This semi-annual performance monitoring report was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID). The USAID Applying Science to Strengthen and Improve Systems Project is made possible by the generous support of the American people through USAID and its Office of Health Systems.
USAID ASSIST Project Semi-Annual Performance Monitoring Report

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DISCLAIMER
This semi-annual performance monitoring report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
Acknowledgements

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation

Table of Contents

LIST OF TABLES AND FIGURES ...................................................................................................... i
ACRONYMS ................................................................................................................................... ii
EXECUTIVE SUMMARY ............................................................................................................... iii

MNCH-DIRECTED FUNDING ......................................................................................................... 1
  MATERNAL, NEWBORN AND CHILD HEALTH........................................................................ 1

OFFICE OF HEALTH SYSTEMS-FUNDED ACTIVITIES ............................................................. 5
  OFFICE OF HEALTH SYSTEMS, CROSS-BUREAU ACTIVITIES .......................................... 5

OTHER PUBLIC HEALTH THREATS ELEMENT FUNDING .................................................... 8
  ZIKA ........................................................................................................................................ 8

COMMON AGENDA ACTIVITIES ................................................................................................. 20
  GLOBAL TECHNICAL LEADERSHIP .................................................................................. 20
  KNOWLEDGE MANAGEMENT ........................................................................................... 25
  RESEARCH AND EVALUATION ......................................................................................... 30

PERFORMANCE MONITORING PLAN ..................................................................................... 41

List of Tables and Figures

Table 1: USAID ASSIST Project Publications, FY20 Q1-Q2 ...................................................... 21
Table 2: USAID ASSIST Project knowledge products developed in FY20 Q1-Q2 ..................... 27
Table 3: ASSIST research and evaluation studies (FY20 Q1-Q2) .............................................. 30
Table 4: Progress on USAID ASSIST Project performance monitoring indicators as of March 31, 2020 ........................................................................................................... 41

Figure 1: ASSIST Website Visits, October 2019—March 2020 .................................................. 26
Figure 2: ASSIST Twitter Impressions, FY20 Q1-Q2 ................................................................. 28
Figure 3: ASSIST Facebook Analytics, FY20 Q1-Q2 ................................................................. 28
Acronyms

AAP American Academy of Pediatrics
AIDS Acquired immunodeficiency syndrome
ANC Antenatal care
AOR Agreement Officer’s Representative
ASSIST USAID Applying Science to Strengthen and Improve Systems Project
CSaZ Congenital syndrome associated with Zika virus
DEC Development Exchange Clearinghouse
ECHO Extension for Community Healthcare Outcomes
ESC Eastern and Southern Caribbean
FTF Face-to-face
FY Fiscal year
HIV Human immunodeficiency virus
IMNCI Integrated Management of Newborn and Childhood Illness
KM Knowledge management
LAC Latin American and Caribbean
MCH Maternal and child health
MNCH Maternal, newborn, and child health
MOH Ministry of Health
MOHW Ministry of Health and Wellness (Jamaica)
NDS Neurodevelopmental surveillance
NGO Non-governmental organization
OHA USAID Office of HIV/AIDS
OHS USAID Office of Health Systems
OHT Online health training
OVC Orphans and vulnerable children
PCMD Preventing Child and Maternal Deaths
PEPFAR U.S. President's Emergency Plan for AIDS Relief
PMTCT Prevention of mother-to-child transmission of HIV
QED Quality, Equity, Dignity (WHO-led Quality of Care Network)
QI Quality improvement
QIT Quality improvement team
RMNCHA Reproductive, maternal, neonatal, child, and adolescent health
TWG Technical working group
UN United Nations
URC University Research Co., LLC
USAID United States Agency for International Development
VMMC Voluntary medical male circumcision
WHO World Health Organization
EXECUTIVE SUMMARY

University Research Co., LLC (URC) and its partners have completed seven and a half years of implementation of the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project. This report is the 15th Semi-Annual Performance Monitoring Report for ASSIST, summarizing the project’s accomplishments and results during the first two quarters of Fiscal Year 2020 (FY20). All ASSIST sub-agreements were completed in FY19, so no partners contributed to the implementation of project activities in FY20 aside from revisions to previously submitted deliverables.

The project’s activities in the first two quarters of FY20 focused on completion of deliverables funded with MNCH Core Directed funds and Cross Bureau funds; wrap-up of Zika activities funded under the Other Public Health Threats element in Ecuador, Peru, Jamaica, Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines; and completion of outstanding reports, knowledge products, and research and evaluation reports funded through the project’s Common Agenda pool.

Overall goals

The USAID ASSIST Project sought to foster improvements in a range of health care processes through the application of modern improvement methods by host country providers and managers in USAID-assisted countries. The project’s central purpose was to build the capacity of host country health and social service systems to improve the effectiveness, efficiency, client-centeredness, safety, accessibility, and equity of the services they provide. In addition to supporting the implementation of improvement strategies, the project sought to generate new knowledge to increase the effectiveness and efficiency of applying improvement methods in low- and middle-income countries.

USAID ASSIST country programs were aligned with the goals of United States Government’s global initiatives and policies, including preventing child and maternal deaths, achieving HIV epidemic control, combatting other public health threats, protecting life, and addressing gender inequalities.

Where we worked

During the first half of FY20, USAID ASSIST provided technical support in seven countries, all funded through the Other Public Health Threats element for Zika-related activities. ASSIST’s work in Ecuador and Peru closed in the first quarter of FY20 and in the five Caribbean island nations, by the end of the second quarter. Sustainability and Transition meetings were held in Ecuador (November), Peru (November), Jamaica (December), St. Kitts (January), St. Vincent (January), Antigua (February), and Dominica (February).

FY20 accomplishments and results:

- **Improvement in key indicators**: As discussed in this report, ASSIST-supported programs in Latin America and the Caribbean demonstrated improved care and outcomes for screening of pregnant women and newborns for Zika-related signs and symptoms, care and support for Zika-affected babies and children, and provision of neurodevelopmental screening in well-child care.

- **Promoting the use of improvement methods**: During the reporting period, the project published six case studies, nine technical reports, and eight research and evaluation
reports, and project staff submitted one manuscript for peer review. The project also submitted five annual reports. ASSIST staff made presentations and/or participated in four regional and international conferences and meetings. ASSIST’s work continued to be promoted through the project’s website and social media engagement, with 50,355 visitors viewing 61,106 pages within the ASSIST Knowledge Portal (Oct 2019-March 2020). ASSIST resources (9,700 pageviews) and toolkits (2,500 pageviews) continued to be top visited areas of the site.

- **Research and evaluation studies**: During the first half of FY20, the project had 18 research studies in planning, underway or completed in 18 countries, including six multi-country studies. Ten of the 18 studies were completed by the end of the second quarter of FY20.

**Challenges and Remedies**:

- Given the short timeframe of the project implementation and the travel restrictions imposed by the COVID-19 outbreak, additional country-level technical assistance activities are not feasible or possible. We are using webinars and virtual meetings to replace in-person technical assistance.

- Completion of the study assessing the comparative effectiveness and cost-effectiveness of implementing the “Improving Care for Mothers and Babies: A Guide for Improvement Teams” was delayed due to the Principal Investigator’s need to focus on completing Zika improvement work in the Eastern and Southern Caribbean. The report will be completed in the third quarter of FY20.

- The expected delivery date of print copies of *Improving Health Care in Low- and Middle-Income Countries: A Case Book* is very close to the closing date of the ASSIST cooperative agreement of June 29, 2020. Due to COVID-19 restrictions on meetings, we will likely not be able to sponsor any in-person launch events before the end of the project. URC is committed to supporting the Office of Health Systems in organizing and supporting through social media and staffing any case book launch events that the Office of Health Systems sponsors after the closing of the ASSIST cooperative agreement.

- Several ASSIST deliverables submitted to the AOR team for approval are still pending approval. Approval of pending reports is urgently needed to allow us to submit all approved deliverables to the USAID Development Exchange Clearinghouse.
MNCH-DIRECTED FUNDING

MATERNAL, NEWBORN AND CHILD HEALTH

Background

The USAID ASSIST Project’s maternal, newborn, and child health (MNCH) direct-funded activities built the capacity of governments and partners to adapt improvement approaches to continuously strengthen essential system functions to improve scale-up and sustain high-impact, evidence-based health care for leading causes of maternal, newborn, and child mortality in USAID priority countries. All activities were in support of USAID’s Preventing Child and Maternal Deaths strategy. Among others, ASSIST’s MNCH direct-funded activities have contributed to the following objectives:

- Support implementation of global, regional, and national initiatives, including implementation of the Quality Equity Dignity (QED) global initiative for improving quality of care for MNCH.
- Build government and partner capacity to apply quality improvement (QI) approaches across health system levels (community, clinic, hospital, district management team, central/regional MOH) to improve, scale up, and sustain high-impact, people-centered MNCH services for leading causes of maternal newborn and child morbidity and mortality in USAID MNCH priority countries.
- Test innovative applications of improvement approaches to address cutting-edge areas in MNCH, such as integrating MNCH routine and complications' care across system levels; strengthening local information systems to track sentinel quality measures; and building provider/manager competencies to support improvement work in local systems.
- Strengthen health worker and manager skills, motivation, and performance through integrated clinical and quality improvement capacity building.
- Develop, test, and disseminate technical frameworks, approaches, and tools that can increase effectiveness of improvement and health system strengthening initiatives in support of the USAID Preventing Child and Maternal Deaths strategy.
- Support the development of MNCH quality of care indicators and measurement to strengthen routine health information systems, permit regular tracking of quality measures at service delivery level, and promote accountability at global, national, and sub-national levels.

In FY20, ASSIST has continued to support the WHO-led QED initiative globally and in Uganda and focused on completing data analysis and reporting for the assessment of comparative effectiveness and cost-effectiveness of the application of “Improving Care for Mothers and Babies: A Guide for Improvement Teams” in Uganda carried out in FY18 and developing a synthesis paper on key results and learning from reproductive, maternal, newborn, child, and adolescent health and nutrition activities carried out under ASSIST.
Program Overview

What are we trying to accomplish? | At what scale?
--- | ---
1. **Provide support to the WHO Quality, Equity, Dignity (QED) Network to improve quality of MNCH care at the global level**
- A1. Serve as technical resource partner for WHO technical working groups (TWGs) | Global
- A2. Provide catalytic support to first-wave countries | First-wave nine countries: Bangladesh, Côte d’Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Tanzania and Uganda
- A3. Assess the comparative effectiveness and cost-effectiveness of implementing the “Improving Care for Mothers and Babies: A Guide for Improvement Teams” to improve care of mothers and babies through different implementation strategies in selected country | Uganda, 16 facilities in 4 districts
- A4. Disseminate lessons learned from implementation of USAID ASSIST’s investment in the area of MNCH to inform global learning | Global

Accomplishments and Results by Activity (October 2019 – March 2020)

**Activity 1. Provide support to the WHO QED Network to improve quality of MNCH care at the global level**

**A1. Serve as technical resource partner for WHO technical working groups (TWGs)**
- ASSIST participated in several Implementation Methods TWG calls with country teams and discussed country updates and the next stage of implementation of the Quality of Care Network activities (FY20 Q1).
- ASSIST is communicating with the WHO QED Network secretariat to discuss the timing of a webinar on the integrated management of newborn and childhood illness (IMNCI) strengthening activity in Uganda.

**A2. Provide catalytic support to first-wave countries**
- Dr. Chitashvili continued regular discussion with the WHO Maternal, Newborn, Child, and Adolescent Health Department (Blerta Maliqi, Zainab Naimy, Moise Musigaba, and Wilson Were) to explore potential global and country-level technical assistance that ASSIST could provide to the QED Network (December 2019).

**A3. Assess the comparative effectiveness and cost-effectiveness of implementing the “Improving Care for Mothers and Babies: A Guide for Improvement Teams” to improve**
care of mothers and babies through different implementation strategies in selected countries

- Data analysis has been completed. Report writing is in progress.

A4. Disseminate lessons learned from implementation of USAID ASSIST’s investment in the area of MNCH to inform global learning

- The writing of the report with synthesis of results and lessons learned from ASSIST’s MNCH core and field funded work is in progress.

- The ASSIST team participated in the USAID webinar series on ASSIST’s MNCH work in Latin America and the Caribbean to improve prevention of Zika virus infection, early detection of its harmful consequences, and care and support of babies and families potentially affected by Zika (January 12, 2020). The webinar highlighted illustrative results and lessons learned from 13 countries and over 800 health facilities (available at: https://www.usaidassist.org/content/zika-webinar-series-improving-prevention-zika-virus-infection-early-detection-its-harmful).

Challenges and Remedies

- **Provide catalytic support to first-wave countries**: Given the short timeframe of the project implementation and COVID-19 travel restrictions, additional country-level technical assistance activities are not possible.

