Leveraging Evaluation in an Emergency Response:
The President’s Emergency Plan for AIDS Relief

Breakout #4 – Morning Session

The U.S. Government Evaluation Forum
In celebration of
The United Nations Year of Evaluation

U.S. Department of State
2 December 2015
George Marshall Conference Center
Introduction to the PEPFAR Context

Irum Zaidi
Director, Country Impact
PEPFAR

• Presidential Initiative launched in 2003 (President Bush)

• Emergency response to global HIV/AIDS crisis

• Priority on program implementation and results

• Interagency model, under direction of US Global AIDS Coordinator
  • USAID, HHS (CDC, HRSA, SAMHSA, NIH), DOD, Peace Corps, Labor, Commerce (B of Census)
Partnering with international community, driving toward UNAIDS 90-90-90 goals by 2020

90% of people with HIV know their status
90% of people diagnosed are offered treatment
90% of people on treatment have suppressed viral loads

Required a shift in business model toward a more robust data-driven approach that strategically targets where the greatest impact can be achieved.
Right Things – evidence-based core activities to maximize epidemic impact. Combination prevention focusing on hard-to-reach populations; support to orphans and vulnerable children and families; and elements of health systems to support sustainable strategies to control the epidemic.

Right Places – more precise data afford the opportunity to target geographic areas and populations in greatest need of effective responses.

Right Now – immediate treatment for all HIV-infected and acceleration of scale-up of all core interventions are essential to achieve sustainable epidemic control as quickly as possible.
PEPFAR FY 2015

- Program interventions fall into 18 different categories

  - ADULT TREATMENT
  - ARV DRUGS
  - PEDIATRIC CARE
  - PREVENTION OF MOTHER TO CHILD TRANSMISSION
  - VOLUNTARY MALE MEDICAL CIRCUMCISION
  - INJECTING AND NON-INJECTING DRUG USE
  - INJECTION SAFETY
  - ORPHANS and VULNERABLE CHILDREN
  - LABORATORY
  - PEDIATRIC TREATMENT
  - ADULT CARE
  - TESTING and COUNSELING
  - TB/HIV
  - OTHER SEXUAL PREVENTION
  - BLOOD SAFETY
  - ABSTINENCE
  - HEALTH SYSTEMS STRENGTHENING
  - STRATEGIC INFORMATION

- Implementation in 58 countries

- Implementation by 784 partners

- Programs active in 53,117 facility and 14,017 community sites
PEPFAR FY 2015

PEPFAR Results FY 2015

<table>
<thead>
<tr>
<th>Service</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons Receiving ART</td>
<td>9,589,200</td>
</tr>
<tr>
<td>Pregnant Women receiving ART</td>
<td>831,500</td>
</tr>
<tr>
<td>Voluntary Male Circumcision</td>
<td>2,573,900</td>
</tr>
<tr>
<td>HIV Testing and Counseling</td>
<td>68,299,800</td>
</tr>
</tbody>
</table>
EVALUATIONS

Phases

1. Targeted Evaluations
2. Public Health Evaluations
3. Implementation Science
4. Combination Prevention Trials
5. ‘All’ Evaluations

Dimensions

1. Coordination
2. Funding
3. Prioritization
4. Implementation
5. Reporting
PEPFAR Evaluation Standards of Practice

Paul Bouey
Special Advisor, Country Impact
“The Secretary of State should direct the U.S. Global AIDS Coordinator, in collaboration with CDC and USAID to enhance PEPFAR evaluations ...

... to develop a strategy to improve PEPFAR implementing agencies’ and country and regional teams’ adherence to common evaluation standards.”

... to increase the online accessibility of PEPFAR program evaluation results.”

... to require implementing agency and headquarters and country and regional teams to include evaluation plans in their annual operational plans.”

... to provide detailed guidance for implementing agencies and country and regional teams on assessing, ensuring, and documenting the independence and competence of PEPFAR program evaluators.”
PEPFAR Stewardship and Oversight Act Of 2013

“(R) A description of program evaluations completed during the reporting period, including whether all completed evaluations have been published on a publicly available Internet website and whether any completed evaluations did not adhere to the common evaluation standards of practice published under paragraph (4).”

