**THE END USE VERIFICATION (EUV) SURVEY**

The End Use Verification (EUV) survey was developed in 2008 by the President’s Malaria Initiative (PMI) in collaboration with the USAID | DELIVER PROJECT and the Strengthening Pharmaceutical Systems Program (later the Systems for Improved Access to Pharmaceuticals and Services) to monitor the availability of malaria commodities in PMI-supported countries. The EUV was designed to be a temporary exercise led by USAID implementing partners (in close collaboration with USAID missions and country ministries of health or other government counterparts) to collect important supply chain data that a country’s logistics management information system (LMIS) may not be able to provide at all, or at a sufficient level of quality or geographic reach. The survey also was designed to cross-reference supply chain data with case management data as an additional check to ensure that commodities are in fact reaching the end user, and in accordance with the standard treatment guidelines. Even in countries with a relatively strong LMIS in place, the country may not yet have interoperability between the LMIS and the health management information system (HMIS, such as DHIS2), or may not otherwise be routinely cross-referencing these two data sources.

The EUV activity was originally designed to be implemented quarterly, and results were to be available shortly (no more than 4 weeks) after data collection in order to quickly allow corrective actions to be taken. PMI and implementing partners provided guidance regarding the survey methodology and standard indicators were developed. Over time, however, survey questions, sampling methods, data collector training approaches, analysis methods, and reporting styles diverged from one country to another. This led to a situation where raw data was not easily accessible by PMI or even the project headquarters, and where the quality of the analyzed data not only varied across countries but was also unquantifiable in terms of the confidence intervals and rates of error.

As EUV data continue to be used by many country stakeholders to make policy and planning decisions, PMI, together with the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project, updated the questionnaire and accompanying materials (referred to as the “EUV toolkit”) with the following goals:

1. To standardize the survey across countries for uniform data quality;
2. To centralize survey management to ensure timely access to the raw and analyzed data by authorized users and to better coordinate support to country EUV teams;
3. To ensure a minimum and quantifiable level of data confidence that is representative at the national level in all countries;
4. To strengthen the reliability of the data by increasing the robustness of the survey questionnaire; and
5. To add standard indicators that can increase user understanding of specific stock management challenges and their underlying causes.

The overall goal of revising the EUV toolkit was 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.

**Health Element Modules – MNCH and FP/RH**

While the EUV was originally developed to assess availability of malaria commodities, it has been adapted to also capture information on the availability of maternal, newborn, and child health (MNCH) commodities and family planning/reproductive health (FP/RH) commodities at the point of service delivery. MNCH commodities are procured locally in most cases, either at the central or subnational levels of a given country. Countries have not been required to report on the availability of MNCH commodities to external donors, and as such, there is limited data on their availability. FP/RH commodities often face similar data quality challenges as MNCH commodities, with often less stringent reporting requirements than PMI-funded or PEPFAR-funded commodities. The MNCH and FP/RH modules of the EUV were added to the survey in 2019 and are designed to help fill this gap and provide countries with timely information on these commodities.

**COVID-19 Continuity of Care module**

In response to the COVID-19 pandemic, PMI and USAID added the Continuity of Care module to the EUV survey in August 2020 to assess the impact of COVID-19 on the continuity of services in health facilities. The module collects data on the availability of personal protective equipment (PPE), practices and training for health care workers, and any service or reporting disruptions. This is a temporary module that will be included in the EUV survey until the pandemic ends and is included as a separate report from the standard EUV report.