- **Assess the comparative effectiveness and cost-effectiveness of implementing the “Improving Care for Mothers and Babies: A Guide for Improvement Teams”**: To allow more time to see the intervention’s effects and to assess the impact of the QI guide on QI processes and quality of care, end line data collection was delayed to August 2018. Completion of the reports has been delayed due to the focus on Zika improvement work in the Eastern and Southern Caribbean.

As with previous work, ASSIST supported country-led MNCH improvement initiatives and implemented all activities in close collaboration with the MOH and other key stakeholders in order to promote ownership and institutionalization. At the national level, ASSIST made every effort to embed activities into existing health system structures and functions so that future changes and improvements are not dependent on external resources. At the global level, ASSIST MNCH core-funded activities informed global learning on effective strategies to institute and sustain the improvement practices in different MNCH clinical areas and settings as well as contributed to developing the guidance on setting up the support systems required (e.g., management structures, learning platforms, coaching systems, data systems) to institutionalize improvement within various policy, regulatory, and other implementation tools.

Planned Activities for April-June 2020

- Conduct a capstone webinar to highlight ASSIST’s achievements in MNCH along with results in other priority areas.

- Finalize the study report on the assessment of the comparative effectiveness and cost-effectiveness of implementing the “Improving Care for Mothers and Babies: A Guide for Improvement Teams” to improve care of mothers and babies through different
implementation strategies in Uganda and disseminate study findings, including a webinar on the assessment findings.

- Finalize the report with synthesis of results and lessons learned from ASSIST's MNCH core and field funded work is in progress.
- Conduct a webinar on the IMNCI strengthening activity in Uganda.
Office of Health Systems-Funded Activities

OFFICE OF HEALTH SYSTEMS, CROSS-BUREAU ACTIVITIES

Background

The Office of Health Systems (OHS) undertakes health systems strengthening work to contribute to USAID’s goal of Preventing Child and Maternal Deaths (PCMD). OHS invests cross-bureau funds for global learning surrounding the successful development and testing of interventions related to Universal Health Coverage, finance, governance, service delivery, medical products, vaccines and other technologies, and information systems.

Since FY13, cross-bureau funds have supported ASSIST to strengthen essential system functions and improve and sustain high-impact, evidence-based health care. In FY20, ASSIST has focused on completing the remaining deliverables as described below.

Program Overview

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
<th>At what scale?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of quality of integrated reproductive, maternal, newborn, child and adolescent health (RMNCHA) and HIV care in PCMD and PEPFAR priority countries</td>
<td>Uganda, Kenya</td>
</tr>
<tr>
<td>Finalize reports on assessment of RMNCHA and HIV care in Kenya and Uganda</td>
<td></td>
</tr>
<tr>
<td>2. Finalize remaining deliverables</td>
<td>Publish French and Spanish online versions of the Introduction to Improvement Course</td>
</tr>
<tr>
<td>Publish French and Spanish online versions of the Introduction to Improvement Course</td>
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Accomplishments and Results by Activity (October 2019 – March 2020)

Activity 1. Assessment of quality of integrated RMNCHA and HIV care in PCMD and PEPFAR priority countries

Key accomplishments:

Deliverable 1: Assessment of quality of care for RMNCH+A services in Uganda and Kenya, including: full report with data tables annex and a key findings report

- In 2017-2018, the survey toolkit was developed and the tools tested and implemented in 10 facilities in Uganda and 11 facilities in Kenya. Information related to the assessed services was gathered from: a) self-administered questionnaires for service providers; b) retrospective reviews of individual patient records; c) observation of services being provided for the MNH care process with supplementation of information for observed patients from their patient chart/card; d) interviews with clients; e) key informant interviews with managers/providers; and f) observations to verify reported response about facility-level key inputs (e.g., drugs, diagnostics) and supporting systems for quality of RMNC+A and integrated RMNC+A and HIV care. In November 2019, the
following full package of deliverables was developed and submitted to USAID OHS and MNCH teams for review and approval:

- Assessment of Quality of Reproductive, Maternal, Newborn, Child, and Adolescent Health Care in Uganda and Kenya
- Key Findings of the Assessment of Quality of Reproductive, Maternal, Newborn, Child, and Adolescent Care in Uganda and Kenya
- Annex Tables: Assessment of Quality of Reproductive, Maternal, Newborn, Child, and Adolescent Care in Uganda and Kenya

- Based on USAID OHS and MNCH teams’ feedback, the reports were revised and resubmitted in February 2020. Final approval of the reports was provided by the MNCH team and AOR in April 2020, and the reports are in the process of being published.


- The report of the assessment of quality of care of integrated RMNCH+A and HIV care in Uganda and Kenya, Assessment of Quality of Integrated Reproductive, Maternal, Newborn, Child and Adolescent health (RMNCA) and HIV Care in Uganda and Kenya, was submitted to the OHS and OHA teams for review (Nov 2019).
- Based on feedback received from the OHS and OHA teams in February 2020, ASSIST revised and resubmitted the document (February 2020).
- In March 2020, OHA provided additional feedback to incorporate additional PEPFAR data in the background section of the study. The ASSIST team is revising the report to reflect this feedback.

**Activity 2. Building effective leadership for quality improvement**

**Key accomplishments:**

- **Finalized and launched the Spanish version of the online Introduction to Improvement course:** The Spanish version has been reviewed and finalized and posted onto the ASSIST and URC websites to be available to download and use, even without access to internet. The Spanish version can be accessed and downloaded at: [https://www.usaidassist.org/resources/mejorando-la-atencion-en-salud-curso-de-elearning](https://www.usaidassist.org/resources/mejorando-la-atencion-en-salud-curso-de-elearning) and at: [https://www.urc-chs.com/projects/usaid-applying-science-strengthen-and-improve-systems-assist-project](https://www.urc-chs.com/projects/usaid-applying-science-strengthen-and-improve-systems-assist-project).

- **Reviewed the French version of the online Introduction to Improvement course.** The French version was reviewed again and further corrections communicated to the developer in April. The French online course be finalized and posted to the ASSIST and URC websites in May.

**Challenges and Remedies**

Not applicable.
Institutionalization and Sustainability

The resources developed by ASSIST with Cross Bureau funds will facilitate future quality of care assessments and implementation of QI activities by country teams, contributing to country self-reliance.

Planned Activities for April-June 2020

- Finalize the survey toolkit and the report of assessment of quality of care of integrated RMNCH+A and HIV care in Uganda and Kenya
- Publish the French version of the online Introduction to Improvement course on the ASSIST and URC websites
ZIKA

Background

As part of USAID’s Zika response, ASSIST has implemented since 2016 health systems strengthening efforts to provide targeted support to health systems affected by the Zika virus in Latin America (Nicaragua, EL Salvador, Honduras, the Dominican Republic, Guatemala, Paraguay, Ecuador, and Peru) and the Caribbean (Jamaica, Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines). ASSIST worked to improve the capacity of Zika-related health services to deliver consistent, evidence-based, respectful, person-centered quality care with a focus on pregnant women, newborns, and women of reproductive age, by supporting Ministries of Health and Social Security Institutions to:

- Increase knowledge of Zika risks and prevention measures among health care providers and clients, such as the use of condoms in preventing sexual transmission of Zika during pregnancy
- Increase the availability and quality of antenatal care in relation to counseling, screening, diagnosis, and follow-up of suspected, probable, or confirmed Zika infection in pregnant women and implementation of recommended care
- Improve clinical detection of congenital syndrome associated with Zika virus (CSaZ) in newborns and increase the number and proportion of Zika-affected infants and children receiving recommended and high-quality care and support
- Strengthen the provision of quality psycho-emotional support services for women and families affected by Zika

In all 13 Latin American and Caribbean (LAC) countries, ASSIST leveraged QI methodology to strengthen health systems’ inputs and processes to increase access to quality care and improve care and support provided by health services to infants affected by Zika, their mothers and families, including appropriate psycho-emotional support for pregnant women in antenatal care who present with a potential Zika infection and mothers or caregivers of infants affected by Zika. ASSIST also integrated a gender-sensitive, person-centered, approach to ensure that males and females are equally accessing and utilizing Zika-related services. The project supported local and global learning in all 13 countries through research and evaluation activities and knowledge management support.

Activities in six of the eight Spanish-speaking countries closed in the last quarter of FY19. In the first quarter of FY20, ASSIST continued work to improve case detection and management of CSaZ at birth and strengthen psycho-social support and case management for pregnant women with suspected and confirmed cases of Zika in Peru and Ecuador. Service delivery improvement activities in Ecuador and Peru were completed in October, and the country offices closed by December.

In Jamaica, ASSIST supported the Ministry of Health and Wellness (MOHW) to improve screening of infants up to two years of life for neurodevelopmental milestones in well-baby care clinics and increase the proportion of infants identified with potential development deficiencies who are referred for care and support services as per MOHW guidelines.

In the four countries of the Eastern and Southern Caribbean (ESC) in which USAID had requested ASSIST support, the project worked to strengthen newborn and well-baby care
clinics, specifically focused on assessment of babies with suspected or confirmed CSaZ and to improve care and support of children and families affected by Zika. Consultancy contracts for IID consultants and QI coaches ended in mid-December, and these functions were fully transitioned to nurse midwives/assistants and nursing supervisors in the four countries.

In all countries, ASSIST worked towards institutionalization and sustainability of improvements beyond the end of this project by carefully aligning our work with MOH’s national objectives, working in close coordination with MOH officials, strengthening MOH leadership, and linking new interventions to existing programs and resources.

**Program Overview**

<table>
<thead>
<tr>
<th>What did we try to accomplish?</th>
<th>At what scale?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Increase the number and proportion of infants affected by congenital syndrome associated with Zika (CSaZ) virus receiving recommended care</strong></td>
<td></td>
</tr>
<tr>
<td>- 80% of all identifies infants affected by Congenital Syndrome Associated with Zika virus (CSaZ) have received at least 80% of recommended care actions according to age</td>
<td>Ecuador, Peru</td>
</tr>
<tr>
<td>- 80% of all identified infants affected by CSaZ participate in early stimulation activities</td>
<td></td>
</tr>
<tr>
<td>- 60% of infants affected by CSaZ receive all recommended standard evaluation practices at birth</td>
<td>Antigua &amp; Barbuda, Dominica, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines</td>
</tr>
<tr>
<td>- 60% of infants affected by CSaZ receive all recommended follow up care interventions</td>
<td></td>
</tr>
<tr>
<td><strong>2. Increase the provision of quality psycho-emotional support services for mothers and families affected by Zika</strong></td>
<td></td>
</tr>
<tr>
<td>- 80% of mothers/caregivers of infants potentially affected by Zika (including suspected and confirmed cases) are attended by a professional in ASSIST-supported facilities who are trained in psycho-social support</td>
<td>Ecuador, Peru, Jamaica</td>
</tr>
<tr>
<td><strong>3. Increase the proportion of children attending well-children clinics who are screened for neurodevelopmental delays in accordance to national and international guidelines, and for those identified as suspected of, or having a neurodevelopmental delay, referred to the appropriate level of care</strong></td>
<td></td>
</tr>
<tr>
<td>- 80% of children attending well-children clinics who are screened for neurodevelopmental delays in accordance with national and international guidelines</td>
<td>Ecuador, Peru, Antigua &amp; Barbuda, Dominica, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines</td>
</tr>
<tr>
<td>- 90% of those children identified as suspected of, or having a neurodevelopmental delay, are referred to the appropriate level of care</td>
<td></td>
</tr>
</tbody>
</table>
**What did we try to accomplish?**

**At what scale?**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
</table>
| 4. Improve newborn care, specifically focused on improving standard evaluation at birth to detect suspected CSaZ | 80% of newborns receiving essential newborn care before discharge  
80% of newborns who were appropriately screened for microcephaly  
80% of newborns who were appropriately evaluated for other symptoms of CSaZ and whose mothers were screened for Zika virus infection during pregnancy  
80% of newborns in postnatal care wards or areas in the health facility with essential assessment practices  
25% of newborns who had hypothermia (T< 36.5 C) within the first 24 hours after birth  
70% of newborns with exclusive breastfeeding before discharge |

Ecuador, Peru, Antigua & Barbuda, Dominica, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines

| 5. Enhance regional Zika Response by sharing technical resources and lessons learnt across English-Speaking Caribbean Zika TWG member countries | 1 webinar on Zika Surveillance and Case Management  
1 TWG meeting held (virtual)  
5 technical documents and resources on childhood development, gender, clinical guidelines/protocols, and psychosocial support shared with TWG members |

Antigua & Barbuda, Dominica, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines

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**Accomplishments and Results by Activity**

**Activity 1. Increase the number and proportion of infants affected by Congenital Syndrome Associated with Zika (CSaZ) virus receiving recommended care**

- In Ecuador, 100% of children with congenital syndrome have been linked to health services in hospitals, from which 92% have received 80% of the health care services according to national norms. In total the cohort includes of 90 children with CSaZ.
- In Peru, a cohort of 67 children with congenital syndrome have been identified and located. Of the those, 89% have been linked to health care services and are receiving recommend care.
- In Jamaica, ASSIST developed an “Operational Protocol for the Development and Use of an Automated Case Management of Congenital Syndrome Associated with Zika Virus Infection” and submitted to the Ministry of Health and Wellness. It was intended that based on the protocol, ASSIST would support the development of the automated case management software. However due to significant delays with seeking MOHW’s approvals for the protocol and the limited timing for the implementation of ASSIST activities in Jamaica, it was agreed with the MOHW that the operational protocol will serve the guiding
document in the MOHW’s efforts to operationalize automated case management of children with CSaZ.

