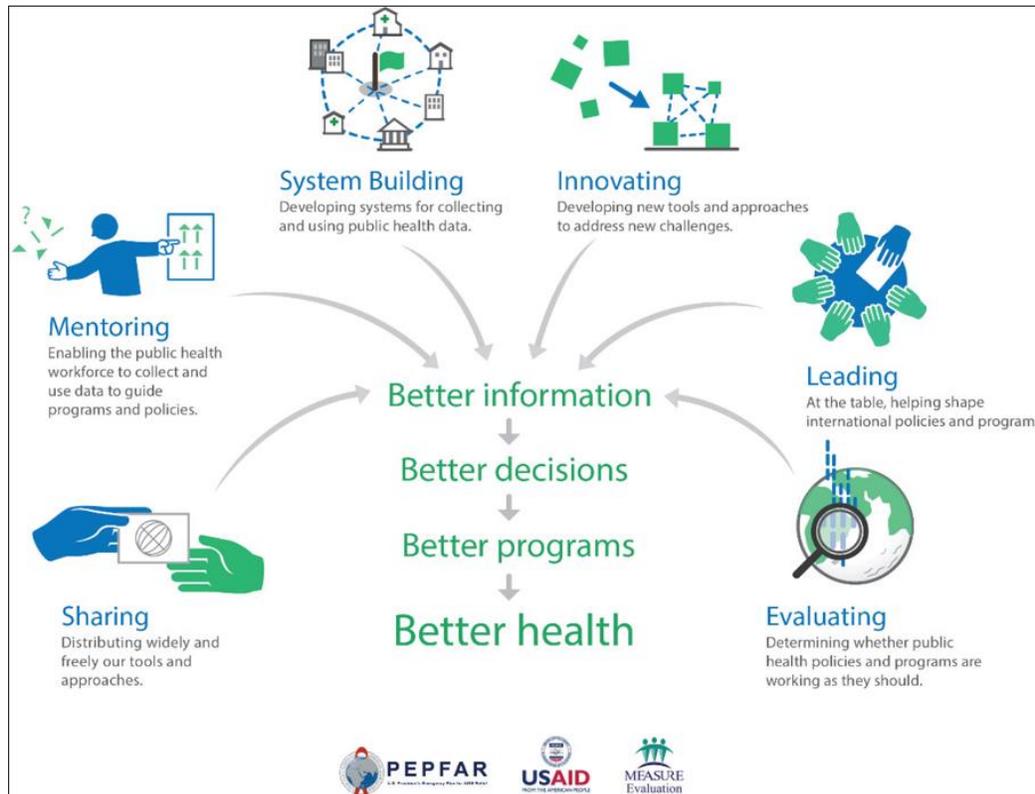


# Accomplishments in Phase III

## Improving Decision Making in Global Public Health



MEASURE Evaluation in Phase III (2008–2014) was focused on increasing capacity in low- and middle-income countries to collect quality data to build a body of evidence around health, improve analysis of those data, and help bring about better use of data for decision making to improve the health of people.

The project did this in six main ways: sharing data and knowledge, mentoring health professionals to improve skills, building systems to support collection and analysis of data, fostering innovative ways to gather and use data, leading in national and global circles to shape policies and best practice, and evaluating the effectiveness of public health policies and interventions.

### Sharing: Receiving Millions of Requests

*Distributing widely and freely our tools and approaches*

MEASURE Evaluation promoted better use of data worldwide by communicating the latest monitoring and evaluation (M&E) knowledge and data through a variety of outlets. Our website provides access to all MEASURE Evaluation products, leading to more than 100,000 downloads; our *Evaluate* blog



and our newsletter, *The Monitor*, reached more than 12,000 people, most of them in developing countries; and our staff produced scores fact sheets, reports, working papers, manuals, and articles in peer-reviewed journals. Other researchers access our data through the Odum Institute's Dataverse Network. This sharing and re-purposing of data give researchers around the world opportunities to make new discoveries without having to duplicate data collection efforts.

In collaboration with PAHO and WHO, MEASURE Evaluation launched The Latin America and Caribbean Network of Health Information Systems (RELACSIS), a network for Spanish-speaking professionals focused on strengthening health information systems (HIS) in Latin America and the Caribbean. They share expertise with other regions to ensure sustainable and cost-effective M&E improvements globally.

