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**Elizabeth Glaser
Pediatric AIDS
Foundation**

STRATEGIC INFORMATION AND EVALUATION STANDARDS

Introduction

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is committed to its mission of eliminating pediatric AIDS. Accordingly, the Foundation supports prevention of mother-to-child transmission (PMTCT) of HIV and HIV care and treatment programs in 19 countries across sub-Saharan Africa and Asia. The Foundation is one of the leading international organizations working toward the ambitious target of pediatric AIDS elimination. Invested in helping countries meet the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 goals, the Foundation has made enormous strides in rapidly scaling up global access to HIV services. Many global prevention, care, and treatment targets have been either met or nearly met as a result of the Foundation's emphasis on rapid service delivery expansion. However, much work is still needed to ensure universal access to HIV services and to improve the quality of services and health systems in the countries where the Foundation works.

With support from various donor stakeholders, the Foundation supports over 5,000 health care delivery sites and must generate and disseminate sufficient credible evidence to demonstrate progress toward its targets, maintain accountability to donors, and keep buttressing its monitoring and evaluation (M&E) capabilities to render them robust. Collection and use of clinical and service delivery data from these sites are critical in dissecting current program performance for the purposes of planning to improve outcomes. The Foundation's Strategic Information & Evaluation (SI&E) Unit accordingly has designed and executed M&E systems that are both responsive to planning and monitoring needs at sub-national levels and donor resource allocation at global and national levels.

To remain an effective data- and evidence-driven organization, the Foundation has developed a set of standards for M&E and quality management (QM) in 2011. These standards specify requirements that are intended to lay the ground work for robust and strong M&E systems in each country program and global project the Foundation implements. In short, the goal of these standards is to ensure that the Foundation's programs and projects generate high quality data that are used for decision-making. The first version of the standards package was released in 2011 and consisted of five standards. The standards have since undergone a number of iterations. This latest version of the standards package has eight standards, each of which have guidance documents, templates, and accountability tools associated with them. All country programs and global projects are required to meet the standards. The standards are intended for use by SI&E Directors and other management staff to guide the planning and managing of SI&E-related activities with Foundation country programs and global projects. To wit, SI&E Directors can use the standards to measure current staffing and budgetary capacity to carry out SI&E activities. They can also use the standards to remediate areas of underperformance and steer long-term strategic thinking in their portfolios. Below is a brief description of each standard.

Standard 1: Each country program and global project must have a detailed M&E plan that describes each component of the program/project's M&E system and illustrates how the respective awards will accurately track progress against program/project targets, objectives, and overall goals.

For all Foundation country programs and global projects to be successful, close monitoring of goals, objectives, strategies, and accomplishments is crucial. Accordingly, each country program and global project needs to have a detailed M&E plan that illustrates how the program will accurately track its work across a range of projects and within an individual project. The M&E plan should provide detailed descriptions of each aspect of monitoring (including data collection, data use, data quality assurance, quality improvement, etc.), but it must also provide a higher-level description of how the program/project will ensure that it meets its overall objectives. The M&E plan can act as an accountability tool by the leadership of a program/project to ensure activities are being conducted to achieve the intended results. At a minimum, an M&E plan must:

1. Describe the inputs, activities, and outputs of the various awards and describe how the program/project will measure progress toward achievements
2. Include a logic model
3. Include a Performance Management Plan
4. Outline the overall data collection, reporting, and use processes and data quality assurance approaches
5. Include the internal and external data use and reporting activities and requirements
6. Outline roles and responsibilities of SI&E staff
7. Include an evaluation strategy

Standard 2: Every country program and global project must have a detailed annual SI&E teamwork plan.

The SI&E teams working for the Foundation's country programs and global projects must have detailed, measureable, time-bound, and feasible annual SI&E work plans. Each work plan should detail:

1. All proposed activities to be conducted by project/program objective or key domains (e.g. data quality assurance, capacity building, quality improvement, data use, etc.)
2. All expected deliverables of each of the activities
3. The quarter and month in which each activity will be conducted
4. The person(s) primarily responsible for executing each activity



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Standard 3: Every country program and global project must allocate at least 10% of total direct costs in the annual award budget to SI&E, and must ensure adequate SI&E staffing

Each Foundation country program and global project must dedicate at least 10% of its annual programmatic budget for M&E activities, as informed by guidance from WHO and CDC. Because the Foundation operates awards with a range of funds and scopes of work, a 10% budget allocation for M&E activities may not be feasible for smaller programs that have limited resources or for programs that do not have the necessary buy-in from a donor around M&E. Nonetheless, the Foundation's programs must strive for their programmatic budgets to allocate funding for at least all the M&E activities listed in the team work plan as well as the following:

1. Director, or similar position, who is part of in-country senior management, and oversees SI&E-related activities.
2. Staffing for at least one staff who is trained and dedicates the majority of his or her efforts to each of the following functions: data quality assurance, quality improvement, informatics/data systems, and data reporting and use.
3. Activities which require support from headquarters (HQ) and have appropriately allocated funds for them



Standard 4: Every country program and global project must have a secure and functional data collection, storage, management, and access system in use, as well as a documented strategy for ongoing data management and availability.

Robust M&E systems depend on the establishment of clear data collection and data management channels. Such systems enable key stakeholders to have easy access to all data collected from all supported projects, increasing efficiency and effectiveness of data use for program improvement and donor reporting. Country program and global project data management systems should include the following:

1. Data flow from source documentation to the point of use (either for reporting or program improvement)
2. Indicator definition audits
3. Master site lists
4. Efficient and timely data flow
5. Effective data verification and cleaning procedures
6. Usable data storage
7. Data access policy/procedures

Standard 5: Every country and global project must be implementing a data quality assurance strategy

that includes at least one data quality assessment at a minimum of 20% of supported sites in the program annually

Program and project data need to be of the highest possible quality in terms of their completeness, accuracy, timeliness, and reliability. To that end, each country program and global project must develop and implement a comprehensive data quality assurance strategy. Such a strategy will contain a package of activities that will ensure that data quality (at the site, district, provincial, and national levels) is high across the continuum starting from data collection, compilation, processing, analysis, interpretation, reporting, and use. The strategy will include the following:

1. Detailed data flow
2. Data quality control measures at each level in the aforementioned data flow (e.g. established routine data validation checks within the country data management system)
3. A plan for conducting DQAs at 20% of sites per year
4. Tools for implementing the strategy (including but not limited to: SOPs, DQA tools, supportive supervision/mentorship tools)
5. Country specific thresholds for timeliness, completeness and concordance (at or above 90%)

Standard 6: Every country program and global project must develop and implement an annually updated data visualization and use strategy.

The ultimate goal of any M&E system is to generate and use data to assess the effectiveness and efficiency of programs and to make decisions (clinical and managerial) on the ground that lead to improved service provision. A data visualization and use strategy promotes transparency of results, fosters accountability, improves the quality and timeliness of data, and leads to program improvement. Each country program and global project needs to have a detailed data visualization and use strategy that includes how the awards will assess and improve quality of care provision.

The data visualization and use strategy must include the following:

1. Identification of the primary intended data users through stakeholder analysis
2. Engagement of primary intended users to develop priority questions
3. Visualize data
4. Review data
5. Movement from review to action

Standard 7: Every country program and global project must have a Program Optimization Approach plan and a separate and complimentary QI plan, which together make up the country program or global project POSQI strategy in line with the Foundation's global POSQI strategy

The Foundation implements an expansive form of Quality Improvement (QI) – known as Program Optimization and Service Quality Improvement (POSQI). Through focusing on optimization of systems and processes at both the program and healthcare levels, the Foundation can help ministries of health and partners not only provide outstanding health programs and services, but also a positive customer experience with enhanced resource efficiency. The country program and global project's POSQI strategy should account for two of the following components:

1. Program Optimization Approach (POA) is the Foundation's strategy to improve program design, implementation, quality and impact by continually assessing program and project outputs and outcomes. POA objectives should provide a standard approach on how to use evidence to continuously improve operations and technical work. The end goal is an efficient and effective organization whose programs provide the best health outcomes for clients.
2. Service QI is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes, which achieve equity and improve the health of the community. Service QI should take consideration of stakeholder engagement at the site level including mentorship, QI team development, measurement and evaluation of QI approaches, staffing, and finally documentation and reporting of QI results.

Standard 8: Every country program and global project must measure and evaluate processes, outputs and outcomes at the various stages of their funding lifespan

Like all other M&E activities, evaluations should be included in project planning and implementation cycles where a clear reference should be made in project-wide M&E plan regarding planned evaluations. Each evaluation should include its own plan that incorporates the following requirements:

1. Clear evaluation questions
2. Explicitly described design and activities to carry out the evaluation
3. How the findings/reports will be disseminated

4. Cost analysis and/or cost effectiveness analysis components, if relevant
5. Budget
6. Evaluation roles specified and the responsible staffs assigned accordingly
7. Approach toward clearing the Foundation technical and ethical review processes, and fulfilling the respective ethical and regulatory requirements of the relevant in-country, U.S.-based, and donor agency regulatory authorities.

Conclusion

The global SI&E Unit fully understands that attaining these standards requires the commitment of HQ and in-country leadership. This unit is committed to supporting country and global project teams in any way needed to achieve these standards and to provide required technical and implementation support. In fact, each global SI&E country backstop will devote a significant level of effort in his or her work plan to assist and support the respective country SI&E colleagues in working toward meeting these standards. Moreover, the SI&E team has prepared a number of detailed guidance documents, tools, and templates to help country programs and global projects achieve the eight standards.



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STANDARD 1:

Each country program and global project must have a detailed M&E plan that describes each component of the program/project's M&E system and illustrates how the respective awards will accurately track progress against program/project targets, objectives, and overall goals.

