# Improving Demand for and Use of Data Strengthens HIV/AIDS Programs in Rwanda

## In This Case Study

In an effort to develop a multi-sectoral approach to reducing the spread of HIV in Rwanda, the government committed to strengthening systems to ensure data-informed decision making. This document describes the approach used to strengthen the demand for and use of data, and outlines best practices for promoting and institutionalizing data-informed decision making.




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# Improving Data Demand and Use: A Data-informed Approach to Strengthening Rwanda's National Response to HIV/AIDS

## Data Demand

In 2007, as the Government of Rwanda began preparations for the development of its third national strategic plan on HIV and AIDS, it took the opportunity to redouble its efforts to understand the Rwandan epidemic and sharpen the national response. Working through national agencies and various development partners – the National AIDS Control Commission (CNLS), the Ministry of Health (MOH), the Center for Treatment and Research on AIDS, Malaria, Tuberculosis, and Other Epidemics (TRAC *Plus*) and development partners, including MEASURE Evaluation and UNAIDS – it set to better defining the problem and understand the dynamics of the changing HIV epidemic in Rwanda. The first challenge was to identify the epidemic's current size, scope, geographic distribution, and factors contributing to transmission.

The government also needed to understand the current response to the epidemic – what was being done by national agencies and partners, and the degree to which their activities were addressing the problem. In 2008, it began a joint review of progress achieving the country's National Strategic Plan (NSP) for HIV and AIDS 2005-2009.

### Improving Capacity for M&E in Rwanda

Rwanda faces a generalized HIV epidemic, with an HIV prevalence rate estimated at 3% among adults aged 15 to 49, according to the 2005 Rwanda Demographic and Health Survey. In response, the Government of Rwanda has mounted a multi-sectoral approach to reducing the spread of HIV and ensuring universal access to HIV services for its population. Part of this response has been increased government commitment to improving the health system's capacity for monitoring and evaluation of programs and services so that quality data is available for decision making.

*Representatives of local organizations providing services to orphans and vulnerable children in Burera, Rwanda, discuss the achievements they've made together in supporting vulnerable children in their communities during a site visit in November 2008 as part of the review of the national strategic plan on HIV and AIDS. The results of this review provided evidence-based recommendations that were used to inform the next strategic plan on HIV and AIDS.*

## Data Collection and Analysis

The review, conducted with support from MEASURE Evaluation and others, accessed existing national Health Management Information System (HMIS) data, and regional and program data from multiple sources. The team visited 11 districts representative of the entire country to collect qualitative data. The analysis found no evidence of a decrease in HIV prevalence nationally. Changes in reported HIV behavior were mixed. Some reports showed increases in condom use, but others indicated that a greater percentage of young people had multiple sexual partners. Importantly, the review determined that, "On the whole, programs failed to systematically target the most at-risk groups or the defined 'hot spots,'" and that many populations lacked access and were not receiving a comprehensive package of prevention and treatment services.[1]

MEASURE Evaluation, with support from USAID, worked with national partners to generate evidence to address these knowledge gaps. In parallel with efforts to under-

[1] National AIDS Control Commission. Joint Review Final Report: National Multi-sectoral Strategic Plan on HIV and AIDS 2005-2009. National AIDS Control Commission (CNLS), Kigali, Rwanda. 2008.

***Cover Photo*** *MEASURE Evaluation provided significant technical and financial support to the Rwandan National AIDS Control Commission (CNLS) to conduct a review of the national strategic plan on HIV and AIDS in order to understand how well existing HIV programs were responding to the HIV epidemic and people's needs. The review included site visits to 10 districts in Rwanda to collect primary data at the community level, including focus group discussions with beneficiaries of HIV activities in Rwanda. In this photo, young women at the Gisenyi Youth Friendly Center in Rubavu, Rwanda, who were given the opportunity to take part in vocational training as seamstresses, discuss how efforts to prevent HIV have affected their lives.*

stand what was happening on the program level, the project provided technical and financial assistance to build the capacity of individuals and institutions to generate new data and analyze existing epidemiologic and programmatic data. This involved synthesizing HIV information from multiple sources, conducting modeling to understand modes of transmission, and studying HIV risk among vulnerable groups such as men who have sex with men (MSM).

