PERFORMANCE EVALUATION OF THE EVIDENCE PROJECT:

Ensuring that today's research is tomorrow's programs

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ABSTRACT

USAID's Office of Population and Reproductive Health's flagship implementation science project, the Evidence Project, was awarded in September 2013 as a five-plus-five-year cooperative agreement. To inform decisions about future programming, the USAID management team supported a performance evaluation through the Global Health Program Cycle Improvement Project (GH Pro). A three-person evaluation team, including one external consultant and two USAID staff members, conducted an evaluation, between January and April 2017, that included interviews with 95 key informants, review of project documents, and visits to Nigeria, Senegal, and Uganda.

The Evidence Project has more than 50 activities in 16 countries and is designed to generate new evidence, synthesize and share existing evidence, and increase use of evidence. Most respondents noted that the Evidence Project had a slow and shaky start, but that there is now a strong team and a significantly improved situation. The Evidence Project has produced some valuable reports and is conducting important research on a wide range of topics from task-sharing to expanding access for youth and measuring rights-based family planning. However, there are still tensions between the project and USAID, stemming from the early years of the project, and the team heard concerns regarding the quality of some products and research utilization (RU) efforts that focused on process more than outcomes. Therefore, the evaluation team suggests the project prioritize completion of its existing work, along with a focus on RU and handoff, to ensure important RU outcomes.

ACKNOWLEDGMENTS

The evaluation team would like to thank the many people who assisted with this evaluation, including the almost 100 people who took the time to talk with us and share their experiences, stories, and ideas.

The Evidence Project staff hosted us at their headquarters in Washington, DC, for two information-packed days and then continued to answer our questions throughout the course of the evaluation, in spite of their busy schedules. Field staff in Nigeria, Senegal, and Uganda arranged informative visits for us to meet directly with partners and see projects firsthand. We are thankful to all of them for giving their time and perspectives.

We also want to thank all the respondents from USAID, including Washington and Mission staff. They shared important insights about the Evidence Project and gave valuable contributions towards conceptualizing ways forward. We would particularly like to thank the USAID/Nigeria Mission staff who provided essential assistance in our field-visit arrangements and were extremely generous with their time with us.

Finally, the team leader would like to thank the GH Pro staff who assisted in this assignment, including managing to miraculously secure travel documents in short order and providing assistance in guiding the evaluation.

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ACRONYMS

3D	Democratize, Demedicalize, and Decentralize
AFP	Advance Family Planning
AOR	Agreement Officer's Representative
AusAID	Australian Agency for International Development
BCS+	Balanced Counseling Strategy Plus
CPR	Contraceptive Prevalence Rate
DFID	U.K. Department for International Development
DHS	Demographic and Health Survey
DNSR	Division Nationale de la Santé de la Reproduction
E2A	Evidence to Action
ECOWAS	Economic Cooperation of West African States
FP	Family Planning
FP2020	Family Planning 2020
GH Pro	Global Health Program Cycle Improvement Project
GIRL	Girl Innovation, Research, and Learning Center
HIP	High Impact Practice
IBP	Implementing Best Practices
IPPF	International Planned Parenthood Federation
IS	Implementation Science
K4H	Knowledge for Health
MOH	Ministry of Health
MSH	Management Sciences for Health
PMV	Patent Medicine Vendor
PRB	Population Reference Bureau
PRH	Office of Population and Reproductive Health
RH	Reproductive Health
RTU	Research, Technology, and Utilization
RU	Research Utilization
SRH	Sexual and Reproductive Health
SUFP	Scaling Up Family Planning
TAC	Technical Advisory Committee
TAG	Technical Advisory Group
TMA	Total Market Approach
TRAction	Translating Research Into Action Project
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

BACKGROUND AND METHODOLOGY

The Evidence Project, the flagship implementation science (IS) project of the Office of Population and Reproductive Health (PRH) in the United States Agency for International Development (USAID), was awarded in September 2013 as a five-plus-five-year cooperative agreement. The Population Council is the lead for the Project, in collaboration with its past and current partners Management Sciences for Health (MSH), PATH, Population Reference Bureau (PRB), International Planned Parenthood Federation (IPPF), and INDEPTH Network. The Evidence Project has more than 50 activities in 16 countries, and is designed to generate new evidence, synthesize and share existing evidence, and increase use of evidence. The project had an initial ceiling of roughly $70 million, with $30 million obligated thus far. This includes more than $9 million in field support and more than $20 million in core support, including funds for Population ($17 million), HIV ($1 million), Maternal and Child Health (MCH) ($400,000), and Gender Equality and Women's Empowerment ($2 million).

The Evidence Project is three and a half years into its current five-year program. To inform decisions about future programming, the USAID management team supported a performance evaluation through the Global Health Program Cycle Improvement Project (GH Pro). A three-person evaluation team, including one external consultant and two USAID staff members, conducted an evaluation between January and April 2017. The evaluation included interviews with 95 key informants, review of project documents, and visits to Nigeria, Senegal, and Uganda to see implementation at the field level. The evaluation sought to answer the following four questions through synthesis and analysis of the data collected:

- *Evaluation question 1*: What has been the quality of research conducted and the importance of new evidence generated by the project?

- *Evaluation question 2*: How has the Evidence Project synthesized and shared evidence (both existing and new)? What have been the outcomes of synthesis and dissemination efforts in terms of improved quality and scale up of family planning (FP)/reproductive health (RH) services?

- *Evaluation question 3*: How effectively has the Evidence Project increased use of evidence (both existing and new) to improve FP/RH programs and services, particularly in USAID priority countries? How has the project increased use of evidence to expand method access and choice, improve programs for and enhance demand among youth, and advance the project's three cross-cutting themes?

- *Evaluation question 4*: How relevant/important has the evidence generated and promoted by the project been in expanding access to quality FP/RH services in USAID priority countries?

FINDINGS

Overall, the expectation was that the Evidence Project would dedicate half of its effort (50%) to generating new evidence (Result 1), 20% to synthesis and sharing (Result 2), and 30% to increasing use of evidence (Result 3). The project reports being on target for this (43%, 23%,

and 34%, respectively); however, this is somewhat dependent on how activities are defined, particularly around use of evidence.

Evaluation question 1: Generating new evidence

- The Evidence Project has begun a number of interesting research studies that are a good mix of addressing field needs and a global agenda. This includes 24 research studies in 14 different countries (with field support in eight countries) and topics ranging from strengthening knowledge around more established topics, such as task-shifting or integration, to cutting-edge research around fairly new areas, such as operationalizing a rights-based approach or social accountability.

- The Evidence Project has also made important contributions in methodological advances.

- The team heard mixed responses regarding the quality of research protocols.

Evaluation question 2: Synthesis and sharing

- The Evidence Project has produced a number of synthesis reports on important topics—some of which have been useful to programs; has provided valuable support to the High Impact Practice (HIP) Initiative; and has produced 11 peer-reviewed publications.

- Respondents gave mixed responses regarding quality of synthesis reports, and there was limited knowledge and use of reports at global and country level, even within the project.

- The inclusion of "sharing" evidence under this objective, while also reporting dissemination under research utilization (RU), discussed below, indicates a need to rethink the structure and reporting of results.

Evaluation question 3: Increasing use of evidence

- RU remains an ongoing challenge for the entire field, not just for the Evidence Project.

- Some good examples of utilization through Evidence Project efforts include IPPF's adoption of social accountability, facilitating adoption of Senegal's Democratize, Demedicalize, and Decentralize (3D) approach by other countries in the region, and updating the Knowledge for Health (K4H) FP counseling course with the Balanced Counseling Strategy Plus (BCS+).

- The RU Approach has improved over time, but there is still a lack of agreement on what RU in the project should look like.

- Reporting blurs the lines between RU activities and outcomes—a clearer focus on outcomes could help guide and strengthen RU activities.

- There have been some unrealistic expectations and some mixed messages from USAID to the project.

Evaluation question 4: Relevance and important of evidence generated and promoted

- The Evidence Project is conducting research that is seen as important to the FP/RH field; however, the project could do a better job telling a compelling story about its impact.

- In determining relevance and importance, it must be noted that global priorities and country priorities will not always be aligned.

- USAID should decide whether it wants to be more directive or open in how projects identify priorities.

Cross-cutting issues: Management and partnership

- The first year of the project was challenging, with some key staff leaving, leading to the need for a management review to address some of the challenges.

- While the situation in the project has improved, the early tensions and communication issues between USAID and the Evidence Project continue to have an impact on the project.

- Partnership was seen as critical from the project inception; it has worked well and been mutually beneficial in some cases (IPPF and Meridian Group International), but challenging in others (MSH).

- Key partners for scale-up (IPPF and MSH) did not work out as planned, in part due to funding constraints that led to fewer staff positions for each partner than had been expected.

- The project is not taking full advantage of project partners.

CONCLUSIONS AND RECOMMENDATIONS

Most respondents noted that the Evidence Project had a slow and shaky start, but that there is a now a strong team and a significantly improved situation. Although the project has produced some valuable reports, and is conducting important research, there are still tensions between the project and USAID, stemming from the project's early years, and the team heard concerns regarding quality of some products and RU efforts. Based on our findings, we have the following recommendations for the project (the Population Council and consortium partners):

- The Evidence Project had a challenging start and that continues to have a negative effect on the relationship and perceptions between USAID and the project. **The project could benefit from an effort, on both sides, for some kind of reset,** which would require clarifying expectations and improving communication.

- **The Evidence Project is conducting important work that should be continued and supported. To this end, the evaluation team suggests that the project prioritize completion of its existing work, along with a focus on RU** and handoff to ensure important RU outcomes.

- **This will require that the Evidence Project develop clearly articulated plans for these RU efforts—a reconceptualization and refocus for the remaining**

time that clearly defines and aligns RU activities and outcomes. While some of this is happening in the Evidence Project, there is still a widespread perception that the focus is on research and not utilization. Clearer articulation of RU efforts could help address that.

- **Clarify and separate the reporting of RU activities versus outcomes, which will require some modification to the results framework and indicators.** This will be important to ensure clearer reporting on outcomes. This should also help the project develop clearer pathways for use of results to change policies and programs.

- **Encourage and increase partnership with advocacy groups to strengthen RU efforts.** In the words of one respondent, it is not enough to publish results, it is about "selling the evidence. Evidence to utilization doesn't happen just like that—you need to push for policy and practice." This requires being more proactive. It is encouraging that Evidence Project staff have been trained in the Advance Family Planning (AFP) advocacy approach and that the Population Council's new strategic framework includes a strong emphasis on using evidence.

- **Strengthen engagement of partners—including project partners, country-level partners, and others—to increase awareness and use of research results.** The Evidence Project has not taken full advantage of its partners, and strengthened partnership will be essential to improving RU and increasing the impact of the project. While some of this is dependent on levels of funding, it is also an issue of prioritization of use of funds. This could include more proactive interaction and use of the project's Technical Advisory Committee, which could also help address some of the perceived issues around quality in some of the work.

- **The Evidence Project should tell a clearer and more compelling story about what they do and about the importance of their work to the FP/RH field.** Project staff explained how they could better market their work with Missions: "Push the implementation science piece—not research per se, but how this project can help Missions or bilaterals understand implementation challenges, not framing it as research … make it more rapid, more real-time. That is where the field is moving." In addition, there is a need to tell a more compelling story about the research the project is conducting and its potential impact in the field. The idea of clearer RU plans, described above, could help in this communication.

I. INTRODUCTION: GENERATING AND USING EVIDENCE

There is widespread support in the development field for the concept of evidence-based practices and programs. And yet, too often research gathers dust rather than followers, and much evidence remains on the pages of publications rather than in the policies and programs of health systems. The United States Agency for International Development (USAID) has emphasized the utilization aspect of research for years. In fact, the Research Division in USAID's Office of Population and Reproductive Health (PRH) added a "U" to its name in the late 1990s, becoming the Research, Technology, and Utilization (RTU) Division in recognition of the central importance of this aspect of its work.

Nonetheless, many questions remain about how best to structure a project that generates evidence and successfully promotes its widespread use. The Evidence Project—USAID's global implementation science (IS) project—has attempted to meet this challenge. An evaluation of its efforts provides an important opportunity for learning not only for the project, but also for USAID and the broader reproductive health (RH) community.

II. PROJECT BACKGROUND

PRH's flagship IS project, the Evidence Project, was awarded in September 2013 as a five-plus-five-year cooperative agreement. The Population Council is the lead for the project, in collaboration with past and current partners Management Sciences for Health (MSH), PATH, Population Reference Bureau (PRB), International Planned Parenthood Federation (IPPF), and INDEPTH Network.

The results framework below illustrates the idea that the project would focus on generating new evidence (Result 1), synthesis and sharing of existing evidence (Result 2), and increasing use of evidence (Result 3). The expectation was that the Evidence Project would dedicate half of its effort (50%) to Result 1, 20% to Result 2, and 30% to Result 3. The project reports being on target for this (43%, 23%, and 34% respectively); however, as we will discuss later, this depends somewhat on how things are defined.

Figure 1. Evidence Project Results Framework
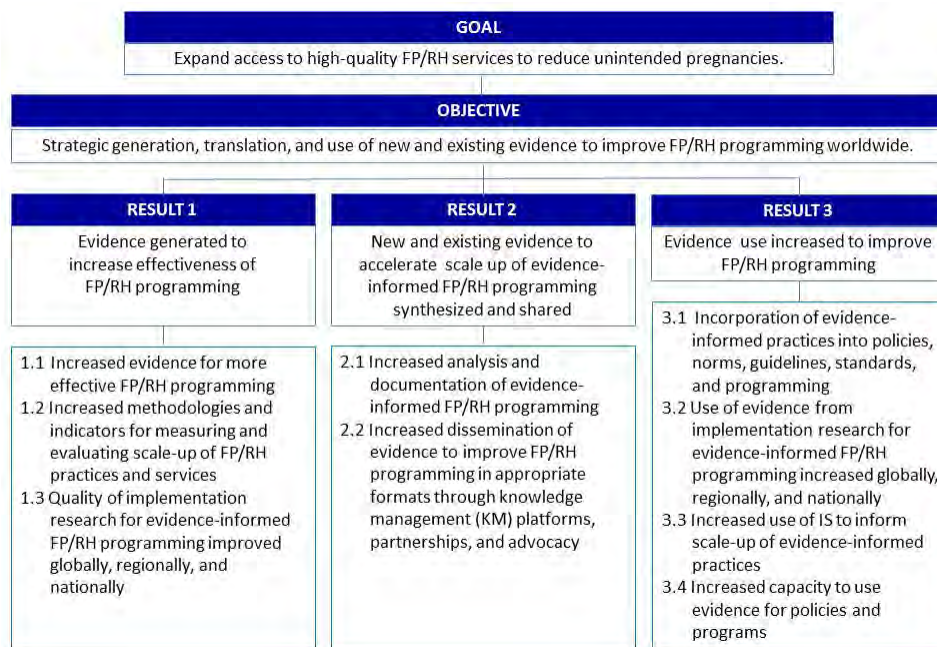
The Evidence Project has more than 50 activities in 16 countries. The project had an initial ceiling of roughly $70 million, with $30 million obligated thus far. This includes more than $9 million in field support and more than $20 million in core support, including funds for Population ($17 million), HIV ($1 million), Maternal and Child Health ($400,000) and Gender Equality and Women's Empowerment ($2 million). Evidence Project staff note that the Request for Applications included an assumption of roughly two-thirds core funding, which matches the project's support to date.

