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Building the Evidence Base: Application to the Global Health Initiative

November 22, 2010

Outline

- Part 1 – A new approach at USAID to evaluation and monitoring

- Part 2 – Monitoring and evaluation for learning, accountability and informed decisionmaking within the Global Health Initiative

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Current Evaluation Practice

- Highly variable, dependent on sector-specific norms, field interest
  - Very limited requirements, no "enforcement"
- Major focus on collecting and reporting performance indicators, crowding out evaluation
- Methodologically variable, few explicit quality standards, "underdesigned"

New Evaluation Policy

- Clear and consistent terminology
  - Performance evaluation
  - Impact evaluation (“cause and effect” evaluation)
- Aggressive requirements
  - Integrated into program design
  - Performance evaluations after expenditure of dollar threshold
  - Impact evaluations for “proof of concept” or “pilots”; focus on fundamental hypotheses about micro-level behavior
- Strong, appropriate methods
  - Required baselines (in repository)
  - Clear evaluation questions, linked to specific decisions
  - Sound social science methods (quantitative and qualitative)
  - Reviews of scopes of work and draft reports for large, high-profile evaluations

New Evaluation Policy

- Scopes of Work will include
  - Clear statement of evaluation questions, linked to future decisions
  - Written design with data collection instruments, data analysis plans, dissemination plan
  - Focus on data collection and analytic methods that ensure, to the maximum extent possible, reproducibility of results
  - Description of team members' skill requirements and qualifications

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New Evaluation Policy

- Adequately resourced
  - Proportional to program funds
  - Access to technical support through central (PPL), technical bureau and potentially regional levels
  - New training for program managers and evaluation specialists
  - Membership in International Initiative for Impact Evaluation
- Embedded in Presidential Initiatives
- Linked to monitoring
  - Streamlining / modification in numbers and types of indicators and reporting systems
  - Renewed focus on results frameworks within multi-year strategies, PMPs

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New Evaluation Policy

- Unbiased
  - Implementing partners do not evaluate themselves
  - Implementing partners required to share information from implementation
  - Evaluation teams led by external experts
- Transparent
  - Registration of evaluations at outset
  - Disclosure / dissemination of findings with limited exceptions
- Useful
  - Required references during program design, portfolio reviews
  - Highlighted in Evidence Summits

Turning to Health…

- Health has been a leader in M&E
  - Investment in key data sources and systems
  - Strong, standardized outcome and impact indicators
  - Engagement in processes to harmonize across donors and with national systems
  - Investment in operations research (“cause and effect” evaluation)
- Interagency and other partners have brought in strong expertise
  - CDC, NIH, UNAIDS, WHO . . .

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Monitoring and Evaluation: A Principle of GHI

- Build on existing M&E within programs
- Highlight performance benchmarks and progress toward targets
  - New indicators at outcome level
- Examine effect of GHI “principles” via Learning Agenda in GHI-Plus countries (on speed of implementation, performance, impact)

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GHI Indicators

- Limited additional required indicators
  - Add on top of program-specific indicators
  - Reported through FACTS
  - New outcome-level, when DHS data are fresh
- Designing annual report
  - Minimal burden on field
  - Responsive to stakeholder interest in achievement of process benchmarks as well as direction, pace toward targets

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GHI Indicators (example for TB)

- TB mortality
- TB prevalence
- Percent of registered new smear-positive pulmonary TB cases that were cured and completed treatment under DOTS (i.e. treatment success rate) in USG-supported areas
- Number of new sputum smear-positive patients successfully treated under DOTS Treatment success rate in USG-assisted DOTS Plus programs to treat MDR TB patients
- Number of new MDR-TB patients successfully treated
- Percent of estimated number of of new smear-positive pulmonary TB cases that were detected under DOTS (case detection rate)
- Percent of registered new smear-positive pulmonary TB cases that were cured and completed treatment under DOTS (i.e. treatment success rate) in USG-supported areas

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GHI Indicators (example for child health)

- Number of deaths among children under age five in a given year per 1,000 live births in that same year
- Number of deaths among infants in the first 28 days of life in a given year per 1,000 live births in that same year. % of children under 5 years of age with diarrhea treated with ORT
- % of children under 5 years of age with pneumonia taken to appropriate care
- Number of cases of child diarrhea treated in USG-assisted programs
- Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG supported programs
- Number of SP tablets delivered to ANC clinics

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What is the GHI "Learning Agenda"?

- Coherent set of studies focusing on the "value added" of the GHI approach in GHI-Plus countries
  - Builds on but does not supplant the evaluation and research activities within programmatic areas (HIV/AIDS, malaria, MCH/FP, NTDs)
  - Questions focused on system strengthening, sustainability, women- and girl-focus, country ownership/partnership and other principles
- Designed to support in-country and headquarters decision making and responsiveness to stakeholders

Components of Learning Agenda

- Questions specific to the programmatic investments and approach described in the GHI country strategy
  - Proposed by the USG country team
- Questions that will be addressed across all GHI-Plus countries to maximize cross-national learning
  - Identified centrally, with input from country teams.
- Plan for sharing findings with decision makers, stakeholders

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Examples of Questions

- When services such as PMTCT and broad maternal health services are combined in a “one-stop” approach, what changes are observed in the utilization of each of those? What changes occur in the per-patient cost?

- With the introduction of results-based financing for health workers, what changes are observed in the delivery and utilization of services, and / or in health outcomes? What are the management strategies used when an incentive program is introduced?

- Has implementation of youth-friendly health services changed the patterns of health service use and/or health outcomes among adolescent girls?

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Examples of Questions

- How has the principle of country ownership been implemented? What have been the main changes in content or process of USG programs? What systems have been put into place to afford on-going discussion/negotiation with host governments? What have been the effects on the pace and effectiveness of implementation?

- How has the USG emphasis on women- and girl-centered programming changed host government policies and programs?

- What strategies have been used to increase medium-term financial sustainability? What progress has been made in increasing the share of government spending on health and/or reducing reliance on donors?

Anticipated Study Methods

- **Impact evaluations / implementation science**
  - experimental or quasi-experimental design
  - investigate effects of different approaches to service delivery, training, financing)
  - e.g., study of impact of deployment of community health workers on key MCH outcomes
- **Performance evaluations**
  - mixed methods (quantitative and qualitative, typically before/after with logical comparisons)
  - investigate extent to which programs were implemented and achieved stated output and, if possible, outcome targets; identify key bottlenecks
  - e.g., performance evaluation of integration of health services

What We Need from the Global Health Community

- Best indicators for multi-faceted principles
  - Health system strengthening
  - Capacity building
  - Country ownership
  - Sustainability
- Expertise to conduct studies, with national counterparts
- Opportunities for disseminating findings (Q3-4, 2011)
- “Space” to take risks, expose disappointing results