



Addressing M&E Challenges at Country and Global Levels

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FOOD AND NUTRITION
TECHNICAL ASSISTANCE

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THE SCIENCE OF IMPROVING LIVES

Support to FFP Development Food Security Activity (DFSA) Performance Evaluation Baseline and End-line Surveys

Diana Stukel

Introduction



- USAID Office of Food for Peace (FFP) sponsors NGOs to undertake multi-year Development Food Security Activities (DFSAs) in Sub-Saharan Africa, Asia, Latin America, and the Caribbean
- **Focus of DFSAs:** Maternal and child health and nutrition (MCHN) improvement, agriculture and livelihoods strengthening, disaster risk reduction (DRR), with an overall aim of poverty reduction and food security strengthening

Which Countries? Which NGOs?

2012 **Uganda** – Mercy Corps, ACDI/VOCA

Niger – Catholic Relief Services (CRS), Save the Children, Mercy Corps

Guatemala – CRS, Save the Children

2013 **Zimbabwe** – World Vision, CNFA

Haiti – CARE

2014 **Madagascar** – CRS, ADRA

Malawi – PCI, CRS

Burundi – CRS

Nepal – Mercy Corps, Save the Children

2015 **Bangladesh** – CARE, World Vision (WV), Helen Keller Int'l

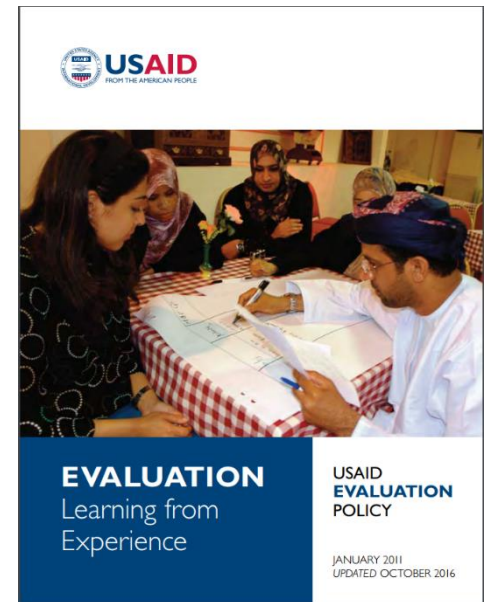
Mali – CARE

2016 **DRC** – CRS, Food for the Hungry, Mercy Corps

Ethiopia – CRS, Food for the Hungry, REST, WV

Introduction

- Over last 5 years, FANTA assisted USAID/FFP in the design and implementation of baseline and end-line population-based surveys (PBSs) in support of performance evaluations related to the DFSAs
 - Mixed methods (quantitative and qualitative) evaluations undertaken
 - Quantitative PBSs conducted at baseline before projects commence (2,000-7,000 households) to collect data for 40+ indicators on food security, poverty, MCHN, WASH, agriculture, resilience, gender, etc.



Introduction (*continued*)

- End-line PBSs conducted roughly 5 years after baseline PBSs and just prior to project closeout, to enable “pre-post” comparison design
- Over the last 5 years, baseline PBSs conducted in 13 countries and end-line PBSs in 2 countries (Ethiopia and Niger)
- Sometimes circumstances require special PBS designs, such as in Ethiopia, where joint baseline/end-line PBS are desired

Ethiopia: The Issue

- End-line PBSs required for 3 old (2011) DFSAs about to close out: CRS, REST, Food for the Hungry – needing a sample size of 1,540 households per DfSA
- Baseline PBSs required for 4 new (2016) DFSAs about to start: CRS, REST, Food for the Hungry, World Vision – needing a sample size of 1,740 households per DfSA
- Substantial geographic overlap: 431 kebeles out of 1,034 baseline/end-line kebeles (42%)
- Favorable timing coupled with constraints on resources pointed to potential for joint administration of two PBSs
- But how to design the joint PBS?

Ethiopia: The Solution

DFSA	Sample Size Requirement (Old DFSA End-line)	Sample Size Requirement (New DFSA Baseline)	Sample Size Requirements (Joint Baseline/End-line)
CRS	1,540	1,740	2,670
Overlap	787	610	787
Old	753		753
New		1,130	1,130
Food for the Hungry (FH)	1,540	1,740	1,740
Overlap	713	1,403	1,403
New		337	337
REST	1,540	1,740	2,163
Overlap	1,117	1,172	1,172
New		568	568
Old	423		423
World Vision (WV)/FH		1,740	1,853
Overlap (WV/FH)	827	714	827
New (WV)		1,026	1,026
TOTAL	4,620	6,960	8,426

Ethiopia: The Impact

- Sample size had we undertaken 2 separate PBSs:
 - 4,620 households for old DFSA end-line PBS
 - 6,960 households for new DFSA baseline PBS
 - 11,580 households overall
- Sample size using a joint PBS: 8,426 households
- Sample size savings by undertaking joint PBS: 3,154 households (**27%**)!!