- ASSIST worked with host country teams, MOH leaders, and technical experts from the AAP in the four ESC countries to co-develop and standardize clinical management pathways to ensure that every newborn and child who is identified as having microcephaly or other CSaZ anomalies is appropriately referred to a higher level of specialized care, in the right way and at the right time. A clinical management pathway was drafted and finalized in early FY20, which includes initial recommended clinical actions and evidence-based follow up care, based on the resources and services that are available across the four ESC countries.

Activity 2. Increase the provision of quality psycho-emotional support services for mothers and families affected by Zika

- In Ecuador, 100% of mothers and families of children with CSaZ are treated by professionals trained in psycho-emotional support. Additionally, 92% of children with CSaZ receive early stimulation and/or rehabilitation therapies.

- In Peru, 59 psychology professionals participated in the workshop “Psycho-Emotional Support for Pregnant Women or Mothers, their Partners and Family, with Suspected and/or Affected Children with Congenital Syndrome Associated with Zika.” Additionally, 31 Home Early Stimulation Kits (microporous floor, teaching cube, stackable toys, sponge, spoon, Tower of Hanoi, rattle, puzzles) were delivered. 500 copies of the Regional Counseling Guide for Women of Childbearing Age and Pregnant Women in the Context of Zika and 100 copies of the Monitoring Protocol for pregnant women and children suspected or affected by Zika virus were delivered.

- In Jamaica, ASSIST developed guidelines and a training video on the provision on the provision of psychosocial support. These products were transferred to the MOHW.

Activity 3. Increase the proportion of children attending well-child clinics who are screened for neurodevelopmental delays in accordance to national and international guidelines, and for those identified as suspected of, or having a neurodevelopmental delay, referred to the appropriate level of care

- In Ecuador, the project has ensured health care professionals correctly screen 75% of children in neurodevelopment delays.

- In Peru, 42 nursing professionals participated in the Workshop “Early Development Care in Infants Exposed to Zika Virus Disease. Two online courses—one on psycho-emotional support and the other on screening for neurodevelopment milestones—were completed in December.

Jamaica

- NDS trainings, ongoing clinical and ECHO tele-mentoring as well as QI coaching conducted by ASSIST prepared master trainers (nurses) and ASSIST staff, have facilitated an increase in percentage of children attending well-child clinics whose head circumference is correctly documented and interpreted has increased from 39 in May 2019 to 76 in November 2019. Similarly, it led to an increase from 37 to 65 in proportion of children who have been correctly assessed for NDS according to the ASSIST updated child health record form (NDS tool). In turn, it resulted in a number from 4 to 14 increase of children who were
identified with suspected developmental delays and referred for further neurological and psychomotor assessment.

- ASSIST provided training materials to support neurodevelopmental surveillance training for health care providers from phase 2 ASSIST-supported facilities. During the reporting period, Master Trainers from ASSIST-supported facilities have trained 90 of their colleagues in NDS and in the use of the updated child health record form (NDS tool).

- Sixty-five representatives from all 60 ASSIST-supported health facilities in Jamaica participated in the final learning session on October 16-17 to share experiences and change ideas about improving the quality of Neurodevelopmental Surveillance in well-childcare. In collaboration with the Jamaican MOHW, the learning session also sought to further enhance regional referral pathways for children with suspected developmental delays.

- In November, ASSIST presented the case management framework for children identified with suspected developmental delays to 29 medical officers at their national monthly meeting facilitated by the Ministry of Health and Wellness (MOHW) in Kingston. Participants were then asked to review and make suggestions for the next version of the case management framework. The case management framework has been further finalized and submitted to the MOHW.

- One hundred and twenty kits (two kits per ASSIST-supported site in Jamaica) to help care providers implement NDS have been procured by ASSIST and delivered to ASSIST-supported facilities. Each kit contains sensory stimulation toys and books to be used by nurses to conduct neurodevelopmental surveillance during well-child clinics. The health care providers highly appreciated the support.

- Two TV sets, a video conferencing system and a desktop have been procured for the MOHW’s ECHO hub. ASSIST supported the MOHW’s Family Health Unit in leading three NDS ECHO tele mentoring session on November 8, 22, and December 6, 2020.

- In December, the MOHW officially approved for implementation the ASSIST-supported redesign of the National Child Health Record.

- ASSIST finalized a training video for Jamaican health care providers on conducting neurodevelopmental surveillance in well-child clinics and two videos on early child stimulation.

### ESC Countries

- Community-based health centers in all four ESC countries continued using the updated neurodevelopmental surveillance (NDS) tool to document the assessments of children under five year for neurodevelopmental delays and their referral to care.

- All four ESC countries demonstrated improvements in the identification of children under five years with potential neurodevelopmental deficiencies (e.g., abnormal head circumference measurement, presence of select risk factors and phenotypical alterations, and delayed development of reflexes, skills, behaviors, and positions appropriate for their age).

- All four countries achieved standardized use of the referral pathway (finalized in FY19) for health care workers to use when referring children with suspected or confirmed CSaZ to higher levels of care.

- Conducted the final technical assistance visit with a total of 192 nurse midwives and health care workers in November 2019 and January 2020 to further build the capacity of nurses to appropriately complete the neurodevelopmental surveillance form using case scenarios.
**Activity 4. Improve newborn care, specifically focused on improving standard evaluation at birth to detect suspected CSaZ**

- In Ecuador, 100 *Guidelines for the use of the DENVER II Developmental Screening Test Kit* were produced and distributed in 13 health facilities.

- In Peru, 350 CLAP tapes for measuring head circumference were donated to prioritized health facilities in the Piura and Tumbes regions. These tools ensure that head circumference measurement is standardized throughout the regions.

**ESC Countries**

- All 4 ESC countries demonstrated improved results in the percentage of newborns who were screened for microcephaly, and the percentage of newborns who were appropriately evaluated for other symptoms of CSaZ.

- This was achieved through building the capacity of health care workers at the hospital level to routinely and properly measure, document, and classify head circumference of newborns within the first 24 hours of birth, and then repeatedly before discharge.

- Newborns were also routinely evaluated for visible congenital brain abnormalities, and mothers who gave birth at the hospital were screened for signs and symptoms of Zika virus infection (rash, red eyes, joint pains, fever), or reviewed lab results of Zika virus infection during pregnancy.

**Activity 5. Enhance regional Zika Response by sharing technical resources and lessons learnt across English-Speaking Caribbean Zika TWG member countries**

- The Zika technical working group for English-speaking Caribbean countries held two virtual meetings with approximately 15 members, on October 8, 2019 and January 17, 2020.

- The Zika TWG is planning for a future webinar in FY20 on the topics of sharing lessons learnt on monitoring child neurodevelopment using updated surveillance tool in 5 ASSIST-supported Caribbean countries.

- ASSIST will continue to chair and coordinate the TWG through May 2020 and will formally transition those roles to CARPHA by the end of the project.

**Technical Leadership Activities**

**Webinars**

- “Improving Care and Support for Zika Affected Infants and Mothers: The Experience of the ASSIST Project in 13 LAC Countries”: On October 2, 2019, ASSIST’s Graciela Avila and Diana Chamrad discussed the importance of finding women and children affected by Zika to assure that needed services such as psychosocial support are available and linked across the health system. The webinar recording is available at: https://ghpod.adobeconnect.com/p567cmt9ngqu/.

- **Data Recording Webinar presented for QI teams in Jamaica**: Between November 18-19, 2019, a total of 25 health care providers from well-child clinics attended four Data Webinars hosted by ASSIST Jamaica’s Data and Administrative Assistant Chevaughn Miller on how to correctly record data for the five indicators being tracked by facility-based QI teams in Jamaica and how to plot and annotate time series graphs in Excel to display their results.
The webinar recording is available at: https://www.usaidassist.org/content/jamaica-data-recording-webinar.

- **“Improving prevention of Zika virus infection, early detection of its harmful consequences and care and support of babies and families potentially affected by Zika: What we learned through work with over 800 facilities in 13 countries”:** On January 12, 2020, ASSIST staff Tamar Chitashvili, Jorge Hermida, Charlene Coore-Desai, and Maria-Jose Escalante presented an overview of USAID ASSIST’s comprehensive approach to the Zika response in LAC, shared selected high-level results from countries, and presented lessons learned. The recording may be viewed at: https://www.usaidassist.org/content/zika-webinar-series-improving-prevention-zika-virus-infection-early-detection-its-harmful.

- **Health Systems Global webinar on Sustainable Improvement Efforts:** On March 12, 2020, Dr. Massoud presented on “Sustainable Improvement” for the Health Systems Global Quality in Universal Health Coverage Technical Working Group. Dr. Massoud’s presentation highlighted ASSIST’s learning about key factors contributing to the sustainability of Zika improvement efforts and presented the ASSIST Guide for Developing Sustainability and Transition Plans. A PDF of the presentation is available at: https://www.usaidassist.org/content/webinar-sustainable-improvement-efforts.

**Conferences and workshops**

- **International Conference of the International Society for Quality Assurance (ISQua) in Cape Town, South Africa** (October 20-23, 2019): M. Rashad Massoud presented a session on the Sustainability and Transition of improvement activities, drawing on the Zika Sustainability and Transition workshops convened with senior MOH officials in Dominican Republic, Guatemala, Honduras and Paraguay and with university leaders in Nicaragua and on informal conversations with country leaders in other ASSIST-supported Zika programs.

- **Jamaica:** On December 4, 2019 ASSIST and the Ministry of Health and Wellness of Jamaica held a Harvest meeting for 38 MOHW representatives including Regional Health Authorities, Health Managers and Care Providers from ASSIST-supported facilities. Participants convened to share key knowledge, experiences, observations, and other learnings from the project, and to document recommendations for future initiatives. On December 5, 2019, ASSIST held a meeting with key counterparts from the MOHW, the Family Health Unit, Regional Health Authorities, master trainers, and other health care providers and technical personnel to re-examine the Scale-Up and Sustainability Plan developed in 2018 and discuss the inclusion of additional interventions and elements to sustain beyond the project’s end.

- **ESC countries:** ASSIST conducted a two-day learning session in Q1 and Q2 in all four ESC countries. A total of 188 health care providers and educators were trained across all four countries. Content of the learning session included:
  - Sharing lessons learnt and QI best practices across facility teams
  - Presentations and peer reviews of plan-do-study-act cycles by facility QI teams
  - Case scenarios on Neurodevelopmental Surveillance (NDS) and correct completion of the NDS tool
  - Refresher on the principles of QI
  - Coaching in quality improvement
  - Introductions of psycho-social support guidelines and job aides
The MOHW of Jamaica submitted an abstract entitled “Strengthening Health Services in the Context of Zika in Jamaica: Improving Neurodevelopmental Surveillance of Infants and Young Children in Well-Child Clinics” for the International Forum on Quality and Safety in Health Care that will take place in Copenhagen, Denmark on Tuesday, 28 - Thursday, 30 April 2020. The abstract was accepted for a poster presentation. However, due COVID-19 the event was postponed. This submission demonstrates the MOHW’s ownership and commitment to advance achievements gained under the partnership between USAID ASSIST and the MOHW.

Three abstracts on ASSIST Zika results were submitted to international conferences after the AOR gave her non-objection since no ASSIST funds would be used to support the presentations if accepted:

- Elena Hurtado submitted the abstract, “Healthcare quality improvement and providers’ behaviour change: what worked in Zika prevention and control in Latin America,” for presentation at the 2020 International Social and Behavior Change Communication Summit, Marrakech, Morocco, March 30-April 3. The Summit has been postponed.

**Virtual course**

- In Ecuador, the Neurodevelopment Virtual Course ended October 8, 2020 with 96% of participants finishing the course and 90% (250 participants) passing the course.

- In Peru, 247 health professionals took the “Psycho-emotional Support for Pregnancy and Families Affected by Microcephaly and Other Neurological Complications in the Context of Zika Virus” virtual course.

**Job Aids, Clinical Guidelines and Protocols**

- In Ecuador, guidelines for the use of the DENVER II Developmental Screening Test Kit were developed and produced.

- In Peru, *Regional Counseling Guide for Women of Childbearing Age and Pregnant Women in the Context of Zika and Monitoring and Protocol for pregnant women and children suspected or affected by Zika virus* were produced and delivered to the regional health directorates in Piura and Tumbes.

