Five Ways We Help to Change the World

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MEASURE Evaluation

Five Ways We Help to Change the World

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2016 Year 2 in Review

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Introduction

Each day, the United States Agency for International Development (USAID) meets the world's challenges head-on. The environment, poverty, conflict, and health top the list. To improve global health and health security, USAID calls on MEASURE Evaluation with a **mission** to harness the unprecedented global capacity to generate digital data so it can be used to improve the health of people in developing countries.

The availability of digital data is only the beginning for achieving better health. Data must also be of high quality: accurate, timely, complete, and consistent. They must be understood. And they must be used. We **work** across the globe helping countries gather high-quality data and employ them to improve health outcomes. And we build local capacity to conduct evaluations that contribute to establishing and sustaining high-performing health information systems (HIS).

Mission Statement

MEASURE Evaluation provides technical leadership through collaboration at local, national, and global levels to advance the field of global health monitoring and evaluation. We build the sustainable capacity of individuals and organizations to identify data needs, collect and analyze technically sound data, and use those data for health decision making. We create, implement, and facilitate state-of-the-art methods for and approaches to improving monitoring and evaluation, health information systems, and data use. We collect, share, and disseminate information, knowledge, and best practices in order to support evidence-informed decision making.

The HIS in any country is an engine that helps planners and health workers promote better health. Of course, there are differences from country to country, but HIS do have similarities that our project can leverage for scale, for impact, and for innovation and to strengthen systems overall.

That is what we have learned; that is what we continue to study; and that is what we *apply* to add value for groups trying to address the health issues people face across the globe.

This overview of Phase IV, Project Year 2 (October 2015 to September 2016) takes a close look at the impact of the project's efforts to strengthen HIS and public health programming. We work on many fronts in scores of activities. This overview examines what we do through the lens of five key themes that resonate globally, to illustrate how we:

- Help to build strong, resilient HIS
- Evaluate HIS and program impact
- Respond to special initiatives or emerging needs for health information
- Support information to combat HIV, especially in support of USAID's "test, treat, and retain" strategy
- Focus special attention on women and youth

We chose these themes because each is important to the global community, to USAID, and to people's health. We chose them because this has been a year of immediate need to strengthen health information systems quickly. The themes illustrate work that began in 2014 and, necessarily, will span several more project years.

They illustrate how a central mechanism project such as ours, focused on strengthening HIS, provides the foundation other programs need to effectively deliver services and combat diseases. These themes show a range of ways that happens, not linearly but as a system.

Strengthening health systems in low- and middle-income countries (LMICs) is a complex undertaking to affect complex structures. Along a continuum, countries may have skilled leadership and good governance, or they may not. They may have skilled and available human resources to get the job done, or they may not. Commodities that serve health may be readily at hand, or not. There may be efficient Internet connectivity and software systems, or not. And a myriad of actors may be working in concert and harmony, or not.

Equity, because all people deserve access to affordable, good-quality healthcare that safeguards and optimizes life and that engenders trust in the healthcare system—**and health information systems help us know if that is happening.**

Structures, because it matters what form a health system takes, what components it encompasses, how it manages risk, and how it holds itself accountable—**and health information systems record and monitor all of that.**

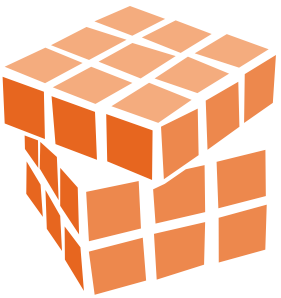
Evidence, because it's important to identify and then replicate what works, to be prepared for exigencies, and to alert the system and the global community to trends and anomalies for good or ill—**and it's impossible to have evidence without robust health information systems.**

We see this complexity as a dynamic three-dimensional construct. We think of these dimensions as **equity, structures**, and **evidence**. A functioning HIS needs to serve all of these aspects.

These three dimensions operate in their own planes. It's often easy to see how to move one or the other of them forward, but they also interact with one another all of the time, with results that aren't always predictable or even immediately apparent.

The example of a Rubik's cube is illustrative: as one section of the cube moves, others shift and pose new challenges for the puzzle solver. In our context, for example, when health equity advances, structures may need to change; when structures change, we may then have to reevaluate equity. Every day, in 40 countries and across a variety of technical and disease areas, we have proven agile enough to respond quickly and focused enough to persevere, so that the HIS in these countries advance. That work takes many forms, discussed here in terms of our five themes.

