MEASURE Evaluation

Photo credit: Jane Silcock / USAID

Project Overview

Phase IV (2014-2019)

Jim Thomas, Director

April 2016

USAID
FROM THE AMERICAN PEOPLE

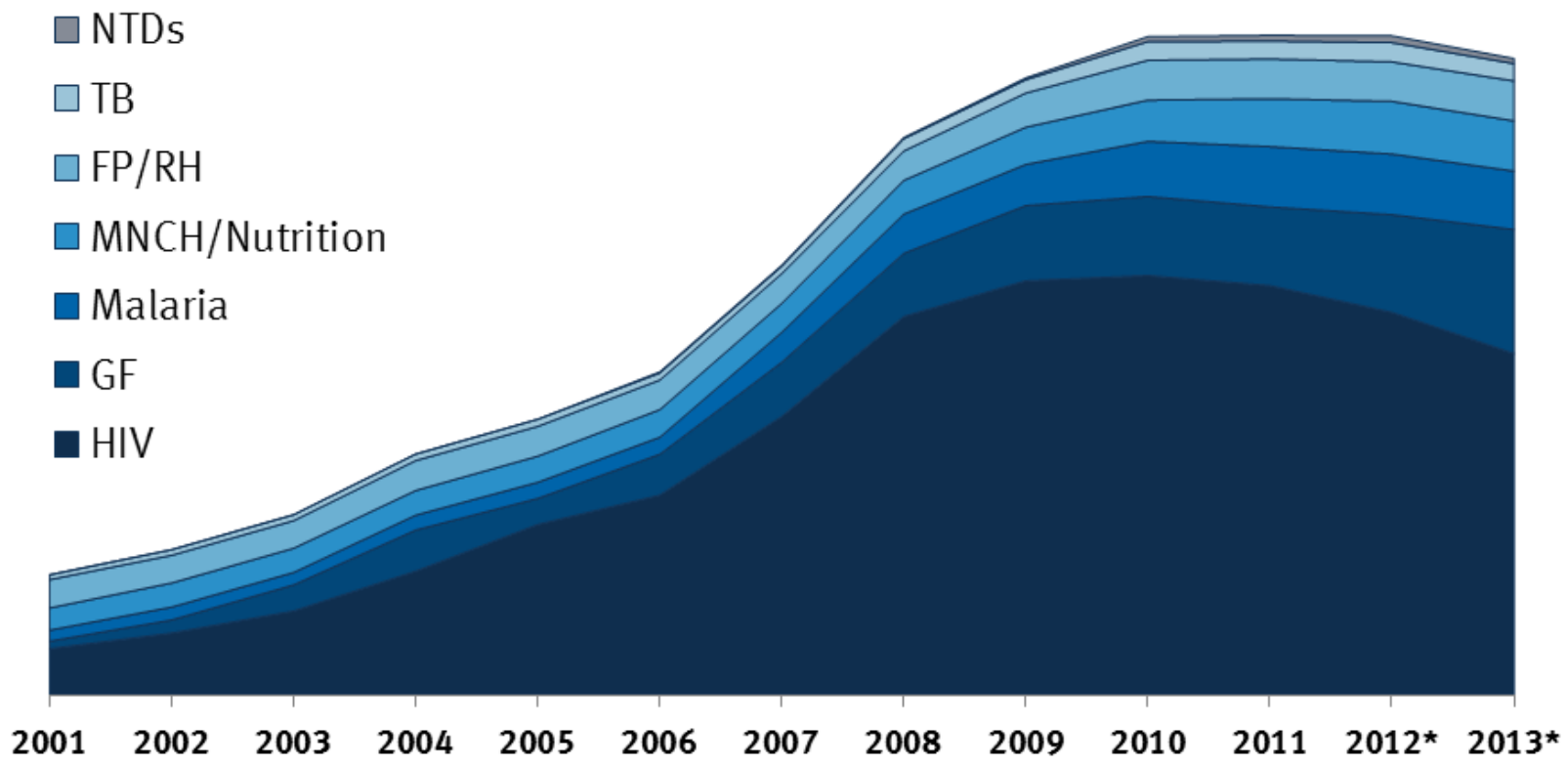
MEASURE Evaluation

What I'll cover

- Who, Why, When, Where & How of MEASURE Evaluation
- Challenges
- Focus on Evaluation
- Springboard to One Health

Why MEASURE Evaluation?

Distribution of Funding for Programs in the U.S. Global Health Budget, By Sector, FY 2001-FY 2013*



*FY 2012 are final estimates; FY 2013 is President's Budget Request to Congress.
NOTE: Global Health Initiative (GHI) funding only. The GHI was created as an initiative in FY 2009. All prior years represent the same programs and accounts which were not yet referred to as the GHI.
SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.

THE HENRY J. KAISER FAMILY FOUNDATION

Why MEASURE Evaluation?

- Accountability for donations
- Enabling data-based decision-making

Our goal:

To **strengthen health information systems** so countries can make better decisions and sustain good health outcomes over time.

Why MEASURE Evaluation?

