



**USAID**  
FROM THE AMERICAN PEOPLE

AUG 15 2008

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**Subject : Leader with Associates Cooperative Agreement No. GHA-A-00-08-00003-00**

Dear Dr. Curtis:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the U.S. Agency for International Development (hereinafter referred to as "USAID" or "Grantor") hereby grants to The Carolina Population Center at the University of North Carolina at Chapel Hill (hereinafter referred to as UNC @ Chapel Hill or "Recipient"), the sum of [REDACTED] to provide support for the implementation of a MEASURE PHASE III Monitoring and Assessment for Results, as described in Attachment A, entitled "Schedule" and in Attachment B, entitled "Program Description" of this award. This Leader with Associates award is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Recipient in furtherance of the program objectives during the period beginning with the effective date, August 15<sup>th</sup> 2008 and ending August 14<sup>th</sup>, 2013. USAID shall not be liable for reimbursing the Recipient for any costs in excess of the obligated amount.

This award is made to UNC @ Chapel Hill, on condition that the funds will be administered in accordance with the terms and conditions as set forth in 22 CFR 226, entitled "Administration of Assistance Awards to U.S. Non-Governmental Organizations"; Attachment A, entitled "Schedule"; Attachment B, entitled "Program Description" and Attachment C entitled "Standard Provisions".

Please sign the original of this letter to acknowledge your receipt of the Cooperative Agreement, and return the original to the Agreement Officer.

Sincerely yours,

Lisa M. Bilder  
Agreement Officer

services provided by each of the MEASURE Phase III partners and how to access the most appropriate MEASURE Phase III services.

#### **4. MEASURE Phase III Beneficiaries**

The MEASURE Phase III Activity will serve the data collection, monitoring, and evaluation needs of a number of primary beneficiaries, those who will benefit from MEASURE's efforts but may not be involved in its implementation, and numerous other secondary beneficiaries. Primary beneficiaries include: host-country policymakers and program managers at national and sub-national levels and in various line ministries; public- and private-sector providers of health care and health care products; media and advocacy groups; USAID Missions; the USAID Bureau for Global Health and other technical and Regional Bureaus; other USAID CAs; USG partners; and other bilateral and multilateral donors.

The MEASURE Phase III projects will coordinate their implementation efforts with some of these beneficiaries, for example, with other USG partners, NGOs, PVOs, etc., as well as with each other. They will work with these partners to coordinate data collection activities, improve the efficiency of data collection, and improve the use of data for program evaluation and planning and for policymaking. Thus, these partners will also be beneficiaries through the synergies gained by working with MEASURE.

## **II. PROGRAM DESCRIPTION**

### **A. Introduction**

The MEASURE Phase III Monitoring and Assessment for Results program is USAID Global Health Bureau's primary vehicle for supporting improvements in monitoring and evaluation in population, health and nutrition worldwide. MEASURE Phase III Monitoring and Assessment for Results will contribute significantly to the effectiveness with which health data are applied to improve health policies and services in the countries that USAID assists. The objective of MEASURE Phase III Monitoring and Assessment for Results is "improved collection, analysis and presentation of data to promote better use of data in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs." This will be achieved through six results. In brief, these results aim to achieve (1) increased user demand for data and tools; (2) increased individual and institutional capacity in monitoring and evaluation; (3) increased collaboration and coordination in obtaining and sharing health sector data; (4) improved tools, methodologies and technical guidance; (5) increased availability of data, methods and tools; and (6) increased facilitation of data use.

The principal beneficiaries of MEASURE Phase III Monitoring and Assessment for Results are individuals, organizations, and institutions in both the public and private sectors, in USAID-supported countries, whose health activities become more effective as a result of better use of data. Beneficiaries

also include USAID and its Missions and the international community of donors, cooperating agencies, private voluntary organizations (PVOs), faith-based organizations and non-governmental organizations, research institutions, advocacy groups, media, and other non-technical audiences who are better able to plan and implement health activities.

The program will contribute to all eight program elements - HIV/AIDS, Tuberculosis (TB), Malaria, Avian Influenza (AI), Other Public Health Threats, Maternal and Child Health, Family Planning and Reproductive Health, and Water Supply and Sanitation – by measuring progress in each program element, across all six results.

The program implementer's principal mandate is to define and implement an innovative research, technical assistance and capacity building agenda in response to host-country and global needs that will lead to program results within funding availabilities and respond to the MEASURE Phase III guiding and design principles.

## **B. Progress, Lessons and Issues from Phases I and II**

MEASURE Phase III Monitoring and Assessment for Results builds on the results and experiences of Phases I and II. In addition to enhancing results achieved in previous phases, it addresses other issues identified during Phase II. Further, it is designed to facilitate support for the major US-supported public health financing mechanisms that have emerged over the past five years; in particular, presidential initiatives for HIV/AIDS and malaria and the avian influenza initiative, all of which rely on close interagency implementation and collaboration; and the growth of global alliances such as the Global Fund for AIDS, Malaria and Tuberculosis and the Global Alliance for Vaccinations and Immunizations, which rely on multi-donor funding and collaboration.

This section summarizes progress and lessons learned from Phases I and II of MEASURE Evaluation.

### **1. MEASURE Evaluation Phase I Achievements and Findings**

MEASURE Evaluation Phase I, 1997 to 2003, was a five-year Cooperative Agreement with the Carolina Population Center, University of North Carolina, including sub-agreements with John Snow Inc. (JSI), ORC Macro and Tulane University. Over the five-year period, [REDACTED] were obligated to MEASURE Evaluation, of which [REDACTED] was from core funds and the remainder from field support and MAARDs<sup>2</sup>, for more than 190 individual activities. The 2001 evaluation of the entire MEASURE program (found at

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<sup>2</sup> MAARD = Modified Acquisition and Assistance Request Document, the form used by USAID operating Missions to request contracting actions.

[http://pdf.usaid.gov/pdf\\_docs/PDABU196.pdf](http://pdf.usaid.gov/pdf_docs/PDABU196.pdf)) noted major achievements of the Evaluation component and made recommendations for future improvements in each of MEASURE Phase I's five results areas:

Result 1: Improved coordination and partnerships at international, USAID, cooperating agency and country levels.

Selected key achievements of MEASURE Evaluation Phase I:

- Development, in collaboration with MEASURE/DHS<sup>3</sup>, of a facilities assessment survey tool and other new DHS modules.
- Leadership in development of a Guide to Monitoring and Evaluation for National AIDS Programs with multi-donor participation.
- Leadership in bringing together USAID partners and international agencies for working groups on a wide variety of M&E topics.