Department of State

Office of Foreign Assistance
THE EVALUATION STANDARDS OF PRACTICE

• ENGAGE STAKEHOLDERS
• CLEARLY STATE EVALUATION QUESTIONS, PURPOSE, AND OBJECTIVES
• USE APPROPRIATE EVALUATION DESIGN, METHODS, AND ANALYTICAL TECHNIQUES
• ADDRESS ETHICAL CONSIDERATIONS AND ASSURANCES
• IDENTIFY RESOURCES AND ARTICULATE BUDGET
• CONSTRUCT DATA COLLECTION AND MANAGEMENT PLANS
• ENSURE APPROPRIATE EVALUATOR QUALIFICATIONS AND EVALUATION INDEPENDENCE
• MONITOR THE PLANNING AND IMPLEMENTATION OF AN EVALUATION
• PRODUCE QUALITY EVALUATION REPORTS
• DISSEMINATE RESULTS
• USE FINDINGS FOR PROGRAM IMPROVEMENT
Evaluation Stakeholders

- Country Impact
- Interagency Collaborative for Program Improvement
- Office of Research and Science
Country Impact

- Country Impact is responsible for leading, coordinating, and managing the collection and analysis of multiple data streams for the purpose of monitoring progress towards epidemic control.
  - The data streams of interest include program monitoring data, epidemiologic data, surveillance data, evaluation findings, program quality data, and expenditure data.
- CIT also leads the advancement of health information systems.
- CIT serves as a policy and programmatic resource for issues relevant to the success of country programs to use strategic information to inform and improve programs.

- Monitoring & Evaluation / Health Information Systems Technical Working Group
Interagency Collaborative for Program Improvement (ICPI)

Comprised of personnel from different PEPFAR agencies and the Office of the US Global AIDS Coordinator

“... to promote and facilitate integrated analyses of PEPFAR data, to strengthen the use of data in the field and at headquarters, and to improve the capacity of the field and headquarters to integrate and manage data to maximize PEPFAR’s impact.”

Office of Research and Science

• Implementation Science
• Combination Prevention Trials
Country Impact Team

Evaluation Working Group

Interagency Collaborative for Program Improvement

Office of Research and Science
Evaluation Working Group

• Provide guidance and assistance to evaluations, particularly pertaining to the Standards of Practice
• Strengthen PEPFAR approach to evaluation with more complete and better information regarding evaluation portfolios, awareness of gaps
• Set evaluation priorities

Reporting – work with country teams (primarily through agency mechanisms), supporting compliance with reporting requirements and adherence to Standards of Practice, placing greater emphasis on ‘use of results’ whether positive or negative. Support quality assurance.

Planning – work with country teams, supporting strategic planning to address priority gap areas for evaluation, eliminate redundancy of studies.
FIRST RESULTS

FY 2014 ESoP Adherence Rates, Completed Evaluations

THE EVALUATION STANDARDS OF PRACTICE

1 ENGAGE STAKEHOLDERS
2 CLEARLY STATE EVALUATION QUESTIONS, PURPOSE, AND OBJECTIVES
3 USE APPROPRIATE EVALUATION DESIGN, METHODS, AND ANALYTICAL TECHNIQUES
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9 PRODUCE QUALITY EVALUATION REPORTS
10 DISSEMINATE RESULTS
11 USE FINDINGS FOR PROGRAM IMPROVEMENT
The New Evaluation Landscape

Annual Program Report – Fiscal Year 2015

Complete inventory of new, ongoing, and completed evaluations
Adherence checklists for all completed evaluations


PEPFAR and National Evaluation Plans
Complete inventory of proposed evaluations
AGENCY PERSPECTIVES

- Office of Research and Science, S/GAC
- Centers for Disease Control
- US Agency for International Development
- Department of Defense
- Peace Corps

- Q&A
Office of Research and Science, S/GAC

Maureen Goodenow
Acting Director
Implementation Science

Study of methods to improve the uptake, implementation, and translation of research findings into routine and common practices.