The theme of **resilience** is about **structures** and the USAID priorities of trust, accountability, infrastructure, risk management, and preparedness. Resilience in HIS addresses all of the six essential functions of a health system: to monitor trends, ensure data are trustworthy, make decisions quickly and efficiently, identify what works, ensure coordination and equity of services, and manage resources for the greatest benefit.



We help countries assess and improve performance of their HIS, develop plans for monitoring and evaluation (M&E) of HIS and programs, scale up successful innovations, advocate strong HIS, and address data quality and use.

West Africa in 2014 became a prime example of a region where health systems were not performing and not resilient. Ebola went undetected long enough that it swept through populations, overwhelming health workers, health planners, facilities, and—most devastatingly—villages and families.

In the Ebola-affected countries, routine HIS (RHIS) and disease surveillance were separate systems that did not talk to each other. Stakeholders from within and without the health system did not coordinate with one another. Health messages from governments were late and distrusted or discounted. The World Health Organization (WHO) estimated that 11,310 people died.

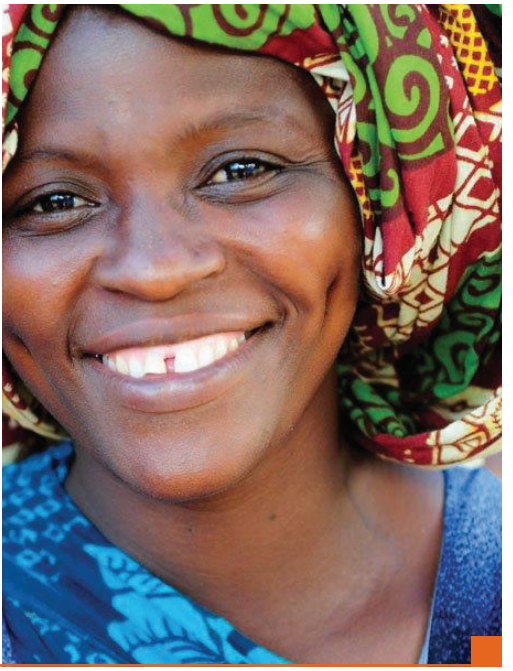
In Liberia, where as many as 4,800 people died, the Ministry of Health and Social Welfare recognized that strengthening the HIS would be key to avoiding a future epidemic. In August 2015, USAID and MEASURE Evaluation began to assemble stakeholders to revamp the HIS and strategic health plan, so that both would be resilient when new challenges come and trusted by the people they serve.

For Liberia's health ministry, a major benefit of the HIS strategic planning process was the intense communication that took place between the ministry's units and external stakeholders. This process made explicit the widespread fragmentation both within the ministry

and within the community of donors and implementing partners. We focused on assessing the HIS and strengthening its architecture.

Together, the national strategy, the upgraded HIS, and the coordination among many players and communities are making significant contributions. The aim is a health system infrastructure designed to generate better information that is shared and used on behalf of all—an **equitable** system that can save lives and engender trust among the people it serves, and that is also resilient to shocks. The work will stand—we hope—as an example of how to begin successful HIS strengthening.

As we continue to work on post-Ebola resilience in Guinea, Côte d'Ivoire, and Senegal, what has started in Liberia can be adapted and replicated and thereby become a part of MEASURE Evaluation's Learning Agenda: **finding out what works**.



Evaluation is about **evidence** and the USAID priorities of accountability and infrastructure. It also addresses the essential functions of a strong HIS to provide trustworthy data, identify what works, coordinate many players, and manage scarce resources.

We help countries implement evaluations that are scientifically rigorous and appropriate to answer the evaluation questions of interest. We use methods that are appropriate for the complex interventions that we evaluate. We assess evaluation capacity in countries, and conduct training and mentoring to build that capacity.

MEASURE Evaluation has been conducting and supporting evaluations from its inception. First, USAID asked us to focus on population growth and family planning; then the agency added HIV; then the monitoring and evaluation (M&E) of HIV, tuberculosis, and malaria; then evaluation of public health programs and building capacity for rigorous evaluations; and now health system strengthening. The project conducts evaluations of many types, such as outcome, impact, economic, and process evaluations.

Finding out what works requires new evaluations of programs and activities. Currently, MEASURE Evaluation is conducting more than 40 studies in Africa, Latin America, and Eastern Europe that are in the design, implementation, or dissemination phase on topics as wide-ranging as evaluation of nutrition programs, outcomes of programs for orphans and vulnerable children (OVC) affected by HIV, and evaluation of electronic medical records systems on patient outcomes.