Findings/Recommendations:

- Coordination of MEASURE partners must be improved through a series of measures, including working groups and provision of core funding to foster coordination.

Result 2: Increased host country institutionalization

Selected key achievements of MEASURE Evaluation Phase I:

- Provided a wide variety of short-term M&E technical assistance and workshops.
- Assisted in development of masters-level programs at University of Costa Rica, University of Pretoria (South Africa), and Mahidol University (Thailand).

Findings/recommendations:

- While the capacity-building training has been generally effective, the program should focus on strengthening institutions rather than training individuals from a wide variety of institutions. A well-planned effort is needed to prepare human resources in selected key institutions.
- Strengthening of the masters' degree programs in the three universities should continue.

Result 3: Improved tools and methodologies:

Selected key achievements of MEASURE Evaluation Phase I:

- Important tools produced by MEASURE Evaluation include, among others, the AIDS Monitoring and Evaluation Guide, the Quick Investigation of Quality tool for family planning, a

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<sup>3</sup> DHS = Demographic and Health Surveys

methodology to use census data to estimate maternal mortality, and survey instruments to collect health facility cost and household health expenditures in Paraguay.

Findings/recommendations:

- Despite significant achievements, many needs for new tools/methods remain.
- Tools developed collaboratively with other donors have improved quality and utility, though broader collaboration takes time.
- Some tools require investments in user training over time. MEASURE should develop a training and support plan for existing tools to ensure they are used effectively.
- There was no formal process aside from annual work plans to determine what tools and methodologies the program would focus on, and there is a need to establish an annual plan to set priorities.

Result 4: Improved information through appropriate data collection, analysis and evaluation.

Selected key achievements of MEASURE Evaluation Phase I:

- Supported innovations in evaluation research, data gathering and analysis (e.g. using maternity registers as a tool for monitoring maternal and newborn health).
- Organized workshop for Routine Health Information Network Organizations (RHINO) that may result in improved routine health information systems.

Findings/recommendations:

- MEASURE should continue to support such activities, but should increase emphasis on annual, sub-national monitoring and evaluation and on routine health information systems; and should conduct studies of various data collection systems to ensure cost-effectiveness.

Result 5: Improved dissemination and utilization of data.

Selected key achievements of MEASURE Evaluation Phase I:

- While MEASURE Evaluation Phase I produced and distributed various technical reports, the program component primarily responsible for this result was MEASURE Phase I Communication.

Findings/recommendations:

- While a wide range of reports were prepared and distributed, interviews with USAID staff and partners indicated a lack of awareness of these materials. MEASURE should continue to support improved dissemination and use through various communications strategies and modalities.

**2. MEASURE Evaluation Phase II Achievements and Findings to date**

MEASURE Phase II was designed to further the progress and to incorporate the lessons learned and recommendations from Phase I. MEASURE Evaluation Phase II is implemented through a cooperative agreement with the University of North Carolina at Chapel Hill, in partnership with Constella Futures, John Snow Inc, Macro International, and Tulane University. The program was planned for the five-year period from 2003 to 2008, but the needs for monitoring and evaluation grew so rapidly, due in large part to the heavy demands from the President's Emergency Plan for AIDS Relief, the President's Malaria Initiative, and the response to the Avian Influenza epidemic, that MEASURE Phase II had already reached its authorized funding level by 2007. While current activities under MEASURE Phase II continue, a bridging activity under another USAID Global Health program is being used to fund supplementary activities. [REDACTED] was obligated to MEASURE Evaluation Phase II by the end of 2007, and an additional estimated [REDACTED] will be obligated through the bridging mechanism.

As described in Part I, Section C (background for the entire MEASURE Phase III program), the objective of Phase III, as it was for Phase II, is "improved collection, analysis and presentation of data to promote better use of data in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs." This objective is accomplished through six results aimed at, in brief: (1) increased user demand, (2) increased individual and institutional technical capacity, (3) increased collaboration and coordination, (4) improved design and implementation of tools, methodologies and technical guidance, (5) increased availability of data, analysis, methods and tools, and (6) increased facilitation of use of data.

The key differences between Phase I and Phase II (summarized from Section C Part I) are:

- increased emphasis on generation of user demand and facilitating data use;
- greater attention to institutional strengthening in addition to capacity building of individuals;
- greater focus on development of routine health information systems and sub-national monitoring; and
- incorporation of the communications (information dissemination) function into each of the MEASURE components – including MEASURE Evaluation.

Key achievements and findings/lessons learned from MEASURE Evaluation Phase II are as follows. Lessons learned come from the survey of Missions referred to in Section C Part I, from the experience of the CTO and other informed Global Health staff, and from a 2005 evaluation of MEASURE Evaluation's progress in capacity-building of three regional institutions<sup>4</sup>. Summaries of Mission and Global Health staff feedback are found in Annex A. The 2005 evaluation can be found at *insert website- Bob Emrey*.

#### Result 1: Increased user demand for quality information, methods, and tools.

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<sup>4</sup> "Evaluating Short-Term Training in Health Program Evaluation: An Assessment of Capacity-Building and Utilization in Three Regional M&E Projects", Jack Reynolds, December 2005, USAID/Washington – through the Synergy Project [http://www.ghtechproject.com/Documents/Evaluating%20Short-Term%20Training\\_Reynolds\\_2005\\_Final.pdf](http://www.ghtechproject.com/Documents/Evaluating%20Short-Term%20Training_Reynolds_2005_Final.pdf)

#### Selected key achievements of MEASURE Evaluation Phase II:

- Several countries identified funds from other sources for data collection and analysis as a result of MEASURE Evaluation Phase II activities. For example, program work in Paraguay to demonstrate the importance of health information for guiding national plans led the government for the first time to allocate ████████ to the Ministry of Health to strengthen health information systems.
- Brazil's Ministry of Health, from its own resources, funded MEASURE Evaluation Phase II to assist in integrating verbal autopsy methodologies into its mortality information system.

#### Findings/lessons learned for Phase III:

- Despite progress, demand for data for decision-making remains inadequate in many countries, due to a variety of factors. A strategic approach is needed to understand and address the factors inhibiting data demand.
- Experience shows that involving program managers as well as those who collect and analyze data is critical (i.e. case-use modeling is critical).

#### Result 2: Increased in-country individual and institutional technical capacity and resources for the identification of data needs and the collection, analysis and communication of appropriate information to meet those needs

#### Selected key achievements of MEASURE Evaluation Phase II:

- Partnered with five regional universities and research centers to offer short-term and Master's level training programs in M&E, using customized capacity assessment processes to identify and address performance gaps of training partners. Partners took increasingly greater responsibilities for design and implementation of training programs over the Phase II period.
- Carried out a wide variety of in-country training courses tailored to specific country capacity-building needs in M&E.