Better systems

Better information

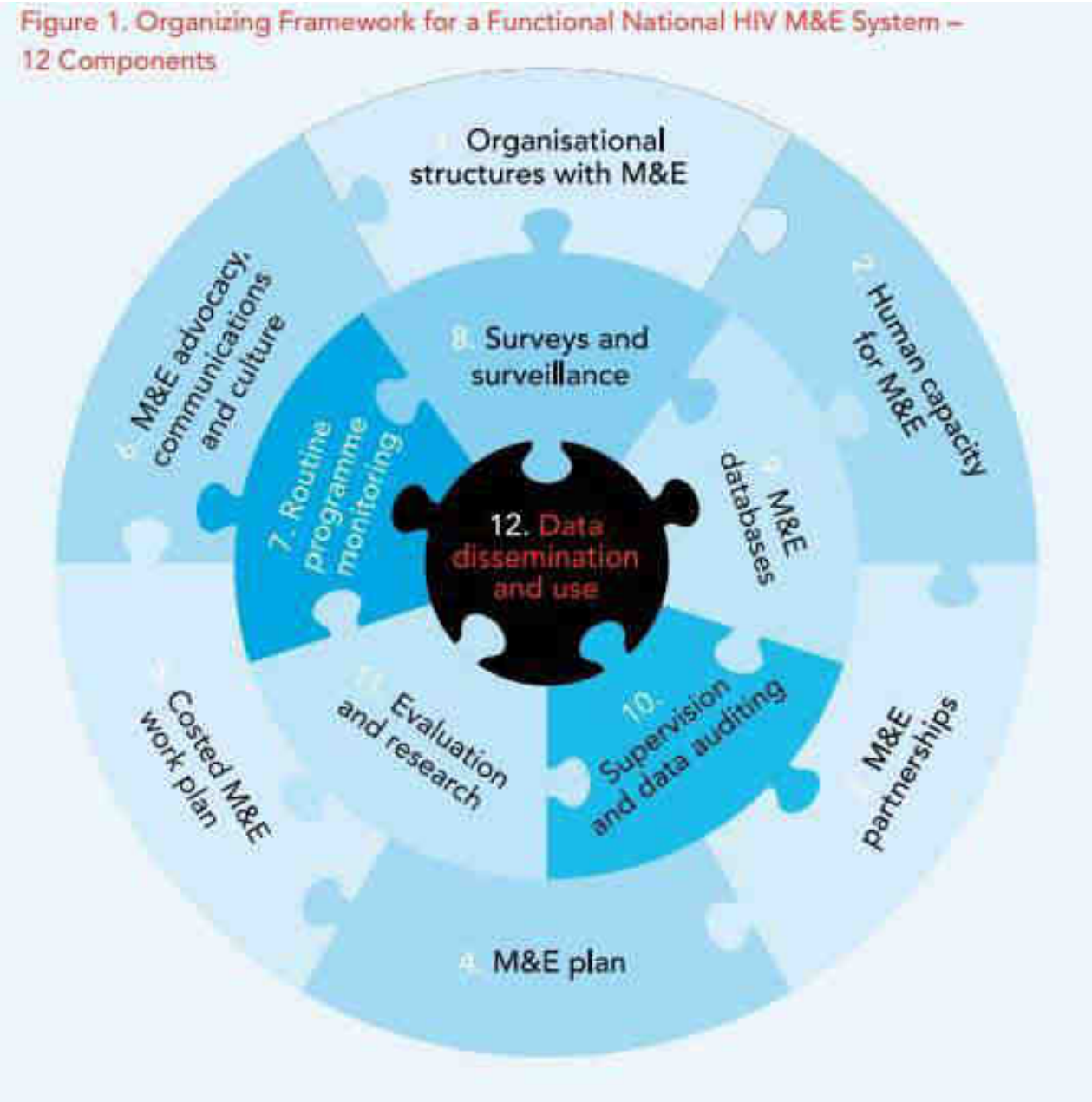
Better decisions

Better programs

Better health

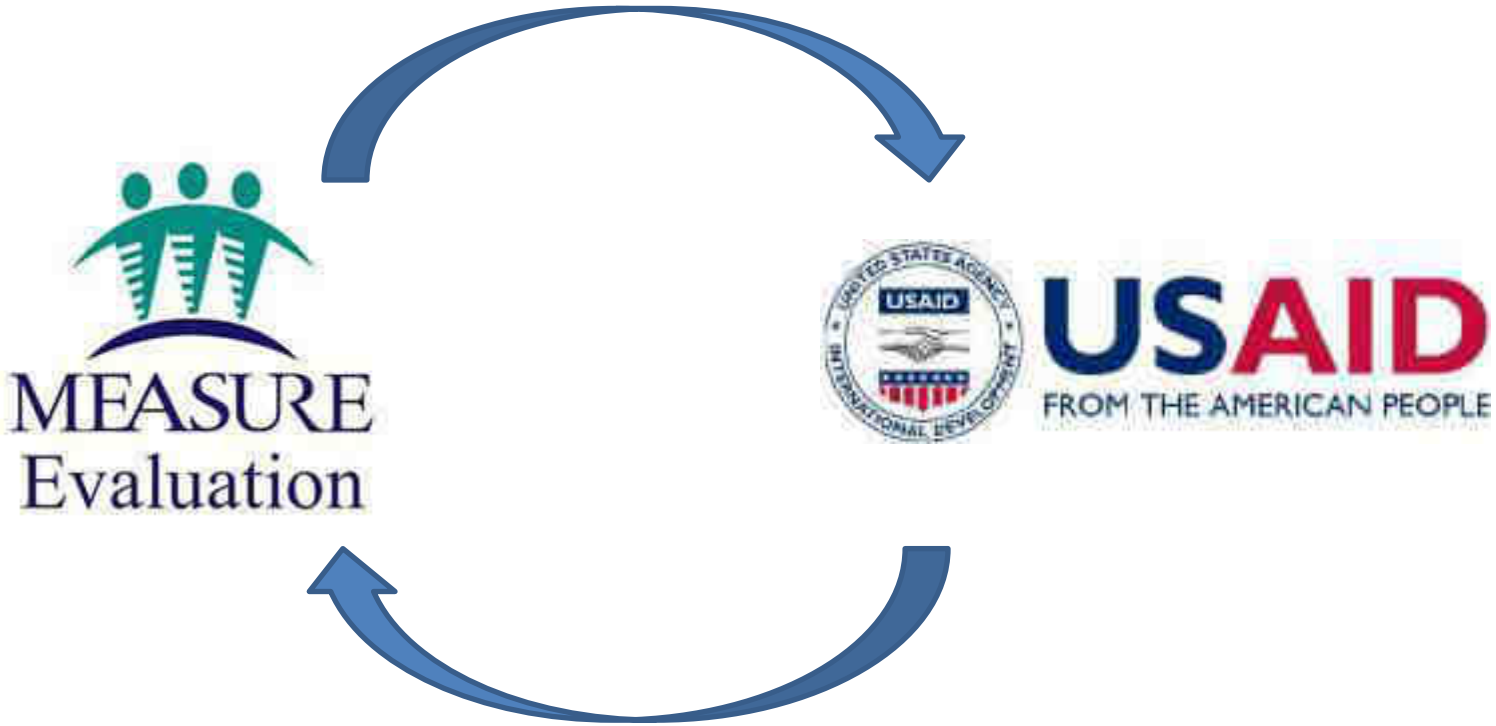
What MEASURE does

Figure 1. Organizing Framework for a Functional National HIV M&E System – 12 Components



Who is MEASURE Evaluation?

Cooperative agreement



Who is MEASURE Evaluation?

Partnership

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

JSI John Snow, Inc.

ICF INTERNATIONAL

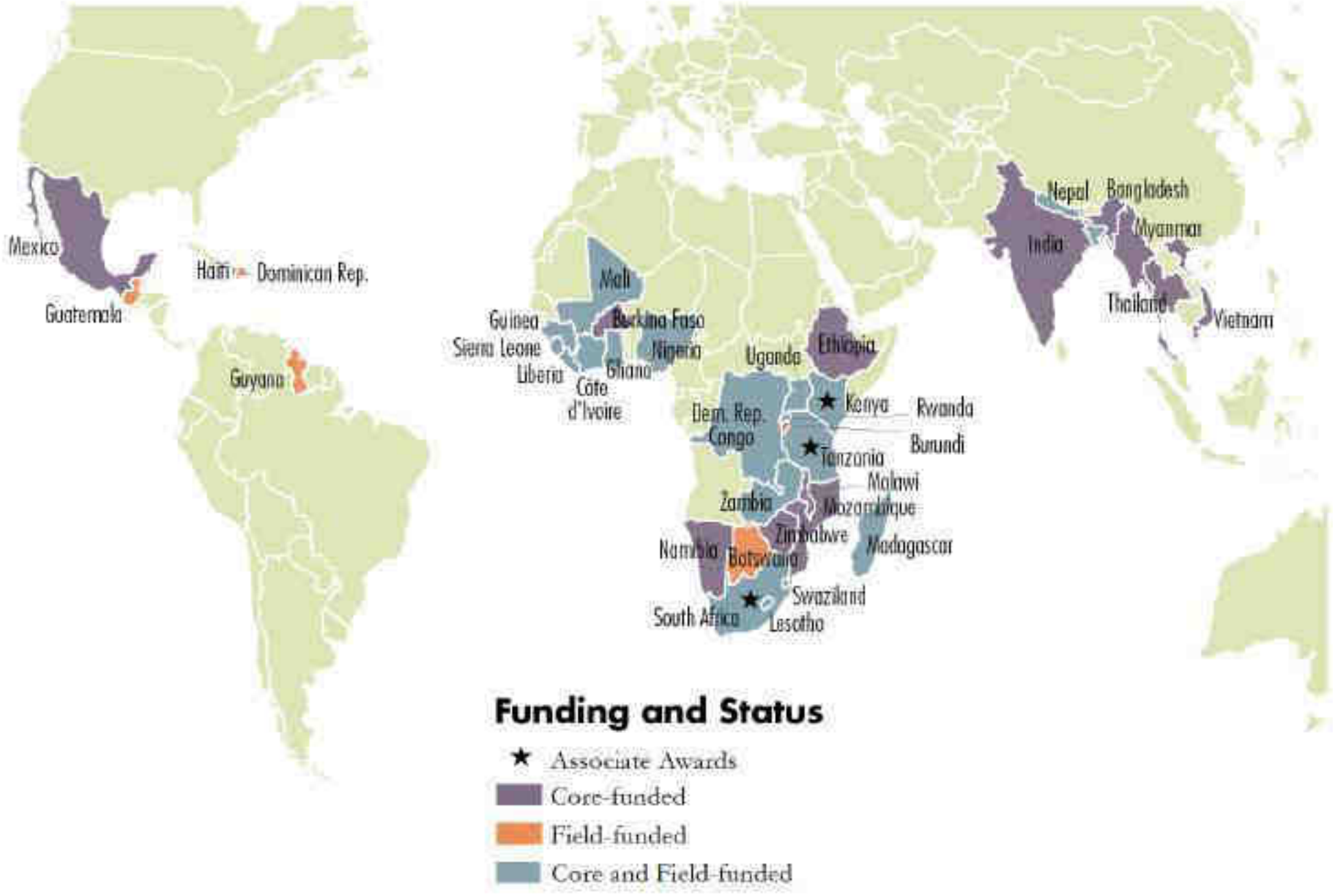
Tulane University

msh Management Sciences for Health

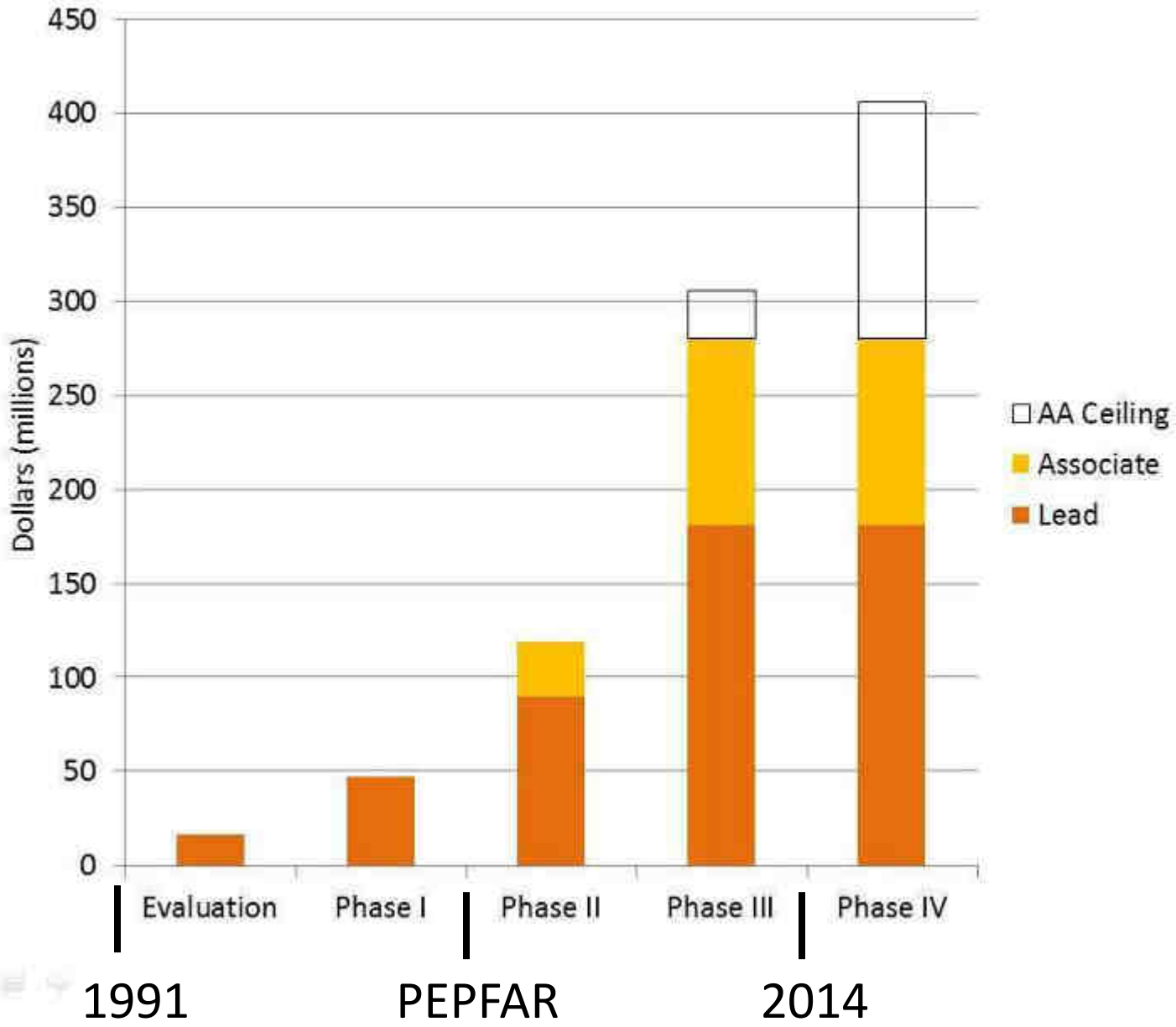
Palladium MAKE IT POSSIBLE

Who is MEASURE Evaluation?

