

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 practices in PMI-supported countries, and storage and facility management practices across health areas.

Updated EUV package

In 2018 and 2019, GHSC-PSM, with USAID concurrence, updated the EUV survey. The updated survey 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 new standard modules and report templates for MNCH and FP/RH commodities
- Use of a new survey software (SurveyCTO) that supports mobile data collection and centrally managed data
- Updated sampling approach: ~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 analysis calculation tool to automatically calculate results of the standard indicators from the raw data and produce standard graphs and tables for reporting (*Coming soon*)
- An Excel-based (“paper”) survey tool to supplement/support the electronic data entry

- A tool to track survey submissions and validation approvals during data collection
- An updated PMI report template that includes the new standard indicators, along with an Excel-based tool to help produce the required tables and graphs
- Recommended semi-annual data collection and reporting frequency (each data collection contributes to one stand-alone report), aligned 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. In particular, 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 USAID/Washington and the USAID mission within four weeks of the end of data collection.

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. A data sharing agreement template will be made available in the EUV package, which should be used to

establish a data sharing agreement with the Ministry of Health. At this time, data sharing agreements for malaria data will be handled through PMI's data sharing agreements with governments.

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 Coordinator ^{^^}
Draw sample	In-Country EUV Lead*
Customize the questionnaire (as needed)	In-Country EUV Lead* in close coordination with Headquarters EUV Coordinator ^{^^}
Modify SurveyCTO tool to match questionnaire	Headquarters EUV Coordinator ^{^^}
Coordinate translation of training materials, protocol, new questions/modules	Headquarters EUV Coordinator ^{^^}
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 Coordinator ^{^^}
Analyze data	In-Country EUV Lead* (with support from Headquarters EUV Coordinator for updated survey)
Discuss findings with the USAID Mission	In-Country EUV Lead*
Write report	In-Country EUV Lead*
Review report and manage report revisions	Headquarters EUV Health Area Specialist [^]
Submit report to USAID/Washington	Headquarters EUV Health Area Specialist [^]
Submit report to others at USAID mission and Ministry of Health (if requested)	In-Country EUV Lead*

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

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