Introduction

An M&E plan is a comprehensive guide that describes all activities within an M&E system for a particular country program or a global project to ensure the goal and objectives are met. This plan serves as the main tool for monitoring the implementation on the respective projects vis-à-vis their envisioned goal(s) and objectives. The M&E plan describes various components and functions of an M&E system and provides instructions on how to implement these and facilitate coordination within the M&E team in-country by describing and, where appropriate, standardizing key activities, deliverables, timelines and ownership. As such, the plan is intended to be used as a management tool for country programs and global projects for real-time decision-making and course correction.

Furthermore, the M&E plan preserves institutional memory and can assist in orienting new staff to the M&E approach being employed. The M&E Plan should take into consideration all awards being implemented in-country. Where more than one award exists, the plan should include a conceptual framework that describes how the multiple awards tie together and how the indicators are aligned across goals and objectives. Where awards do not directly align, award specific details may need to be highlighted.

Requirements

To meet this standard, each country program and global project should fulfill the following requirements:

1. Complete an M&E plan within the first 3-6 months of the start of an award to coincide with the submission of final award indicators and targets to the funder.
2. Create the M&E plan through a collaborative process:
 - a. Create ownership by eliciting input from M&E team members throughout the plan's creation and generally agree on the plan's purpose and objectives
 - b. Include reviews and feedback from key stakeholders such as donors and governments to promote accountability and transparency
 - c. Ensure the M&E plan is aligned with a country's strategic plan and overall priorities
3. As a living document, set a regular schedule to review and modify the plan:
 - a. Update the M&E plan annually and ensure it reflects changes in a country's strategic plan, program content, and general M&E approach
4. Share the M&E plan at routine intervals with programs and operations teams in-country to ensure effective communication and ownership of data (at project start-up and annually)

5. Share the M&E plan annually with the global SI&E unit in HQ in an effort to increase transparency and share best practices. Also, ensure the most recent plan is available on the global SI&E unit's repository on Dropbox.
6. Use by the country program's Senior Management Team as a management tool to assess achievement of program's goals, objectives, and targets

The requirements to fulfil this standard are the same for country programs and global projects in terms of scope and resources – in other words, a smaller country program and global project will still have an M&E plan, though it may be less vast in scope and size than a larger country program and global project's plan. Staff work plans and related M&E budgets should reflect activities described in the M&E plan.

Recommended Content of M&E Plan

In addition to the previously mentioned requirements to meet this Standard, the contents of the M&E plan should do the following:

1. States clear program goals and objectives with at least one indicator tied to each goal and objective.
2. Includes a country /global project logic model that describes the relationship between various, inputs, activities, outputs, outcomes and goals.
3. Includes a Performance Management Plan (PMP) that identifies and defines indicators for all technical areas as well as data sources, frequency of collection, person responsible for collection, and annual target for key indicators.
4. Contains a data management section that describes data management at all levels of the program, data storage and security, and updates of data management system.
5. Contains a data use section that provides a high-level description of the program data use strategies and

activities, including promotion of data use within country program staff and activities to strengthen data use at district and site levels

6. Contains a data quality section that provides a high-level description of the country strategies and activities to ensure data quality.
7. Provides summary job description of each position within the department
8. Includes how the M&E team in-country will collaborate with the Informatics and Program Optimization and Service Quality Improvement (POSQI) sub-units.
9. Includes an M&E capacity-building section that describes needs and activities.
10. Contains a program evaluation section that identifies key evaluation questions and strategies to answer questions in line with the country's Program Optimization Approach (POA) priorities.

Resources

1. Measure Evaluation's Guidance on Developing a Monitoring & Evaluation Plan: <https://www.measureevaluation.org/resources/training/capacity-building-resources/hiv-english/session-4-m-e-plans-1/Developing%20M-E%20Plan.ppt/view>
2. Tools for Development: www.tools4dev.org
3. Food and Agriculture Organization of the UN: <http://www.fao.org/3/a-be995e.pdf>





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STANDARD 2:

Every country program and global project must have an annually updated, detailed SI&E workplan

Introduction

This document provides guidance on key aspects of SI&E workplans and criteria for meeting Standard 2: Every country program and global project must have an annually updated, detailed SI&E workplan. The SI&E Unit developed this guidance to ensure that the Foundation's country teams develop and use annual workplans for SI&E activities. As defined in the Foundation's Project Management process, planning for implementation of activities is one of the key phases of project management. Planning allows program managers and implementers to identify and detail key activities that must be undertaken to achieve the expected results, as well as to identify the scope, cost, and schedule of the activities. These details are summarized in a workplan, which documents the planned activities and their implementation.

While the overall country/global projects and specific awards will have their own workplans, it is important for the SI&E team to develop an annual workplan for SI&E activities as a subset of the project workplan. This workplan should encompass all award SI&E activities and should closely align to the objectives of the overall country program and award workplan(s). In addition, the country SI&E workplan should include and highlight activities that require support from headquarters, and the workplan should align the support and level of effort required for these activities. Furthermore, the workplan should be linked to the program SI&E budget; activities that are identified in the workplan must also be budgeted for, if necessary.

Country SI&E workplans should detail:

- All proposed activities by project/program objective or key domains (e.g. data quality assurance, capacity building, quality improvement, data use)
- Expected deliverables of each of the activities
- The quarter and month in which each activity will be conducted
- The person(s) primarily responsible for executing each activity

Requirements

In order to meet the minimum standard for SI&E workplans, the workplans must:

1. Align with the objectives and aims of the country M&E plan.
2. Follow the Foundation SI&E workplan template (activity, deliverables, timeline, responsible person)
3. Be linked to award/project workplan(s)

4. Encompass all the activities, which require support from the headquarters team including ongoing M&E system strengthening activities to meet SI&E standards (e.g., data quality audits, data verification and cleaning, data analysis and use) as well as specific deliverables (e.g. program evaluations and economic evaluations).
5. Be costed and included in the country program budget
6. Reviewed and approved by senior country/global program/project leaders in order to help define the priorities for the new year of activities

Good Practices for Annual and Midyear SI&E Workplan Reviews include:

1. The SI&E team must update the workplan at least annually, and may update it more frequently as needed.
2. The SI&E team should meet at the mid-year to assess the progress made in the implementation of the workplan and to identify changes and priorities for the remainder of the year.
3. At the end of each year, the SI&E team should meet to evaluate the completion of the workplan activities and to identify ongoing activities and new priorities for the subsequent year.

4. The HQ SI&E Officer should review the workplan each time the country team updates it.

Considerations

Workplanning is an ongoing activity to account for the iterative nature of program implementation. SI&E departments should be aware of any major changes to the scope, resources, or schedule of the projects and should alter the workplan accordingly, in consultation with program staff and donors.

Resources

1. Workplan template
2. PMDpro RACI





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STANDARD 3:

Every country/global project must allocate at least 10% of total direct costs in the annual award budget to SI&E, and must ensure adequate SI&E staffing

Introduction

The purpose of this standard is to that all country or global teams will allocate optimal resources in their budgets for SI&E-related work. The preparation of a budget for the SI&E department and its activities is critical to ensure that resources are allocated appropriately to accomplish all necessary deliverables. While each award may have its own overall budget that includes SI&E activities, the in-country SI&E department should prepare its own annual budget, which links clearly to the SI&E workplan (see Standard 2, which stipulates that SI&E country teams should prepare annual workplans, and that these plans should be costed). The SI&E budget should be developed in collaboration with program and operational staff (including finance and procurement), and should align with the activities and costs included in award budgets and all activities identified in the workplan.

Donors are increasingly placing an emphasis on dedicating a significant proportion of program budgets to SI&E in order to ensure that resources are appropriately allocated to deliver on budgeted activities and SI&E teams are fully staffed and capacitated. Global-level stakeholders, such as CDC and WHO, have specified that 10%-15% should be used for M&E-related activities. Accordingly, the Foundation has recommended that the minimum amount of funding allocated to SI&E activities should be 10% of total direct costs in the annual award budget. Total direct costs are defined as the total annual budget for an award, less indirect costs (total direct costs are clearly stated in any award budget). This minimum threshold of 10% applies to the major (e.g. largest) award budget funding the country program. However, for smaller awards, country teams should still seek to meet the 10% threshold in order to ensure adequate SI&E-related support.

Foundation SI&E budgets should include:

- Planned spending for all proposed activities in the workplan, including but not limited to: data quality, collection, analysis, and use; QI and POA activities and evaluations; capacity building for SI&E implementers; professional development for staff; technical assistance costs for headquarters support; and other relevant SI&E-related costs.
- Budgeted resources broken out by the appropriate standard cost categories – i.e. personnel / fringe, travel, supplies, training, and any other relevant line items. For sensitive cost categories such as personnel, an aggregated cost should be presented.

Requirements

In order to meet this standard, the SI&E budgets:

1. Must be completed annually in tandem with the completion of the SI&E workplan.
2. Must follow the standard Foundation template.
3. Must include all activities delineated in the workplan.

4. Must include evaluation activities using routine data.
5. Must meet or exceed 10% of the total cost of the overall budget after adding all SI&E budget items.

The following are requirements for staffing considerations in budgetary plans:

1. The SI&E team must have a director/manager, or similar position, who is part of in-country senior management, and oversees SI&E-related activities.
2. The SI&E team must have at least one staff who is trained and dedicates the majority of his or her LOE for each of the following functions: data quality assurance; quality improvement; informatics/data systems; and data reporting and use.
3. Requested support from headquarters SI&E staff is appropriately budgeted HQ and have appropriately allocated funds for the requested level of effort (LOE).