Where is MEASURE Evaluation?



When was MEASURE created?



When did MEASURE do what?

Phase I	M&E for family planning
Phase II	HIV indicators, tools, & approaches
Phase III	Building capacity to use the tools and approaches
Phase IV	Strengthening health information systems

What MEASURE does now

Results framework

1. Strengthened collection, analysis, and use of **routine health data**
2. Improved country capacity to **manage health information systems**, resources, and staff
3. **Methods, tools, and approaches** improved and applied to address health information challenges and gaps
4. Increased capacity for **rigorous evaluation**

What MEASURE does

Health areas

- HIV/AIDS
- Malaria
- Tuberculosis
- Nutrition and food security
- Ebola
- Neglected tropical diseases
- Zika?

What MEASURE does

Areas of expertise

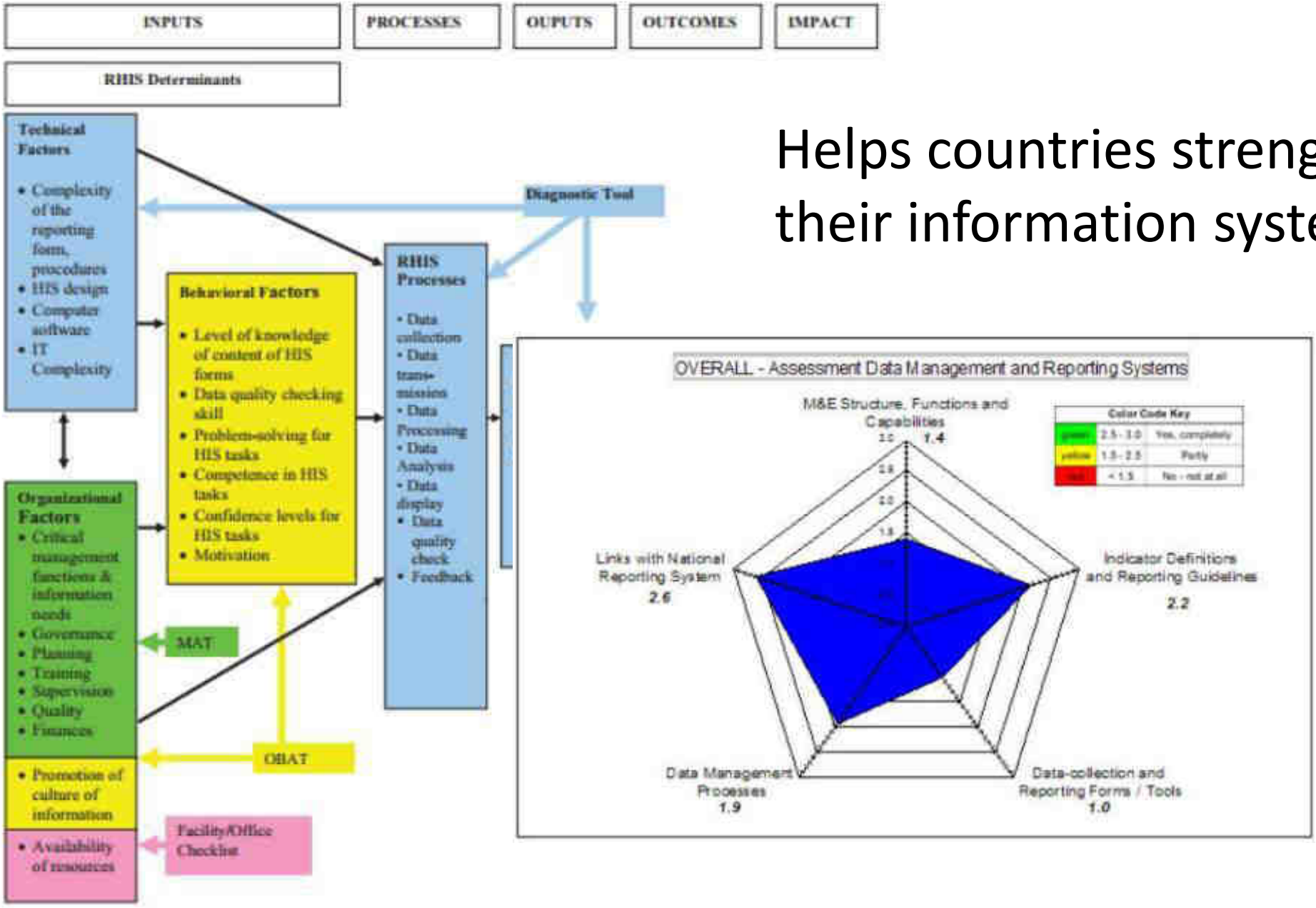
- HIS Management
- Systems thinking
- Gender equity
- Data quality
- Data analysis
- Geographic analysis
- Data visualization
- Informatics
- Data ethics
- Community based info systems
- OVC
- Key populations
- Costing
- Capacity building
- Knowledge management

What MEASURE does

Our siblings and collaborators

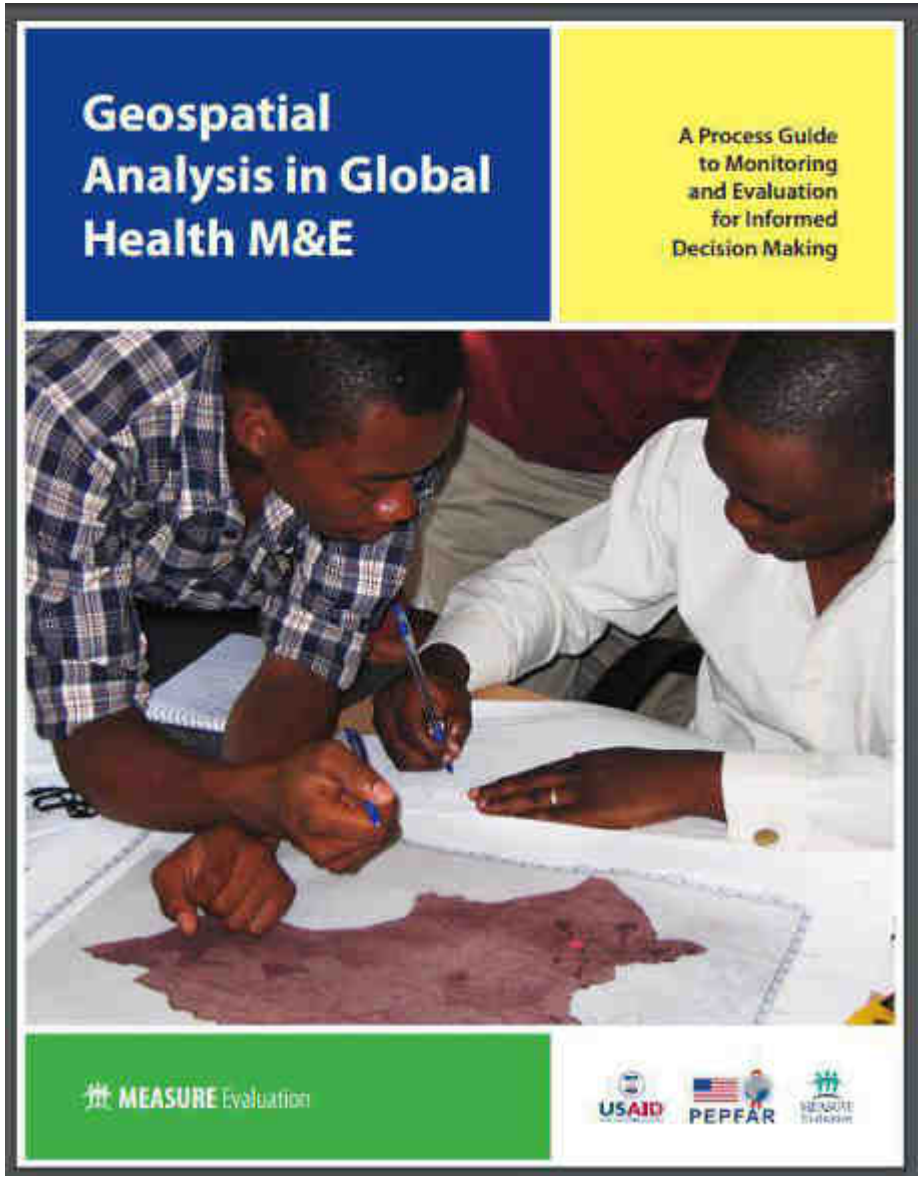
- Other USAID projects
  - Demographic Health Surveys
  - Linkages (Key populations)
  - DELIVER (Supply chain)
- CDC: Disease surveillance
- Global Fund
- Gates Foundation
- UN/WHO