A paradigm shift in emphasis to greater external validity.

Seeks to improve program effectiveness and optimize efficiency, including the effective transfer of interventions from one setting to another.

**Fundamental components of IS:**
- monitoring and evaluation
- operations research
- impact evaluation [modeling & cost-effectiveness analyses]
### Implementation Science Questions

**Examples**

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which TB/HIV integration model produces the best clinical and public</td>
</tr>
<tr>
<td>health outcomes, yet remains efficient and scalable?</td>
</tr>
<tr>
<td>What are the most effective strategies to increase adherence/retention</td>
</tr>
<tr>
<td>in a particular program?</td>
</tr>
<tr>
<td>How can intensified HIV testing and immediate ART be effectively</td>
</tr>
<tr>
<td>delivered to key populations?</td>
</tr>
<tr>
<td>Can routine HIV care be shifted from physicians to nurses?</td>
</tr>
</tbody>
</table>
A Range of Study Methodologies

• **Qualitative methods**
  – Key informant interviews
  – Focus group discussions

• **Quantitative methods**
  – Group randomized studies
  – Cohort studies
  – Cross-sectional surveys

• **Data collection**
  – Questionnaires/interviews with patients and health workers
  – Data abstraction from routinely collected data
  – Site characteristics assessment tools
Implementation Science Challenges

Multidisciplinary approach

• Requires interdisciplinary and multidisciplinary collaboration among researchers, implementers, policymakers, civil society, and other stakeholders; but very few established communication channels and forums for such coordination.

• Often a gap between the expectations of researchers who generate and report IS results and implementers who use them.
Implementation Science & PEPFAR Programs

USAID

- Combination Intervention Package to Enhance Antiretroviral Therapy Uptake and Retention during TB Treatment in Lesotho
- The Kabeho Study-Assessing the Implementation of Revised HIV and Infant Feeding Guidelines and the Effect on Nutrition, Growth and HIV-Free Survival among Children Born to HIV-Positive Mothers in Kigali, Rwanda
- Combination Intervention Strategies for Linkage and Retention (Mozambique)
- HIVCore: Gender-based Violence and HIV Testing and Counseling in Kenya

Multinational/multiagency programs

- NIH-PEPFAR Collaboration on Implementation Science for HIV: Towards an AIDS-free Generation (R21)
- DREAMS
- PROMISE
- Prevention of Mother-to-Child Transmission (PMTCT)
- NIH/CDC/PEPFAR: Combination Prevention Trials
MOA between US Global AIDS Coordinator (S/GAC) and NIAID

• To support high quality HIV/AIDS implementation research in PEPFAR settings

• Since 2010, S/GAC has contributed $27 million

• **NEW**: Over next 5 years, PEPFAR will provide $20 million ($4 million/year) to support NIH RO1 and R21 grants through NIH NIAID
## Current Combination Prevention Trials

<table>
<thead>
<tr>
<th>SEARCH</th>
<th>BCPP</th>
<th>PopART</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine the effect of Test and Start with streamlined delivery of care on <strong>HIV incidence</strong>.</td>
<td>Determine impact of a combination prevention package on reduction of <strong>HIV incidence</strong>.</td>
<td>Measure the impact of two intervention packages on <strong>HIV incidence</strong>.</td>
</tr>
<tr>
<td>Kenya &amp; Uganda</td>
<td>Botswana</td>
<td>South Africa &amp; Zambia</td>
</tr>
</tbody>
</table>

*Similar goal of reducing HIV incidence: different means of implementation*

*An investment of ~ $240 million*
PEPFAR Research Portfolio

- 110 protocols
- 28 countries
- 4 studies of multi-country component

Funding agencies: CDC, NICHD, NIDA, NIH, USAID

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>74</td>
</tr>
<tr>
<td>Central Asia</td>
<td>6</td>
</tr>
<tr>
<td>South-Eastern Asia</td>
<td>6</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>3</td>
</tr>
<tr>
<td>Southern Asia</td>
<td>1</td>
</tr>
</tbody>
</table>
* 404 total scientific publications
• Goals
  – How to implement WHO guidelines for HIV treatment
  – How to implement ARV treatment for prevention
  – How to evaluate effectiveness of approaches to reach 90/90/90 targets
Thank you
Centers for Disease Control and Prevention
Division of Global HIV/AIDS and TB*

Paulyne Ntuba Ngalame
Yamir Salabarria-Pena
M&E Strategic Planning Team

“The findings and conclusions in this presentation are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.”