Several analytic reviews were conducted to inform the development of a new national strategic plan on HIV/AIDS.

The MOH and TRAC *Plus* were already implementing a "HIV Data Synthesis Project" with support from MEASURE Evaluation, the University of California at San Francisco, and the U.S. Centers for Disease Control (CDC). This involved a review of non-routine data, combining over 100 sources of data on the HIV epidemic to understand the emerging picture in Rwanda – a methodology known as "triangulation." Among other results that ultimately fed into the development of the new plan, the synthesis determined that women ages 20 to 24 were at high risk of HIV infection, as were sero-discordant couples.[2]

Second, CNLS collaborated with MEASURE Evaluation and other stakeholders to implement a "Modes of Transmission" study. This incidence modelling exercise confirmed what the prior synthesis project had suggested on sub-populations at risk. It also showed that men who have sex with men (MSM) – under any of the scenarios modelled in the exercise – were likely contributing a substantial fraction of new infections. In the absence of other Rwanda-specific data, modelling proved an important technique in identifying MSM as a priority group for intervention.

To better understand this finding, CNLS next conducted the first systematic study of HIV risk behavior among men who have sex with men in Rwanda. Published results from the study,[3] undertaken with technical support from MEASURE Evaluation and UNAIDS, suggested that MSM in the capital Kigali are at higher risk of HIV infection than the general population, and require targeted HIV/STI prevention services and support. Importantly, the study formally documented for the first time that this population existed, and affirmed their right, like other Rwandans, to access health services.

Throughout these efforts, MEASURE Evaluation built the capacity of individuals and local institutions to generate new data and to conduct data analysis activities. The project used a highly collaborative and transparent approach, while mindful of the sensitivity of issues related to HIV. It also played an important bridging role, linking research findings by various groups to the national family planning process.

By late 2008, through research and data analysis, the government and its partners had identified and generated new information on the important drivers of the epidemic. Combined with other emerging data, such as results by Project San Francisco in *The Lancet* that sero-discordant couples in Rwanda were at high risk of infection,[4] key decision makers in government were poised to translate knowledge into a strategy that would accelerate prevention.

**Data Availability**

In January 2009, a broad range of groups – from governmental agencies and development partners to civil society organizations – came together in a multi-sectoral workshop facilitated by MEASURE Evaluation and UNAIDS to review current evidence on the epidemic and existing prevention efforts that had been collected during the previous two years of activity. More than 100 participants examined research on the epidemiology of HIV in Rwanda, the achievements of the response to date, the capacities of the wide range of actors and implementation systems involved in the response, and the most promising evidence of effective interventions from Rwanda and beyond.

*As the Government of Rwanda moved to implement and scale up comprehensive HIV prevention, care and treatment interventions for its population, it committed to developing a continuous evidence base for planning and programmatic purposes. A key element in this commitment was the capture of emerging data, especially from the health facilities level.*

Leadership from the Ministry of Health (MOH), CNLS, and the many stakeholders convened at the January workshop were able to synthesize this information and get full picture of the current epidemic, identifying priority populations at risk of HIV and collectively prioritizing the groups to be targeted with prevention efforts. Participants

[2] TRAC Plus and Ministry of Health, Republic of Rwanda. Rwandan HIV/AIDS Data Synthesis Project: Final Report. Ministry of Health, Kigali, Rwanda. 2008.

[3] A Binagwaho, J Chapman, A Koleros et al. Exploring HIV Risk among MSM in Kigali, Rwanda. MEASURE Evaluation, Carolina Population Center, University of North Carolina, Chapel Hill, NC. 2009. J Chapman, A Koleros, Y Delmont, E Pegurri, R Gahire, Rose and A Binagwaho. High HIV risk behavior among men who have sex with men in Kigali, Rwanda: making the case for supportive prevention policy. AIDS Care, 24 January 2011 (iFirst), DOI: 10.1080/09540121.2010.507758.

[4] KL Dunkle, R Stephenson, E Karita, et al. New heterosexually transmitted HIV infections in married or cohabitating couples in urban Zambia and Rwanda: an analysis of survey and clinical data. Lancet. 2008; 371:2183–2191.

used the incidence modelling data and results from the studies, the 2008 Joint Review, and data from the Rwandan HMIS to identify specific gaps in programming and to determine needs. Different partners presented best practices working with high-risk groups in Rwanda and recommended activities and approaches for interventions. All this data fed into the development of a Results Framework for the NSP, created and validated by the very agencies and groups that would ultimately oversee and undertake implementation of the plan.