#### Findings/lessons learned for Phase III:

- The five institutions supported in Phase II have greatly strengthened their capacity as regional centers for M&E, but need further support to ensure long-term sustainability. Institutional capacity building should be focused on areas most important to achieve independence. Weakest areas were found to be human resources and financial management. MEASURE should develop an exit strategy for assistance to these institutions over the next few years.
- While host governments and donors recognize the need for capacity building, efforts have been poorly coordinated, limited in scope and funding, and consequently unsustainable. More emphasis is needed on a strategic, collaborative approach encompassing financial sustainability issues.
- Efforts to build M&E capacity should be provided as early in the project/program design phase as possible to help guide realistic objective-setting and activities, and should emphasize what inputs/processes realistically are needed, given the timeframe and available resources, to achieve desired objectives.

- Missions noted these areas of needed capacity development: data processing and analysis; use of advanced technology to share information; collection and use of qualitative data; quality assurance; report writing; and use of data for decision-making.
- Organizational structure and culture affects an institution's ability to accept, apply and sustain M&E skills; therefore organizational development is an important factor to be considered in addressing institutional and individual capacity building.
- There is a need to focus on institution building through policy creation and/or policy reform.

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

Selected key achievements of MEASURE Evaluation Phase II:

- Partnered with US-based agencies and USAID partners to advance innovations in GIS<sup>5</sup> and data use that meet the needs of multiple users;
- Collaborated with MEASURE/DHS to achieve standards for malaria M&E that are relevant to the Roll Back Malaria initiative and the Malaria Indicator Survey;
- Led a multi-donor, multi-agency collaboration in data information and use to provide guidelines for HIV/AIDS data use; and
- Coordinated across the three international Monitoring and Evaluation Reference Groups (MERGs) of which MEASURE Evaluation is a member (AIDS, Malaria, and TB).

Findings/lessons learned for Phase III:

- MEASURE Evaluation Phase II has made important strides in fostering collaboration to harmonize efforts and to share resources and data; and should continue to seek opportunities to share innovations and resources and to adapt data to fit needs of multiple users.
- Remaining gaps to be addressed include reducing overlap/duplication of different M&E programs, improving MEASURE-wide collaboration at the local level, coordinating project-level information in order to increase the relevance of country-level technical assistance; expanding partnerships at all levels (regional, national, local); and coordinating between MEASURE Evaluation and other Global Health partners carrying out M&E work.

Result 4: Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet users' needs

Selected key achievements of MEASURE Evaluation Phase II:

- Developed a diagnostic tool to assess performance and processes of routine health information systems that has been used in Pakistan, Uganda, Mexico, and South Africa.
- Designed and tested, in collaboration with other donors, a tool to audit quality of data reported by countries to measure progress in implementation of Global Fund for AIDS, TB and Malaria grants. Global Fund began using the tool in 2007.

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<sup>5</sup> GIS = Geographic Information System/s

- Established a streamlined, harmonized reporting system for routine population, health and environment program reporting for USAID partners.
- A list of MEASURE Evaluation Phase II tools, methods and approaches is found in Annex B.

#### Finding/lessons learned for Phase III:

- There has been a proliferation of tools and methods for some health programs, while others have not received attention. For example, there is a disparity between development of tools and methods for monitoring programs in health facilities compared with USG-supported community-based programs, although MEASURE Evaluation Phase II has been working to fill this gap.
- User-friendly technical guidance needs to be developed in order that new tools and methods are used effectively.
- Further work is needed to adapt existing tools for use in different situations (e.g. for small populations; for regional analyses).
- Notable progress has been made on development of routine health information systems but further progress is needed in this area to allow for development of standards for program-level data collection.
- The solid collaborative work with international institutions on development of international standards and resource sharing should be continued.
- Modern use-case analysis techniques should be applied in revising, adapting, or creating new tools.

#### Result 5: Increased availability of population, health and nutrition data, analyses, methods and tools

#### Selected key achievements of MEASURE Evaluation Phase II:

- Developed tools to make data more readily available, such as the Decision Support Systems (DSS) for the Nigeria National Response Information and Management Systems (NNRIMS), the Partner Monitoring System (PMS) to support the PEPFAR reporting in Kenya, Cote d'Ivoire, and Tanzania, and a data warehouse to support PEPFAR reporting in South Africa.
- Shared results of research and evaluation findings through dissemination meetings with stakeholders, interactive databases (e.g. the HIV/AIDS Program Monitoring System), listservs and other computer-based tools (e.g. the Global Fund's Early Alert and Response System to enable program managers to spot potential problems early).
- A description of MEASURE Evaluation website and workgroups is found in Annex C.

#### Findings/lessons learned for Phase III:

- Efforts at global and regional levels to share best practices should be continued and expanded.
- Good progress has been made at national levels, but much remains to be done to increase availability of data, tools, methods and analysis at sub-national levels of decision-making and administration. This requires a strategic approach to overcome constraints to data availability at different levels.

- Phase III should apply a knowledge management approach that combines human, organizational, process and technology factors in determining the most effective and cost-effective methods of increasing availability of M&E information.

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

Selected key achievements of MEASURE Evaluation Phase II:

- Used high-level workshops to increase use of data at the state level, focusing on using data for program management, implementation and decision-making. This led, for example, to action plans for health and education specialists in Nigeria and Ethiopia.
- Developed a data information and utilization component for the non-medical data reporting system of the World Bank's Global AIDS program in Tanzania, including training-of-trainers. These trainers dedicated a full day of training to develop skills in this area, showing local commitment to integrate data information and use into the program's M&E system.

Findings/lessons learned for Phase III:

- Strong progress has been made on the national level that should be continued.
- Greater emphasis is needed on facilitating data use at sub-national levels, particularly in light of trends towards decentralized decision-making in the health sector.
- An important element is to link in-country data users with one another to use information in complementary ways.
- There is a need to develop tools that link actionable data and evidence to intervention and best practices.

### **C. Objective of the MEASURE Phase III Monitoring and Assessment for Results Program**

**Activity Objective: Improved collection, analysis and presentation of data to promote better use of data in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs.**

The Activity Objective is for the overall MEASURE Phase III activity and is shared by all four of its components: DHS, Evaluation, CDC and the U.S. Bureau of the Census. MEASURE Phase III Monitoring and Assessment for Results is not expected to achieve the Activity Objective on its own. However, it is expected to make a significant contribution, as well as collaborate with the other MEASURE Phase III partners, to achieve this Objective. The objective and results statements for MEASURE Phase III are unchanged from MEASURE Phase II.