*DGHT Proposed
Outline

1. Evaluation Climate at CDC-DGHT*  
   (Who? What? Requirements?)

2. Lessons Learned from CDC-HQ

3. Next Steps
Evaluation Climate

Adopted Joint Committee on Standards for Educational Evaluation

1999
CDC’s Framework for Program Evaluation in Public Health

1999
CDC’s Framework for Program Evaluation in Public Health

2012
Guidelines and Recommendations
Improving the Use of Program Evaluation for Maximum Health Impact: (FOA LM-EPMP, budget)

2012
DGHT* CMAS II
2 standards: evaluation plan, evaluations publically available

2012
GAO Recommendations
- OU evaluation plan
- standards
- qualifications of evaluators
- Evaluation reports publically available

2013
IOM
(measure effectiveness)

2013 on
CDC International FOA
(LM, EPMP, Final EMPM within 6 months of award)

2013
PEPFAR’s new legislation
Stewardship and Oversight Act
- A description of program evaluations completed during the reporting period,
- Whether all completed evaluations have been published on a publically available Internet website
- Whether any completed evaluations did not adhere to the common evaluation standards of practice

2014
- PEPFAR Evaluation Standards of Practice (ESoP) guidance
- APR 2014: Adherence of evaluation reports to standards

2015
- ESoP Operational Guidance
- Requirements to be reported in APR
  o Evaluation Inventory
  o Adherence of evaluation reports to standards
Part of Annual Report to Congress

2016
COP
Evaluation Plan per OU
ESoP Reporting during 2014

- **October:** DGHT* ADS and ESIB-M&E released operational guidance regarding ESoP reporting requirements to be submitted in APR

- **November:** 17 “completed evaluations” by CDC country offices were submitted to OGAC via DATIM

- **November:** HQ ADS identified 54 of reports (including papers) via internal system that may qualified as “evaluations”

- **December:** ESIB-M&E reviewed reports/papers submitted by field offices and HQ to OGAC plus those identified in ADS system to determine if these were evaluations and completed ESoP adherence checklist

**REPORTS/PAPERS SUBMITTED IN FY14 (N=71)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country Offices</td>
<td>54</td>
<td>76%</td>
</tr>
<tr>
<td>ADS Data Base</td>
<td>17</td>
<td>24%</td>
</tr>
</tbody>
</table>

(N=71)
ESoP Reporting during APR 2014 (cont.)

- **January 2015:** CDC submitted **17 documents** along with ESoP adherence checklists that met evaluation criteria for evaluations and for which reports were completed in FY2014
  - Most of the reports/papers did not meet criteria for evaluations (e.g., assessments, output monitoring, outcome monitoring)

- **February 2015:** OGAC submitted aggregate results to Congress
  
Lessons Learned and Recommendations

• Evaluation starts with CDC-FOAs
  – Improve development of logic models and evaluation questions
  – Ensure that FOA evaluation plans are feasible and will lead to health impact, that will be finalized within 6 months of awards, and will be monitored throughout the project timeframe

• Under-reporting of evaluations can occur when CDC-DGHT* is not engaged in evaluations
  – Request that all PEPFAR funded evaluations, regardless of CDC engagement be reported to *Publications Updates*
  – Develop a division wide evaluation policy (TBD)
Lessons Learned and Recommendations

- Having “evaluation” in a title is not sufficient to constitute a true evaluation (e.g., determine, examine, review, conduct)
  - Country offices and HQ to understand what constitutes evaluation
  - Triage (ADS and M&E) of what is/is not evaluation is of essence