Since launching in 2010, RELACSIS has developed best practices for its member countries. One is to train producers and users of information on the awareness and importance of data. In 2013, health sector professionals from Mexico, Ecuador, Paraguay, Peru, and Panama participated in a training with the intention of replicating the course in their home countries. Another best practice is creating virtual courses to strengthen ICD-10 coding in member countries. RELACSIS is forming a truly global network to provide expertise, in a cost-effective manner, wherever it is needed.

We have furthered collaboration among public health professionals by creating and managing a dozen online communities of practice, which give M&E practitioners, data users, and data producers opportunities to exchange ideas, and opinions. Each community of practice has its own focus. For example, AIMEnet (the largest, with more than 2,000 members) is a platform for subscribers to give and seek advice on M&E of HIV programs. IHFAN provides exchange of information about strengthening the collection and use of health facility-based data. As of June 2013, the communities of practice had more than 7,900 subscribers. MEASURE Evaluation has taken additional steps to strengthen them through regular webinars and at the Community of Practice Summit in October 2012, at which representatives of 11 groups met to identify and solve challenges and exchange best practices.

## **Mentoring**

*Enabling the public health workforce to collect and use data to guide programs and policies*

In response to a shortage of M&E professionals and to insufficient M&E training throughout the developing world, MEASURE Evaluation has strengthened training by building partnerships with training institutes and linking them to form networks. The Global Evaluation and Monitoring Network for Health (GEMNet-Health), formed in 2012, and our work with the Public Health Foundation of India (PHFI) are prime examples. GEMNet-Health's purpose is to foster growth, collaboration, and South-to-South support for M&E of health programs. As its secretariat, MEASURE Evaluation has helped with operations and governance, and is guiding the network to become self-sustaining by August 2014. Since beginning its partnership with MEASURE Evaluation, PHFI faculty have become capable of conducting national-level M&E training independently. For example, after completing a MEASURE Evaluation training-of-trainers course and co-teaching at a global geographic information systems (GIS) workshop in 2011, PHFI has led its own national GIS workshops.



Mentoring

In Cote d'Ivoire, MEASURE Evaluation partnered with four national training institutions to deliver academic courses that train local health officials in M&E and health information. With assistance from MEASURE Evaluation, the National Training Institute for Health Agents, the National Training Institute for Social Workers, the National Institute of Applied Economics, and the National Institute of Public Health have trained more than 850 health professionals including nurses, midwives, social workers, data managers, and

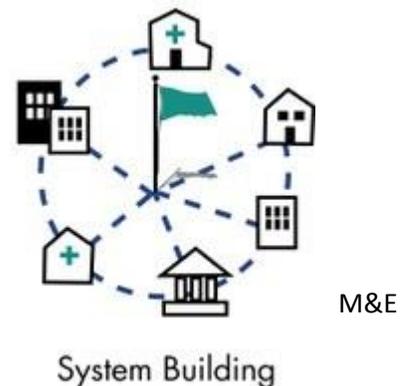
program officers. Now, each institution conducts training on its own, meaning that more health professionals in Cote d'Ivoire gain a better understanding of data and data use.

Through its gender-focused Virtual Leadership Development Program (gender VLDP), MEASURE Evaluation equipped the Afghan Midwives Association with the appropriate tools and creative tactics needed in its effort to break down cultural barriers to collecting data from women. Certain high-risk health conditions, particularly pregnancy and childbirth, are exclusive to women. In male-dominated societies, such conditions can take a back seat to those afflicting both sexes. An important step is to make sure that data are collected, analyzed, and used with a gender-sensitive focus. The midwives team sought backing from community members by holding meetings with local health workers and community and religious leaders to secure community support and to explain the importance of direct access to women for data collection to meet women's health needs.

## System-building

### *Developing systems for collecting and using public health data*

MEASURE Evaluation used its expertise in assessing and building systems to conduct three national-level M&E system assessments in Africa so that their health ministries could establish highly functioning M&E systems. Without strong national M&E systems, countries lack essential data for monitoring health issues and improving their response. After adapting UNAIDS' 12-component assessment tool for orphaned and vulnerable children in Rwanda, Tanzania mainland, and Tanzania Zanzibar, we completed participatory assessments, which yielded multiyear and multisectoral M&E system strengthening plans in each country. After we costed Rwanda's plan, the Rwandan government formally adopted and approved it. Each country's new M&E system strengthening plan positioned it to improve the availability and quality of data for national-level decision making.