> **Implementation Science**
>
> Application of systematic learning, research, and evaluation to improve health practice, policy, and programs in developing countries.

III. EVALUATION METHODS AND LIMITATIONS

The Evidence Project is three and a half years into its current five-year program. To inform decisions about future programming, the USAID management team supported a performance evaluation through the Global Health Program Cycle Improvement Project (GH Pro). This evaluation provides an important opportunity to step back and assess progress to date and plan effectively for the future.

A three-person evaluation team, comprising one external consultant and two USAID staff, conducted this evaluation between January 17 and April 5, 2017. Sources of data include key informant interviews and document review. A total of 95 individuals were interviewed (see Table 1 on the next page), including USAID staff in Washington and in several countries, Evidence Project staff, global stakeholders, and partners and key informants in the three countries visited (Annex II). Documents included annual reports, project products, workplans, and other supporting documentation (Annex III).

The team prepared a question guide (Annex IV) based on the following four evaluation questions:

- *Evaluation question 1*: What has been the quality of research conducted and the importance of new evidence generated by the project?

- *Evaluation question 2*: How has the Evidence Project synthesized and shared evidence (both existing and new)? What have been the outcomes of synthesis and dissemination efforts in terms of improved quality and scale up of family planning (FP)/reproductive health (RH) services?

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- *Evaluation question 4*: How relevant/important has the evidence generated and promoted by the project been in expanding access to quality FP/RH services in USAID priority countries?

The team spent one week in Washington, D.C., meeting with USAID staff and Evidence Project staff. This was followed by visits to three countries—Nigeria, Senegal, and Uganda—with team members spending roughly one week in each country. While in-country, team members drafted short reports with specific findings and recommendations for each country. Data from interviews was analyzed by research question, with relevant points put into a data analysis chart. This analysis, along with information from the document review, was used to respond to each of the evaluation questions.

<p align="center">Table 1. **Key Informant Interviews**</p>

Type of respondent	Number
USAID staff (not including countries visited)	19
Evidence Project staff (not including countries visited)	17
Global stakeholders	11
Senegal country visit	10
Nigeria country visit	17
Uganda country visit	21
Total	**95**

There are limitations to this evaluation. With a large project working on a wide range of issues, most respondents knew about only a small part and so could not respond comprehensively about the project. Due to the close association of some respondents with specific studies, to preserve confidentiality we could not include several quotes that could be clearly matched with specific individuals. In addition, like many new projects, the Evidence Project had a slow start, so many studies are in progress. It is likely that as more studies are completed and results are available, there will be greater awareness of the project than the team found during this evaluation. There will also be more opportunities for research utilization (RU) as more research results become available. Nevertheless, by interviewing a large number of respondents in the United States and in the field, the team was able to identify clear themes around successes and challenges and develop recommendations for the project.

IV. FINDINGS

This section presents the evaluation findings, organized by evaluation question, followed by key cross-cutting issues, such as management and partnership.

1. GENERATION OF NEW EVIDENCE

Evaluation question 1: What has been the quality of research conducted and the importance of new evidence generated by the Project?

A large and diverse portfolio. The Evidence Project has begun or completed 24 research studies in 14 countries. In eight of these countries, the project received field support from USAID Missions, ranging from $50,000 in Senegal to more than $4 million in Egypt (see Figure 2). Given this wide range, the total amount of roughly $10 million is skewed by the particularly large amount from Egypt.

Figure 2. Field Support Amounts by Country

Ghana, $563,751
Senegal*, $75,000
Ethiopia, $552,296
Bangladesh, $700,000
Nigeria*, $1,000,000
India*, $2,000,000
Egypt, $4,229,904
Cambodia*, $1,827,538

* Includes funds committed but not yet obligated.
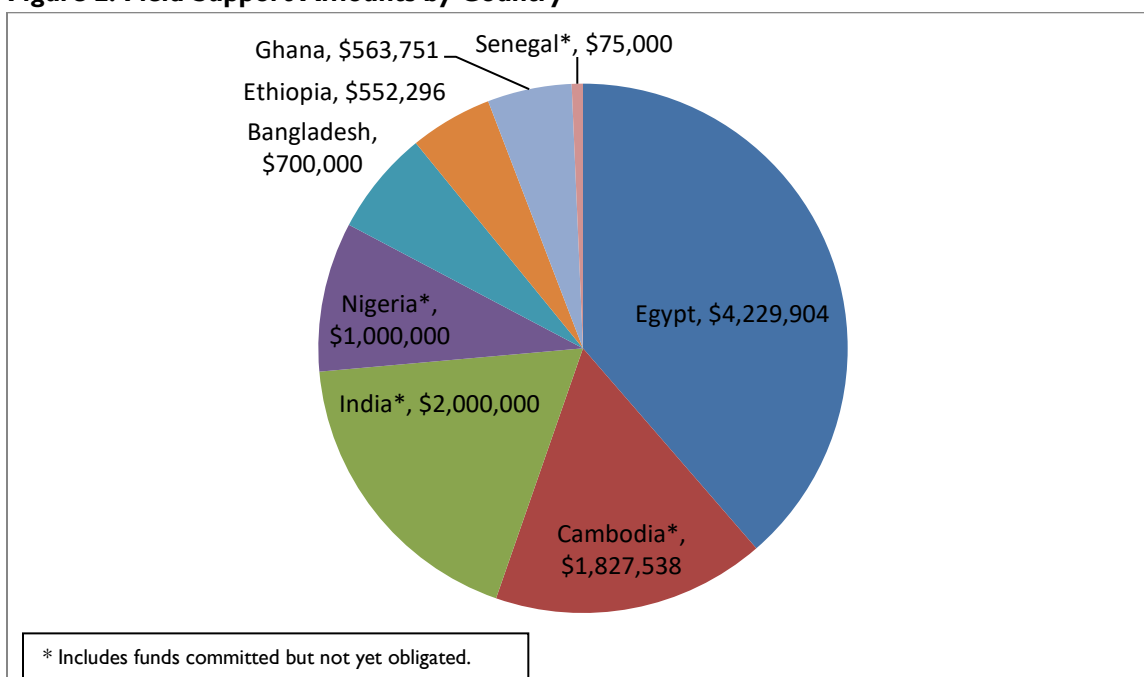
The studies conducted by the Evidence Project range from strengthening knowledge around more established topics, such as task-shifting or integration, to cutting-edge research in fairly new areas, such as operationalizing a rights-based approach or social accountability efforts. Table 2 (next page) lists the project's studies by topic. The majority looked at the supply side (18), while two addressed demand-side issues and the remaining four covered cross-cutting topics. These follow the priorities identified by the project's conceptual framework (see Figure 3), but with a clear bias toward the supply side.

Staff feel like having this broad mandate was a positive: "We can work on anything … and we think it's a strength because it gives us flexibility," and "that flexibility allows us to meet needs." The downside is that it creates some communications challenges in explaining and promoting the project, particularly to Missions and other donors, which might have more specifically

defined priorities. The team encountered a number of individuals who did not understand what the Evidence Project did.

Table 2. Research Studies Conducted to Generate New Evidence

| Topic	Study	Country
SUPPLY		
Task-shifting	Examining and Strengthening the Role of Patent Medicine Vendors (PMVs) in the Provision of Injectables in Nigeria	Nigeria
Task-shifting	Exploration of the Potential Role of Private Pharmacies in the Provision of FP Services in Senegal	Senegal
Task-shifting	Sayana Press Self-Injection Feasibility and Acceptability Study in Ghana	Ghana
Youth	Mixed-method study to understand adolescent and youth sexual and reproductive health (SRH) health-seeking behaviors in Ethiopia: Implications for youth friendly service programming	Ethiopia
Youth	Berhane Hewan Expansion Project in Benshangul Gumuz, Ethiopia	Ethiopia
Youth	Married Adolescent and Family Planning Services, Ethiopia: A Qualitative Study in Rural Ethiopia	Ethiopia
Youth	Measuring Awareness of Fertility-Related Matters during Adolescence: A Study of 12–17-Year-Old Boys and Girls in Ougadougou, Burkina Faso	Burkina Faso
Youth	Child Marriage Prevention Scale-Up Project, Burkina Faso	Burkina Faso
Youth	Expanding the Role of the Private Sector in Addressing Family Planning Needs of Egyptian Youth	Egypt
Youth	Assessment of Adolescent Friendly Health Corners in Bangladesh	Bangladesh
Workplace	Evaluation of HERproject Model for Improving Sexual and Reproductive Health and Rights Knowledge and Access of Female Factory Workers in the Garment Sector in Bangladesh	Bangladesh
Workplace	Formative Study of Health Needs of Garment Workers in Cambodia	Cambodia
Total market approach (TMA)	Utilization of the National Health Insurance Scheme by Urban Poor for FP/RH Services in Uttar Pradesh, India	India
TMA	Assessment of Implementation and Achievements of the Democratize, Demedicalize, and Decentralize (3D) Approach within the National Family Planning Actions Plan in Senegal	Senegal
TMA	Strengthening Total Market Approaches: Landscaping and Retail Audit in Uganda	Uganda
TMA	Situational Analysis of the Private Sector in the Delivery of Family Planning Services in Egypt: Status and Potential for Increased Involvement	Egypt
Integration	Strengthening the Integration of FP-HIV services at the Community Level in Kenya	Kenya
Integration	Expanding Integration of FP into Non-health Sectors	Tanzania, Madagascar
DEMAND		
Contraceptive use dynamics	Understanding Factors that Influence Contraceptive Choice, Discontinuation, and Switching among Bangladeshi Women	Bangladesh
Contraceptive use dynamics	Contraceptive Use Dynamics in India: Cohort Study of Modern Spacing Contraceptive Users	India

Topic	Study	Country
CROSS-CUTTING		
Rights	Social Accountability for FP: Case Study of the Healthy Action Project in Uganda	Uganda
Rights	A Study of How Social Accountability Mechanisms Influence FP/RH Programs in Uganda	Uganda
Rights	Testing a Rights-Based Approach to FP Service Delivery in Uganda	Uganda
Scaling Up	Assessment of the Costs and Dimensions of the Scaling Up Family Planning (SUFP) "Camping Approach" in Zambia	Zambia

Figure 3. Conceptual Framework

THE EVIDENCE PROJECT
CONCEPTUAL FRAMEWORK OF IMPLEMENTATION SCIENCE (IS) PRIORITIES FOR FP/RH
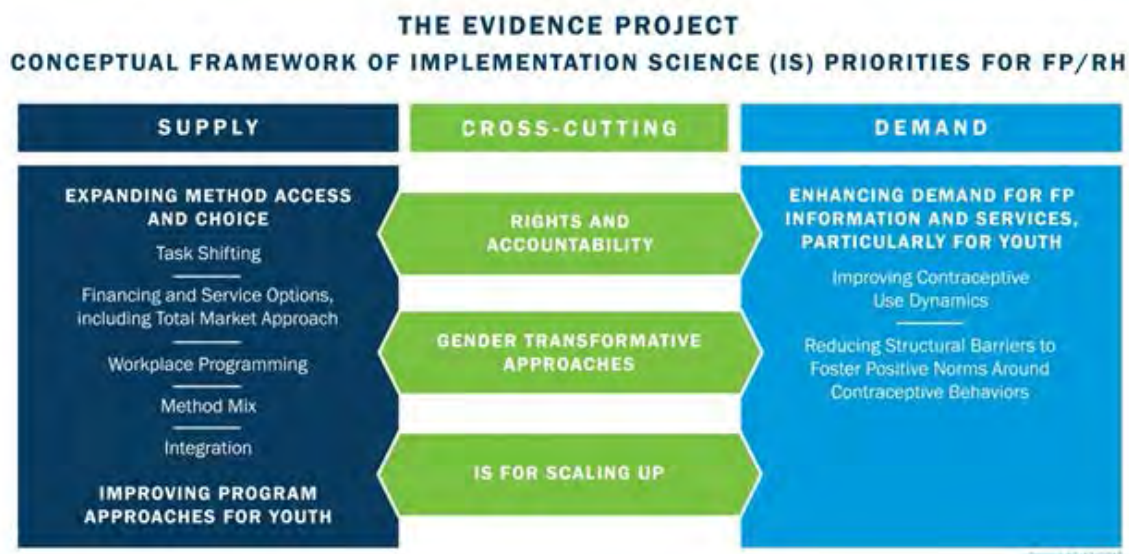
Quality concerns. The Population Council is viewed as conducting high-quality research. However, the team heard mixed comments regarding the research protocols submitted by the Evidence Project. In the words of one USAID respondent, "Most were fairly good, but some needed significant work." Without specifying particular studies (which could compromise the confidentiality of respondents), the evaluation team not only heard this in key informant interviews, but also saw a good deal of back-and-forth in email exchanges about several study protocols, indicating concerns about quality. The perceived issues around quality have an impact on utilization. Respondents noted how, in some cases, they were reluctant to promote findings because they were not confident in the quality. As some respondents noted, the first step in RU is ensuring that research is of high quality and credible. The issues around quality could be in part due to staff's being overstretched. Evidence Project staff noted that they took on a lot of research; given that there are variable research capacity and resources in the field, this puts a lot of pressure on the limited staff.

"Very much relevant." Overall, the key informants see the research conducted by the Evidence Project as important and as addressing expressed needs by countries (see box on Senegal, next page). Evidence Project staff found a particularly strong interest in research on youth: "During our year-one visits, we constantly heard about youth, the desire to know how best to reach them." This interest is reflected in a fairly large number of studies. Through its research, the Evidence Project hopes to push the envelope by focusing on adolescent perceptions and what will meet their needs and on growing the evidence base on boys.

Respondents in Ethiopia highlighted the importance of this issue in their context, noting that policymakers in Ethiopia have said that all sectors should pay attention to youth and that the new Minister of Health has said that youth is a priority, including in school health. As a result, the research by the Evidence Project is "very much relevant," according to a USAID respondent. One good example of RU is a study that is taking lessons learned from previous research activities and applying them to scale up successful approaches in child marriage prevention. The work has benefited from the Population Council's good reputation and experience in Ethiopia.

In spite of the significant interest in integration, the Evidence Project has implemented only two studies addressing this issue. Some respondents at USAID felt that FP/HIV integration was not part of the Evidence Project's mandate, so the study in Kenya on this topic was seen as a one-off. There has also been less work around the issue of scale-up than was initially planned, in part due to the limited scale-up efforts underway in the project.

