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| Planning for an End Use Verification (EUV) Survey  Quick Reference Guide |

**Purpose**

The End-Use Verification (EUV) survey is used to help assess commodity stock status for the following health areas:

* Malaria
* Maternal, newborn and child health (MNCH)
* Family planning and reproductive health (FP/RH)

The survey is also used to assess malaria case management and facility management practices in PMI-supported countries, and storage management practices across health areas. During the COVID-19 pandemic, the survey also assesses the impact the pandemic has had on the continuity of care in health facilities.

**Updated EUV toolkit**

In late 2020, PMI, USAID, and GHSC colleagues held a change control board to discuss improvements to the survey, indicator definitions, and report. The change control board was held after the first year of implementing the standard toolkit, was developed in 2018 and 2019 – and officially launched in early 2020 – to standardize, improve, and quantify the data quality level of the EUV to enhance the usefulness of the data to all stakeholders, while maintaining the original goal of ensuring rapid data availability and monitoring the availability of malaria commodities in PMI-supported countries. The standard survey toolkit offers:

* Standardized questions to measure standard indicators, including several new indicators to better understand stock management practices and challenges
* Realignment of questions to indicators, with reduced potential for bias
* Availability of standard modules and report templates for malaria, MNCH and FP/RH commodities
* Use of survey software (SurveyCTO) that supports mobile data collection and centrally manages data
* Sampling approach: ~ 80-100 sites using a randomized, two-stage sampling approach based on hypergeometric sampling distribution and stratified by facility type. The approach generates an approximate margin of error of +/- 10 percent and a 90 percent confidence level. This approach allows for a nationally representative sample with greater precision.
* A standard training curriculum
* An Excel-based (“paper”) survey tool to supplement/support the electronic data entry
* An updated report template in Power BI that includes the new standard indicators
* Recommended semi-annual data collection and reporting frequency (each data collection contributes to one stand-alone report), when possible, aligning with the malaria season (once right before the season or at the beginning of it, and once in the off-season).

**Country-Specific Exceptions**

While the updated EUV package components are recommended, individual USAID country missions may request survey elements that differ from this standard package. Some examples include more frequent data collection than semi-annual, reduced sample size, non-random sampling approach, use of paper-based survey or alternative questionnaire, and adding custom questions and/or products. Use of any alternative elements must be discussed with GHSC-PSM and approved by the USAID mission. The level of support that GHSC-PSM can provide to countries opting for these alternatives will vary. Use of a non-standard questionnaire will preclude a country from using the analysis template/data repository, training materials, and will limit the availability of GHSC-PSM headquarters’ support.

**Data Collection and Reporting Timelines**

Country offices should notify GHSC-PSM headquarters of any changes to the agreed-upon reporting schedule with several weeks’ notice. It is recommended that country offices conduct data collector training/refresher training approximately two weeks in advance of data collection, and ideally should test the survey at one or two facilities prior to actual data collection. Training should take between two and four days. Any updates to the standard survey should be run through GHSC-PSM headquarters. Data collection is expected to take place within two weeks. Draft reports for all task orders are due to GHSC-PSM headquarters within two weeks of the end of data collection. Reports must be submitted to the USAID mission within four weeks of the end of data collection and to USAID/Washington shortly after.

**Funding and GHSC-PSM Task Order Splits**

Funding by GHSC-PSM task order is determined at the country level. Please follow the funding splits that have been agreed upon in the country work plan.

MNCH data must be collected no more than twice a year.

A report must be submitted to USAID/Washington for each task order that is funding the survey in the country.

**Data Management**

All raw data must be made available to USAID/Washington in a usable format through a repository.

**Roles, Responsibilities, and Points of Contact**

Roles, responsibilities, and points of contact for each activity are provided in the table below.

| Activity | Responsible/Point of Contact |
| --- | --- |
| Schedule an EUV/inform Headquarters EUV Specialist^ and Coordinator^^ | In-Country EUV Lead\* |
| Determine need/funding for other modules | In-Country EUV Lead\* |
| Support sampling plan development | Headquarters EUV backstop^^^ |
| Draw sample | In-Country EUV Lead\* |
| Customize the questionnaire (as needed) | In-Country EUV Lead\* in close coordination with Headquarters EUV backstop^^^ |
| Modify SurveyCTO tool to match questionnaire | Headquarters EUV backstop^^^ |
| Coordinate translation of training materials, protocol, new questions/modules | Headquarters EUV backstop^^^ |
| Provide initial training (remote or in-country) on SurveyCTO, new questionnaire, new data validation process, and other aspects of EUV implementation and analysis | Headquarters EUV backstop^^^ |
| Analyze data / Update Power BI report | Headquarters EUV backstop^^^ |
| Discuss findings with the USAID Mission | In-Country EUV Lead\* |
| Write report | In-Country EUV Lead\* (with support from PMU for French speaking countries) |
| Review report and manage report revisions | Headquarters EUV Health Area Specialist^ |
| Submit report to USAID/mission, Ministry of Health, and other in-country stakeholders | In-Country EUV Lead\* |
| Submit report to USAID/Washington | Headquarters EUV Health Area Specialist^ |

\*In-Country EUV Lead – generally but not necessarily the GHSC-PSM field office M&E Specialist

^Headquarters EUV Health Area Specialist Nathan Vasher (nvasher@ghsc-psm.org) and Joseph Raji (jraji@ghsc-psm.org) for Task Order 2 (malaria), Jessicah Zulu (jezulu@ghsc-psm.org) for Task Order 3 (FP/RH), and Brittany Stollar (bstollar@ghsc-psm.org) for Task Order 4 (MNCH)

^^Headquarters EUV Coordinator – Hannah Crockett (hcrockett@ghsc-psm.org)

^^^Headquarters EUV backstop – several backstops, each of whom supports a few countries