What MEASURE does



Helps countries strengthen their information systems

What MEASURE does



Develops and disseminates resources

What MEASURE does

Participates in setting global agendas

What MEASURE does

Conduct evaluations

What MEASURE does

Evaluates itself

What MEASURE does

Builds capacity to build capacity

Challenges: Home grown

- Changing agendas
- Donor fatigue
- Desire for quick results
- Bias for innovation over infrastructure

Challenges: In the field

- Unrest and terrorism

Challenges: In the field

- Unrest and terrorism
- Human resource migration
- World demand for indicators
- County ownership
- Evaluation through HIS

Evaluation: MEASURE portfolio

- 46 current evaluations
- Bangladesh: Maternal Mortality Survey to monitor MDG-5.
- Kenya, Uganda, Tanzania, Rwanda, Burundi: Evaluation of East Africa Cross-Border Health Integrated Partnership
- Nepal: Evaluation of gender and social inclusion capacity strengthening interventions with health facility management committees

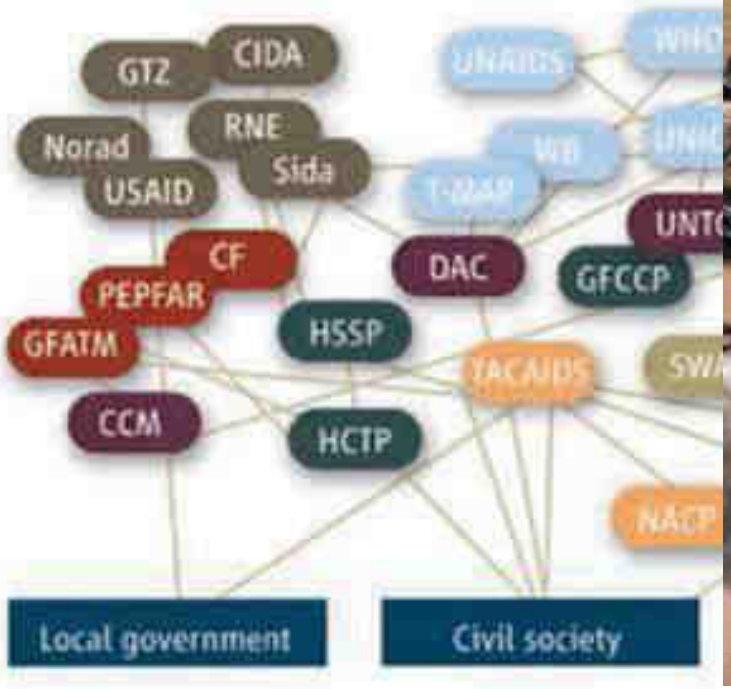
Evaluation: Complexity

Characteristics of complexity

- Many stakeholders
- Factors all affecting each other
- Nonlinear, feedback loops
- Time lags
- Unpredictability, emergence
- Context-specific, lacking a counterfactual

Evaluation: Networks

Many stakeholders

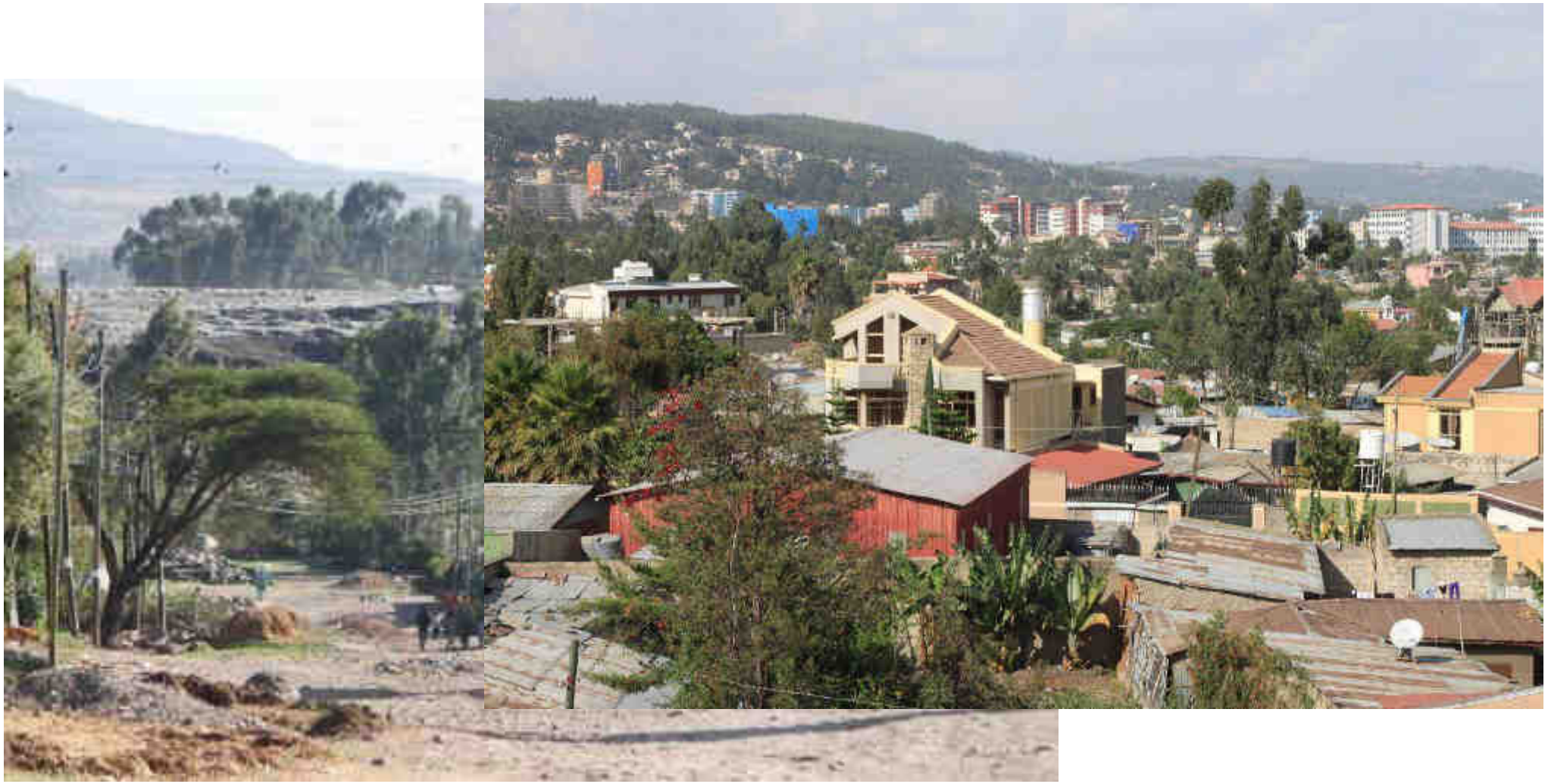


Relationships Between Various Stakeholders in Tanzania

- United Nations
- Bilateral aid
- Drug-delivery programs
- Tanzanian government
- Coordinating committees
- Plans and programs
- IMF/World Bank
- Nongovernmental organizations