Considerations

In order to meet the budgetary requirements, the SI&E department in each country should communicate and collaborate with other departments in the following steps:

1. Receive input from program staff and get reviews of the SI&E budget by the award managers prior to finalization to ensure it is aligned with the overall award budget and workplan.
2. Receive review by country technical, finance, and management staff at least semi-annually.
3. Receive input from the headquarters-based SI&E officer supporting the country.
4. Be aware of any major changes to overall award resources and should revise the budget accordingly, in consultation with program staff and donors. Accordingly, work closely with the in-country budget lead (e.g. Financial Analyst or Finance Manager) to revise budgets, and to track budget against spending.

Resources

1. Foundation budget template





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STANDARD 4:

Every Foundation country program and global project must have a secure and functional data collection, storage, management, and access system in use, as well as a documented strategy for ongoing data management and availability.

Introduction

As a data-driven organization, the Foundation values data as one of our most important assets. Significant amounts of data are being collected in country programs, which is a great first step to using data for decision-making. However, not all programs have a robust system to optimize the use and reporting of the collected data. The abundance and diversity of data sources, needs, uses, content, and formats can cause confusion, inefficiencies, and bottlenecks, thereby limiting the accuracy, timeliness, potential uses and value of data collected.

This document provides guidance on key aspects of country-level data management systems and criteria for meeting Standard 4. The intended purpose and output of Standard 4 is to ensure that a robust data collection and management system exists in each of the Foundation country programs.

Such a system enables the country program to have efficient data collection processes and key stakeholders within the country program (including but not limited to SI&E) to have simple and independent access to all data collected from all supported projects. This should lead to increased efficiency and effectiveness of data use for program improvement and donor reporting. In order to meet this goal, country programs will establish a robust data collection and management system, which is documented in a data management plan and updated annually (at a minimum).

Key Terms:

- Data management system: this encompasses all components of data flow from the data collection tools used during service delivery to the databases used for data storage/ accessibility along with all intermediate steps. For the purposes of this Standard, it does not include reports, visualizations or any use of data that are all covered under Standard 6: Data Use.
- Data Flow: the process by which data are transferred or “moved” from the primary data sources to the database(s)
- Database: the structured storage of data that will be accessed for data use
- Data use: the active use (visualization, analyses, interpretation) of data

Requirements

In order to meet Standard 4, the data management system should include (and document) the following requirements:

1. An Indicator Definition Audit Trail
For various reasons, it is inevitable that definitions of indicators will change over time. This presents challenges in data use when combining or comparing data from different

time periods or across programs/projects. In order for data consumers to make informed interpretations of the data, the data management system should include a documented indicator definition audit trail. In addition, the system should allow users to determine if indicators with modified definitions can or cannot be combined for specific data use purposes. Indicators and data disaggregations should have consistent indicator definitions and naming conventions.

2. Master Site List

Often the name or spelling of facilities in different health systems are inconsistent, making it difficult to merge data from different sources. In order to easily combine data from facilities that were collected and stored using different systems, the data management system must include a master site list. This master site list should include the following: a unique site ID, region, province, and district level categorization, along with any other site characteristics that country programs would deem helpful while analyzing their data. Such characteristics may include GPS coordinates, various program areas that are supported by that particular site (e.g. PMTCT, HTC, Care and Treatment), and other information such as whether a site is a scale-up, maintenance, or a transition site. As facilities supported by a project constantly change, the master site list should be regularly kept up to date with the most recent information. The master list should also include a mapping to the site identifier in each of the other source data systems in use, such as the DATIM code for the site and the MOH site id, for example.

3. Efficient and Timely Data Flow

Per both the Data Quality (Standard 5) and Data Management Standards, country/global projects should document and monitor the flow of data from the point of data collection to data storage. There is no “typical” scenario of data flow in our country programs. For example, country programs vary in the mix and number of steps between data entry and storage, but also in the mechanisms of data transfer, which vary by project, site, and/or indicator. However, regardless of the specific data flow scenarios, the process should follow the following guidelines:

- The number of steps between data entry and data storage should be minimized as much as possible. Each step between data entry and storage adds to the overall complexity of the entire data system. The more complex the system, the more opportunities for mistakes and the harder it becomes to troubleshoot data errors.
- Data should be manually entered into an electronic system only once because manual data entry is not only time consuming, it is also one of the most common ways



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to make mistakes, which are often difficult to detect. All subsequent steps should use automated or non-manual processes to move data from one point to the next. There are many ways to apply technical solutions to moving data from the less efficient (but still preferable to manual data entry) such as “copy/paste” to using more complex programming, that automatically move data. The Global Informatics Team is tasked with using technical solutions to support county programs with any needs related to increasing the efficiency of data flow.

- Data flow must be documented for all projects starting with data collection. The documented data flow should address the following questions: In general, how are data first collected (e.g. paper forms, excel sheets by staff or via the Ministry of Health, directly entered into a database)? How does data typically flow from the site to the district? How does data flow from the district to the region? Who typically are responsible for transferring data between steps? Each step must be documented up to the point at which the data gets into whatever final data storage is in place (excel, Access database, DHIS2, DATIM, shared drive, etc.), and should also include the people/staff responsible for transferring data to the next level/step.
- 4. Effective data verification and cleaning procedures
In addition to the requirements set forth in Standard 5 (Data Quality Assurance), the data flow should include automated data quality checks at each step. From data collection to data storage, automated data checks

should be included in each step to prevent “out of range” or non-plausible entries. As described above, data flow can be complex and mistakes can be made at any point; therefore, it is not enough to simply have data checks at the first or last step. While having data checks at the last step can ensure that any errors made along the way will be caught, it is often more efficient to catch and correct errors early. Likewise, only having checks at the early steps does not ensure that other errors will not occur before data storage.

In addition to automated data quality checks, country teams should engage in series of data validation steps in an effort to ensure the accuracy of the data. During this process, there should be a thorough review of each country’s data to identify any inconsistencies in the data submitted. If errors are detected, such errors should be clearly documented and followed up on with respective staff for any clarification questions. If the data are found to be inaccurate, all data entry errors should be corrected. This process can also be guided through statistical software packages such as STATA, or with the use of reports and dashboards to identify any outliers and inconsistencies in the data.

5. Usable Data storage and robust data security:
Standard 6 (Data Use Plan) is dependent on a well-functioning and robust data storage system. The data storage system must allow for simple and reliable access to the data and enable the development of meaningful reports and visualization. The data storage system should, therefore be designed to meet the requirements and data use needs as outlined in the Data Use Plan. That means if there is a requirement to aggregate and synthesize data across multiple projects over time, a folder with non-uniform Excel sheets saved on a local hard drive is likely not sufficient. Likewise, simply dumping all data into an access database or SQL database with no regard to how the data will be utilized is equally unusable. Complex problems such as those related to HIV services typically require the synthesis of data from multiple content areas, which may be found in different databases and systems. The data storage system should therefore have a way to combine the data needed to answer the questions and topics as outlined in the Data Use Plan. Having a technical staff manually combine the data from different systems will not be sufficient to meet the standard. A central database or databases that either are linked in such a way that data can be easily and automatically combined or aggregated is required.

The data storage system should also include security on any sensitive data such that only authorized administrators have access to the raw data.

Administrators should also be able to set up and manage different types of access roles, which determine access and editing privileges. The data should also be backed up as frequently as is practical, at a minimum on a monthly basis. Teams should determine a recovery plan in the case that data are lost, which should span the duration of time between scheduled backups. Antivirus software should also be used on all data storage systems, and updated regularly with the most recent version.

6. Data access policy/procedures
Access to the data system should take into consideration the local context and support the country needs around Standard 6 (Data Use Plan). A policy should be developed addressing what data access should be provided to individuals working in-country from the facility level and upward, within and outside of the SI&E team, keeping in mind the local context such as addressing a need for offline access where appropriate. Countries should work together with their global support team to determine policies around global access to local data systems so that the global team can effectively provide strategic support. Since countries and programs have unique data access needs, the Global Informatics team can assist country teams in implementing a system that will provide data access for relevant people at the appropriate level, type, and method.

Considerations

When building a data management system, it is important to think about how data will be used before building the system. The Data Use Plan (Standard 6) should help guide the design of the data system in that the Data Use Plan should cover all uses for the data. For example, since users will want to compare data across program areas, the data system needs to support the ability to make those comparisons by having a way to link different types of data. This is especially important when designing data collection tools in that knowing the data use needs ahead of time will allow for the inclusion of standardized keys or IDs across all program areas.

Resources

1. Principles for Digital Development: <http://digitalprinciples.org/>
2. Guidelines for Data Management Standards in Routine Health Information Systems: <https://www.measureevaluation.org/resources/publications/ms-15-99>



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STANDARD 5:

Every country program and global project must implement a data quality assurance strategy that includes at least one data quality assessment at a minimum of 20% of supported sites in the program annually

Introduction

A robust system for capturing HIV program data is essential in tracking progress towards ending the AIDS epidemic in children. Strategic objectives aligned with this goal are articulated in global initiatives such as the UNAIDS 90-90-90 target; the Start Free, Stay Free, the AIDS Free initiative; and other projects/programs. The Foundation is committed to rigorous use of data to monitor project performance and facilitate data use for decision-making and service quality improvement, and recognizes that attention to data quality will ultimately lead to improved program performance and to more efficient resource management.

SI&E units of the Foundation's country/global programs and projects are expected to conduct and coordinate data quality assurance activities continuously as part of their routine supportive supervision and data validation exercises. Conducting data quality assessments as part of overall data quality assurance efforts in collaboration with the Ministry of Health (MOH) staff and other partners will lead to improved data quality and ultimately improved program decision-making. This document provides guidance on key aspects of data quality for meeting Standard 5.

