
Regional training plan for HIS personnel in Latin America	Latin America/Caribbean	Year 3
M&E capacity building plan in Third National HIV/AIDS Strategic Plan	Mozambique	Year 3
Capacity building plan to guide the M&E system	Nigeria	Year 3
District AIDS Control Committee technical assistants M&E capacity building plan	Rwanda	Year 3
Capacity building plan for national senior M&E professionals from CNLS, MOH, TRAC Plus, and School of Public Health	Rwanda	Year 3
Capacity building plans for USAID and DOD implementing partners	Tanzania	Year 3
Capacity building/mentoring plan developed with Mbeya HIV Network	Tanzania	Year 4
Capacity building work plan developed by MEASURE Evaluation as a result of data quality assessments (DQAs) conducted in Uganda approved by the Uganda PMTCT technical working group	Uganda	Year 5
Enhancing Data Quality Capacity Building Plan for PMTCT was completed with the Nigerian government	Nigeria	Year 5

Instances of institutional or program M&E Capacity Building Plans developed with assistance from MEASURE Evaluation. (Indicator 2.2)		
Example	Country	Year
Four (4) capacity building plans developed with implementing partners based on DQA findings: Baylod, Selian, TUNAJALI ART, TUNAJALI PMTCT	Tanzania	Year 5
Capacity Building Plan for Liberian Ministry of Health and Social Welfare "Outcome Monitoring (using Lot Quality Assurance Sampling) Capacity Strengthening Plan (2014-2021)" developed	Liberia	Year 6
M&E Capacity Building Plan included in the M&E Strategy and Action Plan (MESAP) for Health, Population, Nutrition Sector Development Program (HNP) sector program	Bangladesh	Year 7

Table 2.3a: MEASURE Evaluation Regional Trainees who report using M&E Skills After Trainings, Year 2-Year 6*

Indicator	Year 2	Year 3	Year 4	Year 5	Year 6
2.3 Number and Percentage of MEASURE Evaluation core-funded, regional training participants who are engaged in M&E activities and who report using the skills learned six months or one year after training.†	40; 95% *74; 95%*	69; 96% *54; 96%*	100;93% *42; 89%*	73; 94% *64; 94%*	486; 94% 405: 96%

*Funds were not used during the no-cost extension to collect data on this indicator from August 15, 2014-December 31, 2014

Table 2.3b: MEASURE Evaluation Regional Trainees Who Report Using M&E Skills after Trainings, Year2-Year 6*

	Number of Participants to Whom E-mails Were Sent	Response Rate	Respondents Reporting Using M&E Skills (%)
Year 2			
Regional workshops (one year follow-up)	133	32%	(40) 95%
Regional workshops (six-month follow-up)	151	51%	(74) 96%
Year 3			
Regional workshops (one year follow-up)	131	55%	(69) 96%
Regional workshops (six-month follow-up)	142	39%	(54) 96%
Year 4			
Regional workshops (one year follow-up)	218	50%	(100) 93%
Regional workshops (six-month follow-up)	190	25%	(42) 89%
Year 5			
Regional workshops (one year follow-up)	186	42%	(73) 94%
Regional workshops (six-month follow-up)	257	26%	(64) 94%
Year 6			
Regional workshops (one year follow-up)	1212	35%	(405) 96%
Regional workshops (six-month follow-up)	1056	49%	(486) 94%

*Funds were not used during the no-cost extension to collect data on this indicator from August 15, 2014-December 31, 2014

2.3.c: Selected Success Stories
from Six-Month Follow-up Questionnaires for Regional Workshops

Selected responses from the six-month follow-up questionnaires follow, indicating ways the workshop contributed to or helped participants in their work or research. (The date of each response is given in parenthesis at end of the quotation).

Ethiopia – Regional Workshop on M&E of PHN Programs, February 2013 (6 months)

>   The workshop helped build my confidence and now I'm in a stronger position to guide the nutrition program manager during implementation. It provided monitoring tools which is useful and has increased my knowledge in monitoring projects. I've also been entrusted with the responsibility of managing a data for a nationwide survey due in September (2013.8).

>   Really motivated me in public health practice and discipline and hence am currently undertaking my MPH programme (2013.9).

Senegal – Regional Workshop on M&E for HIV Programs, February 2013 (6 months)

>   Better understanding of the components of development that followed helped us develop a national monitoring and evaluation plan, approved in April 2013. Training / Coaching responsible for data in the definition of indicators and reporting quality data, including the Global Fund program implemented in Nouakchott and in three other regions of the country (2013.8).

>   Development skills in the field of monitoring and evaluation of HIV / AIDS programs. Ability to develop and implement a plan for monitoring and evaluation and acquisition of skills especially in the internal audit of data quality (2013.8).

>   The most useful aspect of my work is the RDQA. I used this tool on one of my site supervision to prevent mother-child HIV transmission, simple application of the tool to the realities of supervised sites. In this exercise, the fundamental elements were the primary media and monthly activity reports sites.

>   The assistance of the workshop was the precision in the definition of strengths and weaknesses through the summary statistics of service delivery sites, the regional level dashboards. This explains the need for direct action to weaknesses, and defining strategy conversant achievements (2013.10).

Senegal – Regional Workshop on GIS for HIV Programs, March 2013 (6 months)

>   The knowledge and skills acquired during the training on GIS have allowed us to train the staff of the Directorate of National Health Information System (DSNIS) on mapping and the use of Quantum GIS software. In addition, it has also allowed us to train all officers of the data management of health districts on the use of GPS to survey the geographical coordinates of health facilities Burundi. Currently all health districts have already achieved the record of these geographic coordinates have been submitted to the DSNIS. These are the coordinates that will

be used in the implementation of geographic information system of Burundi in the health sector (2013.9).

<u>India – Regional Workshop on Impact Evaluation of PHN Programs, March 2013 (6 months)</u>

The course turned me into a better Quality Assurance manager and a critical reviewed, not only of the Global Fund reports but also other sector reports. I now can define better, impact evaluation questions, examine the main issues to consider for answering the research questions in a reliable way, which skills I have used to supervise consultancies in determining which protocols actually have the correct questions to answer the identified problems/issues. I am now in position to appropriately review the main evaluation designs and estimation techniques employed to evaluate the impact of Programs in the sector. I am also in position to guide the relevant Ministry of Health teams while developing criteria for choosing the appropriate impact evaluation methodology/strategy for different scenarios of program characteristics, depending on the available data. I am now a key participant in the Ministry of Health Teams whenever there is need for interpretation of results and examining the programmatic implication of such results (2013.9).

The workshop was very useful particularly in strengthening the technical capacity of my research. In terms of modeling, it had given me the ability to approach a research question from many more angles, and it had helped me to be more aware of potential problems and how to deal with them. I feel more confident in writing up a model when I now do research. I still consult the handouts from the workshop. The latest one I consulted was on difference-in-differences models (2013.9).

<u>South Africa – Regional Workshop on Impact Evaluation of HIV/AIDS and Health Programs, May 2013 (6 months)</u>

Group work: I used this to develop an evaluation proposal for a demand creation intervention for medical male circumcision. Though the evaluation was not done as a strategic decision, it provided me with a template which will guide me on how to approach evaluations in the future. From Conceptual framework to empirical model; this topic helped me appreciate how best to decide what to include in the data collection tools, and in the empirical model at analysis stage in my future studies. I have not engaged directly in evaluation design since the workshop, but I expect to engage in that in the next year (2013.10).

I have introduced Randomized Control Trials in my organization so as to make program design and evaluations more rigorous! At the moment, I have persuaded the team working on a prisons monitoring project to take up either RCT or Difference in Difference so as to have quantitative evidence based impact evaluation design. The workshop was an eye opener, and as the lead M&E advisor in the project, I have convinced the team that we need to redesign the project so as to have clear treatment and comparison groups for the purpose of evaluation. This idea has achieved a buy in from the project technical team. We are in negotiations with our key partners, principally the Kenya Prison Service so as to put in place arrangements that would enable us have a better quasi experimental design. We are also thinking of how to use the above methods in measuring effect of ARTs among prisoners in Kenya as an evidence on access to health rights of those in prisons. The discussion is at an advanced stage, and we are hopeful to get it done soon. I have also been able to promote the use of these rigorous concepts among the human

rights fraternity. Recently (June 2013) I facilitated an M&E and Results Based Management training for the Secretariat of the Network of National Human Rights Associations in Africa and shared with them the difference that experimental designs and quasi experimental designs make in analyzing true impact, rather than just qualitative narratives as often done. This knowledge is now growing among the human rights fraternity so as to improve the rigor of impact evaluations and use of evaluation findings for policy formulation and advocacy. This training was so very useful and thus the bar has been set higher! I also appreciate the setting up of the online discussion community of the alumni. This has continued to provide a platform of very insightful and constructive knowledge sharing (2013.11)!

Ethiopia – Regional Workshop on M&E of HIV/AIDS Programs, May 2013 (6 months)

WE DID NOT HAVE M&E WORKPLAN, BUT IMMEDIATELY AFTER COMING BACK FROM THE WORKSHOP I MANAGED TO RALLY THE TEAM AND WE DEVELOP ONE (2013.12).

HIV/AIDS programme indicators, before the workshop it was so hard for me to differentiate between, output indicators, outcome indicators, impact indicators, and I am even able to teach other members on how to see what indicators they are dealing with, surprisingly I also found that even programme mangers do not understand such dynamics, and I mentored them on this, I was also given the chance to updates the district M& E Plan, to assist them in this regard. Meaning I am now able to identify criteria for selection of sound indicators, and now understand how indicators are linked to the framework and to identify pitfalls as well.

Mexico – Regional Workshop on Impact Evaluation of Population, Health and Nutrition Programs, July 2013 (6 months)

Personally it helped me to define how I will develop my final graduation work of my Masters in UCR, since the course left me clearer in how to create the conceptual framework that the program works and thus how to create a proposed measurement thereof (2014.1).

It has helped me a lot. Thanks to lessons learned in the course it has helped me to understand the principles of impact evaluation and understand the type of information it is necessary to collect. The theoretical foundation I acquired at the workshop has allowed me to provide the research team with which I work the guidelines of a survey applied in Caaguazú department in order to have a baseline on the status of the Primary Health Care. Recognition of the weaknesses a study may have allowed me to try to incorporate the steps to better safeguard the quality of information and calculate data that will allow us to build the intervention group and counterfactual. On this basis we have conducted field work in 120 communities where we collected over 1800 surveys that is now in its database purification and analysis phase. The workshop helped me to clarify the theoretical framework and select the type of information that would be necessary to collect in the baseline so that in the future it is possible to propose an impact evaluation of interventions. The workshop has given me sufficient theoretical basis to defend the proposal and discuss it with the rest of the research team, transferring knowledge to the team and university students who participated in the fieldwork process (2014.1).

2.3.d: Selected Success Stories
from One-Year Follow-up Questionnaires for Regional Workshops

Selected responses from the one-year follow-up questionnaires follow, indicating ways the workshop contributed to or helped participants in their work or research. (The date of each response is given in parenthesis at end of the quotation).

Mexico – Regional Workshop on M&E of PHN Programs, July 2012 (12 months)

> It was very helpful in my professional development and enabled a proposal which was effective to advise institutional adjustment of the passage of the school feeding program of the National Ministry of Education. Also the academic link with fellow workshop peers will expand different possibilities to address evaluations for social programs (2013.7).

> The workshop allowed me to gain insight and practical tools that are helping me to efficiently drive processes of monitoring and evaluation of the actions carried out on children and adolescents, thus allowing to improve public administration as the cornerstone of the development of my country (2013.7).

India – Regional Workshop on GIS Applications in Public Health, October 2012 (12 months)

> Before the GIS course, we had not known how to map our data to present it more understandably and more visually to our target audiences, we have normally collected our data nationwide but just simply present them on chart and table that made them less informative. After the course, we are able to present those data systematically on the map, especially data on most at risk groups and intervention program coverage (2013.10).

South Africa – Regional Workshop on Impact Evaluation HIV/AIDS and Health Programs, May 2013 (12 months)

> Helped me to independently execute an Impact Evaluation (2014.5).

Ethiopia – Regional Workshop on M&E of PHN Programs, January 2012 (12 months)

> A practical story is that after having completing the M&E course, 90% of the proposals submitted for funding passed the first step of examination due to their design relevance showing clearly the impact evaluation process, the dissemination process and potential benefits for the population (2013.1).

India – Regional Workshop on M&E for HIV/AIDS Programs, February 2012 (12 months)

> For example, during the workshop we got very useful information related to surveys, their planning and managing, strengths and limitations of different types of surveys which was very useful for me and my work. We were planning to conduct survey/assessment of the Methadone Substitution Treatment Project and we needed to develop the ToR for that survey. The knowledge obtained during the workshop helped me to understand and identify what type of

survey it should be, what components it should include, what factors are important to take into consideration, etc. and prepare the detailed TOR for it, etc. (2012.8).

Mexico – Regional Workshop on Impact Evaluation, July 2010 (12 months)

The workshop gave me the foundation and concepts to understand impact assessment and data management methods such as PRISM (2011.9).

Yes, the workshop improved my focus as a researcher, broadened my knowledge in the area of assessment, and has helped me better articulate my hypothesis (2011.10).

Ghana – Regional Workshop on M&E of Malaria Programs, July 2011 (12 months)

Developing an M&E Plan has been most useful to me because as soon as I got back to work, it was time for a review of the National M&E plan for NMCP and I was directly charged with the responsibility of overseeing this. I practically brought all the lessons learnt from the workshop to bear on the document with contributions also from other colleagues who also attended the workshop (2012.1).

South Africa – Regional Workshop on M&E of HIV/AIDS Programs, August 2009 (12 months)

I am more confident in taking on research projects and analyzing data for decision making. I am also more interested in getting the answer to the "so what" question and relating resources used to results/outcome (2010.7).

Yes. Immediately after the course I was sent to Namibia to support the WHO Country Office there. I found when the country was making a new HIV Strategic Plan and the M&E Framework. I actively participated in this process and led the profiling of the indicators for the M&E Framework. Also facilitated several M&E trainings for Regional M&E Coordinators. I felt very confident whilst handling these tasks, chiefly due to the new orientation I had acquired from the M&E Course in Pretoria. My seniors, colleagues and partners were very much appreciative of my contribution and I felt satisfied with my performance of this task (2010.9).

After I returned from South Africa, I attended an interview with Winrock International for a position in monitoring and evaluation, the panel requested the interviewee to develop simple indicators reference where we were requested to define the indicator, show how information will be collected, the frequency of information collection, discrepancies case and how they are going to resolved, when will the information be reported etc. From the training I was able to present my work in such a nice way and this qualified me for the second oral interview, which basically was walk over (2010.9).

Senegal – Regional Workshop on RHIS, August 2008 (12 months)

The workshop allowed me to determine the bottleneck in our evaluation after ISSR left to advocate for improvement. I wish to advise you that we have begun the assessment process using ISSR tools PRISM. We are in the pilot phase (pre-test) and the actual evaluation is scheduled for early next month. In my inspiration heavily conceptual framework of PRISM, I

identified the weaknesses of the SIS and develop a plan for strengthening emergency during the writing of Round 9 of the Global Fund (2009.09).

Table 2.4a: MEASURE Evaluation Masters Fellows Who Report Using M&E Skills After Graduation Y2-Y6*

Number and percentage of MEASURE Evaluation core-funded masters students who are engaged in M&E activities and who report using the skills learned six months or one year after training.						
	Year 2 n; %	Year 3 n; %	Year 4 n; %	Year 5 n; %	Year 6 n; %	Year 7 n; %
Six months after training	6; 100%	2; 100%	2; 100%	1; 50%	15; 88%	n/a
One year after training	3; 100%	3; 75%	0; 0%	3; 100%	19; 90%	n/a

*Funds were not used during the no-cost extension to collect data on this indicator from August 15, 2014-December 31, 2014

Table 2.4b: MEASURE Evaluation Masters Fellows Who Report Using M&E Skills After Graduation Year 2-Year 6

Number and percentage of MEASURE Evaluation core-funded masters students who are engaged in M&E activities and who report using the skills learned six months or one year after training.			
	Number of Participants to Whom E-mails Were Sent	Response Rate	Respondents Reporting Using M&E Skills (%)
Year 2			
MEASURE Evaluation-funded master's fellows (six-month follow-up)	7	86%	6 (100%)
MEASURE Evaluation-funded master's fellows (one year follow-up)	4	75%	3 (100%)
Year 3			
MEASURE Evaluation-funded master's fellows (six-month follow-up)	2	100%	2 (100%)
MEASURE Evaluation-funded master's fellows (one year follow-up)	*4*	*100%*	*3 (75%)*
Year 4			
MEASURE Evaluation-funded master's fellows (six-month follow-up)	2	100%	2 (100%)
MEASURE Evaluation-funded master's fellows (one year follow-up)	*0*	*n/a*	*n/a*

Continues next page

Number and percentage of MEASURE Evaluation core-funded masters students who are engaged in M&E activities and who report using the skills learned six months or one year after training.	Number of Participants to Whom E-mails Were Sent	Response Rate	Respondents Reporting Using M&E Skills (%)
Year 5			
MEASURE Evaluation-funded master's fellows (six-month follow-up)	4	50%	1(50%)
MEASURE Evaluation-funded master's fellows (one year follow-up)	4	75%	3 (100%)
Year 6			
MEASURE Evaluation-funded master's fellows (six-month follow-up)	19	89%	15 (88%)
MEASURE Evaluation-funded master's fellows (one year follow-up)	23	91%	19 (90%)

2.4c: Selected Success Stories from Master's Programs and Training Y2-Y6

Former Masters Fellows Six-Months and One-Year Follow-up Comments

<u>South Africa – Master's Degree Program, 2012-13 (Graduation August 2013)</u>

> The knowledge acquired from the program has contributed to my performance in my work immensely. For example, I was involved with setting target for performance based financing program in health being implemented by the counties in my country. The knowledge helps me to conduct regular monitoring and reporting about the implementation of this program and other health programs (2014.2).

<u>South Africa – Master's Degree Program, 2011-2012 (Graduation August 2012)</u>

> I have been looked to quite often in my work place as a resource when planning surveys for baseline and for evaluation of closing projects. The skills and knowledge I gained in the class on conducting surveys have been quite handy in my accomplishing these tasks. I have also guided and performed data management and analysis for these surveys. Currently, we are assessing the readiness of public health facilities in eastern Uganda to implement Option B+ approach of eMTCT and I have guided the preparation for this assessment in the Organization (2013.8).

<u>Mexico – Master's Degree Program INSP, 2010-2012 (Graduation September 2012)</u>

> The evaluation workshop helped me successfully complete my master thesis, which in these moments is being edited for publication in a scientific journal (2013.10).

> What I've learned so far is that no matter the area, any process requires monitoring and evaluation to confirm that the objectives are met and there is always an improvement in any system, whether health, agriculture, etc.. (2013.11).

South Africa – Master's Degree Program, 2009-10 (August graduation)

> After completion at the University of Pretoria, I was contracted to conduct a situation analysis on data use at decentralized structure in Lesotho by UNAIDS, and to develop a data use manual for decentralized structures, Contracted by Commonwealth to facilitate trainings on Strategic Planning, M&E, HIV and AIDS, development of facilitator guide for Young Ambassadors for Positive Living Program in Lesotho, Worked for Health Systems Trust In South Africa as Team Leader for Facility Audit (9.30.2011).

> It has broadened my thinking in terms of programming and monitoring and evaluation. I can now easily recommend the way to implement a project and have progress monitored well and effectively (9.30.2011).

Thailand – Master's Degree Program, 2007-2008 (August 2008 graduation)

> The designed program is really useful for my current job. I have applied all my acquired knowledge in my projects and research on HIV/AIDS, especially the monitoring and evaluation section which has supported strongly my research method and analysis. (2009-08)

South Africa – Master's Degree Program, 2007-2008 (August 2008 graduation)

> The M&E program has contributed immensely to our ability of firstly, understanding our work, what it entails, identifying challenges and opportunities, discovering our strengths and weaknesses, developing plans, proposals and tools for implementation to address those challenges thereby achieving several tasks, goals and/or set objectives that our work demands. (2009-09)

Table 2.5: VLDP Participants With Improved M&E Performance Y2-Y6*

Number and percentage of VLDP teams that complete the program providing evidence (qualitative and/or quantitative) of improved M&E performance at 6-months post-program which they attribute to some degree to their VLDP experience. (Indicator 2.5)				
Name of VLDP (Date of VLDP)	Date of Six-Month Follow-up	Teams Completing Survey (Teams in VLDP)	Teams Reporting Improved Performance due to VLDP (% of Total Responding)	Year
VLDP for HIV/AIDS teams working in M&E (March-June 2009)	February 2010	12 (14)	7 out of 12 (58%)	Year 2
VLDP for Health Program Teams Working in M&E (September-December 2009)	August 2010	10 (12)	10 out of 10 (100%)	Year 3
Expanded VLDP for Anglophone Countries (November 2010-March 2011)	September 2011	10 (12)	8 out of 10 (80%)	Year 4
MEASURE VLDP in French (January 24-April 22, 2011)	November 2011	10 (12)	7 out of 10 (70%)	Year 4
Measure VLDP for USG and Non-USG team (May 9-August 12, 2011)	February 2012	13 (14)	11 out of 13 (85%)	Year 4
VLDP Data Demand and Use (VLDP M&E) (January 30-May 4, 2012)	December 2012, January 2013	8 (12)	6 out of 8 (75%)	Year 5
VLDP Gender (VLDP M&E 10) (March 26-June 29, 2012)	February-March 2013	8 (11)	6 out of 8 (75%)	Year 5
VLDP Lusophone (VLDP M&E 11) (May 7-August 12, 2012)	January 2013	10 (13)	8 out of 10 (80%)	Year 5
VLDP on Sustainability (VLDP M&E 12 (May 2013 – June 2013)	January 2014	11 (12)	8 out of 11 (73%)	Year 6

*No VLDPs were conducted in Y7: July 1, 2014, to Dec. 31, 2014.

Table 2.6a: Summary of Training Events and Participants in All Years of Phase III, Year 2-Year 7

Number of training or workshop events supported by MEASURE Evaluation. (Indicator 2.6) Number of participants who complete a MEASURE Evaluation training or workshop. (Indicator 2.7)					
	In-Country M&E Fundamentals Training	In-Country Tool Implementation Training	Regional Training (Core Funded)	Regional Training (Field Funded)	Total
Number of training events (Indicator 2.6)	310	723	21 (Non-Regional Training Partner) 50 (Regional Training Partner)	6 (All Non- Regional Training Partner)	1,106
Number of countries where training occurred	40	29	15 total (12 Non- Regional Partner, 6 Regional Partner)	2	53*
Number of participants (Indicator 2.7) by gender†	4,389; *5,536*	20,472; *13,844*	579; *936* total (223; *349* Non-Regional Partner 356; *587* Regional Partner)	58; *94*	25,498; *20,410*
Percentage female participants	44.2%	59.7%	38.2%	38.2%	55.5%
Total in-country participants					44,115
Total regional participants					1,667
Total of in-country and regional participants					45,782

Notes: * Countries serving as venues for more than one type of training are counted only once in the total of 34.
        † Number of males in roman type; *number of females in italics*.

Table 2.6b: Number of Training Events Across All Years of Phase III, Year 2-Year 7

Number of training or workshop events supported by MEASURE Evaluation. (Indicator 2.6)								
	TO	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7*	Total
In-country training programs	0	51	110	117	281	458	16	1,033
Regional trainings conducted by regional training partners	3	7	9	10	14	6	1	50
Regional trainings conducted by non-regional training partners	1	2	4	5	6	9	0	27
Master's degree programs	0	0	0	1	2	2	1	6
Virtual leadership development programs (VLDP)	1	2	2	3	2	0	0	10
Other, non-VLDP, virtual programs	0	0	1	1	3	1	0	6
Total Programs	5	62	126	137	308	476	18	1,132

*Year 7 refers to the period between July 1, 2014, and December 31, 2014

Table 2.7: Number of Training Participants across All Years of Phase III

Number of participants who complete a MEASURE Evaluation training or workshop. (Indicator 2.7)									
	Task Order	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7*	Total	
In-country training programs	0	2,205	4,971	4,048	14,713	17,620	684	44,241	
								56.2% Female	43.8% Male
All regional training programs	107	216	303	315	386	317	23	1,667	
								38.2% Female	61.8% Male
Master's degree programs	0	0	0	3	4	3	1	11	
								63.6% Female	36.4% Male
All virtual training programs	92	154	161	214	204	0	0	825	
								44.7% Female	55.3% Male
All trainings	199	2,575	5,435	4,580	15,355	17,959	708	46,811	
								55.4% Female	44.6% Male

* Year 7 refers to the period from July 1, 2014, to December 31, 2014

Table 2.8.a: Summary of Total Online Course Participation across All Years of Phase III

Indicator 2.8 Number of people who completed MEASURE Evaluation online courses.								
Year	TO	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
Number of people who completed MEASURE Evaluation online courses	1708	2,463	8,041	16,120	12,986	9,357	5,170	46,562

Table 2.8.b: Launch Dates and Number of Registrations and Completions of Online Courses across All Years of Phase III

	Launch Date	Task Order		Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Totals	
		Registrations*	Completions	Registrations*	Completions	Registrations*	Completions	Registrations*	Completions	Registrations*	Completions	Registrations*	Completions	Registrations*	Completions	Registrations*	Completions
M&E Learning Center																	
M&E Fundamentals (English)*	February 2007							8514	3077	2,585	1,233	4,414	559	1,188	2,018	16,701	6,887
M&E Fundamentals (French)*	May 2010							236	46	217	104	289	126	120	18	862	294
M&E Fundamentals (Spanish)	March 2011							26	16	60	23	74	31	26	12	186	82
M&E Fundamentals (Portuguese)	July 2011							14	11	35	12	28	12	11	0	88	35
M&E Fundamentals (Vietnamese)	May 2012							2	1	84	27	10	6	3	0	99	34
Geographic Approaches to Global Health	March 2011							320	46	410	109	466	130	111	18	1,307	303

Course	Launch Date	Task Order Registrations*	Task Order Completions	Year 2 Registrations*	Year 2 Completions	Year 3 Registrations*	Year 3 Completions	Year 4 Registrations*	Year 4 Completions	Year 5 Registrations*	Year 5 Completions	Year 6 Registrations*	Year 6 Completions	Year 7 Registrations*	Year 7 Completions	Totals Registrations*	Totals Completions
Data Demand and Use	December 2011							199	73	798	301	999	339	221	36	2,217	749
Fundamentals of Implementation Research	January 2012							540	169	902	233	899	205	161	40	2,502	647
Monitoring and Evaluation of Malaria Programs	December 2012									547	156	711	42	155	0	1,413	198
Addressing Equity and Health	January 2014											71	38	71	16	142	54
GIS Techniques for M&E of HIV/AIDS and Related Programs	August 2014													276		276	0
Elements of Data Use	August 2014																
	Totals								3439		2,198		1,488		2,158		

Global Health eLearning Center***

Course	Launch Date	Task Order Registrations*	Task Order Completions	Year 2 Registrations*	Year 2 Completions	Year 3 Registrations*	Year 3 Completions	Year 4 Registrations*	Year 4 Completions	Year 5 Registrations*	Year 5 Completions	Year 6 Registrations*	Year 6 Completions	Year 7 Registrations*	Year 7 Completions	Totals Registrations*	Totals Completions
M&E Fundamentals (English)****	March 2006		1708		1904		2416		2655		2441	2894	1925	377	254	12,687	13,303
Data Quality	May 2010				270		2188		2043		1821	2193	1417	322	194	8,837	7,933
HIV/AIDS Surveillance	May 2010				137		862		663		659	849	726	146	117	3,316	3,164
M&E Frameworks for HIV/AIDS Programs	May 2010				152		1205		1094		1137	1232	695	149	62	4,969	4,345

	Launch Date	Task Order Registrations*	Task Order Completions	Year 2 Registrations*	Year 2 Completions	Year 3 Registrations*	Year 3 Completions	Year 4 Registrations*	Year 4 Completions	Year 5 Registrations*	Year 5 Completions	Year 6 Registrations*	Year 6 Completions	Year 7 Registrations*	Year 7 Completions	Totals Registrations*	Totals Completions
Data Use for Program Managers	January 2011						518		1086		896	998	551	136	70	3,634	3,121
Economic Evaluation Basics	January 2011						342		703		570	787	509	98	56	2,500	2,180
Geographic Approaches to Global Health****	January 2011						220		379		399	275	160	59	27	1,332	1,185
PEPFAR Next Generation Indicator Guidance	January 2011						290		460		352		59		0	1,102	1,161
Mortality Surveillance Methods & Strategies	December 2011								159		280	161	103	27	16	627	558
M&E Guidelines for Sex Workers, Men Who Have Sex With Men, & Transgender Populations-National Level	June 2013										35	232	122	27	14	294	171
M&E Guidelines for Sex Workers, Men Who Have Sex With Men, & Transgender Populations-Service Delivery Level	August 2013											173	114	24	21	197	135

	Launch Date	Task Order		Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Totals	
		Registrations*	Completions	Registrations*	Completions	Registrations*	Completions	Registrations*	Completions	Registrations*	Completions	Registrations*	Completions	Registrations*	Completions	Registrations*	Completions
GIS Techniques for M&E of HIV/AIDS and Related Programs****	August 2014													83	23	83	23
Gender M&E	August 2014																
	Totals		1708		2463		8041		9242		8590		6381		854		
Yearly Totals		0	1708	0	2463	0	8041	9851	16120	5638	12986	17755	9357	3791	5170		
Overall Totals																65,371	46,562

2.8.a: Phase III Selected Feedback
from M&E Learning Center Online (e-Learning) Course Participants

The names of online courses, and brief descriptions, are the following:

M&E Fundamentals (offered in English, French, Spanish, Portuguese, and Vietnamese): Monitoring and evaluation is an essential component of any intervention, project, or program. This mini-course covers the basics of program monitoring and evaluation in the context of population, health and nutrition programs. It also defines common terms and discusses why M&E is essential for program management.

Data Demand and Use:This course aims to provide the conceptual basis for data-informed decision making within an organization or program, or at the national, state, or district levels of government. Also included in the course are introductions to several tools created by MEASURE Evaluation to facilitate the use of data in decision making.

Geographic Approaches to Global Health: This course will teach learners how to use spatial data to enhance the decision-making process for health program implementation in limited resource settings.

Fundamentals of Implementation Research: An introduction to the language, concepts, tools, and strategies used in implementation research (IR). The information is intended to be practical and useful for researchers and program implementers as an orientation to IR.

GIS Techniques for M&E of HIV/AIDS and Related Programs: This course presents a practical guide for using a geographic information system (GIS) to integrate, visualize, and analyze geographically-referenced data extracted from the Demographic and Health Surveys (DHS) and other key data sets to facilitate monitoring and evaluation (M&E) of HIV/AIDS and related health programs. Although appropriate for beginners, this course is a natural continuation of the Geographic Approaches to Global Health course.

Addressing Equity and Health: This 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.

Monitoring and Evaluation of Malaria Programs: This course gives an overview of the fundamental concepts of monitoring and evaluation as they specifically relate to malaria prevention and control programs. It provides an overview of malaria basics, the scope and important functions of M&E and the essential elements of M&E plans for malaria programs. It is intended for national and subnational malaria personnel, as well as NGO and donor agency personnel responsible for implementing and overseeing malaria programs

2.8.b: Selected Feedback

M&E Fundamentals (English Version)

- I have learnt a lot regarding basic M&E concepts which I have used in the course of my work (11.2012, M&E Systems Manager, Fintrac Inc).

- The course assisted me with understanding the basic principles of M&E in such a way that I could translate this into programming and building the capacity of grassroots level staff (11.2012, M&E Officer, IOM Iraq Mission).
- The course was clear and to the point. I was able to apply all components of the course to my daily work (11.2012, Monitoring and Evaluation Specialist, Support to the HIV/AIDS Response in Zambia II/JSI).
- I am new on the job and was hoping to know more about what goes into M & E. I now understand the role of M&E in programs or interventions better and understand my function as an M&E coordinator better (12.2012, District M&E Coordinator, Organization Unknown).
- I did not have any knowledge about frameworks in monitoring and evaluation and this has really helped (1.2013, Anonymous)
- It really helped me break down the essential components of M&E. I feel I understand more completely the fundamentals (2.2013, Anonymous).
- I find the materials provided for the course to be rich in content and gave me very good insight into the process of M&E: its application and benefit (2.2013, Health Systems Program Officer, Local NGO)
- Yes. I had hoped to become more versed in the basic M&E vocabulary, and this course prepared me well in that regard (2.2013, Anonymous).
- It clarified and confirmed what I knew about the fundamentals of M&E. I gained confidence on my understanding of M&E. (3.2013, Programme Manager, Council on Health Research for Development)
- I had scattered knowledge of M&E in general, and I found this course well-structured and concise. I effectively learned the essentials of M&E needed to design and implement M&E Systems. I believe this course covers effectively the core of M&E (6.2013, Project Coordinator, Organization Unknown)
- Basic principles of M&E thoroughly explained in a simple yet comprehensive manner (9.2013, Program Officer-Health System Strengthening & Program Evaluation, Institute of Human Virology, Nigeria).
- The course has been very useful that it has helped me to add more on my understandings of the basics of M&E, and it has already motivated me to aspire further on the topic, and practice on job (12.2013, Operations Specialist, Ministry of Finance, Liberia).
- I wanted to have more information on health programs and how to measure their impact. This course has given me that baseline in order for me to begin on a new path of M&E (3.2014, Safety Engineer, Occel Engineering Nig Ltd).
- It provided a very well organized overview on things to be considered when doing M&E (8.2014, Student, Tulane SPHTM).
- For someone with no prior background in Monitoring and Evaluation but rather in Banking and Estate Management, the course was both explicit and easy to follow and understand. Great job! (9.2014, Consultant, Private)

M&E Fundamentals (French Version: Eléments de base de S&E)

- A good course, which details well enough elements to have a good basic knowledge of monitoring and evaluation, but also to acquire, improve and consolidate primary knowledge previously gained through work experiences and readings. Well designed and well organized, it helps to improve and clarify their knowledge in monitoring and evaluation (2.2013, Anonymous).

- It allowed me to set a few ideas that were not clear to my level (5.2014, Nutrition program Officer, Helen Keller International).

M&E Fundamentals (Spanish Version: Fundamentos de Monitoreo y Evaluación)

- Through reading this course I tried a comprehensive view of the importance of the processes of monitoring and evaluation of key strategic planning programs (12.2012, Anonymous).
- Although it is a short course, it actually contains information necessary to understand the basic concepts of monitoring and evaluation. I loved it (9.2013, Director de Monitoreo y Evaluación, Chemonics International).

- Up until taking the course, I did not have a clear idea of what the objectives and areas of action of both concepts were, now I can consciously say I know where and how (to some extent) to implement M & E (7.2014, Anonymous).

M&E Fundamentals (Vietnamese Version: CÁC NGUYÊN TẮC CƠ BẢN VỀ GIÁM SÁT VÀ ĐÁNH GIÁ)

- I was working as a shift manager - to support women and children in Vietnam in trouble. M & E helps me understand more about my work and help me to work more professionally (12.2013, Position Unknown, Hagar International).

M&E Fundamentals (Portuguese Version: Fundamentos de Monitoria e Avaliação

- The content of the course has helped me to better understand basic concepts such as the difference between monitoring and evaluation, when to implement when implementing monitoring and evaluation. Some basic principles for drafting a plan for monitoring and evaluation as well as models of structures to be used during the preparation of a plan for monitoring and evaluation (11.2012, Oficial de Monitória e Avaliação, Organization Unknown).

Data Demand and Use

- It was able to explain the importance of data use in the M&E system (6.2013, Project Assistant, Bureau of Agriculture and Fisheries Product Standards, Department of Agriculture).
- The content was well laid out, interesting and simple to understand (4.2014, Monitoring and Evaluation Officer, TERREWODE).
- I found answers to some questions in my work (6.2014, M&E officer, Doma Education Development Foundation).
- I can be able to give feedback on the data the officers have collected. Demand will guide me on the data that is important to be collected and used to make decisions (8.2014, M&E, ACF).

Geographic Approaches to Global Health

- The examples in imagery as well as explanations made it easier to comprehend the topic at hand (11.2012, Anonymous).
- This course has vastly capacitated me with skills and competence in theory of geography and health with reference to understanding the basics of spatial data and its role in decision (11.2012, Lead Facilitator, I R C S/L).

- It is a course that one will enjoy reading over and over. I found myself carried away. I learned a lot even more than I expected (1.2013, M& E Assistant, AMREF).
- Through this course, I have gained an understanding of how to use spatial data to enhance the decision-making process for health program implementation in limited resource settings (6.2013, Community Health Coordinator, Health Partners Uganda).
- Yes, it gives me a broaden knowledge to plan and implement GIS application in variety of programs (7.2014, Position Unknown, Save the Children-South Sudan)

Fundamentals of Implementation Research

High Bandwidth

- I expected to learn about how to use research findings in solving real life problems and I found it (8.2014, Lecturer, Bahir Dar University).

Low Bandwidth

- It has broaden my knowledge base especially on the need for IR and the difference between IR & M&E (12.2012, Anonymous)
- The course provided information that improve knowledge and professional work (1.2013, M&E Officer, German Leprosy & TB Relief Association).
- Very rich (4.2013, Health & Nutrition policies specialist, Organization Unknown).
- It has really helps me and my organization how to select an appropriate framework for implementation research and how to identify implementation research constraints (6.2013, Data Officer, ZPCT ii USAID)
- It made me aware of implementation research as I was used only to operational research. As I work with NGO, I can utilize the knowledge of implementation research to improve the services (6.2014, TB/HIV Technical Officer, PATH)
- I work in M&E and research and I found this very useful to help me in my routine tasks (8.2014, M&E Officer for education, AKF).

GIS Techniques for M&E of HIV/AIDS and Related Programs

- I have learnt a lot as far as collecting information using GIS tools are concerned (8.2014, Attachee, KEMRI/CDC).
- Apart from hands on experience of GIS I have also learnt some background information which will be useful in the use of the software (8.2014, Nutritionist, Ministry of Health).
- Yes, I have learnt the type of files to use, how to use them, how to merge them, how to create new variables and how to build a map (8.2014, UN organization).
- I was expecting to be provided with necessary information relating to GIS Techniques for M & E of HIV/AIDS and related programs, this course provided exactly this (8.2014, anonymous).

Addressing Equity and Health

- I learned many things and expect to use new knowledge in my current tasks (2.2014, M&E Officer, Concern Worldwide).

- Yes it met my expectation because it explained clearly the lapses that hinders health resources and program effort from getting to those who need it most and how this could be resolved (3.2014, Statistical Analyst, UI).
- I'm currently creating a program proposal and this module was very applicable (4.2014, anonymous)
- It did a good job explaining the differences between equity and equality, especially through the use of examples. It was also useful to see direct applications of this ideology (6.2014, anonymous).
- I gained valuable information, the course has been clearly structured and I have gained knowledge that I wish to apply in the near future (7.2014, Education and Learning Administrator, ICE).
- In the course of project monitoring and evaluation we do observe some unjust and unfair treatments to some vulnerable groups especially to access of health goods and services and this course has fully equipped me with how one can mainstream and or advocate for equity in healthy and ensure that excluded populations are part and parcel of the program design, implementation and monitoring and evaluation. Of importance is the strategic analysis of the nature of inequalities using Monitoring and evaluation to achieve equity in health (8.2014, Monitoring and Evaluation Officer, Total LandCare Malawi).