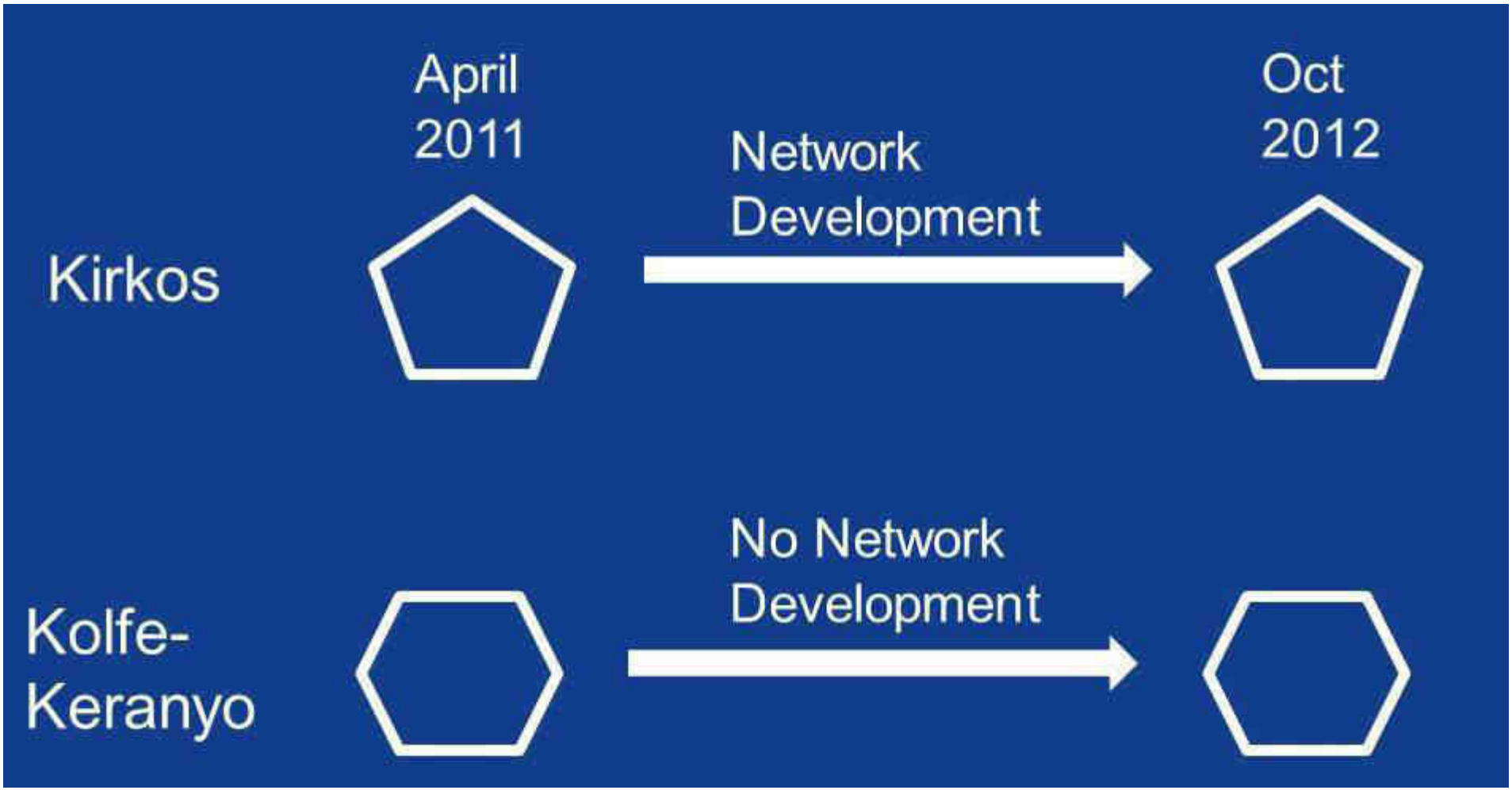
Evaluation: Networks

Addis Ababa



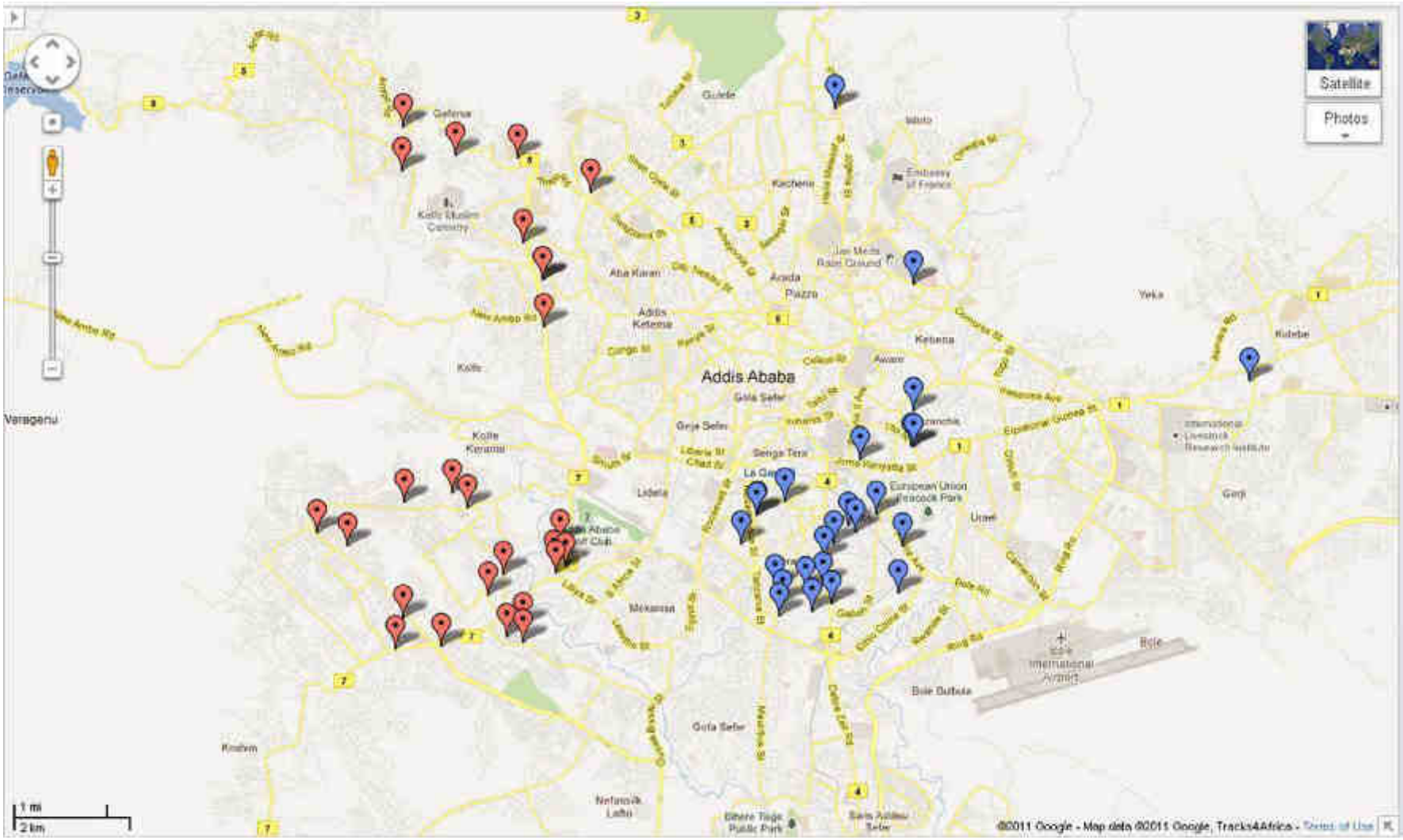
Evaluation: Networks

Evaluation design



Evaluation: Networks

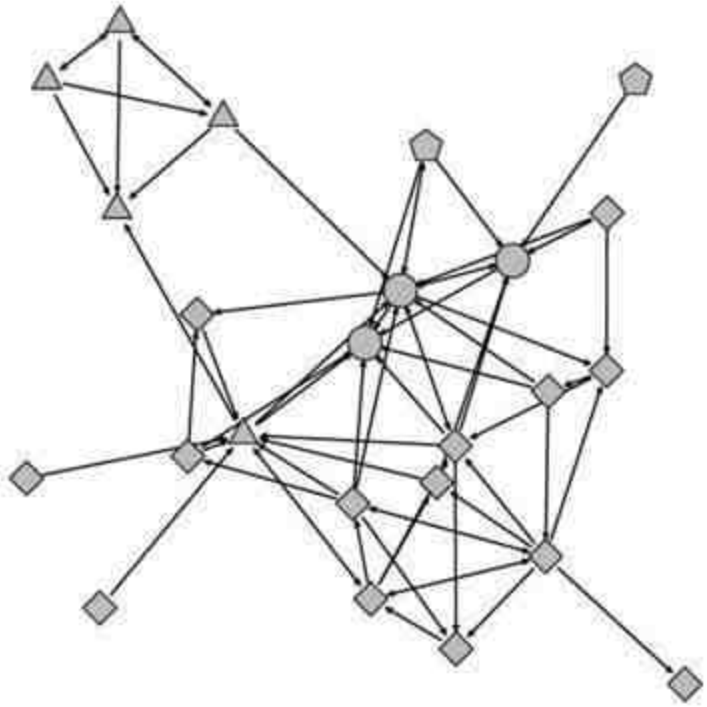
Organization locations



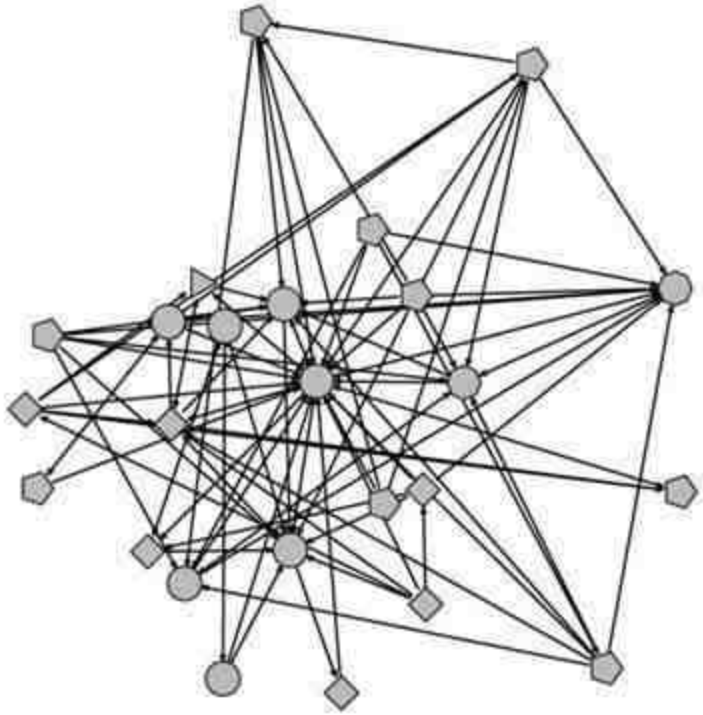
Evaluation: Networks

Network data collection

Evaluation: Networks



Kirkos

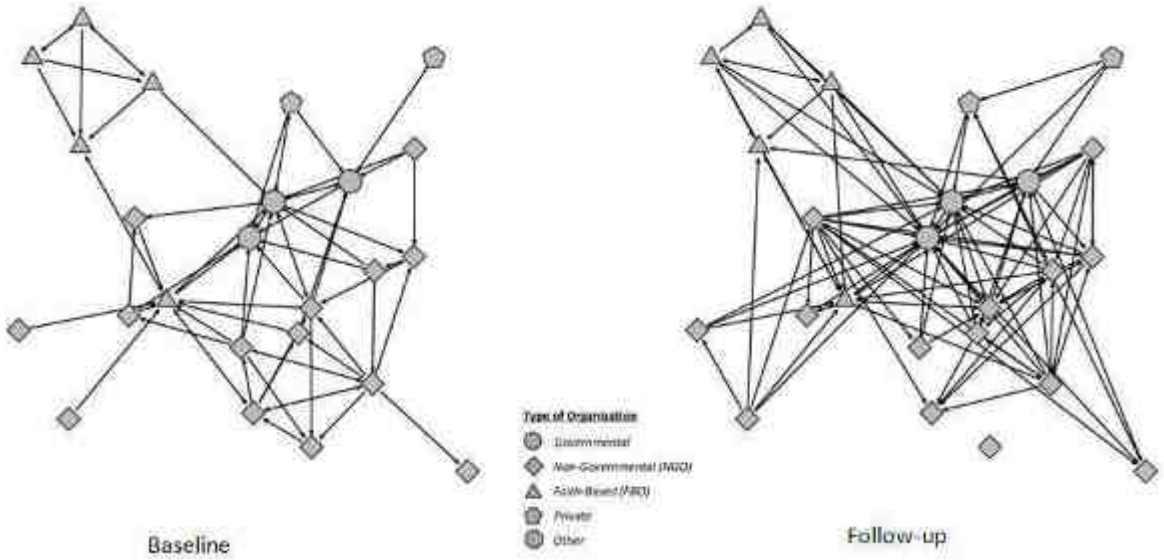


Kolfe

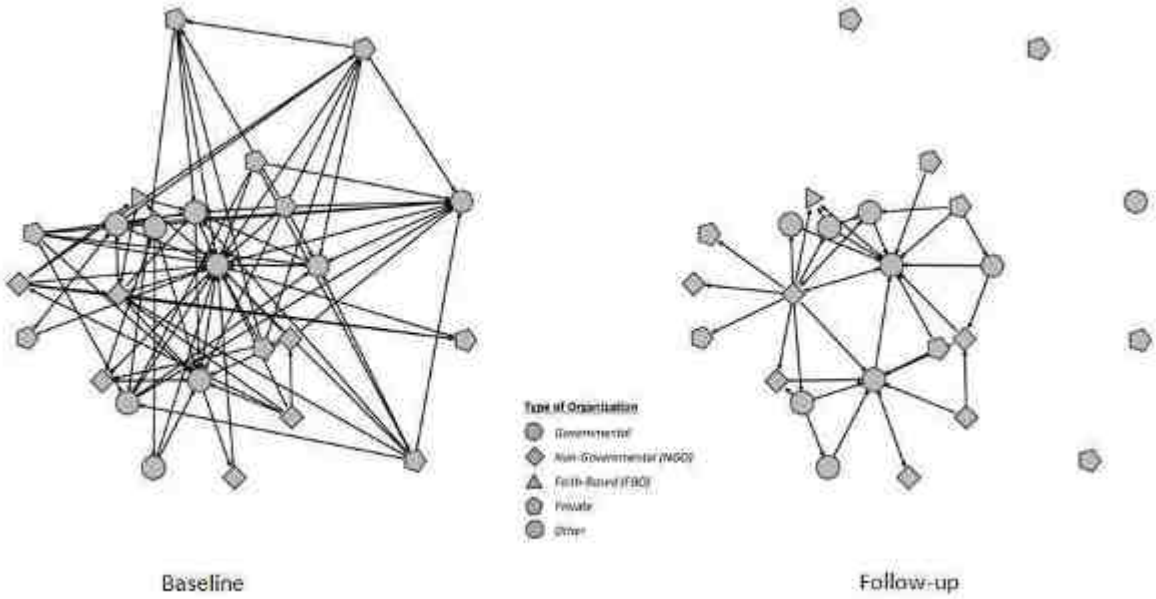
Evaluation: Networks

Evaluation: Networks

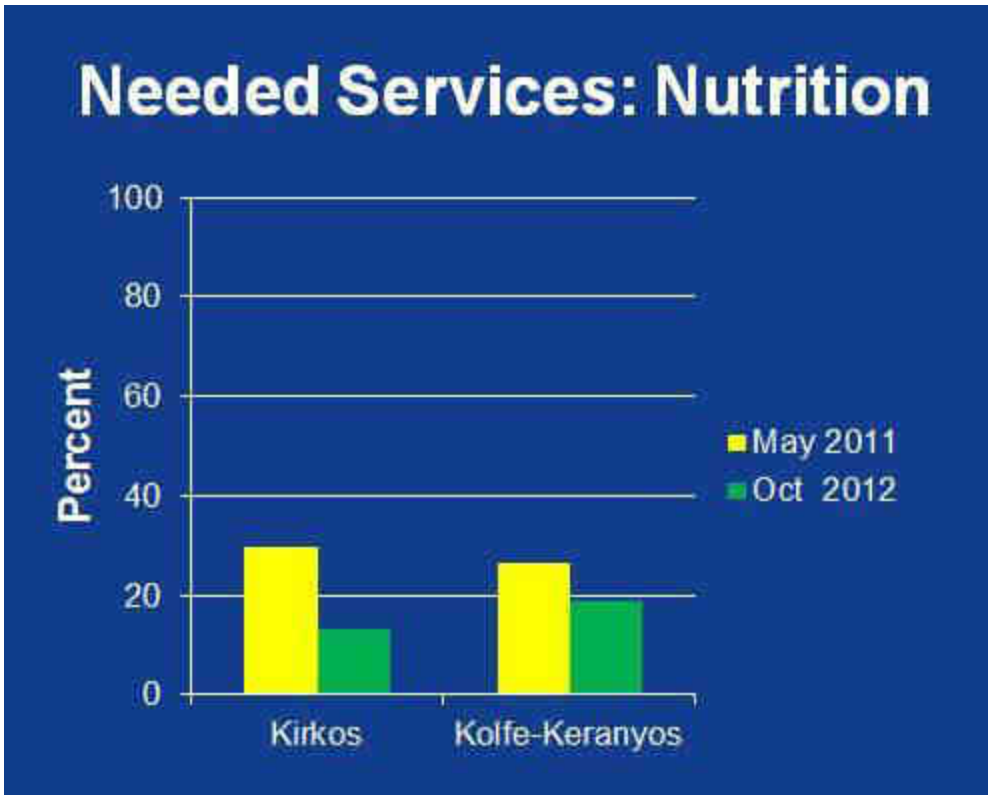
Kirkos

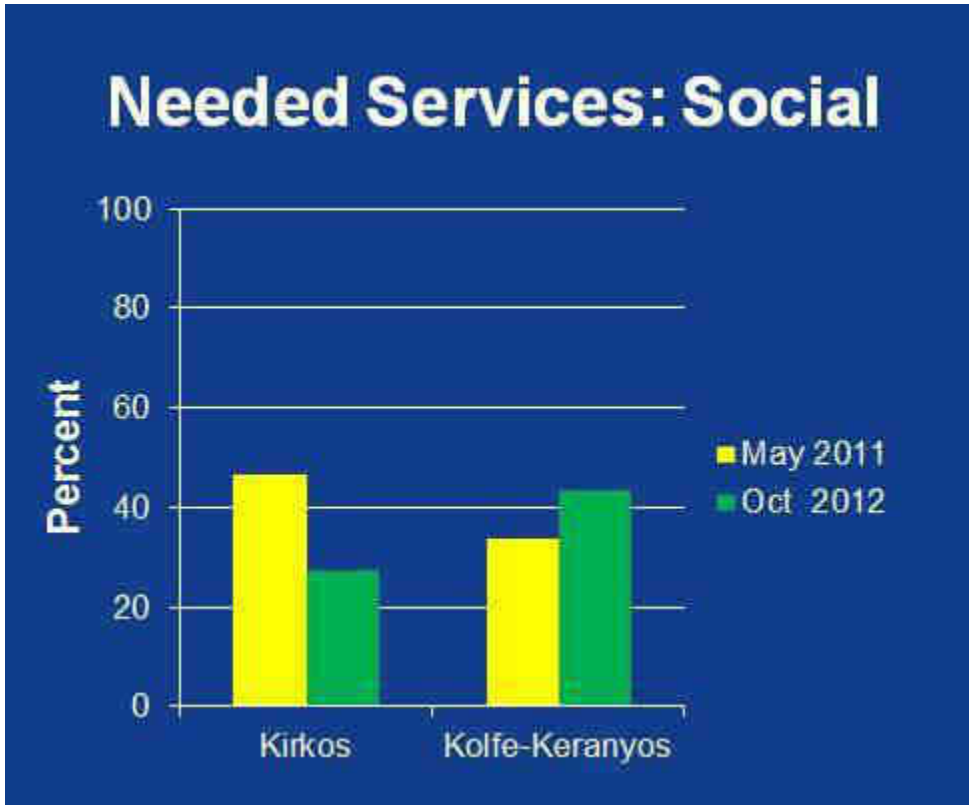


Kolfe



Evaluation: Networks





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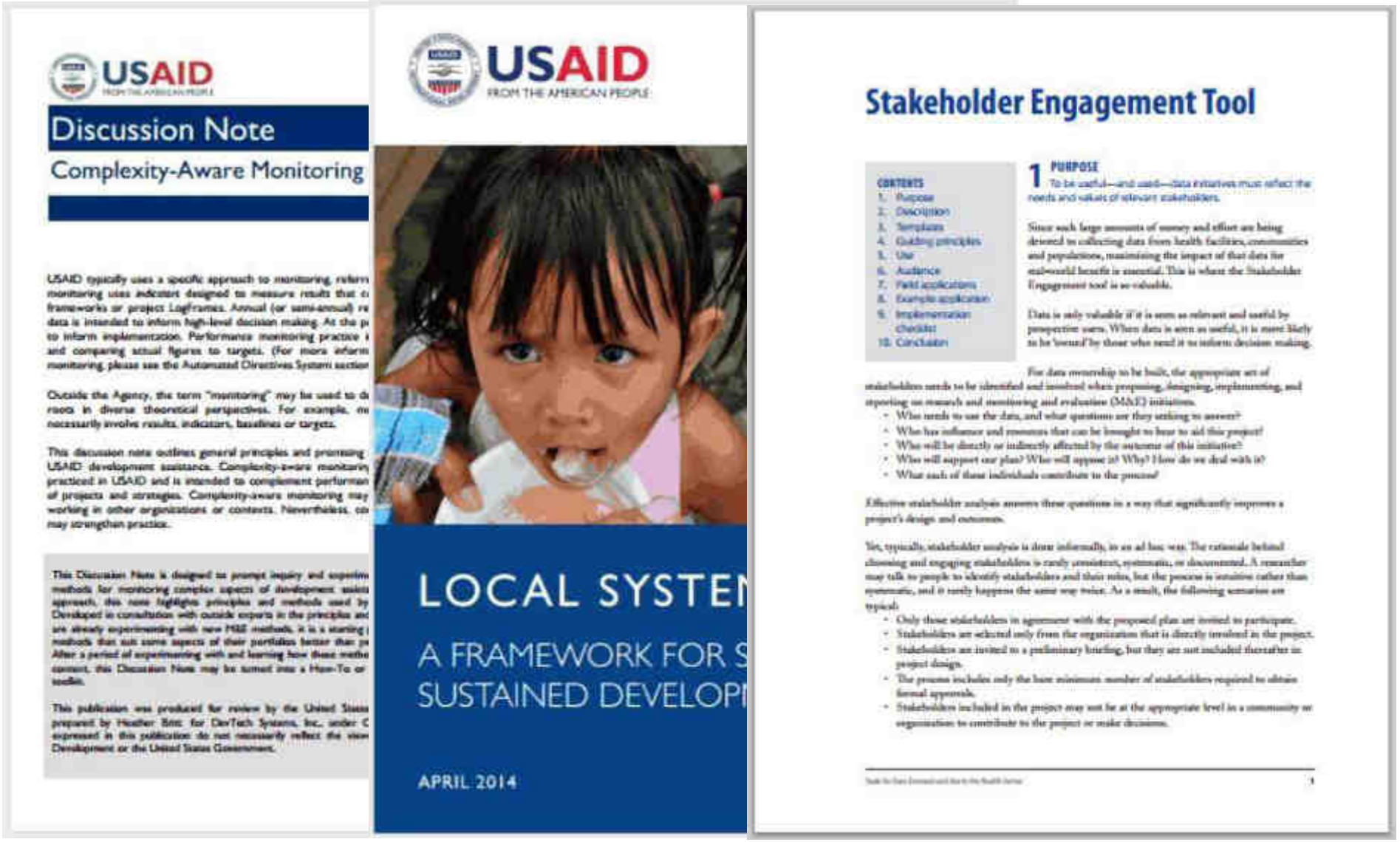
Evaluation: Complexity Resources



USAID

Discussion Note

Complexity-Aware Monitoring

USAID typically uses a specific approach to monitoring, reform
monitoring uses indicators designed to measure results that c
frameworks or project Logframes. Annual (or semi-annual) re
data is intended to inform high-level decision making. At the p
to inform implementation. Performance monitoring practice i
and comparing actual figures to targets. (For more inform
monitoring, please see the Automated Directives System sectio

Outside the Agency, the term "monitoring" may be used to d
roots in diverse theoretical perspectives. For example, m
necessarily involve results, indicators, baselines or targets.

This discussion note outlines general principles and promising
USAID development assistance. Complexity-aware monitorin
practiced in USAID and is intended to complement performan
of projects and strategies. Complexity-aware monitoring may