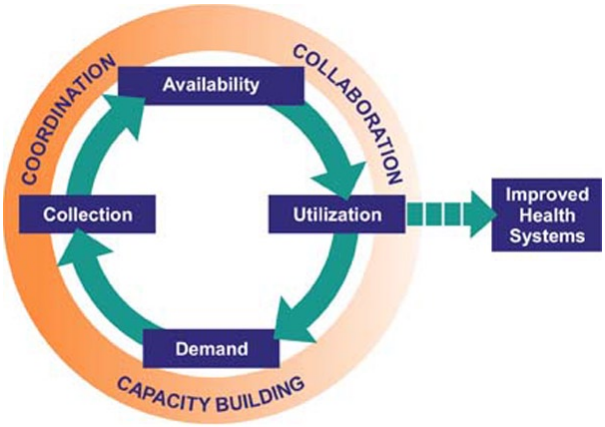
Just as this process was getting underway, the Global Fund to Fight AIDS, Tuberculosis and Malaria launched its National Strategic Application process, with an application deadline of April 2009. That opportunity focused and quickened the government's efforts to develop a comprehensive and results-based strategic plan.

**Data Utilization**

In March 2009, CNLS and the MOH called together all the strategic players in HIV at a retreat center near Kigali. In addition to finalizing the results framework that was developed during the January 2009 workshop, operational details for implementing the plan were hammered out. For a week, health personnel, technical experts and community-based organizations gathered in different rooms to come up with specific elements for the NSP results framework: one room for HIV prevention, one for care and treatment, one for impact mitigation, one for M&E, and one for costing. The groups defined strategies for addressing priority risk groups, success indicators, costs associated with implementing activities in the strategies, and M&E components.

By the end of March, CNLS and the MOH had developed an updated National Strategic Plan (NSP) for HIV and AIDS for 2009-2012, and an accompanying operational plan. The NSP was intended to serve as "the reference document for all sectors, institutions and partners involved in the fight against HIV/AIDS," outlining the contribution required of each in order to ensure that Rwanda achieves the ambitious goal of making universal access to HIV prevention, treatment, care and support a reality.[5] The NSP – which included a situation analysis, identified key results, outlined strategies for achieving impact, and included plans for institutional capacity building, health systems strengthening, costing, M&E, and related indicators – also served as the basis for the government's application to the Global Fund.

The development of the NSP was based on broad participation of all of the actors involved in HIV/AIDS in Rwanda: communities, civil society organizations, ministries, and development partners. A range of national and international institutions contributed technical support to the process – TRAC *Plus*, the Central Agency for Procurement of Essential Medicines (CAMERWA), the National Reference Laboratory, the National Blood Transfusion Centre, representatives from sectors involved in economic development and poverty reduction, and other civil society umbrella organizations. USAID, United Nations/Rwanda, MEASURE Evaluation, and the Clinton Health Access Initiative provided financial and technical resources to develop the plan.




*This model is based on a cycle of generating demand for information, improving data collection, making data more available as information that is appropriately communicated, and facilitating the use of information to inform decisions. Successful experiences using data in decision making engenders additional demand for data and continuation of the cycle. Commitment to the information use cycle contributes to improved health systems and, ultimately, health outcomes.*

Over the next few months several consultative meetings and workshops were held to ensure that the NSP complemented both the MOH's broader health sector plans and the country's larger development agenda. The results of the NSP were harmonized with Rwanda's Economic Development and Poverty Reduction Strategy (EDPRS) 2008-2012, which outlines the key policy actions necessary for each governmental sector to take in order to meet the country's long-term development goal outlined in its "Vision 2020." The plan was then finalized by peer reviewers through a validation meeting in August 2009 that included all the main stakeholders in the national HIV response.

Importantly, the Rwandan NSP outlined significant shifts in the vision and approach for mitigating the impact of HIV, including moving from delivering HIV services as one-off activities towards the delivery of integrated HIV services in a continuous manner, and focusing on some of the most-

[5] National AIDS Control Commission. Republic of Rwanda: National Strategic Plan for HIV and AIDS 2009-2012. National AIDS Control Commission (CNLS), Kigali, Rwanda, 2010.