Monitoring & Evaluation of Malaria Programs

- I took this course to determine if it would be a good overview course for M&E staff in malaria programs. It will indeed serve that purpose (12.2012, Director of M&E, International NGO).
- The course has helped me to understand the general epidemiology of malaria, global burden of malaria, the global efforts to control malaria and the different types of malaria interventions (12.2012, medical student, University of Benin).
- The course was detailed and easy to understand (1.2014, anonymous)
- This will help me improve the output of malaria understanding in my community (1.2014, Data entry clerk, Hodi).
- In the monitoring and evaluation of malaria prevention and control programs and initiatives, this is exactly what I needed. It brought concise understanding into the theories I had known before. It also made me understand how monitoring and evaluation continues to be important to malaria prevention and control programs (3.2014, Program Officer, Society for Monitoring and Evaluation).
- The course is comprehensive; provide real life and practical guides to develop a monitoring and evaluation plan for Malaria (4.2012, Program Assistant, ECHO).

Table 2.9: Development of New Capacity Building Tools, Strategies or Curricula for the Global Audience Y2-Y7

Instances of new MEASURE Evaluation tools, methodologies, technical guidance, curricula or other products centered on capacity building or capacity measurement for M&E/HIS that have been validated or otherwise finalized for general use. (Indicator 2.9)		
Curriculum	**Country or Region**	**Year**
M&E of gender-based violence programs	Global	Year 2
M&E of constructive men's engagement programs	Global	Year 2
M&E basic concepts in Portuguese	Global	Year 2
Data analysis concepts in Portuguese	Global	Year 2
Population, health, and environment	Global	Year 2
M&E of Gender & Health Programs (English and French),	Global	Year 3
Online Course: Geographic Approaches to Public Health	Global	Year 4
Online Course: Data Demand and use: An introduction to concepts and tools	Global	Year 4
Online Course: Implementation Research Course posted online	Global	Year 4
LQAS and M&E for Avian Influenza Programs	Global	Year 4
M&E of Malaria Programs – Workshop Curriculum	Global	Year 5
Child Status Index (CSI) Training Manual	Global	Year 6
SCORE ME toolkit validated and finalized for general use	Global	Year 6
Online Course: Addressing Health Equity	Global	Year 6
Online Course Created through Collaborative Partnership (see indicator 3.1)		
Online Course on Guidelines for Sex Workers, Men who have Sex with Men and Transgender People	Global	Year 5
Online certificate course on Gender M&E	Global	Year 6
Online course on GIS Techniques for M&E of HIV/AIDS and Related Programs	Global	Year 6
Online Course: M&E Guidelines for Sex Workers, Men who Have Sex with Men, & Transgender Populations-Service Delivery Level	Global	Year 6

Table 2.10: Development of New Capacity Building Tools, Strategies or Curricula for Country Specific Contexts and Piloting of Global Capacity Building Tools Y2-Y7

Instances of MEASURE Evaluation curricula, tools, methodologies, technical guides or other products centered on capacity building or capacity measurement for M&E /HIS that have been piloted or developed for a specific application. (Indicator 2.10) Curriculum, Tool, Methodology, Guide, or Other Product	Country or Region	Year
Course content, agenda, and facilitators selection along with a budget estimate for West and Central Africa Capacity Building Working group	West and Central Africa	Year 2
Databases and information systems module for a generic regional training course for HIV planning officers, monitoring and evaluation professionals, and program implementers.	East and Southern Africa	Year 2
Draft *Standards for a Competency-based Approach to Monitoring and Evaluation Curricula and Training*	Global	Year 2
Guidance on Building the Capacity of National HIV M&E Systems and the *National M&E System Capacity Assessment Tool based on the Organizing Framework for a Functional HIV M&E System.*	Global	Year 2
Training and follow-up coaching approach that integrates developing leadership capacity with building demand for and use of data in decision making	Ethiopia	Year 3
M&E training manual linked to the Nigerian National OVC M&E Plan	Nigeria	Year 3
M&E Training module for the training plan for collaborating universities affiliated with FMOH	Nigeria	Year 3*
M&E Module added to the "Collab" In-service Training curriculum for Ministry of Health Senior staff	Nigeria	Year 3*
CNCS Basic M&E Curriculum	Mozambique	Year 3
Training materials for new compartment bag methods to detect e. *coli* in water	Global	Year 3
Applications for geospatial analysis curriculum piloted at PFHI (October 2011)	India	Year 4
Participatory M&E methodology piloted with KIHUMBE and SHDEPHA+	Tanzania	Year 4
GIS in HIV/AIDS programs curriculum for francophone Africa (April 2012)	Francophone Africa	Year 4
M&E of malaria programs online course (fall 2012)	Global	Year 4
Routine Health Information Systems Training Curriculum	Bangladesh	Year 5
DQA curriculum piloted in Democratic Republic of Congo, Botswana, and Uganda; and finalized in Botswana	Botswana Democratic Republic of Congo Uganda	Year 5
SCORE ME piloted	Ethiopia	Year 5
Stata curriculum manual and slides developed for Guatemala	Guatemala	Year 5
Training manual developed for Inclusion of water quality testing with the Compartment Bag Test in the 2013 Liberia Demographic and Health Survey	Liberia	Year 5
Monitoring the National Plan of Action for Vulnerable Children curriculum developed to support implementation of the National Plan of Action	Nigeria	Year 5

Curriculum for enhancing PMTCT recording, reporting, and use, developed for use in Uganda	Uganda	Year 5
New GIS/GEODA, Lot Quality Assurance Sampling (LQAS), and Gender and HIV in M&E modules added to M&E training for Francophone Africa	Senegal	Year 5
Orientation curriculum for LDs. PMs, and DPMS on planning, implementation and monitoring of HPNSDP developed	Bangladesh	Year 6
Training Manual for Community Health Care Providers (CHCP) on computer and online reporting	Bangladesh	Year 6
Training Manual on ICD-10 Coding	Bangladesh	Year 6
Training Manual for Health Assistants (HA) on Tablet PC use	Bangladesh	Year 6
Instruction manual on monthly reporting	Bangladesh	Year 6
CESAG (African Center for Advanced Studies in Management) developed a Leadership and Data Demand and Use Curricula for Ethiopia, Rwanda, and Jamaica	Jamaica; Ethiopia; Rwanda	Year 6
PHFI developed a 3-month Virtual online certificate course in M&E of PHN Programs and launched the first cohort in January 2014.	Global; India	Year 6
Innovations in TB Data Quality: An M&E Workshop Facilitators Guide developed in collaboration with TB Care - piloted in Kenya for TB Care	Global; Kenya	Year 6
Self-Assessment of Competencies in Research Implementation and Evaluation Tool Developed	Global	Year 6
Monitoring and Evaluation of Capacity Building Programs	Global	Year 6
Core Competencies for M&E of PHN Workshops	Global	Year 6
Core Competencies for an Advanced M&E of PHN Workshop	Global	Year 6
Virtual Online Specialization in M&E Curriculum developed with Instituto Nacional de Salud Publica (INSP)	Mexico	Year 6
Diploma in M&E of Public Health Programs Diploma approved for OAU's Department of Medicine	Nigeria	Year 6
Two-credit Fundamentals of M&E in Public Health approved at Ahmadu Bello University (ABU) under the Department of Community Medicine	Nigeria	Year 6
M&E module for Health Records Officers curriculum developed in collaboration with the Health Records Officers Registration Board of Nigeria and the National Board for Technical Education for Nigeria's health information management institutions	Nigeria	Year 6
Competencies for M&E Courses in MPH Programs in South Asia	South Asia	Year 6
Competencies for an M&E track in MPH Programs in South Asia	South Asia	Year 6
PHFI developed a 2 – month Virtual Online certificate course on GIS Applications in Public Health and disseminated the announcement for the first cohort scheduled to begin in September 2014	Global; India	Year 7

*Documented in Y6

Appendix 3: Collaboration and Coordination (Result 3)

Table 3.0: Summary of Coordination and Collaboration Results Across All Years of Phase III

Result	Indicators	End of Task Order	Year 2	Year 3	Year 4	Year 5	Year 6*	Year 7	Total
Increased collaboration and coordination in efforts to obtain and communicate health, population and nutrition data in areas of mutual interest. (Result 3)									
Result 3: Increased collaboration and coordination in efforts to obtain and communicate health, population, and nutrition data in areas of mutual interest.	3.1 Instances of outputs produced by international communities of practice or coordinating mechanisms in which MEASURE Evaluation had a leadership role.	11	6	6	5	10	9	1	48
	3.2 Number of global or in-country communities of practice or coordinating mechanisms in which MEASURE Evaluation had a high level of participation.	18	23	43	40	57	40	4	225
	3.3 Number of members in MEASURE Evaluation-moderated electronic communities of practice. (+mean change in total membership)	n/a	4,458	5,503 (+80.6)	6,829 (+76)	7,901 (+109.9)	7,614 (+112)	4,660 (n/a)	(n/a)
	3.4 Mean number of members of MEASURE Evaluation-moderated communities of practice who posted to a community of practice per quarter.	n/a	n/a	8.2	11.4	14.3	26.1	n/a†	Mean:15
	3.5 Mean number of new threads started on a MEASURE Evaluation-moderated community of practice per quarter.	n/a	n/a	Total:91 Mean:5.2	Total:218 Mean:6.4	Total:245 Mean:6.3	Total:164 Mean:5.5	n/a†	Total:718 Mean:5.9
	3.6 Number of MEASURE Evaluation-moderated electronic community-of-practice forums in the last year.	n/a	n/a	18	25	4	25	n/a†	72

*Y6: July 1, 2013-June 30, 2014, + denotes results completed during Y7: July 1-December 31, 2014.
†Communities of Practice did not receive continued funding in Y7, and therefore many moderators stopped collecting membership and participation data

Table 3.1: Global M&E Reference Products Produced Collaboratively Y2-Y7

Output	Collaboration	Year
Instances of outputs produced by international communities of practice or coordinating mechanisms in which MEASURE Evaluation had a leadership role. (Indicator 3.1)		
The Malaria Indicator Survey (MIS)	RBM MERG	Year 2
Indicator Registry was launched in April 2009 along with Indicator Standards: Operational Guidelines for Selecting Indicators for HIV	UNAIDS indicator development and revision TWG	Year 2
Revised 3 Interlinked Patient Monitoring Systems Tools (3ILPMS) for HIV, MCH, and Tuberculosis	MEASURE Evaluation and WHO	Year 2
Malaria M&E Toolkit now available through newly launched RBM Toolbox website	RBM MERG	Year 2
IHFAN has produced 3 publications in coordination with other participating organizations on the network including a curriculum to build capacity in the health facility assessments	IHFAN	Year 2
"Standards for a Competency-based Approach to Monitoring and Evaluation Curricula & Trainings"	UNAIDS MERG M&E CB TWG	Year 2
Dar es Salaam Statement on Malaria Impact Evaluations	RBM MERG	Year 3
Gender and HIV Indicator, Recent Intimate Partner Violence, included in UNAIDS Post-UNGASS monitoring indicator set	Gender and HIV Indicator Consultative Group (MEASURE Evaluation, USG, UN, GFATM, independent experts)	Year 3
Harmonized nutrition and HIV indicators	PEPFAR Food and Nutrition TWG	Year 3
Operational Guidelines for Monitoring and Evaluation of HIV Programmes for People Who Inject Drugs	UNAIDS MERG TWG on M&E Guidelines for MARP	Year 3
Four PEPFAR e-learning courses (data use for program managers, economic evaluation basics, geographic approaches to global health, PEPFAR next generation indicators guidance).	USAID, CDC, OGAC, K4H	Year 3
Regional ICD-10 coding training workshop	RELACSIS	Year 3
Recommendations for a global set of community based HIV indicators developed through a collaborative process using an online community of practice model and forums	Indicators for community HIV programs CoP	Year 4
Implementation research online course	MEASURE Evaluation, USAID, NIH, WHO and PEPFAR	Year 4
Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men who have Sex with Men and Transgender People	UNAIDS MARP M&E TWG	Year 4
Gender and health statistics resource guide created as result of collaborative effort spurred by World Health Organization (WHO) meeting	WHO, USAID-IGWG, UN organizations, MEASURE Evaluation	Year 4
Creating a master facility list, a WHO protocol document on national health facility inventories	WHO, IHFAN, MEASURE Evaluation	Year 4
MONITORING AND EVALUATION TOOL KIT: HIV, Tuberculosis, Malaria, and Health and Community Systems Strengthening	Global Fund, CDC, Health Metrics Network, Roll Back Malaria Partnership, Stop TB Partnership, UNAIDS, UNICEF, Global Alliance for Vaccines and Immunization, WHO, World Bank, PEPFAR, USAID, PMI and MEASURE Evaluation.	Year 5
GEMNet-Health Inventory of M&E Resources	GEMNET-Health Partnership	Year 5
International Guidance for field testing HIV indicators	CDC, ECDC, Global Fund, UNFPA, UNAIDS, USAID, University Research Co., World Bank, and WHO	Year 5
Online Course: M&E Guidelines for Sex Workers, Men Who Have Sex With Men, & Transgender Populations-National Level	Coordination between MEASURE Evaluation and K4H Project	Year 5

Instances of outputs produced by international communities of practice or coordinating mechanisms in which MEASURE Evaluation had a leadership role. (Indicator 3.1)		
Output	Collaboration	Year
GLOBAL MONITORING FRAMEWORK AND STRATEGY for the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (EMTCT)	M&E TWG of the Interagency Task Team (IATT) on PMTCT	Year 5
Summary of Methodologies to Measure Prevention of HIV/AIDS among Young People	UNAIDS Secretariat and UNAIDS co-sponsors (UNHCR, UNICEF, WHO, UNDP, UNFPA, UNODC, ILO, UNESCO, World Bank), as well as a number of youth networks/associations, donors, civil society, research institutions and MEASURE Evaluation	Year 5
Malaria Indicator Survey: Basic Documentation for Survey Design and Implementation	Roll Back Malaria MERG Mortality Task Force	Year 5
RELACSIS Network Plan of Action	RELACSIS	Year 5
Household Survey Indicators for Malaria Control- a malaria indicator survey package	Roll Back Malaria MERG Mortality Task Force including the President's Malaria initiative: USAID, CDC, Department of Health and Human Services, Roll Back Malaria Partnership, and WHO	Year 5
Performance measurement and monitoring framework/tool under the System Strengthening Strategy Initiative to measure the supply chain system including operational performance and cross-cutting elements (e.g. governance, human resources, etc.)	USAID, OHA, MEASURE Evaluation and SCMS	Year 5
Core M&E Competencies, Topics, and Learning Objectives: Guidance for workshops on M&E of Population, Health and Nutrition Programs	GEMNet-Health	Year 6
Compendium of M&E Indicators: Trafficking in Persons and Health	International Gender Working Group (IGWG)	Year 6
Compendium of Gender Equality and HIV Indicators	UNWomen, UNAIDS, WHO, other UN agencies, The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), USAID, United States Global AIDS Coordinator (OGAC), The Department for International Development (DFID), Swedish International Development Cooperation Agency (SIDA), Canadian International Development Agency (CIDA), country level and civil society level partners	Year 6
The study report, "Evaluation of the Impact of Malaria Control Interventions on All-Cause Mortality on Children Under 5 years of age in Mozambique"	Roll Back Malaria MERG and other partners	Year 6
Online certificate course on Gender M&E	Coordination between MEASURE Evaluation and K4H Project	Year 6
Online course on GIS Techniques for M&E of HIV/AIDS and Related Programs	Coordination between MEASURE Evaluation and K4H Project	Year 6
Online course: M&E Guidelines for Sex Workers, Men who Have Sex with Men, & Transgender Populations-Service Delivery Level	Coordination between MEASURE Evaluation and K4H Project	Year 6
Malaria Surveillance Curricula Package	RBM MERG	Year 6
Summary of Achievements and Regional Best Practices for Health Information Systems	RELACSIS network	Year 6
Guidance for Evaluating the Impact of National Malaria Control Programs in Highly Endemic Countries	Roll Back Malaria M&E Reference Group	Year 7

3.1.a Selected results from Indicator 3.1: Instances of outputs produced by international communities of practice or coordinating mechanisms in which MEASURE Evaluation had a leadership role.

Compendium of Gender Equality and HIV Indicators produced in collaboration with numerous multilateral (UNWomen, UNAIDS, WHO, other UN agencies and GFATM), bilateral (USAID, OGAC, DFID, SIDA and CIDA), country level and civil society level partners: Gender inequality is recognized as a key driver of the HIV epidemic by all multilateral and bilateral organizations focused on this global issue. It has been acknowledged that programs and policies developed in response to HIV must address gender inequality in order to be effective. Key stakeholders and actors in the HIV response have highlighted the need for indicators focused on gender inequality. At the request of UN Women, UNAIDS, WHO, UNFPA, OGAC, USAID, UNDP, and the Global Fund, MEASURE Evaluation developed the Compendium of Gender Equality and HIV Indicators. Criteria related to what constitutes standard indicators for measuring gender dimensions of HIV is an area in which further guidance is particularly desired. MEASURE Evaluation compiled the initial list of indicators, coordinated a stakeholder meeting to review the list and build consensus, drafted the compendium, and directed all technical work, including that of the Compendium Core Planning Committee. The development process was collaborative and involved international representatives from governmental and non-governmental organizations at the multilateral level (WHO, various UN agencies and GFATM), bilateral level (USAID, OGAC, DFID, SIDA and CIDA), and country level, as well as representatives from civil society. The compendium is intended to provide program managers, organizations, and policy makers with a menu of indicators to better "know their HIV epidemic/know their response" from a gender perspective in order to: strengthen national and sub national stakeholders' understanding of their HIV epidemic and response from a gender equality perspective; monitor progress towards eliminating gender-based inequities in HIV responses; and monitor and evaluate programs that address specific types of gender equality interventions in the context of HIV. The Compendium has been designed for use at national, regional or programmatic levels and the indicators can be measured through existing data collection and information systems in most country contexts, though some may require special studies or research. The Compendium was first disseminated in February 2014 via the MEASURE Evaluation's website and the global AIMNet listserv for HIV M&E professionals.

Malaria Surveillance Curricula Package Developed with the <u>Kenyan</u> Ministry of Health: MEASURE Evaluation served as contributor and co-editor in the publication of "Malaria surveillance and response: A comprehensive curriculum and implementation guide," released by Kenya's Ministry of Health to equip health care workers with the knowledge and skills to effectively implement a robust malaria surveillance system. Additional collaborators on the guide include Kenya's Division of Malaria Control, KEMRI Welcome Trust, WHO, CDC, and Abt Associates. The guide is part of Kenya's efforts to achieve total malaria elimination within the country. The National Malaria Strategy 2009-2017 identifies strengthening malaria surveillance and monitoring and evaluations systems as key steps toward a malaria-free Kenya. These objectives require routine monitoring and evaluating of malaria indicators across all tiers of health service delivery. The course is designed for all health care workers at all service levels who participate in carrying out the malaria surveillance activities in the course of their duty. The target group includes disease surveillance teams, malaria control coordinators, medical practitioners, clinical officers, nurses, laboratory technologists, public health officers, health records information officers and pharmaceutical technologists. Health care workers learn the following skills for monitoring and evaluating malaria: malaria identification, confirmation and reporting; malaria surveillance data management; generating core malaria surveillance graphs; and malaria epidemic preparedness and response. The knowledge and skills health workers gain will allow them to contribute to the installation

of a national malaria surveillance system. This collaboration between the Kenyan Ministry of Health, MEASURE Evaluation and other global partners will promote improved monitoring and evaluation practices and procedures related to malaria control.

The study report called "Evaluation of the Impact of Malaria Control Interventions on All-Cause Mortality on Children Under 5 years of age in <u>Mozambique</u>" is the joint output of the Roll Back Malaria MERG and other partners: In November 2014, the Mozambique Malaria Impact Evaluation Group published the report, "Evaluation of the Impact of Malaria Control Interventions on All-Cause Mortality on Children Under 5 years of age in Mozambique." The report was co-commissioned by the US President's Malaria Initiative (PMI) and Mozambique's Ministry of Health (MoH) to document the impact of investments in morbidity and mortality among children under five years of age during the period 2003-2011. Collaborators included the Ministry of Health of Mozambique; Health Alliance International; ICF International; PMI-CDC, Mozambique PMI-USAID; UNICEF; WHO; NMCP; and MEASURE. The Group, of which MEASURE is a key member, found that Mozambique had made progress in rolling out and scaling up many malaria control interventions during the evaluation period. Their collaboration provides insight into how Mozambique's MoH can best invest its resources in the continued fight against malaria among children under 5. MEASURE staff assumed central roles in the development of the report, including lead author, section authors, and reviewers. The Group's coordinated efforts will inform Mozambique's national malaria strategy through the lessons learned documented in this report.

Summary of Achievements and <u>Latin American</u> Region Best Practices for Health Information Systems finalized by RELACSIS CoP: MEASURE Evaluation and the Pan American Health Organization (PAHO) have been working together throughout Phase III to support National Health Authorities (NHA) in the Latin American and Caribbean (LAC) region to implement best practices for use of quality health data and health information systems among countries in the region. This strategy aims to improve health outcomes by supporting evidence-based decisions that improve the quality of health service delivery and reduce fragmentation and inefficiencies in the health sector. In collaboration with MEASURE Evaluation and PAHO, RELACSIS CoP has finalized a summary report that highlights accomplishments during Phase III. The summary report places special emphasis on encouraging RELACSIS members to share expertise with other regions to ensure sustainable and cost-effective strengthening of monitoring and evaluation and health information systems. RELACSIS has developed simple and easily replicable best practices for member countries. RELACSIS has also created a global network that provides expertise in a cost-effective manner available to participating countries as needed. The summary report highlights how RELACSIS has served as a coordinating mechanism for regional efforts aimed at contributing to the ongoing improvement of health information systems (HIS). Specifically, the CoP has contributed to overall HIS strengthening, dissemination of best practices and the use of information through the following:

- Proposed standards (framework, methodologies, procedures, techniques, etc.) to generate higher quality, more reliable, and more timely information;
- Development and sharing of best practices, lessons learned, and knowledge;
- Promotion of the dissemination and use of generated information and knowledge;
- Promotion of monitoring and evaluation of the performance of national HIS;
- Strengthened human and financial resources; and
- Development and promotion of South-to-South technical cooperation among countries.

One of the most important factors in the success of RELACSIS has been that individuals, institutions, and countries supported the goals and objectives at the onset, and evolved into taking ownership of the process as it progressed. The opportunity for the countries to adapt and adopt the frameworks and tools in the context of their country's own particular situation and culture was significant in bringing about this sense of ownership. The strategy has been to continually encourage South-to-South exchange among countries. As countries became partners, owners, and actors in the process, professionals and institutions in participating countries have become aware of existing expertise present in their own countries that is transferable to neighboring countries.

Online Course: M&E Guidelines for Sex Workers, Men who Have Sex with Men, & Transgender Populations-Service Delivery Level: Through the K4Health Project, MEASURE Evaluation collaborated with fellow members of the Operational Guidelines Team (comprised of members of UNAIDS, WHO, UNFPA, UNODC, UNDP, Global Fund, ICASO, USAID, CDC, PEPFAR, and DFID) to develop the online course entitled, "M&E Guidelines for Sex Workers, Men who Have Sex with Men, & Transgender Populations-Service Delivery Level." The course was launched in September 2013. This course responds to the urgent need to scale up monitoring and evaluation (M&E) of HIV prevention programs serving sex workers (SWs), men who have sex with men (MSM), and transgender (TG) populations. Currently, there is limited information on the implementation of services for the prevention and treatment of HIV infection among these populations. A good monitoring and evaluation system can measure the availability of services, guide the implementation of services, and assess their effectiveness. Intended for a broad audience, including networks and organizations representing sex workers, men who have sex with men and transgender people at the local level; service delivery providers at the local level; and NGOs and other civil society groups working at the local level, this course will help learners to apply the Operational Guidelines for Monitoring & Evaluation of HIV Programmes for Sex Workers, Men who have Sex with Men, and Transgender People (Vol II) to strengthen HIV service delivery for these populations. At the end of the course, learners will be able to:

- Obtain information necessary for planning the intervention response and set targets at the service delivery level
- Explain how to implement a system to monitor program activities at the service delivery level
- Describe how to evaluate whether prevention programs at the service delivery level are effectives in reducing rates of HIV transmission among key populations
- Use the Checklist to self-assess available data and resources mentioned in the guidelines
- Know where to look for further information or technical assistance

This two-and-a-half course has been made freely available to the public at the Global Health eLearning Center.

Core M&E Competencies, Topics, and Learning Objectives: Guidance for workshops on M&E of Population, Health and Nutrition Programs, developed by GEMNet-Health: The Global Evaluation and Monitoring Network for Health (GEMNet-Health) works to foster organizational growth, collaboration, and South-to-South support for monitoring and evaluation of health programs globally through ongoing and future institutional linkages among members, beginning with a core of MEASURE Evaluation's current and former training partners. MEASURE Evaluation serves as the Secretariat for GEMNet-Health and in this role supports the development of M&E resources with global relevance. Previous examples of these resources include a list of core M&E competencies recommended for introductory training in M&E. In its efforts to begin harmonizing M&E training across its member institutions, GEMNet-Health

has previously developed a list of core M&E competencies for introductory M&E training. GEMNet-Health's continued dedication to this goal resulted, in 2014, in the guidance document entitled, "Advanced M&E competencies for workshops on M&E of population, health, and nutrition (PHN) programs." This document expands on the core M&E competencies developed previously, and identifies competencies that might be addressed in an advanced M&E of PHN Programs Workshop. It begins with a rationale for following a competency-based approach to M&E training, followed by highlighting efforts made by others to identify the skills and knowledge needed for M&E practice. Then, building on the basic core competencies already identified by GEMNet-Health and studying existing resources in the field, GEMNet-Health presents its recommendations for core and optional competencies and topics encompassed by each competency, for an advanced level M&E of PHN Programs Workshop. Though this collaborative effort, GEMNet-Health member institutions like MEASURE Evaluation are expanding resources for M&E of PHN programs.

MEASURE Evaluation led in the development of "Guidance for Evaluating the Impact of National Malaria Control Programs in Highly Endemic Countries" for the Roll Back Malaria M&E Reference Group (Y7): As a result of significant funding increases for malaria programs, particularly in Sub-Saharan Africa, key interventions such as insecticide-treated nets, indoor residual spraying, intermittent preventive treatment for pregnant women, and treatment have been taken to scale in malaria endemic countries. In light of new measurement and evidence needs from these opportunities, MEASURE Evaluation led the Roll Back Malaria M&E Reference Group in the production of "Guidance for Evaluating the Impact of National Malaria Control Programs in Highly Endemic Countries". This document reviews and updates the 2007 evaluation framework and provides recommendations for evaluating the scale-up of malaria control interventions in endemic countries. The document targets staff of National Malaria Control Programs, Ministries of Health, development partners, and people conversant with monitoring and evaluation. The methods described are most relevant for countries with a high malaria burden, which tend to struggle with capturing malaria deaths and where malaria constitutes a large portion of overall mortality. The suggested evaluation framework consists of five interdependent steps: (1) engage stakeholders, (2) describe the malaria control program, (3) design the evaluation, (4) generate credible evidence, and (5) promote use and dissemination of findings. The report also provides recommendations on the use of different data sources for this work.

The following groups collaborated with MEASURE Evaluation to produce the guidance document: Tulane University School of Public Health and Tropical Medicine, ICF International, Futures Institute, President's Malaria Initiative/United States Agency for International Development, United Nations Foundation, United Nations Children's Fund, World Health Organization, **The Global Fund to Fight AIDS, Tuberculosis and Malaria, and Centers for Disease Control an**d Prevention.

Table 3.2: Technical Working Groups Y2-Y7

Number of global or in-country communities of practice or coordinating mechanisms in which MEASURE Evaluation has a high level of participation. (Indicator 3.2)			
Network	Country or Region	Role	Year
UNAIDS MERG	Global	Member	Year 2
UNAIDS MERG MARP M&E TWG	Global	Co-Chair	Year 2
UNAIDS MERG Indicator development and revision TWG	Global	Member	Year 2
Global Fund TWG on Community Systems Strengthening	Global	Member	Year 2
Health Metrics Network (HMN) Technical Advisory Group	Global	Member	Year 2
Routine Health Information Network (RHINO)	Global	Secretariat responsibilities and Member	Year 2
Roll Back Malaria MERG	Global	Secretariat and Member	Year 2
.RBM MERG Capacity Building Task Force	Global	Co-Chair	Year 2
RBM MERG Mortality Task Force	Global	Secretariat and Member	Year 2
Roll Back Malaria Survey and Indicator Task Force	Global	Chair	Year 2
International Health Facility Assessment Network (IHFAN)	Global	Secretariat and Technical Chair	Year 2
Inter-agency task team on PMTCT M&E Working Group	Global	Member	Year 2
BGH CAs M&E Working Group	US Government	Co-chair and Secretariat	Year 2
Technical Advisory Group within USAID Interagency Gender Working Group	US Government	Member	Year 2
Health Information and Publications Network (HIPNet)	US Government	Member	Year 2
Newborn health indicators TWG	US Government	Member	Year 2
PEPFAR M&E TWG	US Government	Member	Year 2
PEPFAR Indicators and reporting sub-group	US Government	Member	Year 2
MEASURE GIS Working Group	US Government	Leader	Year 2
UNAIDS West and Central Africa Capacity Building Technical Working Group	West and Central Africa	Member	Year 2
National TWG on HIV Estimates and Modeling	Rwanda	Member	Year 2
UNICEF Interagency Task Team on Children and HIV/AIDS M&E WG	Global	Member	Year 2
Mesoamerican Health Initiative	Global	Member	Year 2
Consejo Presidencial del SIDA M&E TWG in the Dominican Republic	Dominican Republic	Facilitator	Year 3
Regional Development Mission for Asia (USAID) Partners Working Group	RDMA	Member	Year 3
Cote d'Ivoire M&E TWG	Cote d'Ivoire	Member	Year 3
Regional TWG for Partners/Partners' Forum	Ethiopia	Secretariat	Year 3

Number of global or in-country communities of practice or coordinating mechanisms in which MEASURE Evaluation has a high level of participation. (Indicator 3.2)			
Network	Country or Region	Role	Year
Guyana Joint United Nations Team on AIDS	Guyana	Participant	Year 3
Jamaica Monitoring and Evaluation Reference Group	Jamaica	Member	Year 3
Kenya Department of Malaria Control M&E TWG	Kenya	Member	Year 3
Kenya M&E TWG	Kenya	Member	Year 3
Kenya Malaria Inter-agency Coordinating Committee	Kenya	Member	Year 3
Mass Net Distribution Plan of Action Group in Kenya	Kenya	Member	Year 3
Kenya Malaria Indicator Survey TWG	Kenya	Member	Year 3
Mozambique CNCS M&E TWG	Mozambique	Member	Year 3
Nigeria National HIV/AIDS TWG	Nigeria	Technical Assistance	Year 3
Nigeria National M&E TWG	Nigeria	Member	Year 3
Nigeria PMTCT steering committee	Nigeria	Member	Year 3
Data Inventory and Documentation Initiative	Nigeria	Member	Year 3
Capacity building Sub-committee, National TWG on HIV/AIDS	Nigeria	Co-Chair	Year 3
Sub-committee on Surveys and Surveillance in Nigeria	Nigeria	Member	Year 3
TWG sub-committee on HMIS in Nigeria	Nigeria	Member	Year 3
National AIDS Control Commission HIV Prevention TWG	Rwanda	Participant	Year 3
National HIV M&E TWG in Rwanda	Rwanda	Secretariat	Year 3
National Health Research Committee, Rwanda	Rwanda	Member	Year 3
TRAcnet support unit , Rwanda	Rwanda	Member	Year 3
HMIS TWG, Rwanda	Rwanda	Member	Year 3
PEPFAR Steering Committee, Rwanda	Rwanda	Participant and IT support	Year 3
Most Vulnerable Children M&E TWG in Tanzania	Tanzania	Participant	Year 3
West Central Africa Capacity Building TWG	West Central Africa	Member	Year 3
Global Fund TWG on Community Systems Strengthening	Global	Member	Year 3
International Health Facility Assessment Network (IHFAN)	Global	Secretariat and Member	Year 3
Routine Health Information Network (RHINO)	Global	Member	Year 3
Roll Back Malaria MERG	Global	Secretariat and Member	Year 3
Roll Back Malaria MERG Capacity Building Task Force	Global	Co-Chair	Year 3
Roll Back Malaria MERG Mortality Task Force	Global	Secretariat and Member	Year 3
Roll Back Malaria Survey and Indicator Task Force	Global	Chair	Year 3
Save the Children TWG on Newborn Health Indicators	Global	Member	Year 3

Number of global or in-country communities of practice or coordinating mechanisms in which MEASURE Evaluation has a high level of participation. (Indicator 3.2)			
Network	**Country or Region**	**Role**	**Year**
UNAIDS Indicator Standards and Revisions TWG	Global	Member	Year 3
UNAIDS Monitoring and Evaluation Reference Group (MERG)	Global	Member	Year 3
UNICEF-WHO M&E sub-group of Interagency Task Team on PMTCT	Global	Member	Year 3
Member of UNICEF Interagency Task Team on Children and HIV/AIDS M&E WG	Global	Member	Year 3
Bureau of Global Health Cooperating Agencies M&E Working Group	Global	Co-chair and Secretariat	Year 3
PEPFAR Indicators and Reporting Working Group	Global	Member	Year 3
PEPFAR M&E Capacity Building TWG	Global	Member	Year 3
USAID Interagency Gender Working Group TWG	Global	Member	Year 3
National M&E Reference Group	Cote d'Ivoire	Member	Year 4
MOH National IT Technical working group	Cote d'Ivoire	Member	Year 4
HMIS Technical Working group	Cote d'Ivoire	Secretariat	Year 4
HIV Surveillance TWG	Cote d'Ivoire	Member	Year 4
Consejo Presidencial del SIDA M&E TWG	Dominican Republic	Member	Year 4
Core Technical Group for the HIS strategy development	Ethiopia	Member	Year 4
Division of Reproductive Health M&E Working Group	Kenya	Participant	Year 4
Community Health Information Systems (CHIS) TWG	Kenya	Participant	Year 4
National Malaria Surveillance, M&E, and Operations Research TWG	Kenya	Participant and Technical Leadership	Year 4
Nigerian National Spatial Data Infrastructure TWG	Nigeria	Member	Year 4
National HIV M&E TWG and many subcommittees	Nigeria	Member	Year 4
MARPS Steering Committee	Nigeria	Member	Year 4
National M&E Technical Working Group on OVC	Nigeria	Member	Year 4
State-specific M&E working groups (Anambra, Kano, and Lagos)	Nigeria	Member	Year 4
TRAcnet support unit	Rwanda	Member	Year 4
National HIV M&E Technical Working Group	Rwanda	Member	Year 4
National OVC M&E TWG / TWG on Child Protection	Rwanda	Member	Year 4
Member of MDG6 Steering Committee*	Rwanda	Member	Year 4
Most Vulnerable Children M&E TWG	Tanzania	Secretariat	Year 4
West Central Africa Capacity Building Technical Working Group	West Africa	Member	Year 4
AIMEnet	Global	Moderator	Year 4
Bureau of Global Health Cooperating Agencies M&E Working Group	Global	Secretariat and Co-chair	Year 4
Family Planning Summit Monitoring and Accountability Technical Working Group and Technical Advisory Group	Global	Member	Year 4

Number of global or in-country communities of practice or coordinating mechanisms in which MEASURE Evaluation has a high level of participation. (Indicator 3.2)			
Network	Country or Region	Role	Year
Global Fund TWG on Community Systems Strengthening	Global	Member	Year 4
Health Information and Publications Network (HIPNet)	Global	Co-chair	Year 4
Interagency Technical Team (IATT) on PMTCT, M&E Technical Working Group, and subgroup on data quality	Global	Member	Year 4
International Health Facility Assessment Network (IHFAN)	Global	Secretariat and Member	Year 4
Most-At-Risk-Populations (MARPs) Working Group	Global	Co-chair	Year 4
Multi-Agency ad hoc working group on M&E of nutrition and HIV	Global	Member	Year 4
PEPFAR M&E TWG	Global	Member	Year 4
PEPFAR Indicators and Reporting Working Group	Global	Member	Year 4
Technical Consultation Group on Developing Harmonized Indicators for Monitoring Progress on Gender Equality Dimensions of HIV/AIDS	Global	Member	Year 4
RHINO - Routine Health Information Network Community of Practice	Global	Secretariat and Member	Year 4
Roll Back Malaria MERG	Global	Co-chair	Year 4
Roll Back Malaria MERG Mortality Task Force	Global	Secretariat and Member	Year 4
Roll Back Malaria Survey and Indicator Task	Global	Chair	Year 4
TB M&E Officers Community of Practice organized by TB Care	Global	Member	Year 4
OVC Technical Working Group	Global	Member	Year 4
UNICEF Interagency Task Team on Children and HIV/AIDS M&E Working Group	Global	Member	Year 4
USAID/WHO/TDR working group on Implementation Research	Global	Member	Year 4
Coordination Committee on the completion of health facilities with supply of equipment and HR for making the facilities functional	Bangladesh	Member	Year 5
APR Steering Committee	Bangladesh	Member	Year 5
Human Resource Task Group	Bangladesh	Member	Year 5
Sector Management Task Group	Bangladesh	Member	Year 5
M&E Task Group	Bangladesh	Member	Year 5
Ministry of Health M&E DQA technical working group	Botswana	Participant	Year 5
MOH National Informatics TWG	Cote d'Ivoire	Member	Year 5
Health Management Information Systems Technical Working Group	Cote d'Ivoire	Member	Year 5
National M&E HIV Reference Group	Cote d'Ivoire	Member	Year 5
HIV Surveillance TWG	Cote d'Ivoire	Member	Year 5

Number of global or in-country communities of practice or coordinating mechanisms in which MEASURE Evaluation has a high level of participation. (Indicator 3.2)			
Network	Country or Region	Role	Year
Health Management Information Systems Technical Working Group*	Ethiopia	Secretariat	Year 5
Health Information Systems Strategy Technical Working Group	Ethiopia	Member	Year 5
National Advisory Committee (NAC)	Ethiopia	Member	Year 5
Malaria M&E TWG	Kenya	Member	Year 5
Malaria ICC	Kenya	Member	Year 5
World Malaria National Planning Team	Kenya	Member	Year 5
World Malaria National Planning Team- Resource Mobilization Committee	Kenya	Member	Year 5
DRH M&E TWG	Kenya	Member	Year 5
Member for M&E TWG for Community Health Information System	Kenya	Member	Year 5
Red Latinoamericana y del Caribe para el fortalecimiento de los sistemas de informacion de salud (RELACSIS)	Latin America and Caribbean	Founding Member	Year 5
Essential Community Services CoP TWG for community based service delivery	Mali	Member	Year 5
Core Vulnerable Children M&E TWG	Nigeria	Member	Year 5
National Technical Coordinating Group (NTCG)	Nigeria	Member	Year 5
HMIS Policy Review Steering committee, department of planning research and statistics	Nigeria	Member	Year 5
Technical Committee for HIV National Survey	Nigeria	Member	Year 5
National PMTCT TWG and Subcommittee on M&E	Nigeria	Member	Year 5
Joint Review Steering Committee	Rwanda	Facilitator	Year 5
PEPFAR Steering Committee	Rwanda	Member	Year 5
OVC Technical Working group	Rwanda	Member	Year 5
HMIS Data Demand and Use Task Force	Tanzania	Member	Year 5
Most Vulnerable Children (MVC) M&E TWG based on Mainland Zanzibar	Tanzania	Secretariat	Year 5
WHO and partners advisory group to reframe family planning with a human rights perspective, Core Expert team	Global	Member	Year 5
Interagency Gender Working Group (IAGWG) Technical Advisory Group	Global	Member	Year 5
UNAIDS Technical Working Group on M&E of HIV Prevention for MARP	Global	Co-chair	Year 5
Writing Group for Guidelines for M&E of HIV Programs for Sex, Workers, MSM and Transgender People	Global	Member	Year 5
PEPFAR M&E TWG	Global	Member	Year 5
West Central African Capacity Building Working Group (WCA CB WG)	Global	Member	Year 5