- Adherence to ESoP is applied to evaluation reports and does not provide an opportunity for improvement early in the evaluation process
  - Involve appropriate POCs for evaluation planning (e.g., ADS PoC, Activity Managers, M&E staff)
  - Make ESoP part of evaluation protocol clearance (country and HQ)
  - Apply ESoP during protocol review (country and HQ), evaluation implementation (field), and report (country and HQ)
  - Provide feedback to both HQ and country offices
Lessons Learned and Recommendations

• Difficult to apply ESoP to papers
  – Submit complete evaluation reports with the right components

• Standards to be improved: 5 (budget), 8 (monitor planning and implementation), 10 (dissemination), 11 (utilization of findings)
  – Build evaluation capacity in HQ and country offices
  – Provide feedback to field offices
How to determine what is/is not an evaluation?

Is your project/study ANY of the following?
- a) Cooperative Agreement review
- b) Needs assessment, situational analysis
- c) Vital statistics
- d) Program monitoring plan/review/report
- e) Surveillance report

This NOT an evaluation

Y

Is your study centered around a specific program component, intervention, or activity?

Y

Does your study measure ANY of the following?
- 1) whether program activities/interventions have been implemented as intended (fidelity) and how well
- 2) whether the right target population is being reached and how well
- 3) how services are delivered and how well
- 4) socio/political/cultural factors that hinder and/or facilitate program implementation

This NOT an evaluation

N

Does your study measure ANY of the following?

Y

Does your study measure ANY of the following?
- 1) Effects of program component, intervention, or activity in short-term and intermediate outcomes:
  - **Short-term**: changes in participants’ knowledge, skills, attitudes, intentions, etc.
  - **Intermediate-term**: changes in behaviors, norms, procedures, policies, and performance at the organizational and system level.

This is a Process Evaluation

N

Does your study measure what would have happened in the absence of the intervention?

Y

Does your study measure cost-effectiveness?

Y

This is an Economic Evaluation

N

This is an Outcome Evaluation

N

This is an Impact Evaluation

Y
EVALUATION REQUIREMENTS - PEPFAR AND AT CDC

**INTERAGENCY-OGAC**

- Evaluation and Performance Measurement Plan (EPMP) and Implementation
- Completion of EPMP within 6 months of award (FOA requirement to be assessed in CMAS)

**CDC**

Evaluation reports publicly available (Standard 10)
Evaluation results utilized for program improvement (Standard 11)

**Annual Progress Report**

Submit ESOP Adherence checklist of completed evaluation reports

**Country/Regional Operational Plan** (starting in COP 2016)

- Evaluation Plan/Strategy
- Evaluation Inventory (i.e., newly commencing, ongoing and completed)

**Evaluation**

- Program Planning
- Evaluation Planning
- Evaluation Dissemination and Utilization

**Evaluation Protocols**

- Application of standards
- Review and approval (CDC engagement/ non engagement)
- To assess in CMAS

**Funding Opportunity Announcement (FOA-CoAg)**

- Evaluation and Performance Measurement Plan (EPMP) and Implementation
- Completion of EPMP within 6 months of award (FOA requirement to be assessed in CMAS)

**Monitor and Document Quality of Evaluation Implementation (Standard 7)**

ESOP DGHT HQ M&E and ADS Review

- Assess adherence of reports to 11 standards (in country and HQ)
- Provide feedback to HQ and Country Offices

**Country/Regional Operational Plan**

Interagency/ Implementing Mechanisms; PEPFAR Funded Evaluations-process, outcome, impact, cost-effectiveness

**Evaluation Plan/Strategy**

- Evaluation Inventory (i.e., newly commencing, ongoing and completed)

**Evaluation Reports**

Compile ALL evaluation reports approved in reporting period (HQ & country offices, CDC engagement & non engagement) and submit to Publications Updates

To assess in CMAS
Next Steps

• Review all evaluation reports submitted via DATIM and CDC-DGHT* Publications Update in FY 2015 against the 11 Evaluation Standards of Practice (ESoP) to determine adherence.

• Provide feedback to those that reported evaluations (incongruence between HQ and country teams reviewers, standards with the lowest score, etc.)