> **Senegal: Responding to Country Demand**
>
> **Answering a question posed by the government.** After years of stagnation, CPR has increased rapidly in Senegal, from 12% in 2010 to 16.1% in 2016, according to Track20 data. Given the rapid progress in Senegal, the Ministry of Health (MOH)/*Division Nationale de la Santé de la Reproduction* and Ouagadougou Partnership Secretariat were interested in assessing how the 3D Approach—Democratize, Demedicalize, and Decentralize—contributed to Senegal's recent success.
>
> **Useful in the country and the region.** Results of the 3D assessment were useful in Senegal and beyond, as they are being used to inform other country plans in the region. "The assessment really helped build consensus and understanding about what each 'D' meant among all the [Ouagadougou Partnership] countries," one key stakeholder said. Results were also presented at the Economic Cooperation of West African States (ECOWAS)/West African Health Organization Regional Good Practice Forum in Cote d'Ivoire. The results will be included in a special supplement, published by ECOWAS, that will be circulated to the 15 ECOWAS countries. Representatives from the Senegal MOH and the Evidence Project will jointly author the publication.
>
> **But could have been faster.** The Evidence Project took a very research-oriented approach to an activity that could have been done much faster and more efficiently as a documentation activity instead of a full research study.

Finding a good home. Meridian Group International has staff seconded to the Evidence Project working on innovative approaches to improving workplace health programs, a particularly neglected aspect of business operations. This work has bounced around different mechanisms, moving from Catalyst to Evidence to Action (E2A) to Program Research for Strengthening Services (PROGRESS) over a fairly short period. In 2015, they found a home in the Evidence Project, which has turned out to be a mutually beneficial relationship. USAID staff note that "they have been working miracles given the history." One of the Evidence Project's particularly interesting activities with Meridian was a longitudinal study in Cambodia, but unfortunately, a change in staffing and priorities at the USAID Mission led to a cut in funding and a significant scaling back of activities. One USAID respondent felt that "USAID is funding it [workplace activities] just enough so it can fail—the expectations are not realistic." The issue of matching funding with expectations was a recurring theme in this evaluation.

Strategically adding to the knowledge base. The Evidence Project has made efforts to ensure that its research does not duplicate, but rather adds to the global knowledge base. For example, in a study on Sayana Press in Ghana, Evidence Project staff collaborated with PATH colleagues in the study design and the development of instruments to ensure complementarity

with existing studies in Senegal and Uganda, while addressing gaps around issues such as disposal.

The Evidence Project also has had an excellent collaboration with the Palladium Group for the rights-based FP work, with Palladium staff speaking highly of the partnership. While the Evidence Project conducts a study in Uganda, Palladium is implementing a sister project in Nigeria. There has been good coordination and collaboration throughout to ensure that similar data are collected, while still allowing for modification to address country needs. Data from both projects will be used to develop an index to measure and monitor rights-based FP.

Advancing research methodologies. Some of the Evidence Project's work is important in terms of contributing to knowledge on specific topics, while some is providing important learning or advances on research methodology. This includes:

- **An index to operationalize and measure a rights-based approach to FP.** This will be developed by using the Evidence Project's work in Uganda and the Palladium Group's work in Nigeria.

- **A non-implementation tool to better document the impact of pauses and disruptions in programs.** During the social accountability study in Uganda, the research team noted problems around intervention funding stalls, leading to activities' starting and stopping. They developed a tool to document this, so as to be able to better understand the impact of the intervention.

- **An "intensity of side effects" scale.** Developed in India through contraceptive use dynamics research, this tool looks at what women are saying about side effects and how they impact different aspects of women's lives. Ideally, it would be great to build this into the Demographic and Health Survey. Harvard University has already expressed interest in using it.

- **Community diagnostics to identify hot-spot areas for interventions.** This is important for topics where change is rapid. The research team in Ethiopia noted that child marriage rates were changing fairly rapidly, so they developed a community diagnostics tool to most appropriately target interventions.

There is a potential downside to the Population Council's research expertise. It can lead to a tendency to over-research and create overcomplicated protocols for issues that could be addressed with simpler designs (see box on Senegal, previous page).

Capacity building. This is not an integral part of the project, but nevertheless there has been some impact, formally and informally. A state-of-the-art intensified IS course was developed and implemented at the University of Washington on August 4 through 15, 2014. A course syllabus was developed, 13 participants were trained in IS, and nine implementation research protocols on FP/RH were developed. We also heard of informal capacity building at the field level. Several respondents in Uganda emphasized the important support they had received; for example, in building their skills in documentation. This highlights the fact that for some partners, the need is not for rigorous research skills-building, but rather in more straightforward documentation efforts. That said, it is also critical that individuals and organizations with those research skills are available to produce evidence that can be published and can persuade decision-makers.

Key points:

- ✓ The Evidence Project has begun a number of interesting and important research studies.
- ✓ The evaluation team found mixed responses regarding the quality of research protocols.
- ✓ Research topics provide a good mix of addressing field needs and a global agenda.
- ✓ There is field support from eight countries, but the total is somewhat distorted by large buy-in from Egypt.
- ✓ In addition to research results, the project has made important contributions in methodological advances.
- ✓ There is a need to match expectations and resources, as noted specifically for the workplace initiatives and mentioned more generally for the project.

2. SYNTHESIS AND SHARING

Evaluation question 2: *How has the Evidence Project synthesized and shared evidence (both existing and new)? What have been the outcomes of synthesis and dissemination efforts in terms of improved quality and scale up of FP/RH services?*

The Evidence Project has produced a number of synthesis reports, contributed to the HIP Initiative on several topics, and published several peer-reviewed articles. "Having a mechanism to do these synthesis reports is good," as one USAID respondent stated. Table 3 lists selected reports produced by the Evidence Project and comments made by respondents in discussions with the evaluation team. The project has produced other reports, including ones on men and FP in Pakistan, a review of the standard days method, and research gaps in scale-up. However, we focused on the reports that respondents mentioned and were familiar with.

The evaluation team heard mixed reviews of these products. Some were viewed as very good, while others were seen as not being of high quality. We did not find widespread knowledge about these reports. People tended to know about the one report they were involved with, but not about other reports or work beyond that. We also heard from a number of respondents that the reports compiled information but did not always synthesize clear conclusions and recommendations. Some specific comments on reports are included in Table 3.

Table 3. Selected Synthesis Reports

Topic	Comments and use
Balanced Counseling Strategy Plus (BCS+)	Not really a synthesis report, but rather an update of a popular tool; this is being used to update the e-learning course on FP counseling in collaboration with Knowledge for Health (K4H).
Two Evidence Syntheses on Financing Mechanisms (these were done for the World Health Organization [WHO]): i) Vouchers; ii) Conditional Cash Transfers	Respondents had mixed opinions on quality and usefulness. For example, on the vouchers piece, one respondent noted that "results are there but not synthesized."
Expanding Integration of FP into Non-health Sectors	Summarizing available evidence on impacts from Population, Health, and Environment projects. The team heard mixed reviews regarding the quality, which then limited the chance of significant utilization.
Social Accountability for FP	Described as "useful." The synthesis report identified gaps in evidence and this led to the decision to conduct a retrospective case study and a prospective research study in Uganda (see box on Uganda).

Topic	Comments and use
Rights-Based Programming	Good partnership with the Palladium Group, which is implementing a sister project in Nigeria; they spoke highly of the partnership.
Metrics to Measure Changes in Gender Norms	Viewed very positively by USAID. The Population Council hopes to make this available online in an interactive form, allowing it to continue to be useful over time.
Men as FP Users	Several respondents mentioned this document, but some felt that there were problems with the document's not accurately representing the state of the evidence.
Vasectomy Impact and Programming	Developed primarily by FHI 360, with minimal feedback from Evidence Project staff. The report was well-received, described as "well done and … very useful."
Strengthening Global Health Workplace Policies and Programs	Ongoing; this encompasses many products.

The Evidence Project has made significant contributions to the HIP Initiative, through writing or contributing to HIP briefs as well as leading efforts in work on standards of evidence. Some USAID staff describe being very pleased with the Evidence Project's assistance in the HIP work, in particular calling the work on sustainability "excellent." Below are the main HIP products with Evidence Project input:

- HIP brief on vouchers for FP

- HIP brief on adolescent-friendly contraceptive services

- Short guidance document on defining sustainability within the HIP Initiative

- Literature review that evidence is used in decision-making on policies, practices, and programs

Uganda: Synthesis as starting point

The experience of the Evidence Project in Uganda shows the potential usefulness of a synthesis report. In the first year of the project, a synthesis report on social accountability for improving FP/RH programs highlighted the lack of evidence of impact and the gaps in detailed knowledge around implementation. A meeting was held in London in July 2014 with more than 30 participants to discuss these results. To address the gaps, the Evidence Project planned a retrospective case study of a project in Uganda and a prospective study to better understand both process and impact.

This work has already had an impact, with IPPF's International Medical Advisory Panel approving a statement on social accountability to achieve high-quality service provision in November 2015.

In addition, the Evidence Project collaborated with Strengthening Evidence for Programming on Unintended Pregnancy, USAID, and WHO on three meetings around standards of evidence. The first meeting focused on evidence gathered to support FP high impact practices, the second focused on discussions among researchers about systems of rating standards of evidence, and the third meeting brought country-level policymakers and program managers together from six countries (Bangladesh, Ghana, Kenya, Nigeria, Pakistan, and Uganda) to discuss standards of

evidence from the user perspective. This third meeting, held at the Bellagio Center in Italy from February 9 through 11, 2016, and titled "The Consumer Perspective: A Consultation with Senior Health Officials from Developing Countries on Standards of Evidence for Reproductive and Maternal Health Care," resulted in a consensus statement on strengthening the use of evidence. One respondent stated that regarding the standards of evidence work, the Evidence Project "did a great job—they really stepped to the plate on that."

The Evidence Project has done a good job in producing peer-reviewed publications. While these publications are not endpoints in terms of utilization, they are critical steps in the process. Evidence Project work has led to 11 publications thus far, including the following:

- Hardee, K., J. Kumar, K. Newman, L. Bakamjian, S. Harris, M. Rodríguez, and W. Brown. 2014. "Voluntary, Human Rights–Based Family Planning: A Conceptual Framework." *Studies in Family Planning*, 45(1):1–18.

- Ross, J., J. Keesbury, and K. Hardee. 2015. "Trends in the contraceptive method mix in low- and middle-income countries: analysis using a new "average deviation" measure," *Global Health Science and Practice*, 3(1):34–55.

- Bellows, B., C. Bulaya, S. Inambwae, C. L. Lissner, M. Ali, and A. Bajracharya. 2016. "Family Planning Vouchers in Low and Middle Income Countries: A Systematic Review." *Studies in Family Planning*, 47(4):357–370.

- Wofford, D., S. MacDonald, and C. Rodehau. 2016. "A call to action on women's health: putting corporate CSR standards for workplace health on the global health agenda." *Globalization and Health*.

- Hardee, K., M. Croce-Galis, and J. Gay. 2017. "Are men well served by family planning programs?" *Reproductive Health*.

Explore more interactive and proactive communication efforts. Some of the limits to interactive communication to date are partly due to the fact that most studies are ongoing, so final results are not yet available to share. However, as one respondent noted in Uganda, it is good to communicate early with partners and potential users of results so that they are invested in the research and are awaiting the results. There are also missed opportunities for sharing among Evidence Project staff. We found that most staff had limited awareness about the wide range of studies being conducted by the project. Although the Evidence Project uses platforms such as Implementing Best Practices (IBP) to share information, in some cases they have been approached by IBP rather than proactively reaching out. They could also look for more opportunities to lead webinars and other, more interactive ways of sharing information than general email blasts. This has implications beyond the project as well. For example, in Senegal, the USAID Mission and several high-level government officials were surprised to learn about the Evidence Project's research on workplace integration of FP; this is an area of interest to Senegal and they could have benefited from some cross-learning.

Make country offices feel more part of the Evidence Project team. In some ways, the lack of knowledge among staff of the broad range of work being conducted by the Evidence Project is not unusual; people tend to get caught up in their own work. However, it also seems to be related to a general lack of cohesion in the Evidence Project. While this is not surprising, given the large number of countries and offices involved, there are things that could be done,

including some low-cost and low-tech approaches. For example, each office could have a poster tracking the Evidence Project studies, and headquarters staff could send updates to include each month. Emails can be ignored, but perhaps an interactive poster would catch people's attention. This could be a good way to know about each other's work and thereby take advantage of opportunities that arise. The Evidence Project has an email newsletter that is shared with staff who work more than 80% time on the project (35 individuals) to share personal information, and this is a good step in creating more of a feeling of being a team. It would be worthwhile to consider adding more staff to the distribution list and highlighting one country each month so staff could learn more about Evidence Project activities in other locations.

It is important to note that Objective 2 includes sharing, and the Evidence Project often reports this sharing or dissemination as a utilization activity. Although dissemination is a critical piece to inform RU, it is only the beginning. This draws attention to the need to revisit some of the structure and reporting of results by the project. A reconceptualization could help strengthen RU approaches, discussed more in the next section. It could also help inform future USAID efforts to enhance impact of research results.

Key points:
- ✓ The Evidence Project has produced a number of synthesis reports on important topics.
- ✓ The evaluation team heard mixed responses regarding quality of synthesis reports.
- ✓ There is limited knowledge and use of reports at global and country level, even within the project.
- ✓ Evidence Project staff provided valuable support to the HIP Initiative.
- ✓ Evidence Project staff produced a number of important peer-reviewed publications.
- ✓ The inclusion of "sharing" evidence under this objective while also reporting dissemination under RU (see below) indicates a need to rethink the structure and reporting of results.

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3. RESEARCH UTILIZATION: "SHORTEN THE GAP BETWEEN IMPLEMENTATION AND RESEARCH"

Evaluation question 3: How effectively has the Evidence Project increased use of evidence (both existing and new) to improve FP/RH programs and services, particularly in USAID priority countries? How has the project increased use of evidence to expand method access and choice, improve programs for and enhance demand among youth, and advance the project's three cross-cutting themes?

More R than U. The Evidence Project was envisaged as having a strong RU component, with an expectation that roughly 30% of effort would be focused on this result. RU has probably been the area of greatest contention between the Evidence Project and USAID. In part, this is due to staffing issues early in the project, with the staff member responsible for RU leaving in the first year. It is also partly due to some organizational partnerships not working out as planned. Evidence Project staff see RU challenges as mainly due to funding constraints that the project faced, while USAID staff see it more as an issue of poor conceptualization of RU in the project. It seems that the Evidence Project's RU challenges are also due to a more pervasive issue of organizational culture and how an organization is perceived. Although there are some good examples of use of research findings, the Population Council is still perceived of as being largely focused on research. In the words of one respondent, "They are very good about research but I am not so sure about how they deal with policy responses afterwards. I think they love research so much that if you give them money they want to do more research." Several respondents stated that Evidence Project conclusions were often along the lines of saying that more research

was needed, rather than identifying what kinds of policy or program changes should happen next.