Number of global or in-country communities of practice or coordinating mechanisms in which MEASURE Evaluation has a high level of participation. (Indicator 3.2)			
Network	Country or Region	Role	Year
Planning Committee for the Technical Consultation Group on Developing Harmonized Indicators for Monitoring Progress on Gender Equality Dimensions of HIV/AIDS	Global	Member	Year 5
Inter-Agency Task Team (IATT) on PMTCT M&E TWG and the sub-group on Data Quality	Global	Member	Year 5
Roll Back Malaria MERG	Global	Co-chair and Secretariat	Year 5
Roll Back Malaria MERG Survey and Indicator Taskforce	Global	Member	Year 5
Roll Back Malaria MERG Capacity Building Taskforce	Global	Member	Year 5
Roll Back Malaria MERG Mortality Taskforce	Global	Member	Year 5
Roll Back Malaria MERG Indicator and Data Taskforce	Global	Member	Year 5
Roll Back Malaria MERG M&E of Malaria List serve	Global	Moderator	Year 5
Partnership for HIV-free Survival M&E TWG	Global	Member	Year 5
International Health Facility Assessment Network (IHFAN) Community of Practice	Global	Secretariat and Member	Year 5
Routine Health Information Network (RHINO) Community of Practice	Global	Member and Secretariat	Year 5
Bureau of Global Health Cooperating Agencies M&E Working Group	Global	Co-chair and Secretariat	Year 5
TB M&E Officers CoP Organized by TB Care	Global	Member	Year 5
MEET Community of Practice	Global	Moderator	Year 5
Creating Enabling Environments for M&E (CEEME)	Global	Moderator	Year 5
DataUse Net CoP	Global	Moderator	Year 5
AIMEnet	Global	Moderator	Year 5
Office of HIV/AIDS Nutrition Collaborative Working Group	Global	Member	Year 5
Interagency task team on M&E for children affected by HIV/AIDS	Global	Member	Year 5
GeMNet Online CoP	Global	Moderator	Year 5
Technical Review Committee for the Urban Health Survey (UHS) 2013	Bangladesh	Member	Year 6
Bangladesh M&E Strategy and Action Plan (MESAP) Technical Working Group	Bangladesh	Member	Year 6
Annual Program Review (APR) Steering Committee	Bangladesh	Member	Year 6
Sector Management Task Group	Bangladesh	Member	Year 6
Urban Health Survey (UHS) Technical Working Group	Bangladesh	Member	Year 6
M&E Task Group	Bangladesh	Member	Year 6
Human Resources Task Group	Bangladesh	Member	Year 6
Coordination Committee on the completion of health facilities with supply of equipment and HR for making the facilities functional	Bangladesh	Member	Year 6

Number of global or in-country communities of practice or coordinating mechanisms in which MEASURE Evaluation has a high level of participation. (Indicator 3.2)			
Network	Country or Region	Role	Year
Bangladesh Demographic & Health Survey (BDHS) Technical Working Group	Bangladesh	Member	Year 6
Bangladesh Health Facility Survey/SPA Technical Working Group	Bangladesh	Member	Year 6
Roll Back Malaria (RBM) Harmonization Working Group (HWG) Workshop in Nairobi, Kenya	Congo	Participant	Year 6
Central African Roll Back Malaria Network Coordinating Committee	Congo	Member	Year 6
Health Management Information Services Working Group	Cote D'Ivoire	Developer and Implementer	Year 6
Informatics Technologies Working Group	Cote D'Ivoire	Developer and Implementer	Year 6
Member of Health Management Information Systems Technical Working Group (HMIS TWG)	Ethiopia	Secretariat	Year 6
Member of Community Health Information Systems Technical Working Group (Subcommittee of HMIS TWG)	Ethiopia	Member	Year 6
Member of ICD-10 Customization Technical Working Group (Subcommittee of HMIS TWG)	Ethiopia	Member	Year 6
Indicator Review TWG	Ethiopia	Member	Year 6
Agrarian Community Health Information Systems Technical Working Group (Subcommittee of HMIS TWG)	Ethiopia	Member	Year 6
Pastoral Community Health Information Systems Technical Working Group (Subcommittee of HMIS TWG)	Ethiopia	Member	Year 6
Regional TWG for Partners/Partners' Forum	Ethiopia	Secretariat	Year 6
Division of Reproductive Health (DRH) M&E TWG	Kenya	Member	Year 6
Community Based Information Systems (CBIS) M&E TWG	Mali	Participant	Year 6
RELACSIS	Latin American & Caribbean	Founding Member	Year 6
RELACSIS TWG2 ICD-10 Coding	Latin American & Caribbean	Moderator	Year 6
Impact Evaluation Mozambique Team	Mozambique	Host	Year 6
Impact Evaluation Core Team	Mozambique	Host	Year 6
MEET Community of Practice	South Africa	Moderator	Year 6
Most Vulnerable Children (MVC) M&E TWG (Zanzibar)	Tanzania	Secretariat	Year 6
Most Vulnerable Children (MVC) M&E TWG (Mainland)	Tanzania	Secretariat	Year 6
AIMEnet	Global	Moderator	Year 6

Number of global or in-country communities of practice or coordinating mechanisms in which MEASURE Evaluation has a high level of participation. (Indicator 3.2)			
Network	Country or Region	Role	Year
Interagency Task Team (IATT) on Prevention of HIV Infection in Pregnant Women, Mothers, and their Children Monitoring and Evaluation Working Group	Global	Participant	Year 6
Roll Back Malaria MERG	Global	Secretariat	Year 6
MEASURE Evaluation GIS TWG	Global	Secretariat	Year 6
GEMNet Health Steering Committee	Global	Secretariat	Year 6
Inter-Agency Task Team on PMTCT M&E Technical Working Group and the sub-group on Data Quality	Global	Member	Year 6
Expert Consultation on Indicator Development for M&E of Trafficking in Persons within the Context of Gender and HIV/AIDS	Global	Member	Year 6
Inter-Agency Task Team (IATT)/Young People (YP) Strategic Information (SI) Working Group (WG)	Global	Participant	Year 6
WHO-convened technical consultation on interlinked patient monitoring systems for HIV/ART/MCH/PMTCT/TB (3ILPMS)	Global	Participant	Year 6
Creating Enabling Environments for M&E (CEEME) Community of Practice (CoP)	Global	Moderator	Year 6
Scientific Committee of the 12th International Conference on Urban Health (ICUH) to be held during 9-12 March 2015 in Dhaka	Bangladesh	Member	Year 7
UNAIDS writing group for "Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men who have Sex with Men and Transgender People"	Global	Co-Chair	Year 7
M&E of Malaria Community of Practice for the RBM MERG	Global	Moderator	Year 7
Roll Back Malaria M&E Reference Group	Global	Member	Year 7

*Not reported in previous annual reports.

Table 3.3: Participants in Communities of Practice Hosted by MEASURE Evaluation Y3-Y7

CoP (Launch Year)	Participants Beginning of Year/End of Year				
Number of members in MEASURE Evaluation-moderated electronic communities of practice. (Indicator 3.3)					
	Year 3 †	Year 4	Year 5	Year 6	Year 7
AIMEnet (2003)	1505 / 1751	1751 / 1931	1931 / 2194	2194 / 2445	2445/2048
BGH CA M&E WG (2010)	179 / 229	229 / 263	263 / 282	282 / 292	292/292
CEEME ‡ (2012)	-	0 / 249	249 / 82	82 / 26†	44
ChildStatusNet (2009)	225 / 266	266 / 341	341 / 396	n/a	n/a***
DataUseNet (2009)	712 / 856	856 / 937	937 / 956	956 / 878	n/a***
IHFAN (2006)	518 / 523	523 / 542	542 / 532	532 / 535	n/a*
Indicators for Community HIV Programs CoP†† (2011)	0 / 157	157 / 175	-	-	-
MEET (2010)	0 / 82	82 / 341	341 / 543	543 / 582	582/599
M&E of Malaria Programs Listserv (2005)	319/297	297 / 274	274 / 558	558 / 627	627/627
Pima (2012)	-	0 / 317	317 / 537	537 / 916	916/1050
RELACSIS (2010)	0 / 242	242 / 327	327 / 541	**	n/a***
RHINO (2001)	1000 / 1100	1100 / 1132	1132 / 1280	1280 / 1313	n/a***
Total number of members in MEASURE Evaluation CoPs	**5,503**	**6,829**	**7,901**	**7,614**	**4,660**
Total Membership *Mean Change**	*+ 80.6*	*+ 76*	*+ 109.9*	*+ 112*	*n/a***

Notes:

* Data for a number of CoPs were unavailable due to changes in the technology and management of individual CoP platforms. For this reason, the table above presents changes in CoP membership between year beginning and end, as well as the mean change in membership across all CoPs for which data are available at year beginning and end.

† Year 3 data only covers the last three quarters, when collecting data for these indicators began.

‡ The platform the CEEME CoP is hosted on changed in Year 6. Due to this, the reported membership number significantly decreased.

** RELACSIS operates through fora held on Eluminate Live and therefore data on posts and threads are not available. Average participation in these fora is 20-40 participants.

†† The Indicators for Community HIV Programs CoP closed in Year 4 and therefore membership is not reported for Years 5 and 6.

*** CoPs did not receive funding in Year 7, and therefore many moderators stopped collecting data on CoP activity.

Tables 3.4-3.6:   Community of Practice Activity Y3-Y7

CoP (Launch Year)	Number of members of MEASURE Evaluation-moderated communities of practice who posted to a community of practice in the last quarter/year. (*Indicator 3.4*)					Number of new threads started on a MEASURE Evaluation-moderated community of practice in the last quarter/year. (*Indicator 3.5*)					Number of MEASURE Evaluation-moderated electronic community of practice fora in the last quarter/year. (*Indicator 3.6*)				
	Y3*	Y4	Y5	Y6	Y7	Y3*	Y4	Y5	Y6	Y7	Y3*	Y4	Y5	Y6	Y7
AIMEnet (2003)	16.7 (15-20)	5.5 (0-10)	28.25 (8-65)	38.75 (1-14)	22.5 (20-25)	5 (1-9)	2 (0-5)	4 (1-8)	8 (1-14)	8.5 (7-10)	n/a	n/a	n/a	n/a	1
CEEME (2012)	-	52 (0-104)	36.5 (6-67)	71.5 (26-117)	0	-	4.5 (0-9)	2 (n/a-2)	4.5 (3-6)	n/a***	-	1	n/a	n/a	1
ChildStatusNet (2009)	3.7	4.25 (1-7)	5.25 (9-12)	n/a	n/a***	3 (0-9)	3.25 (0-7)	2.25 (0-9)	n/a	n/a***	0	2	0	n/a	
DataUseNet (2009)	5.3	13.75 (1-36)	2.25 (1-6)	n/a	n/a***	0	13.25 (0-48)	0.5 (0-2)	n/a	n/a***	2	9	0	n/a	
IHFAN (2006)	0.3	1 (0-3)	2.75 (1-10)	0	n/a***	0	0	0	0	n/a*	0	0	0	0	n/a*
Indicators for Community HIV Programs CoP†† (2011)	19.5	5.75 (1-15)	-	-	n/a***	19 (4-34)	5.5 (0-12)	-	-	n/a***	6	10	-	-	n/a***
MEET (2010)	10	13 (1-31)	8 (1-103)	17.75 (11-31)	8.5 (3-14)	8.3 (5-11)	12.25 (0-31)	34.25 (0-131)	5.25 (2-7)	2 (1-3)	3	2	1	1	1
M&E of Malaria Programs Listserv (2005)	n/a	n/a	n/a	n/a	n/a***	n/a	5.5 (0-11)	12 (0-12)	11 (9-13)	3.5 (0-7)	n/a	n/a	n/a	n/a	7
Pima (2012)	-	2.5 (1-4)	17.5 (4-37)	74 (46-98)	79.5 (56-103)	-	10.5 (9-12)	5.75 (3-10)	12 (4-23)	30 (22-28)	-	0	2	19	0
RELACSIS (2010)	n/a	n/a	35.5 (10-61)	n/a	1.25 (2-3)	n/a	n/a	n/a	n/a	n/a***	5	0	n/a	n/a	n/a***
RHINO (2001)	1.7	5.25 (0-14)	7 (1-20)	1.25 (2-3)	n/a***	1.3 (0-3)	7.5 (0-12)	2 (0-6)	0.5 (0-2)	n/a***	2	1	1	1	1
Total *Mean (Range)*	152 *8.2 (0-32)*	305 *11.4 (0-104)*	501 *14.3 (0-103)*	679 *26.1 (0-117)*	n/a***	91 *5.2 (0-34)*	218 *6.4 (0-48)*	245 *6.3 (53-273)*	164 *5.5 (0-8)*	n/a***	18	25	4	25	n/a***

Notes:
* Year 3 data only covers the last three quarters, when collecting data for these indicators began.
† The platform the CEEME CoP is hosted on changed in Year 6. Due to this, the reported membership number significantly decreased.
** RELACSIS operates through fora held on Eluminate Live and therefore data on posts and threads are not available. Average participation in these fora is 20-40 participants.
†† The Indicators for Community HIV Programs CoP closed in Year 4 and therefore membership is not reported for Years 5 and 6.
*** CoPs did not receive funding in Year 7, and therefore many moderators stopped collecting data on CoP activity.

Appendix 4: Strengthening Health Systems (Result 4)

Table 4.0: Summary of M&E and HIS Strengthening Results Across All Years of Phase III

Result	Indicators	End of Task Order	Year 2	Year 3	Year 4	Year 5	Year 6*	Year 7	Total
Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet user's needs. (Result 4)									
Result 4: Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet users' needs.	4.1 Instances of RHIS or M&E systems with demonstrated improvement in system performance.	6	6	5	5	4	8	3	37
	4.2 Instances of key M&E/HIS reference documents for organizations and/or programs developed with assistance from MEASURE Evaluation.	n/a	28	37	69*	66	41	23	264
	4.3 Instances of new MEASURE Evaluation tools, methodologies, technical guidance, or indices designed to improve the data gathering process that have been validated or otherwise finalized for generalized use.	3	1	0	3	2	4	1	11
	4.4 Instances of the implementation of a MEASURE Evaluation tool, methodology, technical guide or other product developed to improve the	96	54	51	67	50	32	4	354

	information gathering process.							
	4.5 Instances of MEASURE Evaluation tools, methodology, technical guide or other product designed to improve the data gathering process piloted or developed for a specific application.	n/a	0	6	11	6	6	3	32

Note: *Y6: July 1, 2013-June 30, 2014, + denotes results completed during Y7: July 1-December 31, 2014

Table 4.1: Examples of Improvements in M&E or Health Information Systems Year 2-Year 7

Instances of M&E or RHIS systems with demonstrated improvement in the performance of these systems. (Indicator 4.1)		
Results	Country	Year
Langune 2 Health Region in Cote d'Ivoire integrates RDQA tools as part of supervision visits to assess, communicate, and improve data quality in nine health districts; completeness, timeliness, and access to data is improved.	Cote d'Ivoire	Year 2
Ministry of Education (MOE) in Cote d'Ivoire strengthens its data transmission system for reporting on their HIV interventions resulting in increased completeness and timeliness of HIV reporting in MOE sites between 2008-09	Cote d'Ivoire	Year 2
All 11 provinces in Mozambique provided data in 2008 and 2009 using new in CNCS data collection forms and database for national HIV/AIDS M&E plan	Mozambique	Year 2
Mozambique Ministry of Foreign Affairs implements new process and the "who's doing what where" database to track which organization are doing what activities where in the country	Mozambique	Year 2
Thirteen of 26 facilities now have reporting rates of 75% or more following implementation of a system to improve HIV/AIDS routine data reporting in Nigeria using mobile phones, offline PCs, and Web-based systems	Nigeria	Year 2
Linkage database is developed in Tanzania to improve mapping efficiency and integrate information across projects for decision-making	Tanzania	Year 2
Scale-up of redesigned HMIS results in increased reporting in Southern Nations, Nationalities, and People's Republic in Ethiopia	Ethiopia	Year 3
New HMIS registers and patient tracking systems are developed and tested in selected Ministry of Defense health facilities in Mozambique	Mozambique	Year 3
Microsoft Excel reporting system improvements streamline reporting and data aggregation for PEPFAR partners in Mozambique.	Mozambique	Year 3
Quality and utility of Rwanda national HIV database (TRAcnet) improved.	Rwanda	Year 3
Standard indicators and data collection tools are established and implemented for community-based HIV programs in Rwanda	Rwanda	Year 3
PRISM assessment demonstrates M&E system improvements from 2008 to 2012	Côte d'Ivoire	Year 4
National SIGDEP system for managing HIV data functionality improved to include ARV quantification; used to manage data in 233 HIV treatment sites	Côte d'Ivoire	Year 4
Scale-up of HMIS in Ethiopia improves completeness of reporting in SNNPR	Ethiopia	Year 4
New data system enables National Malaria Control Program to analyze and report malaria data	Mali	Year 4
Mini-DQAs conducted with five implementing partners show some improvements in M&E systems	Tanzania	Year 4
MEASURE Evaluation support to the Government of Bangladesh's Program Management and Monitoring Unit strengthens the performance monitoring of the Health, Population and Nutrition Sector Development Program	Bangladesh	Year 5
Scale-up of Health Management Information System (HMIS) is SNNPR and Community Health Information System (CHIS) in SNNPR and 10 zones in Oromia	Ethiopia	Year 5
Scale-up of Electronic Health Management Information System (eHMIS) to 14 zonal health departments, 4 special woreda health offices, 1 town administration and 150 woredas in Ethiopia's SNNPR, and used for woreda-based planning	Ethiopia	Year 5
Increased referrals for HIV and family planning services as a result of an Assessing Organizational Networks to Improve Integration and Health Outcomes study	Ethiopia	Year 5
Community Clinics Program under Directorate General of Health Services is now able to monitor all 12,517 community clinics after launching DHIS 2, an online reporting system (MIS) developed with assistance from MEASURE Evaluation	Bangladesh	Year 6

Instances of M&E or RHIS systems with demonstrated improvement in the performance of these systems. (Indicator 4.1)		
Results	Country	Year
Electronic medical catalog system (eMCS) installed in all government and NGO hospitals and in 119 urban health centers in SNNPR, Ethiopia	Ethiopia	Year 6
Electronic Integrated Disease Surveillance Reporting (eIDSR) rolled out to 19 zones and woreda-level data entry initiated in 107 woredas under those zones in SNNPR	Ethiopia	Year 6
Electronic Health Management Information System (eHMIS) installed in all woredas and rolled out to an additional 22 government hospitals in Ethiopia's SNNPR	Ethiopia	Year 6
RHMIS scaled up in Noakhal, Bhola, and Lakshmipur districts of Bangladesh	Bangladesh	Year 6
Evaluation of national HMIS system using PRISM showed data accuracy increases at the facility level from 43 percent in 2008 to 60 percent in 2012 and a twofold increase in data accuracy at the district level rising from 40 percent in 2008 to 81 percent in 2012	Cote D'Ivoire	Year 6
Data quality improved as a result of adapting a the Système Local d'Information Sanitaire(SLIS) M&E data collection system	Mali	Year 6
FOJASSIDA launches data collection system to capture "Estratégia de Lobby e Advocacia" activities shows demonstrated improvement to the system with TA from MEASURE Evaluation	Angola	Year 7
98% of MEASURE Evaluation-supported facilities submitted monthly routine reports on time in June 2014, 98% did so in July, and 99% did so in August as a result of a newly implemented mobile reporting system to improve the quality of malaria data	Mali	Year 7
The Ugandan e-MTCT DQA overall Systems Assessment score improved from 2.40 to 2.58 between 2011 and 2014, indicating an improvement in the overall data management and reporting system after integrating PMTCT data collection, reporting and management into the national HMIS	Uganda	Year 7

4.1.a. Selected results from Indicator 4.1: Instances of RHIS or M&E systems with demonstrated improvement in system performance.

Electronic Health Management Information System (eHMIS) installed in all woredas and rolled out to an additional 22 government hospitals in Ethiopia's SNNPR: MEASURE Evaluation has been supporting the Government of Ethiopia's Ministry of Health (MOH) in the scale-up of an Electronic Health Management Information System (eHMIS) in Ethiopia for several years. In the past, MEASURE Evaluation has provided technical assistance in the installation of eHMIS and provided a variety of eHMIS trainings to M&E Officers and HMIS Focal persons to support roll out of the eHMIS to the woredas level. By June 2013, the eHMIS was enabled in 150 woredas, 14 zonal health departments, four special woreda health offices, and one town administration. Installation in seven additional woredas followed shortly thereafter. However, the eHMIS still was not yet available in government hospitals at the beginning of Year 6 and staff capacity to use the system still required additional training to ensure high quality and integrity of data. To address these information management needs, MEASURE Evaluation worked closely with the MOH to expand eHMIS availability and staff technical capacity. The project supported rollout of the system to government hospitals in the Southern Nations, Nationalities, and Peoples' Region (SNNPR) between July 2013 and June 2014. At the end of this period, the eHMIS system was installed and in use in 22 hospitals in the region. Trainings additionally took place during this period, with a total of 59 participants trained in proper data collection and processing methods in the Gurage and Sheka Zones. By combing system installation with technical guidance, MEASURE Evaluation and the Ethiopian MOH have promoted improved national M&E processes.

Data quality improved as a result of adapting a the Système Local d'Information Sanitaire (SLIS) M&E data collection system: Prior to MEASURE Evaluation's involvement, the existing health management information system (HMIS) system in Mali, known as the "Système Local d'Information Sanitaire" (SLIS), contained few malaria indicators and could not produce information needed for strategic or programmatic decision-making. Key malaria data on testing, confirmed malaria cases, ACT treatment, and stock outs of essential drugs (ACT and SP) and commodities (ITNs and RDTs) was lacking. MEASURE Evaluation developed a new malaria reporting system to help meet the information needs of Mali's National Malaria Control Program (NMCP) and malaria stakeholders, support the rapid scale up of malaria prevention activities in Mali, and monitor program effects on malaria morbidity and mortality. In designing the system, consideration was given to data requirements of the NMCP and partners, the need for timely information at all levels of the health system, and the burden of reporting on health facilities. The new system also included a mechanism for reporting data to a central web-based database. Data collection is done at the facility level by extracting data from primary registers, tallying and completing a paper form. Filled paper forms are transferred from health facilities to the district. Data entry and transfer to a web-based database occurs at the district level. The new MEASURE Evaluation-NMCP system is more comprehensive and collects more malaria indicators. The new system generates malaria data monthly instead of quarterly. Data are available in the central level server database) by the 10 of the month and accessible to district, regional and central levels using access codes. Data, tables and graphs available in the database, provide completeness and timeliness of reporting on a monthly basis by facility, district and region. An embedded automated data analysis program generates tables and graphs for quick and easy interpretation. Overall completeness ranges 75-100% by the 10th of the following month. Overall timeliness is up to 50% by the 5th of the following month.

MEASURE Evaluation support to the Government of Bangladesh's Program Management and Monitoring Unit strengthens the performance monitoring of the Health, Population and Nutrition Sector Development Program: In response to a request from Bangladesh's Ministry of Health and Family Welfare (MOHFW) to USAID/Bangladesh, MEASURE Evaluation partnered with the MOHFW to establish a systematic monitoring and evaluation (M&E) system and build capacity in M&E in the MOHFW. The Strategic Plan for the 2011-2016 Health, Population and Nutrition Sector Development Program (HPNSDP) of MOHFW prioritizes the GOB's commitment for establishing a dedicated unit for managing, monitoring and evaluating the sector-wide health program. An emphasis was placed on strengthening the capacity of ministries and their staff to effectively monitor and evaluate the performance of development projects. The MOHFW established the Program Management and Monitoring Unit (PMMU) monitor the performance of HPNSDP. MEASURE Evaluation, at the time providing technical assistance on other elements of the HPNSDP, expanded its role to create and lead a Technical Assistance Support Team (TAST) to the PMMU. The TAST directly supports the PMMU in key technical, management, and planning and coordination areas. This support strengthens HDSP implementation monitoring and management and promotes evidence-based decision-making. The TAST assists the PMMU and the encompassing MOHFW Planning Wing in monitoring the overall performance of HPNSDP and all thirty-two Operational Plans (Ops). In addition to developing the first sector-wide Performance Monitoring Plan (PMP) for HPNSDP, the TAST/PMMU's oversees fund availability, disbursement and utilization, and provides assessments of the health situation in the country. The TAST/PMMU leads activities aimed at strengthening and improving the routine health information systems so that critical information needed to monitor and evaluate the HPNSDP is routinely available, and that this information is complete and of good quality. Finally, the TAST/PMMU provided vital support in implementing recommendations issues by the Annual Program Review (APR) for the first year of HPNSDP. For example, the TAST/PMMU reviewed and revised the original number of OP indicators to

ensure more accurate and efficient OP data capture. This streamlining process reduced the number of indicators from 342 to 159 and enhanced information gathering processes. At the beginning of the HPNSDP in July 2011, there was no monitoring and evaluation unit, simply a commitment expressed by the GOB to strengthen M&E. By December 2011, the PMMU was officially launched and staffed by one full-time MOHFW staff. Today, the PMMU is staffed by six GOB MOHFW staff, three of which are fulltime staff, as well as three MEASURE Evaluation advisors integrated into the PMMU. For the first time in the history of the sector-wide health program, systematic and regular monitoring procedures are in place and performance reports are produced and used by the MOHFW for improved program management and decision-making, thanks to the commitment of the GOB and the efforts of the TAST/PMMU.

Electronic medical catalog system (eMCS) installed in all government and NGO hospitals and in 119 urban health centers in SNNPR, Ethiopia: MEASURE Evaluation supported the Ethiopian Ministry of Health in developing a more accurate and efficient system for managing hospital and health center patient records. Prior to this effort, most health facilities relied on patient kept in the card rooms. When these individual folders are sent to other departments, a tracer card is used as a placeholder. The tracer card contains the patient's information including name, MRN, department to which the patient's individual folder is sent to and the date the folder is sent. This system often results in data misfiling and loss. In Ethiopia's Yirgalem Hospital, a Microsoft Access database was used to track and retrieve individual folders and tracer cards. The software makes retrieving patient records a faster option than a card room; however, even with the database, retrieving a single card requires ten minutes. Lack of essential functionalities has also prohibited card room staffs from generating vital reports based on gender, age group, Ketena, kebele and woreda classifications. For this and other reasons, the MOH approached MEASURE Evaluation for technical assistance in redesigning the current system. An April 2012 requirement analysis found that system users were particularly interested in functionalities such as generating various reports, recording trace card information, handling patient appointment, and quick and advanced searching facilities. The resulting electronic medical catalog system (eMCS) was developed by MEASURE Evaluation to facilitate faster and easier access to patients' demographic details. (This system is unique from an EMR in that it stores only demographic and not diagnostic information.) Unrolled in select facilities in Southern Nations, Nationalities, and Peoples' Region (SNNPR), addresses the need for an automated medical catalog system that can reduce and hopefully eliminate duplication of records, duplication of medical record numbers (MRNs) and card loss. The system can also be used to generate reports and facilitate advanced searching, while reducing card room staff workload. Essential features of the eMCS include:

- Patient Registration module to capture patient's personal details
- Search module that allows one to search by attribute like name, last name, telephone number, or patient ID.
- Tracer card and appointment management module
- eMCS user management module
- Options for facility-specific settings including payment options and referral linkage information
- Report generating feature (ex: referral report, patient load report, and a patient's payment report)

Following the successful pilot of the eMCS between July and August 2012 in Yirgalem hospital, MEASURE Evaluation and the MOH prepared for roll-out. To facilitate this process, MEASURE Evaluation supported trainings on eMCS installation and use for (former) card room staff at public and NGO hospitals and urban health centers in SNNPR. By June 2013, the eMCS was installed 22 (in all but one) of SNNPR's public and NGO hospitals. Over the course of Year 6, MEASURE Evaluation supported eMCS installation in the final remaining hospital, and in 119 urban health centers.

Evaluation of national HMIS system using PRISM showed data accuracy increases at the facility level from 43 percent in 2008 to 60 percent in 2012 and a twofold increase in data accuracy at the district level rising from 40 percent in 2008 to 81 percent in 2012: The Ministry of Health (MOH) in Côte d'Ivoire implemented an evaluation of the country's National Health Management Information System (HMIS) using the Performance of Routine Information System Management (PRISM) framework tools developed by MEASUSRE Evaluation. With the PRISM tools, the MOH was able to identify positive trends in HMIS strengthening that the country can continue to build on. Improvements in data quality were particularly striking: Data accuracy increased at the facility level from 43 percent in 2008 to 60 percent in 2012. A twofold increase in data accuracy was experienced at the district level rising from 40 percent in 2008 to 81 percent in 2012. Data completeness at the facility level increased from 43 percent in 2008 to 65 percent in 2012 and at the district level from 80 percent to 98 percent (see Figure 2 in evidence file). The assessment also revealed a notable improvement in data quality as assessed during supervision visits. This indicator increased at the facility level from 36 percent in 2008 to 90 percent in 2012. Ensuring high quality data is a key component of enhanced information systems. The improvement of data use for decision-making was measured from 2008 to 2012 through improvements of following indicators: decision taken in meeting reports (facility: 31% to 39%; District: 25% to 73%), decision referred to higher level (facility: 31% to3 7%; District: 43% to 64%) and discussion on HIS results (facility: 34% to 42%; District: 40% to 82%). Thus, the global use score at the district level increased from 44 percent in 2008 to 70 percent in 2012. The data use score at the facility level remained the same, 38 percent, from 2008 to 2012. MEASURE Evaluation's PRISM toolkit supported the MOH in analyzing and understanding what additional changes will be needed as the National HMIS pursues continued improvement.

The Ugandan e-MTCT DQA overall Systems Assessment score improved from 2.40 to 2.58 between 2011 and 2014, indicating an improvement in the overall data management and reporting system after integrating PMTCT data collection, reporting and management into the national HMIS (Y7): In 2014, MEASURE Evaluation partnered with Uganda's Ministry of Health (MOH) to conduct a data quality assessment (DQA) to examine the quality of data from the national prevention of mother-to-child transmission (PMTCT) of HIV program. The 2014 DQA, conducted at sample facilities and districts and at the national level, was intended to examine how well Uganda's data management system is functioning and whether the system meets the current needs of the national PMTCT program.

Prior to 2012, there was a vertical reporting system in place for PMTCT. The PMTCT system existed in parallel to the national HMIS. PMTCT data were reported through both systems, which destabilized the HMIS and resulted in the duplication of certain data elements and indicators as well as data collection efforts and created numerous opportunities for error. Between 2011 and 2014, MEASURE Evaluation, in collaboration with the MOH and with the support of U.S. Government (USG) agencies, conducted a series of PMTCT systems strengthening and data quality measurement and improvement interventions. This included conducting training workshops to build the capacity of PMTCT stakeholders at the MOH, district health office and working with Implementing Partners to effectively collect, manage, and use PMTCT data and conduct DQAs to routinely assess quality; developing data quality assurance resources, including a routine DQA tool customized for Uganda, training materials, and job aids to improve accurate PMTCT data collection; and providing technical assistance to the MOH to organize and implement DQAs on a periodic basis.

In 2014, MEASURE Evaluation, in collaboration with the MOH, and with support from U.S. Government (USG) agencies, conducted a DQA to review the strengths and weaknesses of the eMTCT/EID data collection and reporting system and assessed the quality of eMTCT/EID data being generated in the context of full-scale implementation of Option B+. The main findings were that the overall Systems

Assessment score improved between 2011 and 2014, indicating an improvement in the overall data management and reporting system (2.40 and 2.58, respectively). In addition, all domains (data use, data management processes, M&E structure, functions and capabilities, data collection and reporting forms/tools, and indicator definitions and reporting guidelines) showed improvement between 2011 and 2014, except data collection and reporting forms/tools, which maintained the same scored (2.74) on both assessments.

Table 4.2: Key Guidance and Reference Documents developed for M&E and Health Information Systems Strengthening Year 2- Year 7

Instances of key M&E/HIS reference documents for organizations and/or programs developed with assistance from MEASURE Evaluation. (Indicator 4.2)		
Results	Country or Region	Year
National workplan for NAPS M&E unit	Cote d'Ivoire	Year 2
Kenya national malaria (costed) M&E plan	Kenya	Year 2
Ministry of Women and Social Action M&E operational plan	Mozambique	Year 2
Ministry of Women and Social Action M&E plan	Mozambique	Year 2
Costed national HIV M&E workplan	Nigeria	Year 2
National M&E plan and tools for HIV counseling and testing	Nigeria	Year 2
National M&E plan for health system strengthening	Nigeria	Year 2
First national M&E plan and indicator for OVC programs	Nigeria	Year 2
Harmonized TRAC Plus M&E framework with MOH and CNLS	Rwanda	Year 2
National M&E plan and operational plan	Rwanda	Year 2
Integrated, Costed M&E Work Plan	Rwanda	Year 2
Harmonized PEPFAR II and national system indicators	Vietnam	Year 2
List of indicators and guidance for PEPFAR/Vietnam NGI required indicators	Vietnam	Year 2
USAID Mali PMP update	Mali	Year 2
Infectious disease PMP database and improvements	RDMA region	Year 2
M&E plans and operating procedures, and reference guides for 12 IPs	Tanzania	Year 2
First PMP for USAID/Vietnam's Highly Pathogenic Avian Influenza and Emerging Pandemic Threats program	Vietnam	Year 2
Assessment and performance frameworks to support data-driven performance management decisions for USAID/Vietnam's AU Provincial Package of Interventions	Vietnam	Year 2
CI HIS management procedures	Cote d'Ivoire	Year 2
Procedure manual for non-health data management	Cote d'Ivoire	Year 2
Guidelines and instructions for use of new registers for pre-ART and ART	Rwanda	Year 2
Strategic plan for Ngami District Public Health in Botswana	Botswana	Year 2**
National AIDS Authority of Cambodia developed strategic plan	Cambodia	Year 2**
Ghana Center for the Development of People (CEDEP) strategic plan developed	Ghana	Year 2**
Strategic plan for Catholic Secretariat of Nigeria	Nigeria	Year 2**
Gembu Centre for HIV/AIDS Advocacy Nigeria developed strategic plan for 2010-2014	Nigeria	Year 2**
Joint Clinical Research Centre in Uganda developed strategic plan	Uganda	Year 2**
Community Based TB/HIV/AIDS Organization strategic plan in Zambia through the Virtual Strategic Planning Program (VSPP)	Zambia	Year 2**
DIPE 2009-2013 National Strategic Plan	Cote d'Ivoire	Year 3
Honduras PMP Report for 2010	Honduras	Year 3
HIV and AIDS in Rwanda: 2010 Epidemiologic update	Rwanda	Year 3
Understanding the dynamics of the HIV epidemic in Rwanda	Rwanda	Year 3
Rwanda 2009-2010 HIV report	Rwanda	Year 3
SAPR 2010 in Ukraine	Ukraine	Year 3
Evaluation Report for National Strategy on HIV/AIDS Prevention and Control in Vietnam until 2010 with a vision to 2020	Vietnam	Year 3
RDMA Bi-regional Malaria Framework: Monitoring and Evaluation of Malaria Control and Elimination in the Greater Mekong Subregion	Asia and the Near East	Year 3
Six M&E plans in Cote d'Ivoire for VCT, OVC, PMTCT, MARPS, HIV, care and treatment, and BCC	Cote d'Ivoire	Year 3
Compendium of harmonized and validated HIV/AIDS indicators produced through Leadership Development Program	Cote d'Ivoire	Year 3
District malaria M&E manual created	Kenya	Year 3
National GIS strategy and action plan	Nigeria	Year 3
National OVC strategic plan M&E plan	Rwanda	Year 3

Instances of key M&E/HIS reference documents for organizations and/or programs developed with assistance from MEASURE Evaluation. (Indicator 4.2)		
Results	**Country or Region**	**Year**
National M&E frameworks for TB and malaria	Rwanda	Year 3
Monitoring and evaluation framework for the Integrated national operational program for Avian and Human Influenza	Vietnam	Year 3
USAID/Bolivia PMP	Bolivia	Year 3
PMP for Central American Regional HIV/AIDS Program	Central America	Year 3
USAID Health PMP	Congo	Year 3
USAID/G-CAP PMP	Guatemala	Year 3
User requirements and systems architecture for PMS reporting database (USG)	Mozambique	Year 3
PMP for USAID/VN HPAI and WPT program	Vietnam	Year 3
PEPFAR Vietnam guidance for PEPFAR Next Generation Indicators	Vietnam	Year 3
Procedures manual for malaria commodities tracking program	Congo	Year 3
Action plan to address barriers to data demand and use	Cote d'Ivoire	Year 3
Data Management Procedure manual and data quality protocol for four ministries	Cote d'Ivoire	Year 3
Facilitator's guide for training health extension workers and their supervisors on family folder and HMIS procedures	Ethiopia	Year 3
Standardized registers for MOD health facilities	Mozambique	Year 3
Electronic patient tracking system for MOD health facilities	Mozambique	Year 3
Ministry of Foreign Affairs' Who's Doing What Where database and manuals	Mozambique	Year 3
Implementation manual for assessing data quality at health facilities	Rwanda	Year 3
Standard operating procedures (SOP) for management of routine health information at health center and health post level	Rwanda	Year 3
SOP for management of routine health information at district hospital level	Rwanda	Year 3
Operational plan for male circumcision scale up to support comprehensive HIV prevention in Rwanda 2010-2012 (includes M&E plan)	Rwanda	Year 3
HMIS health facility registers (multiple registers)	Rwanda	Year 3
Annual Performance Report EFY 2002 (2009/10)	Ethiopia	Year 3**
2010 Health Sector Development Program Annual Performance Report	Ethiopia	Year 3**
2011-2016 Strategic Plan developed by All-Ukrainian Network of People Living with HIV through Virtual Strategic Planning Program	Ukraine; Global	Year 3**
Annual report from USAID/Honduras PMP	Honduras	Year 4
Malaria reports produced from database, a result of new data collection and analysis system	Mali	Year 4
Malaria program supportive supervision report	Kenya	Year 4
Results Framework and Program Implementation Plan for the 2011-2016 Health, Population, Nutrition Sector Development Program (HPNSDP), Ministry of Health	Bangladesh	Year 4
Performance monitoring plan (PMP) for the 2011-2016 HPNSDP	Bangladesh	Year 4
Regional plans for HIV prevention, care and treatment, care and support, coordination, and M&E including data quality improvement plans	Cote d'Ivoire	Year 4
National HIV Strategic Plan for 2011-2015, including National Strategic Information Plan	Cote d'Ivoire	Year 4
National OVC M&E Strengthening Plans	Cote d'Ivoire	Year 4
Jamaican National HIV/STI M&E Plan 2012-2017	Jamaica	Year 4
Nigeria National Response Information Management System Operational Plan-II (NOP-II)	Nigeria	Year 4
Health Sector M&E Framework finalized for the Federal Ministry of Health, Department of Planning, Research and Statistics	Nigeria	Year 4
Lagos State M&E plan and operational plan for HIV/AIDS	Nigeria	Year 4
Mini M&E plans developed with Nigerian TB M&E officers	Nigeria	Year 4
Revised USAID/RDMA API PMP, data collection sheets with	Asia and the Near East	Year 4