Ethiopia: The Challenges

- More complex survey design than usual
- Lack of perfect alignment between indicators to be measured for 2016 DFSA baseline PBS versus 2011 DFSA end-line PBS
 - 43 indicators needed for new DFSA baseline
 - 26 indicators needed for old DFSA end-line
 - 16 indicators overlap between 2 surveys
 - Compromise: collect data on 43 indicators everywhere
- Time crunch: needed to conduct joint PBSs in July-August window to align with timing of fieldwork for original 2011 DFSA baseline PBS

Considerations and Key Takeaways

When considering undertaking future joint administration of 2 independent surveys need to consider feasibility of doing so in terms of:

- Extent of geographic overlap: if too little overlap, may as well administer 2 PBSs separately.
- Extent of overlap of questionnaire content: if too little overlap in content, may not be worth joint administration.
- Timing issues: if one survey is an end-line PBS, it needs to be done at same time of year as previous baseline PBSs and so it will dictate overall timing of joint administration of 2 surveys.

Gender Indicators for Development Food Security Activities

Reena Borwankar

The Challenge

USAID/FFP Development Food Security Activities

- Gender is required to be integrated as a cross-cutting theme
 - How to operationalize measurement of gender integration?
 - How to standardize and harmonize measurement across programs?
- Gender indicators for baseline and final evaluation surveys

Development Food Security Activities

Project at a Glance

Reduced Chronic Malnutrition and Increased Food Security and Resilience among Vulnerable Households

Increased income among food-insecure households	Reduced chronic malnutrition among children under 5	Increased household resilience to climate change and other shocks
<ul style="list-style-type: none">• Increased agricultural and livestock production among food insecure households• Increased livelihoods diversification among households	<ul style="list-style-type: none">• Improved nutritional status of children under 2• Reduced adolescent pregnancy	<ul style="list-style-type: none">• Enhanced community- and district-level capacity to mitigate and respond to shocks• Reduced climate change impacts
Improved gender equality and youth engagement Improved local governance systems		