In Year 2, MEASURE Evaluation launched the **Health Information Systems Strengthening Resource Center** on our website to share these measures, profiles of the status of HIS in focus countries, and what works generally to strengthen HIS. Also on our website, the HIS Strengthening Model—a visual depiction of the internal and external factors that affect HIS performance—illustrates what we know about the workings of robust HIS to provide accurate

information that health workers can depend upon. We also are applying what we know so far about measuring HIS strengthening, through a study in Kenya to test guidelines for measuring HIS performance.

In addition to assessing HIS performance, we continue to conduct evaluations of efforts to achieve the goals of USAID and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); of measures in infectious diseases (including tuberculosis); and of measures to meet the goals of the President's Malaria Initiative (PMI). We conduct assessments of data quality; evaluate interventions for ending preventable child and maternal deaths (EPCMD); evaluate programs designed to reach key populations; evaluate continuity of care, especially for those affected by HIV; and evaluate the effectiveness of OVC programs.

To use but one example of **evaluation to learn what works**, we conducted a study this year in Malawi and Uganda to inform implementation of PEPFAR Option B+ programs, to determine how gender issues might account for dropout rates among women who need to be on lifelong drug regimens.

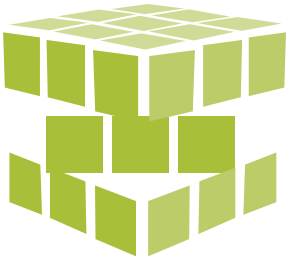
According to the Malawi Ministry of Health (MOH), about 20 percent of women default on antiretroviral therapy (ART). The Option B+ program there seeks the prevention of mother-to-child transmission (PMTCT) of HIV and the retention of women in care. The effects of gender norms and of men's participation in this program had not been well studied. We found that Option B+ programs disclose HIV status to women with insufficient consideration of the consequences to them, and without providing options for including men in the discussion. This practice makes the program and the clinics a female-only space, unwelcoming to men, who could be one means to support the women in treatment. The study **suggests that program design should be gender-aware**: linked to empowerment for women and to positive male involvement. This finding will **help PEPFAR amend program design** to address gender issues in ways that may improve ART adherence and help reduce transmission of the virus from mother to child.

Mobilizing for Special Needs: Responsiveness

The theme of **responsiveness** is about **structures** and also about **equity** in a health system. An HIS needs to be equipped to address the USAID priorities of timely response to infectious diseases and to achieving an AIDS-free generation.

Strengthening an HIS to collect high-quality data and be responsive to that data will help a country go a long way toward establishing a basic health infrastructure that achieves the essential functions of a health system: being accountable to and trusted by the people it serves, identifying what works, managing risk, and preventing and controlling infection.

We help countries build systems for decision making, support information technology, evaluate tools, support DHIS 2 and DATIM software, improve data quality, and provide assistance on data analysis and use.



This year, a prime example of MEASURE Evaluation's **ability to respond** to special needs has been the **assistance of our technical experts** embedded in the ministries of health in the wake of the Ebola epidemic in the West African countries of Guinea, Liberia, and Sierra Leone. In Guinea, we helped the health ministry to develop a costed strategic plan and assessed the capacity of national health professionals. We helped the ministry reassert its primacy in health system strengthening and helped establish the use of supervisory and data quality tools to sustain progress. We also advocated the adoption of DHIS 2—which is becoming the global standard—as the country's health information software system and we supported the training of MOH officials.

In Guinea and Sierra Leone, we helped establish technical working groups (TWGs) for HIS strengthening and developed tools for institutional capacity building and for HIS supervision. We also supported mentoring on data management and data quality improvement and technical support for DHIS 2 users. And in Guinea and Liberia, we helped to **develop strategic plans for the health ministries;** we made recommendations on a strategic plan in Sierra Leone. We also developed a transition plan from our embedment period to the USAID primary health project.

Follow-on Ebola response began this year in Côte d'Ivoire, Mali, and Senegal, with technical assistance to their health ministries for **improved surveillance of Ebola** and other epidemic-prone diseases. In Guinea and Mali, we also began the rollout of DHIS 2 as the national HIS platform, to help foster a culture of evidence-informed decision making.

Our response to a **request** from USAID/Tanzania involved our coordination with USAID/Washington, and the result was improved spatial data that will be useful for many future projects in that country. For development of the country operating plan, the Mission in Tanzania asked us to calculate travel time for patients to PEPFAR sites across the country. Our geographic information systems team knew that would work for some parts of the country but not for others, where mapping of roads was spotty. In fact, one of our partners, John Snow, Inc. (JSI), had mapped Tanzania's roads as part of the USAID-funded DELIVER project, but because that funding had ended, the files could not be uploaded to OpenStreetMap as planned. (OpenStreetMap is a crowd-sourced repository for global geospatial data used by millions of people worldwide.) Uploading the road data would yield a better map that would be useful not only for PEPFAR's planning but also for many other aspects of life in Tanzania. Given the tremendous value of that task, **MEASURE Evaluation secured money from one of its own activities** to create and upload the map files to OpenStreetMap, making the resulting maps available to everyone.