Instances of key M&E/HIS reference documents for organizations and/or programs developed with assistance from MEASURE Evaluation. (Indicator 4.2)		
Results	Country or Region	Year
operationalized indicators and delivery documentation developed for RDMA annual API PMP reporting cycle		
Revised tuberculosis PMP and results framework addressing RDMA's TB strategic plan	Asia, Near East	Year 4
USAID/Caribbean Regional Program PMP finalized	Barbados	Year 4
Health Assistance Objective Performance Management Plan Strategy Period FY 2012-FY 2017	Bolivia	Year 4
USAID/DRC PMP and indicator reference sheets	DRC	Year 4
USAID/Honduras English PMP for 2011	Honduras	Year 4
Three (3) M&E plans developed with Selian Lutheran Hospital, Pharm Access, and Africare	Tanzania	Year 4
Data collection forms for animal health and human health and policy for national, provincial, and project level systems	Asia and the Near East	Year 4
Thirty-two (32) operational plans developed for HPNSDP	Bangladesh	Year 4
Standard operating procedures developed for DQA and RDQA	Botswana	Year 4
SIGDEP manuals (user guide, training administrator guide, patient guide, pharmacy report, etc.)	Cote d'Ivoire	Year 4
Data collection and reporting tools for HIV/AIDS ART developed and implemented	Nigeria	Year 4
Guidelines for HIV/AIDS ART data collection and reporting tools finalized, including PMM/PME training materials	Nigeria	Year 4
PMTCT data collection and reporting tools developed and finalized and PMTCT user guidelines developed for data collection and reporting finalized	Nigeria	Year 4
National Health Data Archive (NaHeDA) as well as Microdata (Health Data) Release Policy, and strategy for the Data Inventory and Documentation Initiative	Nigeria	Year 4
Data verification and validation procedure manual for health ministry	Rwanda	Year 4
Data collection registers and tools for family planning programs of the health ministry's maternal and child health unit	Rwanda	Year 4
Guidelines for family planning programs of the maternal and child health unit	Rwanda	Year 4
HMIS procedures manual	Rwanda	Year 4
Annual Performance Report EFY 2003 (2010/11)	Ethiopia	Year 4**
2011 Health Sector Development Program Annual Performance Report	Ethiopia	Year 4**
Division of Family Health/Reproductive and Maternal Health Services Unit 2011 Status and Performance Report	Kenya	Year 4**
2011 Universal Access report for Nigeria	Nigeria	Year 4**
Online data reporting tool at union level for facilities	Bangladesh	Year 5
Online reporting tools for the community clinic (general, newborn/child care and nutrition, maternal care and family planning, and community mobilization)	Bangladesh	Year 5
Health Assistant Register and Reporting Tool	Bangladesh	Year 5
Community Skilled Birth Attendant Register	Bangladesh	Year 5
Community Skilled Birth Attendant Reporting Tool	Bangladesh	Year 5
Web-based individual level data entry system for in-patients at the sub district level facility and above	Bangladesh	Year 5
Pregnancy registration handbook for Family Welfare Assistant at the community level	Bangladesh	Year 5
Online tool for entry of pregnant women and newborn data at union/sub-district level	Bangladesh	Year 5
IUD Payment and Follow Up Register	Bangladesh	Year 5
Maternal and Newborn Register	Bangladesh	Year 5
Pill, condom and Emergency Contraceptive Pill register	Bangladesh	Year 5
Outdoor Daily Calculation Sheet	Bangladesh	Year 5

Instances of key M&E/HIS reference documents for organizations and/or programs developed with assistance from MEASURE Evaluation. (Indicator 4.2)		
Results	Country or Region	Year
Botswana Routine Data Quality Assessment (B-RDQA) Tool User Manual	Botswana	Year 5
Development and distribution of a feedback bulletin	Cote d'Ivoire	Year 5
Technical Report on Electronic Health Management Information System	Ethiopia	Year 5
Evaluation Plan for the Ghana National Strategy for Key Populations	Ghana	Year 5
Clarification Regarding Usage of the Child Status Index (CSI)	Global	Year 5
Country Ownership Tool: Guidance Document	Global	Year 5
Manual and paper data collection forms for malnutrition surveillance developed for Ministry of Health along with registers and reporting tally sheets, "Manue de gestion des donnees dans le cadre de la surveillane epidemiologique de la malnutrition"	Haiti	Year 5
Data Management Manual developed for Epidemiologic Surveillance System for Malnutrition	Haiti	Year 5
Malaria Surveillance Bulletin Issue 2 (September 2012)	Kenya	Year 5
Malaria Surveillance Bulletin Issue 3 (December 2012)	Kenya	Year 5
Malaria Surveillance Bulletin Issue 4 (March 2013)	Kenya	Year 5
Malaria Surveillance Bulletin Issue 5 (June 2013)	Kenya	Year 5*
National Malaria Report FY11/12	Kenya	Year 5
Malaria Epidemiology and Control Profile in Kenya	Kenya	Year 5
Operationalizing WHO Malaria Surveillance Guidelines in Kenya Report 2012	Kenya	Year 5
M&E Framework and Operations Manual for the Division of Community Health Services	Kenya	Year 5
Government of Liberia Compartment Bag Test (CBT) Study Data Collection Form	Liberia	Year 5
Baseline situational assessment of the Malaria Epidemic in Mopti Region (July 2013)	Mali	Year 5
USAID/Mali Health PMP for fiscal year 2013	Mali	Year 5
Holding a National Health and Mapping Summit to Build Partnerships for Improving Health Outcomes: Lessons Learned from the Nigeria Health and Mapping Summit of 2011	Nigeria	Year 5
Nigeria National VC M&E Plan*	Nigeria	Year 5
Costed M&E Plan for Kano State	Nigeria	Year 5
Costed M&E Plan for Anambra State	Nigeria	Year 5
Report on the assessment of Lagos State HIV M&E system	Nigeria	Year 5
Status of HIV monitoring and evaluation system in Anambra State, Nigeria report	Nigeria	Year 5
Directory of Nigerian Health Facilities, linked to unique identifiers	Nigeria	Year 5
Assessment of Primary Health Care Facilities for Decentralization of HIV/AIDS Services in Nigeria Report with separate reports for each of 19 states where assessment was conducted	Nigeria	Year 5
Data Management Policies and Guidelines: Sharing and Confidentiality Policy for Aggregate Data in the Health Sector	Rwanda	Year 5
Midterm Review Performance Evaluation of National Strategic Plan for HIV/AIDS report produced as a joint effort of the Joint Review Steering Committee (JRSC)	Rwanda	Year 5
PEPFAR Supportive Supervision Tools and guides developed to aid PEPFAR Steering Committee	Rwanda	Year 5
Monitoring and evaluation tools and data collection forms for supervision developed and validated for use by the association of people living with AIDS (RRP+)	Rwanda	Year 5

Instances of key M&E/HIS reference documents for organizations and/or programs developed with assistance from MEASURE Evaluation. (Indicator 4.2)		
Results	Country or Region	Year
M&E Plan with Harmonized indicators developed for association of people living with AIDS RRP+	Rwanda	Year 5
Health sector national data quality strategy and plan and drafted data quality assurance training curriculum and manual	Rwanda	Year 5
National OVC Data Management Standard Operating Procedures which include Data Quality	Rwanda	Year 5
National OVC Database and data analysis plan	Rwanda	Year 5
OVC M&E Systems strengthening Costed M&E Operational Plan	Rwanda	Year 5
Mainland Tanzania M&E System Strengthening Plan developed based on 12 Components assessment	Tanzania	Year 5
Zanzibar M&E Systems Strengthening Plan developed based on 12 Components assessment	Tanzania	Year 5
Ten (10) M&E Plans developed by Implementing Partners with technical assistance from MEASURE Evaluation: BAMITA, Faraja, FORMAT, HACOCA, JIMOWACO, MAFIA Parish, RC Mahenge, MAMATA Dar, MAMATA Pemba, ZAMWASO	Tanzania	Year 5
National Avian, Influenza, Pandemic Preparedness and Other Emerging Infectious Disease (AIPED) M&E Framework 2011-2015, issued as Decision No. 602/QD-BNN-HTQT by Government of Vietnam National Steering Committee	Vietnam	Year 5
District Level Maps developed using BMMS 2010 data	Bangladesh	Year 5**
Annual Performance Report EFY 2004 (2011/12)	Ethiopia	Year 5**
2012 Health Sector Development Program Annual Performance Report	Ethiopia	Year 5**
Federal Democratic Republic of Ethiopia Ministry of Health "Special Bulletin 15th Annual Review Meeting 2013" of best practices; overview of guidance, roadmaps and strategic plans; and latest research domestically	Ethiopia	Year 5**
Surveillance Bulletin #5 and Malaria Epidemiological Report	Kenya	Year 5**
RDMA PMP data reporting forms	Asia and the Near East	Year 6
BRMIS Decision Support System Status Report	Botswana	Year 6
Community Skilled Birth Attendant Online Reporting Tool	Bangladesh	Year 6
Complete set of OP Indicators and Indicators reference sheets for revised indicators (158 indicators for 32 operational plans between 5 and 8 indicators each)	Bangladesh	Year 6
Annual Program Implementation Report (APIR) September 2013 developed for the Program Management and Monitoring Unit (PMMU) Planning Wing, Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh	Bangladesh	Year 6
Annual Program Report 2012 Consolidated Technical Report	Bangladesh	Year 6
Six monthly-progress report July-December 2012 (April 2013) finalized for the Program Management and Monitoring Unit (PMMU) Planning Wing, Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh	Bangladesh	Year 6
Health Management Information Systems Data Management Manual	Burundi	Year 6
Malaria Operational Plan, 2014	Congo	Year 6
DRC National Malaria M&E Plan	Congo	Year 6
DRC National Malaria Strategic Plan (NMSP) 2013-2015	Congo	Year 6
Roll Back Malaria/WHO roadmap for the DRC	Congo	Year 6
OVC database document describing each indicator, the data source, and the indicator's calculation mode	Cote D'Ivoire	Year 6
2013 Health Sector Development Program Annual Performance Report	Ethiopia	Year 6
2014 Revised HMIS Indicator Definitions	Ethiopia	Year 6
Annual Performance Report EFY 2005 (2012/13)	Ethiopia	Year 6
National HMIS Information Use and Data Quality Guide/ Training Manuals	Ethiopia	Year 6
Facilitator's and Participant's Manuals for HMIS Implementation in the	Ethiopia	Year 6

Instances of key M&E/HIS reference documents for organizations and/or programs developed with assistance from MEASURE Evaluation. (Indicator 4.2)		
Results	Country or Region	Year
Private and Public Health Sectors		
National Health Information System Road Map (2013-2020)	Ethiopia	Year 6
National HMIS Recording and Reporting Procedures Manual	Ethiopia	Year 6
Three (3) Mini M&E plans finalized for Ethiopia, Afghanistan, Kenya, and an additional 5 developed for Cambodia, Zimbabwe, Kazakhstan, Tanzania and DR Congo as part of "Using TB Information for Decision Making" workshop in Y4 (NG-reportedY4)	Ethiopia; Kenya; Afghanistan	Year 6
Four (4) business plans developed by OAU, ACIPH, PHFI and UP	Ethiopia; India; Nigeria; South Africa	Year 6
MEASURE Evaluation and University of Ghana produces "A Performance Evaluation of the National HIV Prevention Program for FSW and MSM in Ghana" for programmers and policy makers in collaboration with Ghana AIDS Commission	Ghana	Year 6
Know Your Response Country-Level HIV Prevention Response Census and Mapping Tool Kit. Lessons Learned for Practical Application in Developing Country Settings.	Ghana, Zambia	Year 6
Mapping Community-Based Global Health Programs: A Reference Guide for Community-Based Practitioners	Global	Year 6
Compendium of Gender Equality and HIV Indicators	Global	Year 6
M&E Results Framework for TB-IC developed and integrated into "Implementing the WHO policy on TB infection control in health-care facilities, congregate settings and households: a framework to plan, implement and scale-up TB infection control activities at country, facility and community level"	Global	Year 6
MEASURE Evaluation Orphans and Vulnerable Children Survey Tools: Psychosocial Well-being Measurement Supplement	Global	Year 6
Collecting PEPAR Level 2 Monitoring, Evaluation and Reporting (MER) Indicators: A Supplement to the OVC Survey Tool Kit	Global	Year 6
Liberia Ministry of Health and Social Welfare and MEASURE Evaluation published 2014 Health Outcome Capacity Building Report	Liberia	Year 6
Evaluation of the Local Health System using PRISM Report	Mali	Year 6
PMI GMS M&E Data Reporting Forms	Myanmar	Year 6
PMI Greater Mekong Sub-region M&E Plan	Myanmar & South Asia	Year 6
Roadmap/blueprint for the deployment of DHIS 2.0 architecture	Nigeria	Year 6
Centre d'Etudes Supérieures en Administration et Gestion (CESAG) Business Plan	Senegal	Year 6
Uganda Vulnerability Index (VI) Assessment	Uganda	Year 6
FOJASSIDA develops M&E plan with indicators and SMART objectives for "Estratégia de Lobby e Advocacia" program shows demonstrated improvement	Angola	Year 7
Cuidados das Infância develops M&E plan with indicators and SMART objectives for "Linha SOS - Denúncia de Violência contra Crianças" project	Angola	Year 7
Developed evaluation tool and methodology for Mobilise mobile technology project for GBV in community and primary health care settings in Bangalore, India	Asia and the Near East	Year 7
Six-month Program Report (SmPR) January - June 2014	Bangladesh	Year 7
Six-month Program Report (SmPR) July - December 2014	Bangladesh	Year 7
Mid-term Program Implementation Report 2014	Bangladesh	Year 7
Management Information System 1 (MIS1): Community based report - online format	Bangladesh	Year 7
Management Information System 3 (MIS3): Facility based report - online format	Bangladesh	Year 7
PMMU Newsletter: A quarterly e-journal January 2015 Issue 1: Mid Term Review of HPNSDP	Bangladesh	Year 7
Complete referral information SMS-based data system M&E Plan	Botswana	Year 7

Instances of key M&E/HIS reference documents for organizations and/or programs developed with assistance from MEASURE Evaluation. (Indicator 4.2)		
Results	Country or Region	Year
National Malaria Control Program DRC Annual Malaria Report 2013	Congo	Year 7
Harmonized Malaria Tools	Congo	Year 7
Guidance document "A process guide for using geospatial analysis in monitoring and evaluation for informed decision making" finalized for global use.	Global	Year 7
Finalized "Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs: Data Management Guidance"	Global	Year 7
National AIDS Program Secretariat (NAPS) HIV M&E Plan	Guyana	Year 7
MEASURE Evaluation designed a protocol and data collection instruments to facilitate the collection of robust data	Madagascar	Year 7
Standards for Integration of HIV/AIDS Information Systems into Routine Health Information Systems validated in Ethiopia and Nigeria	Nigeria, Ethiopia	Year 7
Supportive supervision guideline and checklist	Nigeria	Year 7
"Optimizing the Response of Prevention: HIV Efficiency in Nigeria" costing study protocol	Nigeria	Year 7
National OVC Priority Indicators	Nigeria	Year 7
Zanzibar Costed M&E Orphans and Vulnerable Children Systems Strengthening Plan	Tanzania	Year 7
Tanzania Ministry of Health and Social Welfare "National Guidelines for Economic Strengthening of Most Vulnerable Children Households"	Tanzania	Year 7
2014 guidance documents on revised indicators for Highly Pathogenic Avian Influenza (HPAI) and Emerging Pandemic Threats (EPT)	Viet Nam	Year 7

**Updated data, collected and documented in Y6

Table 4.3: Development of New M&E or Health Information Strengthening Tools, Strategies or Methodologies Finalized for Global Audiences in Year 2-Year 7

Instances of new MEASURE Evaluation tools, methodologies, technical guides, or other products designed to improve the data gathering process that have been validated or otherwise finalized for generalized use. (Indicator 4.3)		
Results	Country or Region	Year
RDQA Multi-indicators Tool was finalized for generalized use	Global	Year 2
An Overview of Spatial Data Protocols for HIV/AIDS Activities: Why and How to Include the "Where" in Your Data	Global	Year 4
PLACE mapping and size estimation of MARPs	Global	Year 4
Community Trace and Verify (CTV) tool	Global	Year 4
RSAM (known during piloting as R-MARS tool kit) finalized	Global	Year 5
MEASURE Evaluation OVC Program Evaluation Toolkit	Global	Year 5
Health Information Systems Toolkit	Global	Year 6
Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs: Toolkit (Including Manual and additional components)	Global	Year 6
Routine Health Information Systems Data Management Standards Tool	Global	Year 6
Management and Organization Sustainability Tool (MOST)	Global	Year 6
"GIS and Sampling" manual finalized for general use	Global	Year 7

Table 4.4: Implementations of M&E or Tools, Strategies or Methodologies Year 2-Year 7

Instances of the implementation of a MEASURE Evaluation tool, methodology, technical guide or other product developed to improve the information gathering process. (Indicator 4.4)		
Results	Country or Region	Year
Child Status Index		
The Ministry of Health implemented the CSI assessment to support quality improvement processes of OVC services	Cote d'Ivoire	Year 2
PC3 completed another round of CSI assessment to show changes over time in outcomes resulting from implementing quality standards of OVC programs	Ethiopia	Year 2
Sentebale NGO has integrated CSI into their program M&E system and collects data for program performance monitoring	Lesotho	Year 2
The Federal Ministry of Women's Affairs and Social Development (FMoWAS) have adapted the tool and incorporated CSI into their national M&E for OVC framework	Nigeria	Year 2
Northern Education Initiative, Catholic Relief Services, FHI 360, and Hope Worldwide, as well as other implementing partners, are using the CSI for OVC work.	Nigeria	Year 3
Applied by Save the Children.	Mozambique	Year 3
Pilot test of the Yoruba and Hausa translations	Nigeria	Year 4
Twenty-five organizations in 13 countries implement CSI, identified through CSI usage assessment	Cambodia, Côte d'Ivoire, Ethiopia, India, Kenya, Malawi, Namibia, Nigeria, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe	Year 4
Child Status Index tools piloted in local language, Igbo	Nigeria	Year 5
Zoe Life Implements Child Status Index in Zambia	Zambia	Year 6

Instances of the implementation of a MEASURE Evaluation tool, methodology, technical guide or other product developed to improve the information gathering process. (Indicator 4.4)		
Results	Country or Region	Year
PRISM		
Guangxi and Yunnan Provincial HIV/AIDS Prevention and Control Committee, CDC, and MEASURE Evaluation to evaluate progress to strengthen HIV/AIDS routine reporting systems	China	Year 2
MEASURE Evaluation designs RHIS strengthening intervention	Haiti	Year 2
Tools implemented with Guanajuato State Health Department	Mexico	Year 2
Assessed performance of a pilot community-based information system for OVC	Cambodia	Year 3
OBAT tool applied (see Indicator 1.1)	Costa Rica	Year 3
Assessed RHIS.	Ethiopia	Year 3
Used by Mozambique military to assess RHIS in military health facilities.	Mozambique	Year 3
PRISM tools implemented by MOH in Dhaka	Bangladesh	Year 4
PRISM implemented by MOH	Cote D'Ivoire	Year 4
Modified PRISM tools implemented to assess functionality of malaria data collection tool at different health facilities	Democratic Republic of Congo	Year 4
PRISM implemented in Ethiopia's SNNPR as a baseline for HMIS	Ethiopia	Year 4
PRISM conducted by RBHS in Bong, Lofa and Nimba	Liberia	Year 4
PRISM implemented for 2012 Zambia HMNIS evaluation report	Zambia	Year 4
PRISM tools implemented as part of supportive supervision in M'bahiakro	Côte d'Ivoire	Year 5
Adapted PRISM tool implemented to assess community-based information systems in Mali	Mali	Year 5
PRISM implemented in Ethiopia's SNNPR as a follow-on to assess HMIS improvements	Ethiopia	Year 5*
Six (6) PRISM implementations as part of Health Systems 20/20 RHIS Assessments in Nigeria's Kebbi, Niger, Delta, Oyo, Imo, and Taraba states	Nigeria	Year 5*
PRISM Assessment completed in Bangladesh by the International Centre for Diarrheal Disease Research, Bangladesh (icddr,b)	Bangladesh	Year 6
Six (6) PRISM Tool implementations as part of supportive supervision in Kabadougou-Baffing-Folon, Gbeke, Abidjan 1, Abidjan 2, Poro-tchologo-bagoue, and Nzi Ifou	Cote D'Ivoire	Year 6
HMIS assessment completed using PRISM	Mali	Year 6
Nationwide HMIS assessment conducted using Performance of Routine Information System Management (PRISM) tool in Burundi	Burundi	Year 7
PRISM implemented in Ethiopia's SNNPR as a follow-on to assess HMIS improvements	Ethiopia	Year 7
RDQA/DQA		
Adapted the RDQA and did capacity building for data quality.	Haiti	Year 2
MEASURE Evaluation, and subsequently APHIA II, conducted 2 major audits using the RDQA in the past couple years. MEASURE Evaluation worked with USG IPs and Government to build capacity for data quality using RDQA.	Kenya	Year 2
Through the Expanded Strategic Information (ESI) project (a JSI project) have adapted the RDQA and conducted capacity building and audits for HIV/AIDS	Lesotho	Year 2
MEASURE Evaluation carried out 4 Routine Data Quality Assessment training activities for PEPFAR Implementing Partners	Mozambique	Year 2
MEASURE Evaluation, in collaboration with GoN, USG-SI team, WHO, UNAIDS, Principal Recipients of Global Fund HIV/AIDS Round 6 grant (Association for Reproductive and Family Health	Nigeria	Year 2

Instances of the implementation of a MEASURE Evaluation tool, methodology, technical guide or other product developed to improve the information gathering process. (Indicator 4.4)		
Results	Country or Region	Year
and Society for Family Health) and Civil Society Organizations, conducted a data quality assessment of four key indicators. Also trained State level supervisors to conduct routine data quality assessment using RDQA for ART patient monitoring data.		
RDQA applied by Ministry of Health/Treatment and Research on AIDS Center; data management issues identified	Rwanda	Year 2
Through the Expanded Strategic Information (ESI) project (a JSI project) have adapted the RDQA and conducted capacity building and audits for HIV/AIDS	South Africa	Year 2
Through the Expanded Strategic Information (ESI) project (a JSI project) have adapted the RDQA and conducted capacity building and audits for HIV/AIDS	Swaziland	Year 2
MEASURE Evaluation is in the process of finalizing all RDQA and mini-DQA reports with over 30 IPs	Tanzania	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2008, Q4	Belarus	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2009, Q2	Burundi	Year 2
Conducted by Global Fund contractors for TB and Malaria grant audits, 2009, Q1	China	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2009, Q1	Comoros Islands	Year 2
Conducted by Global Fund contractors for Malaria grant audits, 2009, Q4	Cote d'Ivoire	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2009, Q3	Dominican Republic	Year 2
Conducted by Global Fund contractors for Malaria grant audits, 2009, Q3	Gambia	Year 2
Conducted by Global Fund contractors for Malaria grant audits, 2009, Q2	Ghana	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2009, Q4	Guyana	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2009, Q2	Haiti	Year 2
Conducted by Global Fund contractors for Malaria grant audits, 2009, Q2	Indonesia	Year 2
Conducted by Global Fund contractors for Malaria grant audits, 2009, Q4	Kenya	Year 2
Conducted by Global Fund contractors for Malaria grant audits, 2009, Q1	LAC multi-country (Americas, Andean Region)	Year 2
Global Fund Malaria grant audits, 2009, Q4	Madagascar	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2008, Q4	Mali	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2009, Q3	Mozambique	Year 2
Conducted by Global Fund contractors for TB grant audits, 2009, Q2	Niger	Year 2
Conducted by Global Fund contractors for Malaria grant audits, 2009, Q3	Nigeria	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits,	Peru	Year 2

Instances of the implementation of a MEASURE Evaluation tool, methodology, technical guide or other product developed to improve the information gathering process. (Indicator 4.4)		
Results	Country or Region	Year
2009, Q4		
Conducted by Global Fund contractors for TB grant audits, 2008, Q4	Philippines	Year 2
Conducted by Global Fund contractors for Malaria grant audits, 2009, Q1	Rwanda	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2009, Q4	South Africa	Year 2
Conducted by Global Fund contractors for Malaria grant audits, 2009, Q3	Sri Lanka	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2009, Q4	Swaziland	Year 2
Conducted by Global Fund contractors for TB grant audits, 2009, Q4	Tajikistan	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2009, Q3	Tanzania	Year 2
Conducted by Global Fund contractors for HIV/AIDS grant audits, 2009, Q4	Thailand	Year 2
Conducted by Global Fund contractors for Malaria grant audits, 2009, Q3	Vietnam	Year 2
Conducted by Global Fund contractors for TB grant audits, 2009, Q1	Yemen	Year 2
Data Quality Audit (DQA) conducted for TB program (USAID-funded implementing partners), included programs in Philippines, India, and Thailand.	Asia/Middle East	Year 3
Conducted DQA for USG partners.	Botswana	Year 3
Conducted DQA for USG partners.	Democratic Republic of Congo	Year 3
Conducted **two (2)** DQAs, Pathfinder International and Academy for Education Development.	Mozambique	Year 3
DQA completed by PSI TB team.	Myanmar	Year 3
Conducted DQA.	Uganda	Year 3
Used to audit four USAID HIV projects.	Ukraine	Year 3
DQA implemented with USG partners.	Zimbabwe	Year 3
Thirty (30) DQAs used/planned by GFATM in 14 countries in 2010 and 16 countries in 2011	Global*	Year 3
Conducted in Agboville region directorate for Ministry of Education	Cote d'Ivoire	Year 4
Used by DIPE to assess data quality of four health regions and six health districts (Langues1, Dabou, Lagunes 2, Port-Bouet Vridi, Abobo-Est, Agneby, Agboville, Haut-Sassandra, Issia, Daloa)	Cote d'Ivoire	Year 4
Used by EGPAF, Solidarity and Action Against the HIV Infection in India and several NGOs across 400 private sector health facilities to implement PMTCT services	India	Year 4
Implemented and adapted by RBC to assess quality of data and information from community based HIV programs working under CNLS	Rwanda	Year 4
DQA audit of ART indicators	Cote D'Ivoire	Year 4
TB data quality audit conducted	Democratic Republic of Congo	Year 4
DQA audit for family planning, maternal and child health, and malaria program indicators conducted in eight sites (16 indicators)	Democratic Republic of Congo	Year 4

Instances of the implementation of a MEASURE Evaluation tool, methodology, technical guide or other product developed to improve the information gathering process. (Indicator 4.4)		
Results	Country or Region	Year
DQA conducted with FHI 360	Dominican Republic	Year 4
DQA of Vanderbilt - Friends in Global Health Project	Mozambique	Year 4
DQA of SCIP Zambezia	Mozambique	Year 4
DQA of International Center for AIDS Care and Treatment Programs	Mozambique	Year 4
DQA of FHI360 in Niassa Province	Mozambique	Year 4
DQA of Elizabeth Glaser Pediatric AIDS Foundation Maputo, Gaza, and CaboDelgado	Mozambique	Year 4
DQA of CARE activity sites	Mozambique	Year 4
Baseline DQA Assessment of PMTCT in three states with 10 facilities per state	Nigeria	Year 4
DQA implemented in South Sudan in partnership with MSI consultants with implementing partners - CMMS	South Sudan	Year 4
DQA implemented in South Sudan in partnership with MSI consultants with USG implementing partners - IntraHealth	South Sudan	Year 4
DQA implemented in South Sudan in partnership with MSI consultants with USG	South Sudan	Year 4
Six (6) Round IV DQAs conducted for Africare, FHI 360, IntraHealth, Mbeya, Pact, and WEI	Tanzania	Year 4
Five (5) mini-DQAs conducted for FHI ROADS, Jhpiego, RODI, Tunajali Care, and Treatment and Tunajali PMTCT as follow up to full DQAs conducted in 2010	Tanzania	Year 4
Baseline DQA assessment of PMTCT Program conducted in Collaboration with Uganda AIDS Control Program (ACP), PEPFAR, USAID, CDC, and implementing partners.	Uganda	Year 4
DQA conducted by NACA Zimbabwe	Zimbabwe	Year 4
Five (5) RDQAs conducted in five health regions (encompassing 26 health districts) to assess the quality of data and to collect basic information on the level of analysis and use of data in Gbéké (Béoumi, Bouaké Nord Est, Bouaké Nord Ouest, Bouaké Sud and Sakassou Districts), N'zi(Abobo-Est, Abobo-Ouest, Anyama, Cocody-Bingerville, Treichville-Marcory and Koumassi-Port- Bouët/Vridi Districts) and Poro-Tchologo-Bagoué (Boundiali, Ferkesse, Korhogo, Tengrela and Ouangolodougou Districts), and Kabadougou Bafing-Folon (Odienné, Minignan, and Touba)	Cote d'Ivoire	Year 5
RDQA implemented in two-day RDQA training in September for PSI M&E staff	Cote d'Ivoire	Year 5
Data Quality Audit (DQA) of Population Services International (PSI) conducted in the Dominican Republic	Dominican Republic	Year 5
Data Quality Audit (DQA) of Partners in Health (PIH) conducted in the Dominican Republic	Dominican Republic	Year 5
Implementation of DQA of three priority water and sanitation indicators for Water, Sanitation and Hygiene (WASH)	Democratic Republic of Congo	Year 5
Implementation of DQA for multi-drug resistant tuberculosis (MDRTB) case detection and treatment success indicators	Democratic Republic of Congo	Year 5
Field implementation of RDQA in selected sites in Senegal (health centers and districts offices).	Senegal	Year 5
RDQA adapted for assessment of malaria data quality in CSCOM sites in Bamako, Mali	Mali	Year 5
DQA tools used by Pathfinder's SPIC Nampula project and are being used on an on-going basis by the M&E team to strengthen data quality	Mozambique	Year 5
Nigeria implements annual Joint National DQA using RDQA tools (Sept 2012)	Nigeria	Year 5
National Enhanced PMTCT Data Quality Baseline Assessment (August 2012)	Nigeria	Year 5
Federal Ministry of Health and WHO implement adapted	Nigeria	Year 5

Instances of the implementation of a MEASURE Evaluation tool, methodology, technical guide or other product developed to improve the information gathering process. (Indicator 4.4)		
Results	**Country or Region**	**Year**
MEASURE Evaluation DQA tools as part of their M&E System Assessment (March 2013)		
Five (5) Round V DQAs conducted for: AMREF, PSI-HUSIKA, PSI-TSMP, Junajali C&T, TUNAJALI PMTCT	Tanzania	Year 5
Eleven (11) Round V mini-DQAs conducted for: BIPAI, EGPAF, Engender Health ACQUIRE, Engender Health CHAMPION, GGI-Gombe, PACT-Tanzania 2012, PAI, PASADA HBC, PASADA C&T, PATH-Tanzania 2013, SELIAN	Tanzania	Year 5
DQA implementation for 6 selected PEPFAR indicators	El Salvador	Year 6
National RDQA (Dec 2013/Jan 2014)	Ethiopia	Year 6
National RDQA (Sept 2013)	Ethiopia	Year 6
National RDQA (May 2011)	Ethiopia	Year 6
MEASURE Evaluation partners with Kyiv International Institute of Sociology (KIIS) to conduct Data Quality Assessment (DQA) of **three** local PEPFAR implementing partners in April and May of 2014	Ukraine	Year 6
Data quality assessment (DQA) implemented with Africare, International Youth Foundation (IYF), and World Education Inc.'s (WEI) most vulnerable children (MVC) project in 2013	Tanzania	Year 6
Data quality assessment (DQA) implemented with Deloitte's care and treatment (CT) and prevention of maternal and child transmission (PMTCT) project, Tunajali Project in Njombe and Iringa regions in 2013	Tanzania	Year 6
2nd round Data Quality Assessment implemented to examine the quality of data from the national prevention of mother-to-child transmission (PMTCT) of HIV program	Uganda	Year 7
PLACE		
First PLACE study in Luanda	Angola	Year 2
Implemented as part of study to compare strengths and weaknesses of PLACE and RDS methods to obtain a representative sample of female sex workers	China	Year 2
Implemented with APHIA-II Project	Kenya	Year 2
Second PLACE study in Luanda	Angola	Year 4
PLACE implemented in Jamaica on a national scale	Jamaica	Year 5
PLACE implemented in Nigeria by the Society for Family Health (SFH)	Nigeria	Year 5
PLACE Implemented in Burundi	Burundi	Year 6
PLACE implemented in Bushenyi	Uganda	Year 6
PLACE implemented in Dokolo	Uganda	Year 6
PLACE implemented in Iganga	Uganda	Year 6
PLACE implemented in Jinga	Uganda	Year 6
PLACE implemented in Kabale	Uganda	Year 6
PLACE implemented in Kalungu	Uganda	Year 6
PLACE implemented in Kanungu	Uganda	Year 6
PLACE implemented in Kasese	Uganda	Year 6
PLACE implemented in Masaka	Uganda	Year 6
PLACE implemented in Mbale	Uganda	Year 6
PLACE implemented in Mpigi	Uganda	Year 6
PLACE implemented in Sironko	Uganda	Year 6
PLACE implemented in Tororo	Uganda	Year 6
PLACE Implemented in Dominican Republic	Dominican Republic	Year 7
RSAM		
RSAM applied to assess referral system strengthening in 7 regions in Kenya	Kenya	Year 5

Instances of the implementation of a MEASURE Evaluation tool, methodology, technical guide or other product developed to improve the information gathering process. (Indicator 4.4)		
Results	Country or Region	Year
3ILPMS		
Adapted by MEASURE Evaluation and government of Rwanda to develop longitudinal patient monitoring forms for the Rwanda HMIS.	Rwanda	Year 3
Used to update the 2006 national patient tracking system guidelines to interlink different services within the HIV setting (i.e., PMTCT, care and treatment, TB, etc.).	Cote d'Ivoire	Year 3
3ILPMS used (pilot of tools developed in Year 3 in eight sites)	Cote d'Ivoire	Year 5
12 Components Assessment		
Conducted in collaboration with the National Agency for the Control of AIDS, UNAIDS, other government agencies (IE: Federal Ministry of Health, Ministry of Defense, Ministry of Women Affairs and Social Development, State Government, civil society organizations and health facilities	Nigeria	Year 2
Implemented with CNLS to develop costed action plan and costed work plan to advocate for programs and funding in-line with the National Strategic Plan	Rwanda	Year 2
Used to develop a pilot M&E framework and RHIS to monitor, analyze, and report on basic and essential services delivered to OVCs.	Nigeria	Year 3
With National AIDS Council (CNCS), used to assess national HIV/AIDS M&E system annually and to develop CNCS M&E unit annual work plan.	Mozambique	Year 3
Used to assess the national HIV/AIDS M&E system.	Saint Vincent and the Grenadines	Year 3
Used to assess the Jamaica HIV M&E system, as basis for revising National HIV M&E Plan 2012-2017	Jamaica	Year 4
Assessment of Lagos State M&E	Nigeria	Year 4
Assessment of Anambra State M&E capacity	Nigeria	Year 4
12 Components Assessment of Anambra State M&E	Nigeria	Year 5
Implementation of 12 components assessment adapted for child protection/OVC programs used to develop a costed M&E operational plan	Rwanda	Year 5
MVC M&E system Assessment using 12 Components in Zanzibar	Tanzania	Year 5
MVC M&E System Assessment using 12 Components in Mainland Tanzania	Tanzania	Year 5
12 Components MESST tool implemented to assess the National M&E System at the Joint Monitoring and Evaluation System Strengthening workshop in Rwanda June 2013 with no support by MEASURE Evaluation	Rwanda	Year 6
SAVVY		
DHS implemented VA tools in late 2008-2009	Ghana	Year 2
DSS sites implementing standardized VA tools with technical assistance from the APHIA II Project	Kenya	Year 2
Ifakara Health Institute (IHI) implementing a SAVVY system with support from CDC; MEASURE Evaluation provides technical support through trainings and data processing and analysis	Tanzania	Year 2
Central Bureau of Statistics implementing a SAVVY system with support from CDC; MEASURE Evaluation provided training on VA implementation (ie training for VA interviewers and medical and clinical officers on death certification and ICD-10 coding, and to provide technical support during SAVVY implementation)	Zambia	Year 2

Instances of the implementation of a MEASURE Evaluation tool, methodology, technical guide or other product developed to improve the information gathering process. (Indicator 4.4)		
Results	Country or Region	Year
Pilot implementation in four provinces	Zambia	Year 4
CLPIR		
Used to design an M&E framework and information system to monitor, analyze, and report on basic and essential services delivered to OVCs	Cambodia	Year 3
MOST		
National Malaria Control Program (PNLP) in Mali implements the Management and Organizational Sustainability Tool (MOST)	Mali	Year 6

- 2010: Ethiopia (HIV), Malawi (HIV), Paraguay (HIV), Uganda (malaria), Central African Republic (HIV), Uzbekistan (TB), Cameroon (malaria), Zimbabwe (HIV), Russian Federation (HIV), Madagascar (malaria), Guinea-Conakry (HIV), Eritrea (HIV), Pakistan (malaria), Papua New Guinea (malaria). 2011: Zambia (HIV), North Sudan (malaria), Paraguay (TB), Kyrgyzstan (TB), Angola (HIV), Cambodia (HIV), Korea (TB), Congo (malaria), Georgia (HIV), Guyana (HIV), India (HIV), Myanmar (HIV), Namibia (HIV), Ukraine (HIV), Senegal (malaria), South Sudan (malaria).

Table 4.5: Development of New Country Specific Tools, Strategies or Methodologies and Piloting Tools That Are Under Development for Global Audiences Year 2-Year 7

Instances of MEASURE Evaluation tools, methodologies, technical guides, or other products designed to improve the data gathering process piloted or developed for a specific application. (Indicator 4.5)		
Results	Country or Region	Year
PLACE mapping module (pilot)	Angola	Year 3
Long-Lasting Insecticidal Net Campaign Dashboard, implemented with the Kenya Division of Malaria Control	Kenya	Year 3
Database for reporting and tracking PMP indicators	Mali	Year 3
PLACE Lite (pilot)	Tanzania	Year 3
Iringa Prevention Mapping Protocol	Tanzania	Year 3
PEPFAR Indicator Database	Vietnam	Year 3
TB data quality tools finalized (in French)	Global and Francophone Africa	Year 4
Community Based Indicators reference sheets (including indicator reference sheets) field tested/piloted in Vietnam and Kenya	Global, Kenya, Vietnam	Year 4
Rapid Monitoring of AIDS Referral System (R-MARS) toolkit piloted in Kenya and Thailand	Kenya, Thailand	Year 4
SIGDEP database compiled in version 1.5.5 to form national database	Cote d'Ivoire	Year 4
PNPEC national programmatic database	Cote d'Ivoire	Year 4
Data collection tools matrix for evaluation of databases and computer equipment in decentralized M&E units	Cote d'Ivoire	Year 4
eHMIS for data entry, aggregation, analysis and dissemination developed and implemented in various zones and special woreda	Ethiopia	Year 4
Mobile DSS launched and implemented at Hadiya zone and SNNP RHB woreda level manual data entry system pilots in Lemo woreda and Hadiya zone	Ethiopia	Year 4
District malaria control coordinator surveillance tool developed	Kenya	Year 4
Pilot of the evaluation of the compartment bag test for household water	Peru	Year 4
OVC M&E data collection and reporting tools developed and piloted	Rwanda	Year 4
Pilot test for a central version of the OVC database	Cote d'Ivoire	Year 5
PRISM gender adaptation piloted in Côte d'Ivoire and Senegal	Cote d'Ivoire Senegal	Year 5
Electronic Integrated Disease Surveillance Response System (eIDSR) piloted in Ethiopia's Southern Nations, Nationalities, and People's Region (SNNPR)	Ethiopia	Year 5

Instances of MEASURE Evaluation tools, methodologies, technical guides, or other products designed to improve the data gathering process piloted or developed for a specific application. (Indicator 4.5)		
Results	Country or Region	Year
Organizational Network Analysis (ONA) piloted in Ethiopia, Malawi and Thailand	Ethiopia Malawi Thailand	Year 5
Pilot of Nutrition Surveillance System tools and guidelines/manuals in Nord, Artibonite and Ouest regions	Haiti	Year 5
The district malaria control coordinator (DMCC) tool piloted for improved data collection/abstraction and DMCC monthly malaria reporting template	Kenya	Year 5
Pilot of Routine Health Information Systems Data Management Standards Tool	Bangladesh; Nigeria	Year 6
HMIS Supervision Tool developed for MOH Burundi	Burundi	Year 6
Pilot of Know Your Response Toolkit in Ghana and Zambia	Ghana, Zambia	Year 6
Country Ownership of M&E Systems Tool (COMET) was piloted in Jamaica and Tanzania in July of 2013 and Spring of 2014 respectively	Global; Jamaica; Tanzania	Year 6
Piloting of Datadyne's Magpi application for mobile data collection and reporting for community peer educators reporting on HIV education and outreach in Southern and North East Regions of Jamaica	Jamaica	Year 6
Pilot of Know Your Response Toolkit in Zambia	Zambia	Year 6
Organization Network Analysis tool and protocol was developed to map connections between service providers for men who have sex with men so that network members are aware of resources in the network	Ethiopia	Year 7
Toolkit for Evaluation of the 2010 WHO HIV and Infant Feeding Guidelines for Evaluation in Phase IV	Global	Year 7
Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs: Toolkit	Nigeria	Year 7

Appendix 5: Data Dissemination (Result 5)

Table 5.0: Summary of Knowledge Sharing Results Across All Years of Phase III

Result	Indicators	End of Task Order	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
Increased availability of population, health and nutrition data, analyses, methods and tools. (Result 5)									
Result 5: Increased availability of population, health, and nutrition data, analyses, methods, and tools.	5.1 Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders	12	16	17	17	25*	30	8	125
	5.2 Instances of non-MEASURE Evaluation staff that explicitly report knowledge gained from selected MEASURE Evaluation products and services.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	5.3 Number of new MEASURE Evaluation electronic and print publications.	62	38+	46	43	46	130	70	435
	5.4 Peer-reviewed journal	n/a	17	17	15	17	36	15	117

	articles							
	5.5 Number of MEASURE Evaluation print publications distributed in response to requests for materials submitted through the MEASURE Evaluation Web site.	11,683	4,499	1,196	904	894	2,966	124	22,266
	5.6 Number of MEASURE Evaluation PDF documents downloaded from the MEASURE Evaluation Web site.**	68,917	68,863	85,998	67,481	88,665	136,074	90,310	606,308
	5.7 Number of presentations given by MEASURE Evaluation staff on project tools, methods and findings at high level meetings, conferences and public events.	n/a	5+	45	21	51	44	21	187
	5.8 Number of organizations posting MEASURE Evaluation publications.††	n/a	34	54	904	942	994	n/a	2,928
	5.9 Number of MEASURE Evaluation publications posted on non-MEASURE Evaluation	n/a	n/a	n/a	Dropped				

		n/a	104,751	125,954	213,676	301,434	451,397	255,306	1,452,518
	5.10 Number of computers visiting MEASURE Evaluation Web site.‡‡	n/a	104,751	125,954	213,676	301,434	451,397	255,306	1,452,518
	5.11 Number of new subscribers to Monitor e-newsletter over the past 12 months.	n/a	614	4,658	3,910	662***	126	80	10,050

Notes: **These numbers have been re-calculated since previous annual reports using a more sophisticated system that only includes full downloads made by non-UNC-Carolina Population Center individuals. These numbers are lower than those reported previously because they exclude all partial downloads and "robots" (e.g., Google search indexing).