working in other organizations or contexts. Nevertheless, co
may strengthen practice.

This Discussion Note is designed to prompt inquiry and experim
methods for monitoring complex aspects of development assist
approach, this note highlights principles and methods used by
Developed in consultation with outside experts in the principles an
are already experimenting with new M&E methods, it is a starting
methods that suit some aspects of their portfolios better than pr
After a period of experimenting with and learning how these metho
context, this Discussion Note may be turned into a How-To or
toolkit.

This publication was produced for review by the United States
prepared by Heather Britt for DevTech Systems, Inc., under C
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SUSTAINED DEVELOPI

APRIL 2014

Stakeholder Engagement Tool

CONTENTS
1. Purpose
2. Description
3. Templates
4. Guiding principles
5. Use
6. Audience
7. Field applications
8. Example application
9. Implementation checklist
10. Conclusion

1 PURPOSE

To be useful—and used—data initiatives must reflect the needs and values of relevant stakeholders.

Since such large amounts of money and effort are being devoted to collecting data from health facilities, communities and populations, maximizing the impact of that data for real-world benefit is essential. This is where the Stakeholder Engagement tool is so valuable.

Data is only valuable if it is seen as relevant and useful by prospective users. When data is seen as useful, it is more likely to be 'owned' by those who need it to inform decision making.