This one piece of work will directly touch many lives. The maps will help USAID and the government of Tanzania improve planning for projects and services in-country. Its effects also offer benefits for Tanzanian society, for other USAID and PEPFAR needs, and for adapted applications around the world: to humanitarian response, education planning, economic development, and so on.

MEASURE Evaluation **responds to PEPFAR needs** and the needs of global health actors and USAID in additional ways. For example, as PEPFAR focuses on reaching the right people in the right places at the right time, it has an urgent need for timely, accurate, consistent, and complete data on a granular scale. We are sharpening this **focus on key populations** with technical support for a PEPFAR software system built on the DHIS 2 platform: "Data for Accountability, Transparency, and Impact" (**DATIM**). We have updated data sets and visual dashboards for data analysis on the PEPFAR portal and are providing a help desk and training so users can compare data across countries and regions, and also across indicators on the HIV treatment cascade—from diagnosis to ART retention. These features are valuable for country program staff and technical experts alike. Such granular analysis and data use will help the world get closer to ending **HIV transmission**, another of our five themes with global resonance.

Combatting HIV: 90-90-90 (Test, Treat, and Retain)

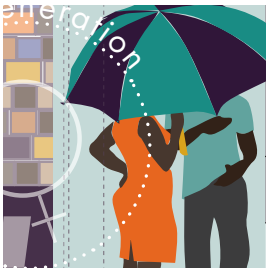
The theme of **combatting HIV with successful methods to achieve 90-90-90** has everything to do with **equity** but also relies upon **evidence** and appropriate **structures**. The issue of equity has become crucial as HIV infection and transmission have decreased in populations as a whole but remained steady among some marginalized communities. Efforts to **reach people** most affected by the disease—**key populations**—are helped when we understand where these populations congregate and how transmission occurs. Such an understanding requires reliable data and concerted efforts to gather **evidence** on the particularities of the disease and contextual factors in each specific location. This information will help people affected by the disease and will address USAID priorities to combat infectious diseases, such as HIV. It will also help countries manage risk and foster preparedness. The theme of combatting HIV also entails the essential functions of a health system to monitor trends, identify what works, and ensure **equity**.

HIV-affected countries, therefore, need high-quality data to identify the areas and populations that have the greatest numbers of people living with HIV or populations at higher risk for HIV transmission. Countries have a corresponding need for improved capacity to collect and **analyze data, conduct evaluations, and encourage data use** to allocate resources to HIV programs where the need is greatest in order to meet their 90-90-90 targets.

MEASURE Evaluation provides tools, guidance, and capacity building to help countries assess governance **structures** for HIS, establish costed strategic plans to reach their 90-90-90 targets, assess gender disparities and monitor vulnerable groups, gather and harmonize the data to document progress, and link data to decision making.

Combatting HIV transmission to achieve an AIDS-free generation requires a comprehensive approach, including support for ART initiation and adherence in strategically targeted areas and sites that reach key populations, whose risk is highest for contracting or transmitting HIV. The goal is to achieve, by 2020, the 90-90-90 targets called for by the United Nations (similar to PEPFAR's "test, treat, and retain" strategy): that is, 90 percent of people with HIV will know their status, 90 percent of those diagnosed will be on ART, and 90 percent of those treated will be virally suppressed.

In Guyana, stakeholders wanted to arrive at new **size estimates for key populations** in order to improve HIV program planning. MEASURE Evaluation worked with them to compare and triangulate two data sources: routine health data and data collected using our Priorities for Local AIDS Control Efforts (PLACE) tool. Combining these two data sources helped to identify gaps in HIV prevention and treatment and led to more specific size estimates, which the government has used to set new national targets.



Across the Atlantic, in Ghana, MEASURE Evaluation has been assessing the uptake of HIV testing and counseling (HTC), the ability of programs to **reach key populations**, and the enrollment in care of those who are HIV-positive. The study examines project data for drop-in treatment centers and will help PEPFAR determine the role of drop-in centers in connecting key populations to HTC and treatment. The findings will shed light on the value of further investment in the centers. In another project, in the Dominican Republic, we are helping to provide national and provincial size estimates of key populations for USAID and local partners to use in HIV program monitoring and planning. Both activities help countries identify appropriate populations and programs to retain people in care.