KEY

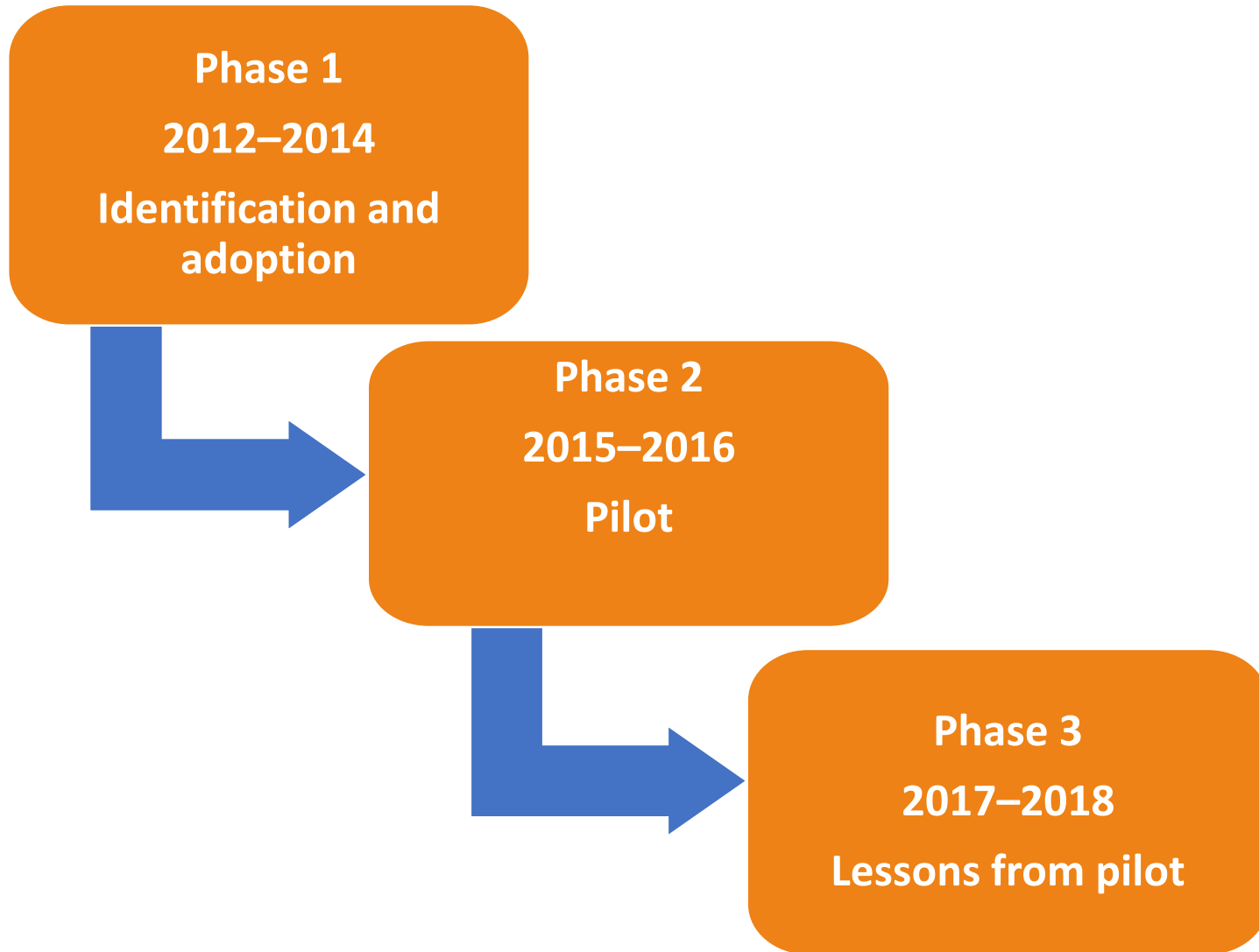
Goal

Program Purpose

Sub-Purpose

Cross-Cutting

Multi-Phase Process



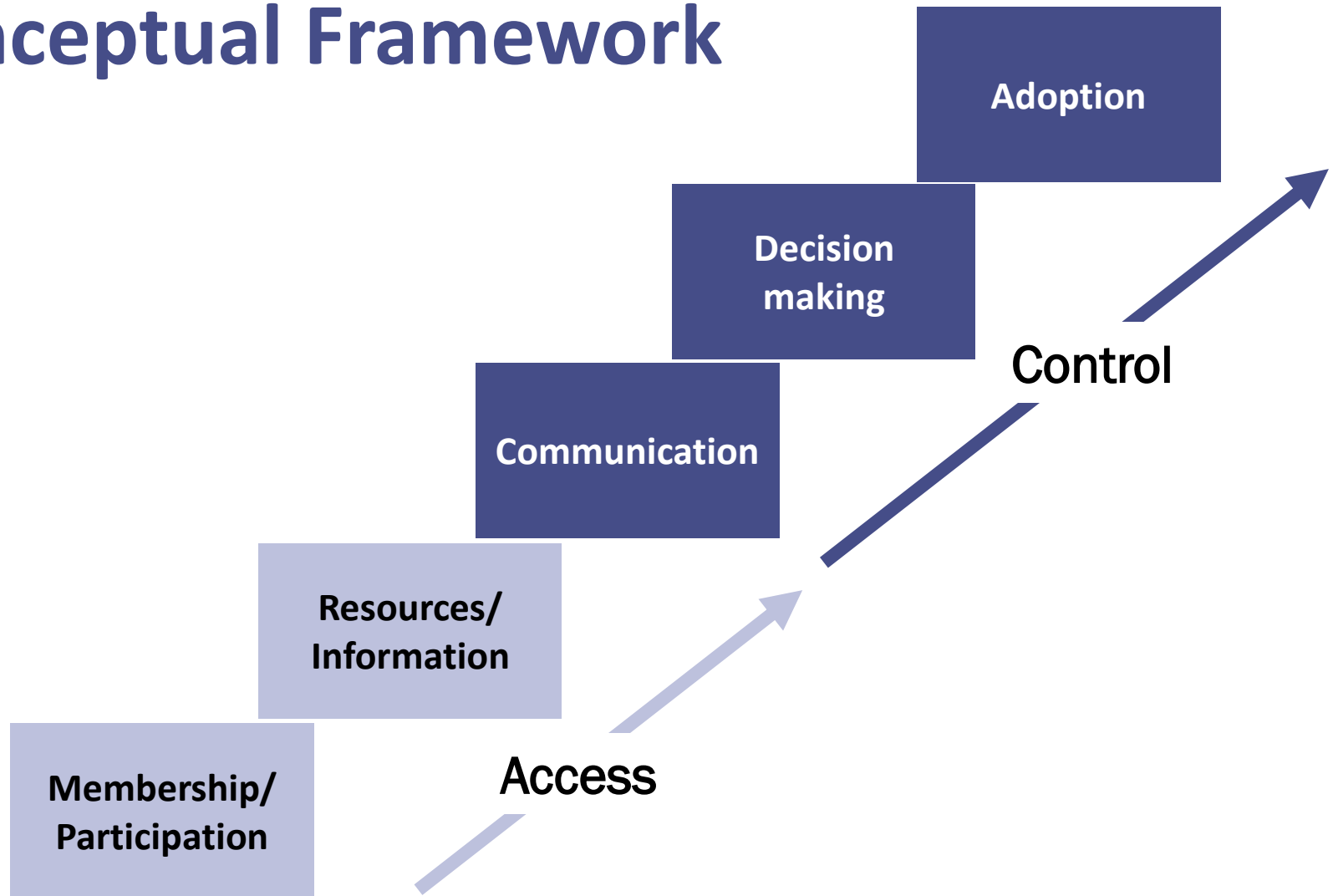
Selection Criteria

- Outcome indicators, population-based surveys
- Standard, internationally accepted
- Validated with women and men (where relevant)
- Alignment with the FFP list of indicators
- Feasibility of data collection (e.g., logistics, financial implications)