MEASURE Evaluation helped scale up Ethiopia's reformed health management information system (HMIS) in the Southern Nations, Nationalities, and Peoples' Region. In just under two years, all administrative health units, from the regional health bureau to 157 district health offices, were accessing electronic HMIS data for performance monitoring and decision making. In 2012, more than 4,000 health workers were trained in HMIS, and 340 were trained in the region's electronic data management component, eHMIS. The full-fledged scale-up has also established principles for the new HMIS: standardization, integration, and simplification. Part of the scale-up included implementing a decision support system, which provides time trends, comparisons among health units, color-coded

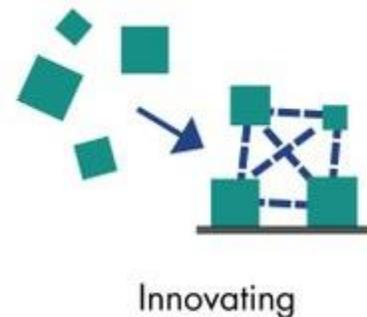
maps, and tables for each HMIS indicator, allowing health managers to readily access and analyze data. The new HMIS also has led to more family-focused health service delivery and improved continuity of care at the community level through its community health information system component. Health workers in communities are now using “family folders” to organize information of individuals within a household, which helps in follow-up. Successful scale-up in the region helped to bring about a high-performing HMIS throughout the country. Following this scale-up, Ethiopia’s Ministry of Health requested that MEASURE Evaluation begin the process in other states and the reformed HMIS is becoming the core information system for the national M&E plan.

In 2011, MEASURE Evaluation developed a national directory of Nigeria’s health facilities, in conjunction with the Nigerian Federal Ministry of Health’s Department of Planning Research and Statistics. Two years later, Nigeria’s minister of health launched a directory of information on more than 34,000 health facilities, which is fundamental to the effective functioning of health management in Nigeria and is set to be the backbone of Nigeria’s National Health Information Systems. The system will inform further research and assessments by serving as a sampling frame and will also generate unique identification numbering for antiretroviral therapy patients.

## Innovating

*Developing new tools and approaches to address new challenges*

To improve integration of HIV services, MEASURE Evaluation has used network analysis to demonstrate how organizations in a single community connect with each other (or how they don’t). For example, people living with HIV can have a wide range of needs. In addition to medical treatment for HIV, they may require counseling, housing support, pregnancy prevention services, and tuberculosis treatment. While all of these services may exist in a given community, they are often disjointed and poorly integrated, rarely coordinating with each other, and leaving patients with unmet needs.



Rather than simply showing what and where services exist, our organizational network analysis tool highlights relationships among organizations providing services—how they share information and resources and how they refer clients to each other—allowing communities to benefit more from resources already in place. After an analysis in Addis Ababa, Ethiopia, the number of organizations making referrals increased by 50 percent, better meeting the needs of HIV clients.

In Mali, we sought to improve availability and timeliness of malaria data. With a local IT partner, we created a mobile- and web-based reporting system to provide users with monthly analyzed and validated malaria data, rather than annual data that was available before. Under the new system, users can access malaria data in as little as three weeks after the end of each month. In addition to making malaria data available more quickly, the new reporting system has shown local health information specialists how to integrate new technologies that improve data management.

MEASURE Evaluation also continues deploying its innovative PLACE protocol (Priorities for Local AIDS Control Efforts). The tool has enhanced the quality and amount of HIV-related information for local governments and organizations in countries throughout the developing world. Since we first piloted

PLACE in South Africa in 1999, it has been used to focus HIV prevention efforts on high-incidence areas, where interventions are most likely to impact behavior change. For example, in 2009, MEASURE Evaluation conducted a PLACE study in China's Liuzhou province alongside respondent driven sampling (RDS) and compared results from the two methods. In addition to yielding useful methodological information, the comparison study identified gaps in Liuzhou's HIV prevention programs and documented recent trends in sexual behavior—namely a rising rate of one-night stands among young people who do not identify as sex workers, which could alter HIV transmission patterns in China. This kind of specific and localized information helps target interventions and monitor outcomes.