[6] MEASURE Evaluation. Data Demand and Use: MEASURE Evaluation Technical Strategies 2011. Carolina Population Center, University of North Carolina, Chapel Hill, NC. 2011.

at-risk populations not fully covered under the previous strategy. Careful thought was also given to the development of strategies to address poverty-related issues in HIV and ensure social protections. "Results-based planning" – an approach based on principles championed by UNAIDS – had been adopted to ensure that HIV/AIDS activities and services improved health outcomes in the Rwandan population. Practical tools and approaches developed and promoted by MEASURE Evaluation provided the operational steps to engage multiple stakeholders in the planning, and strengthened national capacity for data demand, analysis and use.[6]

Such an approach to planning – which involved the use of data for decision-making at every step, combined with a commitment to inclusiveness and transparency – was new to many. In Rwanda, the collaborative process worked. Everybody felt they could make a contribution. For example, everyone had a role to play in making sure female sex workers (FSWs) were reached with comprehensive programming – whether they intervened at the policy, medical facility, or community level. The strategic planning process was also successful because it was government-led and allowed and encouraged so many HIV stakeholders and groups to contribute in different ways. Most importantly, the process was unusual because monitoring and evaluation elements – the effort to build in the continuous generation and application of data to decision-making – occurred throughout the overall strategic planning process.

The result? Through these data use processes, knowledge created and validated through dialogue with stakeholders led to a pivotal shift to targeted prevention. Plans for HIV prevention activities based on a general population approach were amended to a focus on priority risk groups, such as discordant couples and sexually active young people, as well as hard to reach and marginalized populations such as sex workers, men who have sex with men (MSM), prisoners, and the disabled.

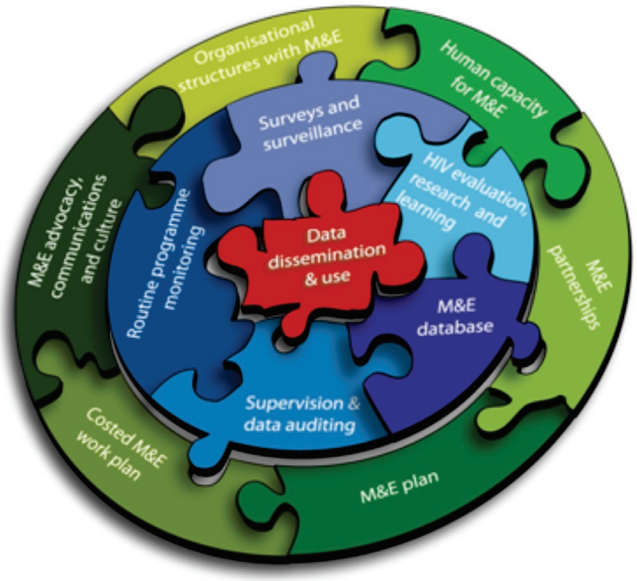
Policy changes occurred as well. For the first time ever, MSM were identified as a "key risk group" in the National Results Framework, the document that guides budget decisions for health and other sectors in Rwanda. Key decision makers applied locally produced data to prioritize HIV and AIDS activities in the national budget. Data from the MSM study in Kigali was also used to inform the revision of a national penal code involving MSM.

**M&E to Inform Scale-Up**

With the introduction of the new national strategic plan's more ambitious targets and more complex interventions, the need to effectively monitor and evaluate all aspects of the Rwandan national response had become more apparent. As the Government of Rwanda moved to implement and scale up comprehensive HIV prevention, care and treatment interventions for its population, it committed to developing a continuous evidence base for planning and programmatic purposes. A key element in this commitment was the capture of emerging data, especially from the health facilities level.

To ensure this shift, the new National Strategic Plan for HIV and AIDS 2009-2012 (NSP) had specified a national M&E framework – a broad overview of what data the M&E system needed to collect and how the system needed to function. Each planned "output" (result) in the overall plan was linked to an indicator. The document also outlined how government agencies and partners needed to build and strengthen the system to routinely collect and analyze these indicators.