- In Jamaica, we supported the MOHW to publish *Psychosocial Support for Women and their Families and Persons with Guillain-Barré Syndrome, Affected by Zika Virus: Guidelines for Health Providers* (December 2019)

**Knowledge Management Products and Activities**

During the first two quarters of FY20, the following Zika-related technical and research reports were finalized and submitted to the AOR team for approval (date submitted indicated in parentheses):
• Collaborative improvement of newborn care focused on screening for microcephaly in the context of Zika in selected countries of Latin America and the Caribbean (3/3/20)
• Collaborative improvement of prenatal care to prevent and control Zika in selected countries of Latin America and the Caribbean (3/3/20)
• Assessing changes in knowledge and factors influencing behavior related to Zika prevention among women receiving antenatal care in Latin America (1/17/20)
• Latin America and Caribbean Zika Extension for Community Healthcare Outcomes Evaluation (1/13/20)

The following Zika-related reports and knowledge products were published during the first two quarters of FY20:

• Informe Resumen de las Actividades del Proyecto de USAID “Aplicando la Ciencia para Fortalecer y Mejorar los Sistemas de Salud” en el Perú (Technical Report, January 2020)
• Gestantes evaluadas adecuadamente durante la atención prenatal en la Unidad de Salud de Zarumilla en el Perú (Case Study, January 2020)
• Eastern and Southern Caribbean – Antigua and Barbuda, Dominica, St. Kitts and Nevis, St. Vincent and the Grenadines: Gender Considerations in the Context of Zika Emergency Response Programming (Technical Report, December 2019)
• Barriers and facilitators to head circumference and neurodevelopmental surveillance in well-child clinics in Jamaica (Research and Evaluation Report, December 2019)
• Jamaica Neurodevelopmental Surveillance in the Age of Zika ECHO Evaluation (Research and Evaluation Report, December 2019)
• Jamaica: Gender Considerations in the Context of Zika Emergency Response Programming (Technical Report, December 2019)
• Eastern and Southern Caribbean: Gender Considerations in the Context of Zika Emergency Response Programming (Technical Report, December 2019)
• Gender Issues Influencing Zika Response in Antigua (Technical Report, December 2019)
• Assessing the quality of USAID ASSIST Zika program data in the Dominican Republic (Research and Evaluation Report, December 2019)
• Comparing the effectiveness and cost-effectiveness of on-line versus in-person training for strengthening the Zika response in Ecuador (Research and Evaluation Report, December 2019)
• Involving Health Posts in Quality Improvement of Prenatal Care in the Context of Zika [Also available in Spanish: Involucramiento de los Puestos de Salud en la Mejora de la Atencion Prenatal en el Contexto de Zika en Guatemala] (Case Study, December 2019)
• Informe Resumen de las Actividades del Proyecto de USAID “Aplicando la Ciencia a Fortalecer y Mejorar los Sistemas de Salud” en el Ecuador (Technical Report, December 2019)
• Male Partner Engagement in Antenatal Care and Zika-related Health Care (Short Report, November 2019)
• Gender Issues Influencing Zika Response in Paraguay (Technical Report, November 2019)
• Gender Issues Influencing Zika Response in Dominica (Technical Report, November 2019)
• Disability in the Caribbean: Social Inclusion Challenges and the Impact of Support Programs for Families Learned from Zika Response (Case Study, November 2019)
• An Argument for Paternity Leave and Progressive Maternity Policies: Lessons from Country Governments and Private Sector in the Caribbean (Case Study, November 2019)
• Tamizaje adecuado de microcefalia, un desafío en el Hospital Básico de Shushufindi, Ecuador (Case Study, October 2019)

Research and Evaluation

• WHO conceptual Framework development and testing in Honduras: This case study sought to gain an operational understanding of quality improvement interventions implemented in the context of the Zika outbreak and their role in improving preparedness and response capacities of health facilities and regional and national level authorities in Honduras. The case study was developed by a WHO consultant. Based on USAID feedback on the initial draft, a revised version was submitted to the AOR for review and approval on 4/9/2020.

• Using a Quality Improvement Approach to Strengthen Clinical Zika Services: Evidence from Antenatal and Newborn Care in Peru (includes cost effectiveness analysis). The report was submitted to the Peru Mission on 9/10/2019. A revised version addressing the Missions’ comments was submitted on 1/17/2020. The Mission informed ASSIST that it was not satisfied with the revised report. ASSIST requested the opportunity to resubmit a revised report omitting the objectives and sections the Peru Mission objected to due to study design limitations (Objectives 1, 2, 5). A revised version with these changes was submitted to the Mission on 3/27/2020, and Mission response is pending.

• Assessing changes in knowledge and factors influencing behavior related to Zika prevention among women receiving care in five Latin American countries (Honduras, Guatemala, Dominican Republic, Nicaragua, and Paraguay): The report was submitted 1/17/20 for AOR review and approval.

• Case Study: Rapid Multi-Country, Parallel Process Multi-Tasking for Project Startup: The manuscript, “Evaluation of the Rapid, Multi-Country, Parallel Process, Multi-Tasking Approach to Startup of Short-Term Technical Assistance to Improve Service Delivery in Newborn and Child Health in the Context of USAID’s Zika Response in Four Eastern and Southern Caribbean Countries,” was approved by the AOR on 2/29/2020 and submitted to the online platform F1000Research for peer review on 3/10/2020. It was published on April 9, 2020 and is available at: https://f1000research.com/articles/9-251.

• Evaluation of ASSIST Extension for Community Health Care Outcomes (ECHO) in Latin America: This evaluation was conducted in collaboration with the American Association of Pediatrics to assess LAC Zika ECHO participants’ self-reported competencies and skills, satisfaction with the LAC Zika ECHO program, and changes in practice following participation in the program. The report was submitted to the AOR for review and approval on 1/13/2020.
Challenges and Remedies

- The COVID emergency has necessarily become the priority focus of Ministry of Health officials in the Caribbean countries, causing delays in review and approval of some ASSIST products and causing the reprogramming of the proposed Caribbean Chief Medical Officer Summit as a virtual rather than in-person event.

Sustainability and Transition

- On December 5, 2019, ASSIST and the MOHW of Jamaica held a Closeout ceremony and Sustainability & Transition meeting for 43 participants including representatives from the MOHW, Regional Health Authorities, ASSIST-supported facilities, USAID, and ASSIST. The Closeout ceremony was chaired by the Director of the Health Services Planning and Integration Unit, Dr. Naydene Williams, and the MOHW’s Permanent Secretary, Mr. Dunstan Bryan. The USAID/Jamaica Country Representative, Mr. Jason Fraser, offered welcoming statements that commended ASSIST for building a strong partnership with the MOHW and achieving sustainable results. Dr. Melody Ennis, Director of the MOHW Family Health Unit, delivered a presentation about key accomplishments under the two-year partnership between MOHW and ASSIST on “Strengthening Health Services in the Context of Zika”. The Sustainability & Transition meeting highlighted key accomplishments, as well as reviewed and proposed additional actions to enhance the 2018 MOHW and ASSIST plan “Enhancing Scale-up and Sustainability of Health Services Strengthening in the Context of Zika in Jamaica.”

- ASSIST convened a one-day Sustainability and Transition policy discussion meeting in each of the ESC countries in Q2 of 2020 to actively plan the transition of the USAID co-implemented activities to full country ownership. The meeting dates were: Jan. 24, 2020 in St. Kitts; Jan. 30, 2020 in St. Vincent; Feb. 3, 2020 in Antigua; and Feb. 10, 2020 in Dominica. The meetings were facilitated using the ASSIST-developed “Guide for Developing Sustainability and Transition Plans” to frame the discussion around primary issues, processes, and other factors to consider in the development of a sustainability and transition plan. The objectives of the meetings were to:
  - Present the results and achievements from the implementation of the USAID ASSIST project in each of the four ESC countries
  - Co-develop a plan for sustainability and transition that clearly outlined a shared vision of prioritized activities, timelines, and methods to hand over, sustain, and institutionalize newborn and child care improvement activities after the project end date

Meeting participants included MOH focal persons and decision-makers, QI coaches, principal nursing officers, supervisory nurses, physicians, educators, and other stakeholders. The project provided an electronic copy of a list of all evidence-based interventions that were co-implemented during the short-term technical assistance in each country and recommended for sustainability. During each meeting, participants reviewed the activity list, then engaged in an in-depth discussion to identify prioritized interventions for sustainability, the individual skills and competencies needed to carry out those interventions, systems and resources needed to sustain those activities, the entities that would be responsible for implementing the activities, and the challenges and opportunities for these various components. Findings from the meetings were documented in country-specific Sustainability and Transition Plans and shared with each MOH.
Planned Activities for April-June 2020

- ASSIST maintains a consultant agreement with the former ASSIST/Jamaica Chief of Party through April 30, 2020. It is anticipated that during FY20 Q3, the consultant will upload all ASSIST/Jamaica produced technical deliverables (job aids, guidelines, technical reports, NDS tools, video training materials) and submit to the MOHW. ASSIST is seeking concurrence from the MOHW for the ASSIST-developed case study, “Enhancing the Connectivity and Confidence of Healthcare Officers in Jamaica through Project ECHO.”

- Finalize and distribute to Ministry of Health counterparts in each of the four ESC countries, the summary report on the activities of the USAID ASSIST Project in each country and links to a OneDrive folder to with the final electronic versions of all job aids, guides, tools, and products developed by the project (May 2020).

- Complete the final report in English on the LAC care and support collaborative results (May 2020).

- Conduct final Zika TWG meeting for English-speaking Caribbean countries and finalize handover of Chairperson and Coordinator duties to CARPHA (May 2020). As part of the Zika TWG meeting, conduct a webinar on improvements in monitoring child neurodevelopment using the updated surveillance tool in five ASSIST-supported Caribbean countries (May 2020).

- Finalize and disseminate psycho-social support guidelines and referral pathways, based on any additional feedback received from ESC countries (May 2020).

- Finalize and distribute sustainability and transition plans for the four ESC countries (May 2020).

- ASSIST will convene a virtual Chief Medical Officer summit in Q3 of FY20 to further support Caribbean countries to operationalize human resources for quality improvement beyond the USAID ASSIST Project (June 2020).
COMMON AGENDA ACTIVITIES

GLOBAL TECHNICAL LEADERSHIP

Background

ASSIST’s global technical leadership activities on behalf of USAID seek to further advance and inform the field of improvement globally by engaging and building capacity of USAID staff, implementing partners, and global health organizations to apply improvement approaches. The project also aims to serve as a conduit and catalyst for sharing, learning, and advancement in the field of improvement applied to health and social services. Technical leadership activities are carried out primarily by the project management, technical unit leads, and country teams with support provided by the project’s knowledge management team for the development of technical publications and conference presentations.

Program Overview

<table>
<thead>
<tr>
<th>What did we try to accomplish?</th>
<th>At what scale?</th>
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<tbody>
<tr>
<td>1. Increase application of improvement methods</td>
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<tr>
<td>• Expand the use of modern improvement approaches in USAID-assisted health care systems and by USAID cooperating agencies through global technical leadership for USAID’s worldwide efforts to improve health care in developing countries</td>
<td>• Global, regional</td>
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<tr>
<td>2. Demonstrate results</td>
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<tr>
<td>• Demonstrate the results of USAID’s investment in health care quality improvement</td>
<td>• Global, regional</td>
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Accomplishments and Results by Activity

Activity 1. Increase application of improvement methods

• Presented three sessions on improvement strategies and ASSIST results at the 36th International Conference of the International Society for Quality Assurance (ISQua) in Cape Town, South Africa (October 20-23, 2019)
  o M. Rashad Massoud presented a session on the Sustainability and Transition of improvement activities, drawing on the ASSIST Sustainability and Transition workshops convened with senior MOH officials in Dominican Republic, Guatemala, Honduras and Paraguay and with university leaders in Nicaragua and on informal conversations with country leaders in other ASSIST- supported Zika programs.
  o Astou Coly and M. Rashad Massoud (Community of Practice Co-Chair) convened the first in-person meeting of the Community of Practice (CoP) on “Learning about Improvement”
  o M. Rashad spoke on panel for the Learning Journey Advanced Session, “Patient Safety- Debate: How to Achieve Exemplary Patient Safety: through Implementation Science or Improvement Science?”
• **Presented on improvement topics in the American University of Beirut course on Advanced Program Planning and Evaluation:** On March 25-27, 2020, Dr. Massoud gave three lectures via Zoom to American University of Beirut students and faculty on Improving Healthcare, Scaling up Improvements, and Designing Improvement Evaluations to Maximize Learning.

• **Hosted a webinar for the ISQua Community of Practice on Learning about Improvement:** On March 27, 2020, Dr. Massoud and Ms. Leighann Kimble co-chaired a webinar for ISQua’s Community of Practice on Learning about Improvement, featuring a talk by Helen Crisp on “Learning from Measurements in Improvement.”