Process

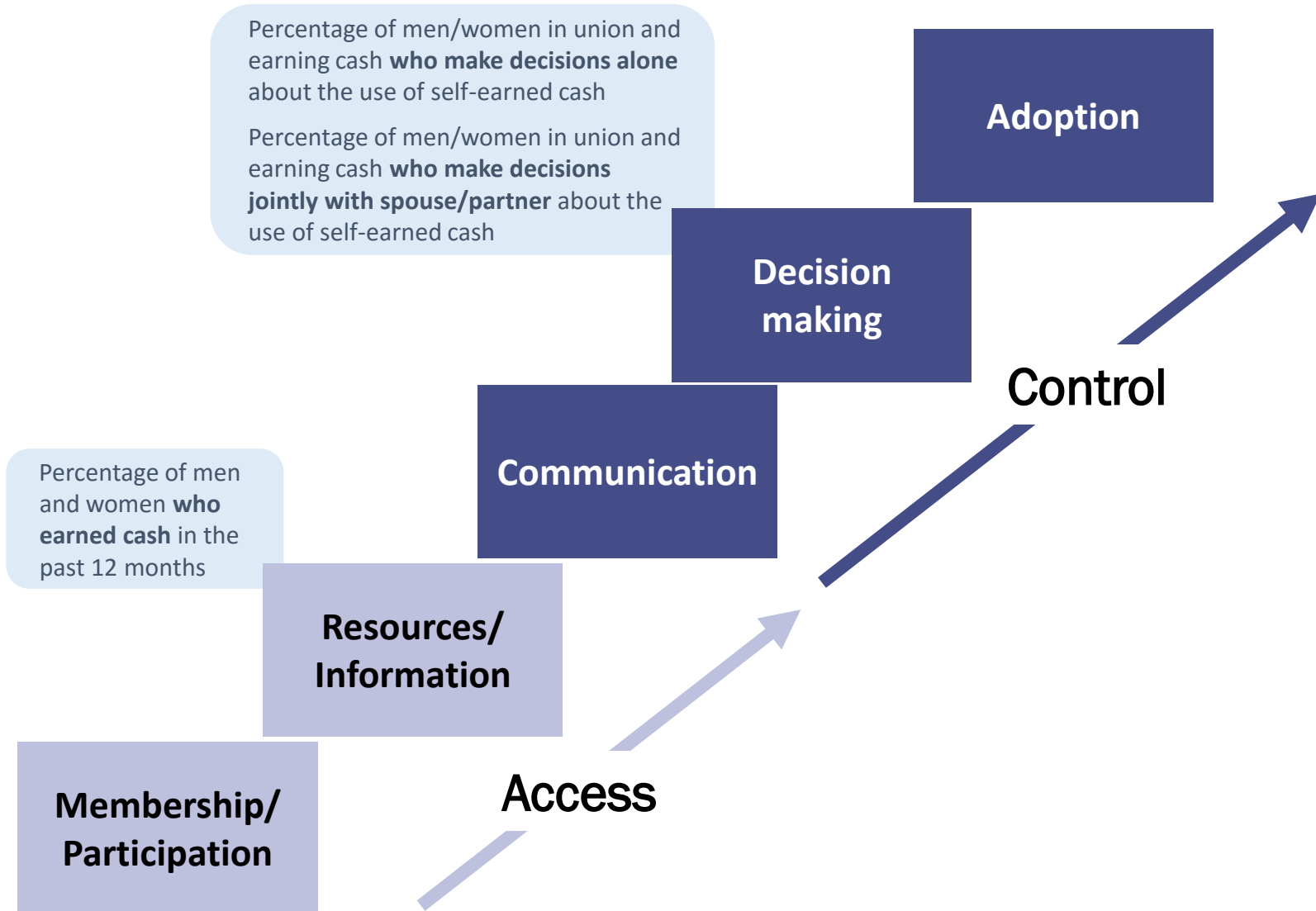
- Literature review to identify relevant measurements areas
 - Access to and control over resources and economic empowerment
 - Decision making
 - Male involvement and shared responsibility
 - Mobility
 - Gender dynamics and relations
- Technical Consultations
 - Technical and Operational Performance (TOPS) gender and M&E taskforce members
 - Gender experts
 - FFP leadership
- Conceptual Framework to guide the measurement of gender integration

Conceptual Framework



Source: Borwankar, Reena and Sethuraman, Kavita. 2014. *Operationalizing the Measurement of Gender Integration in USAID/Food for Peace Title II Development Food Assistance Programs. (Unpublished draft)* Washington, DC: FHI 360/FANTA.

Gender Indicators: Agriculture & Livelihoods



Gender Indicators: MCHN

Percentage of men/women in union with children under two who **make maternal health and nutrition decisions alone**

Percentage of men/women in union with children under two who **make maternal health and nutrition decisions jointly with spouse/partner**

Percentage of men/women in union with children under two who **make child health and nutrition decisions alone**

Percentage of men/women in union with children under two who **make child health and nutrition decisions jointly with spouse/partner**

Percentage of men and women with children under two who **have knowledge of maternal-child health and nutrition (MCHN) practices**