Key Terms:

- **Data Quality Assurance Strategy:** Describes routine measures in place to ensure data quality, specifically focusing on the six dimensions of data quality: accuracy/validity, completeness, timeliness, precision, reliability, and integrity. Data quality assurance efforts must recognize and address data quality problems at all levels of data collection/aggregation.
- **Data Quality Assessment (DQA):** Refers to a distinct intervention that is undertaken at a specific point in time and aims to control or measure the quality of data, involving two essential steps: (1) verification of the quality of the data by comparing data submitted with data recorded or computed at the site for select indicators and (2) the development of action plans to improve the issues identified
- **Data Quality:** Refers to the data collected as part of the Foundation's SI&E system adequately represents the program's activities and the original source data from individual program clients. *Adequately represents* means that the information meets the six dimensions of data quality. According to the Measure Evaluation/PEPFAR DQA tool for data quality assurance (2015), the seven dimensions of data quality are defined as followed:

Data Quality Dimension	Operational Definition
Accuracy/Validity	Accurate data are considered correct: the data measure what they are intended to measure. Accurate data minimize errors (e.g., recording or interviewer bias, transcription error, sampling error) to a point of being negligible.
Reliability	The data generated by a program's information system are based on protocols and procedures that do not change according to who is using them and when or how often they are used. The data are reliable because they are measured and collected consistently, using the same procedures.
Precision	The data have sufficient detail. For example, if an indicator requires the number of individuals who received HIV counseling & testing and received their test results, by sex of the individual and the information system is not designed to record the sex of the individual who received counseling and testing, it lacks precision in recording such an indicator.
Completeness	Completeness means that an information system from which the results are derived is appropriately inclusive: it represents the complete list of eligible persons or units and not just a fraction of the list.
Timeliness	Data are timely when they are up-to-date (current), and when the information is available on time. Timeliness is affected by: (1) the rate at which the program's information system is updated; (2) the rate of change of actual program activities; and (3) when the information is actually used or required.
Integrity	Data have integrity when the system used to generate them is protected from deliberate bias or manipulation for political or personal reasons.

Requirements

The Foundation country/global projects (programs) must have an operational data quality assurance strategy in place, with evidence of use through routine documentation (e.g. DQA reports). The strategy document either can be a part of the larger program M&E plan, or can exist as a stand-alone document that guides the SI&E team in the implementation of data quality assurance measures, including but not limited to DQAs.

The dissemination of the strategy should take on the following steps:

- Presented to the Foundation country staff in a general meeting
- Shared with Foundation regional-/provincial-/district-based teams
- Presented and discussed with key stakeholders: Ministry of Health, CDC, other donors, and partners

The respective data quality assurance strategies must describe the following:

- Data flow from source documentation to the point of use (either for reporting or program improvement)
- Data quality control measures at each level in the aforementioned data flow (e.g. established routine data validation checks within the country data management system)
- Tools for implementing the strategy (including but not limited to: standard operating procedures, DQA tools, supportive supervision/mentorship tools)
- Country specific thresholds for timeliness, completeness and concordance (at or above 90%)
- The data quality assurance strategy and its activities/requirements should be fully detailed out in the SIE workplan and accordingly budgeted.

Contained within the data quality assurance strategy, standard operating procedures (SOPs) for site monitoring must adhere to the following criteria:

- Align with the MOH's national system for site monitoring and are positioned to strengthen the national system
- Health care workers (district and site levels) are trained on SOPs by Foundation SI&E staff
- Reviewed at least once a year
- SI&E team has set some regular mechanisms to monitor level of use of SOPs by staff working in the field

Additional Considerations

In addition, the country program should perform at least one data quality assessment at a minimum of 20% of supported sites in the program annually. Although country program

circumstances will differ based on donor requirements, the overall number of sites, staffing, and geographic distribution, the Foundation is committed to strengthening in-country data systems and as such will conduct DQAs routinely. DQAs may be conducted and documented either directly by Foundation staff, by sub-grantees, or by third party entities contracted to routinely conduct DQAs. Findings from the DQA should be acted upon in a timely manner to correct data system and identified data deficiencies.

Resources

1. Measure Evaluation: Data Quality Assurance Tool: <https://www.measureevaluation.org/resources/tools/health-information-systems/data-quality-assurance-tools>
2. USAID Learning Lab Blog: <https://usaidlearninglab.org/lab-notes>





Photo: Eric Bond/EGPAI, 2016

Introduction



**Elizabeth Glaser
Pediatric AIDS
Foundation**

STANDARD 6:

Every country program and global project must develop and implement an annually updated data visualization and use strategy

The goal of this standard is to ensure that all country programs have processes and mechanisms in place to actively learn from and use data to improve their program in accordance with the Foundation's Program Optimization Approach (POA). *"Data use" is defined as the process of analyzing, reviewing and interpreting data to make decisions and actions for improving programs and operations.* For several years, there has been a push to make better use of data to improve the Foundation's programmatic and organizational effectiveness. Our program data have been referred to as an "untapped gold mine." Other types of data, such as our financial and operational data have not been used to their full potential for learning and improvement purposes. Most country programs have regular data reviews; however, review of data does not necessarily equate to learning and action. Ensuring that data will be used for action is a process that should be integrated into all components of any data-related endeavor. Ultimately, the effectiveness of the Foundation's SI&E system should be evaluated upon the actual utility of the data by all stakeholders involved. It is hoped that upon attaining this standard, country/global projects will not only "look" at data, but they will also have a strategy in place to ensure that action and programmatic/operational improvement is the end result of those activities. In order to meet this standard, country/global projects need to develop and implement a data visualization and use strategy.

Requirements

A data visualization and use strategy is a time-bound (at a minimum annually updated/revised) document that must include the following elements:

1. Identification of the primary intended data users through stakeholder analysis

A critical aspect of successful data use is to understand the needs of the primary intended users of the data. These are individuals who are in positions that are affected by the data in their daily work and intend to use the findings to inform their decisions or actions related to the design, implementation, monitoring and improvement of programs. The primary intended users of the data are different from the "audience" as the "audience" has a more passive relationship with the data and expresses an interest, but is not affected by the data directly. In addition, the "audience" tends to be a generic group of people interested in the data, whereas the primary intended users are actual individuals who need the data for their daily work. In order for successful data use to take place, the primary intended users of the data at the individual level need to be identified and engaged early and regularly to ensure their needs are being met. These users should be identified at the site, sub-national (if applicable) and program levels. The below table can help SI&E officers identify the primary intended users through stakeholder analysis. The best candidates for the primary intended users are those who have a high interest in the data as well as have a degree of power to make decisions resulting from the data. It should be noted that many individuals may review the data; but it is the primary intended users who you should consult regularly and early when planning/developing any data use endeavor.

	High-power stakeholders	Low-power stakeholders
High-interest stakeholders	These individuals are prime candidates to be the “primary intended users” as they are often the “players” who are in a prime position to affect the use of the data.	These individuals may not have the power to make major decisions but should still be involved but to a lesser degree than high power stakeholders. This group can also be referred to as the audience.
Low-interest stakeholders	These individuals, through their disinterest, may pose barriers to data use and may need to be cultivated to increase their interest in the data.	Need to be informed of the data for informational purposes and less for decision-making purposes

2. Engagement of primary intended users to develop priority questions

Once the primary intended users of the data have been identified, the users should be engaged to develop their priority questions to be included in the data visualization and use strategy. The Foundation collects vast amounts of data and rather than reviewing every piece of data, this step focuses on the questions that are vital to program improvement and decision-making. Priority questions need to have a clear purpose, primary intended users, are actionable and timely, and can be answered through accessible data. Below is a table that SI&E officers can use to help facilitate the discussion with the primary intended users.

NOTE: The scoring below is a suggestion, however, this can be adapted to be relevant to the priorities of the program/strategy/country office. Any question that results in a high score is a priority question for the program.

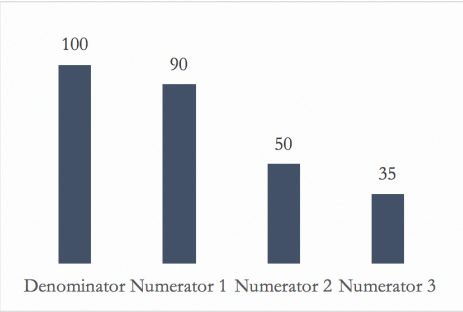
Question	Score
What is the PRIMARY purpose for answering this question? <i>Primary purpose is for internal learning and planning = 4; Primary purpose is for accountability to a donor = 3; Primary purpose is to contribute to the field = 2; Primary purpose is for marketing and communications = 1</i>	
Who are the PRIMARY users or consumers of these data? <i>Users are EGPAF employees with high decision making power = 4; Users are external to EGPAF (donors or MOH) = 3; Users are EGPAF employees with low decision making power = 2; Users are the general public or the field = 1</i>	
What decisions/actions are expected as a result of reviewing the data? <i>Data are highly actionable = 4; Barriers to action exist = 3; Low chance of action = 2; Little to no chance of action = 1</i>	
What data are CURRENTLY collected that could help answer this question? OR What ADDITIONAL data collection is needed to help answer this question? <i>Easy to answer with existing data = 4; Possible to answer with existing data = 3; May require extra data collection = 2; Requires significant extra data collection = 1</i>	
What is the deadline in which the data should be disseminated? <i>All data can be realistically summarized by the deadline = 4; Most data can be realistically summarized by the deadline = 3; Some data can be summarized by the deadline = 2; No data can be summarized = 1</i>	
Overall Score	

3. Visualize data

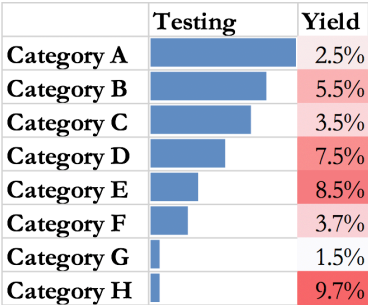
In order for stakeholders to make informed decisions based on data, they usually need to be presented with data that optimize interpretability through high-impact data visualizations. How can stakeholders make decisions on the data if they are not able to interpret the data properly? High quality data visualizations allow stakeholders to understand the story behind the data and the key message that the data are attempting to convey. All Foundation offices must have an easily-accessible system for visualizing data that includes at a minimum, data visualizations for priority questions and other visualizations of interest such as targets vs. performance, indicators in the Foundation global strategic plan and the country-specific strategic plans (if not already a part of the priority questions). The data visualization system should create visualizations at different levels, such as site level, sub-national level and program level. SI&E staff, who backstop countries, should provide guidance to country programs in approaches toward displaying best practice data visualizations that can be used for different purposes (e.g.trends over time, comparing groups, showing progress, and cascades).