For data ownership to be built, the appropriate set of stakeholders needs to be identified and involved when proposing, designing, implementing, and reporting on research and monitoring and evaluation (M&E) initiatives.

- Who needs to use the data, and what questions are they seeking to answer?
- Who has influence and resources that can be brought to bear to aid this project?
- Who will be directly or indirectly affected by the outcome of this initiative?
- Who will support our plan? Who will oppose it? Why? How do we deal with it?
- What each of these individuals contribute to the process?

Effective stakeholder analysis answers these questions in a way that significantly improves a project's design and outcomes.

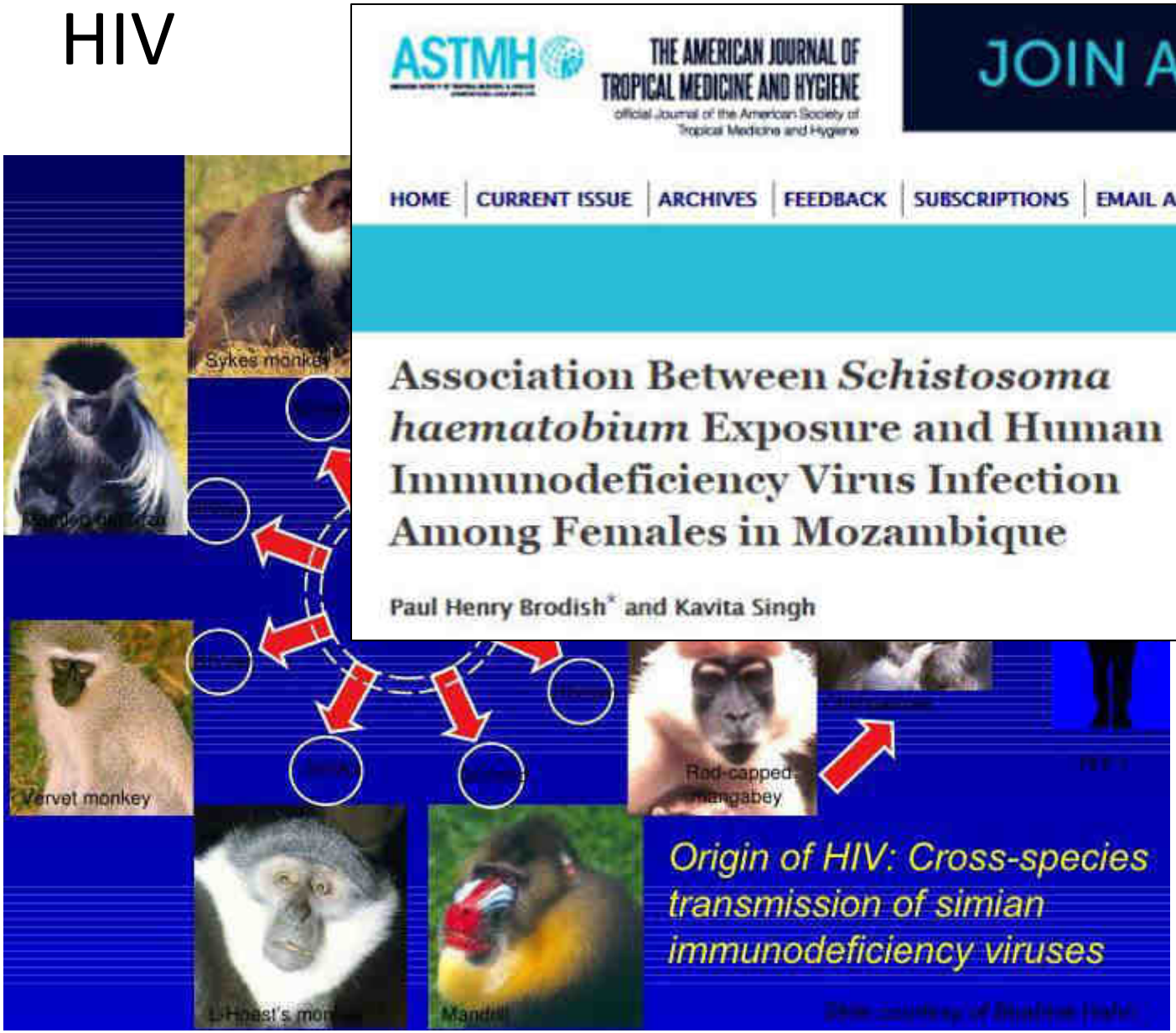
Yet, typically, stakeholder analysis is done informally, in an ad hoc way. The rationale behind choosing and engaging stakeholders is rarely consistent, systematic, or documented. A researcher may talk to people to identify stakeholders and their roles, but the process is intuitive rather than systematic, and it rarely happens the same way twice. As a result, the following scenarios are typical:

- Only those stakeholders in agreement with the proposed plan are invited to participate.
- Stakeholders are selected only from the organization that is directly involved in the project.
- Stakeholders are invited to a preliminary briefing, but they are not included thereafter in project design.
- The process includes only the bare minimum number of stakeholders required to obtain formal approvals.
- Stakeholders included in the project may not be at the appropriate level in a community or organization to contribute to the project or make decisions.