**Membership/
Participation**

**Resources/
Information**

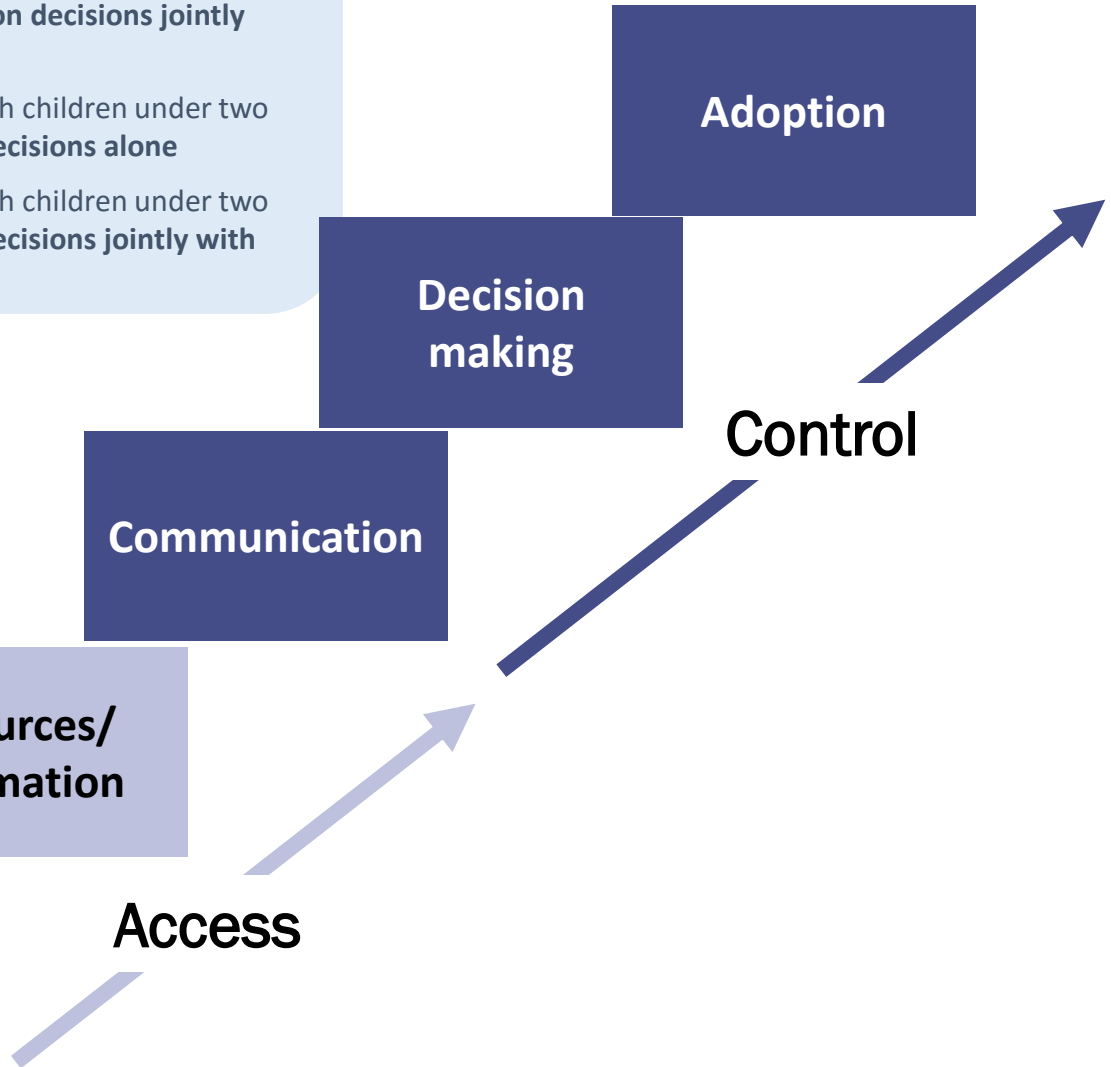
Communication

**Decision
making**

Adoption

Access

Control



Pilot Phase

- New gender module in FFP Indicator Handbook
 - Performance indicator reference sheets
[Survey questions, sampling, and tabulation instructions]
- Piloted in 6 countries
- Synthesis of lessons learned from pilot
 - Secondary data analysis on FY15 datasets (4 countries)
 - Feedback from FFP, implementing partners, and baseline contractor

Impact

- Set of gender indicators designed specifically for FFP programming.
- Harmonized measurement.
- More focused program design, selection of interventions.
- Secondary data analysis: gain a better understanding of how gender dynamics might affect program design and implementation.