**Activity 2. Demonstrate results**

• **Completed case studies and reports on project results:** During the first two quarters of FY20, the project published six case studies, nine technical reports, eight research and evaluation reports, and two guides. The project also submitted five annual reports. (See Table 1.)

• **Completed the QI Case Book manuscript and submitted it to Springer Publishing:** As discussed in more detail in the Knowledge Management section below, Lani Marquez successfully submitted all of the text files and images for the 14 chapters of *Improving Health Care in Low- and Middle-Income Countries: A Case Book* to Springer’s editorial system on December 30, 2019.

• **Designed the ASSIST end-of-project Capstone event:** In close consultation with the AOR team, ASSIST developed a concept note for an in-person Capstone event in April at the new Global Health Bureau office. Due to COVID-19 restrictions, in early March, the plan for an in-person event was changed to a webinar. Discussions with the AOR team continued through the end of March on the proposed content and timing of the webinar, which was scheduled for April 23, 2020.

**Table 1: USAID ASSIST Project Publications, FY20 Q1-Q2**

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<tr>
<th>Case Studies (Date Published)</th>
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<td>Key Findings of the Ghana Situational Analysis of Inpatient Care of Sick Newborns and Young Infants (October 2019)</td>
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<td>Gender Issues Influencing Zika Response in Paraguay (November 2019)</td>
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<td>Activities of the American Academy of Pediatrics in the Zika Program of the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project in the Eastern and Southern Caribbean (January 2020)</td>
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<tr>
<td>Summary Report of the USAID Applying Science to Strengthen and Improve Systems Project in Jamaica (January 2020)</td>
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<td>Informe Resumen de las Actividades del Proyecto de USAID “Aplicando la Ciencia para Fortalecer y Mejorar los Sistemas de Salud” en el Perú (January 2020)</td>
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<td>Jamaica Neurodevelopmental Surveillance in the Age of Zika ECHO Evaluation (December 2019)</td>
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<td>ASSIST Technical Assistance to CSOs for VMMC Improvement Activities in Uganda: The Case of TASO Gulu (January 2020)</td>
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<tr>
<td>Evaluation of a point-of-care HIV testing improvement intervention in Kenya (March 2020)</td>
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<tr>
<td>Analysis of ASSIST program activities for improving the quality of services for PMTCT, 90-90-90 targets, and malaria in Uganda (March 2020)</td>
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<td>Guides and Tools (Date Published)</td>
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<td>Psychosocial Support for Women and their Families and Persons with Guillain-Barré Syndrome, Affected by Zika Virus: Guidelines for Health Providers (Published for the Ministry of Health and Wellness of Jamaica) (December 2019)</td>
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<tr>
<td>Annual Reports (Date Published)</td>
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<tr>
<td>USAID ASSIST Project FY19 Annual Performance Monitoring Report (Nov. 2019)</td>
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- **Manuscript submitted for peer-reviewed publication:** On March 10, 2020, Dr. Massoud submitted the manuscript “Evaluation of the Rapid, Multi-Country, Parallel Process, Multi-Tasking Approach to Startup of Short-Term Technical Assistance to
Improve Service Delivery in Newborn and Child Health in the Context of USAID’s Zika Response in Four Eastern and Southern Caribbean Countries” to the journal, *F1000Research*. The manuscript was approved by the AOR on 2/29/20, published on 4/9/20, and is available at: [https://f1000research.com/articles/9-251](https://f1000research.com/articles/9-251).

- **Technical and research reports completed and submitted for AOR review and approval:** During the first two quarters of FY20, the following technical and research reports were finalized and submitted to the AOR team for approval (date submitted indicated in parentheses):
  - Cost-effectiveness analysis of quality improvement: A review of studies under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project (3/26/20)
  - Collaborative improvement of newborn care focused on screening for microcephaly in the context of Zika in selected countries of Latin America and the Caribbean (3/3/20)
  - Collaborative improvement of prenatal care to prevent and control Zika in selected countries of Latin America and the Caribbean (3/3/20)
  - Data validation in quality improvement: A review of validation exercises under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project (2/28/20)
  - Assessing changes in knowledge and factors influencing behavior related to Zika prevention among women receiving antenatal care in Latin America (1/17/20)
  - Latin America and Caribbean Zika Extension for Community Healthcare Outcomes Evaluation (1/13/20)
  - Final Report on Activities of WI-HER, LLC on the USAID Applying Science to Strengthen and Improve Systems Project (12/17/20)

**Briefings, presentations, and webinars:**

- **Health Systems Global webinar on Sustainable Improvement Efforts:** On March 12, 2020, Dr. Massoud presented on “Sustainable Improvement” for the Health Systems Global Quality in Universal Health Coverage Technical Working Group. Dr. Massoud’s presentation highlighted ASSIST’s learning about key factors contributing to the sustainability of improvement efforts and presented the ASSIST Guide for Developing Sustainability and Transition Plans. A PDF of the presentation is available at: [https://www.usaidassist.org/content/webinar-sustainable-improvement-efforts](https://www.usaidassist.org/content/webinar-sustainable-improvement-efforts).

- **USAID Zika webinar series presentations:** ASSIST staff presented in two USAID Zika webinars during the first two quarters of FY20:
  - “Improving Care and Support for Zika Affected Infants and Mothers: The Experience of the ASSIST Project in 13 LAC Countries”: On October 2, 2019, ASSIST’s Graciela Avila and Diana Chamrad discussed the importance of finding women and children affected by Zika to assure that needed services such as psychosocial support are available and linked across the health system. The webinar recording is available at: [https://ghpod.adobeconnect.com/p567cmt9ngqu/](https://ghpod.adobeconnect.com/p567cmt9ngqu/).
“Improving prevention of Zika virus infection, early detection of its harmful consequences and care and support of babies and families potentially affected by Zika: What we learned through work with over 800 facilities in 13 countries”: On January 12, 2020, ASSIST staff Tamar Chitashvili, Jorge Hermida, Charlene Coore-Desai, and Maria-Jose Escalante presented an overview of USAID ASSIST’s comprehensive approach to the Zika response in LAC, shared selected high-level results from countries, and presented lessons learned. The recording may be viewed at: https://www.usaidassist.org/content/zika-webinar-series-improving-prevention-zika-virus-infection-early-detection-its-harmful.

• Data Recording Webinar presented for QI teams in Jamaica: On November 18 and 19, 2020, ASSIST Data Assistant Chevaughn Miller presented a webinar four times for QI teams in Jamaica on how to correctly record data for the five indicators being tracked by facility-based QI teams in Jamaica and how to plot and annotate time series graphs in Excel to display their results. The webinar recording is available at: https://www.usaidassist.org/content/jamaica-data-recording-webinar.

Challenges and Remedies

• The expected publication date of the print copies of Improving Health Care in Low- and Middle-Income Countries: A Case Book is very close to the closing date of the ASSIST cooperative agreement of June 29, 2020. Due to COVID-19 restrictions on meetings, we will likely not be able to sponsor any in-person launch events before the end of the project. URC is committed to supporting the Office of Health Systems in organizing and supporting through social media and staffing any QI case book launch events that the Office of Health Systems sponsors after the closing of the ASSIST cooperative agreement.

Planned Activities for April-June 2020

• Hold the ASSIST Capstone Webinar: The ASSIST Capstone webinar was proposed for 9-11am on one of these dates: Thursday April 23, Thursday April 16, or Monday April 20. After consultation with the proposed speakers and the AOR team, the final date of Thursday, April 23 was selected.

• Complete outstanding deliverables: During the final quarter of the project, we will finalize all remaining reports and deliverables and submit them to the AOR for approval, including finalizing revisions to previously submitted reports to respond to USAID feedback.

• Produce ASSIST Final Report: We will submit the draft final report of the ASSIST cooperative agreement for AOR review in May and produce the final laid out version prior to the closing of the ASSIST cooperative agreement on June 29, 2020.

• Webinar to launch the online Improving Health Care in Low- and Middle-Income Countries: A Case Book: Once the online book is available in late May, we will organize a webinar to promote the online book. Due to COVID-19 restrictions, an in-person launch event at USAID is not likely to occur before the closing of the ASSIST cooperative agreement. However, URC staff will be able to support promotion of any launch events organized after ASSIST closes.
KNOWLEDGE MANAGEMENT

Background

The focus of ASSIST knowledge management (KM) activities in year eight (FY20) is to complete the documentation of learning from the implementation of country-level improvement and research activities and make that learning available in a variety of knowledge product formats. We continue to promote new content on the ASSIST website and ASSIST webinars through Facebook, Twitter, and tapping into various listservs.

Program Overview

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Support knowledge management and dissemination on the USAID ASSIST Project</strong></td>
<td>All ASSIST countries and activities</td>
</tr>
<tr>
<td>• Coordinate the preparation of annual work plan</td>
<td></td>
</tr>
<tr>
<td>• Manage semi-annual and annual reporting to USAID</td>
<td></td>
</tr>
<tr>
<td>• Support the finalization of knowledge products from non-Zika programs</td>
<td></td>
</tr>
<tr>
<td>• Support the editing, formatting, approval process, and web posting of all ASSIST publications</td>
<td></td>
</tr>
<tr>
<td>• Manage the ASSIST website</td>
<td></td>
</tr>
<tr>
<td>• Create a curated page on the URC website with key ASSIST products</td>
<td></td>
</tr>
<tr>
<td>• Post to ASSIST social media and various listservs (Health Systems Strengthening, Global Health Knowledge Collaborative, CORE Group, etc.) on ASSIST events and publications</td>
<td></td>
</tr>
<tr>
<td>• Conduct ASSIST quarterly review meetings</td>
<td></td>
</tr>
</tbody>
</table>

Accomplishments and Results by Activity

Activity 1. Support knowledge management and dissemination on the USAID ASSIST Project

- **Coordinated the preparation of the project’s annual work plan:** The draft ASSIST FY20 Annual Work Plan was submitted for AOR review on September 10, 2019. In response to AOR team comments, a revised work plan (with tracked changes) was submitted to the AOR on 10/28/19. Additional comments from the AOR team were addressed in a second revision of the work plan submitted on 11/20/19. The revised work plan was approved by the AOR on 11/21/19.

- **Coordinated the preparation of the FY19 annual project performance monitoring report, the FY19 Documentation and Knowledge Management Report, the FY19 Research and Evaluation Report, and the FY19 USAID ASSIST Tanzania Annual Country Report:** The ASSIST FY19 Annual Performance Monitoring Report was submitted on time to the AOR team on November 13, 2019. The ASSIST FY19 Documentation and Knowledge Management Report and FY19 Research and Evaluation Report were submitted
to the AOR team on December 16, 2019. The ASSIST Tanzania Annual Country Report for FY19 was submitted to the USAID Mission on December 18, 2019.

- **Prepared and submitted to the USAID Zika team USAID ASSIST’s FY19 Zika Annual Report:** The ASSIST FY19 Zika Annual Report and the indicators reporting through Q4 of FY19 were submitted to the USAID Zika team on Dec. 23, 2019.

- **Manage the ASSIST website:** 50,355 visitors viewed 61,106 pages within the ASSIST Knowledge Portal (Oct 2019-March 2020) (see Figure 1). ASSIST resources (9,700 pageviews) and toolkits (2,500 pageviews) continued to be top visited areas of the site.

**Figure 1: ASSIST Website Visits, October 2019—March 2020**

![ASSIST Website Visits](image)

- **Support the editing, formatting, approval process, web posting, and Development Exchange Clearinghouse submission of all ASSIST publications:** During the first two quarters of FY20, 25 ASSIST publications were uploaded to the ASSIST website and submitted to the Development Exchange Clearinghouse.

- **Support the development of materials for review meetings with the ASSIST AOR:** No quarterly review meetings were organized in the first two quarters of FY20.

- **Completed the QI Case Book manuscript and submitted to Springer Publishing:** During the first quarter of FY20, Lani Marquez completed editing and prepared abstracts for the 14 chapters selected to be included in the book, *Improving Health Care in Low- and Middle-Income Countries: A Case Book*. The complete manuscript was submitted to Springer on 12/30/19 and shared with the USAID AOR team.

- **Processed Springer edits to the QI Case Book manuscript:** The AOR team requested changes in the Acknowledgements, and these were relayed to Springer on 1/10/20. During the second quarter, Ms. Marquez responded to requests from Springer for edits to several cases to remove identifying information for individuals, to provide further information on chapter authors, and to obtain permission from FHI 360 for inclusion of the Academy for Educational Development’s BEHAVE format in the Guatemala case. FHI 360 provided permission for the use of the BEHAVE format. A mock-up of the book’s cover was shared with USAID on 3/5/20, and requested changes were conveyed to Springer on 3/19/20.
• **Reviewed page proofs for all 14 chapters of the QI Case Book:** Springer provided page proofs to all chapter authors on March 26-27, 2020. Ms. Marquez proofread all of the chapters and worked with each of the authors to indicate to Springer any corrections required.