†† Improved data collection available in Year 4 using the Web-based Google Webmaster Tool.

‡‡ Non-UNC computers.

***An improved management system implemented in Year 5 for Monitor eliminated invalid e-mail addresses and introduced an "opt-out" feature for subscribers. Due to the new features, the number of subscribers declined by about 2,100. Adding 662 new subscribers in Year 5, the total number of subscribers was 11,889 at the end of Year 5.

*Updated data, collected and documented in Y6

Table 5.1: Findings from Research, Assessments and Case Studies Year 2-Year 7

Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders. (Indicator 5.1)		
Actionable Research Finding	Country	Year
Program evaluations, surveys, secondary analyses		
First ever National AIDS Control Commission MSM study in Rwanda describes MSM networks, risk behaviors; provides recommendations for HIV prevention activities	Rwanda	Year 2
MEASURE Evaluation presents analysis of the cost-effectiveness of interventions to benefit OVC: Experience from Kenya and Tanzania	Kenya and Tanzania	Year 2
MEASURE Evaluation presents Effects of Programs Supporting Orphans and Vulnerable Children: Key Findings, Emerging Issues, and Future Directions from Evaluations of Four Projects in Kenya and Tanzania	Kenya and Tanzania	Year 2
LQAS baseline survey on child health outcomes in Nyanza and Western provinces of Kenya flags priority districts for health programming	Kenya	Year 2
COMPASS endline survey provides information on successes and challenges in child health, reproductive health and service delivery activities within project local government areas	Nigeria	Year 2
MEASURE Evaluation survey finds Malaria Consortium's pilot LLIN campaign in Nigeria increases bed net coverage; free distribution effective in net retention and use	Nigeria	Year 2
MEASURE Evaluation presents Haiti: Programmatic Recommendations from Different Methodological Approaches	Haiti	Year 2

Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders. (Indicator 5.1)		
Actionable Research Finding	Country	Year
Analysis for Know Your Epidemic, Know Your Response finds minimal data on MSM and drug users in Cote d'Ivoire; ministries interested to use findings to develop research studies and prevention activities in 2010 Cote d'Ivoire National Strategic Plan	Cote d'Ivoire	Year 2
MEASURE Evaluation presents Prevention Case Studies for Guatemala, Central America Program, Mexico (Case Study)	G-GAP region, Guatemala, Mexico	Year 2
MEASURE Evaluation presents Case study on basic factors driving HIV/AIDS in Mexico/Central America; in-depth analysis of USAID prevention programs (Case Study)	Mexico	Year 2
MEASURE Evaluation VA Classification Algorithms report	Global	Year 2
MEASURE Evaluation DHS 2005 Descriptive Analysis of Discordant Couples	Rwanda	Year 2
MEASURE Evaluation DHS 2005 Secondary Analysis among Youth	Rwanda	Year 2
MEASURE Evaluation 2009 Zambia Sexual Behavior Study	Zambia	Year 2
Bangladesh Maternal Mortality and Health Care Survey finds that the maternal mortality ratio has declined by 40% since 2001.	Bangladesh	Year 3
Analysis of reports by husbands reveals high prevalence of physical and sexual abuse of wives in urban Bangladesh	Bangladesh	Year 3
China PLACE RDS Comparison Study finds the proportion of sex workers in Liuzhou, China with a positive syphilis test varied based on the sampling method used: venue-based estimate (24.0%) vs. respondent driven sampling estimate (8.5%).	China	Year 3
Ghana verbal autopsy study finds that malaria is by far the biggest killer among children age 29 days to 5 years, accounting for 43% of deaths in this age group.	Ghana	Year 3
Analysis of Biological and Behavioral Surveillance Study (BBSS) provides a behavioral profile of MSM in Guyana; findings show 21.9% of MSM were forced by male partner to have sex and having stigmatizing beliefs was correlated with less knowledge about HIV.	Guyana	Year 3
Study on data use in the Indian health sector provides recommendations based on a number of key findings, one of which is that health sector workers who have more interaction with civil society are more prone to using data in decisions, another is that many middle and junior level staff lack data analysis and interpretation skills	India	Year 3
Final report on 2009 Child Health Outcome Monitoring Survey shows low postpartum care across all 6 study regions, while percent of children immunized varied by province	Kenya	Year 3
Care and Support Public Health Evaluation Study finds clients' mental and physical health improved after enrolling in care but they continued to face issues such as pain, worry, lack of food, and lack of social support	Kenya, Uganda	Year 3
Secondary analysis of OVC Situational Analysis and Assessment prov actionable findings including: 17.8% of OVC compared to 7.4% non-reported living in a food insecure household; homeless children wer likely to report emotional-, conduct-, and peer relationship problem than half of children surveyed had heard of AIDS; 90% of children re being in school, OVC had higher drop-out rates.	Nigeria	Year 3
Barriers in organizational networking to address the needs of individuals living with HIV identified in the assessing organizational networks to improve integration and health outcomes study	Ethiopia	Year 4
Analysis of the women's ENSMI dataset finds that ethnicity is not associated with HIV status but is associated with HIV knowledge and attitudes	Guatemala	Year 4
CSI assessment findings and new CSI guidance shared via webinar to Child Status CoP	Global	Year 4

Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders. (Indicator 5.1)		
Actionable Research Finding	Country	Year
MARP study finds that that workers and patrons at sites where people go to meet new sex partners are at risk of contracting HIV regardless of whether they self-identify as a sex worker	Jamaica	Year 4
Malaria Surveillance Gap Analysis identifies required indicators and formats for improving collection and use of national malaria data	Kenya	Year 4
Inquiry on Causes about Mortality (INCAM) study finds that malaria and HIV/ were the primary causes of death, followed by perinatal conditions, diarrheal diseases, and pneumonia	Mozambique	Year 4
PLACE Lite study in Iringa reports lack of available condoms in priority prevention areas	Tanzania	Year 4
Evaluation of the Smiling Sun Franchise Program in Bangladesh found comparable changes in program and non-program areas between 2008 and 2011	Bangladesh	Year 5
Case study on Botswana's integration of Data Quality Assurance (DQA) into standard operating procedures (SOP) is shared online and documents the collaborative process between MEASURE Evaluation and the Botswana MoH for writing the SOPs, adapting the global Routine Data Quality Assessment (RDQA) tool, developing and implementing a training curriculum to support the roll out of the new SOPs and tool, highlights resources required to support the activities and lessons learned for future country adaptations.	Botswana	Year 5
"Health Service Utilization among Men Who Have Sex with Men (MSM) and Transgender Women, San Salvador, El Salvador 2011–2012" finds that one third of participants received health care services in the last 12 months and 61% of participants had tested for HIV in that time. Those who disclosed sexual orientation with a family member, had income, health insurance and a provider who was accepting towards MSM/TW were more likely to access services while those who experienced discrimination were less likely.	El Salvador	Year 5
Child Status Index (CSI) Phase II Assessment, "Decision Making Among Community-Based Volunteers Working in Vulnerable Children Programs," finds need for further guidance on best practices and use for decision-making, as well as the need for proper training and supervision.	Global	Year 5
A MEASURE Evaluation assessment of performance measurement (PM) strategy found that the key challenges faced by USAID in meeting the twin goals of achieving improved health outcomes and building capacity while recognizing the environmental might be addressed using an actionable framework called the capability maturity model (CMM).	Global	Year 5
MEASURE Evaluation assessed performance measurement (PM) frameworks against a set of criteria that reflect USAID considerations in order to provide key insights and recommendations on specific capabilities of the frameworks to improve antiretroviral supply chain management.	Global	Year 5
MEASURE Evaluation study of the System Strengthening Strategy Initiative (SSSI) performance framework/tools for evaluating return on investment (ROI) of technical assistance for supply chain strengthening and building in-country supply chain management capability found that a model addressing all of USAID's goals is still needed.	Global	Year 5
Organizational density and centrality findings from Organizational Network Analysis (ONA) were shared with organizations to guide discussion on how to increase capacity for improving networks	Malawi	Year 5
Formative assessment of the *Busca Activa* system indicates improvements to the *Busca Activa* process need to be made in order for the mHealth application to be studied	Mozambique	Year 5
Nigeria Bed net Survey shared in two Malaria Journal peer-reviewed articles shows that the Nigeria bed net campaign had a positive impact and recommends sustainment of free distribution campaign, supplementation with other insecticide-treated net distribution strategy, and gender-sensitive messaging to ensure men benefit equally.	Nigeria	Year 5

Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders. (Indicator 5.1)		
Actionable Research Finding	Country	Year
Gender analysis of national health data shows need for greater integration of gender into HIV programming.	Rwanda	Year 5
Findings from second qualitative study on men who have sex with men (MSM) in Kigali identifies determinants and drivers of risk behaviors among MSM and provides evidence for recommendations for HIV programming.	Rwanda	Year 5
Organizational Network Analysis (ONA) findings regarding perceptions of the benefits of collaboration with partners, primary barriers to collaboration, the current state of organizational partnerships and challenges facing the men who have sex with men (MSM) and transgender (TG) communities in Thailand are shared with representatives from local hospitals, the Planned Parenthood Association of Thailand, the head office of Venereal Diseases, AIDS Center 10 and several foundations.	Thailand/ANE	Year 5
Roll Back Malaria (RBM) Progress and Impact Series Report on the President's Malaria Initiative (PMI) Impact Evaluation in Tanzania presented at World Malaria Day shows that malaria is declining in Tanzania and that interventions have led to a decline in under-5 mortality, however further work, including international financial support, is needed.	Tanzania	Year 5
Results from the "The Costs of HIV/AIDS Related Care Services in Uganda Report" found the median cost for HIV/AIDS service among adults to be $258 USD and $287 USD for children, with ARVs and laboratory services as the highest cost for both groups.	Uganda	Year 5
Study of women's property and inheritance rights (WPIR) in Kenya and Uganda identified programmatic, funding and data barriers to integrating HIV care and WPIR and produced a compendium of resources for local organizations.	Uganda and Kenya	Year 5
Analysis of maternal mortality data from Saving Mothers Giving Lives (SMGL) Phase I study identifies fertility and mortality rates, an increase in facility-based deliveries, a decrease in cesarean sections, an overall decrease in maternal complication, and supports scale up of SMGL intervention activities in Zambia	Zambia	Year 5
Epidemic Preparedness and Response rapid assessment findings show significant changes in developing EPR plans, in threshold setting, in reporting and in epidemic response including that EPR plans had improved preparedness for addressing malaria epidemic were shared with stakeholders in Kenya	Kenya	Year 5*
A multi-country verbal autopsy analysis finding that maternal factors and complications during pregnancy, labor and delivery were the largest cause of neonatal death in each country except for Mozambique and malaria was the number one cause of childhood death in all countries but Rwanda was presented to national stakeholder	Mozambique; Rwanda; Uganda; Ghana	Year 5*
Perspectives on Gender-Based Violence and Women's Economic Empowerment (WEE) in Sub-Saharan Africa: Challenges and Opportunities findings include that 8 of the 19 WEE interventions assessing GBV outcomes were deemed effective in changing attitudes about GBV and/or decreasing the experience of GBV were reported via webinar to NGOs, government ministries, universities and bilaterals globally	Africa (Sub-Saharan)	Year 6
2010 Bangladesh Maternal Mortality and Health Care Survey (BMMS) secondary analyses finding that births attended by a skilled birth attendant increased from 12.2 percent to 26.5 percent was shared with stakeholders in two day seminar, brown bag lunch at the Ministry of Health and Family Welfare, and at two international conferences.	Bangladesh	Year 6
Mayer Hashi Endline Report findings that higher levels of provider training and presence of communications materials in project areas did not appear to translate into improved provider knowledge and practice or increased use of long acting and permanent (LAPM) contraceptive methods were shared with stakeholders	Bangladesh	Year 6
Secondary data analysis of 2005 AIS survey and of the 2012 DHS findings include that there was an overall decline in refusal for HIV testing were	Cote D'Ivoire	Year 6

Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders. (Indicator 5.1)		
Actionable Research Finding	Country	Year
shared with stakeholders		
"Child Marriage Prevention in Amhara Region, Ethiopia: Association of Communication Exposure and Social Influence with Parents/guardians Knowledge and Attitudes" study found that mass media and interpersonal communication exposure were positively associated with knowledge of marriage legislation, perceptions that marriage before age 18 was "too early", and beliefs in daughters' rights to individual marriage choice among parents/guardians in Amhara Region, Ethiopia and were shared with stakeholders via webinar February 3, 2014	Ethiopia	Year 6
Findings on vector control intervention gap estimates were shared with stakeholders and county malaria profiles were disseminated to all 47 counties in Kenya.	Kenya	Year 6
Women's Justice and Empowerment studies in Benin, Zambia, South Africa and Kenya findings including that psychosocial, medical, and legal support for women and children in South Africa had expanded into rural areas was disseminated via webinar to stakeholders	Kenya; South Africa; Zambia; Benin	Year 6
Disseminated preliminary findings for "Mozambique Program Assessment: Community Care for Vulnerable Children in an Integrated Vulnerable Children and Home-Based Care Program" including that Activistas reported being more prepared to provide care and support to HBC clients (93 percent) than OVC (71 percent) to Community Care Program headquarters (PCC), and two provincial-level meetings	Mozambique	Year 6
Know Your HIV-prevention Response (KYR) study pilot findings including that Pemba and Zimba districts stood out as "HIV-prevention poverty areas" in Southern Province were presented at dissemination seminar in Choma, with stakeholders from the government, NGOs and media groups	Zambia	Year 6
PLACE findings in Bushenyi District findings that the overall HIV prevalence among the respondents in the three priority prevention areas was 7.6%., that there is a large gap in HIV prevention programs, and a willingness by site managers to improve programs at the sites were presented to stakeholders	Uganda	Year 6
PLACE findings in Dokolo District that approximately 44% of the places identified by the community informants were bars and that the overall HIV prevalence among the respondents in the three priority prevention areas was 5.4% were presented to stakeholders	Uganda	Year 6
PLACE findings in Iganga District including that the overall HIV prevalence among the respondents in the three priority prevention areas was 5.6%, that only a few socializing sites had HIV prevention activities and that more than 80% of surveyed patrons and workers reported easy access to condoms were reported to stakeholders	Uganda	Year 6
PLACE findings in Jinga District including that the HIV prevalence of Mafubira SC is 7.5%, 28% of female workers had a new sexual partner in 4 weeks, and 28% and 35% of female patrons and female workers engage in transactional sex were reported to stakeholders	Uganda	Year 6
PLACE findings in Kabale District including that the overall HIV prevalence among the respondents in the three priority prevention areas was 3.1% and that 78% of survey respondents reported easy access to condoms, but that only 9%-15% of respondents used condoms consistently in the previous 6 months were reported to stakeholders	Uganda	Year 6
PLACE findings in Kalungu including that there is low consistent condom use (8%), high HIV prevalence among women in Kamuwunga and Lukaya (18.9%), and that uptake for circumcision services is low (46.7%) while demand is high (50.2) were presented to stakeholders	Uganda	Year 6
PLACE findings in Kanungu District including that the overall HIV prevalence among the respondents in the three priority prevention areas was 5.73%, that more than 75% of patrons and workers reported easy access to condoms but 36% of respondents reported not using condoms at all were reported to stakeholders.	Uganda	Year 6

Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders. (Indicator 5.1)		
Actionable Research Finding	Country	Year
PLACE findings in Kanese District including that the overall HIV prevalence among the respondents in the three priority prevention areas was 5.3%, 70% of site managers reported that they were willing to have HIV prevention activities at their site and HIV prevention gaps identified included limited access to and inconsistent condom use were reported to stakeholders.	Uganda	Year 6
PLACE findings in Masaka District including that the overall HIV prevalence among the respondents in the three priority prevention areas was 9.8%, and that the gaps in HIV prevention included low prevalence of circumcision and high prevalence of risky sex practices were reported to stakeholders.	Uganda	Year 6
PLACE findings in Mbale including that the overall HIV prevalence among the respondents in the three priority prevention areas was 4.8% and that HIV prevention gaps were high HIV prevalence among female workers, limited access to and inconsistent condom use, and low coverage of HIV counseling and testing services in socializing places were reported to stakeholders	Uganda	Year 6
PLACE findings in Mpigi including that the overall HIV prevalence among the respondents in the three priority prevention areas was 7.9%, that only a few of the socializing sites offered HIV prevention activities, and that 78% of respondents reported easy access to condoms were reported to stakeholders	Uganda	Year 6
PLACE findings in Sironko including that the overall HIV prevalence among the respondents in the three PPAs was 4.75%, that HIV prevention gaps included limited access to and inconsistent condom use, high prevalence of risky sexual behaviors, and low coverage of HIV counseling and testing services in socializing places were reported to stakeholders	Uganda	Year 6
PLACE findings in Tororo including that the HIV prevalence among women is high (12.2%) and that there is a low prevalence of HIV prevention services at socializing sites, yet venue managers are highly willing to have such programs were reported to stakeholders.	Uganda	Year 6
Results of Gender Integration Systematic Review including that gender aware interventions improved health outcomes were presented to stakeholders at a national dissemination meeting on October 15, 2014 in New Delhi India	Asia and the Near East	Year 7
2013 Urban Health Survey findings including that fertility is considerably below the replacement level in all urban areas and that intra-urban differentials in most health indicators have narrowed were shared with government agencies, NGOs, and the media.	Bangladesh	Year 7
Longevity of Insecticide-treated Bed Nets (ITNs) report findings include that the principle factor associated with duration of ITN ownership is the type of flooring and walls used in the household, were shared with government, NGO and implementing partner stakeholders	Madagascar	Year 7
Results from "Opportunities to Reach Women Who Have an Unmet Need for Family Planning" including that 820,357 women have an unmet need for family planning were shared with stakeholders	Madagascar	Year 7
Findings from the association between possession of nets and infant and child mortality in Madagascar Report presented to stakeholders	Madagascar	Year 7
Presented malaria vector control findings from 2011 PMI Impact Evaluation Report in Mozambique to stakeholders including that ownership of insecticide treated bed nets increased from 15.7% to 51.4%, and that malaria control interventions likely contributed	Mozambique	Year 7
Findings from Mozambique Impact Evaluation Report were shared with malaria stakeholders, at a formal dissemination meeting on July 22, 2014 at Hotel Rovuma in Maputo, Mozambique.	Mozambique	Year 7
Presented malaria vector control findings from 2011 PMI Impact Evaluation Report in Uganda to stakeholders including that the percent of the population that slept under an ITN the night before the survey increased to 35% in 2011 from 7% in 2006	Uganda	Year 7
M&E or HIS assessments		
MESST assessment of Cote d'Ivoire's National OVC Program M&E system finds	Cote d'Ivoire	Year 2

Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders. (Indicator 5.1)		
Actionable Research Finding	Country	Year
areas of reporting system weaknesses in time for 2010-2015 M&E plan development		
PRISM findings show major gaps in data quality and information use; limited capacity to carryout RHIS tasks; Guanajuato state official recommend use of findings for HMIS strengthening plan	Mexico	Year 2
Assessment of HIS concludes that overall HIS is adequate; priority areas for improvements are data administration, data sources, supplies, and human resources	Ecuador	Year 3
Pilot of family folders for collecting community level health information provides multiple operational findings to inform scale up.	Ethiopia	Year 3
Regional Initiative on Health Information Systems Strengthening 2005-2010 Report documents multiple lessons for other regions interested in strengthening HIS.	LAC Region	Year 3
Assessment of USAID PMI M&E activities in Liberia provides recommendations and shows M&E systems improvements: activities are centrally coordinated and vertical programs are integrated into one HMIS, however disparities in capacity between sites and delays in implementing HMIS persist.	Liberia	Year 3
Data quality audits of three implementing partners provide recommendations related to difficulty in understanding indicators, forms that do not collect the required data for the indicator, lack of supervision of data collection, and lack of intermediate aggregation levels between the site and central level.	Mozambique	Year 3
Application of the 12 Components System Strengthening Assessment Tool identifies indicator proliferation, poor data quality, and limited data use as priority areas to address in strengthening the Nigeria HIV/AIDS M&E System	Nigeria	Year 3
Assessment of the HIV/AIDS M&E system in St. Vincent and the Grenadines using 12 components identifies gaps in organizational M&E capacity to inform planning for M&E technical assistance.	St. Vincent and the Grenadines	Year 3
Pilot implementation of Vietnam's National M&E Framework for Avian and Human Influenza provides guidance for the new national plan framework, identified necessary indicator revisions and noted capacity building needs.	Vietnam	Year 3
DQA finds lack of consistency of reporting standards among clients of HIV and non-HIV services at HIV integrated care sites and weakness among NGOs in reporting (findings shared with 19 NGOs participating in the four-day workshop)	Dominican Republic	Year 4
Assessment of decision-making practices at SNNPR health units found that although respondents had a strong sense of HIS tasks, there is a need for improving program-level discussions and data use competencies	Ethiopia	Year 4
Findings from the National PMTCT Data Quality Assessment found the weakest areas contributing to poor data quality were data use, data management processes, and M&E structure, functions and capabilities.	Nigeria	Year 4
The Survival Analysis of the Jamaican HIV treatment database shows it is a unique data source for determining factors that may put an individual in higher risk group for immunological treatment failure, having implications on national treatment and prevention programs	Jamaica	Year 4
12 Components Assessment of the HIV/M&E system identifies significant gaps in capacity, coordination, and protocols	Kenya	Year 4
Integrating the State of Colima's Electronic Health Records System with other systems, incorporating data from referral and additional health areas, and allowing for open-ended diagnosis were key findings from the State of Colima's Electronic Health Records System Case Study shared with Secretary of Health, News Papers, Facebook and posted on the webpage of the Secretary of Health	Latin America and the Caribbean, Mexico	Year 4
2011 Liberia North Central (Bong, Lofa and Nimba) health outcome monitoring using LQAS reports gaps in god access to water and sanitation, use of bed nets, family planning, and exclusive breastfeeding	Liberia	Year 4
Findings from Liberia health outcome monitoring of seven counties using	Liberia	Year 4

Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders. (Indicator 5.1)		
Actionable Research Finding	Country	Year
LQAS (round 2) finds that bed nets are not commonly used and could not be accounted for, follow-up rates for prenatal visits after first trimester were low, and poor sanitation was ubiquitous		
Most Vulnerable Children Data Management System Assessment identifies weaknesses	Tanzania	Year 4
Analysis of community-based verbal autopsy data demonstrates that SAVVY is a feasible way of collecting cause-of-death data	Zambia	Year 4
Community health information system (CHIS) case study findings that CHIS works and produces benefits including time savings for HEWs; improved data quality; improved defaulter tracing; more targeted, needs-based, family-oriented services; and stronger partnership with community networks are shared with the top management of the Southern Nations, Nationalities, and Peoples' Region (SNNPR) regional health bureau.	Ethiopia	Year 5
Survey in Lofa County, Liberia finds downward trend in four or more antenatal visits by pregnant women, in women receiving a second dose of intermittent preventive treatment (IPT) for malaria and in children receiving three preventative shots before their first birthday, as well as an upward trend in births delivered at health facility by skill birth attendants.	Liberia	Year 5
Findings from the Mid-Term Review for the 2009-2012 National Strategic Plan (NSP) shared with HIV stakeholders to develop an operational catch up plan for the remainder of the NSP period and shared at 2013-2017 National Strategic Planning meeting.	Rwanda	Year 5
Findings related to expected distribution of new HIV infections by exposure group from Modes of Transmission Assessment shared with HIV stakeholders for national strategic planning.	Rwanda	Year 5
Multi-sectorial 12 Components Assessment for malaria vector control (MVC) in Mainland Tanzania found relative strengths in organizational structures for MVC M&E, and availability of MVC-related survey data, while MVC program evaluation and research, supportive supervision and program audits and data use for decision making were areas needing improvement	Tanzania (Mainland)	Year 5
Multi-sectorial 12 Components Assessment for malaria vector control (MVC) in Zanzibar found relative strengths in organizational structures for MVC M&E and MVC program evaluation and research, while system supportive supervision, coordination, and data use for decision making were areas needing improvement	Tanzania (Zanzibar)	Year 5
RHIS strengthening plan "Strengthening RHIS in Bangladesh: Key findings from Phase I Pilot" findings including improving capacity of management information system units, development of RHIS materials, streamlining and modifying MIS tools were presented to stakeholders	Bangladesh	Year 6
Actionable findings from PLACE study in Burundi identifying most common sites for sexual intercourse, as well as characteristics like number of sexual partners and rates of circumcision and HIV/STIs among participants disseminated to stakeholders	Burundi	Year 6
Actionable PRISM findings including that the quality and use of data has decreased particularly at lower levels of the health system were disseminated to USAID/Burundi and the MOH M&E Technical Working Group	Burundi	Year 6
Validation of Causes of death using Verbal Autopsy Data Collected from Navrongo Health and Demographic Surveillance System in Ghana 2007-2011 found that the main cause of death was neonatal sepsis (31.5%) in the first month of life, malaria for children under five and non-communicable disease for people over 15 years of age and were presented to national stakeholders	Ghana	Year 6
Endline Data Quality Assessment (DQA) and focus group discussions with community peer educators (CPEs) on mHealth system for M&E pilot findings indicating that the mHealth intervention improved the availability, timeliness, and accuracy of data collected by the CPEs were disseminated to stakeholders including MOH, Regional Technical Directors and IT staff in Kingston, Jamaica in March of 2014	Jamaica	Year 6

Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders. (Indicator 5.1)		
Actionable Research Finding	**Country**	**Year**
Findings from an assessment of malaria surveillance system included that Malaria outbreak in Attopeu could be detected in a timely manner but there is no standard of practice to quickly respond and report outbreak to higher levels in the health system and were presented to local government stakeholders and USAID country staff in Attapue Province in June of 2013	Laos	Year 6
Community-based information systems (CBIS) PRISM assessment findings included that the accuracy of the data collected in the health system is as follows: community health center 97.34%, district health center 97.2% and community health worker 28%; which was disseminated among stakeholders in Bamako, November 14, 2013.	Mali	Year 6
HIS PRISM assessment findings showing very low data accuracy and completeness at the health facility and intermediate levels, delays in reporting and low use of information were disseminated to USAID Mission, Health Regions, National Directorate of Health along with health divisions and health programs	Mali	Year 6
Illustrative examples of actionable findings shared with USAID*		
Analysis on Review of the USAID portfolio: Look at 10 years' worth of data HMIS annual reports from 2003-2011 looking at specific indicators like pregnant women with three Antenatal visits or more	Mali	Year 5
A secondary data analysis of DHS data on in-facility and out of facility neonatal mortality rates in Nigeria highlighted the need for outreach in the country's northeast and northwest and improved quality in the south.	Nigeria	Year 5
Two nations Tackle TB: A desk review summarizing what USAID accomplished with National TB program in last 20 Years	Mexico	Year 5
Women's Health in the Russian Federation: The Russia Longitudinal Monitoring Survey 2010 findings from 2010 Final Report produced in Russian and English and presented to USAID Russia	Russia	Year 5
2014 Uganda Vulnerability Index (VI) Assessment Findings include that participants find the VI to present a comprehensive, standardized approach for assessing and categorizing household and individual child vulnerability.	Uganda	Year 6
Evaluating Investments in Technical Assistance for USAID Supply Chains	Global	Year 6

Note: * These illustrative examples do not qualify as results under Indicator 5.1

5.1.a Selected Results from Indicator 5.1: Instances of key actionable research findings, experiences and/or lessons learned from data analysis, methods or tools developed by MEASURE Evaluation that are available to decision-makers and/or stakeholders

Perspectives on Gender-Based Violence and Women's Economic Empowerment (WEE) in Sub-Saharan Africa: Challenges and Opportunities findings include that 8 of the 19 WEE interventions assessing GBV outcomes were deemed effective in changing attitudes about GBV and/or decreasing the experience of GBV were reported via webinar to NGOs, government ministries, universities and bilaterals globally: Perspectives on Gender-Based Violence and Women's Economic Empowerment in Sub-Saharan Africa: Challenges and Opportunities (WEE) is a report on the relationship between WEE and the experience of GBV in sub-Saharan Africa. The report synthesizes data gathered by MEASURE Evaluation between fall 2007 and spring 2014. Building on earlier research to understand the contextual and programmatic variables that influence the relationship between economic empowerment and GBV, the report identifies current research and implementation knowledge gaps in this area. The evidence informing this review include existing impact evaluations, operations research, literature reviews, programmatic guidance and 49 key informant interviews (KIIs) conducted with program staff and experts from organizations implementing or conducting research on WEE interventions in sub-Saharan Africa. Only eight of the 19 WEE interventions assessing GBV outcomes were deemed effective in changing attitudes about GBV and/or decreasing the experience of GBV (with rigorous experimental methods and high potential of program impact). Only eight of the studies reported an outcome of GBV. Out of these, only three found a significant decrease of physical and/or sexual violence from an intimate partner, with none finding an increase. Reviewed studies also found significant positive effects of interventions on outcomes such as economic well-being and gender attitudes and norms among participants (and occasionally their partners). The recommendations were as follows: Economic empowerment programs that currently focus solely on financial capital should incorporate human as well as social capital components in program design and implementation; Economic empowerment programs promoting livelihoods among adolescent girls should incorporate safe spaces for girls to access support, mentoring, and share experiences; WEE programs should engage men constructively in gender-related activities in order to promote gender equitable norms; Further rigorous research and evaluation should be conducted on the intersection of WEE and GBV using measurement guidelines to increase the evidence base for improved programming. Further research is necessary to map the pathways in which WEE directly or indirectly affects GBV given that the current evidence about the mechanism in which WEE impacts GBV is inconclusive. These findings were presented via webinar on August 12, 2014. The webinar was advertised to study participants, at the AIDS conference, m2front, and a variety of listserves and web-based groups including AfrEA, Afro-Nets and the Interagency Gender Working Group (IGWG). The webinar was shared on Twitter, Facebook, LinkedIn, and WordPress (through the Evaluate blog). More than 100 individuals participated in the webinar, representing NGOs, government ministries, universities and bilaterals from a variety of international backgrounds. MEASURE Evaluation looks forward to the findings informing future work related to WEE and GBV.

Actionable findings from PLACE study in Burundi identifying most common sites for sexual intercourse, as well as characteristics like number of sexual partners and rates of circumcision and HIV/STIs among participants disseminated to stakeholders: PLACE was implemented in Burundi in early 2013 to help identify priority locations for HIV prevention activities. The PLACE study identified the most common sites for sexual intercourse in Bujumbura, the top five being bars (53.85%), hotels (18.55%), bedrooms (5.14%), roadsides (3.35%), and dance clubs (2.68%). When disaggregated by urban vs. rural status, the results changed slightly. The top five sites in urban centers were bars (52.85%), hotels (18.55%), bedrooms (5.14%), roadsides (3.35%), and dance clubs (2.68%). In "other urban areas" they

top five sites were bars (65.7%), hotels (27.2%), bedrooms (2.0%), movie theaters (0.9%), and the bush (0.8%). In rural areas, they were bars (85.17%), hotels (5.07%), the bush (2.72%), restaurants (1.85%), and movie theaters (1.36%). The study was also interested in exploring what activities happen at sites included in the study (Cankuzo, Gitega, Karusi, Muramvya, Mwaro, Rutana, and Ruyigi). The most common activities (>50%) were consumption of alcohol, spending more than one hour socializing, listening to music, and eating out at a restaurant. The study also identified the percentage of respondents who had at least one partner in the last four weeks, the average number of new partners in the last four weeks, use of condoms and contraceptives, rates of infection with HIV/STIs, rates of circumcision, HIV testing and counseling rates, rates of HIV risk factors, and percentage of those who had received information about HIV in the last three months. Based on PLACE findings, the teams developed HIV prevention strategies and recommendations. For western Burundi, this included a focus on improving access to counseling and testing, the use of social networking sites, couple screening and awareness, involvement of artists to pass messages, use of audio visual tools, and games or a puppet theater, supply and distribution of IEC materials (leaflets, posters) as well as efforts to raise awareness at key sites (hotels and cabarets). They also proposed emphasizing work to raise awareness of condoms and improve correct use of female and male condoms. In northern Burundi, plans included supporting the promotion of mobile screening in high-risk locations, including the development and popularization of the rapid test. Other areas of focus included updating the IEC/BCC tool, revitalize and improve education in relation to specific targets, and adopt ICT to facilitate confidential communication. There was also interest in supporting a large condom promotion effort, including distribution at key "hot spots." Preliminary findings were presented to community stakeholders in November 2013 in order to share and validate findings with the community, generate a renewed interest in local prevention programs, and develop an action plan that identifies specific measures that can be taken to address gaps in the HIV programs, tailored to each province.

Secondary data analysis of 2005 AIS survey and of the 2012 DHS findings include that there was an overall decline in refusal for HIV testing were shared with stakeholders: USAID's DHS Program conducted two household surveys in Cote d'Ivoire in 2005 and 2012: the AID Indicator Survey (2005) and the Demographic and Health Survey (2012). These surveys collected information on the HIV prevalence, knowledge and risk behavior. The initial results provoked new questions and insights by national stakeholders, leading USAID/Cote d'Ivoire to request MEASURE Evaluation's technical assistance on a secondary analysis that would better inform decision-making for planning, policy choices and strategies. The analysis conducted by MEASURE Evaluation asked the following questions:

- What are the characteristics of those who refused HIV testing from 2005 to 2012?
- What were assumptions about causes of differences in prevalence among young people aged 15-24 24 (male and female) from 2005 to 2012?
- What is the trend of HIV prevalence by region from 2005 to 2012?
- How have risk behaviors changed between 2005 and 2012?

Findings related to each of these questions were synthesized and published by MEASURE Evaluation in the report, "Secondary Analysis of 2005 AID Indicator Survey and 2012 Demographic and Health Survey." The report identified several recommendations, including: refine questionnaire for future AIS and DHS surveys; precede surveys with information campaigns to reduce testing refusal rates, especially in urban areas; and conduct additional research into causes of testing refusal in the DHS context. This report was disseminated to key stakeholders, including USAID, PEPFAR, and Cote d'Ivoire Ministry of Health and the Fight Against AIDS.

PLACE findings in Dokolo District that approximately 44% of the places identified by the community informants were bars and that the overall HIV prevalence among the respondents in the three priority prevention areas was 5.4% were presented to stakeholders: The PLACE methodology was implemented in 13 districts in Uganda in 2013 to better understand local HIV epidemics to tailor response strategies accordingly. Dokolo was one of the 13 districts where PLACE was implemented in August 2013 with the objective of building capacity in planning, implementation, monitoring and evaluation of local HIV prevention programs. As part of a PLACE methodology implementation, a stakeholder's engagement workshop was held at the Dokolo district Council hall to select the three Priority Prevention Areas (PPAs) to focus on for the study. The workshop was attended by 50 technical and political stakeholders including the Resident District Commissioner, the district Local Council V (LC 5) chairperson, the district speaker, the District Health Officer the district secretary for health and the Health Sub-district heads. Workshop participants selected Dokolo town Council, Agwata Sub County and Kwera Sub County as the three PPAs. The Dokolo District PLACE research team recruited 284 Community Informants (CIs) across the 3 PPAs, including traders, boda riders, fish mongers, market vendors and idlers. The CIs identified 202 places across the 3 PPAs where people regularly went to socialize and meet new sexual partners. Approximately 44% of the identified places were bars. 590 workers and patrons were sampled from 30 sites to complete questionnaires and take an HIV test. Across the Dokolo Town Council, Agwata Sub County and Kwera Sub County, the HIV prevalence was 5.6%, 4.7% and 6.3% respectively. Findings were presented at an action planning workshop by the Dokolo District PLACE research team and Makerere School of Public Health. Workshop participants identified the major problems, solutions, strategies and required resources. The District PLACE Steering Committee enhanced the initial action plan with input from the Makerere University School of Public Health. The Dokolo District PLACE research team found that the gaps in HIV prevention were low prevalence of circumcision, limited access to and inconsistent condom use, low coverage of HIV testing and counseling services in socializing places and HIV related stigma. Survey findings also found patrons and workers met new sexual partners on site. Seventy-five percent of respondents reported easy access to condoms; however, condom use was inconsistent. Thirty-six percent of respondents reported not using condoms at all. The PLACE research team attributes these findings to HIV prevention information and condoms not being readily available in places where sexual initiation occurs. Recommendations from the PLACE district research team to the district include revising the district's HIV strategic plan to include venue-based interventions, implementing PLACE methodology in other priority areas to generate a more complete picture for the district, and disseminating PLACE 2013 findings at the local level to give PPAs an opportunity to understand their situation.