MEASURE Phase III, like MEASURE Phase II, has been developed on the premise that generating demand for appropriate data and improving the use of data in policy formulation, program planning, management, and monitoring and evaluation improves health services and consequently, health outcomes. This can only be accomplished when six essential intermediate results have been achieved. User demand for high-quality data by managers and policy-makers must increase, to stimulate

allocation of resources and energy into data collection and analysis. The capacities of host country individuals and institutions to provide high-quality data and analysis must be improved in order to generate information good enough to be used effectively in decision-making. Cooperation and collaboration among the many organizations – international agencies, bilateral donors and their implementing partners, and host country organizations – are essential to ensure that important health information, in a consistent form, is shared in order to inform health sector decisions. The tools, methodologies and technical guidance must be developed so that data can be collected and analyzed accurately and affordably. The data and the tools to collect and analyze them must be widely available in user-friendly form, to users up and down the health system. Finally, the collection, analysis and presentation of information has to be carried out in such a way that managers and decision-makers can easily understand and act upon it (i.e. put into an “actionable” form), so as to facilitate data use. These six intermediate results, as they apply to MEASURE Evaluation, are described more fully below.

Obtaining high quality data in developing countries is a highly complex process; made more complicated by competing data demands of different donors and development projects. Technical experts must work with data users – the decision-makers at local, sub-national, national and global levels - to define and prioritize their information needs and develop and implement more cost-effective and speedier data collection approaches. Skillful data analysis and effective data presentation and dissemination, tailored to the skill-levels and needs of various groups of users, are critical to ensure that the collected data are used for knowledgeable decision-making.

MEASURE Phase III Monitoring and Assessment for Results should be implemented in a way that intentionally builds capacity of both individuals and organizations to contribute to these processes. Activities must also be implemented in a manner that strengthens our understanding of gender and how it influences health status, health seeking behavior, and health program effectiveness.

Though substantial progress has been achieved in these areas through MEASURE Evaluation Phases I and II, challenges remain – complicated by the increasing sophistication of information technologies and their availability worldwide, and by the increase in funding and proliferation of projects – both from the USG and from other sources including global partnerships (e.g. the Global Fund for AIDS, Tuberculosis and Malaria; and the Global Alliance for Vaccinations and Immunizations) – to address major health issues. Key issues include:

- the need to achieve international agreement on standards for monitoring and evaluation indicators that are appropriate to a wide range of developing country settings;
- the need to analyze what has been learned from the first stages of rapid expansion of global programs to fight AIDS, malaria and tuberculosis and to disseminate broadly this learning so as to improve programs and identify gaps;
- the need to apply innovative knowledge management and organizational development techniques to enhance capacity development in collection, analysis and use of health information; and
- the need to address financing and resource mobilization issues to ensure sustainability of improved M&E systems and institutions.

To make progress on issues such as these, MEASURE Phase III Monitoring and Assessment for Results must use technical ingenuity and creative new approaches that encompass not only the science of data management but also its behavioral and organizational aspects. Results are expected to encompass all eight Foreign Assistance Framework health program areas: HIV/AIDS, malaria, avian

influenza, other health threats, maternal and child health, family planning and reproductive health, and water supply and sanitation.

The World-Wide Web is an important tool for Monitoring and Assessment for Results, given the project's size, scope and collaborative nature. The web can facilitate both the project's public dissemination role – to highlight the program's technical leadership and to disseminate databases, key advances in methods, and other findings; and its internal operations, in the form of intranets, to facilitate collaboration and communications among Monitoring and Assessment for Results partners. (Use of the World-Wide Web during MEASURE Evaluation Phase II is described in Annex C.)

The “illustrative results indicators” described under each Result statement below are meant as examples of the types of measurable results the program will achieve; however, it is expected that the implementer will recommend its own results indicators, based upon its implementation strategy.

#### **D. Expected Results**

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

MEASURE Evaluation Phase II made substantial progress in stimulating user demand for better information for monitoring and evaluating programs, and demonstrated its integral role in program decision-making. For example, the roll out of the Data Demand and Information Utilization Framework in Kenya and the Caribbean, by expanding user demand for high-quality data and information, led those users to identify the constraints in data collection, analysis and use that needed to be addressed before user demand could be met, and to recommend specific, actionable solutions to each constraint identified.

Nonetheless, user demand for high-quality information needs further strengthening in many countries, to ensure that sufficient resources are dedicated to collection and analysis of accurate health data for decision-making. MEASURE Phase III Monitoring and Assessment for Results will use a strategic approach to increase user demand for high quality information, methods, and tools for evidence-based program planning, policymaking, and management of data and information.

##### Key implementation issues:

- *Understanding the constraints that inhibit data demand*, which vary from country to country, in order to create systems and tools that overcome these constraints. These may include:
  - failure to identify the users of data in the identification of data needs,
  - obstacles in the flow of various information systems,
  - knowledge barriers and lack of understanding of the value of data, and
  - individual as well as structural or systemic incentives or disincentives for using data.

For example, through MEASURE Evaluation Phase II, in Bangladesh, data processing was identified as an area of weak local capacity for implementing household surveys. Two Bangladeshi researchers, trained by MEASURE Evaluation staff, successfully led implementation of a data

processing system in the 2006 Urban Health Survey, with minimal involvement by MEASURE Evaluation.

- *Promoting ownership of the data and its uses.* The program needs to work closely with those involved in managing programs as well as those who collect and analyze data in order to design better approaches for increasing user demand for data. Even data gathered primarily for global aggregation can and should be made useful to the individual countries involved. This will mean collaborating with host country counterparts who are engaging in collecting and analyzing data as well as with MEASURE Phase III partners, and in other cases, with other Global Health implementing agencies, PVOs, faith-based organizations, non-governmental organizations (NGOs), and other donor agencies. During Phase II, for example, MEASURE Evaluation organized over 20 stakeholders, including donors, NGOs, Ministries of Health, and academic institutions, for the Third International Routine Health Information Network of Organizations (RHINO) workshop.

#### Illustrative results indicators:

- Increase in number of health administrators and decision-makers who request and use health information generated through the program to make a particular decision or to justify requests for resource allocations.
- Increase in requests by health administrators to improve their monitoring and evaluation capacity – through staff training, application of new tools and information technology, or other actions.
- Increase in funding allocated to monitoring and evaluation by health offices at sub-national and national levels as a result of program activities.