• Release evaluation operational guidance to CDC-DGHT* staff
  – Guidance (planning, implementation, report, utilization)
  – Example of evaluation plan
  – Evaluation protocol elements and review checklist
  – Evaluation report elements and review checklist
  – Clearance route
  – List of resources
Next Steps (cont.)

- Resolve internally:
  - under-reporting of evaluations
  - how DGHT* ensure that **ALL PEPFAR-CDC funded evaluations** are/will be publicly available?

- Provide guidance and request evaluation plans from DGHT* offices

- Continue providing evaluation TA and building capacity
References

• American Evaluation Association. Available at www.eval.org
• CDC Evaluation Network. Available at www.cdc.gov/eval
• CDC. (1999). Framework for program evaluation in public health, MMWR, 48(RR-11), 1-40, Figure 1. Available at ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf
• PEPFAR Evaluation Standards of Practice http://www.pepfar.gov/reports/guidance/221111.htm
• UNAIDS/ONUSIDA. Available at http://www.who.int/hiv/pub/epidemiology/en/me_toolkit_en.pdf
References (cont.)

US Agency for International Development
Office of HIV/AIDS

Lily Asrat
Senior Evaluation Advisor
Automated Directives System

Contains the organization and function of USAID

Policies and procedures that guide agency

ADS 203 – Assessing and Learning
Evaluation Policy (2011)

- To explain the purpose, types, and approaches in evaluation
- To create standards in conducting, disseminating, and using evaluations

- Operational policies to the design and management of research

- Fills in ADS gaps in scientific peer review, quality standards, open data, and publication
Meta evaluation

Number of USAID Documents Coded as Evaluations and Those Verified as Evaluations (1982 to 2007)

- Number of Entries in the DEC keyworded "Evaluation"
- Number of "Evaluation" Entries in DEC Considered by Reviewers to be Evaluations
Evaluation cycle

Useful, High Quality Evaluations for USAID and Development Partners

Deciding
- Relevant and timely
- Integrated into program design

Planning
- Applying the best methods
- Unbiased measurement and reporting

Implementing
- Providing necessary management support
- Reinforcing local evaluation capacity

Using
- Transparent and shared widely
- Informs management decision making

Informs management decision making
## Evaluation requirements

<table>
<thead>
<tr>
<th>Required</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Large projects</strong>: at or above average dollar value for projects within each development objective managed by an OU</td>
<td>Evaluations at the <strong>program or sector level</strong>, particularly valuable in a period preceding the development of a new strategy.</td>
</tr>
<tr>
<td><strong>Innovative or pilot projects of any size</strong>: demonstrate new approaches that are anticipated to be expanded in scale or scope if the approach is proven successful.</td>
<td>Any other evaluations identified by an operating unit as needed for <strong>learning or management purposes</strong>.</td>
</tr>
</tbody>
</table>
**Definitions**

**Impact evaluations**
- Are **based on models of cause and effect** and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change.

**Performance evaluations**
- **Focus on descriptive and normative questions**: what a particular project or program has achieved (either at an intermediate point in execution or at the conclusion of an implementation period); how it is being implemented; how it is perceived and valued; whether expected results are occurring; and other questions that are pertinent to program design, management and operational decision making.
USAID policies and practices

<table>
<thead>
<tr>
<th>Integrated into Project Design</th>
<th>For CDCS countries identify opportunity for impact evaluation for each DO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify key evaluation questions at outset.</td>
</tr>
<tr>
<td></td>
<td>Considerations such as providing budget for evaluation and baseline data needs.</td>
</tr>
<tr>
<td></td>
<td>Include evaluation specialists in design teams, and plan for baselines.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unbiased</th>
<th>Implementing partners do not evaluate own projects. (See FAQ on Eval. Policy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>USAID staff can serve on an evaluation team, but must use external (to USAID) team lead for all evaluation teams.</td>
</tr>
<tr>
<td></td>
<td>Disclose Conflicts of Interest</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Relevant</th>
<th>Link evaluation questions to future decisions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consult with in-country partners and beneficiaries.</td>
</tr>
<tr>
<td></td>
<td>Use findings for program management and project design.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Based on Best Methods</th>
<th>Use methods that generate replicable and high quality evidence given time, budget and other resource constraints.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Qualitative and/or quantitative methods defined in advance in SOW.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reinforcement of Local Capacity</th>
<th>Include evaluation specialists from partner countries in evaluation teams and use host country systems where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Place priority on building local capacity to undertake evaluations and use the results generated.</td>
</tr>
</tbody>
</table>