Identifying Indicators to Measure Progress Toward Sustainability

Sujata Bose

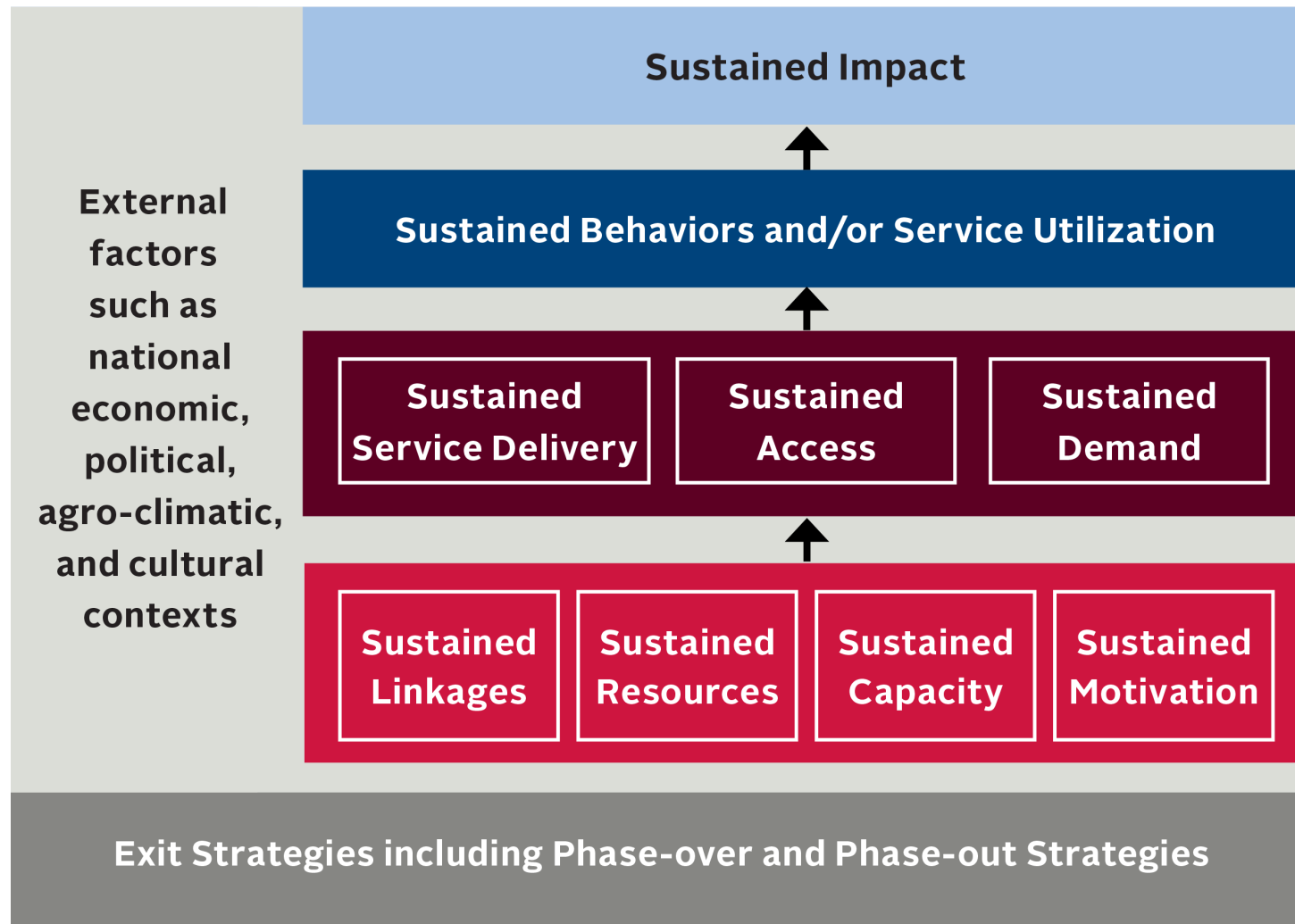
Shelly Amieva

The Challenge

Food for Peace (FFP) requires sustainability plans for Development Food Security Activities (DFSAs)

- Which programmatic interventions and other factors will hinder/promote sustainable outcomes?
- How do we know we are on track to achieve sustainable outcomes? How do we measure our progress?

Sustainability and Exit Strategies Conceptual Framework



Overview

Phase 1:
Identify
sustainability
factors/
pathways in
literature



Phase 2:
Consultations
with FFP/IPs/
experts to
validate Phase
1 results



Phase 3:
Identify and
catalog existing
sustainability
indicators and
identify gaps

Literature Search

- Exit strategies reports (4)
- Over 4,000 articles from independent literature search

Criteria

- Articles that describe sustainability, or potential sustainability, of specific program components that you would find in FFP programs
- Articles that list or describe indicators or frameworks that could be used to assess sustainability of FFP interventions

Consultations

- Fall/winter 2017
- FFP implementing partners, other USAID partners, subject area experts

Consultation Topics

- Are the factors/pathways plausible?
- Have any factors/pathways been left out?

Indicators

Indicators selected from existing indicators:

- Identify indicators corresponding to sustainability factors/pathways
- Identify indicator gaps
- Identify qualitative research questions for FFP mid-term assessments

Impact

- Hope to provide first-ever set of indicators to track progress toward sustainable food security outcomes
- Sustainability “pathways/factors” and indicators will need to be tested over time
- Helps bring sustainability to the forefront

Integration of Nutrition Indicators in Health Management Information System (HMIS) in Uganda