(Selected key achievements of MEASURE Evaluation Phase II for Result 1 are found in section B 2, MEASURE Evaluation Phase II Achievements and Findings to date, above.)

#### Illustrative activities:

- Conduct country and regional training and workshops on data use for decision making, aimed at both monitoring and evaluation personnel and health administrators;
- Help health administrators and monitoring and evaluation personnel identify specific country constraints to data use and develop strategies to address them;
- Collaborate with host country counterparts and other donors to adapt information gathered for national or global use to obtain analyses and information useful at sub-national levels for local decisions.

**Result 2: Increased in-country individual and institutional technical capacity and resources for the identification of data needs and the collection, analysis and communication of appropriate information to meet those needs.**

In many developing countries, there is a chronic shortage of individual and institutional capacity in monitoring and evaluation and the use of strategic information for program planning and decision making. Lack of gender balance in training and promotions may exacerbate these shortages. Inadequate financial and other resources and poor management of existing resources are common

obstacles to building effective monitoring and evaluation capacity. For this reason, Missions and Global Health staff surveyed for design of MEASURE Phase III identified greater needs for capacity-building than for any other result.

MEASURE Evaluation Phase II focused its capacity building on strengthening existing and building new partnerships with key regional training institutions and universities to increase their capacity to serve as regional hubs of M&E expertise and training. These institutions, with MEASURE Evaluation support, have successfully carried out over twenty workshops on M&E of PHN/HIV/AIDS programs and impact evaluation, and additional workshops on special topics such as routine health information systems and M&E of national TB programs. They have also provided Master's level training in M&E for many cohorts of developing country graduate students. Of particular note, MEASURE Evaluation has contributed to a culture of continual capacity assessment and strengthening within the regional institutions, by using a facilitated organizational strategic planning process that brings stakeholders together to define objectives, identify capacity gaps, and develop action plans to address them. This encourages knowledge and skill building in addition to the forging of linkages with local/national governments and regional/international M&E/development organizations.

Listed below are the key regional partner institutions that received technical assistance from MEASURE Evaluation Phase II:

- a) Addis Ababa University, Ethiopia
- b) Instituto Nacional de Salud Publica (INSP), Mexico
- c) Centre Africain d'Etudes Superieures en Gestion (CESAG), Senegal
- d) School of Health Systems and Public Health, University of Pretoria, South Africa
- e) Institute for Population and Social Research (IPSR), Mahidol University, Thailand

MEASURE Evaluation Phase II has also provided on-the-job training and capacity building through country technical assistance, and has developed M&E training materials. For example, MENTOR (Monitoring and Evaluation Network of Training Online Resources), which offers an interactive course on M&E fundamentals as well as a variety of training materials, has been used by nearly 76,000 users from 141 countries in the year since its launch in 2007 (<http://www.cpc.unc.edu/measure/training/mentor>).

MEASURE Phase III Monitoring and Assessment for Results will build upon the foundation laid during MEASURE Evaluation Phase II to enhance sustainable host-country capacity to identify data needs and collect, analyze, and present data for use in advocacy, planning, policymaking, managing, and monitoring and evaluation of population, health, and nutrition programs.

Key implementation issues:

- Coordinating capacity-building efforts by donors, implementing partners, and host country governments. Poor coordination of diverse vertical capacity-building activities has lessened the impact of these resources on countries' overall strategic information capacity and performance.
- Designing training programs to increase their long-term value. Training efforts are often limited in scope and funding and are not able to sustain long-term investments in and relationships with trainees and other professionals skilled in M&E. Therefore, investments gained through limited numbers of organized trainings and ad-hoc country technical assistance efforts may deplete over time and are not harnessed, nurtured, or sustained to the greatest extent possible.
- Identifying the full range of needs to sustain capacity improvements. Organizational structure and culture can either foster or inhibit application of new M&E skills; therefore these issues need to be factored into all capacity-building efforts. It is important to look beyond the needs of an organization and its members to carry out monitoring and evaluation; and to examine also its institutional capacity to sustain and foster this capacity, including overall administrative, financial and planning capacity, and the willingness of the organization's leadership to support further data development and use.
- Considering financial sustainability and cost-effectiveness. The ultimate objective for capacity building activities is the achievement of sustained ability by partner institutions to independently provide M&E technical assistance and training in the absence of USAID assistance. A key factor in achieving progress is resource mobilization to sustain financing of monitoring and evaluation activities and capacity building in host countries. A major element of a sustainable effort to build M&E capacity must include a plan for financial sustainability.
- Continued support for regional M&E centers. MEASURE Evaluation Phase II has supported both M&E capacity and institutional capacity building of the five regional training centers cited above. The 2005 capacity-building evaluation found that, while they have become nearly self-sufficient in carrying out M&E training, they need continued help in certain areas, particularly related to institutional development (e.g. human resources and financial management). An exit strategy for Monitoring and Assessment for Results support that will enable these institutions to continue to thrive and provide critical expertise to the region is needed. While first priority should be placed on continued strengthening of institutions supported during Phase II, institutional relationships in Phase III need not be limited to them.
- Taking advantage of the resources available from other Global Health implementing partners. Though Monitoring and Assessment for Results may not be able to address all the capacity building needs of the country and regional institutions with which it works, collaboration with other Global Health implementing partners with mandates to work in these areas should be explored. For example, if in its work with an M&E unit of an institution, Monitoring and Assessment for Results identifies broad organizational or financial management needs outside of the M&E unit, Monitoring and Assessment for Results might recommend that the Leadership, Management and Sustainability Project or the Capacity Project be tapped to address these needs.

Illustrative results indicators:

- Increased M&E capacity by assisted institutions, whether regional, national or sub-national, as measured by M&E capacity and organizational capacity indexes that include financial sustainability measures.
- Increased number of individuals trained by the program who are effectively using their M&E skills, with women and men sharing equitably in program training.
- Regional institutions providing needed M&E support without significant support from the program.
- Improved tools and methods (training curricula, guides, protocols, etc) for capacity-building tested and implemented broadly by assisted institutions.

(Selected key achievements of MEASURE Evaluation Phase II for Result 2 are found in Part One, Section B2, MEASURE Evaluation Phase II Achievements and Findings to date, above.)

Illustrative activities:

- Provide technical assistance to country health monitoring and evaluation personnel at national and sub-national levels to strengthen national health management information systems.
- Provide training and technical assistance to country and regional institutions to improve data collection procedures and instruments and analysis plans, focusing on financial and institutional sustainability of the procedures and instruments included.
- Analyze remaining capacity-building needs of the five regional training centers to achieve sustainability and provide needed technical assistance and training
- Identify institutions in underserved areas with strong potential to become regional monitoring and evaluation training centers, and provide technical assistance to determine specific strengthening needs.
- Employ organizational assessment and strategic planning tools to help country health ministries identify capacity-building needs in monitoring and evaluation and develop action plans to address them.
- Develop and/or adapt learning materials, or support adoption of existing learning tools, that country and regional partners can use to increase their monitoring and evaluation capacities.