In November 2009 the Global Fund awarded Rwanda U.S. $300 million to supplement the implementation of the NSP, to be used between 2009 and 2012. Rwanda received the only Global Fund award given for a national strategic plan for HIV and AIDS. In contrast, a number of other applications to the Global Fund were rejected, reportedly




A functional national HIV M&E system provides essential data for monitoring the epidemic and improving the response. This organizing framework for a functional national HIV M&E system is from: UNAIDS. 12 Components Monitoring & Evaluation System Assessment Guidelines to Support Preparation, Implementation and Follow-Up Activities. UNAIDS, Geneva, Switzerland. 2009.

because their budgets were too high for the proposed interventions, and their targets were unrealistic.

With this award, MEASURE Evaluation was asked by CNLS and the Global Fund to serve as the prime facilitator of an HIV M&E Systems Strengthening (MESS) Assessment, leading national and decentralized stakeholders through a comprehensive review of the country's current M&E system. The project assisted in the creation of numerous documents and products to support the effort.

*"MEASURE Evaluation's activities are rooted in an integrated approach of capacity building, fostering data demand and use, and knowledge management in M&E."*

As part of the assessment, national HIV stakeholders gathered in December 2009 at a workshop organized by the Global Fund Country Coordinating Mechanism (CCM) and the MOH at an off-site location. More than 75 people from key HIV agencies and civil society groups participated. Each did self-assessments to identify weaknesses in their own M&E plans. They posted hundreds of yellow sticky notes on the walls, listing what steps would need to be taken to implement a unified national M&E system. These action steps ultimately became the national M&E plan.

Importantly, the process gave everyone a voice and a role in the development and implementation of the country's M&E plan. For the first time, everyone agreed to align their individual organizational efforts. As one participant said, "Now no one organization 'owns' M&E – everyone, from the National AIDS Control Commission to the smallest civil society organization has a role to play in monitoring the NSP."

This activity resulted in the development of an integrated M&E operational plan and costed action plan for the entire NSP implementation period. The costed plan enables participants in the national M&E technical working group to prioritize its M&E activities on an ongoing basis and ensure that donors and partners are working in a complementary and coordinated manner.

The assessment also turned up concerns over data management and quality. Based on the findings, CNLS and the MOH asked MEASURE Evaluation to lead a process to address quality issues and to begin creating a national cadre of M&E experts.

## Partnering for Success

MEASURE Evaluation's mission is to build sustainable capacity of host-country individuals and organizations to identify data needs, collect and analyze data, and use information for health decision making.

USAID, through MEASURE Evaluation, provided high quality technical assistance and support to the Government of Rwanda to use evidence to successfully develop and implement a national strategic plan for HIV and AIDS. Key inputs included assistance to:

- Improve processes for data collection, analysis, and use
- Ensure quality of data collection
- Develop tools, methodologies, technical guidelines, and curricula on M&E of health information systems
- Introduce of a model template for epidemiological updates
- Identify data needs and develop programmatic indicators
- Provide training on statistical software packages and data analysis
- Conduct research to determine HIV risk among MSM
- Plan to link local data to regional and national-level health databases for interoperability through a common data platform


*In this photo, Chembo Ng'ombe, a facilitator, prepares a game for young people called "fact nonsense" that covers basic HIV/AIDS information. © 2004 Ian Oliver/Kirk Friedrich/SFL/ Grassroot Soccer, Courtesy of Photoshare.*

1

**Commit to using evidence for strategic planning.**

M&E systems are developed to meet the needs of multiple data users. Because of the many types of data users that access information systems and their diverse needs, the resulting amount of data and information may be overwhelming to any one potential user. While Rwanda is an "early adopter" of best practices and the government is committed to evidence-informed, data-driven decision making, MEASURE Evaluation staff embedded in governmental agencies played a pivotal role in identifying the information needed to ensure that the NSP was results-based. They asked basic questions at many points in the national strategic planning process, like "What are the drivers of the epidemic?" – questions that strengthened the demand for data and honed in on the specific data they needed for the NSP process. The project also advised that HIV/AIDS indicators be included in the NSP only if the indicator could be measured and used. This requirement generated the demand to compile relevant data for certain indicators that key national stakeholders felt were directly linked to decision making. By focusing on what they needed to know instead of what data were available to them, they were able to narrow the lens and focus on specific data sources that informed their questions.