¹ Brainstorming with the primary intended users can be useful to assist in prioritizing questions. For example, does the question need to be answered for an external audience to EGPAF (i.e. MOH, donors, broader field)? Does the question need to be answered for internal learning for planning, budgeting, or cross-sectional learning (i.e. between country programs or between sites and regions)?

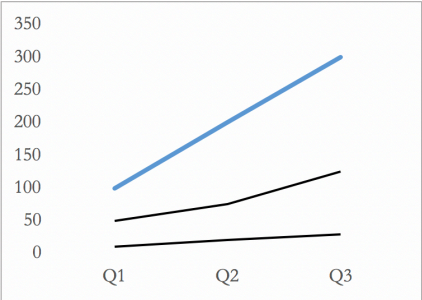
Below are some examples of different data visualizations that country programs can employ for presentation and documentation:



Example A: Simple Cascade



Example B: Yield for Many Categories



Example C: Trends Over Time

In addition, country/global teams should follow best practices and techniques in the Foundation’ data visualization style guide.² This guide should be the resource used for a quality review of data visualizations to ensure that best practices related to data visualization are applied. If a data visualization is released to a donor or other external stakeholder, a Technical Director should approve of the data visualization prior to release. The data visualization and use strategy should describe how this quality review for all audiences and for a donor audience is accomplished.

All SI&E officers need to be trained in data visualization. The data visualization and use strategy should include a description of how capacity is being built around best practices in data visualization either through formal training or through self-learning.

4. Review data

Analyzing, reviewing and discussing data with the primary intended users of the data is vital to successful data use. Many country programs already have regular forums where data are discussed, usually through a quarterly data review. The data visualization and use strategy will outline plans for ongoing data review- at a minimum on a quarterly basis at the site, sub-national (if applicable) and program level. Teams should use the Foundation’s Data Review Checklist as a guide in designing and executing their data reviews.³

The audience for the data reviews must include technical, SI&E, research, and operations staff. The content of the data review must include (at a minimum) data related to the priority questions and other areas of interest such as targets vs. performance indicators in the Foundation’s global strategic plan and indicators in the country-specific strategic plan (if not already included in the priority questions). It is equally important to consider how the discussion around the data will take place so the primary intended users/audience are fully engaged and can contribute to the discussion. This includes ways to engage the primary intended users or the audience through co-facilitation with technical staff; small group work; interactive methods to encourage interpretation and recommendations resulting from the data.

Below is a table to assist SI&E officers in planning for data reviews:

Goal of data review	Priority questions to be discussed at data review	Primary intended users and/or audience (site-staff, sub-national or Foundation staff)	Frequency and Dates	Individuals responsible for analyzing and compiling data	Individuals responsible for facilitating the discussion at the data review

5. From review to action

The ultimate objective of the data visualization and use strategy is for data to be used for action and decision-making. This section of the strategy will describe how recommendations and actions steps are noted from the data review and how the primary intended users follow up on these action steps. It also describes how individuals will be held accountable

² To be developed in 2018- refer to SI&E page in Crossroads for most recent version
³ To be developed in 2018- please refer to SI&E page on Crossroads for most recent version.

for carrying out specific actions. Once implemented, action items should then be discussed at subsequent data reviews to understand if they made a difference. Actions could include areas for mid-course correction (if there is a specific action that needs to take place), areas for further investigation (if it is unknown what exactly should be done) or areas for documentation (if there are lessons to be learned from the action). The table below is an example of what can be used to document action steps and follow up from the data review.

Date of Data review	Action Item from data review	Person responsible	Deadline	Completed/Not Completed	Reason not completed	Additional follow up needed

6. Update data visualization and use strategy regularly

The data visualization and use strategy is time-bound, and therefore should be updated regularly. It is expected that primary intended users will change and priority questions will evolve. Therefore, it is critical for SI&E officers to engage the primary intended users regularly to understand their needs and revisit the data visualization and use strategy as a “living document” that can be changed and updated at least annually.

Resources

1. Evergreen Data Academy: <http://academy.stephanieevergreen.com/>
2. Data Visualization 101: <https://visage.co/content/data-visualization-101/>
3. Ann K. Emery: <http://annkemery.com/>
4. DIY Data Design: <https://diydatadesign.com/>
5. Storytelling with Data: <http://www.storytellingwithdata.com/>





Photo: Eric Bond/ EGPAF, 2016



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STANDARD 7:

Every country program and global project must have a Program Optimization Approach plan and a separate and complimentary quality improvement plan, which together make up the country program or global project POSQI strategy in line with the Foundation's global POSQI strategy

Introduction

In Foundation-supported countries, HIV and AIDS services often have not achieved maximum impact and efficiency or have gaps in organization and management, human resource capacity and responsiveness to people's health, cultural, ethnic, or financial preferences. To ensure that all individuals have access to quality care, we must effectively serve the communities most in need of health systems support by providing services that are effective, integrated, quality-oriented, and people-centred. To deliver this, the Foundation implements an expansive form of Quality Improvement (QI) – known as Program Optimization and Service Quality Improvement (POSQI). Through focusing on optimization of systems and processes at both the program and healthcare levels, the Foundation can help Ministries of Health and partners not only provide outstanding health programs and services improve outcomes, but also a positive customer experience with enhanced resource efficiency.

The Foundation has adopted POSQI's global strategy as a key element of the SI&E Standard 7. The POSQI strategy includes two key components:

- a. The Program Optimization Approach (POA) is Foundation's strategy to improve program design, implementation, quality and impact through a proven, sustainable, quality-oriented process that continuously assesses and evaluates program and patient outputs and outcomes. The objectives are to provide a standard approach on how we use evidence to continuously improve both our operations and technical work. The end goal is an efficient and effective organization whose programs provide the best health outcomes for clients. This approach is essentially applying QI methodologies beyond the 'service delivery' levels within the Foundation.
- b. Service Quality improvement (QI) is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes, which achieve health equity and improve the health of the community. At the Foundation, we support the Ministry of Health and health care workers to conduct QI activities at the district and primary health facility levels to improve quality of service delivery and patient outcomes.

Implementing POA and QI is an integral part of how the Foundation manages the quality of its programs and supported services.

'Enhancing Quality' is a common objective of many Foundation-supported projects or awards. More and more, as country experience and expertise grow in POSQI, they look to POSQI as a major strategy in improving quality of programs and services. Every project will develop and implement a POA Plan and a separate QI Plan that together make up a country's POSQI strategy in line with the Foundation's Global POSQI Strategy.

QI Specific Requirements

1. There is an updated QI plan in the Foundation country office
 - The QI plan was updated within the past 12 months
 - The QI plan defines—at least—leadership for QI, roles and responsibilities, and resources
2. There is an updated QI protocol or umbrella protocol covering QI activities at the Foundation office
3. Appropriate performance and outcome indicators are selected, and methods to collect and analyse data and implement improvements are outlined
 - Indicators stated in the QI plan reflect standards of care for whatever program the Foundation is supported and contain a mixture of process and outcome measurements
 - Performance in QI indicators is reviewed during the in-country data review meetings
 - Indicators and targets for improvement are updated according to past performance (if facilities consistently achieve 100% in one indicator, another indicator can be selected for quality assessment)
 - There is a clear QI monitoring system in place complete with data warehousing and visualization
4. QI activities are jointly planned and implemented with the national partners, and training and capacity building of national partners is conducted simultaneously with program implementation
 - QI activities are conducted in conjunction with national QI desk and district health management teams
 - QI activities are aligned with national program
 - Support and capacity building for national program is documented in the QI plan
5. The Foundation offers QI training and TA on QI to national partners, district management teams, and providers
 - There is QI training and TA provision at national, district, and/or facility level
6. There are sufficient resources to support the Foundation country office's QI program
 - At least one full-time QI staff member hired at time of verification visit
 - There are QI activities in the program's or SIE work plan and budget



Photo: Eric Bond/EGPAF, 2016

- There is sufficient LOE for HQ QI TA in the program's budget - in line with the country QI TA needs

POA Specific Requirements

1. There is an updated annual POA plan in the Foundation country office
 - The POA Plan contains a statement of purpose and goals of POA
 - The plan contains an outline of leadership, team structure, resources, roles and responsibilities
 - The plan presents details on how POA activities will be measured, including description of indicators, who will collect and analyse data, how data will be reported and disseminated and used
 - The plan presents details on how stakeholders will be trained, mentored, and participate in POA
 - The plan presents details of feedback, documentation and sharing lessons learned from POA activities
 - The plan includes a schedule to annually review and revise the POA plan as necessary
 - The plan includes a list of current Country POA Oversight Committee (C-POC) members
2. Staff (technical and operations) orientation on POA has been conducted at least once in the past 12 months

3. The Foundation country program has an active country POA oversight committee (C-POC) that adheres to a completed terms of reference (ToR)
 - The ToR is updated every 12 months and shared with Global POSQI Team at HQ
 - The C-POC meets at least once every 3 months and reviews progress of POA projects and progress with the Global POSQI Team at HQ is shared after the meeting
 - The C-POC outlines POA priorities in their annual POA plan and the plan is shared with Global POSQI Team at HQ
4. A formal assessment of POA (using Country Program Review or POA readiness checklist) is conducted annually
5. POA is used during program design or planning and activities identified under POA are integrated in work plans and budgets

Additional Considerations

Appropriate infrastructure is essential for implementation of POSQI. POA teams with the requisite technical and political leadership need to be established and equipped with well-developed goals, plans, collaboration protocols and

monitoring tools. Implementing and learning from evaluations are a key component of POA—additional guidance for developing evaluations can be found in Standard 8.