Tools for Data Demand and Use in the Health Sector 1

Springboard to One Health

HIV



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Association Between *Schistosoma haematobium* Exposure and Human Immunodeficiency Virus Infection Among Females in Mozambique

Paul Henry Brodish* and Kavita Singh

This Article
Published online March 14, 2016 , doi: 10.4269/ajtmh.15-0652
Am J Trop Med Hyg 2016 15-0652
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Full Text (PDF)
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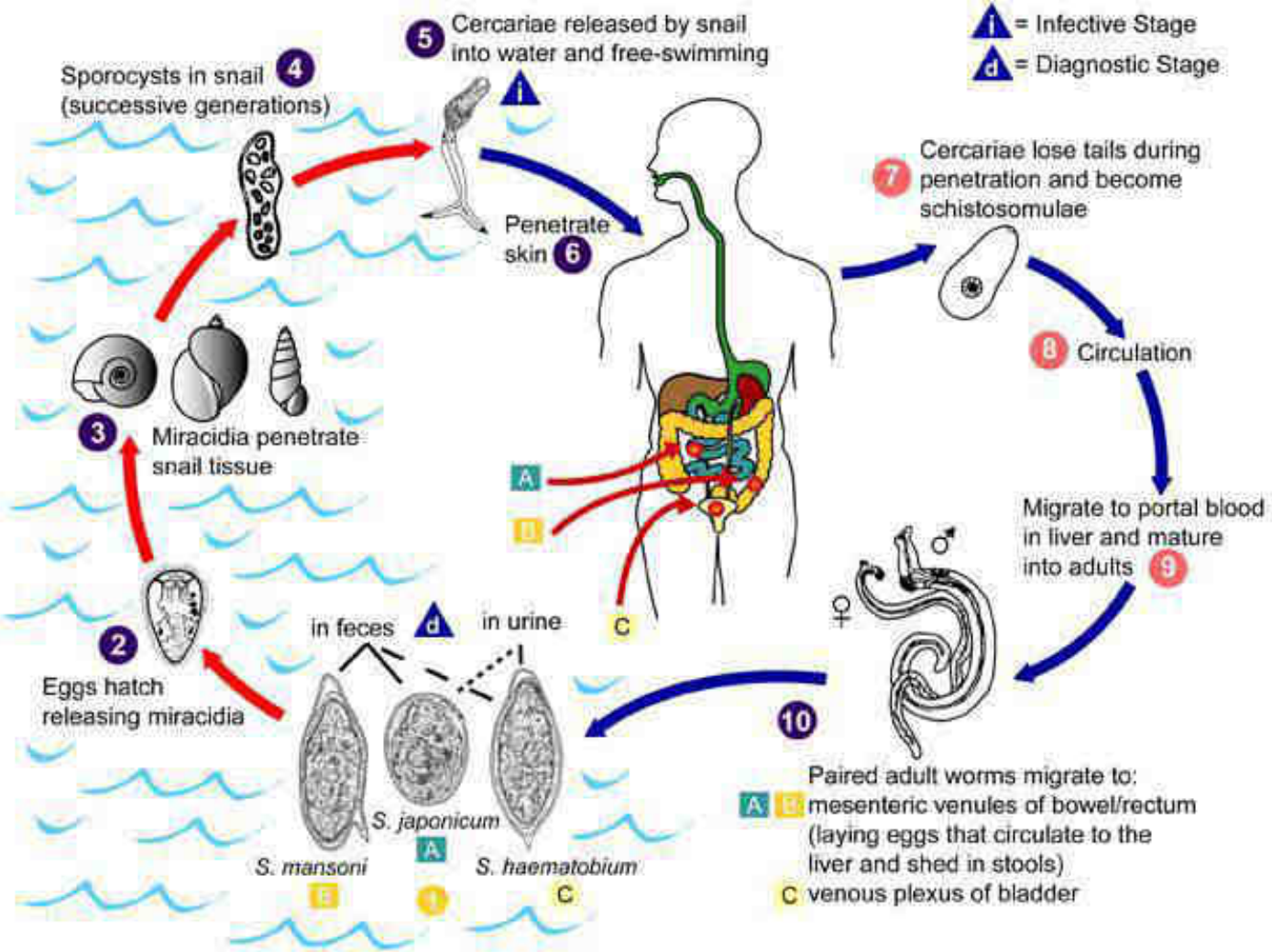
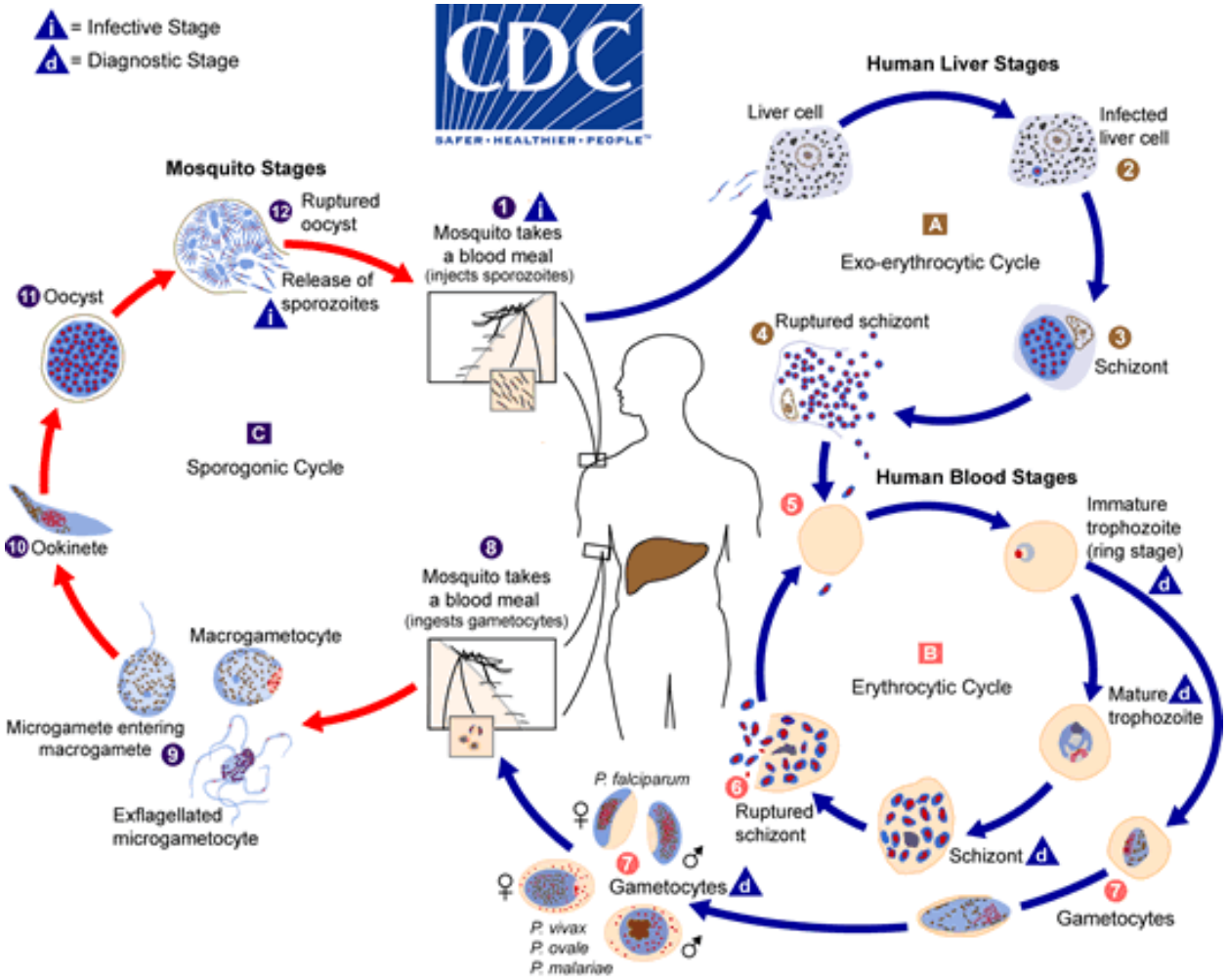
Springboard to One Health

Schistosomiasis



Springboard to One Health

Malaria



Springboard to One Health

Mosquito surveillance

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