2

**Engage data users and producers.**

MEASURE's data demand and use process focuses on collective accountability, using information for decision making, inclusion of a broad range of stakeholders (those that collect data and those that will use it) in planning processes, and efficiency (for example, not collecting information that won't be used). In Rwanda, MEASURE Evaluation repeatedly brought together the full range of stakeholders who influence decisions on HIV in Rwanda – from government officials and private-sector health managers, to people living with HIV – not just individuals in a position to make decisions. When M&E plans were developed, this inclusive model was followed. By making collaboration normative, trust in health data and broad ownership of decisions increased.

3

**Improve data availability and quality.**

For consistent data use to occur, data need to be available to those that need them. Those data also need to be of high quality so that data users are confident that the data they are consulting is accurate, complete and up to date. The GOR championed the development and implementation of a strategy to improve and ensure consistent data quality at the district hospital, health center, health post and community levels. Tools, capacity building, procedure manuals, and SOPs were developed to support the implementation of the strategy. Quarterly meetings of data users and producers are now held to share and review data and apply it to the decision-making process.

4

**Facilitate strong participation in coordinating groups and mechanisms**.

The simple step of providing some administrative support and help with coordination to the national technical working groups helped facilitate joint planning, which in turn promoted joint accountability. Now that key HIV technical working group meetings are held regularly, relevant stakeholders, including development partners, routinely share new tools and discuss ideas with each other for activities or possible collaborations. Working in a complementary and coordinated manner has reduced overlap and inefficiencies.

5

**Use an integrated approach by combining traditional information gathering, modeling, capacity building, and knowledge management to support institutionalization of data use.**

To make informed decisions, governments and programs need access to current and relevant data, stronger health information systems and routine venues for knowledge sharing, and improved human capacity to collect, analyze, and use data. In the absence of local evidence, modeling can play an important role in identifying programmatic needs and possible solutions. But all such improvements take time and resources. Use of pragmatic, evidence-based approaches and tools to systematize M&E such as those developed by MEASURE Evaluation and implemented in partnership with stakeholders in Rwanda can help countries institutionalize their efforts to achieve desired health outcomes.

6

**Establish and maintain cooperative relationships with key agencies and donors working in the country.**

The efficient use of available technical and financial resources that characterized work on the national strategic plan for HIV/AIDS in Rwanda was bolstered by excellent personal relations, frequent interaction, and cooperation between MEASURE Evaluation, the MOH, and groups such as UNAIDS. This approach helps achieve the Global Health Initiative goal of collaborating for impact and making programs sustainable. By helping governments to coordinate and leverage investments by other donors, and creating and using systems for feedback about program successes and challenges, scarce resources are channeled most effectively.

7

**Create strong feedback loops and common platforms to make data easily available to all stakeholders.**

Some improvements in health communication come from people, and some from technologies. Both are needed. Strong feedback loops only happen when groups change their information-sharing behavior, as happened in Rwanda in HIV technical working groups and other coordination forums. To provide the technological background for information sharing to support implementation of Rwanda's NSP, MEASURE Evaluation is developing "data dashboards" that will provide a doorway for users to access multiple data sources. Efforts are underway to make data from different national HIV databases available through a common, interoperable platform.

8

**Apply the "data demand and use" (DDU) cycle repeatedly to ensure results.**

Rwanda is like many countries, with many different agencies and groups engaged in the fight against HIV/AIDS. As confidence in the quality of data generated in country increases, actors in the health sector at every level will need to examine the evidence and adjust plans and activities accordingly. The "data demand and use" tools developed by MEASURE Evaluation are designed for use at every stage of activity, and are intended to be cycled through repeatedly. Understanding what is working or not working allows programs on an ongoing basis to adjust activities and achieve better results. As the development of the NSP showed, the data demand, collection and analysis, availability, and use approach is useful both for planning and for monitoring and evaluating implementation of the NSP.