Additionally, the QI Lead or team need to be equally empowered and capacitated. Therefore, the SI&E Director should ensure that the POSQI program is adequately budgeted for and is part of all the other SI&E standards. Where there is a national QI program, the QI team should support and strengthen the national program through the use of national guidelines, tools and protocols at sub-national levels. This support should be outlined in the Foundation POSQI Plan and QI work plan.

Resources

1. The Foundation's Global POSQI Strategy (to be released in 2018)
2. The Foundation Program Optimization Approach Concept Note and Quick Start Guide- <http://crossroads.pedaids.org/Interact/Pages/Section/Default.aspx?Section=8798>





Photo: Andrew Marinovich/ EGPAF, 2017



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STANDARD 8:

Every country program and global project must measure and evaluate processes, outputs and outcomes at the various stages of their funding lifespan

Introduction

The Foundation's projects should ensure that implementation outcomes and successes/failures are systematically evaluated and documented. Evaluations can be conducted at any stage of a project, including baseline, interim or end of-project evaluations. These evaluations either can measure overall project effectiveness or may assess a specific component or intervention within the project. Other standards provide guidance on how to integrate aspects of evaluation into SI&E activities. Standard 1 requires country and global projects to prioritize evaluations into their M&E planning, while Standard 7 articulates that planning for and learning from evaluations should align with the country's POA priorities.

This document provides guidance for meeting Standard 8, which recommends that every country/global project must measure and evaluate processes, outputs and outcomes at various stages of their funding lifespan.

Requirements

Like all other SI&E activities, evaluations should be included in project planning and implementation cycles. The program or project monitoring & evaluation (M&E) plan should reference and call for the development of a separate evaluation plan. The evaluation plan should include a clear agenda, guidance for protocol development, and a dissemination strategy for data use and publication. Each Foundation program/project should draft an evaluation plan that contains:

1. Defines roles and responsibilities along with training needs of key staff members
2. Details of resources/budget necessary to conduct evaluation(s)
3. Key evaluation questions and strategies to answer questions
4. At least one evaluation activity that addresses cost, cost-effectiveness, or value for money for a particular intervention or strategic objective
5. A consideration for annual programmatic evaluation (level of target achievements) of the project or award
6. Considerations for at least baseline, midterm, and end-of-project evaluation for each project and award
7. Guidance around development of objectives, methodology and logistics of conducting evaluations
8. Guidance for how protocols should clear the Foundation technical and ethical review processes, and fulfill the respective ethical and regulatory requirements of the relevant in-country, US-based and donor agency regulatory authorities

9. Internal mechanisms for using program evaluation findings to improve program implementation
10. Guidance for manuscript development and submission

Additionally, all the Foundation project leads should also ensure that in-country and global SI&E, POA, and research backstops/focal persons are collaborating in the planning and execution of these activities. During planning for such evaluations, clear roles and responsibilities between country and global support staff must be defined along with an established timeline for activities. Optimal coordination and collaboration between research, POA, and SI&E focal persons will be determined project by project, at either the country or global levels. Economic evaluations will also require support from the global SI&E team, and country finance and operations team members, as necessary.

Given the increased strategic emphasis and donor requests related to value for money and cost effectiveness, country/global projects must strive towards incorporating cost analysis and/or cost effectiveness analysis into their evaluation designs. Completing an Expenditure Analysis (EA) report (a required annual PEPFAR report that maps expenditures to outputs) or a Funding Allocation to Strategy (FAST) budgeting tool (a PEPFAR template which requires partners to map budgeted costs to outputs) are not sufficient to meet this standard. However, a country/global project may leverage data generated by EA or the FAST tool to conduct an economic evaluation that yields programmatic insights around effectiveness, sustainability, and value for money, where such data is available and relevant to the analysis. Annually, all country/global projects should conduct at least one economic evaluation (these include cost analyses or cost

effectiveness analyses), or incorporate a costing component into other planned program evaluations.

Additional Considerations

The planning and execution of evaluations should follow the Foundation's policies and guidelines related to conducting any research and/or evaluation studies. Each evaluation should be designed to answer specific evaluation/research question(s). The objectives, methodology and logistics of conducting these evaluations should be detailed in an evaluation protocol (*see attached example of a protocol template*), even if such evaluations are embedded in another larger umbrella protocol. Before initiating any study activities, the respective protocol(s) should clear the Foundation technical and ethical review processes, and fulfill the respective ethical and regulatory requirements of the relevant in-country, U.S.-based, and donor agency regulatory authorities.

Resources

1. Sample Evaluation Protocol template
2. Sample Economic Evaluation Protocol Template
3. PEPFAR Evaluation Standards--<https://www.pepfar.gov/documents/organization/276886.pdf>
4. Evaluation Plan Template
5. Overview on Economic Evaluations at the Foundation on Crossroads-- <http://crossroads.ped aids.org/Interact/Pages/Content/Document.aspx?id=23932>



Rapid Assessment Tool for the Achievement of the Minimum Strategic Information and Evaluation Standards (RAMSES)

Background

As an organization working toward the elimination of pediatric AIDS worldwide, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has a vested interest in evidence-based programmatic decision making. This requires the Foundation's programs to have data that are accurate, reliable, and of high quality. To help ensure that EGPAF's country programs can achieve this goal, the global Strategic Information and Evaluation (SI&E) unit has developed a set of eight standards (listed below) that all programs are required to meet to ensure robust M&E systems.

The SI&E standards are as follows:

1. Each country program and global project must have a detailed M&E plan that describes each component of the program/project's M&E system and illustrates how the respective awards will accurately track progress against program/project targets, objectives, and overall
2. Every country program and global project must have an annually updated SI&E work plan.
3. Every country and global project must allocate at least 10% of total direct costs in the annual award budget to SI&E, and must ensure adequate SI&E staffing
4. Every country program and global project must have a secure and functional data collection, storage, management, and access system in use, as well as a documented strategy for ongoing data management and availability.
5. Every country program and global project must be implementing a data quality assurance strategy that includes at least one data quality assessment at a minimum of 20% of supported sites in the program annually
6. Every country program and global project must develop and implement an annually updated data visualization and use strategy
7. Every country program and global project must have a Program Optimization Approach plan and a separate and complimentary QI plan
8. Every country program and global project must measure and evaluate processes, outputs and outcomes at the various stages of their

In addition, EGPAF has outlined a number of M&E outcomes that it hopes its program achieve as a result of meeting the standards. The global SI&E unit will work collaboratively with all EGPAF country programs to achieve these standards.

Purpose of the RAMSES

The Rapid Assessment Tool for the Achievement of the Minimum Strategic Information and Evaluation Standards (RAMSES) was developed to help country programs determine whether they have already achieved the standards and—if not—what actions are required to meet them. The tool can and should be used for a baseline assessment of the standards in each country program and periodic follow-up assessments. As well, the tool should be used to gauge whether programs have seen the anticipated outcomes of the standards. RAMSES was derived from the Standards-Based Management and Recognition (SBM-R) methodology developed by JHPIEGO. It is a well-established approach for assessing program quality through the establishment of predetermined standards. SBM-R is generally used for internal monitoring purposes. Similarly, the Foundation envisions that country programs will use RAMSES to internally assess M&E systems and outcomes. There is no intent to use RAMSES to compare across country programs or to penalize country programs based on assessment results. Rather, RAMSES will allow countries to reflect on their M&E systems and to prioritize actions for follow-up.

Description of the Tool

RAMSES consists of standards, indicators, and verification criteria.

- The standards describe the high-level results that country programs must achieve. There are eight standards.
- The standards are linked to indicators, which describe concrete, measurable outputs that will be used to assess whether a standard has
- The indicators are linked to verification criteria, which describe the specific documentation or evidence that will be used to assess whether the program has achieved the indicator.

Performing the Assessment

- The implementation of RAMSES will be a joint exercise between country programs and global SI&E backstops. Each backstop will work with the country-based SI&E team to lead and discuss the timing and approach to implementation.
- Additional country technical and program staff should be involved in the assessment exercise (program managers, technical officers,
- Each assessment team member should be familiar with RAMSES before its application.
- The team should identify main data sources for the assessment (e.g., forms, documents, people).
- It should generally take half a day to conduct the RAMSES, though this may vary depending on the country-specific context.