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

In the current global health environment, individual programs cannot approach strategic information in isolation – especially considering sizeable public health initiatives targeting overlapping populations, new threats that intersect with initiatives (geographically, demographically, and programmatically), and an influx of donors. Data needs are expanding, at many different levels and by a multitude of partners with different objectives for data use. Collaboration and coordination among data users and providers are critical to ensure comparability of data within and across national borders, to produce international standards, to more effectively make use of scarce resources, and to reduce the burden on host countries.

Under MEASURE Evaluation Phase II, activities have been conducted in coordination with global, US-based, and host country organizations. Additionally, MEASURE Evaluation Phase II has played an important role in increasing multi-agency, multi-donor collaboration through networks, listservs, and working groups. (Several such workgroups are listed in Annex C).

MEASURE Phase III Monitoring and Assessment for Results will collaborate and coordinate activities both horizontally (among stakeholders across disease and program areas) and vertically (at the global, regional, national, and sub-national levels) in order to produce relevant and consistent guidance, methodologies and support, and to maximize global resources in M&E. Collaboration and coordination should occur, as appropriate, at all levels of the health system and, internationally, with host-country partners, other MEASURE partners, other USAID implementing agencies, non-governmental organizations, other bilateral and multilateral agencies, and USAID (Global Health and Regional Bureaus and Field Missions).

#### Key implementation issues:

- Partnering strategically with key stakeholders. This is essential to coordinate and harmonize efforts, approaches, and resources; design and implement activities; and ensure that they have timely access to data in the appropriate formats. Key stakeholders and partners in MEASURE Phase III Monitoring and Assessment for Results are UNICEF, UNAIDS, WHO, The Global Fund, bilateral donors, the Health Metrics network, and the UN statistical agencies. MEASURE Phase III Monitoring and Assessment for Results should work with international organizations, other donors in the health sector, regional health institutions, other Bureau for Global Health implementing partners, and host countries to share data and methodologies and to coordinate activities, seek new opportunities to share innovations and resources, and lead efforts to adapt data to fit the needs of users on multiple levels.
- Addressing remaining gaps: Important areas where improved collaboration can enhance health program impacts include
  - MEASURE-wide collaboration on the local level (sub-national as well as national);
  - identification of current overlaps in M&E programs and resources (and subsequent work to reduce duplication);
  - coordination of project-level knowledge sharing to increase relevance and efficacy of technical assistance – specifically relating to country context;
  - expansion of regional, national, and local partnerships to encourage wider use of existing high quality M&E resources (i.e. regional training centers);
  - improved use of innovative information technology solutions to facilitate sharing and collaboration among partners; and
  - coordination with other Bureau for Global Health partners working in M&E to share resources.<sup>6</sup>

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<sup>6</sup> The key Global Health implementing partners are listed in II.F. Implementation Guidance

#### Illustrative results indicators:

- Increase in agreements reached among international and bilateral donor organizations working on similar health issues to employ and/or share standardized or harmonized data, tools or methodologies.
- Increase in in-country M&E activities characterized by participation and coordination among health organizations (whether other donors, GH partners, or MEASURE partners) working in a particular region or with a particular institution.
- Expansion of members in partnerships, networks or other collaborative bodies related to M&E information development, use and sharing, as a result of Monitoring and Assessment for Results activity.

(Selected key achievements of MEASURE Evaluation Phase II for Result 3 are found in Part One, Section B2, MEASURE Evaluation Phase II Achievements and Findings to date, above).

#### Illustrative activities:

- Participate and take leadership role in international health partnerships in seeking to develop widely-accepted norms and standards for defining and measuring key health indicators, and to harmonize data collection and tools (e.g. the Monitoring and Evaluation Reference Groups for HIV/AIDS, malaria and tuberculosis).
- Bolster country efforts to coordinate and harmonize health data collection and analysis among national institutions, NGO and donor-funded activities through technical support for strategic planning and collaborative workshops.
- Collaborate with other USAID implementing partners and other donors and local government entities to develop or adapt health monitoring data and tools in specific regions or project areas that are harmonized and shared among the various implementing agencies, and that feed into a national health monitoring and evaluation system.

#### **Result 4: Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet users' needs.**

MEASURE Evaluation Phases I and II have made progress on developing rapid, flexible and cost-effective data collection methods that enhance data collection for immediate use in program planning through strengthening of routine health management information at the country and global level.

Through collaboration with WHO, MEASURE Evaluation Phase II developed, and adapted at the country level, tracking systems for routine monitoring of HIV patients on Antiretroviral Therapy (ART). The program is currently developing a community level tracking system for monitoring community-based programs. At the global level, it coordinates the Routine Health Information

Network of Organizations (RHINO). The establishment of this global network has made development of standards for collection of program level data more feasible.

In the area of disease surveillance, MEASURE Evaluation Phase II has played a leadership role in the development of the Sample Vital Registration and Verbal Autopsy (SAVVY) tool. MEASURE Evaluation Phase II also developed Data Quality Assessment tools for PEPFAR. In addition, it continued to monitor and refine methods and tools developed under the leadership of MEASURE Evaluation Phase I including the Priorities for Local AIDS Control Efforts (PLACE) methodology. MEASURE Evaluation Phase II has been on the forefront of developing and applying new analytic methods to existing survey data to address issues such as the impact of economic crisis on service use and methods for monitoring contraceptive continuation and its links to quality of care. (A list of the tools developed under Phase II is found at Annex B.)

In MEASURE Phase III Monitoring and Assessment for Results, activities under this result are expected to focus on reviewing, adapting, implementing, and disseminating existing methods and tools; as well as engaging in further research to enhance development of new monitoring and evaluation methods for underserved program areas. The program will employ innovative information technology options where feasible to improve accuracy, expedite data analysis by various users, and improve cost-effectiveness. The program may also conduct formative and impact evaluation for USG-supported programs in the major health strategic objective areas.