• **Provided support to ASSIST headquarters teams to finalize key deliverables:** As listed in **Table 2**, the KM team provided support for the editing of several deliverables and knowledge products in the first two quarters of FY20.

**Table 2: USAID ASSIST Project knowledge products developed in FY20 Q1-Q2**

<table>
<thead>
<tr>
<th>Country/Unit</th>
<th>Knowledge Product</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Africa</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Uganda                        | • Analysis of ASSIST program activities for improving the quality of services for PMTCT, 90-90-90 targets, and malaria in Uganda  
                                  • ASSIST Technical Assistance to CSOs for VMMC Improvement Activities in Uganda: The Case of TASO Gulu |
| **Office of Health Systems-funded activities** |                                                                                  |
| Assessment quality of integrated RMNCHA and HIV care | • Editorial support was provided for the RMNCHA Quality of Care, RMNCHA+HIV Quality of Care report, Annex Tables, and Summary Report which were submitted to the USAID MNH team for review |
| **MNCH Core-directed**        |                                                                                  |
| Support initiatives to improve MNCH in priority countries | • Key Findings of the Ghana Situational Analysis of Inpatient Care of Sick Newborns and Young Infants |
| **HIV/AIDS-funded**           |                                                                                  |
| HIV treatment, care, and support | • Evaluation of a point-of-care HIV testing improvement intervention in Kenya |
| **Common Agenda-funded**      |                                                                                  |
| Build effective leadership for QI | • French translation of the guide for effective leadership: *Leadership efficace pour l’amélioration de la qualité des soins de santé: Guide pratique* |
| QI Case Book                  | • Finalized manuscript for the QI Case Book with 14 chapters: Introduction, 12 country cases, Conclusion |

• **ASSIST's active social media presence, built through regular posting of relevant and engaging content, allowed us to disseminate and share project learning widely.** The project’s Twitter and Facebook pages were used during the period to promote ASSIST webinars and presentations.
  
  o **Twitter:** We have 2,862 followers on Twitter (@usaidassist); an increase of 33 new followers in FY20. A total of 178 users engaged (liked, replied, shared) with the content
(average of 15 per month) (see Figure 2), and 27 users were linked to the ASSIST website from Twitter.

**Figure 2: ASSIST Twitter Impressions, FY20 Q1-Q2**

- **Facebook**: The ASSIST Facebook page (www.facebook.com/USAIDASSISTProject) has 6,352 followers. Over 212 users engaged (like, replied, shared) with the content (average of 18 per month), and over 184 sessions were referred to the ASSIST website from Facebook (see Figure 3).

**Figure 3: ASSIST Facebook Analytics, FY20 Q1-Q2**

Planning for transfer of ASSIST knowledge assets to the URC-CHS website. In addition to auditing project files to ensure that all project publications and annual reports have been
uploaded to the USAID Development Exchange Clearinghouse, discussions were held with the URC corporate webmaster to plan for the transition of all ASSIST technical publications to URC’s intranet Knowledge Center. Key ASSIST resources, such as major technical reports, key tools, and case study collections (i.e., binding together in one file all case studies for a particular topic area like HIV, MNCH, or Zika) will be transferred to ASSIST curated pages on the public-facing URC-CHS website, which will also state that other ASSIST publications not shown will be available upon request to the URC webmaster. All ASSIST publications will be archived by URC and made available upon request.

**Challenges and Remedies**

- Several ASSIST deliverables submitted to the AOR team for approval are still pending approval. Approval of pending reports is urgently needed to allow us to submit all approved deliverables to the USAID Development Exchange Clearinghouse.

**Planned Activities for April-June 2020**

- **Complete transfer of key content from the ASSIST website to the URC corporate website:** Key products (major technical reports, case study collections, guides, etc.) will be placed on a curated page for the USAID ASSIST Project on the [www.urc-chs.com](http://www.urc-chs.com) corporate website. This page will also provide the email of the URC webmaster to request any ASSIST publication not shown. All ASSIST technical publications will be uploaded to the internal URC Intranet Knowledge Center so they can be accessed by URC staff and made available upon request (June).

- **Post messages on ASSIST social media and to listservs about the closing of the ASSIST website and Vimeo page and providing links** to the curated page of ASSIST resources on the URC website and the collection of ASSIST videos posted on the URC YouTube channel (June).
RESEARCH AND EVALUATION

Background

The research and evaluation (R&E) unit of the USAID ASSIST Project provides technical assistance and guidance on country-led research and synthesizes learning across country- and centrally funded activities. Topics addressed by these studies include the validity of improvement indicator data, sustainability and institutionalization, and economic analysis. The R&E unit works closely with the ASSIST knowledge management team to disseminate knowledge generated by these studies through web-published reports, peer-reviewed journal articles, and presentations at relevant international meetings to encourage wider application of improvement methods and their rigorous, objective evaluation.

In FY20, the R&E team has focused on completing studies in Latin American and Caribbean countries where ASSIST worked to address Zika infection. The R&E unit is also finalizing synthesis reports on completed studies on data validation, use of comparison groups, and use of cost-effectiveness analysis.

Program Overview

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
<th>At what scale?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Validation of 25% of improvement indicators</strong></td>
<td>No less than 25% of total number of country-reported indicators with completed validity assessment</td>
</tr>
<tr>
<td>Demonstrate that data reported by the ASSIST project are accurate, reliable and relevant</td>
<td></td>
</tr>
<tr>
<td><strong>2. Collecting data from control groups for 10% of indicators</strong></td>
<td>Comparison reports on no less than 10% of country-reported indicators</td>
</tr>
<tr>
<td>Demonstrate the attributable impact of ASSIST interventions on improvement indicators</td>
<td></td>
</tr>
<tr>
<td><strong>3. Evaluating the design of improvement activities for low-and middle-income countries</strong></td>
<td>Every ASSIST country program</td>
</tr>
<tr>
<td>Advance learning in improvement science in low and middle-income countries</td>
<td></td>
</tr>
</tbody>
</table>

As listed in Table 3, the project had 18 research studies in planning, underway, or completed involving 14 countries during the first two quarters of FY20. Six are multi-country studies. Ten of the studies were completed (i.e., approved by the AOR and published).

Table 3: ASSIST research and evaluation studies (FY20 Q1-Q2)

<table>
<thead>
<tr>
<th>Country</th>
<th>Study</th>
<th>Research Area</th>
<th>Status</th>
<th>Program Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dominican Republic</td>
<td>Assessing the quality of USAID ASSIST Zika program data in the Dominican Republic</td>
<td>R&amp;E mandates</td>
<td>Completed</td>
</tr>
<tr>
<td>Country</td>
<td>Study</td>
<td>Research Area</td>
<td>Status</td>
<td>Program Area</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------</td>
<td>-----------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>2 Dominican Republic</td>
<td>Evaluation of the Costs and Results of Region-led Expansion of Zika Prevention, Care and Support Best Practices in the Dominican Republic</td>
<td>Evaluation</td>
<td>Completed</td>
<td>Zika</td>
</tr>
<tr>
<td>3 Ecuador</td>
<td>Comparing the effectiveness and cost-effectiveness of on-line versus in-person training for strengthening the Zika response in Ecuador</td>
<td>Evaluation</td>
<td>Completed</td>
<td>Zika</td>
</tr>
<tr>
<td>4 Honduras</td>
<td>Application of quality improvement approaches in strengthening health system resilience for Zika emergency preparedness, response, and health care: Honduras case study</td>
<td>Improving care</td>
<td>Revised report submitted to AOR on 04/09/20</td>
<td>Zika</td>
</tr>
<tr>
<td>5 Jamaica</td>
<td>Barriers and facilitators to head circumference and neurodevelopmental surveillance in well-child clinics in Jamaica</td>
<td>Improving care</td>
<td>Completed</td>
<td>MNCH</td>
</tr>
<tr>
<td>6 Jamaica</td>
<td>Jamaica Neurodevelopmental Surveillance in the Age of Zika ECHO Evaluation</td>
<td>Evaluation</td>
<td>Completed</td>
<td>Zika</td>
</tr>
<tr>
<td>7 Kenya</td>
<td>Evaluation of a point-of-care HIV testing improvement intervention in Kenya</td>
<td>Evaluation</td>
<td>Completed</td>
<td>HIV</td>
</tr>
<tr>
<td>8 Malawi</td>
<td>Improving the Quality of Services for Vulnerable Children and Families in Malawi</td>
<td>Improving care</td>
<td>Submitted to USAID on 06/04/19</td>
<td>OVC</td>
</tr>
<tr>
<td>9 Mali</td>
<td>Comparison of ASSIST and control group improvement indicators data in Mali</td>
<td>Control group</td>
<td>Finalizing</td>
<td>MNCH</td>
</tr>
<tr>
<td>10 Peru</td>
<td>Using a quality improvement approach to strengthen clinical Zika services: head circumference measurement and provider perceptions in Peru</td>
<td>Evaluation</td>
<td>Revised report submitted to Peru Mission on 03/27/20</td>
<td>Zika</td>
</tr>
<tr>
<td>11 Uganda</td>
<td>Analysis of ASSIST program activities for improving the quality of services for PMTCT, 90-90-90 targets, and malaria in Uganda</td>
<td>Evaluation</td>
<td>Completed</td>
<td>HIV and malaria</td>
</tr>
<tr>
<td>Country</td>
<td>Study</td>
<td>Research Area</td>
<td>Status</td>
<td>Program Area</td>
</tr>
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<td>--------------</td>
</tr>
<tr>
<td>12 Uganda</td>
<td>ASSIST technical assistance to CSOs for VMMC improvement activities in Uganda: The case of TASO Gulu</td>
<td>Evaluation</td>
<td>Completed</td>
<td>HIV</td>
</tr>
<tr>
<td>13 Multi-country</td>
<td>Assessing changes in knowledge and factors influencing behavior related to Zika prevention among women receiving antenatal care in Latin America</td>
<td>Evaluation</td>
<td>Submitted 01/17/20 for AOR review and approval</td>
<td>Zika</td>
</tr>
<tr>
<td>14 Multi-country</td>
<td>Case Study: rapid multi-country, parallel process multi-tasking for project startup</td>
<td>Evaluation</td>
<td>Completed</td>
<td>Zika</td>
</tr>
<tr>
<td>15 Multi-country</td>
<td>Latin America and Caribbean Zika Extension for Community Healthcare Outcomes (ECHO) evaluation</td>
<td>Evaluation</td>
<td>Submitted 01/13/20 for AOR review and approval</td>
<td>Zika</td>
</tr>
<tr>
<td>16 Multi-country</td>
<td>Cost-effectiveness analysis in quality improvement: A review of studies under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project</td>
<td>CEA synthesis</td>
<td>Submitted 03/26/20 for AOR review and approval</td>
<td>All</td>
</tr>
<tr>
<td>17 Multi-country</td>
<td>Data validation in quality improvement: A review of validation exercises under the USAID ASSIST Project</td>
<td>Validation synthesis</td>
<td>Completed</td>
<td>All</td>
</tr>
<tr>
<td>18 Multi-country</td>
<td>Findings from ASSIST comparison studies</td>
<td>Comparison group synthesis</td>
<td>Writing</td>
<td>All</td>
</tr>
</tbody>
</table>

**Accomplishments and Results by Activity**

**Activity 1. Validation of 25% of improvement indicators**

- **Data validation in quality improvement: A review of validation exercises under the USAID ASSIST Project**
  - This report synthesizes findings from validation exercises conducted by the USAID ASSIST Project. ASSIST validation reports were reviewed for the following information: validation methodology; key findings; and corrective action recommended or taken to address data quality issues identified in the validation exercises.
  - Record review and interviews with quality improvement team members were the most commonly used methodologies for validating indicators. Overall, validations findings showed that facilities tended to overreport performance. There were not
notable changes in data quality over time. Causes of discrepancies between reported and re-calculated indicators included difficulties with sampling, indicator definitions, and extracting data from correct sources. Recommendations to improve data quality focused on ensuring QI teams had registers and other tools to accurately capture data and received ongoing support to enhance understanding of indicator definitions, data sources and collection, analyses, and interpretation.

- The report was submitted for AOR approval on 02/28/2020. The AOR team provided comments on 4/28/20, and ASSIST submitted a revised version on 4/29/20. The report was approved by the AOR on 5/5/20.

**Activity 2. Collecting data from control groups for 10% of indicators**

- A report synthesizing findings from ASSIST studies using control groups is underway. The report will be finalized during the third quarter of FY20.