However, there are a number of examples of use of evidence. This has been mostly around new evidence, although there are also some examples of promoting existing research results, such as the Balanced Counseling Strategy.

- **IPPF embraces social accountability.** In November 2015, IPPF's International Medical Advisory Panel approved a statement on social accountability to achieve high-quality service provision. According to IPPF staff, this statement was inspired by the Evidence Project's work and can have important impact: "This is influential and reaches all IPPF member associations."

- **The assessment of the 3D Approach in Senegal informs national plans and findings are picked up by others in the region.** The report on the assessment of the 3D Approach in Senegal was shared with the Consulting Group preparing the new National Family Planning Action Plan and informed the plan, which was again based on the 3D Approach. In addition, findings were shared with the Ouagadougou Partnership, a collaboration between nine francophone West African countries and their development partners.

- **The provincial ministries of health and population welfare departments of four major provinces in Pakistan realigned their goals to match the national Family Planning 2020 (FP2020) commitment to reach a contraceptive prevalence rate (CPR) of 55%.** Each province raised and revised its CPR goals for 2020 (to goals of 55% in Punjab, 50% in Sind, 42% in Khyber-Pakhtunkhwa, and 32% in Baluchistan). This policy success sets the stage for accelerated FP programming in Pakistan's main provinces. This took place at a meeting in September 2014, titled "Prioritizing Family Planning for Achieving Provincial Maternal Child Health and Development Goals," held by the Population Council/Pakistan and jointly supported by the U.K. Department for International Development (DFID), the Australian Agency for International Development (AusAID), and the Evidence Project.

- **Updating the FP counseling e-learning course through K4H.** The course, according to USAID, "is woefully outdated" and they asked the Evidence Project to update it because of the popularity of the Balanced Counseling Strategy and the fact that the Population Council was working on an update.

- **The workplace portfolio has been designed with clear and ambitious utilization in mind—namely, to change policies of companies and industries, as well as global standards.** Figure 4 (next page) highlights the partnerships, dissemination efforts, and promotion of tools that have been part of this work and how they link with specific outcomes.

Figure 4. Partnerships, Dissemination, and Promotion of Workplace Tools

What is the problem?
Worker health and reproductive health are one of the most neglected areas of business operations

HOW ARE WE ADDRESSING IT?

- Policy proposals submitted to standard setting organizations (10-20 per year)
- Collaboration: UN Global Compact, Business for Social Responsibility, UN Foundation, UNFPA, Everywoman, Everywhere (VAW treaty).
- Dissemination: Published "A Call to Action on Women's Health" in Globalization & Health; Law review article accepted on women's health rights; multiple blogs"

[IR2 &3]

- "Health Facility Guidelines and Management Benchmarks"
- "Managing Health at the Workplace: A Guidebook"

[IR2 &3]

- Launched a package of health education materials for the workplace

[IR2 &3]

- Evaluation of BSR's HERproject model of workplace health education in Bangladesh
- Policy & Learning Agenda – Cambodia Worker Health

[IR1 &3]

DESIRED OUTCOMES

- Policy change at the global and national level
- Improved management of onsite workplace health clinics
- Increased worker access to health information
- Strengthened evidence base - improved services

What does RU look like? In spite of it being three and a half years into the project, there is still a lack of agreement about RU. It took the Evidence Project some time to conceptualize the RU framework. In September 2015, at the request of USAID, a meeting with several external stakeholders was convened to help develop an RU strategy for the project. However, to date the project is still having trouble agreeing on what RU should look like, in terms of results from the USAID perspective and in terms of funding issues from the perspective of the project. Evidence Project staff gave examples of activities that they wanted to do but which were not supported, including a study tour between Bangladesh and Cambodia regarding workplace activities and an exchange to send someone from the Senegal MOH to Nigeria to see the PMV work. The Evidence Project felt like it was getting conflicting messages from USAID, while USAID felt like the project was not listening to their recommendations on RU. Although communication issues played a role in RU challenges, the evaluation team noted a continuing fundamental disagreement about RU conceptualization.

Having a strategy and including RU in protocols is just the start. The Evidence Project has developed an RU strategy and has included RU sections in their protocols. It seems to the evaluation team that often the pieces are there, but it is still not clearly articulated how they fit together and lead to concrete results. The discussion of RU tends to focus on stakeholder engagement and dissemination. Both of these are important aspects, but they are not enough—and they need to be spelled out more strategically. It would be helpful for each study to have a more strategic approach that spells out the barriers to change and what it would take to address those barriers, including what evidence, for what audience, and delivered in what way, to achieve what outcome. As it is, the RU approach focuses on activities without clear links to outcomes. It is encouraging that the project's RU staff member has recently attended a workshop run by AFP, PATH, and the Center for Communication Programs, which included learning about the AFP SMART approach—strategic, decision-maker–focused advocacy, which

could help strengthen the Evidence Project's RU efforts. Evidence Project staff agree that this is a "useful systematic approach" and a good way to "mark achievements on the way to the big outcome." One staff member came away from the workshop "with all these ideas on how to work with country staff on how they can take it on." This should be a focus for the Evidence Project in the next year.

What counts? The Evidence Project reports 61 results under RU. However, the current list of results categorized as RU by the project is somewhat problematic. It includes a number of activities, such as a stakeholder meeting or citations of publications or technical assistance provided by Evidence Project staff, that are more accurately categorized as dissemination or information-sharing than actual use.

Nigeria: A useful study requires a strong plan for use

Stakeholders in Nigeria are excited about the study to explore using PMVs to provide injectable contraceptives. Preliminary findings from Nassarawa and Oyo states are encouraging:

PMVs (n=158): At baseline, 41% had administered injectables. By Month 3 of the project, this had increased to 92%. No adverse events were reported.

Clients (n=118 in Nassarawa State and n=149 in Oyo State): Almost all clients were told when to return (98% and 99%), were told about possible side effects (95% and 92%), and were given information about other methods (95% and 99%).

The USAID Mission has provided field support to expand to an additional four states in order to have nationally representative results that could better support policy change and scale-up. There has been excellent stakeholder buy-in, particularly in having MOH staff take part in monitoring visits and seeing the impact of the work firsthand. In spite of some good efforts to ensure use of results, there is still a perception among stakeholders that the project is more oriented toward research than policy change. Developing and communicating a stronger and clearer plan for how results will be used would help address this perception.

"They don't take the plunge." Evidence Project staff voiced resistance to being held accountable for policy or program changes, but they could embrace the fact that they play a key role, even if they are not solely responsible. They noted that they could be held accountable for "asking the right question, designing the research that answers the question, providing the evidence, packaging it in a usable format, and making sure that stakeholders are involved from the beginning and throughout. But we can't be responsible for a policy change or scale-up." It is this last point that has been contentious. As one USAID staff member stated, "They come up to the edge but then they don't take the plunge." Researchers can be well-placed to help take this next step, due to their deep understanding of the data and the relationships that they have built in the course of conducting the research. Failure to take advantage of this is a missed opportunity. Part of the challenges came from the fact that project partnerships did not work out quite as planned: it was hoped that MSH and IPPF would be the scale-up partners, but things did not work out with MSH when funding was less than planned, and this had an impact on the number of critical country-based positions for IPPF as well.

What are realistic expectations? One Evidence Project staff member summed up some of the miscommunication/misunderstanding this way: "[W]e get the feeling that there was a sense that we were supposed to scale up HIPs as RU, but if a country wants to scale up social marketing, for example, why would they come to us?" It is also important to keep in mind that changing a policy takes time. As one stakeholder noted, "Global technical leadership is

important; you can't count on policy change." This reality needs to be considered when evaluating or setting up a project that includes a focus on RU. However, a research project should still have clear plans for potential use of results and foster partnerships to help make such use happen.

Things can get "turfy." Another issue has to do with ownership and attribution, or as one respondent said, things get "turfy." USAID expected not only that the Evidence Project would get its new evidence used, but also that it would encourage use of existing evidence. This type of mandate overlaps with that of a project such as E2A, which has also struggled with this role. Some respondents emphasized that this type of role could be realized by partnering more with projects in the office that are implementing services: "Shorten the gap between implementation and research." However, this does not necessarily address the turf issue. USAID should explore ways to make this kind of partnership more of a win-win so that it becomes something for which projects are rewarded.

"They have to get local," explained one key informant. "That is what USAID wants to see and what Missions will buy into." This means sharing results even at community level. This was emphasized in Nigeria as a need to bring results back to the state level and to the level of the PMVs. In Ghana, project staff explained how the Ghana Health Service will lead the policy change and "we would provide [technical assistance] but be in the background." This is another complicating factor in RU: when it is done well, the research partner should be in the background, but they often need recognition so their efforts are acknowledged. "It's hard to show all that behind-the-scenes engagement," project staff explain. However, a clear RU plan can highlight these different activities that are happening, either publicly or quietly, behind the scenes.

Staffing for RU. Some respondents raised issues around staffing for RU. Is it enough to have one RU person? Given that RU is an integral part of each study, and that many researchers are not necessarily skilled in RU strategies, how can the Evidence Project ensure that there is a person who thinks through the local politics for each study? In addition to having limited dedicated RU staff, these staff have been based at headquarters in Washington, D.C., and did not travel much to the countries. This could have been due to funding constraints, but the benefit of having on-the-ground RU support would have been valuable. In Senegal, for example, it was not until recently that the local staff met the RU point person face-to-face for the first time, and that was not for dedicated RU work but for a regional meeting. Some capacity building about RU for in-country staff would have been beneficial, had more travel been allotted specifically for RU efforts. It seems like much of the Evidence Project's headquarters staff travel was focused on research activities or broader global technical leadership. There has not been much travel dedicated to RU efforts, with only one trip to Nigeria thus far.

They are not alone. Most respondents noted that the lack of utilization of research is a widespread problem and is not unique to the Evidence Project. USAID staff note how RU has been challenging with the Translating Research Into Action Project (TRAction) Project and, in fact, praise the Evidence Project for being further along in their approach: "There is not a clear strategy [within TRAction], and RU should have been included from the very beginning in the way that Evidence requires an RU component in their protocols." Other respondents noted, for example, how WHO still struggles with getting its guidelines put into practice. Several respondents emphasized how long it takes to bring about policy change. This shows how

important it is to learn from the challenges faced by the Evidence Project to create better structures and systems for RU.

Key points:
- ✓ RU remains an ongoing challenge for the entire field, not just for the Evidence Project.
- ✓ Some good examples of RU results exist, including IPPF's adoption of social accountability, facilitating adoption of Senegal's 3D Approach by other countries in the region, and updating the K4H FP counseling course with BCS+.
- ✓ The Evidence Project's RU approach has improved over time, but there is still a lack of agreement on what RU in the project should look like.
- ✓ Reporting blurs the lines between RU activities and outcomes; a clearer focus on outcomes could help guide and strengthen RU activities.
- ✓ There are some unrealistic RU expectations and some mixed messages from USAID.
- ✓ As more research focuses on implementation and more service delivery focuses on being more evidence-based, how do we articulate the role of a RU project compared with an evidence-based service delivery project?

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4. RELEVANCE AND IMPORTANCE

Evaluation question 4: How relevant/important has the evidence generated and promoted by the project been in expanding access to quality FP/RH services in USAID priority countries?

Importance is in the eye of the beholder. In some ways, this is a challenging question to answer. Most of the work being conducted by the Evidence Project can be considered important and relevant to the RH field. When considering specific areas, it depends on who you ask and what you want to achieve. Is USAID most interested in country-level impact? Global technical leadership? Do they want to see cutting-edge new topics or are they more interested in seeing progress in reaching national or global goals? Whose priorities are we talking about? Priorities might differ between Washington and the field, or among countries with different needs.

The project's rights-based work highlights the different perspectives. Although some respondents questioned the importance of the rights-based work, this is an area that is receiving increasing attention. FP2020 launched a new online resource on March 8 of this year, International Women's Day, dedicated to rights-based FP. Evidence Project work is featured among the resources, although quantifying the impact of this work is challenging, particularly given its early stage of development. Some question how much this work differs from existing work on quality of care. However, several respondents saw important distinctions:

> "Quality of care looks at what the provider should do and doesn't look at the client. Rights looks at both. Client needs to know it's her right and right to quality and confidentiality. [Rights] balances the client and the health worker."

> "Seems similar, but in family planning 'rights' gets more attention."

Telling a compelling story. It does seem that the Evidence Project has not done as good a job as they could in making a compelling case about the importance of their work. This is not easy to do. Many projects that address a broad range of issues in a large number of countries have challenges telling a coherent and compelling story of what they are doing. In describing the project's portfolio, one respondent stated, "I have to say it doesn't reflect any clear strategic thrust … Most of the issues are reasonable, but in terms of saying at the end that as a result of

our research this is what we accomplished, it will be hard." Given funding constraints, it is critical for the Evidence Project to tell its story better.

This all highlights the continued need for USAID to decide how best to determine priorities for projects, how to balance global and country-level needs, and how directive or open to be.

Key points:
- ✓ The project is conducting research that is seen as important to the FP/RH field; however, they could do a better job telling a compelling story about their impact.
- ✓ Global priorities and country priorities will not always be aligned.
- ✓ USAID should decide whether it wants to be more directive or open in how projects identify priorities.

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5. CROSS-CUTTING ISSUES: MANAGEMENT AND PARTNERSHIP

5.1 Management

How do you get past a rocky start? It is common for projects to have a slow start. A new team is coming together and there is a need for planning and for visits to the field to try to convince USAID Missions to provide field support. In addition to these normal growing pains, the Evidence Project also dealt with significant personnel and structural issues. The two deputies left within the first year. The Population Council's reporting structure, which had the project director reporting to two staff members—one in Kenya and one in Washington, D.C.—was cumbersome and disempowering. The project was without a dedicated deputy for administration for more than a year. As a key informant explained, "The relationship with USAID had deteriorated. This was largely around funding request issues, and also lack of clarity on what was going on with money spent, country strategies, and RU."

This led to the decision to conduct a management review between November 2014 and January 2015 to assess the Evidence Project's progress to date and identify and address management challenges. This management review included two key components: 1) written questions and answers between USAID and the project; and 2) interviews by a GH Pro consultant. In mid-January 2015, the USAID Project Management Team convened meetings with Evidence Project staff and leadership of the Population Council's RH team to review findings, discuss recommendations, and agree upon next steps.

RTU engaged the same consultant through GH Pro in August 2015 to assess the project's progress in implementing management review recommendations. At that time, important progress had been made in terms of filling vacant positions, streamlining procedures, and clarifying roles. The situation has continued to improve, and it is also better because now there is actual work to discuss. "[D]ata gives you something to talk about," a key informant explained.