#### Key implementation issues:

- Addressing data needs at the sub-national level. In many developing countries, the information gathering process, tools and methods development have focused on providing data relevant for decision making at the national level but not at the local level. Data needs are quickly increasing at sub-national levels due to decentralization of health care systems. Routine health information and vital registration systems are weak, outdated or non-existent. Existing systems are biased towards health care facilities with little or nothing in the area of community-based information systems.
- Linking community/project-level health data to the facilities level. Related to the above, there is apparent disparity in the development of tools and methods for monitoring program and services in health care facilities compared to systems for monitoring USG and USAID community-based programs. The two systems need to be integrated, as both systems form a continuum of care for the population. MEASURE Evaluation Phase II has begun taking steps to link the two.
- Furthering the development of international standards and tools. Global initiatives require the ability to aggregate national data to the global level and to compare data across countries and regions. The USG strongly endorses the concept of international standards and tools for M&E.
- Supporting the Three Ones. One of the most important policies to achieve international standards and tools in the area of HIV/AIDS is the principle of “Three Ones”, agreed to by key donors and many highly AIDS-affected countries; that to achieve the most effective and efficient

use of resources and to ensure rapid action and results-based management, each country should pursue (1) one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all the partners; (2) one national AIDS coordinating authority with a broad-based multi-sectoral mandate; and (3) one agreed country-level monitoring and evaluation system. This third one is the most important for Monitoring and Assessment for Results' work.

- Applying information technology appropriately. The point of health service delivery is often the weakest link in the information system. Data from service delivery points are collected and aggregated and form the basis of reporting systems, yet there is no trace-back feature that would allow service providers to revisit the catchments to provide care and treatment should the evidence suggest immediate intervention is needed. Often the physical locations of clinics and health posts are low-resourced areas having weak infrastructure, making paper systems the de facto means of collecting data. The inadequacies of these paper-based systems impinge on the quality of care. Much work remains to be done in how to apply automated data management systems and other recent technological improvements to address these needs. Areas for research include how to connect such areas to the nearest IT hub in a cost-effective manner, and how to create an interface between the paper record-keeping system used in lower-level health facilities to automated systems that can aggregate and analyze data for higher-level decision-makers.
- Adapting existing tools and methods to different situations. Mission and Global Health staff comments on future needs for MEASURE Evaluation Phase II pointed out the need to adapt tools already developed by the program. For example, tools created for use at the national level may need some alteration to make them appropriate for low-population countries, for sub-national use, or for regional use.

#### Illustrative results indicators:

- Increase in the use by country and regional institutions of program-developed tools and methodologies.
- Increase in new or improved tools or methods for collection, analysis and presentation of important health information proven effective in addressing key issues at sub-national, community and facility levels. (See Annex B for examples of such tools and methods developed during Phase II.)
- Measurable progress in development, adaptation and acceptance of international standards and tools as a result of program activity.

(Selected key achievements of MEASURE Evaluation Phase II for Result 4 are found in Part One, Section B2, MEASURE Evaluation Phase II Achievements and Findings to date, above.)

#### Illustrative activities:

- Adapt existing data collection and analytical tools that are already proven and in use at the country level to be relevant for sub-national users.

- Analyze existing country-level routine health information systems for usefulness, potential gaps, and potential for streamlining and/or cost-cutting without reduction in quality of data, and provide recommendations to country health administrators for needed changes. Assist in implementing those changes.
- Provide technical assistance and advice to country health organizations to accept, adapt as needed and implement tools and standards that have been developed and approved through international collaboration.
- Identify highest priority needs for new methods and tools in response to emerging health issues at country and/or regional levels; develop and test such methods and tools in collaboration with other partners and stakeholders.
- Adapt or create tools and methods that can be applied in a low resource setting, particularly where funding and access to information technologies are highly constrained.
- Carry out evaluative studies and research that broadens empirical evidence of program effectiveness and disseminate results widely.

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

Under MEASURE Evaluation Phase II, efforts are being made to increase availability of population, health and nutrition (PHN) data, analyses, methods and tools. For instance, key actionable research findings/assessments conducted by MEASURE Evaluation Phase II and experiences and/or lessons learned from data are being made available to decision-makers and stakeholders (at the country and USAID Regional levels) to inform program planning, management and program performance assessment. In an effort to share best practices and lessons learned, MEASURE Evaluation Phase II has displayed and distributed relevant materials (including tools, methods and training manuals, and research publications) in various formats (including CD-ROM, paper, and web-based) at several international conferences/meetings. MEASURE Evaluation Phase II also created an online publications ordering system on its website to permit audiences worldwide to easily download publications.

The MEASURE Evaluation website ([www.cpc.unc.edu/measure](http://www.cpc.unc.edu/measure)) is designed to promote and disseminate the project's key deliverables: publications; datasets; and information on MEASURE-run programs, such as workshops and degree courses. (See Section Three E, Archive Maintenance and Website Support, below, on website continuation.) It is a vehicle for highlighting MEASURE's technical leadership in the areas of monitoring and evaluation and, as such, provides in-depth information on the research that the investigators have undertaken and are planning for the future. The web is also being used, in the form of intranets (or 'Workgroups'), to facilitate internal collaboration and communications between MEASURE Evaluation Phase II partners. (See Annex C for a description of the website and intranet workgroups.)

The project's newsletter, *Monitor: the Magazine of MEASURE Evaluation*, is distributed as a monthly e-newsletter to nearly 7,200 individuals; providing reports on field activities, announcements of new publications, and other resources. (See also Section Three E, Archive Maintenance and Website Support, below).

Even with these efforts, more progress is needed to make the data, tools, analyses and methods available at lower levels of decision-making/administration in each country, and globally. The challenge is to get the right information to the right person at the right time in the right format, especially given rapidly improving communications tools.

For example, research suggests that the “knowledge-to-practice” gap can be shortened by making cognitive links between what is known and what is presented. For example, if it is known that women between the ages of 15 and 20 are most likely to be infected with HIV or other STDs when moving from rural to urban areas, and that an individual receiving health services presents indications that place her within that cohort, then best practice would suggest providing preventive counseling. Health information systems can be used to enable this cognition by linking known client data with known best practices based on a certain set of indicators.

MEASURE Phase III Monitoring and Assessment for Results will work toward increasing availability of data, methods, analysis and tools at the country (particularly at lower levels of decision-making/program management) and global levels through ensuring the development and improvement of tools that can be adapted in various settings, sharing of best practices and increasing the channels of distribution.