In another arena, MEASURE Evaluation works extensively to improve integrated programs for HIV-affected **OVC** and their households—also part of the effort to reach 90-90-90 targets. These programs help families to deal with multiple issues, providing information on **HIV status and retention in care** and support for livelihoods, education, and child protection. The complex nature of OVC programs presents a challenge to implementers to prioritize which households should be enrolled for services—a struggle for programs across the globe. In Year 2, MEASURE Evaluation redesigned a tool developed for Uganda so that program staff in that country can use it to assess priority indicators and apply transparent and equitable criteria for automatic enrollment. The Uganda Household Vulnerability Prioritization toolkit is now used throughout Uganda and has been **adapted for use by Lesotho and South Sudan.**

Addressing the needs of children and adolescents made vulnerable by HIV is one means to reach targets for reducing HIV transmission and also to achieve a healthier and more equitable future, by delivering **better health outcomes** for some of the youngest among us.

Strength for the Future: Focus on Women and Youth

The fifth theme of this overview is **forward-looking—a focus on women and youth**. Women nurture the next generation; youth are the **builders of the future**. As both groups are often marginalized, this theme is concerned with **equity** and is associated with USAID themes of accountability, risk management, preparedness, and trust. A focus on women and youth is inextricably linked to equitable health care and **managing resources for the greatest benefit**, which are among the essential functions of a strong HIS.

We help countries gather and use data in the service of health for women and youth, provide assistance to integrate gender into programs, identify vulnerable groups, and evaluate and monitor programs directed to women and youth.

We have gathered some of our efforts on behalf of women and youth. Some efforts have contributed to global thinking and best practice. Some are barely underway but are emblematic of an understanding that the world cannot make progress without attention paid to these two groups.

The global public health community has recognized the need to design and implement gender-integrated programs to achieve desired health impacts and gender equality. This is especially crucial in programs serving women and youth.

A good example of this work is our essential survey indicators of OVC well-being, which includes our outcomes monitoring training guide—part of this year's monitoring, evaluation, and overviewing (MER) guidance for PEPFAR. These outcome indicators reflect internationally accepted child development milestones, collectively measure holistic well-being for children and their families over time, and track the ways OVC programs gain from and contribute to the broader global response to HIV and child protection needs. PEPFAR requires certain programs to collect these indicators every two years to generate data that will support improved, evidence-informed, strategic portfolio development and programming and resource allocation decisions, both at the country level and for PEPFAR globally.

Our manual supports training for collecting the MER indicators that compose the data collection tools and the data analysis plan, using outcomes monitoring—a rapid survey approach designed to collect only the required essential survey indicators. We have developed a three-day training for data collectors with an additional half-day for

supervisors. The manual also provides guidance for a six-day training for data collectors conducting an OVC evaluation, covering the use of PEPFAR OVC survey tools administered to caregivers and children. These tools will help implementing partners collect data efficiently and effectively.

In order to meet some program goals, USAID country teams need to justify where and how they reach key and special populations. MEASURE Evaluation **assists with gender analysis** and helps teams improve their gender-specific data collection, to demonstrate that USAID programs are aligning with strategic initiatives for youth and women. Such data can support retaining programs outside specified geographic targets, if it can be shown that a high HIV prevalence **or risk of transmission among young women and key populations** justifies the focus.

USAID/PEPFAR's priority program **DREAMS** is another example of our **focus on women and youth**. DREAMS ("Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe") envisions that **girls and adolescent women** are able to pursue an education and earn a living; to participate in decisions, both at home and in society; and to have more access to healthcare and products that enable reproductive choices. MEASURE Evaluation has begun activities in two countries to **research sexual and gender norms and behaviors** and to develop indicators to facilitate measuring progress on DREAMS goals.

In Swaziland, our PLACE tool will help identify characteristics of young women at high risk of contracting HIV and their sexual partners. The tool will look at where these young women socialize, so they can be reached with care and treatment. In Mozambique, **qualitative and quantitative research began in Year 2** that will describe sexual norms and behaviors to inform DREAMS programs so they are better able to reach at-risk young women.

Our gender portfolio staff has expertise in the evaluation of gender-integrated programs; **research to identify gender-related barriers to health services for adolescent girls and young women** and their male partners; and analysis of sex-disaggregated and gender-sensitive indicators to identify gender-related patterns in program use. This work encompasses HIV, gender-based violence (GBV), malaria, maternal and child health, family planning, and nutrition. We also use geographic information systems, mobile health data, and lot quality assurance sampling to assess gender implications for health programs.

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