In spite of significant improvement, the challenges of the first year of the Evidence Project continue to impact current efforts, primarily through the strained relationship between the project and the Agreement Officer's Representative (AOR) team at USAID. The Evidence Project was initially plagued by communication problems and, in some ways, is still stuck in some negative patterns of communication and a lack of truly open communication. As a result of the tense relationship, USAID has not been as actively engaged with the Evidence Project in positive ways as they could have been, for example through visiting project sites, promoting the project

to Missions, and generally being an advocate for the project. Some Evidence Project staff feel that they do not have the full engagement, trust, or support of USAID.

Proposal versus reality. One of the major challenges faced by the Evidence Project was the dramatic difference between what the partners planned and wrote in their proposal and the reality they encountered. The proposal was written, in response to the Request for Applications, as a 10-year, $150 million project, but even before it started, this was cut in half, both in time and resources. This created immediate issues in terms of fulfilling expectations. As one respondent said, "It's gone differently. It's very, very different … When you are writing the proposal, you are writing for big scale, the sky's the limit, it's a great exercise, you can let your imagination go wild. Then you implement, and you have to scrape by … When you write the proposal, you are not writing to the reality." This had an effect on the utilization work: "We wrote the proposal with the intention to do a lot of country-level work, but if you don't get money at the country level, then the plans come to nothing."

Another challenge was that the Evidence Project's key personnel are not the people who wrote the proposal. "It took the Evidence team a while to understand that we have these country people on the ground and to understand the skills and abilities of different staff, so the start-up takes longer. We would have wanted to get to the field more quickly. I think they are there now," Population Council staff pointed out. "We had envisioned it as more country-based." This is particularly essential for RU, where the people in the field are key: "You need people to have these good dynamics with local decision-makers—you don't get that by flying in and out. You don't want someone to say 'I need to call my headquarters.'"

The Population Council receives support from many other donors, so they can provide important leveraged support to the Evidence Project through the network of field offices and staff. In addition, in some cases, the project benefited from the good reputation of the Population Council; this was mentioned, for example, for Bangladesh and Ethiopia. "So much is personality-based and depends on the reputation of the organization in Bangladesh. The head of the Population Council in Bangladesh is a big personality, so [the Mission would] take on a project based on his personality." While the project benefits from the large number of respected Population Council staff in the field, there is still a sense that the Council could do more; for example, by better promoting the Evidence Project on their website. At the same time, Evidence Project staff note that they "have to make the effort also, for example by spending more time [at headquarters]."

Population Council culture. Several respondents brought up the issue of the culture at the Population Council, in both positive and negative ways. The Council is seen as being great at research but less strong at RU: "The Population Council has always seemed stronger on generating research more than scaling up." Others mentioned the organization's way of operating and how they relate with donors: "They tend to be more independent," rather than being willing to report frequently with a donor. Another respondent noted that "it's palpable that the Population Council pushes back … there is a culture of resistance."

The Population Council is in the process of finalizing a new organizational strategy that could create important new opportunities for the Evidence Project. The strategy emphasizes the use of evidence to inform policies and programs and will, hopefully, strengthen the organization's use of varied resources to help package and promote the important evidence they produce. They will also be starting an initiative, the Girl Innovation, Research, and Learning (GIRL)

Center, to synthesize and do secondary analysis on data around youth. Given the incredible interest in this area but the continuing lack of clear guidance, this is both timely and a way for the Evidence Project to increase its impact. In the words of Population Council staff regarding this important topic, "[W]e have to start giving answers to the world."

The Evidence Project's monitoring and evaluation tool. MSH helped develop a dashboard tool for monitoring progress across all the different activities. This has been a good platform to enable country headquarters and field staff to input data. It has worked so well that it is also being used by the Ending Eclampsia study, for which the Population Council is also the prime. In addition, PRB has also picked it up for use in their organization.

Little use of the Technical Advisory Committee (TAC). The evaluation team heard from respondents that the TAC meetings were useful, but that generally the TAC was fairly inactive, particularly compared with other TACs that respondents knew about, in which there is a much closer working relationship between the TAC and the project. One key informant noted that the Evidence Project TAC seemed to be pro forma, and that the project staff never reached out and asked for any support or more involvement from the TAC. This relates to a larger issue that the evaluation team heard repeatedly about the Evaluation Project's tending not to be proactive enough in terms of communication and actions.

5.2 Partnership

"Reliance on partners was critical." Given that the Population Council does not have in-country service delivery structures or a large staff to focus on RU, using partners is particularly critical for utilization. The Evidence Project was established with several key partnerships, but not everything worked out as planned.

Positive impact on some partners. IPPF explained some of their gains from being a partner on the Evidence Project: "[T]raditionally, IPPF had a research component, but that has been deemphasized, so having the Evidence Project has reintroduced a research agenda here at IPPF. Now we have a community of practice for people doing research at IPPF, and we're doing an assessment of IPPF's research capacity, and that wouldn't have happened without Evidence."

Meridian Group staff also saw benefits to the partnership, with one person calling it "the best project relationship I've ever had." Their staff noted that one of their results was a peer-reviewed publication and that one thing that is "great about being with Evidence is this emphasis on publication—this is one way to try to change the conversation." It is also a good fit because of the emphasis on policy in their work and the expertise of the project director on policy issues.

Some partnerships did not work out as planned. IPPF and MSH were expected to be important platforms for scale-up, given their country presence. "Those partnerships were integral to that strategy, and neither partner was able to work out as envisaged," one key informant explained. Although IPPF has stayed on as a project partner, MSH left in the project's second year. In both cases, the partners got fewer positions than they had planned or expected. A respondent noted that the project "had in mind that I will use this partner for this piece and nothing else," thereby limiting options.

The following are a few other examples:

- MSH was promised three positions but only got one. MSH was selected as a key partner because of its field presence through country bilateral programs. However, once the project was launched, it was noted that they had less field presence than expected and that the priorities of the Evidence Project and the field-based bilateral programs did not always align.

- IPPF has a wide network and six regional offices that are well-suited to support utilization of efforts. The original concept was to have an Evidence Project position based in regional IPPF offices in Africa and Asia to help facilitate the utilization/scale-up efforts. However, there was no money in the initial budget for those positions: "The proposal we designed (for IPPF) was much larger than [what] we ended up with."

- With INDEPTH Network, there were plans for a longitudinal study on youth based in Burkina Faso. However, there were extensive delays in planning this study, so it had to be scaled back significantly. The potential value of this partner was also not realized.

Headquarters and field. The issues with MSH and IPPF are indicative of a larger issue regarding the balance between headquarters and field. As one respondent explained, "with the Evidence Project, it made more sense to have country presence through partners—a combination of whoever works best in the country. But that model hasn't worked out, partly due to lack of funding." This was compounded by early project decisions to staff up at the headquarters level, showing that it was not just an issue of *levels* of funding but also of *prioritization* and decisions on use of funds: "There was also the desire of the project director to staff up centrally and then do field offices when we get field support. You were left with people based in D.C. … The country-based partners were fed up because they were not getting funds. Population Council money has gone to headquarters, so they didn't have money for country offices—only the offices with field support funds have staff." Unfortunately, this has had an impact on RU efforts at country level, where on-the-ground presence is so important.

The Evidence Project is not taking full advantage of project partners. While this is partly due to funding levels, it is also an issue of how the project chose to use its funds and relates to the lack of a cohesive project spirit. Unfortunately, this leads to a lot of missed opportunities, particularly regarding RU efforts, for which service delivery partners are essential. PRB has two people dedicated as communication experts, but the organization has not been tapped for policy-level work, despite wanting to play a larger role in field support efforts. The team also saw this trend of not fully utilizing partners in the limited use of Technical Advisory Groups (TAGs) or TACs at both the global and country levels. Although we did not look at every TAG, we did find a similar theme with the global TAC and the Uganda TAG for the social accountability work; the meetings were good, but there was very little follow-up or proactive reaching out or communicating.

Key points:
- ✓ Challenges in the first few years of the project continue to have an impact, including the relationship between USAID and the Evidence Project leadership team.
- ✓ Partnership was seen as critical from the project's inception; it has worked well and been mutually beneficial in some cases (IPPF and Meridian) but been challenging in others (MSH).
- ✓ Key partners for scale-up (IPPF and MSH) did not work out as planned, in part due to funding constraints, which led to fewer staff positions for each partner than had been expected.
- ✓ The project is not taking full advantage of project partners.

V. CONCLUSIONS AND RECOMMENDATIONS

The evaluation team asked respondents for their thoughts on moving forward, both for the project and for USAID's support for IS. Most respondents noted that the Evidence Project had a slow and shaky start, but that there is now a strong team and a significantly improved situation. The Evidence Project has produced some valuable reports and is conducting important research, but there are still tensions between the project and USAID, stemming from the early years of the project. The team also heard concerns regarding quality of some products and RU efforts.

1. CONCLUSIONS

Below are key conclusions for each evaluation question.

Evaluation question 1: What has been the quality of research conducted and the importance of new evidence generated by the project?

- The Evidence Project has begun a number of interesting research studies that are a good mix of addressing field needs and a global agenda.

- The Evidence Project has also made important contributions in methodological advances.

- The team heard mixed responses regarding the quality of research protocols.

Evaluation question 2: How has the Evidence Project synthesized and shared evidence (both existing and new)? What have been the outcomes of synthesis and dissemination efforts in terms of improved quality and scale up of FP/RH services?

- The Evidence Project has produced a number of synthesis reports on important topics (some of which have been useful to programs), has provided valuable support to the HIP Initiative, and has produced 11 peer-reviewed publications.

- Respondents gave mixed responses regarding the quality of synthesis reports, and there was limited knowledge and use of reports at both global and country levels, even within the project.

- The inclusion of "sharing" evidence under this objective, while reporting dissemination under RU (see below), indicates a need to rethink the structure and reporting of results.

Evaluation question 3: How effectively has the Evidence Project increased use of evidence (both existing and new) to improve FP/RH programs and services, particularly in USAID priority countries? How has the project increased use of evidence to expand method access and choice, improve programs for and enhance demand among youth, and advance the project's three cross-cutting themes?

- RU remains an ongoing challenge for the entire field, not just for the Evidence Project.

- Some good examples of utilization through Evidence Project efforts include IPPF's adoption of social accountability, facilitating adoption of Senegal's 3D Approach by other countries in the region, and updating the K4H FP counseling course with BCS+.

- The RU approach has improved over time, but there is still a lack of agreement on what RU in the project should look like.

- Reporting blurs the lines between RU activities and outcomes; a clearer focus on outcomes could help guide and strengthen RU activities.

- There have been some unrealistic expectations and some mixed messages to the project from USAID.

Evaluation question 4: How relevant/important has the evidence generated and promoted by the project been in expanding access to quality FP/RH services in USAID priority countries?

- The project is conducting research that is seen as important to the FP/RH field; however, they could do a better job telling a compelling story about their impact.

- Global priorities and country priorities will not always be aligned.

- USAID should decide whether it wants to be more directive or open in how projects identify priorities.

There is widespread support for the idea of a global research project in FP/RH. USAID has been a global technical leader in this area and such leadership should be maintained. Several USAID staff members articulated this need for continuing to support an FP/RH project focuse on implementation science:

"Why would we exist as an agency if we don't want to find out the best way of doing something and implementing it?"

"Historically, operations research projects have been incredibly valuable in providing evidence, and that need is still there."

What is less clear is what such a global project means at the country level, how a research project can best ensure utilization of research results, and how can there be better linkages between the global and local levels. Does it make sense to separate research and RU? While there seems to be some sense in this, it would be wrong to take RU out of a research project, since it should be seen as an integral part of every research study.

2. RECOMMENDATIONS

Below, we provide recommendations for the Evidence Project (the Population Council and consortium partners):

- The Evidence Project had a challenging start and that continues to have a negative effect on the relationship and perceptions between USAID and the project. **The project could benefit from an effort, on both sides, for some kind of reset,** which would require clarifying expectations and improving communication on both sides.

- **The Evidence Project is conducting important work that should be continued and supported. To this end, the evaluation team suggests the project prioritize completion of its existing work, along with a focus on RU** and handoff to ensure important RU outcomes.

- **This will require that the Evidence Project develop clearly articulated plans for these RU efforts—a reconceptualization and re-focus for remaining time that clearly defines and aligns RU activities and outcomes.** While some of this is happening in the Evidence Project, there is still a widespread perception that the focus is on research and not utilization. Clearer articulation of RU efforts could help address that.

- **Clarify and separate the reporting of RU activities versus outcomes, which will require some modification to the results framework and indicators.** This will be important to ensure clearer reporting on outcomes. This should also help the project develop clearer pathways for use of results to change policies and programs.

- **Encourage and increase partnership with advocacy groups to strengthen RU efforts.** In the words of one respondent, it is not enough to publish results, it is about "selling the evidence. Evidence to utilization doesn't happen just like that—you need to push for policy and practice." This requires being more proactive. It is encouraging that Evidence Project staff have been trained in AFP's advocacy approach and that the Population Council's new strategic framework includes a strong emphasis on using evidence.

- **Strengthen engagement of partners—including project partners, country-level partners, and others—to increase awareness and use of research results.** The project has not taken full advantage of its partners, and strengthened partnership will be essential to improve RU and increase the impact of the project. While some of this depends on levels of funding, it is also an issue of prioritization of use of funds. This could include more proactive interaction and use of the project's TAC, which could also help address some of the perceived issues around quality in some of the work.

- **The Evidence Project should tell a clearer and more compelling story about what they do and about the importance of their work to the FP/RH field.** Project staff explain how they could better market their work with Missions: "Push the implementation science piece—not research per se, but how this project can help Missions or bilaterals understand implementation challenges, not framing it as research … make it more rapid, more real-time. That is where the field is moving." In addition, there is a need to tell a more compelling story about the research the project is conducting and its potential impact in the field. The idea of clearer RU plans could help in this communication.

ANNEX I. SCOPE OF WORK

<div align="right">Assignment #: <u>343</u> [*assigned by GH Pro*]</div>

Global Health Program Cycle Improvement Project -- GH Pro
Contract No. AID-OAA-C-14-00067

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK
(SOW)
Date of Submission: <u>12-16-16</u>
Last update: <u>01-13-17</u>

I.   TITLE: <u>Performance Evaluation of the Evidence Project</u>

II.   Requester/Client
■ <u>USAID/Washington</u>
Office/Division: <u>GH / PRH</u>

III.   Funding Account Source(s): (Click on box(es) to indicate source of payment for this assignment)

☐ 3.1.1 HIV   ☐ 3.1.4 PIOET   ■ 3.1.7 FP/RH
☐ 3.1.2 TB   ☐ 3.1.5 Other public health   ☐ 3.1.8 WSSH
☐ 3.1.3 Malaria   threats   ☐ 3.1.9 Nutrition
                       ☐ 3.1.6 MCH   ☐ 3.2.0 Other (specify):

IV.   Cost Estimate: <u>$152,444</u> (***Note**: GH Pro will provide a cost estimate based on this SOW*)

V.   Performance Period
Expected Start Date (on or about): <u>January 2017</u>
Anticipated End Date (on or about): <u>June 2017</u>

VI.   Location(s) of Assignment: (Indicate where work will be performed)

> Consultants' Home Office, GH Pro and USAID Offices in Washington metro area as well as at least two countries in sub-Saharan Africa (countries to be confirmed based on Mission concurrence; currently considering **Uganda** and/or one other country in East Africa and **Nigeria**, Senegal and/or one other country in West Africa)

VII. Type of Analytic Activity (Check the box to indicate the type of analytic activity)

<u>EVALUATION:</u>

■ **Performance Evaluation** (*Check timing of data collection*)

☐ Midterm☐ Endline■ Other (specify): <u>Nearly end line – year 4 of current 5-year program</u>

Performance evaluations focus on descriptive and normative questions: what a particular project or program has achieved (either at an intermediate point in execution or at the conclusion of an implementation period); how it is being implemented; how it is perceived and valued; whether expected results are occurring; and other questions that are pertinent to program design, management and operational decision making. Performance evaluations often incorporate before-after comparisons, but generally lack a rigorously defined counterfactual.