Endline Data Quality Assessment (DQA) and focus group discussions with community peer educators (CPEs) on mHealth system for M&E pilot findings indicating that the mHealth intervention improved the availability, timeliness, and accuracy of data collected by the CPEs were disseminated to stakeholders including MOH, Regional Technical Directors and IT staff in Kingston, Jamaica in March of 2014: The Magpi mHealth platform for community peer educators (CPEs) to conduct monitoring and evaluation of community HIV/AID interventions was developed and piloted by MEASURE Evaluation. The pilot began in April 2013 and took place in the Southern and North East Regions of Jamaica, with the Western Region serving as the control. The principal objective of the pilot was to overcome data collection issues with availability, accuracy and timeliness of data. In February 2014, and endline Data Quality Assessment (DQA) assess the quality of data collected using the mHealth platform at various levels of information processing. These included: three regions, nine parishes, and the M&E unit at the Ministry of Health (MOH). Also in February 2014, two focus groups gathered to allow CPEs representatives from each of the intervention regions an opportunity to review the mHealth technology and implementation. Evidence from the "Assessment of an mHealth Application for M&E" conducted in

Jamaica indicates that the mHealth intervention improved the availability, timeliness, and accuracy of data collected by the CPEs. In addition to reporting the results of the mHealth assessment, MEASURE Evaluation is developing recommendations about how mHealth tools can be used in the M&E of health programs in the future. MEASURE Evaluation staff presented preliminary findings to the Ministry of Health at a dissemination meeting in Kingston, Jamaica that took place in March of 2014. Groups of stakeholders invited to the dissemination meeting include Ministry of Health officials, Regional Technical Directors, Region-level IT staff, Regional BCC Officers, Parish BCC Officers, mobile network operators including Digicel, and Parish Medical Officers.

Results of Gender Integration Systematic Review including that gender aware interventions improved health outcomes were presented to stakeholders at a national dissemination meeting on October 15, 2014 in New Delhi India (Y7): The Gender, Policy and Measurement program, funded by the Asia Bureau of the United States Agency for International Development (USAID), undertook a comprehensive, systematic review of the impact of gender-integrated programs on reproductive, maternal, neonatal, child, and adolescent health (RMNCH+A); HIV; gender-based violence (GBV); tuberculosis (TB); and universal health coverage (UHC) outcomes in low and middle income countries (LMICs), with a focus on India. A range of evaluation designs were used to assess the impact of these interventions, the most common being non-experimental and quasi-experimental designs. Some evaluations took a mixed methods approach, combining both quantitative and qualitative components. Two interventions assessed the added value of gender, and nine studied whether the intervention impacts were sustained over time.

The dissemination event, which took place in New Delhi in October 2014, was attended by a total of 105 people representing government agencies, civil society organizations, donor agencies, and research institutions, primarily working in India. The objective of the sessions was to present the successes, challenges and lessons learned of current gender-integrated programming in India, while providing more local context to the systematic review.

The main findings presented during the dissemination were that the review supported the hypothesis that gender aware interventions improved health outcomes, with accommodating programs effecting change in knowledge, behavior, and health status indicators; and that transformative interventions went a step further and improved attitudes as well. Additionally, some interventions also brought about improvements in gender outcomes. The presentation concluded by highlighting the gaps in gender-integrated health programs, pointing out that few evaluations established the causal pathway between gender-integrated health programs and health outcomes, little evidence of long-term, scalable and cost-effective interventions, and the lack of gender-aware TB and UHC interventions. Key recommendations for both ongoing and future gender-integrated programs in India included: strengthening HIV programs for key populations such as men who have sex with men, integrating GBV services in RMNCH+A services, integrating gender into TB and UHC programs, scaling up gender-aware programs through the government machinery, establishing the causal pathway by which gender can benefit health, and conducting multiple assessments after the completion of the intervention to study program effects over time.

Presented malaria vector control findings from 2011 PMI Impact Evelution Report in Uganda to stakeholders including that the percent of the population that slept under an ITN the night before the survey increased to 35% in 2011 from 7% in 2006 (Y7): The evaluation of the impact of malaria control interventions on all-cause mortality in children under-five in Uganda is an evaluation co-commissioned by the U.S. President's Malaria Initiative (PMI) and Uganda's Ministry of Health (MoH) in support of the

monitoring and evaluation activities conducted by Uganda MoH and the Roll Back Malaria Partnership (RBM). The main objectives of the evaluation are to assess progress in Uganda's malaria control efforts, the impact of scale-up of malaria control interventions, such as ownership and use of ITNs, IRS, IPTp and malaria case management, on malaria morbidity and all-cause mortality in children under five years of age, during 2000-2011.

Results were presented to 26 local and bilateral stakeholders in September, 2014 at a Consultative Meeting on the Evaluation of the Impact of Malaria Control Interventions on All-cause Mortality in Children Under-five in Uganda. The results of the evaluation included that overall ownership of ITNs increased from 16% to 60% between 2006 and 2011. The percent of the population that had slept under a bed net the night before increased from 7% to 35%. There was a significant increase in access to ACT for children with a fever from 5% in 2001 to 69% in 2011. An additional finding was that IRS may have contributed to the reduction in malaria morbidity in the IRS districts.

Presented malaria vector control findings from 2011 PMI Impact Evaluation Report in Mozambique to stakeholders including that ownership of insecticide treated bednets increased from 15.7% to 51.4%, and that malaria control interventions likely contributed to reduction in mortality of children under 5 (Y7): Funding for malaria control interventions in Sub-Saharan Africa has increased in the last 10 years. MEASURE Evaluation provided technical support to the President's Malaria Initiative to assess the impact of malaria control intervention investments on malaria burden (mortality and mortality) over the past decade in the 15 priority countries, including Angola, Benin, Ethiopia, Ghana, Kenya, Liberia, Rwanda, Madagascar, Malawi, Mali, Mozambique, Senegal, Tanzania (Mainland), (Tanzania Zanzibar), Uganda, Zambia, and. The evaluation was based on a non-experimental design with a pre- and post-intervention assessment as well as a plausibility argument to measure changes in malaria control intervention coverage, malaria-related morbidity, and all-cause child mortality while accounting for other contextual determinants of child survival during the evaluation period.

The Project used the following data sources to conduct secondary analysis to understand how malaria interventions have impacted the malaria cases: 2003 DHS, 2007 MIS, 2008 MICS, 2009 AIS, 2011 DHS, the HIS system in Mozambique and data from UNICEF, World Bank, and UNAIDS. Results were shared in July of 2014 at Hotel Rovuma in Mozambique to 63 local and bilateral stakeholders. The Assessment found that there were significant increases in ownership and use of ITNs, that there were improvements in intra-residual spraying (IRS) in targeted areas of the country, and overall improvements in the treatment coverage of children under five year of age with antimalarial. There was a significant decline in malaria cases between 2007 and 2011, 52% and 35% respectively and a 36% reduction in under 5 mortality between 1999-2003 and 2007 to 2011. It was found by the assessment that it was likely that malaria control interventions in Mozambique contributed to reduction in mortality of children under 5 years, particularly those observed during the last evaluation period.

Tables 5.3.a and 5.4: Summary of Publications Produced Year 2-Year 7

Type of Publication	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)						
MEASURE Evaluation publications						
Manuals and guides	8	24	5	19	15	7
Reports	17	11	16	17	52	34
Working papers	3	2	-	5	19	6
Fact sheets	4	9	22	5	44	23
Total	38+*	46	43	46	130	70
Number of articles published in peer-reviewed journals. (Indicator 5.4)						
Peer-reviewed journal articles						
Peer-reviewed journal articles	17	17	15	17	36	15

*38+ in Y2 refers to additional brochures, workshop summaries, questionnaires, posters, presentations, certificates, web pages and CDs, which were no-longer counted in future years under this indicator.

Tables 5.3.b: Electronic and Print Publications Year 2-Year 7

Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Fapohunda B, Gragg B. Pillars of Health Facility Assessment: An Illustrative Capacity-Building Curriculum for Mid- and Senior-Level Managers	▓				Y2
Fapohunda, B. Basic Statistics on Health Facility Status and Readiness to Deliver Quality Services	▓				Y2
Jamaica National HIV/STI Programme: Monitoring and Evaluation System Operations Manual	▓				Y2
Components of Child Status Index toolkit published in hard copy	▓				Y2
Harrison T. Making Research Findings Actionable	▓				Y2
Finn T. A Guide for Monitoring and Evaluating Population-Health-Environment Programs reprinted in hard copy	▓				Y2
Quick Poverty Score Toolkit: User's Guides and Spreadsheets for Azerbaijan, Bangladesh, Bolivia, Guatemala, Haiti, Honduras, India, Pakistan, Philippines, Uganda	▓				Y2
New Routine Data Quality Assurance tools	▓				Y2
Aqil A, et al. Guanajuato SINAIS Assessment		▓			Y2
Zambia Sexual Behaviour Survey 2009		▓			Y2

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Obiero W, Schmidt S, and Foreit K. Strategies Used by USG Country Teams for Dealing with Double Counting of Individuals and Sites - A Review		▓			Y2
Binagwaho A, Chapman J, Koleros A, Utazirubanda Y, Pegurri E. Exploring HIV Risk among MSM in Kigali, Rwanda		▓			Y2
Thurman TR, Hutchinson P. Analyzing the Cost-Effectiveness of Interventions to Benefit Orphans and Vulnerable Children: Evidence from Kenya and Tanzania		▓			Y2
Nyangara F, Thurman TR, Hutchinson P, Obiero W. Effects of Programs Supporting Orphans and Vulnerable Children: Key Findings, Emerging Issues, and Future Directions from Evaluations of Four Projects in Kenya and Tanzania		▓			Y2
de la Torre C, Khan S, Eckert E, Luna J, Koppenhaver T. HIV/AIDs in Namibia: Behavioral and Contextual Factors Driving the Epidemic		▓			Y2
Nyangara F, Matiko C, Kalungwa Z. SAWAKA Jali Watoto Program Supporting Most-Vulnerable Children, Tanzania: A Case Study		▓			Y2
Gage, A. Coverage and Effects of Child Marriage Prevention Activities in Amhara Region, Ethiopia - Findings from a 2007 Study		▓			Y2
Nyangara F, Obiero W. Effects of a Community-Focused Approach Supporting the Most Vulnerable Children: Evaluation of SAWAKA Jali Watoto Program in Kagera, Tanzania		▓			Y2
Binagwaho A, Chapman J, Koleros A, Utazirubanda Y, Pegurri E. Exploring HIV Risk among MSM in Kigali, Rwanda		▓			Y2
PEPFAR Public Health Evaluation: Care and Support summaries published in hard copy		▓			Y2
Nyangara F, Lema E. Slowly but Surely: Evaluations of Three Programs Supporting Most Vulnerable Children in Tanzania Show Some Benefits		▓			Y2
Foreit KGF, Patton EG, Walker DM. Muhtasari wa Tafiti Tano za Kaya Kufuatilia Idadi ya Watu waliofikiwa na Matokeo ya Afua za Malaria Tanzania, 2007-2008		▓			Y2
Weir SS, Figueroa JP, Byfield L, Hall A, Cummings S, Hobbs M, Suchindran CM. A Randomized Controlled Trial to Investigate Impact of Site-Based Safer Sex Programs in Kingston, Jamaica: Trial Design, Methods, and Results		▓			Y2
Lance P, Angeles G, Hayat Khan MS. 2008 Baseline Rural Bangladesh Smiling Sun Franchise Program (BSSFP) Evaluation Survey		▓			Y2
Lance P, Angeles G, Islam S. 2008 Baseline Urban Bangladesh Smiling Sun Franchise Program (BSSFP) Evaluation Survey		▓			Y2
Chatterji M, Hutchinson P, Murray N, Buek K, Mulenga Y, Ventimiglia T. Evaluating the			▓		Y2

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Impact of Community-Based Interventions on Schooling Outcomes among Orphans and Vulnerable Children in Lusaka, Zambia			▓		
Lopez C, Speizer I. Curricula Review of Emergency Plan Centrally-Funded HIV Prevention Programs for Youth			▓		Y2
Edward A, Matsubiyashi T, Fapohunda B, Becker S. A Comparative Analysis of Select Health Facility Survey Methods Applied in Low and Middle Income Countries			▓		Y2
Antiretroviral Adherence				▓	Y2
Knowledge Management				▓	Y2
Ensuring Sustainability				▓	Y2
Patient Monitoring				▓	Y2
Aqil A, Lippeveld T. Guía del Usuario de las Herramientas de PRISM	▓				Y3
Aqil A, Lippeveld T. PRISM : Performance de la Gestion des Systèmes d'Information de Routine	▓				Y3
Quick Guide: Tools for Data Demand and Use in the Health Sector	▓				Y3
Stakeholder Engagement Tool	▓				Y3
Performance of Routine Information Systems Management (PRISM) Tools	▓				Y3
Information Use Map	▓				Y3
Framework for Linking Data with Action	▓				Y3
Assessment of Data Use Constraints	▓				Y3
Tools for Data Demand and Use in the Health Sector	▓				Y3
Frankel N, Gage A. Eléments de base de S&E, Mini-Cours Autoguidé	▓				Y3
Frankel N, Gage A. Fundamentos de monitoreo y evaluación, Cursillo autodirigido	▓				Y3
Frankel N, Gage A. Fundamentos de M&A, Um Mini-Curso Dirigido	▓				Y3
OVC Mapping Reference Document	▓				Y3
Manual do Aluno	▓				Y3
Aqil A, Lippeveld T. Improving RHIS Performance For Better Health System Management: Routine Health Information System Course Participants Guide	▓				Y3

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Judice N. Seven Steps to Use Routine Information to Improve HIV/AIDS Programs	▓				Y3
MEASURE Evaluation Excel to Google Earth (E2G) 2.0 Tutorial	▓				Y3
Community-Level Program Information Reporting for HIV/AIDS Programs [CD-ROM]. Tools and Processes for Engaging Stakeholders	▓				Y3
Community-Level Program Information Reporting for HIV/AIDS Programs: Introduction	▓				Y3
Community-Level Program Information Reporting for HIV/AIDS Programs. Module 1: Illustrative Program Indicators, Data Collection Tools and Indicator Reference Sheets for Prevention, HBC, and OVC Programs	▓				Y3
Community-Level Program Information Reporting for HIV/AIDS Programs. Module 2: Rapid Situation and Needs Assessment	▓				Y3
Community-Level Program Information Reporting for HIV/AIDS Programs. Module 3: Indicator Harmonization	▓				Y3
Community-Level Program Information Reporting for HIV/AIDS Programs. Module 4: Information System Rollout	▓				Y3
Data Quality Assurance	▓				Y3
Gage AJ, ed. Nigeria End-of-Project Primary School Headmaster and Teacher Survey		▓			Y3
Gage AJ ,ed. Nigeria End-of-Project Health Facility Survey, Final Report		▓			Y3
Ghana Statistical Service, Ghana Health Service, ICF Macro. Ghana Child Verbal Autopsy Study 2008		▓			Y3
Madagascar Diagonal Funding Study		▓			Y3
Simms, Victoria et al. PEPFAR Public Health Evaluation-Care and Support: Phase 2 Uganda		▓			Y3
Harding, Richard et al. PEPFAR Public Health Evaluation-Care and Support: Phase 2 Kenya		▓			Y3
Simms, Victoria et al. (Summary) PEPFAR Public Health Evaluation-Care and Support: Phase 2 Uganda		▓			Y3
Harding, Richard, et al. (Summary) PEPFAR Public Health Evaluation-Care and Support: Phase 2 Kenya		▓			Y3
Harrison T, Nutley T. A Review of Constraints to Using Data for Decision Making: Recommendations to Inform the Design of Interventions		▓			Y3
Moreland S, Misra SN, Agrawal S, Gupta RB, Harrison T. Data Use in the Indian Health		▓			Y3

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Sector		■			
Report of a Technical Consultation on Information Systems for Community-Based HIV Programs		■			Y3
Do M, Kurimoto N. Women's Empowerment and Choice of Family Planning Methods			■		Y3
Ettarh RR. Spatial Analysis of Contraceptive Use and Unmet Need in Kenya			■		Y3
Building a Neighbor's Capacity				■	Y3
Strengthening an Organization's Capacity to Demand and Use Data				■	Y3
Strengthening Health Service Delivery by Community-Based Organizations—The Role of Data				■	Y3
MEASURE Evaluation's Use of Geospatial Tools				■	Y3
AIMEnet, HIV/AIDS Monitoring and Evaluation Network				■	Y3
Improving Data Quality in Mozambique: Standardized Systems Yield Better Data				■	Y3
Leadership Development Program Yields Collaboration and Results in Cote d'Ivoire				■	Y3
The Virtual Leadership Development Program				■	Y3
Patient Monitoring: WHO's Interlinked Patient Monitoring Systems for HIV, MCH, and Tuberculosis				■	Y3
Gender and Health Data and Statistics: An Annotated Resource Guide, Bloom SS, Arnoff E	■				Y4
Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men who have Sex with Men, and Transgender People - Volume I National and Sub-National Levels, Weir S, et al	■				Y4
Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men who have Sex with Men, and Transgender People - Volume II for Service Delivery Providers, Weir S, et al	■				Y4
PRISM Tools User Guide, Aqil A, Lippeveld T, Moussa T, Barry A	■				Y4
An Overview of Spatial Data Protocols for HIV/AIDS Activities: Why and How to Include the "Where" in Your Data	■				Y4
Using Health Facility Assessment Data to Address Programmatic Questions: Illustrative Examples for Program Managers, Fapohunda B		■			Y4

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	**Manual**	**Report**	**Working Paper**	**Fact Sheet**	**Year**
Etnicidad y Riesgo de VIH en Guatemala, Taylor T, Hembling J, Bertrand J		■			Y4
Expediente Clínico Electrónico en Colima: Estudio de Caso Sobre su Implementación, Hernandez-Ávila JE, Palacio-Mejia LS, Lara-Esqueda A, et al		■			Y4
Electronic Health Records in Colima, Mexico: Case Study on Design and Implementation, Hernandez-Ávila JE, Palacio-Mejia LS, Lara-Esqueda A, et al		■			Y4
Bangladesh District Level Socio-demographic and Health Care Utilization Indicators		■			Y4
The Child Status Index Usage Assessment, Cannon M, Snyder E		■			Y4
Mortality in Mozambique: Results from a 2007–2008 Post-Census Mortality Survey		■			Y4
Evaluation Externe du Plan Decennal de Développent Sanitaire et Social 1998-2007		■			Y4
How Can Routine Health Information Systems Improve Health Systems Functioning in Low-Resource Settings? Assessing the Evidence Base, Hotchkiss D, Diana M, and Foreit K		■			Y4
Improving Demand for and Use of Data Strengthens HIV/AIDS Programs in Rwanda		■			Y4
Outcomes		■			Y4
2011 Lot Quality Assurance Sampling Survey in Liberia		■			Y4
Women's Health in the Russian Federation: The Russia Longitudinal Monitoring Survey 2010, Barden-O'Fallon J, Reynolds Z, Speizer IS		■			Y4
Influence of Gender Measures on Maternal and Child Health in Africa, Singh K, Bloom S, Brodish P		■			Y4
Nigeria Reproductive Health, Child Health, and Education End-of-Project Household Survey, 2009, Koram N, Gage AJ (eds.)		■			Y4
Regional Initiative Health Information Systems Strengthening: Latin America and Caribbean: 2005-2010, Plaza B, Giusti A, Palacio LS, Torres N, Reyes N		■			Y4
HMIS Scale-Up in Ethiopia		■		■	Y4
Community Health Information System in Action in SNNPR				■	Y4
Improving Access to Family Planning Can Promote Food Security in a Changing Climate				■	Y4
HIV Care Networks: Integration and Health Outcomes in Ethiopia				■	Y4
Improving Programs for Orphans and Vulnerable Children				■	Y4

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Program Implementation Brief: Jamaica				▓	Y4
MEASURE Evaluation in Vietnam				▓	Y4
MEASURE Evaluation in Tanzania				▓	Y4
MEASURE Evaluation in Rwanda				▓	Y4
MEASURE Evaluation in Russia				▓	Y4
MEASURE Evaluation in Nigeria				▓	Y4
MEASURE Evaluation in Mozambique				▓	Y4
MEASURE Evaluation in Liberia				▓	Y4
MEASURE Evaluation in Kenya				▓	Y4
MEASURE Evaluation in Jamaica				▓	Y4
MEASURE Evaluation in Haiti				▓	Y4
MEASURE Evaluation in Ethiopia				▓	Y4
MEASURE Evaluation in The Democratic Republic of the Congo				▓	Y4
MEASURE Evaluation in China				▓	Y4
MEASURE Evaluation in Barbados and the Eastern Caribbean				▓	Y4
MEASURE Evaluation in Bangladesh				▓	Y4
MEASURE Evaluation in Angola				▓	Y4
7 Pasos para utilizar información rutinaria para mejorar programas de VIH/SIDA. Judice, NR	▓				Y5
Building Leadership for Data Demand and Use: A Facilitator's Guide	▓				Y5
Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs	▓				Y5
Community Health Information System Data Recording and Reporting: User's Manual	▓				Y5
Core Indicators for OVC Program Evaluation	▓				Y5

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Community Trace and Verify Tool	■				Y5
eHMIS User Guide	■				Y5
Data Demand and Use: An Introduction to Concepts and Tools*	■				Y5
Fundamentals of Implementation Research	■				Y5
Geographic Approaches to Global Health: A Self-Directed Mini-Course	■				Y5
Health Management Information System: Facilitator's Guide for Training Hospital Staff*	■				Y5
Health Management Information System: Facilitator's Guide for Training of Trainers	■				Y5
Health Management Information System: Participants' Handouts & Instruments	■				Y5
HMIS Information Use Training Manual	■				Y5
PLACE Mapping and Size Estimation Module	■				Y5
Training of Health Extension Workers on Family Folder and HMIS Procedures: Facilitators' Guide	■				Y5
Nhung Nguyen Tac Co Ban Ve Giam Sat Va Danh Gia (M&E), M&E Fundamentals: A Self-Guided Minicourse in Vietnamese	■				Y5
Outils PRISM: Guide de l'Utilisateur. Anwer A, Lippeveld T, Moussa T, Barry A	■				Y5
Referral Systems Assessment and Monitoring Toolkit	■				Y5
2012 Liberia Health Outcome Monitoring Report		■			Y5
Bangladesh Maternal Mortality and Health Care Survey 2010		■			Y5
Bangladesh Smiling Sun Franchise Program Endline Survey Report 2011. Lance P, Angeles G and Kamal N		■			Y5
Bangladesh Smiling Sun Franchise Program Impact Evaluation Report. Lance P, Angeles G and Kamal N		■			Y5
Botswana's Integration of Data Quality Assurance Into Standard Operating Procedures: Adaptation of the Routine Data Quality Assessment Tool. Boone D, Cloutier S, Lins S and Makulec A		■			Y5
Costs of HIV Treatment, Care, and Support Services in Uganda. Moreland S, Namisango E, Paxton A and Powell RA		■			Y5
Decision Making Among Community-Based Volunteers Working in Vulnerable Children		■			Y5

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Programs: Child Status Index Usage Assessment Phase 2. Cannon M, Snyder E		�			
Ethnicity and HIV Risk in Guatemala. Taylor TM, Hembling J and Bertrand JT		▪			Y5
Health Service Utilization among Men Who Have Sex with Men and Transgender Women, San Salvador, El Salvador 2011–2012. Andrinopoulos K and Hembling J		▪			Y5
Holding a National Health and Mapping Summit to Build Partnerships for Improving Health Outcomes: Lessons Learned from the Nigeria Health and Mapping Summit of 2011		▪			Y5
Improving Data Use in Decision Making: An Intervention to Strengthen Health Systems. Nutley T		▪			Y5
Improving Estimates of Insecticide-Treated Mosquito Net Coverage from Household Surveys: Using Geographic Coordinates to Account for Endemicity and Seasonality		▪			Y5
Pain Among HIV Outpatients Attending HIV Care and Support Facilities in Two East African Countries. Harding R, Simms V and Selman L		▪			Y5
Review of the Evidence: Linkages between Livelihood, Food Security, Economic Strengthening, and HIV-Related Outcomes. Xiong K		▪			Y5
Summary of Methodologies to Measure Prevention of HIV/AIDS Among Young People		▪			Y5
Technical Report on Electronic Health Management Information System. Wannaw F and Azim T		▪			Y5
Utilización de los Servicios de Salud entre los Hombres Que Tienen Sexo Con Hombres y Mujeres Transgénero, San Salvador 2011–2012. Andrinopoulos K and Hembling J		▪			Y5
A Review of Diabetes Treatment Adherence Interventions for the Eastern Caribbean. McGuire M, Freyder M and Ricketts P			▪		Y5
Health Articles and Reports for Barbados, Jamaica, Trinidad, and the Organization of Eastern Caribbean States: An Annotated Bibliography. Hembling J and Freyder M			▪		Y5
HIV Behavior Change Communications Program for High Prevalence Sites in Mexico. Gayet C, Freyder M, Roman R, Faura P, Ospina A, Angel Cruz J and Hembling J			▪		Y5
Inventory of PRISM Framework and Tools: Application of PRISM Tools and Interventions for Strengthening Routine Health Information System Performance. Belay H and Lippeveld T			▪		Y5
Programa de comunicación para el cambio de comportamiento relacionado con el VIH para sitios de alta prevalencia en México. Gayet C, Freyder M, Roman R, Faura P, Ospina A, Angel Cruz J and Hembling J			▪		Y5

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3) Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Clarification Regarding Usage of the Child Status Index (CSI)				▓	Y5
Implementation of Maternal and Child Health Outcome Surveys Using LQAS				▓	Y5
Making Good Use of HMIS Information in Ethiopia				▓	Y5
MEASURE Evaluation M&E Learning Center				▓	Y5
Overview of Child Status Index Studies				▓	Y5
Data Demand and Use Coaching Guide	▓				Y6
Directory of Women's Property and Inheritance Rights Organizations and Services	▓				Y6
Facilitating Data Use for Gender-Aware Health Programming: Guidance for Workshop Facilitators	▓				Y6
Geographic Tools for Global Public Health: An Assessment of Available Software	▓				Y6
GIS and Sampling, Lance P, Spencer J, Hattori A	▓				Y6
HMIS Information Use Guide: Technical Standards Area 4: Version 2	▓				Y6
Household Survey Indicators for Malaria Control (Reported under 3.1 in Y5, however, publication finalized in Y6)	▓				Y6
How Do We Know if a Program Made a Difference? A Guide to Statistical Methods for Program Impact Evaluation, Lance P, Guilkey D, Hattori A, Angeles G	▓				Y6
International Planned Parenthood Federation Routine Data Quality Assessment Tool User's Guide	▓				Y6
Know Your HIV-Prevention Response: Southern Province, Zambia. Chart Book on Implementation of HIV prevention Interventions by Nongovernmental Organizations, Gage AJ	▓				Y6
Outils d'enquête sur le bien-être de l'enfant, de la personne qui s'occupe de l'enfant et du ménage pour les programmes destinés aux orphelins et enfants vulnérables. Un manuel, Chapman J, Foreit K, Hickmann M, Parker L	▓				Y6
Repositioning Family Planning: Decision Support Tool Manual, Snyder E, Judice NR	▓				Y6
Training for PEPFAR OVC Survey Data Collectors. Facilitator's Guide	▓				Y6
United States Government Global Health Principles Monitoring and Evaluation Resource Guide	▓				Y6

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Using Geospatial Analysis to Inform Decision Making in Targeting Health Facility-Based Programs: A Guidance Document, Colston JM, Burgert CR					Y6
Child Status Index Training Manual, Cannon M *(Reported under 2.9)*	2.9				Y6
Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs: Data Management Guidance *(Part of the toolkit reported under 4.3)*	4.3				Y6
Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs: Protocol Template *(Part of the toolkit reported under 4.3)*	4.3				Y6
Child, Caregiver and Household Well-being Survey Tools for Orphan and Vulnerable Children Programs: Analysis Guidance *(Part of the toolkit reported under 4.3)*	4.3				Y6
Compendium of Gender Equality and HIV Indicators, Bloom SS, Negroustoueva S	4.2				Y6
Collecting PEPFAR Level 2 Monitoring, Evaluation, and Reporting (MER) Indicators: A Supplement to the Orphans and Vulnerable Children Survey Tool Kit *(Reported under 4.2)*	4.2				Y6
Mapping Community-Based Global Health Programs: A Reference Guide for Community-Based Practitioners *(Reported under 4.2)*	4.2				Y6
MEASURE Evaluation Orphans and Vulnerable Children Survey Tools: Psychosocial Well-being Measurement Supplement, do Nascimento N, Chapman J, Parker L *(Reported under 4.2)*	4.2				Y6
Trafficking in Persons and Health: A Compendium of Monitoring and Evaluation Indicators, Cannon AC, Arcara J, Arnoff E, Bloom SS *(Reported under 3.1)*	3.1				Y6
A Case Study of the Integrated Patient Monitoring System in Cote d'Ivoire		Report			Y6
A Performance Evaluation of the National HIV Prevention Program for FSW and MSM in Ghana		Report			Y6
Analyse Situationnelle du Systeme D'Information Sanitaire du Mali		Report			Y6
Assessment of Health Management Information System (HMIS) Performance in SNNPR, Ethiopia, Belay H, Azim T, Kassahun H		Report			Y6
Assessment of Primary Health Care Facilities for Decentralization of HIV/AIDS Services in		Report			Y6

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Nigeria		▓			
Avaliação de um Programa em Moçambique. Cuidados Comunitários para Crianças Vulneráveis num Programa Integrado de Crianças Vulneráveis e Cuidados Domiciliares, Cannon M, do Nascimento N, Chariyeva Z, Foreit K		▓			Y6
Baseline Data Quality Assessment of mHealth Project in Jamaica, Lins S, Cloutier S, Xiong K		▓			Y6
Burundi PLACE Report. Priorities for Local AIDS Control Efforts		▓			Y6
Case Study Series: Community-Based Information Systems: Overview		▓			Y6
Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs: Results and Lessons Learned from the 2013 Pilot Tests in Zambia & Nigeria		▓			Y6
Community-Based Information System (CBIS) Assessment in Mali, Touhouri RR, Billo MA		▓			Y6
Competency Reports for M&E Track		▓			Y6
Connecting People to Improve Monitoring and Evaluation of Global Health Programs: Experiences from MEASURE Evaluation-Supported Communities of Practice, Wyatt LD, Nicholson JL, Isenhower W		▓			Y6
County Civil Registration and Vital Statistics Stakeholder Forums: Strengthening Civil Registration Systems at the County Level		▓			Y6
Designing M&E Courses for Masters of Public Health Programs in South Asian Countries		▓			Y6
Encuesta de Monitoreo y Evaluación del Programa del Altiplano Occidental, Línea de Base 2013, Angeles G, Hidalgo E, Molina-Cruz R, Taylor T, Urquieta-Salomón J, Calderón C, Fernández JC, Hidalgo M, Brugh K, Romero M		▓			Y6
Encuesta para la Evaluación de Línea de Base del Programa Integrado del Altiplano Occidental: Un estudio de caso en la práctica de evaluación, Taylor T		▓			Y6
Evaluation des Niveaux CSREF, CSCOM et Communautaire du SLIS du Mali a l'Aide de l'Outil PRISM		▓			Y6
Evaluation du Systeme Local d'Information Sanitaire (SLIS) avec les outils PRISM Rapport		▓			Y6
Evaluation of the USAID Support for HIV Prevention in Mali from 2000 to 2010		▓			Y6
Evaluation Plan for the Ghana National Strategy for Key Populations		▓			Y6
GIS and HIV: Linking HIV Databases in Rwanda. A Case Study		▓			Y6

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
HIS PRISM Assessment in Mali		▓			Y6
Impact Evaluation of the Mayer Hashi Program of Long-Acting and Permanent Methods of Contraception in Bangladesh, Rahman M, Curtis SL, Haider MM		▓			Y6
Know Your HIV/AIDS Epidemic from a Gender Perspective: Rwanda Report, Bloom SS, Cannon A, Negroustoueva S		▓			Y6
Know Your HIV/AIDS Response: A Pilot Test of a New Service Mapping Tool Kit in Greater Accra, Ghana, Sutherland E, Laar A, Ghana KYR Study Group		▓			Y6
Know Your HIV/AIDS Response: Southern Province, Zambia. An Examination of Program Implementers in the Nongovernment Sector, Gage AJ		▓			Y6
Les opportunités pour atteindre les femmes qui ont un besoin non satisfait de planification familiale à Madagascar, Meekers D, Ratovonanahary R, Andrianantoandro T, Randrianarisoa H		▓			Y6
Liberia Health Outcomes Monitoring Capacity Building Report		▓			Y6
Marketing Innovations for Health Baseline		▓			Y6
MEASURE Evaluation Phase III: Results and Lessons Learned from Leadership and Organization Development Activities, McKeown S, Post S		▓			Y6
Monitoring and Evaluation at the Community Level. A Strategic Review of MEASURE Evaluation, Phase III Accomplishments and Contributions, de la Torre C, Unfried K		▓			Y6
Monitoring and Evaluation Survey for the Western Highlands Integrated Program, Baseline 2013, Angeles G, Hidalgo E, Molina-Cruz R, Taylor T, Urquieta-Salomón J, Calderón C, Fernández JC, Hidalgo M, Brugh K, Romero M		▓			Y6
Mozambique Program Assessment: Community Care for Vulnerable Children in an Integrated Vulnerable Children and Home-Based Care Program, Cannon M, do Nascimento N, Chariyeva Z, Foreit K		▓			Y6
Organizational Network Analysis of Organizations that Serve Men Who Have Sex with Men and Transgender People in Chiang Mai, Thailand, Curran J, Berry S, Sangsuk K		▓			Y6
Organizational Network Analysis: MEASURE Evaluation's Experience 2010-2014, Reynolds HW, Curran J, Thomas JC		▓			Y6
Perspectives on Gender-Based Violence and Women's Economic Empowerment in Sub-Saharan Africa: Challenges and Opportunities, Mejia C, Cannon A, Zietz S, Arcara J, Abdur-Rahman A		▓			Y6
Priorities for Local AIDS Control Efforts Uganda, 2013-2014		▓			Y6

| Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3) | | | | | |
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Protecting the Land and Inheritance Rights of HIV-Affected Women in Kenya and Uganda: A Compendium of Current Programmatic and Monitoring and Evaluation Approaches		�			Y6
Strategic HIV Testing and Counseling Models for the Eastern Caribbean, Andrinopoulos K, Freyder M, Dlugosz A, Bunde E		▮			Y6
Supportive Supervision in Monitoring and Evaluation with Community-based Health Staff in HIV Programs: A Case Study from Haiti, Marshall A, Fehringer J		▮			Y6
The Annotated Bibliography of Health Science Literature for the Eastern Caribbean 2005-2012 MEASURE Evaluation Project, Hembling J, Freyder M		▮			Y6
The Provision of Intermittent Preventive Treatment for Malaria in Antenatal Care Clinics in Malawi: Views of Health Care Providers, Yoder PS, Nsabagasani X		▮			Y6
The Western Highlands Integrated Program (WHIP) Evaluation Baseline Survey in Guatemala: A Case Study in Evaluation Practice, Taylor T		▮			Y6
The Women's Justice and Empowerment Initiative: Lessons Learned and Implications for Gender-Based Violence Programming in Sub-Saharan Africa, Arnoff E, Hill L, Bloom SS, Maman S		▮			Y6
Timeliness of Malaria Treatment in Children Under-Five Years of Age in sub-Saharan Africa: A Multicountry Analysis of National Household Survey Data, Shah JA, Emina JBO, Ye Y		▮			Y6
Transforming Gender Norms, Roles, and Powers for Better Health. Evidence from a Systematic Review of Gender-Integrated Health Programs in Low-and Middle-Income Countries, Muralidharan A, Fehringer J, Pappa S, Rottach E, Das M, Mandal M		▮			Y6
Uganda Vulnerability Index Assessment Results		▮			Y6
Using Geospatial Analysis to Improve Resource Allocation for HIV Programs in Iringa Region, Tanzania, Cunningham M, Mapala Y, Patrick J		▮			Y6
Using Participatory Mapping to Assess Service Catchment and Coverage. Guidance from the Iringa Participatory Mapping Exercise, Cunningham M, LaMois P, Mapala Y, Inglis A		▮			Y6
Validation of Causes of death using Verbal Autopsy Data Collected from Navrongo Health and Demographic Surveillance System in Ghana 2007-2011, Ansah PO, Debpuur C, Akazili J, Awine T, Williams J, Ansah NA, Ye Yazoume, Villegas L, Sankoh O, Oduro A		▮			Y6
VAT Reliability Assessment Results		▮			Y6
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			▮		Y6

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Adapting a Violence-Prevention Curriculum to the Haitian Setting: Insights from Focus Group Discussions, Gage AJ, Honoré JG, Deleon J			▓		Y6
An Assessment of the Policy and Programmatic Evolution of the Community-Based Distribution of Family Planning Program in Kenya and Prospects for its Sustainability, Musila RN, Mueni E			▓		Y6
Applying Geospatial Tools to Rugg's Staircase Method for Monitoring and Evaluation: MEASURE Evaluation's Case Studies			▓		Y6
Assessment of Integration of Family Planning into HIV/AIDS Care and Treatment Services in Health Facilities in Dire Dawa City Administration, Eastern Ethiopia, Kassa M, Abera G, Bekele D, Girma B, Adamou B			▓		Y6
Effectiveness of the PHE Approach for Achieving Family Planning and Fertility Outcomes in Ethiopia: A Comparative Study in the Gurage Zone, Belachew T, Sinaga M, Mohammed A, Teklu N, Stelljes K			▓		Y6
Existing Gap between Preferred and Actual Birth Intervals in Bangladesh: Relation to Fertility and Child Health. Analysis from the Bangladesh Demographic and Health Survey 2011, Fuad MH, Khan SH, Jahan FA, Talukder SH, Shakhider MAH			▓		Y6
Formative Assessment of a Future mHealth Site in Nhamatanda, Mozambique, do Nascimento N, de Jesús João F			▓		Y6
Impact Evaluations of Large-Scale Public Health Interventions: Experiences from the Field, Skiles MP, Hattori A, Curtis SL			▓		Y6
Institutional Capacity Building in Nigeria Sustainability Assessment Report: Obafemi Awolowo University, Ahmadu Bello University, Cannon M, Post S, Bamidele S			▓		Y6
Know Your HIV-Prevention Response, Southern Province, Zambia. HIV-Prevention Policies and Programs in Government Health and Non-Health Sectors, Macwan'gi M, Munyima M, Mbozi P, Simwanza T, Gage AJ			▓		Y6
Know Your Response: Country-Level HIV-Prevention Response Census and Mapping Tool Kit. Lessons Learned For Practical Application in Developing Country Settings, Munyima M, Gage AJ, Sutherland E			▓		Y6
Outcome Monitoring for Global Health Programs, Barden-O'Fallon J, Mandal M			▓		Y6
Pilot Test of a Violence-Prevention Curriculum among High School Students in Port-au-Prince, Haiti: Baseline Evaluation Survey Report, Gage AJ, Honoré JG, Deleon J			▓		Y6
Prioridades de Esforços para o Controle Local da SIDA: PLACE, Luanda, Angola, 2010-11			▓		Y6
Short-Term Effects of a Violence Prevention Curriculum on Knowledge of Dating Violence among High School Students in Port-au-Prince, Haiti, Gage AJ, Honoré JG, Deleon J			▓		Y6