*MEASURE Evaluation worked with the government and other partners on a data synthesis project, which identified priority populations at risk of contracting HIV, and then prioritized the groups. Women aged 20-24 were found to be a very high risk group, as were sero-discordant couples. As a result, both groups are now included in the national results framework for HIV/AIDS, and progress in serving those groups is being monitored. In this photo, a healthy mother holds her infant outside a clinic in Rwanda. Credit: © 2008 Virginia Lamprecht, courtesy of Photoshare.*

*MEASURE Evaluation provided significant technical assistance and financial support to CNLS to implement a capacity-building program for staff from the 30 District AIDS Control Committees (CDLS) in Rwanda. In this photo, a group of M&E professionals from CDLS are trained on district-level HIV monitoring tools.*

*By Joseph Mabirizi, MPH, MS*
*MEASURE Evaluation, The Futures Group*

With a new national strategic plan for HIV and AIDS in place, the Government of Rwanda and partners set to scaling up M&E activities. The government also decided to institutionalize its M&E system to ensure the new plan was being implemented well. It needed to:

- Standardize data collection tools and processes
- Harmonize M&E databases
- Build capacity for facility-level data quality assessments
- Institutionalize M&E for long-term sustainability
- Promote use of clinical data

In late 2009, the Ministry of Health (MOH) asked MEASURE Evaluation to help with the process of developing protocols and agreements to promote use of clinical data. The project started with an investigation into the three national databases that collected HIV information: TRACnet, the national Health Management Information System (HMIS), and implementing partners databases. MEASURE Evaluation discovered that the three databases ran in parallel and collected overlapping information. Not only were indicators not harmonized, but also every health facility where data was generated had its own data collection tools. Stakeholders who contributed to the databases needed to be convinced that revising the system to ensure greater coordination was a worthwhile investment.

**Standardized data collection tools and processes**

MEASURE Evaluation started working on the harmonization of indicators and development of standardized and integrated data collection tools across the health sector. Duplication of data collection efforts was eliminated. The project defined mechanisms and procedures for the management, use, and dissemination of health statistics

and information, and procedures for implementing transparent standards to achieve best practices in information management. MEASURE Evaluation helped the MOH and TRAC *Plus* develop standard operating procedures (SOPs) to address the management, use, and dissemination of information. These SOPs were adapted for use by health facilities at the health post and district hospital level nationwide, institutionalizing improvements in quality and efficiency.

**Common platform for M&E databases**

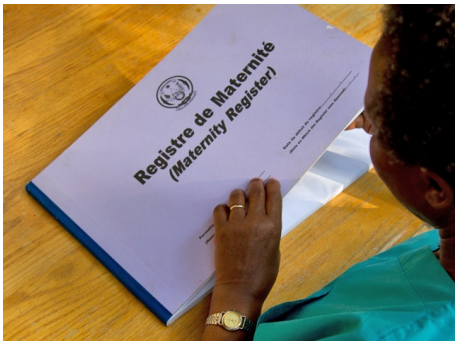
During the harmonization and standardization of the data collection tools, MEASURE Evaluation brought together stakeholders to develop consensus on linking national HIV databases. Plans were made to develop a common platform for interoperability among databases and the use of TRACnet as the only database to compile HIV/AIDS data. Data users' access to and confidence in TRACnet data is increasing.

**Data Quality Assessments**

The people responsible for collecting and reporting on the majority of data on HIV nationwide are health personnel at the health post and district hospital level. To improve quality, these data generators needed to be involved in improving data quality. MEASURE Evaluation helped MOH and TRAC *Plus* develop a data quality strategy to eliminate unplanned, uncoordinated, and non-systematic data quality improvement activities and to institutionalize data quality activities for long-term sustainability. Conducting data quality assessments involved determining whether the data collected was accurate, valuable, complete, consistently corrected, and timely. The project also adapted the MEASURE Evaluation data quality assessment tool to suit the local context and developed a procedure manual for data quality for the district hospital, health center, health post, and community levels.

MEASURE Evaluation helped MOH and TRAC *Plus* develop and train a central-level "trainer of trainers" (ToT) team in data quality assessment as well as conducting data quality assessment (DQA) trainings for district hospital M&E officers and data managers countrywide. The project trained government entities and partners to use *one* tool and form *one* team to coordinate data quality assessments across all sectors. It also developed a data validation and procedure manual for facility-level staff to conduct DQAs, thereby promoting use of the new SOPs and a more routine data collection, management, and storage process.