**Activity 3. Evaluating the design of improvement activities for low-and middle-income countries**

- **Assessing the quality of USAID ASSIST Zika program data in the Dominican Republic**
  - The objectives of this study were to: 1) assess the validity of three quality improvement indicators reported by ASSIST-supported quality improvement teams (QITs); 2) determine whether data quality changed over time; and 3) understand the perceptions and practices of quality improvement teams about how data had been collected, what factors have facilitated or inhibited data collection, and possible ways to improve data collection, analysis, and dissemination.
  - This validation exercise included a quantitative component which consisted of a retrospective chart review and a qualitative component consisting of key informant interviews. Quantitative data were collected for a baseline and end line period.
  - While ASSIST-supported facilities achieved substantial improvements in performance across the three indicators reviewed, the validation exercise found that the indicator values reported by the QITs were higher than those validated by the external reviewers. There was no clear improvement in the accuracy of the data over time. That many interview respondents could not articulate how indicators were calculated may be one cause of the inaccuracies. Active engagement of the clinical and non-clinical staff around the data is needed to elevate the understanding and use of data. Recommendations include strengthening complete and accurate documentation of clinical encounters, strengthening the capacity of QITs to correctly calculate and interpret indicators during coaching visits, conducting regular data quality assessments as part of coaching visits, and providing more guidance to QITs about the strategic use of data.
  - The report was approved by the AOR on 12/03/2019, published on the ASSIST website, and submitted to the USAID Development Exchange Clearinghouse (DEC).

- **Evaluation of the Costs and Results of Region-led Expansion of Zika Prevention, Care and Support Best Practices in the Dominican Republic**
  - The objectives of this study were to: 1) Document the scale-up process as implemented in the regions; 2) Assess the short-term results achieved through the scale-up (evidence of adoption of practices as of May 2019); and 3) Document the experience and perceptions of key actors in the scale-up process.
This comparison mixed methods retrospective study was conducted in two regions in the Dominican Republic: one region which had participated in the first wave (Region I) and one region which had not (Region VIII). Comparison hospitals were selected from hospitals which had received ASSIST support under the first wave. Data for three indicators were gathered from scale-up and first-wave comparison hospitals. Monthly data were captured for the entire first-wave and scale-up periods. The research team was not able to collect cost data on scale-up expenditures at the regional and district levels. As this was a retrospective study, data collection relied upon extracting information from existing data. The regional financial management systems did not track staff time and other costs specifically for the scale-up activities, making it impossible to discern the regional costs associated with this activity.

Findings showed that for head circumference measurement, two scale-up hospitals reached 100% and two hospitals remained at 0%, with an aggregate of 50% following five months of support. First-wave hospitals achieved similar improvement over the course of 14 months; the first five months of improvement work in first-wave sites yielded no improvement. Measuring head circumference was viewed by interview respondents as the easiest change to implement followed by distributing condoms for prevention. Providing psychosocial support was viewed as more challenging. Recommendations as a result of this study include: clearly communicating expectations at the start of the scale-up process, ongoing supervision to ensure sustained gains, and coupling hospital-based activities with activities at lower-level facilities as well as community-based efforts.

The report was approved by the AOR on 11/30/2019 and published on the ASSIST website.

Comparing the effectiveness and cost-effectiveness of on-line versus in-person training for strengthening the Zika response in Ecuador

The objectives of this study were to: 1) Compare clinical Zika-related knowledge between providers trained online versus providers trained face-to-face; 2) Compare satisfaction with the trainings between providers receiving online training and those receiving in-person face-to-face training; and 3) Calculate and compare the total costs and incremental cost-effectiveness of the two training approaches.

The sample included data from 513 providers trained using online health training (OHT) who worked in one of the 21 health facilities implementing a facility-level Zika quality improvement (QI) program and 83 providers who were trained face-to-face (FTF) and worked in similar health facilities not currently receiving support from ASSIST. Provider Zika knowledge and satisfaction with each training modality were assessed via surveys at three points: 1) Prior to the training; 2) Immediately following training; and 3) Eight to 12 weeks after completing the training.

Findings showed that while providers trained OHT and those trained FTF increased their scores, the percentage of providers who correctly answered knowledge items was higher in the OHT group. Modeling results show that providers trained with OHT increased their scores for each module with a significant increase for Module 1 (an average increase of 12 percentage points) and Module 5 (an average increase of 17 percentage points). From post-test to follow-up, the percentage of providers who correctly answered knowledge items increased dramatically in the FTF group while decreasing slightly in the OHT group. Scores on Module 5 were the lowest or nearly lowest. While a decrease in knowledge several months following training is not surprising, the significant increase for FTF participants is unexpected. The FTF group had higher overall satisfaction with the training, and higher perceived
effectiveness of Zika training in the identification and prevention of Zika than the OHT providers. While both OHT and FTF providers reported that the training content was updated, accurate, and clear, providers in the OHT group noted that some tutors were not viewed as readily available. While the overall cost of the OHT training course was higher than the FTF course, the average cost per provider completing training was much lower for OHT; this finding, combined with evidence of equivalent or greater effectiveness for OHT, suggests that OHT offered better value for money in this context. Recommendations include using electronic data collection to gather feedback from providers to ensure legible data, reducing the components of the training or increasing the amount of time allowed for each module, ensuring providers can easily access all material in Spanish to enable full understanding of the training content, and ensuring all providers have in-person opportunities to discuss new knowledge. Implementing these recommendations could improve engagement with training while maximizing efficiency.

The report was approved for publication on 12/3/2020, published on the ASSIST website, and submitted to the USAID DEC.

- Barriers and facilitators to head circumference and neurodevelopmental surveillance in well-child clinics in Jamaica
  
  The objective of this study was to identify facility-level barriers and facilitators to the assessment and interpretation of head circumference measurements and neurodevelopmental surveillance in Jamaican well-child clinics to inform Ministry of Health and Wellness (MOHW)-led and partner-supported strategies for strengthening services in the context of Zika in Jamaica.

  Two data collection methods were used: 1) in-depth interviews with health workers, facility leaders/managers, and parents/caregivers attending well-child visits; and 2) direct observations of service delivery (well-child visits) processes. Observations and interviews were conducted in eight ASSIST-supported primary health care centers with well-child clinics.

  Qualitative interviews revealed that Zika-focused trainings and job aids appear to have resulted in well-informed staff, revised growth charts, and improvements in practices compared to before the intervention. Even with the positive developments, there is still room to address remaining barriers and ensure positive change is sustained. Barriers included the epidemiology of the Zika virus and limited public understanding and knowledge of it, staff attitudes and perceptions that conducting all aspects of visits are not practical, and actual delivery challenges due to space and time constraints compounded by inefficiencies in clinic processes. Recommendations include use of pre- and post-clinic processes or staff forums to review and refine clinical processes, conduct well-child clinic protocol refreshers, ensure sufficient paper forms and guides are available and user friendly, find opportunities to demonstrate milestone assessment and child stimulation during visits, use innovative ways to convey information about issues such as Zika and child growth and development, and reinforce the need for respectful interactions between clients and providers.

  The study report was approved by the AOR on 12/5/2020, published on the ASSIST website, and submitted to the USAID DEC.
Jamaica Neurodevelopmental Surveillance in the Age of Zika ECHO Evaluation

- This study was conducted in collaboration with the American Academy of Pediatrics. The objective of this study was to assess participation, participant experience, learner self-reported changes in knowledge and self-efficacy, and program impacts at the individual client and larger systems levels following participating in the ECHO program, following the Project ECHO® (Extension for Community Healthcare Outcomes) model. The Jamaica ECHO program was focused on developing health professionals’ competence in neurodevelopmental surveillance (NDS). Project ECHO is an evidence-based telemonitoring program that brings together, through video technology, health care professionals and multidisciplinary specialists to create communities of learners around specific topics of interest and need.

- Data were collected through a post-session survey, a post-program survey, and focus group discussions.

- Evaluation results highlight the positive impacts and outcomes of the Jamaica NDS ECHO. In each evaluation component, participants reported high satisfaction with the Jamaica NDS ECHO as well as the ECHO model and demonstrated self-reported gains in knowledge and efficacy regarding key aspects of neurodevelopmental surveillance, including early intervention and referral. Participants spoke with confidence about their ability to train others to more appropriately assess, intervene, and refer children regarding neurodevelopmental concerns.

- The study report was approved by the AOR on 12/05/2020, published on the ASSIST website, and submitted to the USAID DEC.

Application of quality improvement approaches in strengthening Health system resilience for Zika emergency preparedness, response, and health care: Honduras case study

- This case study sought to gain an operational understanding of quality improvement interventions implemented in the context of the Zika outbreak and their role in improving preparedness and response capacities of health facilities and regional and national level authorities in Honduras. The case study was developed by a consultant.

- A revised version addressing comments from USAID on the initial draft was submitted to the AOR on 04/09/2020.

Evaluation of a point-of-care HIV testing improvement intervention in Kenya

- This study evaluated the effectiveness and efficiency of an intervention to improve the processes of point-of-care HIV rapid testing in participating facilities in western Kenya.

- This was a prospective pre-/post-intervention, quantitative evaluation using primary data collection from five intervention facilities and five comparable facilities undergoing no improvement intervention. We collected data from direct observations of service delivery on a sample of 455 testing and counseling procedures in intervention sites and 276 testing and counseling procedures in control sites.

- Baseline performance in intervention and control sites was high. However, when considered together, there was no statistically significant difference in the improvement seen in the quality indicators for testing procedure and management indicators between the intervention and control groups. When the results were considered for individual intervention facilities, for the counseling overall indicator, the two smallest facilities improved the least while for the testing variables, two of the
larger facilities improved the least, though it is notable that they started at the highest initial level of compliance among the intervention facilities. The two smallest clinics also improved the least for the data management indicators. The cost-effectiveness of this intervention was US$10 per additional patient provided counseling to full compliance to standards, compared the business-as-usual scenario, assuming the effects lasted two years without attenuation. The intervention was not shown to be cost-effective in improving testing indicators in this evaluation.

- The intervention appeared to improve counseling indicators but not testing or data management indicators in this setting. The cost-effectiveness of improving the counseling indicators is comparable to other HIV testing interventions reported from the same setting.
- The report was approved by the AOR on 03/05/2020 and published on the ASSIST website.

- Using a quality improvement approach to strengthen clinical Zika services: head circumference measurement and provider perceptions in Peru
  - The initial objectives of this study were to: 1) determine whether ASSIST’s training and QI approach was associated with an increase in the percentage of Zika counseling elements delivered during antenatal care (ANC) consultations compared to training alone; 2) identify how client retention of key Zika prevention messages differed between facilities implementing training + QI and those utilizing training alone; 3) determine if training + QI increased the percentage of newborns who received head circumference measurement and documentation compared to pre-intervention; 4) determine whether training + QI increased the correct interpretation of head circumference measurements compared to pre-intervention; 5) determine the incremental cost and cost-effectiveness of training + QI to increase the percentage of Zika counseling elements delivered during ANC consultations compared to training alone; and 6) identify providers’ perceptions of the benefits of a QI approach for improving clinical Zika care and understand the facilitators and barriers to the successful implementation of QI to support Zika care according to QI leaders, team members, and providers.

  The report was submitted to the Peru Mission on 09/10/2019. A revised version addressing the Missions’ comments was submitted on 01/17/2020. The Mission informed ASSIST that it was not satisfied with the revised report. ASSIST requested the opportunity to resubmit a revised report omitting the objectives and sections the Peru Mission objected to due to study design limitations (Objectives 1, 2, 5). A revised version with these changes was submitted to the Mission on 03/27/2020.

- Analysis of ASSIST program activities for improving the quality of services for PMTCT, 90-90-90 targets, and malaria in Uganda
  - This report described a secondary analysis of routine program data abstracted from facility records by quality improvement teams over the intervention period to assess improvements in key indicators. We analyzed indicator data for ASSIST PMTCT, 90-90-90, and malaria programs.
  - This analysis showed improvements in the cascade for viral load suppression despite remaining gaps in HIV testing and treatment initiation. More male partners were identified and followed up for HIV testing services following the implementation of the quality improvement intervention. For the malaria program, there was an increase in the number of suspected malaria cases at the outpatient department who
had complete and accurate records, the number of patients who were treated for malaria and had a positive malaria test, and the number of patients who were prescribed and given Artemisinin Combination Therapy.

- Although findings suggested that QI interventions can have a great impact on interventions for PMTCT, 90-90-90, and malaria, evaluations using a prospective design and a comparison group should be encouraged as they would establish stronger evidence for the effect of programs on key indicators.
- The report was approved by the AOR on 3/05/2020 and published on the ASSIST website.

- **ASSIST technical assistance to CSOs for VMMC improvement activities in Uganda: The case of TASO Gulu**
  - This short report describes the support ASSIST provided to the civil society organization (CSO) TASO Gulu in Uganda. Following the implementation of quality improvement activities, the CSO registered improvements in data quality, including seven-day post circumcision patient follow-up, documentation of consent, and Tetanus Toxoid administration as well as in compliance with Safe Male Circumcision quality standards like infection control, monitoring and evaluation, surgical procedure, group education, management system, supplies, equipment, and environment, and individual/couple counseling.
  - The short report was approved by the AOR on 01/30/2020 and published on the ASSIST website.