- The team must answer YES for all verification criteria that have been achieved. Partial achievements should be noted as IN PROGRESS. The team must answer NO if no progress has occurred and NOT APPLICABLE if a verification criterion is not relevant.
 - The team should use the comments column to record notes as required. For example, if verification criteria for an indicator are not available, this finding should be documented in the comments section of the tool.
 - It is highly recommended that the team review each standard more than once to make certain that all participants agree on the
 - At the conclusion of the assessment, the team should develop an action plan to follow up on standards that have not yet been met.
 - The findings of the RAMSES must be shared with the country executive team members, including the country director and technical director should convene a specific discussion meeting.
 - It is important for managers, directors, and other key actors to commit to providing needed resources for further steps and also to be closely involved with the implementation of the planned activities.
 - The team should set a date or timeline to re-administer RAMSES to assess the amount of progress from the previous evaluation.
- Semiannual repetition of this exercise will strengthen the self-evaluation and data use culture of the country program, though the team should can adjust the implementation frequency based on their needs as well as on practical constraints.

Country:	
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Standard 1: Each country program and global project needs to have a detailed Monitoring & Evaluation (M&E) Plan that describes each component of the country program's or global project's M&E system and illustrates how the respective project will accurately track progress against targets.

Indicator Desc	Verification Criteria	Result	Comments
S1.1. M&E plan or similar document that states M&E activities of the country program exists and is updated at least annually	1. M&E plan is available at the verification visit.		
	2. M&E plan is completed within 3-6 months of the start of an award.		
	3. M&E plan is updated on an annual basis.		
	4. A copy of the M&E plan has been shared with the global SI&E backstop.		
S1.2. M&E plan includes goals, objectives, and intermediate results for country/global projects	1. M&E plan clearly articulates program goals and objectives and delineates the intermediate results that are expected to be achieved in pursuit of each goal and objective.		
	2. M&E plan includes a country program or global project's logic model and lays out the relationship between various, inputs, activities, outputs, outcomes, objectives, and goals.		
S1.3. M&E plan provides indicators to measure all technical areas covered by country/global projects	1. M&E plan includes a matrix that identifies and defines indicators for all technical areas as well as data sources, frequency of collection, person responsible for collection, and annual targets.		
S1.4. M&E plan provides strategies and activities for data management	1. M&E plan contains a section that describes data management at all levels of the program, data storage, security, and updates of data management system.		
S1.5. M&E plan provides strategies and activities for data use	1. M&E plan contains a data use section that provides a high-level description of the program data use strategies and activities, including promotion of data use within country program staff and activities to strengthen data use at district and site levels.		
S1.6. M&E plan provides strategies and activities for data quality assurance	1. M&E plan contains a data quality section that provides a high-level description of the country /global project's strategies and activities to ensure excellent data quality.		
S1.7. M&E plan outlines roles and responsibilities of M&E staff	1. M&E plan maps out clear roles and responsibilities for each position on the M&E team.		
	2. M&E plan describes how the M&E team will collaborate with the global SI&E team and in what ways the global SI&E backstop will contribute to the M&E team.		
S1.8. M&E plan provides strategies and activities to build internal capacity for M&E	1. M&E plan includes an M&E capacity-building section that describes needs and activities.		
S1.9. M&E plan describes program evaluation strategies and activities	1. M&E plan contains a program evaluation section that identifies key evaluation questions and strategies to answer questions.		
S1.10 M&E Plan acts as a management tool for SMT	1. M&E plan is used by the country program's Senior Management Team (SMT) for managing the achievement of the program's goals, objectives, and targets.		

Country:	
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Standard 2: Every country program and global project must have an annually updated SI&E work plan.

Indicator Desc	Verification Criteria	Result	Comments
S2.1. There is an updated annual SI&E team work plan	1. SI&E team work plan is available at the verification visit.		
	2. SI&E team work plan is aligned with the objectives and aims of the country M&E Plan.		
	3. The SI&E team work plan uses an easy to understand and read format.		
	3. The work plan is linked to award/project work plan(s).		
	4. SI&E team work plan was updated no more than six months prior.		
S2.2. The plan encompasses all SI&E activities and the activities are costed	1. The work plan includes both routine SI&E activities and specific SI&E project activities.		
	2. Appropriate LOE is budgeted for each activity in the work plan.		
	3. All work plan activities are costed and in the country program budget.		
S2.3. There are clearly outlined deliverables, timelines, and responsible parties for all activities	1. All proposed activities have expected deliverables.		
	2. All proposed activities have timeframes (at least quarterly) when the activities will be implemented.		
	3. The responsible person(s) for each activity is stated.		
S2.4. The work plan is regularly reviewed and evaluated	backstop at the beginning of the year prior to finalization.		
	the work plan implementation, achievements, and results.		

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Standard 3: Every country program and global project must allocate at least 10% of total direct costs in the annual award budget to SI&E, and must ensure adequate SI&E staffing

Indicator Desc	Verification Criteria	Result	Comments
S3.1. There is a budget for SI&E team activities	1. SI&E budget information, either in a standalone budget or clearly designated in larger project budgets, is available at the moment of the verification visit.		
	2. SI&E budget is completed annually in tandem with the completion of the SI&E work plan.		
	3. The SI&E budget follows an easy to understand and read format.		
S3.2. The SI&E budget includes all key SI&E activities	1. The SI&E budget includes all funding for all delineated in the work plan.		
	2. Specifically, SI&E budget includes funding for DQAs and evaluations.		
S3.3. In its budgetary plan, the SI&E team has allocated resources to adequate staffing to complete SI&E activities.	1. The team must have a director-level position who oversees SI&E activities and forms part of the country-level senior management team.		
	2. The SI&E team must have at least one staff who is trained and dedicates the majority of his or her LOE for each of the following functions: data quality assurance; quality improvement; informatics/data systems; and data reporting and use.		
	3. Requested support from HQ SI&E staff is appropriately budgeted.		
S3.4. The country office is adequately resourced for SI&E.	1. The total cost of SI&E activities, resources, and staffing constitute at least 10% of Total Direct Costs of annual award budget. (<i>Total Direct Costs are defined as the total annual budget for an award, less indirect costs; total direct costs are clearly stated in any award budget</i>).		

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Standard 4: Every country program and global project must have a secure and functional data collection, storage, management, and access system in use, as well as a documented strategy for ongoing data management and availability.

Indicator Desc	Verification Criteria	Result	Comments
S4.1. There is an updated annual Data Management Plan	1. A data management plan is available at the verification visit.		
	2. The data management plan was updated no more than one year prior to verification visit.		
	3. The data management plan has been shared with the technical director of the program.		
S4.2. There is an indicator definition audit trail available to end users	1. An indicator definition audit trail document exists which details all changes to indicators over the past 12 months from variations of definitions to calculation modifications.		
	2. There is a mechanism or process for how end users are made aware of indicator definition changes when they access indicators that have changed.		
S4.3. A master site list exists	1. A master site list exists which details each site's name, its unique site ID, and which region/province/district it is located.		
	2. The master site list also includes a map which connects each site ID to other site IDs they may exist in other systems such as DATIM, another internal EGPAF system (local or at HQ), or a national system.		
	3. The master site list has been updated within six		
S4.4. The data management plan includes all key components for all projects which the program	1. The data management plan lists and describes all the various sources of data utilized by the program (registers, monthly reports, patient files, etc.).		
	2. Each data entry tool is documented in the data management plan, including the name of the tool, how it was developed, and the process in place for making and incorporating changes to the tool and the impact on the data use.		
	3. A comprehensive data flow (from data source to final destination) documented in the data management plan.		
	4. Existing data verification and cleaning processes are documented in the data management plan or in a standalone data quality assurance document.		
	5. The way in which data is stored in the program is documented and a "master database" is described in the data management plan.		
	6. Data access and security policies and procedures exist and are documented in the data management plan.		
	7. Current challenges the team is facing in managing its data are documented in the data management plan.		
S4.5. Data flow in efficient and timely in the program	1. Data are only entered manually once, with subsequent transfers of data being done using other automated processes.		
	2. The steps between data entry and data storage are minimal and do not burden the team.		
	3. Automated data quality/verification checks are in place at multiple stages in the data flow continuum.		

S4.6. Data storage is robust and secure	1.Data are easily accessed by end-users and members of the country team are not dependent on SI&E team for data access.		
	2. The data storage system allows for simple development of visualizations and reports that can be modified in a timely manner.		
	3. Data storage system is aligned with the needs documented in the team's data use plan.		
	4. Data from multiple databases can be easily combined into one report or visualization.		
	5. Data storage includes security on sensitive data including different access rights for different levels of users.		
	6. A data recovery and back up plan for how to retrieve data in case it is lost exists and are in use.		

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Standard 5: Every country program and global project must be implementing a data quality assurance strategy that includes at least one data quality assessment at a minimum of 20% of supported sites in the program annually.

Indicator Desc	Verification Criteria	Result	Comments
S5.1. There is an updated data quality assurance strategy document	1. A data quality assurance strategy (either standalone document or document integrated into the M&E plan) is available at verification visit.		
	2. The data quality assurance strategy was updated no more than one year prior.		
	3. The scope of the strategy includes mechanisms to check data quality at the country office, district, and site levels.		
S5.2. The data quality assurance strategy is disseminated to Foundation program staff and among district- and site-level health care workers	1. The data quality assurance strategy has been presented to the country program's technical staff in a general meeting.		
	2. The strategy has been shared with the EGPAF regional/provincial/district-based teams.		
	3. The strategy has been presented and discussed with other key stakeholders such as the local Ministry of Health (MOH) and donors.		
S5.3. The data quality assurance strategy guides the SI&E team in the implementation of data quality assurance measures, including but not limited to data quality audits (DQAs)	1. The data quality assurance strategy describes data flow from the primary source to the point of use.		
	2. The strategy includes data quality measures at each level in the aforementioned data flow.		
	2. The strategy has tools for implementing data quality measures, including SOPs, DQA forms/guides, supportive supervision/mentorship checklists, etc.		
S5.4. Data quality assurance activities are included in the SI&E work plan	3. The strategy includes country-specific thresholds for timeliness, completeness, and concordance (at or above 90%).		
	1. The SI&E team work plan has a section with activities driven from the data quality assurance strategy.		
S5.5. DQAs are conducted routinely at a sample of sites at least once a year	2. Monitoring and implementation of the data quality assurance activities are laid out in the SI&E team work plan.		
	1. Protocols and tools for conducting DQAs are available at the verification visit.		
	2. At least 20% of the sites in the country program undergo a DQA on an annual basis and there exists a robust methodology for how sites get selected to undergo a DQA.		
	3. There is a DQA findings report for all sites that undergo a DQA.		
	4. The DQA findings report's contents are discussed in a meeting with the managers, technical staff, and SI&E staff.		
	5. An action plan based on a discussion of the DQA findings report is prepared.		