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
The Influence of Family Dynamics on Contraceptive Use in Madagascar and the Ensuing Impact on Family Well-Being, Hajason JZ, Piña K, Raveloharimisy JL			▓		Y6
Women's Health in the Russian Federation: The Russia Longitudinal Monitoring Survey of the National Research University Higher School of Economics, 2012, Reynolds Z, Barden-O'Fallon J, Speizer IS			▓		Y6
Здоровье женщин России: Российский мониторинг экономического положения и здоровья населения НИУ«Высшая школа экономики», 2012, Reynolds Z, Barden-O'Fallon J, Speizer IS			▓		Y6
A Bi-national Partnership against HIV: USAID Legacy in Mexico				▓	Y6
A Sense of PLACE: Following Up on the Legacy of PLACE Studies in Seven Countries				▓	Y6
Alcohol consumption patterns, illicit drug use, and sexual risk behavior among MSM and transgender women in San Salvador				▓	Y6
Análisis de hombres y mujeres que han tenido relaciones sexuales antes de los quince años y factores de riesgo asociados				▓	Y6
Características demográficas de hombres panameños de 15 a 59 años con conductas sexuales de riesgo y la asociación con el no uso del condón y no realización de la prueba del VIH				▓	Y6
Características y factores de riesgo de hombres panameños que pagan por tener sexo				▓	Y6
Common Types of Coordinates Collected with a GPS Receiver				▓	Y6
Data Sources for Investigating the Relationship Between WPIR and HIV Transmission Behaviors				▓	Y6
Desbloqueo de los servicios de salud para HSH y mujeres transgénero en San Salvador, Andrinopoulos K, Hembling J				▓	Y6
Determinantes sociales de la salud para los HSH y mujeres transgénero en San Salvador				▓	Y6
Dos naciones hacen frente a la Tuberculosis: Legado de USAID en México				▓	Y6
Edad temprana de la primera relación sexual en hombres y mujeres de 18–34 años y factores asociados				▓	Y6
Empoderamiento de la mujer y factores de riesgo asociados al género para la infección por VIH con una mujer y factores asociado				▓	Y6
Evaluating Orphans and Vulnerable Children outcomes				▓	Y6

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Factores asociados a conductas sexuales de reiesgo entre agricultores entre 18-59 años				▓	Y6
Factores de riesgo asociados al padecimiento de las infecciones de transmisión sexual (ITS) entre hombres Guatemaltecos				▓	Y6
Factors Influencing the Adoption of Postpartum Family Planning				▓	Y6
Grupos étnicos y el VIH/SIDA en Panamá				▓	Y6
Hombres que pagaron por tener relaciones sexuales con una mujer y factores asociado				▓	Y6
Homonegatividad Internalizada y sus Consecuencias Relacionadas con la Salud para los HSH en San Salvador, Andrinopoulos K, Hembling J				▓	Y6
Internalized Homonegativity and Its Health-Related Consequences for MSM in San Salvador, Andrinopoulos K, Hembling J				▓	Y6
Involving Men in Family Planning Programs and Services				▓	Y6
Jóvenes que han pagado por tener relaciones sexuales con una mujer y factores de riesgo asociados				▓	Y6
Las conductas de riesgo para hombres indígenas que residen en las zonas de alto y bajo reporte de casos de VIH				▓	Y6
Lessons Learned: Stronger Monitoring and Evaluation Systems to Address Avian Influenza in Vietnam				▓	Y6
Lot Quality Assurance Sampling				▓	Y6
M&E of Malaria Control Programs: Building Capacity through Regional Workshops				▓	Y6
MEASURE Evaluation Capability Statement: Evaluation				▓	Y6
MEASURE Evaluation Capability Statement: Geographic Information Systems for Developing and Maintaining Master Facility Lists				▓	Y6
MEASURE Evaluation Capability Statement: Health Systems Strengthening				▓	Y6
MEASURE Evaluation/TZ. Strengthening M&E Systems and Evidence Base for Health and Social Service Programs				▓	Y6
Measuring Outcomes of Orphan and Vulnerable Children Programs				▓	Y6
Measuring Progress and Progress in Measuring: Strengthening M&E Systems for Avian and Pandemic Influenza Programs in Southeast Asia, 2006-2014				▓	Y6
Patrones de consumo de alcohol, drogas ilícitas y comportamiento sexual de riesgo entre los HSH y mujeres transgénero en San Salvador				▓	Y6

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Quality of FP Programs in HIV/AIDS Care and Treatment Clinics				▓	Y6
Routine Health Outcome Monitoring Using Lot Quality Assurance Sampling				▓	Y6
Social Determinants of Health for Men Who Have Sex with Men and Transgender Women in San Salvador				▓	Y6
Strengthening Orphan and Vulnerable Children Programs with Data: Creating a Culture of Data Demand and Use				▓	Y6
The Evolution of Community-Based Distribution of Family Planning in Kenya				▓	Y6
The Future of Long-Acting and Permanent Methods of Contraception in Bangladesh: A Policy Brief				▓	Y6
Two Nations Tackle Tuberculosis: USAID Legacy in Mexico				▓	Y6
Una colaboración binacional contra el VIH: El legado de USAID en México				▓	Y6
Unlocking Health Services for MSM and Transgender Women in San Salvador, Andrinopoulos K, Hembling J				▓	Y6
Violencia contra la mujer y diferencias étnicas en Panamá				▓	Y6
Collecting PEPFAR Essential Survey Indicators: A Supplement to the Orphans and Vulnerable Children Survey Tools	▓				Y7
GIS and Sampling	▓				Y7
Know Your HIV/AIDS Response: A Pilot Test of a New Service Mapping Tool Kit in Greater Accra, Ghana	▓				Y7
Know Your HIV-Prevention Response: Southern Province, Zambia. Chart Book on Implementation of HIV-prevention Interventions by Nongovernmental Organizations	▓				Y7
Mapping Community-Based Global Health Programs: A Reference Guide for Community-Based Practitioners	▓				Y7
Outils d'enquête sur le bien-être de l'enfant, de la personne qui s'occupe de l'enfant et du ménage pour les programmes destinés aux orphelins et enfants vulnérables. Un manuel	▓				Y7
United States Government Global Health Principles Monitoring and Evaluation Resource Guide	▓				Y7
MEASURE Evaluation Orphans and Vulnerable Children Survey Tools: Psychosocial Well-being Measurement Supplement (part of 4.3 tool)	4.3				Y7

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Trafficking in Persons and Health: A Compendium of Monitoring and Evaluation Indicators	3.1				Y7
A Case Study from Ethiopia: Supportive Supervision in Monitoring and Evaluation with Community-Based Health Staff in HIV Programs		■			Y7
A Case Study to Measure National HIV M&E System Strengthening: Nigeria		■			Y7
A Case Study to Measure National HIV Monitoring and Evaluation System Strengthening: Côte d'Ivoire		■			Y7
A Performance Evaluation of the National HIV Prevention Program for FSW and MSM in Ghana		■			Y7
Assessment of an mHealth Initiative to Improve Patient Retention		■			Y7
Avaliação de um Programa em Moçambique. Cuidados Comunitários para Crianças Vulneráveis num Programa Integrado de Crianças Vulneráveis e Cuidados Domiciliares		■			Y7
Case Study Series: Community-Based Information Systems: Kenya		■			Y7
Case Study Series: Community-Based Information Systems: Overview		■			Y7
Case Study Series: Community-Based Information Systems: Tanzania		■			Y7
Case Study Series: Community-Based Information Systems: Zambia		■			Y7
Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs: Results and Lessons Learned from the 2013 Pilot Tests in Zambia & Nigeria		■			Y7
County Civil Registration and Vital Statistics Stakeholder Forums: Strengthening Civil Registration Systems at the County Level		■			Y7
Encuesta de Monitoreo y Evaluación del Programa del Altiplano Occidental, Línea de Base 2013		■			Y7
Encuesta para la Evaluación de Línea de Base del Programa Integrado del Altiplano Occidental: Un estudio de caso en la práctica de evaluación		■			Y7
Evaluation des Niveaux CSREF, CSCOM et Communautaire du SLIS du Mali a l'Aide de l'Outil PRISM		■			Y7
Evaluation du Système Local d'Information Sanitaire (SLIS) avec les Outils: PRISM Rapport		■			Y7
Evaluation of a Mobile Reporting System for the Collection of Routine Malaria Data in Mali		■			Y7
Findings from a Multi-Country Assessment of Integrated Health Programs		■			Y7

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Impact Evaluation of the Mayer Hashi Program of Long-Acting and Permanent Methods of Contraception in Bangladesh		▓			Y7
Know Your HIV/AIDS Response: Southern Province, Zambia. An Examination of Program Implementers in the Nongovernment Sector		▓			Y7
Les opportunités pour atteindre les femmes qui ont un besoin non satisfait de planification familiale à Madagascar		▓			Y7
Monitoring and Evaluation at the Community Level: A Strategic Review of MEASURE Evaluation, Phase III Accomplishments and Contributions		▓			Y7
Monitoring and Evaluation Survey for the Western Highlands Integrated Program, Baseline 2013		▓			Y7
Mozambique Program Assessment: Community Care for Vulnerable Children in an Integrated Vulnerable Children and Home-Based Care Program		▓			Y7
Organizational Network Analysis of Organizations that Serve Men Who Have Sex with Men and Transgender People in Chiang Mai, Thailand		▓			Y7
Organizational Network Analysis: MEASURE Evaluation's Experience 2010-2014		▓			Y7
Perspectives on Gender-Based Violence and Women's Economic Empowerment in Sub-Saharan Africa: Challenges and Opportunities		▓			Y7
Prioridades para los esfuerzos locales de control de VIH (PLACE) en la República Dominicana		▓			Y7
Priorities for Local AIDS Control Efforts Uganda, 2013-2014		▓			Y7
The Western Highlands Integrated Program (WHIP) Evaluation Baseline Survey in Guatemala: A Case Study in Evaluation Practice		▓			Y7
Transforming Gender Norms, Roles, and Powers for Better Health: Evidence from a Systematic Review of Gender-Integrated Health Programs in Low-and Middle-Income Countries		▓			Y7
Using Geospatial Analysis to Improve Resource Allocation for HIV Programs in Iringa Region, Tanzania		▓			Y7
Using Participatory Mapping to Assess Service Catchment and Coverage. Guidance from the Iringa Participatory Mapping Exercise		▓			Y7
VAT Reliability Assessment Results		▓			Y7
A Case Study from Ethiopia: Supportive Supervision in Monitoring and Evaluation with			▓		Y7

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
Community-Based Health Staff in HIV Programs			�|		
A Case Study to Measure National HIV M&E System Strengthening: Nigeria			▊		Y7
A Case Study to Measure National HIV Monitoring and Evaluation System Strengthening: Côte d'Ivoire			▊		Y7
A Performance Evaluation of the National HIV Prevention Program for FSW and MSM in Ghana			▊		Y7
Assessment of an mHealth Initiative to Improve Patient Retention			▊		Y7
Avaliação de um Programa em Moçambique. Cuidados Comunitários para Crianças Vulneráveis num Programa Integrado de Crianças Vulneráveis e Cuidados Domiciliares			▊		Y7
Strengthening Orphan and Vulnerable Children Programs with Data: Creating a Culture of Data Demand and Use				▊	Y7
Strengthening Family Planning Programs with Data: Creating a Culture of Data Demand and Use				▊	Y7
Efecto de la violencia sexual en el riesgo de infección del VIH				▊	Y7
Factores determinantes de la realización de la prueba de VIH en Costa Rica				▊	Y7
Adopción del condón masculino como método de planificación y de prevención de la infección por VIH				▊	Y7
Factores vulnerabilidad al VIH/sida en mujeres costarricenses sexualmente activas				▊	Y7
Uso correcto y sistemático del condón en Costa Rica				▊	Y7
Conocimiento comprensivo sobre el VIH en personas jóvenes en Costa Rica				▊	Y7
A Sense of PLACE: Following Up on the Legacy of PLACE Studies in Seven Countries				▊	Y7
The Future of Long-Acting and Permanent Methods of Contraception in Bangladesh: A Policy Brief				▊	Y7
Technical Brief: Findings from the Case Study to Measure M&E Systems Strengthening in Côte d'Ivoire and Nigeria				▊	Y7
Technical Brief: Measurement of M&E System Strengthening. Application, Lessons, and Recommendations from a Retrospective Case Study Approach in Côte d'Ivoire and Nigeria				▊	Y7
Measuring Progress and Progress in Measuring: Strengthening M&E Systems for Avian and Pandemic Influenza Programs in Southeast Asia, 2006-2014				▊	Y7

Number of new MEASURE Evaluation electronic and print publications. (Indicator 5.3)					
Publication Title	Manual	Report	Working Paper	Fact Sheet	Year
MEASURE Evaluation Capability Statement: Evaluation				▩	Y7
MEASURE Evaluation Capability Statement: Geographic Information Systems for Developing and Maintaining Master Facility Lists				▩	Y7
MEASURE Evaluation Capability Statement: Health Systems Strengthening				▩	Y7
Social Determinants of Health for Men Who Have Sex with Men and Transgender Women in San Salvador				▩	Y7
Determinantes sociales de la salud para los HSH y mujeres transgénero en San Salvador				▩	Y7
Alcohol consumption patterns, illicit drug use, and sexual risk behavior among MSM and transgender women in San Salvador				▩	Y7
Patrones de consumo de alcohol, drogas ilícitas y comportamiento sexual de riesgo entre los HSH y mujeres transgénero en San Salvador				▩	Y7
Lessons Learned: Stronger Monitoring and Evaluation Systems to Address Avian Influenza in Vietnam				▩	Y7
Fact Sheet: M&E of Malaria Control Programs: Building Capacity through Regional Workshops				▩	Y7
Fact Sheet: Measuring the Strength of National Social Service Systems				▩	Y7

Table 5.4.b: Peer Review Journal Articles Y2-Y7

Number of articles published in peer-reviewed journals. (Indicator 5.4)							
	TO	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Total peer-review journal articles by MEASURE Evaluation	n/a	17	17	15	17	36	15
Citation							Year
Barden-O'Fallon J, Speizer I, Rodriguez F, Calix J. Experience With Side Effects Among Users of Injectables, the IUD, and Oral Contraceptive Pills in Four Urban Areas of Honduras. Health Care for Women International							Y2
Singh K, Sambisa W, Munyati S, Chandiwana B, Chingon A, Monasch R, Weir S. Targetting HIV Interventions for Adolescent Girls and Young Women in Southern Africa: Use of the PLACE Methodology in Hwange District, Zimbabwe. AIDS and Behavior							Y2
Gómez M, Speizer I, Beauvais, H. Sexual Violence and Reproductive Health among Youth in Port-au-Prince, Haiti. Journal of Adolescent Health							Y2
Speizer I, Pettifor A, Cummings S, MacPhail C. Sexual Violence and Reproductive Health Outcomes among South African Female Youth: A Contextual Analysis. American Journal of Public Health							Y2

Speizer I, Beauvais H, Gómez AM, Finn T, Roussel T. Measuring Youth Sexual Risk-Taking in Port-au-Prince, Haiti: Programmatic Recommendations from Different Methodological Approaches. Studies in Family Planning	Y2
Santelli J, Duberstein Lindberg L, Orr M, Finer L, Speizer I. Toward a Multidimensional Measure of Pregnancy Intentions: Evidence from the United States. Studies in Family Planning	Y2
Aqil A, Lippeveld T, Hozumi D. PRISM Framework: A Paradigm Shift for Designing, Strengthening and Evaluating Routine Health Information Systems. Health Policy and Planning	Y2
Urquieta J, Angeles G, Mroz T, Lamadrid-Figueroa H, Hernández B. Impact of Oportunidades on Skilled Attendance at Delivery in Rural Areas. Economic Development and Cultural Change	Y2
Reynolds HW, Beauvais HJ, Lugina HI, Gmach RD, Thomsen SC. A survey of risks for unintended pregnancy and HIV among youth attending voluntary counseling and testing (VCT) services in nine centers in Urban Haiti and Tanzania. Vulnerable Children and Youth Studies, in press.	Y2
Halperin DT, Stover J, Reynolds HW. Benefits and costs of expanding access to family planning programs to women living with HIV. AIDS, 2009:23(suppl 0):S000–S000.	Y2
Halperin DT, Stover J, Reynolds HW. (2010) Benefits and costs of expanding access to family planning programs to women living with HIV. AIDS 23: S123-S130; doi: 10.1097/01.aids.0000363785.73450.5a (ja-10-113)	Y2
Speizer I, Pettifor A, Cummings S, MacPhail C, Kleinschmidt I, Rees H. (2010) Sexual Violence and Reproductive Health Outcomes Among South African Female Youths: A Contextual Analysis. American Journal of Public Health S425-S431; DOI: 10.2105/AJPH.2008.136606 (ja-10-112)	Y2
Speizer I, Beauvais H, Gómez AM, Finn Outlaw T, Roussel B. (2010) Using Multiple Sampling Approaches to Measure Sexual Risk-taking Among Young People in Haiti: Programmatic Implications Studies in Family Planning 2009; 40[4]: 277–288; 10.1111/j.1728-4465.2009.00211.x (ja-10-111)	Y2
Speizer I, Irani L, Barden-O'Fallon J, Levy J. (2010) Inconsistent fertility motivations and contraceptive use behaviors among women in Honduras. Reproductive Health 6:19; doi:10.1186/1742-4755-6-19 (ja-10-110)	Y2
Handa S, Maluccio JA. (2010) Matching the Gold Standard: Comparing Experimental and Non-experimental Evaluation Techniques for a Geographically Targeted Program. Economic Development and Cultural Change 58(3):415-447; DOI: 10.1086/650421 (ja-10-114)	Y2
Chatterji M, Hutchinson P, Buek K, Murray N, Mulenga Y, Ventimiglia T. Evaluating the impact of community-based interventions on schooling outcomes among orphans and vulnerable children in Lusaka, Zambia. Vulnerable Children and Youth Studies,5(2):130–141 (ja-10-115).	Y2
Indonesian Couples' Pregnancy Ambivalence and Contraceptive Use, Barden-O'Fallon JL, Speizer IS, Int Perspect Sex Reprod Health. 2010 Mar;36(1):36-43. doi: 10.1363/ipsrh.36.036.10	Y2*
Naanyu V, Baliddawa J, Peca E, Karfakis J, Nyagoha N, Koech B (2011). Exploring Low Uptake of Skilled Delivery Services and Postpartum Family Planning Services among Women Living in Western Kenya	Y3
Wohl DA, Khan MR, Tisdale C, Norcott K, Duncan J, Kaplan AM, Weir SS (2011). Locating the places people meet new sexual partners in a southern US city to inform HIV/STI prevention and testing efforts	Y3
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Chapman J, Koleros A, Delmont Y, Pegurri E, Gahire R, Binagwaho A (2011). High HIV risk behavior among men who have sex with men in Kigali, Rwanda: making the case for supportive prevention policy	Y3
Bocquier P, Beguy D, Zulu EM, Muindi K, Konseiga A, Yé Y (2010). Do Migrant Children Face Greater Health Hazards in Slum Settlements? Evidence from Nairobi, Kenya	Y3
Mathe JK, Kasonia KK, Maliro AK (2011). 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	Y3
Figueroa JP, Weir SS, Byfield L, Hall A, Cummings SM, Suchindran CM (2010). The challenge of promoting safe sex at sites where persons meet new sex partners in Jamaica: results of the Kingston PLACE randomized controlled trial	Y3

Kandala NB, Brodish P, Buckner B, Foster S, Madise N (2011). Millennium development goal 6 and HIV infection in Zambia: what can we learn from successive household surveys?	Y3
Hotchkiss D, Godha D, Do M (2010). Effect of an Expansion in Private Sector Provision of Contraceptive Supplies on Horizontal Inequity in Modern Contraceptive Use: Evidence from Africa and Asia	Y3
Speizer IS, Luseno W (2010). Measuring and Interpreting Urban Fertility and Family Planning Indicators by Wealth in Two South Asian Countries	Y3
Oyediran K, Isiugo-Abanihe UC, Feyisetan BJ, Ishola GP (2010). Prevalence of and factors associated with extramarital sex among Nigerian men	Y3
Sambisa W, Angeles G, Lance P, Naved R, and Curtis S (2010). Physical and Sexual Abuse of Wives in Urban Bangladesh: Husbands' Reports	Y3
Mharadze TN, Ogungbemi K, Boone D, Oyediran K (2010). Report on the Status of the Nigerian National HIV Monitoring and Evaluation System: Assessment Using 12 Components System Strengthening Tool	Y3
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Barriers to Adoption of Family Planning among Women in Eastern Democratic Republic of Congo, Mathe JK, Kasonia KK, Maliro AK, Afr J Reprod Health. 2011 Mar;15(1):69-77	Y3*
Estimating Expenditure-Based Poverty from the Bangladesh Demographic and Health Survey, Schreiner, M, Bangladesh Journal of Development Studies. 2011 34(4): 65–94	Y3*
Maternal Autonomy and Attitudes towards Gender Norms: Associations with Childhood Immunizations in Nigeria, Singh K, Haney E, Olorunsaiye C (Maternal and Child Health Journal, 2012)	Y4
Can universal insecticide-treated net campaigns achieve equity in coverage and use? The case of northern Nigeria, Ye Y, Patton E, Kilian A, Dovey S, Eckert E. (Malaria Journal, 2012)	Y4
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* Articles published but not identified or reported until follow-up in Year 5 and Year 6.

Table 5.6: Number of Documents Downloaded from Website and Top 10 Downloads by Year Y2-Y6

Number of MEASURE Evaluation PDF documents downloaded from the MEASURE Evaluation Web site. (Indicator 5.6)	
Publication title	**Number**
Year 7 top 10 documents by number of downloads and total of all downloads for all documents	
1. How Do We Know if a Program Made a Difference? A Guide to Statistical Methods for Program Impact Evaluation	5871
2. M&E Fundamentals: A Self-Guided Minicourse	4748
3. Community-Based HIV/AIDS Prevention, Care, and Support Program	2553
4. Referral Systems Assessment and Monitoring Toolkit	1468
5. Manuel d'indicateurs pour L'évaluation des programmes de planification familiale	1310
6. Performance Management Plans: A Checklist for Quality Assessment	1121
7. Stakeholder Engagement Tool	834
8. Kilifi Orphans and Vulnerable Children Project	834
9. Flow Chart of Steps to Conduct a Health Facility Assessment	823
10. Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs: Manual	737
Total downloads of all documents Year 7	**90,310**
Year 6 top 10 documents by number of downloads and total of all downloads for all documents	
1. M&E Fundamentals: A Self-Guided Minicourse	8,864
2. Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators	5,691
3. Improving Data Use in Decision Making: An Intervention to Strengthen Health Systems	3,758
4. A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries	2,239
5. Profiles of Health Facility Assessment Methods	2,010
6. Tools for Data Demand and Use in the Health Sector: Stakeholder Engagement Tool	1,825
7. Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men who have Sex with Men, and Transgender People — Volume I: National and Sub-National Levels	1,770
8. Flow Chart of Steps to Conduct a Health Facility Assessment	1,606
9. The Use of Discrete Data in PCA: Theory, Simulations, and Applications to Socioeconomic Indices	1,466
10. Gender and Health Data and Statistics: An Annotated Resource Guide	1,441
Total downloads of all document Year 6s	**136,074**
Year 5 top 10 documents by number of downloads and total of all downloads for all documents	
1. M&E Fundamentals: A Self-Guided Minicourse	5,604
2. Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators	2,044
3. Improving Data Use in Decision Making: An Intervention to Strengthen Health Systems	2,042
4. A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries	1,443
5. Profiles of Health Facility Assessment Methods	1,418
6. Tools for Data Demand and Use in the Health Sector: Stakeholder Engagement Tool	1,398
7. Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex	1,097

Number of MEASURE Evaluation PDF documents downloaded from the MEASURE Evaluation Web site. (Indicator 5.6)	
Publication title	**Number**
Workers, Men who have Sex with Men, and Transgender People — Volume I: National and Sub-National Levels	
8. Flow Chart of Steps to Conduct a Health Facility Assessment	1,052
9. The Use of Discrete Data in PCA: Theory, Simulations, and Applications to Socioeconomic Indices	982
10. Gender and Health Data and Statistics: An Annotated Resource Guide	980
Total downloads of all documents Year 5	**88,665**
Year 4 top 10 documents by number of download and total of all downloads for all documents s	
1. *M&E Fundamentals: A Self-Guided Minicourse*	3,056
2. *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*	1,664
3. *Community-Based HIV/AIDS Prevention, Care, and Support Program: A Case Study*	1,331
4. *Stakeholder Engagement Tool*	1.273
5. *A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries*	1,125
6. *Assessment of Data Use Constraints*	1,076
7. *Slums of Urban Bangladesh: Mapping and Census, 2005*	1,048
8. *Compendium of Indicators for Evaluating Reproductive Health Programs*	1,041
9. *Framework for Linking Data with Action*	1,011
10. *Performance of Routine Information Systems Management (PRISM) Tools*	965
Total downloads of all documents Year 4	67,481
Year 3 top 10 documents by number of downloads and total of all downloads for all documents	
1. *A Review of Constraints to Using Data for Decision Making: Recommendations to Inform the Design of Interventions*	2,001
2. *Fourth International RHINO Workshop: Measuring and Improving RHIS Performance*	1,757
3. *Strategies Used by USG Country Teams for Dealing with Double Counting of Individuals and Sites — A Review*	1,584
4. *M&E Fundamentals: A Self-Guided Mini-course*	1,569
5. *Community-Level Program Information Reporting for HIV/AIDS Programs. Module 1: Illustrative Program Indicators, Data Collection Tools and Indicator Reference Sheets for Prevention, HBC, and OVC Programs*	1,330
6. *Zambia Sexual Behaviour Survey 2009*	1,290
7. *Seven Steps to Use Routine Information to Improve HIV/AIDS Programs*	1,266
8. *Report of a Technical Consultation on Information Systems for Community-Based HIV Programs*	1,183
9. *Enlisting National Mapping Agencies in the Fight against HIV/AIDS: Building Partnerships with Ministries of Health and Social Services, and National AIDS Commissions*	1,171
10. *Data Use in the Indian Health Sector*	1,155
Total downloads of all documents Year 3	**85,998**
*Year 2 top 10 documents by number of downloads and total of all downloads for all documents ***	
1. *Compendium of Indicators for Evaluating Reproductive Health Programs*	19,686
2. *M&E Fundamentals: A Self-Guided Minicourse (MENTOR)*	8,139

Number of MEASURE Evaluation PDF documents downloaded from the MEASURE Evaluation Web site. (Indicator 5.6)	
Publication title	**Number**
3. *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*	5,084
4. *Handbook of Indicators for Family Planning Program Evaluation*	4,722
5. *Biological and Clinical Data Collection in Population Surveys in Less Developed Countries*	4,431
6. *Compendio de Indicadores para Evaluar Programas de Salud Reproductiva*	3,848
7. *Sample Vital Registration with Verbal Autopsy: Census Supervisor's Manual*	3,815
8. *Profiles of Health Facility Assessment Methods*	3,713
9. *A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries*	3,562
10. *Compendium of Child Survival Monitoring and Evaluation Tools*	3,295
Total downloads of all documents Year 2	**68,863**
Task order total downloads for all documents	**68,917**

* These numbers are inflated compared to following years because more sophisticated systems for calculating these numbers became available. We have included the previously reported data here illustratively.

Table 5.7: Presentations at Global Conference and High Level Meetings Y2-Y7

Number of presentations given by MEASURE Evaluation staff on project tools, methods and findings at high level meetings, conferences and public events. (Indicator 5.7)							
	TO	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
All MEASURE Evaluation presentations	n/a	5+	45	21	51	44	21
Titles, conferences, and dates when available							Year
Presented one workshop and three panel discussions at Global Health Council Conference, DC, June 2010							Year 2
Presented "M&E Indicators to Improve Program Implementation" at the Expert Workshop on Violence Against Women: Disabling Environment hosted by the Small Arms Survey in Geneva							Year 2
MEASURE Evaluation presents OVC data at Nigeria AIDS Conference							Year 2
Presented "Routine Health Information Systems Data Quality Assurance and Adjustment" at CHeSS/WHO meeting in Nairobi							Year 2
Presentations at the Three Interlinked Patient Monitoring Systems for HIV care/ART, MCH/PMTCT and TB/HIV Meeting, April 26-27, 2010							Year 2
IHFAN poster at Health Information Forum, Bangkok, Thailand, January 28-30, 2010 and panel presentation at Global Health Council, 2010							Year 2
Presented "M&E Indicators for VAW/G: Development Process and Examples Relating to HIV/AIDS" at PEPFAR Scaling up the response to Gender-Based Violence Meeting							Year 3
Presented "Strengthening Health Information Systems: Creating an Information Culture" at the HIS Forum on Leadership and Country Ownership in Windhoek, October 28, 2010							Year 3
Presented "A home of one's own: Women's property rights and HIV/AIDS" at the Global Mini University, October 2010							Year 3
Presented "Progress Toward Millennium Development Goal 5 in Mozambique: Monitoring Maternal Mortality Using Verbal Autopsy " at 2010 Global Maternal Health Conference							Year 3
Presented "Workshop on Building Capacity to Set National Targets on Universal Access to HIV Prevention, Treatment and Care for People who Inject Drugs" at International AIDS Meeting, Austria							Year 3
Presented "Using Statistical Models to Predict Malaria Deaths in Children Under 5" at 2011 Global Congress on Verbal Autopsy							Year 3
Presented "Understanding the Dynamics of the HIV Epidemic in Rwanda" at the Rwanda HIV/AIDS Research Conference							Year 3
Presented "Understanding the Dynamics of the HIV Epidemic in Rwanda" at the 5th National Conference on HIV/AIDS in Abuja, Nigeria in May							Year 3
Presented ""Translating Contraception into Practice in the Era of HIV/AIDS"" at American Public Health Association, USA							Year 3

Presented "Strengthening Routine Health Information Systems for Better Health System Outputs: China and Pakistan Experiences" at Global Health Council Conference, USA	Year 3
Presented "Sample registration of vital events with verbal autopsy in Zambia" at Global Congress on Verbal Autopsy in Bali	Year 3
Presented "Can Mosquito Insecticide Treated Net Campaigns Achieve Equity in Coverage and Use? The Case of Northern Nigeria" at the APHA 2010 Conference, November 2010	Year 3
Presented """National HIV Monitoring and Evaluation System in Nigeria: Problem Analysis" at 5th National Conference on HIV/AIDS, Nigeria	Year 3
Presented "Measuring Vital Events in the Communities in Africa" at Global Health Council Conference, USA	Year 3
Presented "MEASURE Evaluation data demand and use concepts, tools and approaches" at Elizabeth Glazer Pediatric AIDS Foundation Global M&E conference in Nairobi	Year 3
Presented "Maternal Mortality in Mozambique: Findings on the Timing of Death and the Role of HIV/AIDS" at the Population Association of America Annual Meeting	Year 3
Presented ""Malaria Biomarkers: Tool for Surveillance and Control"" at American Society for Tropical Medicine and Hygiene, USA	Year 3
Presented ""If you map it, they will come: GIS and Slums"" at Global Health Mini-University, USA	Year 3
Presented ""HIV/AIDS Program Monitoring System: A database for monitoring PEPFAR HIV/AIDS program indicators" at 2010 PEPFAR HISISCO Conference, South Africa	Year 3
Presented "High HIV Risk Behavior Among MSM in Kigali, Rwanda Making the Case for Supportive Prevention Policy" at Rwanda HIV/AIDS Research Conference	Year 3
Presented "High HIV Risk Behavior Among MSM in Kigali, Rwanda" at the 5th National Conference on HIV/AIDS in Abuja, Nigeria in May	Year 3
Presented "High HIV Risk Behavior Among MSM in Kigali, Rwanda" at LGBT Rights and Health forum at Mailman School of Public Health	Year 3
Presented ""Gender Equality and M&E"" at MEASURE Evaluation GHI principles presentation series at USAID	Year 3
Presented "Empowerment on Maternal and Maternal Health Service Utilization: A regional look at Africa" at the Population Association of America Annual Meeting	Year 3
Presented "E2G: A free tool for mapping Excel data" at 2010 PEPFAR HISISCO Conference South Africa	Year 3
Presented "Data Sharing in the Developing World: How data is (and isn't) used to improve health and well-being" at Wolfram Data Summit 2010, USA	Year 3
Presented ""Conducting High Impact Research" at Global Health Council Conference, USA	Year 3
Presented ""Can Mosquito Insecticide Treated net campaigns achieve equity in coverage and use? The case of northern Nigeria"" at American Public Health Association, USA	Year 3
Presented "Bringing the Health Sector to the NSDI Table in Africa" at the American Association of	Year 3

Geographers annual meeting	
Presented "Bangladesh Maternal Mortality and Health Care Survey" at dissemination meeting in Dhaka	Year 3
Presented "Application of verbal autopsy to determine causes of under five mortality through integration within a national survey: Case of the Ghana 2008 Child Verbal Autopsy Study" at Global Congress on Verbal Autopsy in Bali	Year 3
Presented analysis on overall and malaria-related child mortality at the American Society of Tropical Medicine and Hygiene Symposium	Year 3
Presented "Addressing bias in national estimates of insecticide-treated mosquito net coverage in countries with heterogeneous distribution of malaria transmission with household surveys and GPS data" Poster at GHMEC conference in Seattle, WA	Year 3
Presented "2010: Time for Minimum Standards for Health Facilities" at Global Health Council Conference, USA	Year 3
Presentation ""Evaluation: Lessons Learned for the Global Health Initiative (GHI)"" presented at Duke Population Research Institute Seminar Series	Year 3
Presented "Role of information systems in public health and their impact on health systems' performance" at 14th Congress on Public Health Research	Year 3
Presented "Achieving integration and country ownership through a data model and cooperative framework: A Kenya example" at the PEPFAR HISISCO conference	Year 3
MEASURE Evaluation presented public health evaluations to the 3rd Triannual African Palliative Care Association (APCA) Conference in Windhoek, Namibia, September 15-17.	Year 3
Presented "Geography and Health: Using Geography to Strengthen and Improve Health in the Developing World" at Wolfram Data Summit 2010	Year 3
Presented "Geography and Public Health: Using Technology to Strengthen Programs" at Global Health Mini-University, October 2010	Year 3
Presented "Sustainability and Health Systems Strengthening; What Have We Learned?" at GHI Principles Series at USAID	Year 3
Evaluation: Lessons Learned for the GHI presented in September 2010	Year 3
"Disentangling the Effects of Wealth and Place of Residence to Interpret Trends in Health Inequalities" poster presentation at Global Health Metrics and Evaluation Conference	Year 3
"Conducting High Impact Research: Building data ownership and improving data use" oral presentation at the Global Health Metrics and Evaluation Conference	Year 3
"An Innovative Mapping Tool for Visualizing Health Data in Limited Resource Settings: The Excel to Google Earth (E2G) tool from MEASURE Evaluation, an example from Senegal" poster presentation at Global Health Metrics Conference	Year 3
Presented, ""Using Quantum (QGIS) for Mapping Coverage of HIV Prevention Services in Iringa Region: Tanzania"" at FOSS4G North America 2012	Year 4
Presented, ""Using a Data Model to Integrate Orphans and Vulnerable Children Programs:	Year 4

Lessons for the SDI community and the public health sector"" at 13th Annual Global Spatial Data Infrastructure Conference (May 2012)	
Presented, ""Systematic Approach to Monitoring and Evaluating Integrated Health Interventions in the Era of the Global Health Initiative"" at GHI Presentation Series at USAID	Year 4
Presented, ""Strengthening Capacity for Implementation Research in Developing Countries"" at NIH Dissemination & Implementation Conference	Year 4
Presented, ""Seven Steps to Use Routine Information to Improve HIV/AIDS Programs"" at CORE Group Spring Meeting	Year 4
Presented, ""Scale Up of Home-Based Management of Malaria Based on Rapid Diagnostic Tests and Artemisinin-Based Combination Therapy in a Resource-Poor Country: From Research to Practice"" at Kenya National Malaria Forum (October 2011)	Year 4
Presented, ""Results of the Compartment Bag Test"" at Singapore International Water Week Scientific Conference, Special Session on Water Quality and Health organized by WHO (July 2011)	Year 4
Presented, ""Multi-Agency Impact Evaluation: Challenges in Evaluating the Impact of the Scale-up of Malaria Interventions: The Tanzania Impact Evaluation"" at GHI Presentation Series at USAID	Year 4
Presented, ""Management for Data Use and Decision Making in International Public Health"" at MCHIP Communicators Meeting	Year 4
Presented, ""M&E as a Systems Strengthening Intervention"" at GHI Presentation Series at USAID	Year 4
Presented, ""Knowledge Management for Data Use and Decision Making"" at CORE Group Spring Meeting	Year 4
Presented, ""Health Management Information System in Ethiopia: Ownership Starts on Day One"" at GHI Presentation Series at USAID	Year 4
Presented, ""Findings from the Most at Risk Population Studies"" at C-CHANGE Research Dissemination Meeting (April 2012)	Year 4
Presented, ""Findings and Experiences from the China PLACE RDS"" at Sixth National Conference on Prevention and Control of STIs (May 2012)	Year 4
Presented, "Development of an Executive Dashboard for Senior Health Managers Using Mobile Technology: Making Decisions on the Road"" at 2011 Public Health Informatics Conference	Year 4
Presented, ""An Overview and Discussion of M&E of HIV Programs for Most At-Risk Populations (MARP)"" at 2011 Caribbean HIV Conference (November 2011)	Year 4
Presented, ""Achieving Equity in Family Planning: Getting Beyond the Rhetoric"" at 2011 International Conference on Family Planning: Research and Best Practices	Year 4
Presentation on Pilot evaluation of the compartment bag test for household water in a mini-DHS in Peru given at International Water Association Biennial Symposium on Health-related Water microbiology September 18-23, 2011 Rotorua, New Zealand	Year 4
Presentation on Pilot evaluation of the compartment bag test for household water in a mini-DHS in Peru given at UNC Conference of Water and Health: Where science Meets Policy, October 3-8, 2011, UNC Chapel Hill, NC	Year 4

Preliminary laboratory results have been presented on a poster at the American Society of Microbiology Conference in June 2012.	Year 4
Poster presented at the APHA 139th Annual Meeting and Exposition : " Balancing data limitations and opportunities with geographically linked datasets" in international health Poster session: Innovations in International Health.	Year 4
Presented workshop, ""Making a Difference through Conducting High-Impact Research"" at Global Health & Innovation Conference, April 13 - 14, 2013, New Haven, CT	Year 5
Presented, "Women's Justice and Empowerment Initiative (WJEI) Evaluation Progress Update" at Meeting of USAID Cooperative Members, December 17, 2012	Year 5
Presented, "Understanding Causes of Death of Children Under Five: A Multi-Country Analysis Using Verbal Autopsies" at Global Health Metrics Conference, June 17 - 19, 2013, Seattle, Washington	Year 5
Presented "The Link Between Maternal Health Services and Neonatal Mortality: Can Skilled Birth Attendants Decrease Neonatal Mortality?" at Population Association of America Annual Conference, April 11 - 13, 2013, New Orleans, LA	Year 5
Presented, ""Social Marginalization and Health Service Utilization among MSM and Transgender Women in San Salvador, El Salvador"" at Population Association of America Annual Conference, April 11 - 13, 2013, New Orleans, LA	Year 5
Presented, ""SAVVY Design, Implementation, and Results in Zambia"" at Improving Cause of Death and AIDS Mortality Measurement in Africa Conference, November 9 - 12, 2012, Cape Town, South Africa	Year 5
Presented, "Saving Mothers Giving Life (SMGL) Initiative: Measuring Maternal Mortality Using Verbal Autopsy Methods, Version 2" at Global Maternal Health Conference 2013, January 15-17, 2013, Arusha, Tanzania	Year 5
Presented satellite session, ""One Form Does Not Fit All: Creating an M&E Toolkit for Community-based Programs"" at International AIDS Conference 2012, July 22-27, 2012, Washington, DC	Year 5
Presented, ""Role and Scope of MIS in Monitoring and Surveillance Systems of HPNSDP"" at Global Conference on Community Health, March 21 - 23, 2013, Dhaka, Bangladesh	Year 5
Presented "Results of the Piloting the Toolkit for Rapid Monitoring of AIDS Referral Systems (R-MARS)" at at Integration for Impact: Reproductive Health and HIV Services in Sub-Saharan Africa conference in Nairobi, Kenya	Year 5
Presented poster, ""Using PRISM tools to assess the scale-up of health management information systems: Evidence from Ethiopia"" at Global Symposium on Health Systems Research, October 31 – November 3, 2012, Beijing, China	Year 5
Presented poster, ""Use of the Compartment Bag Test to understand influences of microbial water quality knowledge on drinking water attitudes and practice in Mwanza, Tanzania"" at American Society of Tropical Medicine and Hygiene Annual Meeting, November 11-15, 2012, Atlanta, GA	Year 5
Presented poster, ""Social Network and HIV Risk Behaviors among Female Sex Workers in Southwest China"" at International AIDS Conference 2012, July 22-27, 2012, Washington, DC	Year 5
Presented poster, ""Sexual Partnership Concurrency and Associated Risk Factors Among 15-19-Year-Old Men Recruited from Venues in Dar es Salaam, Tanzania"" at International AIDS	Year 5