## Leading

*At the table, helping shape international policies and programs*

MEASURE Evaluation leads in multiple ways that contribute to global standards and best practices for M&E. For example, we led a multiagency process to develop operational guidelines that can be used globally for M&E of HIV programs at national, subnational, and state levels, specifically for programs that target key populations (injecting drug users, sex workers, transgender persons, and men who have sex with men). These guidelines fill a because although existing global HIV indicators allow comparison of HIV programs across countries, they are not effective for M&E at lower levels of health systems. In addition to describing a full strategy for obtaining strategic information about key populations at each health system level, the guidelines include tools to collect and organize the information and also provide references and links to guides that address specific tasks, such as estimating the size of key populations and analyzing modes of transmission. The new guidelines have the potential to increase the impact of HIV programs for high-risk populations by making it easier for countries to coordinate their efforts at all levels.



MEASURE Evaluation also has led in the arena of geographic information systems for global health by uniting the public health community with the spatial data information (SDI) community. Traditionally, the SDI community has been skewed toward other industries, such as infrastructure, utilities, and natural resources. Bringing together these two communities adds spatial information to the public health realm. We worked with UNAIDS and the UN Economic Commission for Africa (UNECA) on this effort, which resulted in UNECA passing a resolution to make linkages between the two sectors. We also co-hosted a national mapping summit in Nigeria to formalize the connection.

The UNAIDS Investment Framework promotes community-based structures as an efficient mode of service delivery and recognizes the role of community mobilization as critical to the success of HIV interventions. Between 2010 and 2012, MEASURE Evaluation worked with multilateral and local organizations to compile an indicator set for use in monitoring community-based HIV interventions, spearheading a collaborative process to identify key services delivered by community structures and then to compile and select a set of core indicators to monitor these services to provide accountability for community-based interventions. By constantly seeking input from other organizations, we were able

at the same time to strengthen global health partnerships, making the ability to monitor community interventions an essential component of a country's overall monitoring and evaluation strategy.

## Evaluating

*Determining whether public health policies and programs are working as they should*

MEASURE Evaluation has played a paramount role in fulfilling the need for reliable information across a spectrum of global health issues, including maternal mortality, malaria, and HIV, to name but three.

In Bangladesh, we helped increase available information on maternal mortality through an evaluation of



Evaluating

the Bangladeshi government's decade-long investment in maternal mortality reduction with a goal to steer future interventions for maximum impact. In 2010, we collaborated with a local NGO, the Government of Bangladesh, International Centre for Diarrheal Disease Research (iccdr,<sup>b</sup>) and USAID/Bangladesh to study a nationally representative sample of 175,000 households, the country's second survey of its kind. Results showed that maternal mortality had decreased by 40 percent and that births with a skilled attendant doubled between the periods 1998–2000 and 2008–2010. Information from the survey is valuable in appraising Bangladesh's national maternal health strategy and in informing the direction of future interventions.

MEASURE Evaluation collaborated with the U.S. President's Malaria Initiative (PMI) to assess the impact of malaria control efforts in sub-Saharan Africa. The evaluations used multiple data sources to find trends in the coverage of key malaria interventions and then to compare those trends to morbidity and mortality rates of children under the age of five. Findings from Tanzania mainland provided evidence of a 45 percent reduction in child mortality, which may be partly attributable to the escalation of malaria interventions there. Such encouraging results further galvanize malaria control efforts as they advance toward to the long-term goal of eliminating the disease.

In HIV, MEASURE Evaluation also worked on assessing data related to Nigeria's national prevention of-mother-to-child-transmission (PMTCT) program. The assessment clarified challenges in generating high-quality data for PMTCT services, enabling government officials and stakeholders to develop informed strategies to improve PMTCT data. Heretofore, inferior data had led to poor decisions regarding interventions in Nigeria, where an estimated 26.5 percent of HIV-infected pregnancies led to child infections in 2011. As a result of the assessment, Nigeria's Federal Ministry of Health is implementing a capacity-building plan to address data quality.

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