Hanifa Bachou

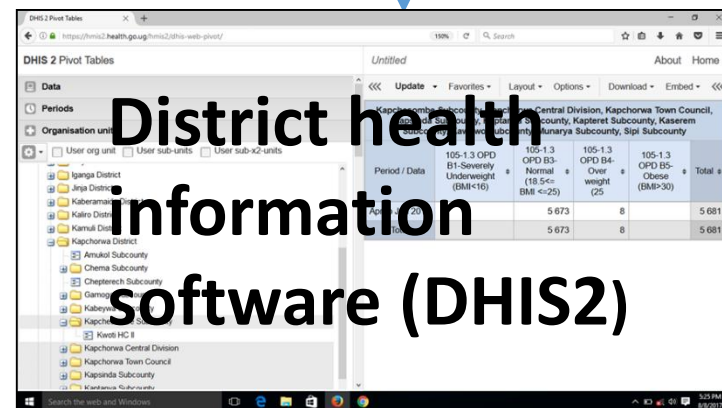
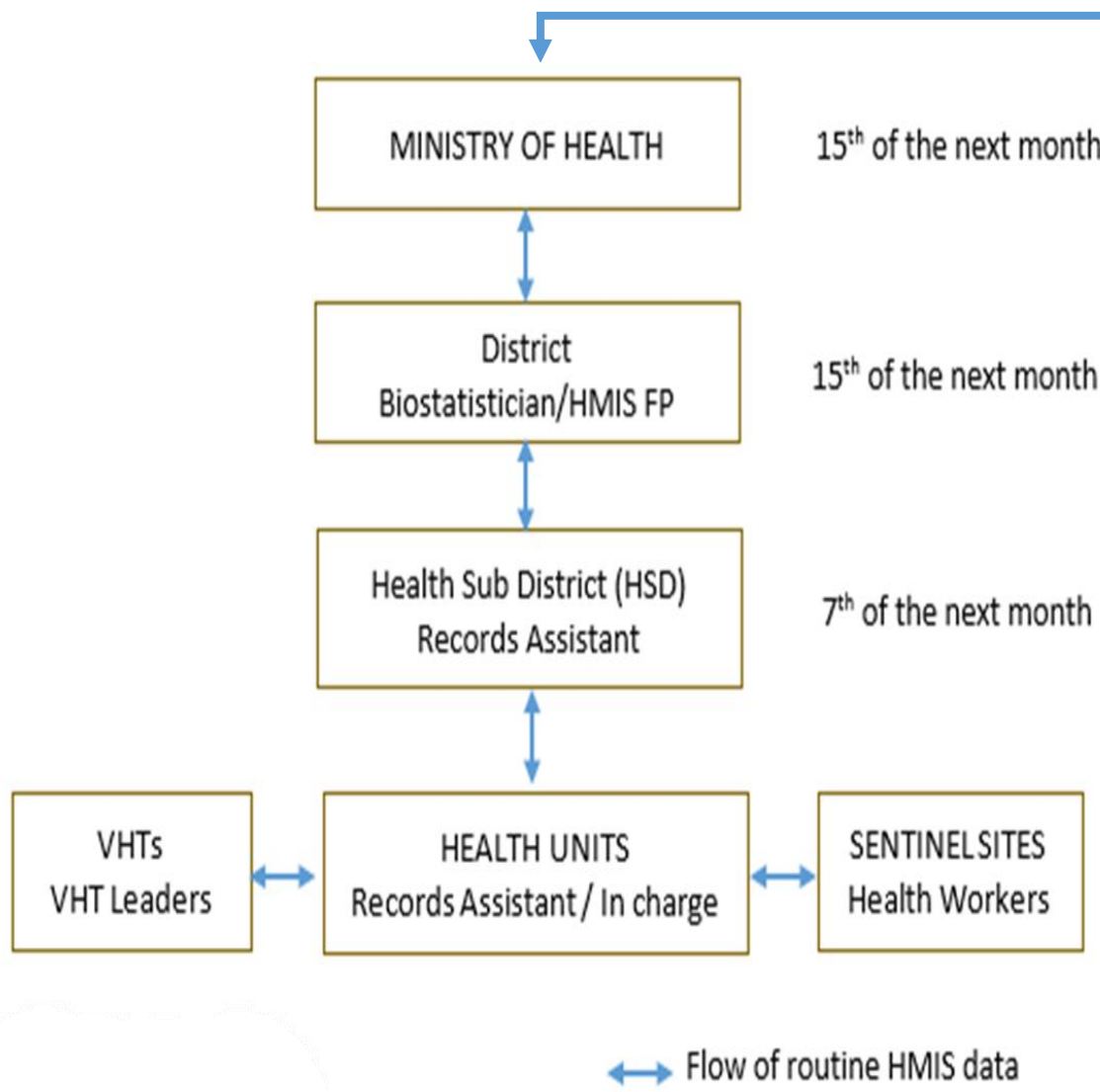
Overview of HMIS in Uganda

Integrated system used by Ministry of Health (MoH), development partners, and stakeholders to collect relevant and functional information on a routine basis

Goal and Objectives: To provide quality data that support evidence-based decision making at all levels of the health care system in Uganda

- Provide quality information to support decision making
- Aid in setting performance targets
- Assist in assessing performance
- Encourage use of health information

Current HMIS Reporting Structure



District health information software (DHIS2)

Achievements

FANTA has supported...

- Incorporation of nutrition indicators in HMIS/DHIS2
- Development/review of HMIS nutrition data collection and logistics tools
 - Health Unit Outpatient Monthly Report (HMIS form 105)
 - Integrated Nutrition Register (INR) (HMIS form 077)
 - Health Unit Outpatient Monthly Report Nutrition Addendum (HMIS form 009)
 - Health Unit Quarterly Report (HMIS form 106a)
 - Nutrition Talley Sheet (HMIS form 077a)

Annex 1: HMIS 009: NUTRITION ADDENDUM

Health Unit _____ Code _____ Level _____ District _____ HSD _____

Sub-county _____ Parish _____ Month _____ Year ≥20 _____

ADDENDUM TO HMIS 105										
Source Document										
ANC register		Pregnant Mothers Receiving Iron/Folic Acid on ANC 4 th visit								
		No. of Pregnant women with Hb <11 g/dl		1 st visit						
				4 th visit						
OPD, Child Health register, INR				0-6 Months (W/H Z-score)		6-59 Months (W/H Z-score)		5-19yrs (BMI-for-Age Z-score)		
				Male	Female	Male	Female	Male	Female	
		Over Weight (> +2SD)								
		Moderate Acute Malnutrition (≥-3 - <-2SD)								
		Severe Acute Malnutrition without oedema (<-3SD)								
		Severe Acute malnutrition with oedema								
		Total Severe Acute malnutrition								
				0-6 Months (H/A Z scores)		6-59 Months (H/A Z-scores)				
				Male	Female	Male	Female			
		Stunted (<-2SD)								
		Not stunted (>-2SD)								