| Transparency                   | Findings and data will be shared widely.                                                                        |
|                                | Make evaluation findings available to the public through USAID website within three months of completing final draft. |
Evaluation practice

- Policy formulation, orientation, and action (Eval & Research Policy, ADS 203)
- Development approach linked to sustainability through capacity building of institutions and strengthening host country capacity
- Partnering model builds buy-in and promotes evaluation use
- Meta-evaluations to assess quality and practice
- Development and dissemination of evaluation resources and reference materials (How-to-notes, Program Net)
- Technical assistance to missions (virtual and in-person)
- Development of mechanisms for implementation and capacity building of missions and partners (LWA, IDIQs, Contracts, BAA)
- Identification of Evaluation Points of Contacts
- Building evaluation communities of practice (M&E POCs, Evaluation Interest Group, EWG, TWG)
- Evaluation Fellows program (MeCAP)
- ESoP has improved evaluation planning and reporting and has the potential to improve quality through use of adherence checklist
Evaluation use examples (APR)

• Project design
  – Evaluation findings were used to inform the design of follow on program on social and behavioral communication program (TZ)

• New models
  – Informed the design of the new model of community based care (Cambodia)

• Cost data
  – Determining the most cost effective application of financial and human resources towards high-risk groups (Vietnam)

• Recommendations to host country
  – Recommendations to MoHCC for VMMC logistics system improvements to increase reporting rates and commodity availability (Zimbabwe)
Evaluation use (1)

• **Mhealth evaluation (Mozambique)**
  – Evaluated use of mhealth to increase ART retention
  – Findings that low cell phone coverage amongst clients limited the potential success of the intervention.
  – The intervention was changed to facilitate contact between ART clinics and community workers tracing defaulters

• **HIV prevention evaluation (Ghana)**
  – Evaluation of prevention services for FSW and MSM
  – Documented barriers and facilitators to quality services
  – Findings were used to strengthen the service delivery model for key populations in Ghana
Evaluation use (2)

• **Structural interventions (South Africa)**
  – Addressing the underlying drivers in the epidemic by assessing effectiveness of cash transfers
  – Findings showed three times more clinic visits
  – Host-country government to modify social grants program

• **Intervention for FSW (Dominican Republic)**
  – Evaluated an intervention model (counseling, peer service navigation, HIV testing and counseling, and care for male partners)
  – Findings showed consistent condom use with all partners, engagement in care, ART adherence improved, and one fourth referred male partners for testing
  – Model now being integrated into local care system
Lessons learned (1)

Evaluation planning and procurement

• Importance of bringing in evaluation human resources at early stages of project design (baselines and for random assignment)
• Planning for impact evaluations requires greater flexibility, funding, joint planning with evaluators and project implementers
• Strongest designs not always feasible (cost, complexity, real-world situations)
• Need better linkages with performance monitoring to trigger the right evaluation questions
• Evaluation questions are often too many, too long, unanswerable, or are not linked to decisions
• Capacity of Mission staff in evaluation planning and budgeting
• Timing of evaluations in time for results to be useful
• Need better understanding of evaluation costs for better planning
• Need better supply of independent evaluators able to meet demand (technical, language, geography, availability, independence)
Lessons learned (2)

Evaluation implementation

- Optimal use of evaluability assessments/scoping visits
- Need for flexible contracting mechanisms to conduct evaluations
- USAID promotes participation of staff in evaluations for capacity building and to add perspective, but work load is a challenge
- Complexity of planning, budgeting for, procuring, and implementing complex evaluations (impact evaluations)
- Availability, access, and quality of existing data sources can be challenging
- Importance of evaluation implementation in concentrated epidemics where routine data is often not available for decision making
Lessons learned (3)