PEPFAR EVALUATIONS (*PEPFAR Evaluation Standards of Practice 2014*)

Note: If PEPFAR funded, check the box for type of evaluation

☐ **Process Evaluation** (*Check timing of data collection*)

☐ Midterm☐ Endline☐ Other (specify):

Process Evaluation focuses on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. For example: Are activities delivered as intended, and are the right participants being reached? (PEPFAR Evaluation Standards of Practice 2014)

☐ **Outcome Evaluation**

Outcome Evaluation determines if and by how much, intervention activities or services achieved their intended outcomes. It focuses on outputs and outcomes (including unintended effects) to judge program effectiveness, but may also assess program process to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example of question asked: To what extent are desired changes occurring due to the program, and who is benefiting? (PEPFAR Evaluation Standards of Practice 2014)

☐ **Impact Evaluation** (*Check timing(s) of data collection*)

☐ Baseline☐ Midterm☐ Endline☐ Other (specify):

Impact evaluations measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons are made between beneficiaries that are randomly assigned to either an intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact.

☐ **Economic Evaluation** (PEPFAR)

Economic Evaluations identifies, measures, values and compares the costs and outcomes of alternative interventions. Economic evaluation is a systematic and transparent framework for assessing efficiency focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. Main types of economic evaluation are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example of question asked: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?

VIII. BACKGROUND

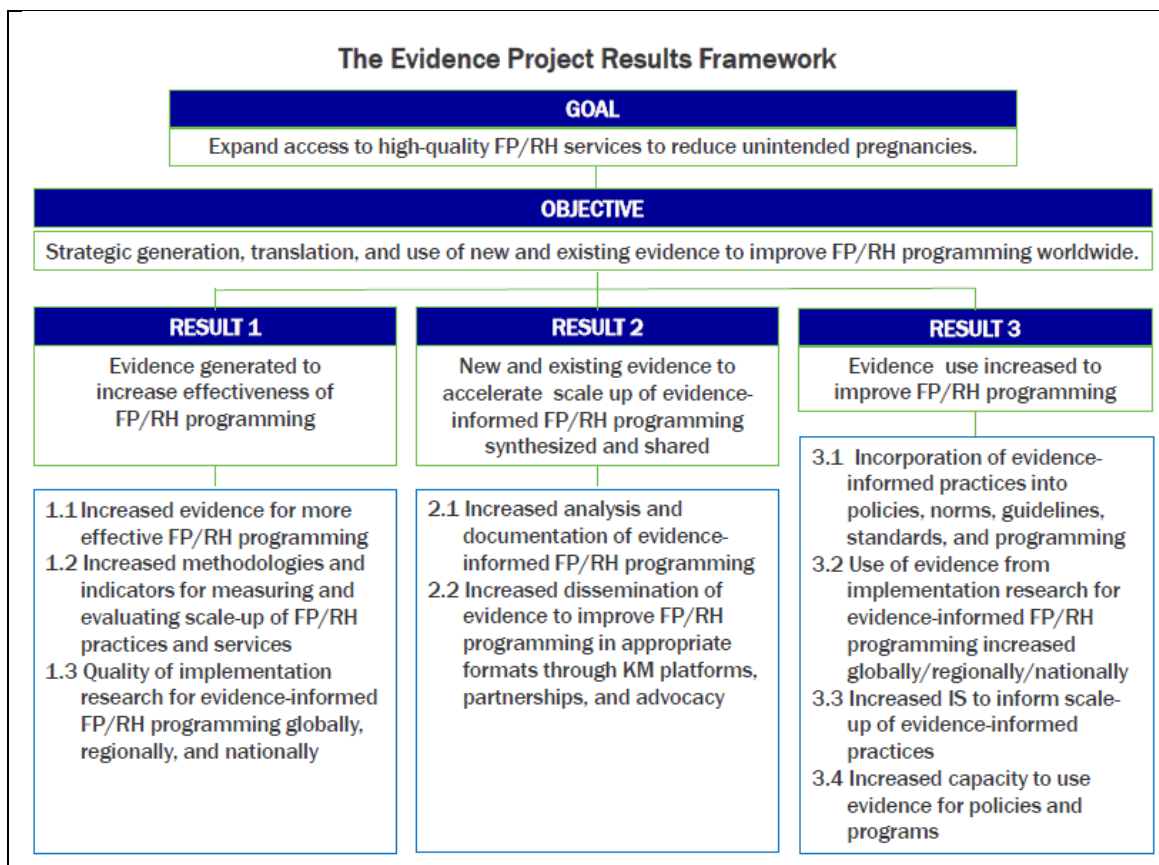If an evaluation, Project/Program being evaluated:

Project Title:	Evidence Project
Award Number:	AID-OAA ·A-13-00087
Award Dates:	October 1, 2013 – September 30, 2018
Project Funding:	$69,427,198 (ceiling which includes core and field support funds)
Implementing Organization(s):	Population Council (prime) with current sub partners; INDEPTH Network, International Planned Parenthood Federation (IPPF), PATH, and Population Reference Bureau
Project AOR:	Mihira Karra, Division Chief, GH/PRH/RTU

Background of project/program/intervention:

The Office of Population and Reproductive Health's flagship implementation science project, the Evidence Project, was awarded in September 2013 as a five-plus-five-year cooperative agreement. The Population Council is the lead for the Evidence Project in collaboration with its past and current partners Management Science for Health (MSH), PATH, Population Reference Bureau (PRB), International Planned Parenthood Federation (IPPF), and INDEPTH Network.

Following the first year of the project, USAID/GH/PRH/RTU undertook an intensive management review between November 2014 and January 2015 to assess the project's progress to date and to identify and address management challenges. This Evidence Project management review included two key components: 1) written questions and answers (Q&A) between USAID and the project; and 2) interviews by GH Pro consultant. In mid-January 2015, the USAID Project Management Team convened meetings with Evidence Project staff and leadership of the Population Council's reproductive health team to review findings, discuss recommendations and agree upon next steps. It was critical for the Evidence Project and Population Council leadership to successfully address these key management review findings within 6-8 months. Therefore, RTU engaged the same consultant through GH Pro in August 2015 to assess the project's progress in implementing management review recommendations. (Reports are available which provide more detailed information on the process, findings and recommendations from these reviews.)

The Evidence Project has recently passed the mid-point of its current 5-year program. The USAID management team is now planning a performance evaluation for early 2017 to inform decisions about future programming.

Strategic or Results Framework for the project/program/intervention (*paste framework below*)
   If project/program does not have a Strategic/Results Framework, describe the theory of change of the project/program/intervention.

The Evidence Project Results Framework

GOAL

Expand access to high-quality FP/RH services to reduce unintended pregnancies.

OBJECTIVE

Strategic generation, translation, and use of new and existing evidence to improve FP/RH programming worldwide.

| RESULT 1	RESULT 2	RESULT 3
Evidence generated to increase effectiveness of FP/RH programming	New and existing evidence to accelerate scale up of evidence-informed FP/RH programming synthesized and shared	Evidence use increased to improve FP/RH programming
1.1 Increased evidence for more effective FP/RH programming 1.2 Increased methodologies and indicators for measuring and evaluating scale-up of FP/RH practices and services 1.3 Quality of implementation research for evidence-informed FP/RH programming globally, regionally, and nationally	2.1 Increased analysis and documentation of evidence-informed FP/RH programming 2.2 Increased dissemination of evidence to improve FP/RH programming in appropriate formats through KM platforms, partnerships, and advocacy	3.1 Incorporation of evidence-informed practices into policies, norms, guidelines, standards, and programming 3.2 Use of evidence from implementation research for evidence-informed FP/RH programming increased globally/regionally/nationally 3.3 Increased IS to inform scale-up of evidence-informed practices 3.4 Increased capacity to use evidence for policies and programs

What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?

The Evidence Project's geographic scope is global with activities focused in USAID's FP/RH priority countries, particularly Bangladesh, Burkina Faso, Ghana, Ethiopia, India, Nigeria, Senegal, and Uganda.

Country-level work includes a mix of core and field support-funded activities, the primary topics (per their conceptual framework below) addressed in each country include:

- Bangladesh - improving program approaches for youth (FS) and workplace programming (core)
- Burkina Faso - improving program approaches for youth (core) and gender transformative approaches to increase age of marriage (core)
- Ghana - task shifting (core) and expanding the method mix through research on Sayana Press self-injection (FS)
- Ethiopia - improving program approaches for youth (FS)
- India - expanding financing through research on social health insurance (core) and improving contraceptive use dynamics (FS)
- Nigeria - task shifting of injectables to patent medicine vendors (core + FS)
- Senegal - expanding FP service options through private pharmacists (core + FS)
- Uganda - implementation research on rights and accountability (core) and expanding financing/service options through a TMA assessment (core).

THE EVIDENCE PROJECT
CONCEPTUAL FRAMEWORK OF IMPLEMENTATION SCIENCE (IS) PRIORITIES FOR FP/RH
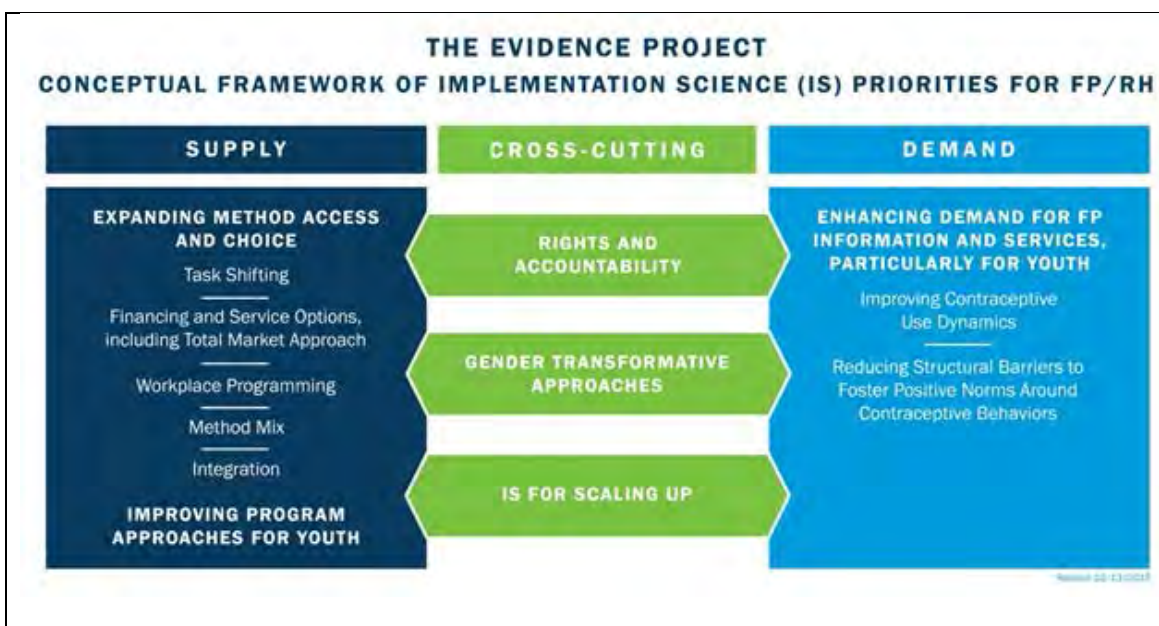
IX.   SCOPE OF WORK

A. **Purpose**:

This primary purpose of this performance evaluation is to assess the Evidence project's progress (both positive and negative) towards achievement of each of the project's three intended results (see results framework above). The findings of this performance evaluation will be used by the GH/PRH, particularly its RTU division, to inform decisions about future programming in implementation science, including implementation research and research utilization.

B. **Audience**:

USAID/GH/PRH, particularly the RTU division, is the primary audience for the findings of this performance evaluation. Evaluation findings may also be useful for USAID Missions in selected countries where the project has been working (particularly those with field support buy-ins) as well other GH Offices or Regional Bureaus with implementation science programs and/or activities.

C. **Applications and use**:

The evaluation findings will be used directly by GH/PRH, particularly the RTU division, to inform decisions about future programming. The period of performance under the current Evidence Project is five years, yet the cooperative agreement provides the option for USAID to extend the period of performance up to ten years "if the recipient is making acceptable progress towards achieving"; the program's intended results based on an evaluation of "the recipient…before the end of the initial five year period."