S5.6. Follow-up on DQA findings–based action plan is conducted by the M&E team	1. DQA follow-up activities are set up based on the action plan.		
	2. DQA follow-up activities are implemented on schedule.		
S5.7. There are standard operating procedures (SOPs) aligned with the national system to provide standard methods for data collection, reporting, and aggregation at site level	1. SOPs that detail how staff at the site, district, and country office levels must routinely check data quality are available at verification visit.		
	2. SOPs are aligned with the MOH's national system for site monitoring and are positioned to strengthen the national system.		
	3. Health care workers (at the district and site levels) are trained on M&E SOPs by EGPAF SI&E staff.		
	4. SOPs are reviewed at least once a year.		
	5. The SI&E team has set some regular mechanisms to monitor level of use of SOPs by staff working in the field.		
S5.8. SI&E team performs regular supportive supervision for improving data quality at district and site levels	1. The SI&E team provides supportive supervision for data quality improvement at least once per quarter to a subsample of sites.		
	2. The SI&E team prepares a short report of supportive supervision visits conducted.		
	3. The SI&E team disseminates supportive supervision reports to EGPAF technical staff.		

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Standard 6: Every country program and global project must develop and implement an annually updated data visualization and use strategy

Indicator Desc	Verification Criteria	Result	Comments
S6.1. There is an updated data visualization and use strategy in the EGPAF country office	1. The data visualization and use strategy is available at verification visit.		
	2. The data visualization and use strategy was updated no more than one year prior.		
	3. The data visualization and use strategy has been shared with the technical team.		
S6.2. Primary intended users of the data have been identified and engaged to assess data use needs	1. The primary intended users of the data have been identified at the site, district, and country office levels.		
	2. Primary intended users at the site, district, and country office levels have been engaged to assess priority questions.		
	3. Questions have been prioritized by the primary intended users of the data through a scoring criteria or other criteria.		
S6.3. There are tools, procedures and capacity in place to develop high quality data visualizations	1. There is a system and process for visualizing data at the site, district, and country office levels.		
	2. The data visualization system includes visualizations of targets vs. performances.		
	3. The data visualization system includes visualizations of priority questions and their answers.		
	4. The data visualization system includes visualizations of the EGPAF Global Strategic Plan indicators.		
	5. The data visualization system includes visualizations of the country-specific strategic plan indicators.		
	6. There is evidence that the EGPAF data visualization style guide is being used in the development of data visualizations.		
	7. The data visualization system can be accessed by all technical staff without relying on SI&E staff.		
	8. There is evidence that the data visualization system is being used by the majority of technical staff (i.e. if there is a dashboard, usage report can provide evidence).		
	9. All SI&E team members who develop data visualizations have been formally trained or have self-trained in data visualization best practices.		
	10. There is a review process in place to assess the effectiveness of data visualizations that are developed.		
	11. The technical director reviews and approves data visualizations that are released to donors.		

S6.4. There are quarterly reviews of the data	1. Data reviews are conducted quarterly at the site, district, and country office levels.		
	2. There is a mixture of technical staff at country office data review.		
	3. Targets vs. performances are reviewed at data reviews.		
	4. Priority questions are reviewed at data reviews.		
	5. EGPAF Global Strategic Plan indicators are reviewed at data reviews.		
	6. Country-specific strategic plan indicators are reviewed at data reviews.		
	7. There is evidence that the EGPAF data review checklist has been applied to the data review process.		
S6.5. There are mechanisms to ensure that action items from the data review are followed up upon and that individuals are held accountable to those action items	1. Action items from the data reviews are documented.		
	2. Individuals are held accountable to carrying out the action items from the data review.		
	3. There is evidence that action items have been accomplished as a result of the data review.		
	4. There is a feedback loop to assess whether action items, once implemented, made any difference.		

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Standard 7: Every country program and global project must have a Program Optimization Approach plan and a separate and complimentary QI plan which together make up a country program or global project POSQI strategy in line with the Foundation's global POSQI strategy

Indicator Desc	Verification Criteria	Result	Comments
S7.1. There is an updated QI plan in the EGPAF country office	1. The QI plan is available at verification visit.		
	2. The QI plan was updated within the past 12 months.		
	3. The QI plan defines who will lead QI activities and their roles, responsibilities, and the resources available to them.		
S7.2. There is an updated QI protocol or umbrella protocol covering QI activities at the EGPAF office	1. The QI protocol is available at verification visit.		
	2. The QI protocol is up to date and in effect.		
S7.3. Appropriate performance and outcome indicators are selected, and methods to collect and analyze data and implement improvements are outlined	1. Indicators stated in the QI plan contain a mixture of process and outcome measurements.		
	2. Performance in QI indicators is reviewed during the in-country data review meetings.		
	3. QI indicators and targets for improvement are updated according to past performance (if facilities consistently achieve 100% in one indicator, another indicator can be selected for quality assessment).		
	4. There is a clear QI monitoring system in place complete with data warehousing and visualization process.		
S7.4. QI activities are jointly planned and implemented with the national partners, and training and capacity building of national partners is conducted simultaneously with program	1. QI activities are conducted in conjunction with national QI desk and district health management teams.		
	2. QI activities are aligned with national program.		
	3. Support and capacity building for national program is documented in the QI plan.		
S7.5. EGPAF offers QI training and TA on QI to national partners, district management teams, and providers	1. There is evidence (plan, report, another document) of QI training and TA provision at national, district, and site levels.		
S7.6. There are sufficient resources to support the EGPAF's office QI program	1. There is at least one full-time QI staff member at time of verification visit.		
	2. There is evidence that QI activities are in the program's or SI&E work plan and budget.		
S7.7. There is an updated annual POA plan in the EGPAF country office	1. The POA Plan contains a statement of purpose and goals of POA.		
	2. The plan contains an outline of leadership, team structure, resources, roles and responsibilities.		
	3. The plan presents details on how POA activities will be measured, including description of indicators, who will collect and analyze data, how data will be reported and disseminated and used.		
	4. The plan presents details on how stakeholders will be trained, mentored, and participate in POA.		
	5. The plan presents details of feedback, documentation and sharing lessons learned from POA activities.		
	6. The plan includes a schedule to annually review and revise the POA plan as necessary.		
	7. The plan includes a list of current Country POA Oversight Committee (C-POC) members.		
S7.8. Staff (technical and operations) orientation on POA has been conducted at least once in the past 12 months	1. There is evidence (plan, report, another document) of a POA training or orientation in the past 12 months.		

S7.9. There is an active country POA oversight committee (C-POC) that adheres to a completed terms of reference (ToR)	1. The TOR is available at verification visit.		
	2. The TOR was updated within the past 12 months and shared with global POSQI team in past 12 months.		
	3. The C-POC has met at least once in the past three months and reviewed progress of POA projects and progress with the global POSQI team has been shared in past three months.		
	4. The C-POC has outlined POA priorities in their annual POA plan and the plan has been shared with global POSQI team in last 12 months.		
S7.10. A formal assessment of POA (using Country Program Review or POA readiness checklist) has been conducted within the last 12 months	1. There is evidence (CPR results, POA checklist assessment results) that a POA assessment was conducted in the past 12 months.		
S7.11. There is evidence that POA is used during program design or planning and activities identified under POA are integrated in work plans and budgets	1. There is evidence (proposal, plan, report, another document) that POA was applied and/or planned for.		

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Standard 8: Every country program and global project must measure and evaluate processes, outputs and outcomes at the various stages of their funding lifespan.

Indicator Desc	Verification Criteria	Result	Comments
S8.1. There is an updated comprehensive evaluation plan in the office	1. An evaluation plan is available at verification visit.		
	2. The evaluation plan was updated no more than a year prior.		
	3. The evaluation plan defines roles and responsibilities along with training needs of key staff members.		
	4. The evaluation plan contains the details of the resources/ budget necessary to conduct evaluations.		
S8.2. There is a clear agenda and objective in the evaluation plan	1. The evaluation plan identifies key evaluation questions and strategies to answer questions.		
	2. The evaluation plan includes at least one evaluation activity that addresses cost, cost effectiveness, or value for money for a particular intervention or strategic objective.		
	3. Evaluation plan considers level of target achievements of the project.		
	4. Evaluation plan outlines a baseline, midterm, and end-of-project evaluation for at least one project.		
S8.3. There is guidance for the development of evaluation protocols in the evaluation plan	1. The evaluation plan outlines the objectives and methodology of conducting evaluations.		
	2. The evaluation plan outlines how protocols should clear the EGPAF technical and ethical review processes and fulfill the regulatory requirements of the relevant in-country, U.S.-based, and donor agency authorities.		
S8.4. There is a dissemination strategy for data use, publication, and learning in the evaluation plan	1. The evaluation plan describes internal processes for using the findings from program evaluations to improve program activities and strategies.		
	2. The evaluation plan provides guidance for manuscript development and submission.		