Evaluation use

• Use of participatory methods can increase buy-in
• System for capturing, tracking, and using evaluation findings is a work in progress
• Ability to capture how evaluations are used is not systematic
• Need for synthesis and dissemination of evaluation results to broaden learning beyond commissioners of the evaluation
• Need to better synthesize data from different sources including surveillance, monitoring data, special studies, evaluations to get the full picture
• Early adoption by host governments prior to publication of findings who are motivated for rapid scale up
• Some host governments won’t rely on findings in other contexts and require repeated evaluations
• Use of dissemination workshops can be very effective
Thank you
Peace Corps
Office of Global Health and HIV

Michael Melchior
M&E Specialist
Peace Corps and PEPFAR

- 6,803 current Volunteers
- Approximately 2,200 Volunteers implementing HIV-focused activities
- 773 Volunteers funded by PEPFAR
- Implement PEPFAR in 21 Operating Units
**PEPFAR & Peace Corps Core**

**Target Populations**: Youth, Young Mothers, PLHIV, OVC

Build target group HIV knowledge and skills by promoting healthy behaviors (strong life skills) through:
- Camps
- Clubs
- Grassroot Soccer
- In-school programs

Mobilize target populations, linking to key services:
- HTC
- VMMC
- PMTCT
- ART
- Condoms
- Supply Chain

**PEPFAR & Peace Corps Activities**

**PEPFAR Core**
- Interventions with key populations (MSM, FSW, etc.)

**Peace Corps Core**
- Other health interventions to support Care & Treatment (MNH, Nutrition, Malaria)
- Economic Empowerment (VSL)
- School Programs (CBI)
- Permagardening

**PEPFAR & Peace Corps Core Non-Core**
- Economic Empowerment (VSL)
- Health Interventions (MNH, Nutrition, Malaria)
- School Programs (CBI)
- Permagardening

**PEPFAR Non-Core**
- Other health interventions to support Care & Treatment (MNH, Nutrition, Malaria)
- Economic Empowerment (VSL)
- School Programs (CBI)
- Permagardening

**Peace Corps Non-Core**
- Other health interventions to support Care & Treatment (MNH, Nutrition, Malaria)
- Economic Empowerment (VSL)
- School Programs (CBI)
- Permagardening
Agency Culture

• Historically, Peace Corps has focused more on qualitative data than quantitative data

• Shift to improve data and its use for program decisions

• Volunteers want to do work that will make an impact

• Peace Corps wants to show it is making a difference
Volunteer Data Reporting

• Electronic data collection since 2008
• Single reporting database for all Volunteer activities
  – Qualitative – Activity descriptions, Success Stories
  – Quantitative – number of trainings, number of beneficiaries, number of people showing knowledge gain/behavior change
• Data Quality Concerns
  – Completeness
  – Accuracy
How can we tell our story?

• Plans to conduct internal and fund external evaluations

• Within individual countries and across the world –
  – Are Volunteers responsible for making a difference?
  – How much of a difference are Volunteers responsible for?
M&E Taskforce Recommendations

• Theory of Change for all projects at the Post level
  – Projects – Post-level framework outlining goals and objectives for all Volunteers by sector (e.g. health, education)

• Recurring and multiple project reviews at the Post level
  – Baseline
  – Annual
  – Mid-project (year 3)
  – End of project (year 5)
M&E Taskforce Recommendations

• Review and improve standard indicators
• Build capacity and appreciation across all staff and Volunteers for M&E
• Use 3rd party data as appropriate
• Integrate Community Needs Assessment results in future analyses
• Improve quality of and build trust in data
Current and Next Steps

• Participate in ICPI
• Pilot Peace Corps’ SIMS tool in FY16
• Integrate standards laid out in the ESoP
• Build capacity, awareness, and appreciation
• Establish a realistic, yet ambitious, timeline
• Work with PEPFAR colleagues to leverage lessons learned and resources
Department of Defense
HIV/AIDS Prevention Program

Vienna R. Nightingale
Senior International Health Specialist