D. **Evaluation/Analytic Questions & Matrix**:

	Evaluation Questions	**Suggested methods for answering this question** *What data sources and data collection and analysis methods will be used to produce the evidence for answering this question?*	**Sampling Frame** *Who is the best source for this information? What is the sampling criteria?*
1	What have been the quality of	-Document and data review	N/A

	Evaluation Questions	Suggested methods for answering this question *What data sources and data collection and analysis methods will be used to produce the evidence for answering this question?*	Sampling Frame *Who is the best source for this information? What is the sampling criteria?*
	research conducted and the importance of new evidence generated by the Project?	-Key informant interviews -Site visits (Please see additional information below.)	
2	How has the Evidence Project synthesized and shared evidence (both existing and new)? What have been the outcomes of synthesis and dissemination efforts in terms of improved quality and scale of FP/RH services?	-Document and data review -Key informant interviews -Site visits (Please see additional information below.)	N/A
3	How effectively has the Evidence Project increased use of evidence (both existing and new) to improve FP/RH programs and services, particularly in USAID priority countries? How has the project increased use of evidence to expand method access and choice, improve programs for and enhance demand among youth, and advance the project's three cross-cutting themes?	-Document and data review -Key informant interviews -Site visits (Please see additional information below.)	N/A
4	How relevant/important has the evidence generated and promoted by the project been in expanding access to quality FP/RH services in USAID priority countries?	-Document and data review -Key informant interviews -Site visits (Please see additional information below.)	N/A
5	*Note: For each of these 4 primary questions, sub-questions will explore what partnerships were built and if/how those collaborations contributed to project results and leveraging of additional resources.*		

E. **Methods**:

> ■ **Document and Data Review** (*list of documents and data recommended for review)*

This desk review will be used to provide background information on the project/program, and will also provide data for analysis for this performance evaluation. Documents and data to be reviewed include:

- Performance monitoring plan (PMP)
- Annual workplans (and country-specific workplans for countries with large Mission

buy-ins)
- Semi-annual reports
- Management review reports
- Project Technical Advisory Group (TAG) reports
- Project research utilization plan and meeting report
- Key project deliverables, including activity reports and presentations
- Other key project documents, including research protocols and peer review feedback

■ **Key Informant Interviews** (*list categories of key informants, and purpose of inquiry*)

- USAID staff, including
    - o Evidence management team (Mihira Karra, Erika Martin, Andrea Harris)
    - o HIP team (Shawn Malarcher, Caitlin Thistle, Kristen Rancourt)
    - o IBP activity manager (Margaret D'Adamo)
    - o Gender team (Joan Kraft and Michal Avni)
    - o Other key PRH staff (Baker Maggwa, Tabitha Sripipatana, Jen Mason, Cate Lane, Clive Mutunga, and others TBD)
- Partners and sub recipients, including FHI360, IPPF, PATH, PRB, INDEPTH Network
- Missions (in countries to be visited as well as phone interviews with Missions in other countries with past or current project activities)
- MOH and other in country partners and stakeholders (list to be finalized as country visits confirmed)
- Others
    - o WHO
    - o Selected Evidence Project TAG members

■ **Group Interviews** (*list categories of groups, and purpose of inquiry*)

Some of the interviewees listed under key informant interviews above may be interviewed in small groups (2-3 people max), as needed and depending on scheduling constraints.

■ **Other** (*list and describe other methods recommended for this evaluation/analytic, and purpose of inquiry*)

Site Visits -- The evaluation team may also make visits to sites in selected countries to observe activities and/or interview in-country partners and stakeholders.

If **impact evaluation** –
Is technical assistance needed to develop full protocol and/or IRB submission?
☐ Yes☐ No

List or describe <u>case</u> and <u>counterfactual</u>"

Case	Counterfactual

X. HUMAN SUBJECT PROTECTION

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the performance *evaluation*, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the *evaluation* at any time without consequences. Only adults can consent as part of this *evaluation*. Minors cannot be respondents to any interview or survey, and cannot participate in a focus group discussion without going through an IRB. The only time minors can be observed

as part of this *evaluation* is as part of a large community-wide public event, when they are part of family and community in the public setting. During the process of this *evaluation*, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.

An Informed Consent statement included in all data collection interactions must contain:
- Introduction of facilitator/note-taker
- Purpose of the evaluation/assessment
- Purpose of interview/discussion/survey
- Statement that all information provided is confidential and information provided will not be connected to the individual
- Right to refuse to answer questions or participate in interview/discussion/survey
- Request consent prior to initiating data collection (i.e., interview/discussion/survey)

XI.   ANALYTIC PLAN

All analyses will be geared to answer the evaluation questions. Additionally, the evaluation will review both qualitative and quantitative data related to the project/program's achievements against its objectives and/or targets. (Note: Although some quantitative data will be reviewed, qualitative data will likely be more available and most relevant in answering the evaluation questions.)

Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and location, whenever feasible. Other statistical test of association (i.e., odds ratio) and correlations will be run as appropriate.

Thematic review of qualitative data will be performed, connecting the data to the evaluation questions, seeking relationships, context, interpretation, nuances and homogeneity and outliers to better explain what is happening and the perception of those involved. Qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data do not exist.

Use of multiple methods that are quantitative and qualitative, as well as existing data (e.g., project/program performance indicator data, DHS, HMIS data, etc.) will allow the Team to triangulate findings to produce more robust evaluation results.

The Evaluation Report will describe analytic methods and statistical tests employed in this evaluation.

XII.   ACTIVITIES

Background reading – Several documents are available for review for this analytic activity. These include the Evidence Project proposal, annual workplans, M&E plans, semi-annual progress reports, and other reports and/or project materials, as well as survey data reports as applicable (i.e., DHS and PMA). This desk review will provide background information for the Evaluation Team, and will also be used as data input and evidence for the evaluation.

Team Planning Meeting (TPM) – A four-day team planning meeting (TPM) will be held at the initiation of this assignment and before the data collection begins. The TPM will:
- Review and clarify any questions on the evaluation SOW
- Clarify team members' roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures

for resolving differences of opinion
- Review and finalize evaluation questions
- Review and finalize the assignment timeline
- Develop data collection methods, instruments, tools and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the evaluation workplan for USAID's approval
- Develop a preliminary draft outline of the team's report
- Assign drafting/writing responsibilities for the final report

Briefing and Debriefing Meetings – Throughout the evaluation the Team Lead will provide briefings to USAID. The In-Brief and Debrief are likely to include the all Evaluation Team experts, but will be determined in consultation with USAID. These briefings are:
- Evaluation **launch**, a call/meeting among the USAID, GH Pro and the Team Lead to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH Pro will introduce the Team Lead, and review the initial schedule and review other management issues.
- **In-brief with USAID**, as part of the TPM. At the beginning of the TPM, the Evaluation Team will meet with USAID to discuss expectations, review evaluation questions, and intended plans. The Team will also raise questions that they may have about the project/program and SOW resulting from their background document review. The time and place for this in-brief will be determined between the Team Lead and USAID prior to the TPM.
- **Workplan and methodology review briefing**. At the end of the TPM, the Evaluation Team will meet with USAID to present an outline of the methods/protocols, timeline and data collection tools. Also, the format and content of the evaluation report will be discussed.
- **In-brief with project** to review the evaluation plans and timeline, and for the project to give an overview of the project to the Evaluation Team. [In-brief to be scheduled with Pop Council in Washington, DC.]
- The Team Lead (TL) will brief USAID **weekly** to discuss progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.
- A **final debrief** between the Evaluation Team and USAID will be held at the end of the evaluation to present preliminary findings to USAID. During this meeting a summary of the data will be presented, along with high level findings and draft recommendations. For the debrief, the Evaluation Team will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The evaluation team shall incorporate comments received from USAID during the debrief in the evaluation report. (***Note***: *preliminary findings are not final and as more data sources are developed and analyzed these finding may change.*)

Fieldwork, Site Visits and Data Collection – The evaluation team will conduct site visits to for data collection. Selection of sites to be visited will be finalized during TPM in consultation with USAID. The evaluation team will outline and schedule key meetings and site visits prior to initiating data collection.

Evaluation/Analytic Report – The Evaluation/Analytic Team under the leadership of the Team Lead will develop a report with findings and recommendations (see Analytic Report below). Report writing and submission will include the following steps:
1. Team Lead will submit draft evaluation report to GH Pro for review and formatting

2. GH Pro will submit the draft report to USAID
3. USAID will review the draft report in a timely manner, and send their comments and edits back to GH Pro
4. GH Pro will share USAID's comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH Pro
5. GH Pro will review and reformat the <u>final Evaluation/Analytic Report</u>, as needed, and resubmit to USAID for approval.
6. Once Evaluation Report is approved, GH Pro will re-format it for 508 compliance and post it to the DEC.

The Evaluation Report **excludes** any **procurement-sensitive** and other sensitive but unclassified (**SBU**) information. This information will be submitted in a memo to USAID separate from the Evaluation Report.

Data Submission – All <u>quantitative</u> data will be submitted to GH Pro in a machine-readable format (CSV or XML). The datasets created as part of this *evaluation* must be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. It is essential that the datasets are stripped of all identifying information, as the data will be public once posted on USAID Development Data Library (DDL).

Where feasible, <u>qualitative</u> data that do not contain identifying information should also be submitted to GH Pro.

XIII.   DELIVERABLES AND PRODUCTS

Deliverable / Product	Timelines & Deadlines (estimated)
■ Launch briefing	Jan 18, 2017
■ In-brief with USAID	Jan 23, 2017
■ Workplan and methodology review briefing	Jan 27, 2017
■ Workplan with timeline	Jan 30, 2017
■ Analytic protocol with data collection tools	Jan 30, 2017
■ In-brief with target project / program	Jan 30, 2017
■ Routine briefings	Weekly
■ Debrief with USAID with Power Point presentation	March 20, 2017
■ Findings review workshop with stakeholders with Power Point presentation	March 21, 2017
■ Draft report	Submit to GH Pro: April 10, 2017 GH Pro submits to USAID: April 13, 2017
■ Final report	June 12, 2017
■ Raw data (cleaned datasets in CSV or XML with data dictionary)	May 2017
■ Report Posted to the DEC	June 2017
■ Other (specify): Internal memos	Mission Specific Memos: March 31, 2017 USAID Internal Memo: April 10, 2017

Estimated USAID review time
Average number of business days USAID will need to review REPORT DRAFTS requiring USAID review and/or approval? <u>10</u> Business days

XIV. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT (LOE)

Evaluation/Analytic team: When planning this analytic activity, consider:

- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leaders for evaluations/analytics must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation Specialist, who should have evaluation methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with methodological expertise.
- Note that all team members will be required to provide a signed statement attesting that they have no conflict of interest, or describing the conflict of interest if applicable.

Team Qualifications: Please list technical areas of expertise required for these activities

- *List desired qualifications for the team as a whole*
- *List the key staff needed for this analytic activity and their roles.*
- *Sample position descriptions are posted on USAID/GH Pro webpage*
- *Edit as needed GH Pro provided position descriptions*

Overall Team requirements:

Key Staff I

Title: Team Lead and Evaluation Specialist (GH Pro consultant)

Roles & Responsibilities: The Team Lead will be responsible for (1) providing team leadership, (2) managing the evaluation team's activities, (3) ensuring that all deliverables are met in a timely manner, (4) serving as a liaison between USAID and the evaluation/analytic team, and (5) leading report writing, briefings and presentations. The Team Lead will also serve as the Evaluation Specialist, providing quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. She will oversee the training of all engaged in data collection, insuring highest level of reliability and validity of data being collected. She is the lead analyst, responsible for all data analysis, and will coordinate the analysis of all data, assuring all quantitative and qualitative data analyses are done to meet the needs for this evaluation. She will participate in all aspects of the evaluation, from planning, data collection and data analysis to report writing.

Qualifications:

- Minimum of 12 years of experience in public health, which includes experience in implementation of health activities, especially reproductive health/family planning (RH/FP) and implementation science, in developing countries
- Minimum of 10 years of experience in designing and implementing evaluations, including performance evaluations for large and/or complex RH/FP programs
- Experience leading health sector project/program evaluation/analytics, utilizing both quantitative and qualitative methods
- Excellent knowledge, skills, and experience in qualitative and quantitative evaluation tools

- Excellent experience implementing and coordinating others to implement surveys, key informant interviews, focus groups, observations and other evaluation methods that assure reliability and validity of the data
- Excellent experience in data management
- Excellent experience in analyzing both quantitative and qualitative data using analytic software
- Experience using qualitative evaluation methodologies, and triangulating with quantitative data
- Ability to review, interpret and reanalyze, as needed, existing data pertinent to the evaluation
- Excellent skills in planning, facilitation, and consensus building
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent skills in project management, organizational skills, and ability to keep to a timeline
- Strong data interpretation and presentation skills
- Strong writing skills, including extensive report writing experience
- Familiarity with USAID and USAID's M&E policies and practices
  - Evaluation policies
  - Results frameworks
  - Performance monitoring plans
- A Master's degree or higher in public health, evaluation, research or related field
- Proficient in English

Key Staff 2
Title: Research and Utilization Specialist, USAID/GH/PRH
Roles & Responsibilities: The Research and Utilization Specialist will serve as a member of the evaluation team providing technical expertise in research utilization. She will contribute to quality assurance, including methods, development of data collection instruments, protocols for data collection, data management, and data analysis. She will also contribute to data collection by leading site visits in Francophone countries. She will provide critical input for data analysis to support the Team Lead. She will participate in nearly all aspects of the evaluation, from planning, data collection, and data analysis, to report drafting. However, she will not ultimately be responsible for report writing as that will be the primary responsibility of the Team Lead/Evaluation Specialist
Qualifications:
- Minimum of 8 years of experience with M&E and USAID's approach to implementation science, particularly research utilization
- Minimum of 5 years of experience managing USAID projects, and designing and implementing evaluations/assessments
- Strong knowledge, skills, and experience in qualitative and quantitative methods
- Experience implementing and coordinating others to implement surveys, key informant interviews, focus groups, observations, and other evaluation methods that assure reliability and validity of data
- Able to analyze both quantitative and qualitative data with experience using analytic software
- Experience using qualitative evaluation methodologies, and triangulating with quantitative data
- Strong data interpretation and presentation skills
- Strong communication skills, both written and verbal

- Extensive experience with USAID health programs/projects, particularly in FP/RH and implementation science
- Familiarity with USAID M&E policies and practices
- An advanced degree in public health, evaluation, research or related field
- Proficient in English and French

Key Staff 3
Title: Research, Technology and Utilization (RTU) Program Analyst, USAID/GH/PRH
Roles & Responsibilities: The Program Analyst will serve as a member of the evaluation team, supporting design as well as implementation of the evaluation. She will support development of data collection instruments, protocols for data collection, data management, and data analysis. She will compile key project materials for document reviews and work closely with project's implementing partner(s) and USAID Missions to coordinate site visits. She will also contribute to data collection and join the Evaluation Team Lead on site visits. She will provide input for data analysis to support the Team Lead in assuring all quantitative and qualitative data analyses are done to meet the needs for this evaluation. She will participate in and support all aspects of the evaluation, from planning, data collection, and data analysis, to report drafting and copy editing.
Qualifications:
- Minimum of 4 years of experience coordinating and implementing public health projects, including evaluations/assessments
- Strong knowledge, skills, and experience in qualitative and quantitative methods
- Experience implementing and coordinating others to implement surveys, key informant interviews, focus groups, observations, and other evaluation methods that assure reliability and validity of the data
- Able to analyze both quantitative and qualitative data with experience using analytic software
- Experience using qualitative evaluation methodologies, and triangulating with quantitative data
- Strong communication skills, both verbal and written
- Strong writing skills, including report writing and copy editing experience
- Experience with USAID health programs/projects, particularly FP/RH and implementation science
- A Master's degree in public health, evaluation, research or related field
- Proficient in English

Other Staff Titles with Roles & Responsibilities (include number of individuals needed):

- USAID will assist with setting up appointments in the US, Nigeria and Uganda. The Evidence Project can also be used to assist in this matter.
- USAID Nigeria and Uganda will arrange local transportation and arrange other logistics as needed, with support from the Evidence Project.
- The Team Lead and GH Pro will communicate needed administrative and logistic support to USAID.

Will USAID participate as an active team member or designate other key stakeholders to as an active team member? This will require full time commitment during the evaluation or analytic activity.