Key Nutrition Performance Indicators

No	Indicator	Data source	Frequency
1	Proportion of clients newly identified with acute malnutrition	HMIS 106a	Quarterly
2	Proportion of malnourished clients receiving nutrition treatment	HMIS 106a	Quarterly
3	Proportion of clients attaining target exit criteria at the end of the quarter	HMIS 106a	Quarterly
4	Proportion of children born with low birth weight	HMIS 105	Monthly
5	Proportion of children <5 yrs who are wasted	HMIS 106a	Quarterly
6	Proportion of children < 5 yrs who are stunted	HMIS 009 (<5yrs)	Monthly
7	Proportion of children <5yrs who are underweight	HMIS 109	Monthly
8	Proportion of children <5 yrs who are overweight	HMIS 009 (<5yrs)	Monthly
9	Proportion of pregnant women with Hb <11g/dl at ANC 4th visit	HMIS 009	Monthly
10	Proportion of mothers initiating breastfeeding within 1 st hour after birth	HMIS 105	Monthly
11	National level Vitamin A coverage	HMIS 105	Quarterly

Achievements (*continued*)

- Trained 264 health service providers (2014)
- Developed HMIS for nutrition training package (2017)
- Trained 73 health service providers using the standardized training package





MINISTRY OF HEALTH



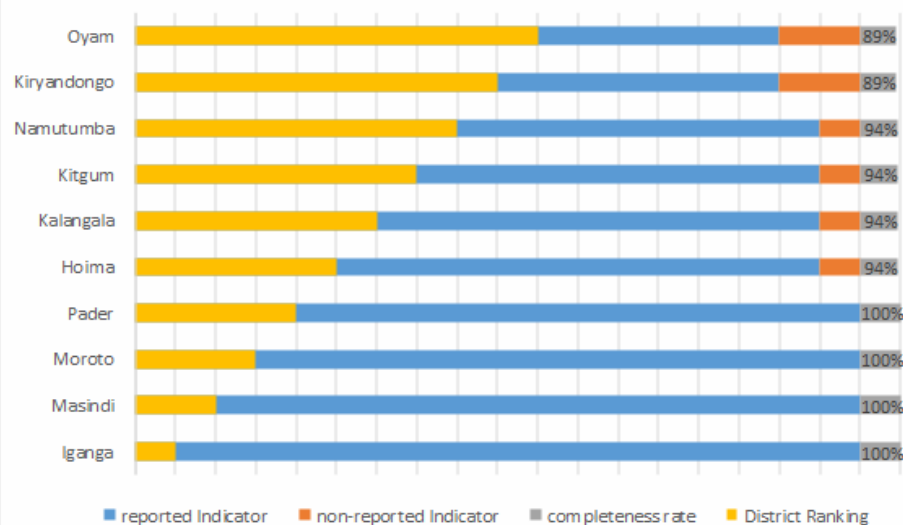
Issue 2:

April—June 2017

NUTRITION QUARTERLY BULLETIN

HMIS Reporting (indicator completeness analysis)

Top 10 Reporting Districts for April - June 2017



Nutrition Division (We strive to achieve a malnutrition free Uganda)

BOTTOM 10 DISTRICTS

Org unit	Reported Indicators	Non-reported Indicators	Completeness rate	District Ranking
Budaka	5	13	28%	107
Bukwo	4	14	22%	108
Dokolo	4	14	22%	109
Kaabong	4	14	22%	110
Kaberaido	4	14	22%	111
Kumi	4	14	22%	112
Mitooma	4	14	22%	113
Rubirizi	4	14	22%	114
Serere	4	14	22%	115
Kween	2	16	11%	116

Challenges

- There is a capacity gap in knowledge and skills of health service providers in nutrition data capture and reporting.
- A total of 372 out of 27,000 staff working in 225 out of 3,237 government-owned health facilities, received training on HMIS.

Considerations

- Need to build capacity of health service providers using the HMIS for Nutrition training package.
- Mentorship and coaching for continuous quality improvement.

Key Takeaways

Because nutrition indicators were integrated into the HMIS:

- Nutrition information is now being reported and used to monitor performance on nutrition service delivery.
- The data generated can be used to inform decision making and support targeted interventions.
- The standardized HMIS for Nutrition training package will help build capacity of health workers to improve quality of nutrition data capture and reporting.

Key Takeaways (*continued*)

- What made our efforts to include nutrition indicators successful:
 - ✓ **The right timing:** Health policy environment for nutrition, targeted the review period for the HMIS (happens every 5 years).
 - ✓ **High level advocacy:** Through the PHFS Initiative, identified gaps in nutrition indicators at health facilities.
 - ✓ **Strong coordination effort:** Networking and lobbying by nutrition IPs in support of the nutrition indicators in HMIS.
- Share experience from countries that have incorporated nutrition indicators to help other countries.



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