Conference 2012, July 22-27, 2012, Washington, DC	
Presented poster, ""Routine health information system performance assessment in Guanajuato, Mexico"" at Global Symposium on Health Systems Research, October 31 – November 3, 2012, Beijing, China	Year 5
Presented poster, ""Respondent Driven Sampling and Venue-based Sampling of Female Sex Workers Identified Different Populations in Liuzhou, China"" at International AIDS Conference 2012, July 22-27, 2012, Washington, DC	Year 5
Presented poster, ""PLACE-Lite: A method to identify gaps in HIV prevention coverage in Iringa, Tanzania"" at International AIDS Conference 2012, July 22-27, 2012, Washington, DC	Year 5
Presented poster, ""Informing the Scale-up of the Interlinked Patient Monitoring System: A Case Study from Cote d'Ivoire"" at Integration for Impact Conference, September 12-14, 2013, Nairobi, Kenya	Year 5
Presented poster, ""How Can Routine Health Information Systems Improve Health Systems Functioning in Low- and Middle-Income Countries: Assessing the Evidence Base"" at Global Symposium on Health Systems Research, October 31 – November 3, 2012, Beijing, China	Year 5
Presented poster, ""Gender differences in ITN use after a universal free distribution campaign in Kano State, Nigeria"" at American Society of Tropical Medicine and Hygiene Annual Meeting, November 11-15, 2012, Atlanta, GA	Year 5
Presented poster "Do Integrated Data Collection Tools Promote Integrated Service Delivery? A case study from Cote d'Ivoire" at Integration for Impact: Reproductive Health and HIV Services in Sub-Saharan African conference in Nairobi, Kenya	Year 5
Presented poster, ""Developing a National Orphans and Vulnerable Children Monitoring and Evaluation System in Nigeria: Results through participation"" at International AIDS Conference 2012, July 22-27, 2012, Washington, DC	Year 5
Presented poster, ""Commitment and Participatory Action at the National Level: Building a national HIV/AIDS database with four ministry teams in Cote d'Ivoire"" at International AIDS Conference 2012, July 22-27, 2012, Washington, DC	Year 5
Presented poster, ""Botswana Adaptation of the RDQA"" at Global Maternal Health Conference 2013, January 15-17, 2013, Arusha, Tanzania	Year 5
Presented, ""OVC Program Evaluation Tool Kit"" at Global Health Initiative (GHI) Presentation Series at USAID, Washington, DC	Year 5
Presented, ""Monitoring trends in malaria morbidity at epidemic detection sites in Oromia Region, Ethiopia using SMS technology and supervisory visits"" at American Society of Tropical Medicine and Hygiene Annual Meeting, November 11-15, 2012, Atlanta, GA	Year 5
Presented, "Monitoring HIV/AIDS using Sample Vital Registration with Verbal Autopsy (SAVVY)" at Improving Cause of Death and AIDS Mortality Measurement in Africa Conference, November 9 - 12, 2012, Cape Town, South Africa	Year 5
Presented, ""Monitoring and Evaluation Indicators on Violence Against Women and Girls"" at Ninth Meeting of Committee of Experts on Ending GBV in the Americas (MESECVI), November 12 - 14 2012, Mexico City, Mexico	Year 5
Presented, ""Measuring the Impact of PEPFAR OVC Programs on the Household: Standardizing Our Methods"" at SEEP Network Event, June 6, 2013, Washington, DC	Year 5

Presented "M&E Systems for Evaluation: Where 'M' Meets 'E'" at USAID Global Health Mini-University, April 2012	Year 5
Presented, ""M&E of Gender and Health"" at Technical Exchange Between Cambodia and Lao Organized by Health Policy Project, April 2 - 5 , 2013, Phnom Penh, Cambodia	Year 5
Presented, ""M&E of Community Programs vs. Community M&E: What Gives?"" at Global Health Mini-University, September 14, 2012, Washington, DC	Year 5
Presented, ""Latin American Network to Strengthen Health Information System (RELACSIS), 2011-12 and 2012-2013 Workplans"" at International Family Classification Regional Meeting, April 22 – 24, 2013, Washington DC	Year 5
Presented "Internalized homo negativity and HIV testing and counseling among MSM and Transgender Women in El Salvador" at the Population Association of America 2013 Annual Meeting in New Orleans	Year 5
Presented, ""Improving malaria reporting in resource poor settings: How cell phones affect timeliness, completion and quality of data in Mali"" at American Society of Tropical Medicine and Hygiene Annual Meeting, November 11-15, 2012, Atlanta, GA	Year 5
Presented, ""Improving Data Use in Decision Making"" at Global Health Initiative (GHI) Presentation Series at USAID, Washington, DC	Year 5
Presented, ""Geographic Data in Public Health: Lessons from the Field' at World-Wide Human Geography Data Working Group Meeting, February 26 - 27, 2013, Miami, FL	Year 5
Presented, ""Facilitating Business Plan Development to Support Sustainability"" at Global Health Initiative (GHI) Presentation Series at USAID, Washington, DC	Year 5
Presented, ""Evaluating the Impact of OVC Programs: Standardizing Our Methods"" at Interagency Task Team on M&E for Children Affected by HIV/AIDS Meeting, May 29, 2013, New York, New York	Year 5
Presented "Evaluating scale-up and measuring gender and policy" at satellite session of 2013 3rd Global Women Deliver Conference in Malyasia	Year 5
Presented, ""Education and Training Panel Discussion during Introducing a Core Curriculum on Implementation Research"" at Global Symposium on Health Systems Research, October 31 – November 3, 2012, Beijing, China	Year 5
Presented, ""Data Quality Assurance"" at Global Health Initiative (GHI) Presentation Series at USAID, Washington, DC	Year 5
Presented, ""Data Demand and Use in the Health Sector in Central and Eastern Kenya"" at Population Association of America Annual Conference, April 11 - 13, 2013, New Orleans, LA	Year 5
Presented "Coordination and Integration of HIV and Family Planning Services through Organizational Network Analysis" at Integration for Impact: Reproductive Health and HIV Services in Sub-Saharan Africa conference in Nairobi, Kenya	Year 5
Presented, ""Building Capacity and Strengthening Information Systems through Data Quality Assessments"" at Global Maternal Health Conference 2013, January 15-17, 2013, Arusha, Tanzania	Year 5
Presented, ""Beyond reporting: Monitoring and evaluation as a health systems strengthening intervention"" at Global Symposium on Health Systems Research, October 31 – November 3,	Year 5

2012, Beijing, China	
Presented, ""Asia and the Middle East Gender, Policy, and Measurement Program"" at Meeting of USAID Cooperative Members, December 17, 2012	Year 5
Presented "A Systematic Approach to the Planning, Implementation, Monitoring, and Evaluation of Integrated Health Services" at Integration for Impact: Reproductive Health and HIV Services in Sub-Saharan Africa Conference in Nairobi, Kenya	Year 5
Presented "'It's because most people believe that condom use is for sex between boys and girls' A qualitative study on the determinants of HIV risk behaviors among MSM in Kigali, Rwanda" at 8th Annual National Pediatric conference in Rwanda, Nov 2012	Year 5
Poster Presentation at International AIDS Society (IAS) conference in DC "Determinants of HIV Risk Behaviors amongst MSM in Kigali, Rwanda"	Year 5
"Approaches Towards Achieving a Functional National Community Health Information System (CHIS): A case Study Review in Kenya" presented at Global Symposium on Health Systems Research in Beijing, China (2012)	Year 5
Presented "The Fight against Malaria in the DRC: Progress, Challenges, and Perspectives," at Central African Roll Back Malaria Network Coordinating Committee in Goma, Democratic Republic of the Congo, in July 2013	Year 6
"Evaluation of maternal & child health policies, programs and services," presented at IUSSP International Population Conference in Busan, Republic of Korea, August 27, 2013	Year 6
"Modeling Synergies between Women-centered Interventions and Family Planning" presented at IUSSP International Population Conference in Busan, Republic of Korea, August 29, 2013	Year 6
Presented "Spatial analysis for understanding contextual factors of variation in early marriage trends in Bangladesh" at IUSSP International Population Conference in Busan, South Korea, August 29, 2013	Year 6
"Modeling the Linkages between Climate Change, Food Security, and Population" presented at IUSSP International Population Conference in Busan, Republic of Korea, August 30, 2013	Year 6
Presented "Applications for measuring maternal mortality: Three case studies using verbal autopsy methodology," at IUSSP meeting in Busan, South Korea, August 31, 2013	Year 6
Preliminary analyses from performance evaluation of National HIV Prevention Program for FSW and MSM in Ghana were presented at the 2013 National HIV/AIDS Research Conference (NHARCON) in Accra, Ghana, in September 2013	Year 6
Symposium "Analytic challenges in measuring impact of malaria control programs: methodological approaches, confounders and lessons learned from the multi-agency malaria control impact evaluations" at the 6th MIM (Multilateral Initiative on Malaria) Pan-African Malaria Conference in Durban, South Africa, October 8, 2013	Year 6
"Malaria Control Interventions on Under-Five Mortality in Sub-Saharan Africa" presented at the 6th MIM (Multilateral Initiative on Malaria) Pan-African Malaria Conference in Durban, South Africa, October 8, 2013	Year 6
"Adaptability and the State of Monitoring and Evaluation Systems: Measuring Malaria Now and in Changing Contexts" presented at MIM (Multilateral Initiative on Malaria) Pan-African Malaria Conference in Durban, South Africa, October 10, 2013	Year 6

"Using Census-based Sample Vital Registration with Verbal Autopsy to describe mortality and to Inform Development of a Robust, Sustainable Vital Registration System in Zambia" presented at 2nd Global Congress on Verbal Autopsy held in Rhodes, Greece on October 14, 2013	Year 6
"Understanding causes of maternal deaths in Zambia: A four-district analysis using verbal autopsy" presented at 2nd Global Congress on Verbal Autopsy held in Rhodes, Greece on October 14, 2013	Year 6
"A Toolkit for Evaluating the Impact of HIV/AIDS Programming on Child Wellbeing in Africa" presented at American Evaluation Conference in Washington DC, USA, October 16, 2013	Year 6
"Improving Evaluation of International Public Health Programs Through the Use of a Geographically Informed Data Model," presented at American Evaluation Conference in Washington DC, on October 17, 2013	Year 6
"Monitoring and Evaluation of Global Sex Trafficking: What Do We Really Know: Focus on Gender and Health," presented at American Evaluation Conference in Washington DC, on October 17, 2013	Year 6
Meeting the Information Needs of Orphan and Vulnerable Children Programs," presented at Regional Psychosocial Support Forum Initiative (REPSSI) in Nairobi on October 29th, 2013	Year 6
"Nigeria Health and Mapping Summit of 2011: Improving Health Outcomes through the National Geospatial Data Infrastructure," presented at Global Geospatial Conference by Ganiyu Agbaje of the National Space Research & Development Agency, Addis Ababa, Ethiopia, November 4, 2013	Year 6
Poster: "Data quality integration case study," presented at American Public Health Association Meeting, Boston, MA, November 5, 2013	Year 6
"Strengthening routine facility-based health information systems in developing countries: Towards a sustainable data source for measuring the delivery of evidence-based interventions," presented at American Public Health Association Meeting, Boston, MA, November 5, 2013	Year 6
"Botswana's integration of data quality assurance into standard operating procedures: Adaption of the routine data quality assessment tool," presented at American Public Health Association Meeting, Boston, MA, November 6, 2013	Year 6
"Association between household insecticide-treated net ownership and all-cause child mortality in Malawi, 2007-2010," presented at American Society of Tropical Medicine and Hygiene (ASTMH) conference in Washington DC, November 13, 2013	Year 6
"Factors influencing the willingness of pregnant women in rural Ghana to adopt postpartum family planning," presented at International Conference on Family Planning in Addis Ababa, Ethiopia, November 13, 2013	Year 6
"Explaining Inequity in the Use of Family Planning Services," presented at International Conference on Family Planning in Addis Ababa, Ethiopia, November 13, 2013	Year 6
"Monitoring the Scale Up of Family Planning Practices and Interventions" presented at International Conference on Family Planning in Addis Ababa, Ethiopia, November 14, 2013	Year 6
"Using a Participatory Approach to Develop and Apply a Decision Support Tool for Measuring Success in Repositioning Family Planning," presented at International Conference on Family Planning in Addis Ababa, Ethiopia, November 14, 2013	Year 6
"Evolution of Family Planning Impact Evaluation: New contexts and methodological considerations,"	Year 6

presented at International Conference on Family Planning in Addis Ababa, Ethiopia, November 14, 2013	
"Family Planning services in HIV/AIDS care and Treatment. Can quality be maintained? A case study from Tanzania," presented at International Conference on Family Planning in Addis Ababa, Ethiopia, November 14, 2013	Year 6
Poster: "Using LQAS to Measure Contraceptive Use at the Sub-National Level in Low-Resource Settings," presented at International Conference on Family Planning in Addis Ababa, Ethiopia, November 15, 2013	Year 6
Poster: "A Multi-Country Assessment of the Timeliness of Malaria Treatment among Children in Sub-Saharan Africa," presented at American Society of Tropical Medicine and Hygiene (ASTMH) conference in Washington DC, November 14, 2013	Year 6
Poster: "Impact of Increased District-Level ITN distribution on all-cause under-five mortality in Malawi (2004-2010)" presented as the American Society of Tropical Medicine and Hygiene in Washington DC, November 15, 2013	Year 6
"Association between Increasing ITN Use and Reductions in Moderate-to-severe Anemia in Children 6-23 Months of Age: A multi-country decomposition analysis," presented at The American Society of Tropical Medicine and Hygiene (ASTMH) 62nd Annual Meeting in Washington DC, USA, November 15, 2013	Year 6
Poster: "Effect of age of ITNs owned by households on malaria parasite infection among children under five years of age in Angola," presented at American Society of Tropical Medicine and Hygiene (ASTMH) conference in Washington DC, November 16, 2013	Year 6
"Identifying Subpopulations Least Likely to Use Mosquito Nets after Mass Distribution Campaigns: Case of Kano State, Nigeria," presented at The American Society of Tropical Medicine and Hygiene (ASTMH) 62nd Annual Meeting in Washington DC, USA, November 16, 2013	Year 6
"Panel on Non-communicable Diseases," presented at Urban Health Symposium in Bangladesh, November 23, 2013	Year 6
"Global Healthcare," presented at the 2014 Sustainable Business and Social Impact (SBSI) Conference in Durham, NC, on February 12, 2014	Year 6
Presented poster "Using LQAS and HMIS to routinely assess the performance of health services" presented at Africa Evaluation Association in Yaoundé Cameroon, March 3, 2014	Year 6
"Building M&E capacity in community-based HIV programs in Tanzania: From diagnosis to assessing impact," presented at African Evaluation Association Conference (AfrEA), Cameroon, March 5, 2014	Year 6
"The Women's Justice and Empowerment Initiative: Lessons learned and implications for gender-based violence programming in sub-Saharan Africa," presented at African Evaluation Association Conference (AfrEA) in Yaoundé, Cameroon, March 7, 2014	Year 6
"Increasing district-level, evidence-based decision making in Cote d'Ivoire," presented at Global Health Mini-University in Washington DC, March 7, 2014	Year 6
"Building Skills to Advocate for Change with Health Data," presented at Global Health & Innovation Conference in New Haven, CT, April 12, 2014	Year 6
"The Importance of Metrics," presented at Global Health & Innovation Conference in New Haven,	Year 6

CT, USA, April 12, 2014	
"Building a center of reference for monitoring and evaluation in health program in South East Asia: A partnership between MEASURE evaluation and public health Foundation of India," presented at A Consortium of Universities for Global Health (CUGH) Annual Global Health Conference in Washington DC, May 10, 2014	Year 6
Poster: "Botswana's Integration of Health Data Quality Assurance Into Standard Operating Procedures," presented at Consortium of Universities for Global Health in Washington DC, on May 10, 2014	Year 6
"Bangladesh COIA Model: A community driven mHealth system for tracking and improving MNCH in a fragmented healthcare delivery system," presented at Southeast Asian mHealth Conference on June 23, 2014	Year 6
"HIV remains a key killer in Zambia: results of community-based mortality surveillance," presented at International AIDS Conference (AIDS 2014) on July 21, 2014	Year 7
"Building capacity for geospatial analysis and data demand and use to improve resource allocation for HIV programs: experiences from Iringa, Tanzania," presented at International AIDS Conference (AIDS 2014) on July 23, 2014	Year 7
"Building district and facility sharing and use of HIV/AIDS and health information for evidence-based programming: experiences from Tanzania," presented at International AIDS Conference (AIDS 2014) on July 23, 2014	Year 7
"Strengthening M&E system among partners implementing HIV/AIDS projects in Tanzania: MEASURE evaluation's experience," presented at International AIDS Conference (AIDS 2014) on July 23, 2014	Year 7
"Evaluating orphan and vulnerable children outcomes: innovative methodology for and results of pilot testing a new toolkit in Nigeria and Zambia," presented at International AIDS Conference (AIDS 2014) on July 24, 2014	Year 7
"Using cognitive interviews in Nigeria to pre-test child, caregiver, and household well-being survey tools for orphan and vulnerable children programs," presented at International AIDS Conference (AIDS 2014) on July 24, 2014	Year 7
"Professional Development Workshop: M&E of Gender-Based Violence, HIV, and women's economic empowerment," presented at International AIDS Conference (AIDS 2014) on July 24, 2014	Year 7
"Evaluating Impact: Lessons Learned from MEASURE Evaluation," presented at M&E Learning Network Workshop Series (South African Office of the Presidency) on September 22, 2014	Year 7
"Violence Against Women: A Global Crisis and a Challenge for Evaluators," presented at 28th Annual Conference of the American Evaluation Association on October 17, 2014	Year 7
"Evaluation of Gender-aware Health Interventions in South Asia: What do we know and what do we need to know?," presented at 28th Annual Conference of the American Evaluation Association on October 17, 2014	Year 7
"Standardized Indicators for Measuring the Intersection of Gender and Health," presented at 28th Annual Conference of the American Evaluation Association on October 18, 2014	Year 7

"Investigating the potential circular effect of bed net ownership on under-five mortality risk in Uganda," presented at American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting on November 4, 2014	Year 7
"Worsening Socio-economic Disparities in ITN Ownership, Access and Use from 2006 to 2011 in Angola," presented at American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting on November 4, 2014	Year 7
"Increased Equity in Malaria Control Interventions in Malawi from 2000 to 2012," presented at American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting on November 5, 2014	Year 7
"Improving socioeconomic equity in ITN access, ownership and use in Rwanda from 2000-2010," presented at American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting on November 5, 2014	Year 7
"Reduction in Disparity of Insecticide-Treated Nets Ownership and Use among Socioeconomic Groups after Scale up in Uganda," presented at American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting on November 5, 2014	Year 7
"Scaling up of ITN ownership and use in Mozambique: Has the scale-up been equitable?," presented at American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting on November 5, 2014	Year 7
"Validation of Causes-of-death using Verbal Autopsy Data Collected from Navrongo Health and Demographic Surveillance System in Ghana: 2007-2011," presented at American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting on November 5, 2014	Year 7
"Transforming Gender Norms, Roles, and Power Dynamics for Improving Maternal Health: A Systematic Review," presented at American Public Health Association (APHA) 142nd Annual Meeting and Exposition on November 17, 2014	Year 7
"Monitoring and evaluation indicators for trafficking in persons: A perspective on gender and health," presented at American Public Health Association (APHA) 142nd Annual Meeting and Exposition on November 18, 2014	Year 7
"Sexual assault and HIV-related risk behaviors among MSM and transgender women in San Salvador, El Salvador," presented at American Public Health Association (APHA) 142nd Annual Meeting and Exposition on November 19, 2014	Year 7

Table 5.10.a: Number of Computers to Visit MEASURE Evaluation Web Site in Year 2-Year 7

Number of computers visiting MEASURE Evaluation Web site (Indicator 5.10)						
Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
104,751	125,954	213,676	301,434	451,397	255,306	1,452,518

Table 5.10.b: Top 10 Countries to visit MEASURE Evaluation Website in Year 2-Year 7

Country	Number of Visits	Percentage of Total
Year 2		
U.S.A	419,552	42.12%
Brazil	63,806	6.41%
Kenya	42,630	4.28%
Ethiopia	27,938	2.81%
Zambia	25,080	2.52%
U.K.	22,574	2.27%
India	19,704	1.98%
Nigeria	19,516	1.96%
Tanzania	19,212	1.93%
Portugal	17,905	1.80%
Year 3		
United States	539,351	36.85
Brazil	158,118	10.80
Ethiopia	54,933	3.75
United Kingdom	41,154	2.81
Kenya	40,744	2.78
Zambia	36,166	2.47
Portugal	33,309	2.28
Nigeria	29,929	2.04
Canada	28,432	1.94
India	24,906	1.70
Year 4		
Brazil	1,721,364	47.39
USA	639,833	17.62
Portugal	107,732	2.97
Kenya	79,494	2.19
Nigeria	61,032	1.68
China	60,484	1.67
Ethiopia	58,546	1.61
India	55,860	1,54
United Kingdom	51,938	1.43
Zambia	51,615	1.42
Year 5		
Brazil	1,413,769	43.6
USA	506,438	15.6
Kenya	88,079	2.7
India	71,933	2.2
Portugal	66,346	2

Mozambique	64,832	2
Ethiopia	64,188	2
Nigeria	59,211	1.8
United Kingdom	54,485	1.7
Zambia	43,812	1.4
Year 6 and Year 7		
Brazil	1,629,272	39.7
USA	650,241	15.8
Kenya	122,175	3.0
India	118,367	2.9
Portugal	95,363	2.3
Mozambique	86,148	2.1
Ethiopia	80,315	2.0
Nigeria	75,816	1.9
United Kingdom	67,479	1.6
Zambia	54,615	1.3

Appendix 6: Indicators Reported by Field-Funded Activities, by Country or Region

Indicators	Africa Region Bureau	Asia and Near East Regional Bureau	Angola	Barbados and the Eastern Caribbean	Bangladesh	Botswana	Burundi	Bolivia	Cameroon	China	Côte d'Ivoire	Democratic Republic of Congo	Dominican Republic	Ethiopia	Ghana	Guatemala	Guinea	Guyana	Honduras	Haiti	Jamaica	Kenya	Latin America and Caribbean Regional Bureau	Liberia	Madagascar	Malawi	Mali	Mexico	Mozambique	Nigeria	Nepal	Russia	Rwanda	Sudan	Swaziland	Tanzania	Uganda	Ukraine	Vietnam	Zambia
1.1: Requests for non-USAID funding		1			2						4			3				1					3						1	6			4							
2.1: Improved capacity		1			4		1				7			2		2			1			2	2	1	1				1	6			3			1				2
2.2: Capacity building plans					1																			1	1				2	2			2			4				
2.6: Training or workshop events		1		9	3	7		1	1	2	34	6	3	625		3	1	7	1	4	4		3	16	1		23		13	85	3		8	1		31	6	25		12
2.9 New tools, methodologies, etc. for capacity building													1																	1										

	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15	C16	C17	C18	C19	C20	C21	C22	C23	C24	C25	C26	C27	C28	C29	C30
2.10: Country-specific curricula			2	1			1			1		1												1	8		1			
3.1: Collaborative outputs																						1	3	1						
3.2: Network participation			12	2			13	2	3	11			1			1	20	3			2		3	20		18	9			
3.6 MEASURE Evaluation-moderated electronic community of practice							1											1								1				
4.1: Improved M&E systems			3				4			7							1				2	4	1			2	2			
4.2: M&E guidance documents	7	1	64	2	1	2	27	9	1	14	1		1	3	2	1	12	3	1	1		4		6	22	26	23	1	4	2
4.3 New tools, methodologies, etc. for data collection					1																				1		1			

4.4: Implementation of MEASURE Evaluation tools		2	2	1	2		2	2	10	7	3	5					1	1	2	1		2		13	13		5	1	1	11	2		1
4.5: Country-specific tools/pilots		1	1				1		5			3				1		4				1	1		1		1				2		1
5.1 Research/assessment findings	2			1	7	1	2		3		1	3		2	1		1	2	7	5	4	3		1	1	4	5		6		6	13	3
5.3 Electronic and print publications produced	1			4	1							10		2				1	5	4	1		2	1	4	3		1			1		
5.4 Articles published in peer-reviewed journals					4									2				1	1								2						
5.7 Presentations given by MEASURE Evaluation staff	1	1			4								1					4	2	2							2		7		1		4

6.1 Data use examples				5		1			3	1		1					1	3	3			2		1	5		5		1		
6.2 Implementation of DDU tools								6		1				3	5		1		1		2			16							
6.3 Country-specific DDU tools/pilots								7			2						2							5		1			1		

Appendix 7:   Fiscal Report

This report summarizes the fiscal report of how funds were used on the MEASURE Evaluation Phase III Leader Award for the period August 15, 2008 to February 14, 2015.

A.   Award Budget Versus Actual Obligations

The following is the Agreement Budget that was authorized in the award, including local cost financing items. Revisions to this budget shall be made in accordance with 22 CFR 226.

Table 7.1: Agreement Budget

	CORE	Field	Total
UNC at Chapel Hill	$60,333,000	$120,667,000	$181,000,000

The obligations received in this award were all core and field funding with a total obligation of $173,940,187 over the life of the project. Below is the breakdown of funds received in obligations:

Table 7.2: Obligations

|	CORE	Field	Total
UNC at Chapel Hill	$58,362,107	$115,578,080	$173,940,187

Obligation Summary (by Percentage)
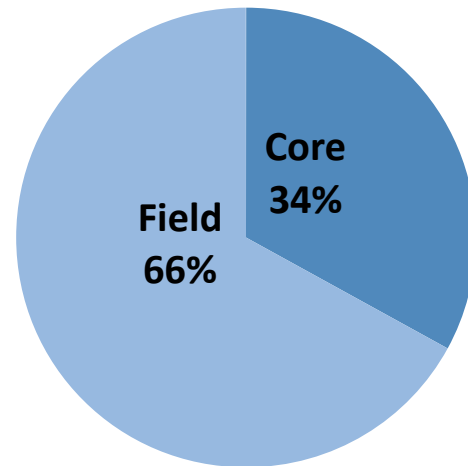
The total obligations were spent throughout the life of the award. The expenditures were on target with what was negotiated in the annual work plans of this award, which were approved by the AOR.

B.   Obligations Versus Expenditures

The total obligations in MEASURE Evaluation Phase III were $173,940,187. The total expenditures were $173,812,433. The following chart shows expenditures by year over the life of the project.
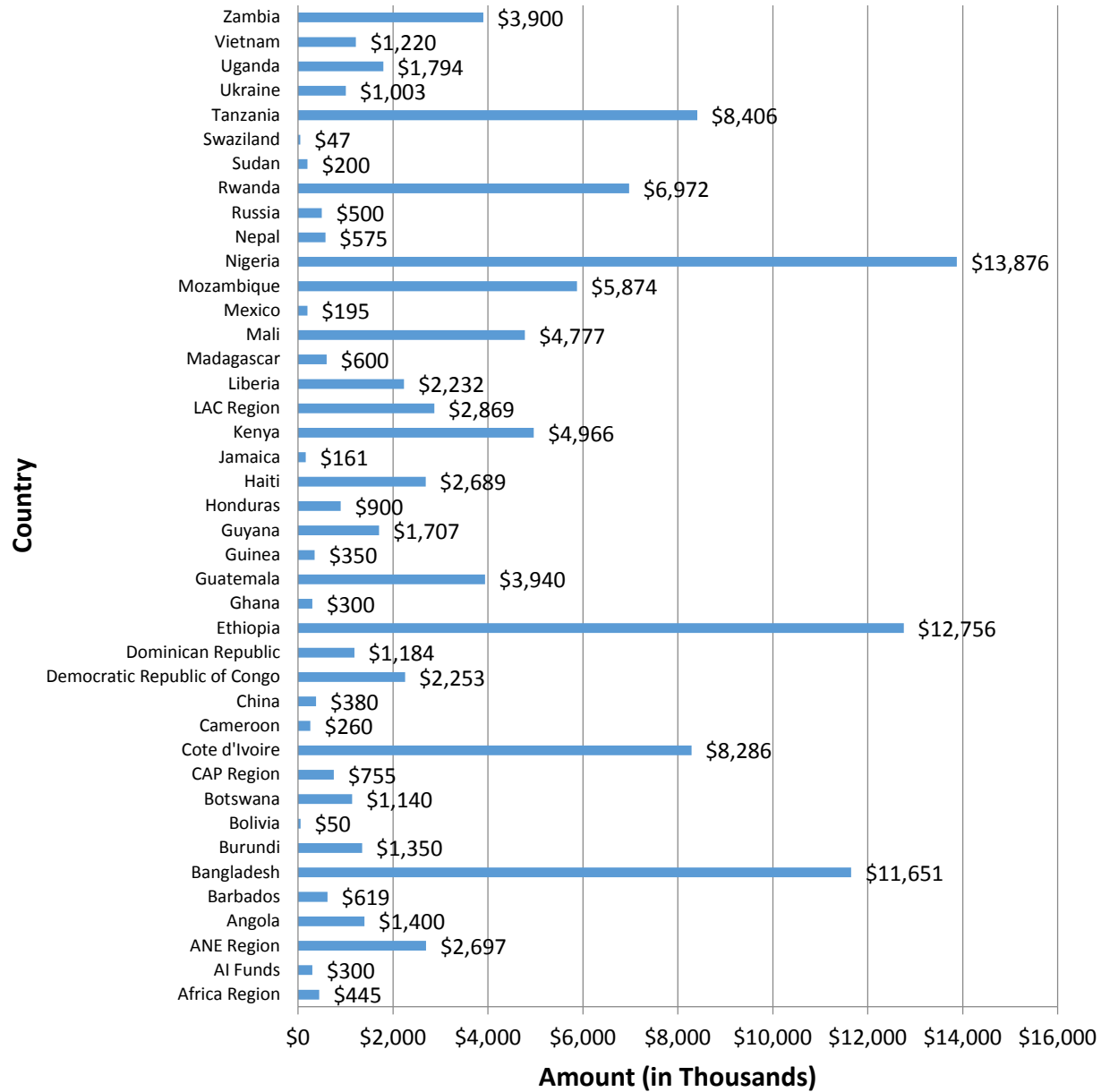
Total Phase III Expenses
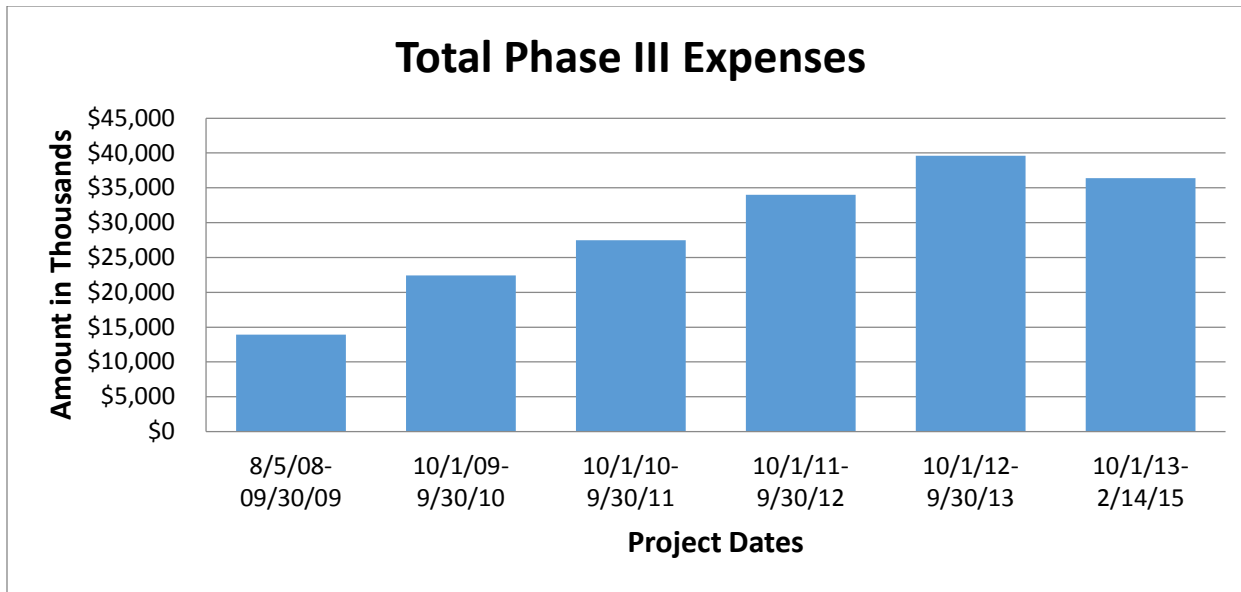
The below chart depicts bureau-wide funding for the project period with a breakdown by USAID's Bureau for Global Health (BGH) offices. Bureau-wide funding represents approximately 36% of all core funds.

Bureau-Wide Funding by Year
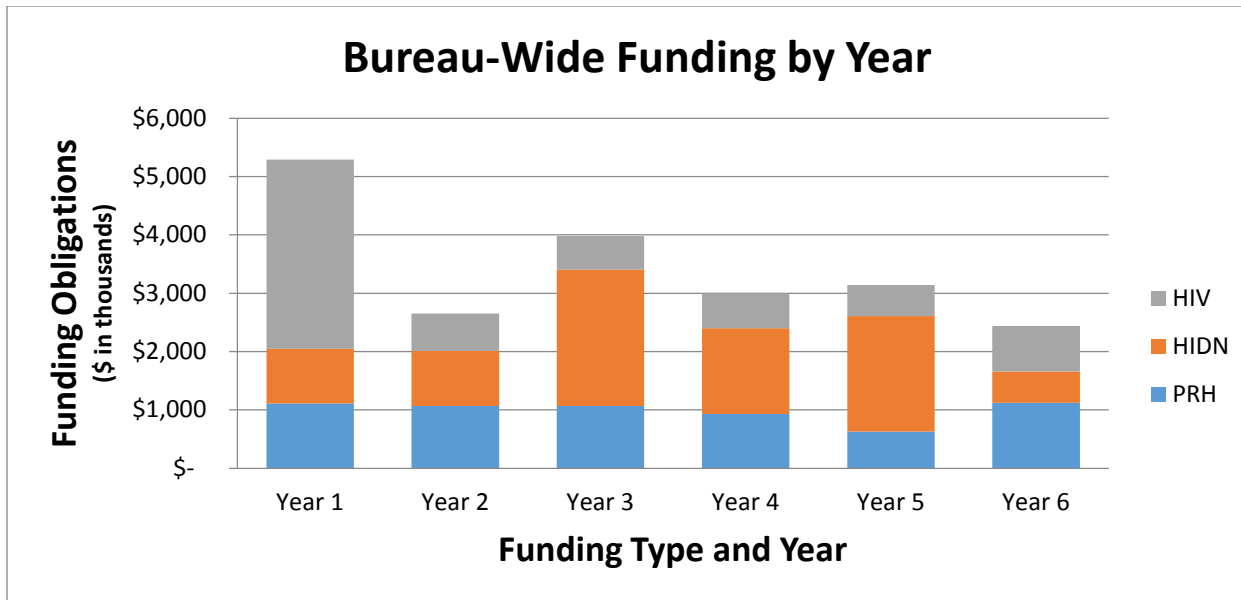
Field funds account for $115,578,080 of the MEASURE Phase III funds obligated, which is 66% of overall funding. The below chart depicts the field funds received for the project by country. All field funds have been expended in full based on obligation amounts with approved work plans with the exception of Sudan and Bolivia. Due to political upheaval in Sudan, the scope of work was not able to be completed so the project requests that USAID de-obligate $118,218 in Sudan field funds. Due to the announcement on May 1, 2013 when Bolivia President Mr. Evo Morales Ayma announced the expulsion of the USAID in Bolivia, we closed all operations effective immediately and requested a de-obligation of $9,536.

Phase III Field Obligated Funds

Country	Amount (in Thousands)
Zambia	$3,900
Vietnam	$1,220
Uganda	$1,794
Ukraine	$1,003
Tanzania	$8,406
Swaziland	$47
Sudan	$200
Rwanda	$6,972
Russia	$500
Nepal	$575
Nigeria	$13,876
Mozambique	$5,874
Mexico	$195
Mali	$4,777
Madagascar	$600
Liberia	$2,232
LAC Region	$2,869
Kenya	$4,966
Jamaica	$161
Haiti	$2,689
Honduras	$900
Guyana	$1,707
Guinea	$350
Guatemala	$3,940
Ghana	$300
Ethiopia	$12,756
Dominican Republic	$1,184
Democratic Republic of Congo	$2,253
China	$380
Cameroon	$260
Cote d'Ivoire	$8,286
CAP Region	$755
Botswana	$1,140
Bolivia	$50
Burundi	$1,350
Bangladesh	$11,651
Barbados	$619
Angola	$1,400
ANE Region	$2,697
AI Funds	$300
Africa Region	$445

The total obligations were spent throughout the life of the award, with the exception of the Sudan and Bolivia funds which are requested to be de-obligated. The expenditures were on target with what was negotiated in the annual work plans of this award, which were approved by the AOR.

C.   Asset Disposition and Equipment

It is requested that all durable supplies and equipment purchased under USAID Funded project MEASURE Evaluation (GHA-A-00-08-00003-00) be transferred to the USAID Funded project MEASURE Evaluation Phase IV (AID-OAA-L-14-0004).

D.   Cost Sharing

The MEASURE Evaluation Phase III award had a cost sharing requirement of $9,050,000. UNC created a cost sharing reporting system that allowed the five major partners to capture cost sharing, along with UNC. Cost sharing was met from leveraging funds with other donors including World Bank, Gates Foundation, and other non-governmental organizations. A large amount of cost sharing was achieved by participants self-funding workshops for travel and effort for attending MEASURE sponsored events. Over the life of the project, the project reported $9,285,812 for cost sharing, which exceeded the goal.

E.   Type of Accounting System Used During Reporting Period

UNC has a Financial Records System (FRS) 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 (NACUBO) and the American Institute of Certified Public Accountants (AICPA).

This system uses the cash basis accounting method for financial reporting. Due to UNC using a cash basis reporting system, the amount of vouchered expenses reported in the Phoenix system will be less than the actual amount spent due to delays in posting of expenditures. UNC 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. This information is reported on Line E of the SF425 report.

UNC has designed an accrual shadow financial system that allows UNC and partners to report costs though a Web-based interface that facilitates verification against invoices and financial records. UNC and partner charges are then accumulated and reported on a monthly basis. UNC and partner financial officers have the ability to enter data and to view reports over a Web interface that allows them to advise their technical staff

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on the financial status of projects instantly. Each tranche of funding is applied to USAID-approved cost centers, referred to as activity codes. The financial system has the ability to date-range expenditures by tranche, scope of work, and partner. The activity code is a specified cost center budgeting system that provides detailed and finite budget targets for all scopes of work, partners working on the project, and funding source. UNC and partner organizations have access to view the summary report of all cost centers on this web based platform showing obligations, expenses, and pipelines by scope of work.

F. Financial Reporting

University of North Carolina submitted quarterly financial reports, SF269/SF425 in accordance with 22CFR 226.52. Reports have been submitted in electronic format to the AOR and to the US Department of Health and Human Services (http://www.dmp.psc.gov).

MEASURE Evaluation