- **Assessing changes in knowledge and factors influencing behavior related to Zika prevention among women receiving antenatal care in Latin America**
  - The objectives of this study were to: 1) Determine whether the ASSIST Zika QI intervention was associated with a change in women’s knowledge of Zika prevention behaviors in four ASSIST-supported countries (Dominican Republic, Guatemala, Nicaragua, and Paraguay); 2) Understand through a qualitative component of the study carried out only in Guatemala, ANC clients’ perspectives on which aspects of the intervention most influenced women’s desire/non-desire and ability/inability to practice Zika prevention behaviors and to understand the perspectives of facility-based staff on which aspects of the intervention facilitated their ability to effectively counsel women on Zika prevention during ANC visits.
  - The report was submitted to the AOR on 01/17/2020.

- **Case study: Rapid multi-country, parallel process multi-tasking for project startup**
  - The objectives of the case study were to: 1) Document in detail the “Rapid Multi-Country, Parallel Process Multi-Tasking Project Startup” activities and strategies employed by the ASSIST short-term technical assistance activity in four countries of the Eastern and Southern Caribbean (Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines); 2) Describe the enablers, challenges, and constraints faced in startup of the Zika response project in the four countries, including the local and regional contexts; and 3) Identify lessons learned from the start-up in the four countries.
  - Remote in-depth interviews were conducted with persons involved in the startup using semi-structured interview guides and data retrieved from the review of project documents.
Findings showed that using the rapid multi-country parallel process multi-tasking project startup approach, the USAID ASSIST Project successfully implemented the startup for complex short-term technical assistance in four countries in less than four months, from mid-May to early September 2018. Milestones included achieving buy-in from stakeholders, co-developing the technical scope and materials, and rapid execution of critical operational functions. Dedicated project teams, country leadership, and local champions were essential to overcoming the main challenges, which included a short timeframe, lack of in-country offices, and country-level factors such as a shortage of health care workers and a weak health infrastructure.

We concluded that the approach employed was a feasible and resource-efficient mechanism of interest to implementers, donors, and low- and middle-income countries facing temporal and financial limitations to rapidly addressing public health priorities.

The manuscript was approved by the AOR on 2/29/2020, submitted to the online platform F1000Research on 3/10/2020, and published on 4/9/20.

- **Latin America and Caribbean Zika Extension for Community Healthcare Outcomes (ECHO) evaluation**
  - This evaluation was conducted in collaboration with the American Association of Pediatrics.
  - The objective of this evaluation was to assess LAC Zika ECHO participants’ self-reported competencies and skills, satisfaction with the LAC Zika ECHO program, and changes in practice following participation in the program.
  - The report was submitted to the AOR on 01/13/2020.

- **Cost-effectiveness analysis in quality improvement: A review of studies under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project**
  - This reported synthesizes findings and lessons generated from cost-effectiveness analyses (CEAs) conducted by ASSIST. CEA reports were examined for the following information: CEA methodology, key findings, key recommendations, and conclusions as a result of the CEA.
  - Seven CEAs conducted in five countries were included in the synthesis report (Ecuador, Kenya, Pakistan, Uganda, and Tanzania). CEAs were conducted for both QI activities carried out by ASSIST as well as by improvement programs implemented by other partners, encompassing immunization; HIV; maternal, newborn, and child health (MNCH); medical male circumcision, and Zika prevention and treatment. Overall, CEAs revealed that improvement programs provide good value for money compared to the status quo. However, findings were more mixed for the ASSIST MNCH and HIV improvement activities in Uganda, the immunization program in Pakistan, and the point-of-care testing intervention in Kenya.
  - The main limitation of these CEAs was the lack of long-term health outcome measures such as deaths, disability, secondary infections, and or disability-adjusted life years (DALYs) averted. This limits the ability to compare results from ASSIST CEAs to the CEAs of other interventions.
  - The report was submitted to the AOR on 03/26/2020.
Challenges and Remedies

Not applicable.

Knowledge Management Products and Activities

The following research and evaluation reports were published:


- Comparing the effectiveness and cost-effectiveness of on-line versus in-person training for strengthening the Zika response in Ecuador (December 2019) [https://pdf.usaid.gov/pdf_docs/PA00W7GM.pdf]

- Assessing the quality of USAID ASSIST Zika program data in the Dominican Republic (December 2019) [https://pdf.usaid.gov/pdf_docs/PA00W7JF.pdf]

- Barriers and facilitators to head circumference and neurodevelopmental surveillance in well-child clinics in Jamaica (December 2019) [https://pdf.usaid.gov/pdf_docs/PA00WGT2.pdf]

- Jamaica Neurodevelopmental Surveillance in the Age of Zika ECHO Evaluation (December 2019) [https://pdf.usaid.gov/pdf_docs/PA00WCHP.pdf]

- ASSIST Technical Assistance to CSOs for VMMC Improvement Activities in Uganda: The Case of TASO Gulu (January 2020) [https://pdf.usaid.gov/pdf_docs/PA00WC38.pdf]

- Evaluation of a point-of-care HIV testing improvement intervention in Kenya (March 2020) [https://pdf.usaid.gov/pdf_docs/PA00WG7Q.pdf]

- Analysis of ASSIST program activities for improving the quality of services for PMTCT, 90-90-90 targets, and malaria in Uganda (March 2020) [https://pdf.usaid.gov/pdf_docs/PA00WG7S.pdf]

Institutionalization/Sustainability Strategy

In FY20, ASSIST developed a synthesis of cost-effectiveness analyses conducted under the project. ASSIST’s work on cost-effectiveness economic analysis demonstrates the importance of tracking and analyzing the cost of improvement interventions in order to better understand their impact and feasibility. These studies also play a role in determining the long-term sustainability of QI in countries once the project ends.

Planned Activities for April-June 2020

- Complete the following R&E reports:
  - Comparison of ASSIST and control group improvement indicators data in Mali
  - Synthesis report on findings from ASSIST comparison group studies

- Address any comments USAID may have on the reports that have been submitted the AOR and the Peru Mission.
PERFORMANCE MONITORING PLAN

Table 4 summarizes progress through March 31, 2020 on key indicators in the ASSIST performance monitoring plan.

Table 4: Progress on USAID ASSIST Project performance monitoring indicators as of March 31, 2020

### Project Management

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Baseline</th>
<th>End-of-project target</th>
<th>Progress as of March 31, 2020</th>
<th>Data source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td># of Annual Work Plans submitted on-time to the AOR</td>
<td>0</td>
<td>8</td>
<td>8</td>
<td>Transmission of deliverable to the AOR</td>
</tr>
<tr>
<td>2</td>
<td># of Annual Project Reports submitted on-time to the AOR</td>
<td>0</td>
<td>8</td>
<td>7</td>
<td>Transmission of deliverable to the AOR</td>
</tr>
<tr>
<td>3</td>
<td>Gender Framework submitted within 90 calendar days of the cooperative agreement effective date</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>Transmission of deliverable to the AOR</td>
</tr>
<tr>
<td>4</td>
<td># of annual research and evaluation reports submitted on-time to the AOR</td>
<td>0</td>
<td>8</td>
<td>7</td>
<td>Transmission of deliverable to the AOR</td>
</tr>
<tr>
<td>5</td>
<td># of quarterly financial reports submitted on-time to the AOR</td>
<td>0</td>
<td>31</td>
<td>30</td>
<td>Transmission of deliverable to the AOR</td>
</tr>
<tr>
<td>6</td>
<td># of Semi-annual Performance Monitoring Reports submitted on-time to the AOR</td>
<td>0</td>
<td>15</td>
<td>14</td>
<td>Transmission of deliverable to the AOR</td>
</tr>
<tr>
<td>7</td>
<td>Final report of the cooperative agreement submitted on-time to the AOR</td>
<td>0</td>
<td>1</td>
<td>NA</td>
<td>Transmission of deliverable to the AOR</td>
</tr>
</tbody>
</table>

### Documentation and Knowledge Management

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Baseline</th>
<th>End-of-Project Target</th>
<th>Progress as of March 31, 2020</th>
<th>Data Source [Benchmark]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Knowledge Management Plan submitted within 90 calendar days of the</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>Transmission of deliverable to the AOR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong># of Documentation and Knowledge Management Reports submitted to AOR</strong></td>
<td>0</td>
<td>8</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transmission of deliverable to the AOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>Design of ASSIST Knowledge Portal submitted to AOR for approval</strong></td>
<td>NA</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Written approval by AOR [Benchmark: completed in year 1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong># of country case studies</strong></td>
<td>0</td>
<td>30</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[Benchmark: 20 by the end of year 3]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><strong># of research and evaluation studies examining the KM system as a whole or components</strong></td>
<td>0</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[Benchmark: four completed by the end of year 3]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>% of ASSIST country teams with at least one team member with basic competencies in KM and documentation</strong></td>
<td>0</td>
<td>100%</td>
<td>100% (11/11, FY19)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Country program quarterly and annual reporting; special surveys</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>% of assisted countries that apply KM approaches to conduct synthesis and knowledge harvesting exercise each year</strong></td>
<td>7% (1/14)</td>
<td>100%</td>
<td>100% (10/10, FY19)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Country program quarterly and annual reporting; special surveys</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Average # of knowledge products developed per country</strong></td>
<td>0.6 (9/14) (FY13)</td>
<td>3</td>
<td>203/35 = 5.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Country program quarterly and annual reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td><strong>% of assisted countries with local repository of improvement knowledge</strong></td>
<td>0%</td>
<td>Baseline + 25%</td>
<td>28% (8/29)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Country program quarterly and annual reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><strong># of communities of practice supported on the ASSIST knowledge portal</strong></td>
<td>0</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HQ quarterly and annual reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong># of virtual learning events supported by the ASSIST KM system</strong></td>
<td>0</td>
<td>3</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HQ quarterly and annual reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Global Technical Leadership

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>Progress</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td># of articles on improvement methods and results published in peer-reviewed journals</td>
<td>NA</td>
<td>10</td>
<td>67</td>
<td>Publication</td>
</tr>
<tr>
<td>2</td>
<td># of assisted countries with national health care improvement policies and strategies</td>
<td>3</td>
<td>Baseline + 5 = 8</td>
<td>10</td>
<td>Country program quarterly and annual reporting</td>
</tr>
<tr>
<td>3</td>
<td># presentations given by ASSIST staff at global health technical conferences</td>
<td>NA</td>
<td>25</td>
<td>239</td>
<td>HQ and country quarterly and annual reporting</td>
</tr>
</tbody>
</table>

### Field Operations

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>Progress</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>% of integrated country design plans signed by country and USAID stakeholders</td>
<td>NA</td>
<td>100% (4/4 FY18)</td>
<td>(Last value FY18 because no new country plans were developed in FY19 or FY20).</td>
<td>Country Improvement Plan signed</td>
</tr>
<tr>
<td>2</td>
<td>% of annual country reports submitted on-time</td>
<td>NA</td>
<td>100%</td>
<td>FY13: 100% (7/7) FY14: 100% (19/19) FY 15: 100% (20/20) FY16: 100% (18/18) FY17: 100% (17/17) FY18: 100% (4/4) FY19: 100% (1/1)</td>
<td>Dates of submission of annual country reports to AOR</td>
</tr>
<tr>
<td>3</td>
<td>% of annual country reports that examine magnitude and spread rate of improvement</td>
<td>NA</td>
<td>100%</td>
<td>100%</td>
<td>Review of annual country reports</td>
</tr>
<tr>
<td></td>
<td>% of country-reported indicators externally validated</td>
<td>NA</td>
<td>25% of reported indicators</td>
<td>25% (132/523)</td>
<td>Review of R&amp;E studies</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------</td>
<td>----</td>
<td>--------------------------</td>
<td>---------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>5</td>
<td>% of improvement indicators tracked with a QI and non-QI intervention comparison groups</td>
<td>NA</td>
<td>10% of reported indicators</td>
<td>12% (63/523)</td>
<td>Review of R&amp;E studies</td>
</tr>
<tr>
<td>6</td>
<td>% of countries collecting and analyzing sex-disaggregated data for improvement when relevant</td>
<td>86% (6/7) (FY13)</td>
<td>100%</td>
<td>100% (10/10) (FY19)</td>
<td>Country quarterly and annual reporting</td>
</tr>
<tr>
<td>7</td>
<td>% of country programs tracking expenditures for the purpose of economic evaluation (integrated into the country plan)</td>
<td>0</td>
<td>80%</td>
<td>57% FY18 (No new country design plans were developed after FY18)</td>
<td>Accounting records</td>
</tr>
<tr>
<td>8</td>
<td>% of integrated country design plans that address relevant gender-related barriers</td>
<td>43% (3/7)</td>
<td>30%</td>
<td>100% (2/2 FY18) (No new country design plans were developed after FY18)</td>
<td>Review of integrated country design plans</td>
</tr>
</tbody>
</table>

NA = Not applicable (deliverable not yet due); TBD = To be determined