Currently, DQA activities are being conducted quarterly by the central-level teams in district hospitals and some health centers. District hospital M&E and data managers conduct DQAs in health centers and health posts in addition to self-assessments within hospitals. Reports are now submitted on time. Quarterly meetings of data users and data producers are held, and integrated supervision is now in place. Confidence in the quality of the information has increased, especially among PEPFAR partners. Confidence among other decision makers in the quality of data from health facilities has also improved, and the MOH is shifting resources from monitoring to program evaluation aimed at determining the impact of HIV prevention efforts. The government and partners are now using locally generated data for planning, writing papers and proposals, and to base projections to make commodity decisions.




*Developing standardized and integrated data collection tools across the health sector, such as this maternity registry, promotes better data accuracy and understanding of health outcomes.*

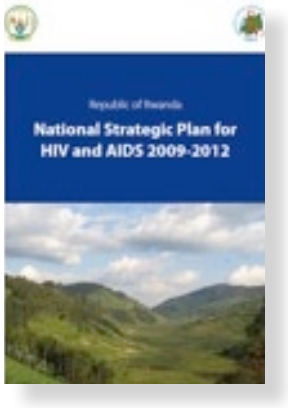
**Capacity-building in M&E**

To better institutionalize these innovations, the government wanted to create a cadre of highly trained and respected national experts with the ability to support the M&E system and to train others in M&E. CNLS invited the MOH, TRAC *Plus*, the Rwandan Network of People Living with HIV/AIDS (RRP), and the National University of Rwanda School of Public Health to identify potential master trainers for a new capacity-building program. MEASURE Evaluation worked closely with these groups to identify and provide advanced training in M&E and facilitation skills to a team of national experts. In July 2010 the project co-facilitated a "training of trainers" workshop for program candidates. By March 2011, seven trainees in the "master trainers" program had received additional training on practical skills, enabling them to provide their home institutions with improved support to monitor and evaluate HIV/AIDS activities. These trainers have provided training to selected central-level staff under MEASURE Evaluation guidance and mentorship, and will co-facilitate M&E courses at the School of Public Health.

# Featured Publications

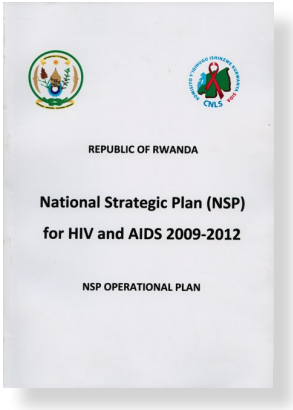
### Republic of Rwanda National Strategic Plan for HIV and AIDS 2009-2012

This National Strategic Plan (NSP) was developed through the broad participation of groups working to prevent HIV/AIDS in Rwanda – communities, civil society organizations, ministries, and development partners. It addresses the strengths and weaknesses of the systems and mechanisms for responding to HIV/AIDS, outlines coordination and implementation plans, presents a gap analysis and costing information, and outlines national monitoring and evaluation plans on HIV/AIDS needed to ensure that objectives are met. United Nations agencies, the U.S. Agency for International Development (USAID), MEASURE Evaluation, and the Clinton Health Access Initiative provided technical and financial resources to develop the plan.




### Republic of Rwanda National Strategic Plan (NSP) for HIV and AIDS 2009-2012: NSP Operational Plan

The NSP Operational Plan, developed with support from MEASURE Evaluation and others, follows the NSP results framework and outlines steps needed to ensure coordination of the activities and to coordinate and manage the HIV M&E system. It outlines steps needed to reduce the incidence of HIV in the general population; reduce morbidity and mortality among people living with HIV; and ensure that people infected with or affected by HIV/AIDS have social protections and are not discriminated against. Appendices provide national, community-based, and facility-based program indicators and data collection tools for monitoring indicators.




### About MEASURE Evaluation

MEASURE Evaluation works to build sustainable capacity among host-country individuals, organizations, and governments to identify data needs, collect and analyze data using systematic approaches and tools, and use evidence-based information for decision making in health.

Since 2006, MEASURE Evaluation has been a key player in supporting the Government of Rwanda (GOR) with the development, implementation, monitoring, and evaluation of the Rwandan national strategic plan for HIV and AIDS. Through long-term mentoring and technical assistance, MEASURE has worked to help the GOR create a strong evidence base for the national response and to use data for ongoing program and policy decision making.

For more information, visit www.measureevaluation.org or contact measure@unc.edu.

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