Key implementation issues:

- Understanding differing information needs of different potential users. Efforts to increase the availability of data in formats that are culturally acceptable, understandable and usable should be informed by an understanding of the needs of the different user groups (both potential and actual) as well as by the constraints to data availability. User groups (including advocacy groups, USAID Missions, other bilateral and multi-lateral donors, journalists, researchers, community leaders, NGOs, and public and private health facilities) differ not only in data needs but also in technical proficiency to analyze and interpret data.
- Identifying the constraints to data availability. These might include factors related to physical access, timeliness of reporting, and user attributes such as technical skills, knowledge and understanding, organizational policies and practices that inhibit data dissemination, educational background of users, socio-economic factors, gender, language, and cultural beliefs and practices.
- Addressing global needs. Efforts to increase the availability of data, methods and tools should not be confined to the country level, and should extend to the global level. At the global level, there is a great need to share methods and tools which can be adapted to meet varying needs and contexts. Similarly, there is a great need to share results and to provide information on best practices.
- Taking advantage of the skills of other Global Health implementing partners. In particular, the Information and Knowledge For Optimal Health (INFO) project is geared towards communicating information and transferring knowledge to improve family planning/reproductive health (FP/RH) and other health programs, with particular emphasis on reaching providers of FP/RH and other health services in developing countries. (See Section Three D3, on collaboration with other partners, below). Collaboration with partners such as INFO can expand the impact and reach of both programs.

### Illustrative results indicators:

- Increase in data reaching decision-makers and administrators at various levels in a form they can understand and use, as measured by responses from assisted organizations.
- Proven technical improvements supported by the program that make information available to users at various levels that was not available to them before.
- Effective use of state-of-the-art information and communication technology to effect institutional change and up-take of best practices.

(Selected key achievements of MEASURE Evaluation Phase II for Result 5 are found in Part One, Section B2, MEASURE Evaluation Phase II Achievements and Findings to date, above).

### Illustrative indicators:

- Create or use existing widely-used electronic information-sharing vehicles (websites, list serves, e-notices, internet-based interactive training, etc) to share information on technical developments
- Sponsor regional or workshops, seminars, face-to-face methods, in combination with written material, to share and discuss health data issues, tools and methods with health administrators and monitoring and evaluation specialists from a variety of local, national, and international organizations.
- Analyze institutional/organizational constraints and needs of specific country counterparts that hampers their ability to access important health information, and assist them in developing action plans to address these constraints.
- Collaborate with other USAID implementing agencies, other donors and international organizations to share information and coordinate efforts to make data readily available to country users.

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

The fact that information is readily available does not mean that it will be used for health-sector decision-making. The constraints to data use at different levels of program planning and management must be well articulated and strategies developed to overcome them. This means that at every step of the information gathering and analysis process, consideration must be given as to who the key data users are, and how the information can be collected, analyzed and presented so as best to facilitate their use of the information in decision-making.

Under MEASURE Evaluation Phase II, many milestones were achieved in the facilitation of data use. MEASURE Evaluation Phase II's involvement in high level, influential meetings on data use in programs and policy led to data utilization and data use plans. For example, in Kenya, where DHS data revealed a plateau in the rate of contraceptive use, MEASURE Evaluation Phase II conducted secondary analyses to further illuminate the trend and then engaged multiple levels of stakeholders (through conferences and workshops) to facilitate the integration of the data into a plan of action. MEASURE Evaluation Phase II worked collaboratively in the Caribbean region with international, regional, and national stakeholders to facilitate sub-national small groups work to

incorporate information from a health information system assessment into concrete steps to improve the HIV/AIDS information system.

Further intervention is needed to ensure that data inform most major health sector decisions, particularly at sub-national levels. MEASURE Phase III Monitoring and Assessment for Results should continue and expand on innovative work to facilitate data use, at the sub-national as well as national levels, applying Knowledge Management concepts as appropriate.

Key implementation issues:

- Adjusting the data use activity to the situation: The data use facilitation role differs depending on the purpose for which data are being collected and used. For instance, when data use is being promoted as a part of a program monitoring system, the program role might be to work with host-country partners to develop strategies to avail the relevant stakeholders the technical skills to translate emerging data into project planning, performance assessment, and other decision-making activities. In other instances, however, the program's role might be largely that of assisting the host country to use existing data (for instance, undertaking a secondary analysis) to explain an observed trend of interest.
- Facilitating data use at sub-national levels: The trend towards decentralized decision-making in the health sector in many countries makes it increasingly important to ensure that administrators below the national level understand how to use information to direct their programs.
- Using knowledge management techniques. Many new tools are available to sort and present information to different users within a country or organization with content and format most appropriate for their different needs. In many of the countries in which USAID works, however, end users do not have easy access to modern information technology. Knowledge management techniques should be used that facilitate educated decision-making in resource-constrained settings.
- Linking in-country data users: An important aspect of facilitating data use is to link in-country data users with one another in order to increase their knowledge of existing data and use information in complementary ways to inform programs and policies. (Note: MEASURE Phase III Monitoring and Assessment for Results focuses on the design and implementation of data systems and databases and the use of the information contained in these databases).
- Focusing on the ultimate user of the results: Often data analyses are conducted without the end user in mind. To ensure that the resulting information is used, it is critical (1) to link those conducting data analyses and the ultimate user of the data, the decision-maker; and (2) to package information in actionable form. Understanding of the needs of the end users and packaging information most appropriate to their different needs will promote evidenced based decision making.

Illustrative results indicators:

- Increase in the number of health managers at national and sub-national levels who use data in decision-making (activity planning, target-setting, budgeting) as a result of program interventions to facilitate data use.
- Increase in interactions between data users to discuss data and how they have used data to carry out their responsibilities more effectively.
- Increase in documented instances where review and presentation of data has informed health decisions such as resource allocations, program design, operational plans or health policy measures.

(Selected key achievements of MEASURE Evaluation Phase II for Result 6 are found in Part One, Section B2, MEASURE Evaluation Phase II Achievements and Findings to date, above).

Illustrative activities:

- At country and project level, with host country monitoring and evaluation personnel, identify data needs for decision-making by health administrators for which data are being collected but not used; identify constraints to data use and adapt data collection, analysis and presentation process accordingly.
- Sponsor workshops at various levels (sub-national, national, international) to encourage data sharing, and to develop strategies for using data and information in program management.
- Provide technical assistance and training to country and regional monitoring and evaluation personnel to increase their skills in data demand and information use (DDIU) tools and analysis.

**Guiding Principles:** Guiding Principles for MEASURE Phase III, described in Part One, Section D above, apply to all components of MEASURE Phase III, including MEASURE Phase III Monitoring and Assessment for Results and all of its outcomes.

**E. The following documents are hereby included by reference in the Program Description:**

1. The Recipient's Technical Application entitled "MEASURE PHASE III Monitoring and Assessment for Results" dated March 25<sup>th</sup> 2008.
2. The Recipient's response to USAID's questions regarding the Technical Application dated May 30<sup>th</sup> 2008.

**End of Schedule**