■ Yes – If yes, specify who: Nandita Thatte, Research and Utilization Advisor, and Erika Houghtaling, RTU Program Analyst
☐ Significant Involvement anticipated – If yes, specify who:
☐ No

Staffing Level of Effort (LOE) Matrix (Optional):
Level of Effort in **days** for each Evaluation/Analytic Team member

	Activity / Deliverable	Evaluation/Analytic Team	
		Team Lead / MNCH Specialist	USAID Staff
	Number of persons →	1	2
1	Launch Briefing	1	
2	HTSOS Training	1	
3	Desk review	5	3
4	Travel to and from DC	2 (1 day X 2 trips)	
5	Team Planning Meeting	3	3
6	In-brief with USAID/Washington to discuss workplan and methodology	1	
7	Briefing with Evidence IP	1	1
8	Finalize Eval planning deliverables: 1) workplan with timeline analytic protocol (methods, sampling & analytic plan); 2) data collection tools	1	1
9	Data Collection DQA Workshop (protocol orientation/training for all data collectors)	1	1
10	Prep / Logistics for Data Collection & Site Visits	1	1
11	Data Collection, including travel to 2 countries	20	20
12	Data cleaning and analysis (US and field)	5	5
13	Debrief with USAID with prep	3	2
14	Stakeholder debrief workshop with prep	2	1
15	Draft report(s) & Internal Memo	10	2
16	Draft Internal Memo for PRH/USAID and USAID Nigeria & Uganda Missions	2	2
17	GH Pro Report QC Review & Formatting		
18	USAID Report Review		
19	Revise report(s) per USAID comments	4	1
20	Finalize and submit report to USAID		
21	USAID approves report		
22	Final copy editing and formatting		
23	508 Compliance editing		
24	Eval Report(s) to the DEC		
	Total LOE per person	63	43
	Total LOE	63	86

If overseas, is a 6-day workweek permitted ■ Yes ☐ No

Travel anticipated: List international and local travel anticipated by what team members.

Domestic and international travel anticipated:
- Team Lead/Evaluation Specialist: Two to three round trips from Consultant's Home Office to DC Metro area
- Team Lead/Evaluation Specialist: One international round trip from Consultant's Home Office or DC Metro area to at least two countries in sub-Saharan Africa. Countries to be visited will be confirmed by USAID based on Mission concurrence; currently anticipate travel to Uganda and/or one other country in East Africa as well as Nigeria and/or one other country in West Africa)

XV. LOGISTICS
Visa Requirements

List any specific Visa requirements or considerations for entry to countries that will be visited by consultant(s):

Visa for two countries in sub-Saharan Africa, most likely Nigeria and Uganda

List recommended/required type of Visa for entry into counties where consultant(s) will work

Name of Country	Type of Visa		
Nigeria	☐ Tourist	☐ Business	☐ No preference
Uganda	☐ Tourist	☐ Business	☐ No preference
	☐ Tourist	☐ Business	☐ No preference
	☐ Tourist	☐ Business	☐ No preference

Clearances & Other Requirements

Note: Most Evaluation/Analytic Teams arrange their own work space, often in their hotels. However, if Facility Access is preferred GH Pro can request it.

GH Pro does <u>not</u> provide Security Clearances, but can request **Facility Access**. Please note that Facility Access (FA) requests processed by USAID/GH (Washington, DC) can take 4-6 months to be granted. If you are in a Mission and the RSO can grant a temporary FA, this can expedite the process. If FA is granted through Washington, DC, the consultant must pick up his/her FA badge in person in Washington, DC, regardless of where the consultant resides or will work.

If **Electronic Country Clearance (eCC)** is required, the consultant is also required to complete the **High Threat Security Overseas Seminar (HTSOS).** HTSOS is an interactive e-Learning (online) course designed to provide participants with threat and situational awareness training against criminal and terrorist attacks while working in high threat regions. There is a small fee required to register for this course. [*Note: The course is not required for employees who have taken FACT training within the past five years or have taken HTSOS within the same calendar year.*]

If eCC is required, and the consultant is expected to work in country more than **45** consecutive days, the consultant must complete the one week **Foreign Affairs Counter Threat (FACT) course** offered by FSI in West Virginia. This course provides participants with the knowledge and skills to better prepare themselves for living and working in critical and high threat overseas environments. Registration for this course is complicated by high demand (must register approximately 3-4 months in advance). Additionally, there will be the cost for one week's lodging and M&IE to take this course.

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH Pro workspace and travel (other than to and from post).

    ☐ USAID Facility Access (FA)
      Specify who will require Facility Access:
    ■ Electronic County Clearance (ECC) (International travelers only) [GH Pro will verify ECC requirements with Missions.]
      ■ High Threat Security Overseas Seminar (HTSOS) (*required in most countries with ECC*)
      ☐ Foreign Affairs Counter Threat (FACT) (for consultants working on country more than 45 consecutive days)
    ■ GH Pro workspace – To Be Confirmed by Consultant
    Specify who will require workspace at GH Pro: <u>Team Lead/Evaluation Specialist</u>
    ■ Travel -other than posting (specify): <u>GH Pro will arrange travel to all work locations for consultant</u>
    ☐ Other (specify):

XVI. <u>GH PRO</u> ROLES AND RESPONSIBILITIES

GH Pro will coordinate and manage the evaluation/analytic team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed
- Provide technical assistance on methodology, as needed
- Develop budget for analytic activity
- Recruit and hire the evaluation/analytic team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review methods, workplan, analytic instruments, reports and other deliverables as part of the quality assurance oversight
- Report production - If the report is <u>public</u>, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH Pro website. If the report is <u>internal</u>, then copy editing/formatting for internal distribution.

XVII. <u>USAID</u> ROLES AND RESPONSIBILITIES

Below is the standard list of USAID's roles and responsibilities. Add other roles and responsibilities as appropriate.

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USAID Roles and Responsibilities

USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

Before Field Work
- <u>SOW</u>.
  - o Develop SOW.
  - o Peer Review SOW
  - o Respond to queries about the SOW and/or the assignment at large.
- <u>Consultant Conflict of Interest (COI)</u>. To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV's for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.
- <u>Documents</u>. Identify and prioritize background materials for the consultants and provide them to GH Pro, preferably in electronic form, at least one week prior to the inception of the assignment.
- <u>Local Consultants</u>. Assist with identification of potential local consultants, including contact information.
- <u>Site Visit Preparations</u>. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.
- <u>Lodgings and Travel</u>. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

During Field Work
- <u>Mission Point of Contact</u>. Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team's work.
- <u>Meeting Space</u>. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e. USAID space if available, or other known office/hotel meeting space).
- <u>Meeting Arrangements</u>. Assist the team in arranging and coordinating meetings with stakeholders.
- <u>Facilitate Contact with Implementing Partners.</u> Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

  After Field Work
- <u>Timely Reviews</u>. Provide timely review of draft/final reports and approval of deliverables.

</div>

XVIII.   ANALYTIC REPORT

Provide any desired guidance or specifications for Final Report. (See *How-To Note: Preparing Evaluation Reports)*

> The **Evaluation/Analytic Final Report** must follow USAID's Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the USAID Evaluation Policy).
>
> a. The report must not exceed **40 pages** (excluding executive summary, table of contents, acronym list and annexes).
> b. The structure of the report should follow the Evaluation Report template, including branding found here or here.
> c. Draft reports must be provided electronically, in English, to GH Pro who will then submit it to USAID.
> d. For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found here.
>
> **Reporting Guidelines:** The draft report should be a comprehensive analytical evidence-based evaluation/analytic report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. ***The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.***
>
> The findings from the evaluation/analytic will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:
>
> * Executive Summary: concisely state the most salient findings, conclusions, and recommendations (not more than 4 pages);
> * Table of Contents (1 page);
> * Acronyms
> * Evaluation/Analytic Purpose and Evaluation/Analytic Questions (1-2 pages)
> * Project [or Program] Background (1-3 pages)
> * Evaluation/Analytic Methods and Limitations (1-3 pages)
> * Findings (organized by Evaluation/Analytic Questions)
> * Conclusions
> * Recommendations
> * Annexes
>   - Annex I: Evaluation/Analytic Statement of Work
>   - Annex II: Evaluation/Analytic Methods and Limitations
>   - Annex III: Data Collection Instruments
>   - Annex IV: Sources of Information
>   o List of Persons Interviews
>   o Bibliography of Documents Reviewed
>   o Databases
>   o [etc]
>   - Annex V: Disclosure of Any Conflicts of Interest
>   - Annex VI: Statement of Differences (if applicable)
>
> **The evaluation methodology and report will be compliant with the USAID Evaluation Policy and Checklist for Assessing USAID Evaluation Reports**
>
> -------------------------------

The Evaluation Report should **exclude** any **potentially procurement-sensitive information**. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USIAD separate from the Evaluation Report.

All data instruments, data sets (if appropriate), presentations, meeting notes and report for this evaluation/analysis will be submitted electronically to the GH Pro Program Manager. All datasets developed as part of this evaluation will be submitted to GH Pro in an unlocked machine-readable format (CSV or XML). The datasets must not include any identifying or confidential information. The datasets must also be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. Qualitative data included in this submission should not contain identifying or confidential information. Category of respondent is acceptable, but names, addresses and other confidential information that can easily lead to identifying the respondent should not be included in any quantitative or qualitative data submitted.

XIX. USAID CONTACTS

	Primary Contact	**Alternate Contact 1**	**Alternate Contact 2**
Name:	Mihira Karra	Erika Martin	
Title:	RTU Division Chief	Senior Technical Advisor	
USAID Office/Mission	GH/PRH/RTU	GH/PRH/RTU	
Email:	MKarra@usaid.gov	ErMartin@usaid.gov	
Telephone:	571-551-7018	571-551-7514	
Cell Phone:		202-341-6890	

List other contacts who will be supporting the Requesting Team with technical support, such as reviewing SOW and Report (such as USAID/W GH Pro management team staff)

	Technical Support Contact 1	**Technical Support Contact 2**
Name:	Amani Selim	Erika Houghtaling
Title:	Evaluation Advisor	Program Analyst
USAID Office/Mission	PRH/PEC	PRH/RTU
Email:	aselim@usaid.gov	ehoughtaling@usaid.gov
Telephone:	571-551-7528	571-551-7341
Cell Phone:	571-721-9577	571-215-2600

XX. OTHER REFERENCE MATERIALS
Documents and materials needed and/or useful for consultant assignments that are not listed above.

ANNEX II. KEY INFORMANTS INTERVIEWED

Name	Job Title	Organization
1. Mihira Karra	RTU Division Chief/AOR for Evidence Project	USAID/PRH/RTU
2. Erika Martin	Senior Technical Advisor/TA for Evidence Project	USAID/PRH/RTU
3. Maggwa Baker	Senior Research Advisor	USAID/PRH/RTU
4. Tabitha Sripipatana	Deputy RTU Division Chief	USAID/PRH/RTU
5. Neal Brandes	Health Science Specialist	USAID/MCHN
6. Supriya Madhaven	Senior Implementation Research Advisor	USAID/MCHN
7. Jen Mason	Senior FP/HIV Integration Advisor	USAID/PRH/SDI
8. Nithya Mani	FP/HIV Integration Advisor	USAID/OHA
9. Joan Kraft	Gender Advisor	USAID/PRH/PEC (CDC Seconded)
10. Michal Avni	Senior Gender & Policy Advisor	USAID/PRH/PEC
11. Margaret D'Adamo	Knowledge Management Advisor	USAID/PRH/PEC
12. Amani Selim	Evaluation Technical Advisor	USAID/PRH/PEC
13. Shawn Malarcher	Senior Best Practices Utilization Advisor	USAID/PRH/RTU
14. Andrea Harris	Senior Technical Advisor, Private Sector Partnerships	USAID/PRH/SDI
15. Trish MacDonald	Health Development Officer	USAID/PRH/SDI
16. Clive Mutunga	Population, Environment, Development Tech Advisor	USAID/PRH/PEC
17. Yoseph Woldegebriel	Maternal Health Advisor	USAID/Ethiopia
18. Shegufta Sikder	Research Advisor/Bangladesh Global Health Country Team Lead	USAID/PRH/RTU
19. Emily Hillman	Public Health Advisor	USAID/MCHN
20. John Townsend	Vice President, Reproductive Health	PC/DC
21. Joanne Gleason	Senior Associate	PC/DC
22. Karen Hardee	Evidence Project Director	PC/DC
23. Laura Reichenbach	Deputy Director of Research	PC/DC
24. Robin Keely	Research Utilization Specialist	PATH
25. Julia Adams	Deputy Director of Administration	PC/DC
26. Vicky Boydell	Accountability and Rights Advisor	IPPF
27. Aparna Jain	Research Associate	PC/DC
28. Nicole Haberland	Senior Associate	PC/NY
29. Annabel Erulkar	Senior Associate and Country Director	PC/Ethiopia

Name	Job Title	Organization
30. Julia Bunting	President	PC/NY
31. Kate Gilles	Senior Communications Specialist	PRB
32. Anneka Van Scoyoc	Communications and Graphics Associate	PRB
33. David Wofford	Senior Advisor for Workplace Programs	Meridian Group
34. Carolyn Rodehau	Deputy Program Manager	Meridian Group
35. Ashish Bajracharya	Associate & Country Representative	PC/Cambodia
36. Dela Kusi-Appouh	Staff Associate	PC/Ghana
37. Ian Askew	Director, Department of Reproductive Health and Research	WHO (formerly PC)
38. JoAnn Lewis	Consultant	Consultant
39. Duff Gillespie	Director (and Head of Evidence Project TAC)	Advance Family Planning
40. Dominick Shattuck	Senor Research Officer	IRH (formerly FHI360)
41. John Stanback	Senior Scientist, Health Services Research	FHI360
42. Alison Marshall	Advocacy Director	IPPF
43. Claire Cole	Technical Advisor for Program Learning	Pathfinder
44. Luigi Jaramillo	Senior Monitoring and Evaluation Advisor	MSH
45. Kaja Jurczynska	Demographer	Palladium Group
46. Ados May	Senior Technical Advisor	IBP
47. Ben Bellows	Associate II	PC/Zambia

KEY INFORMANTS IN NIGERIA

Name	Organization
1. Pam Foster	USAID/Nigeria
2. Moriam Jagun	USAID/Nigeria
3. Kayode Morenikeji	USAID/Nigeria
4. Emmanuel Ogwuche	USAID/Nigeria
5. Joseph Monehin (interviewed by phone)	USAID/Nigeria
6. Mary Ndu	USAID/Nigeria
7. Salisu Ishaku	Population Council
8. Faizah Ibrahim	Population Council
9. Dr. Afolabi	Federal Ministry of Health
10. Mariam Momoh	FCT Primary Care Health Care Board
11. Laraba Asalakah	Nassarawa State FP Coordinator
12. Samuel Boniface	PMV in Karu LGA, Nassarawa State
13. Ebere Nnadi	PMV in Karu
14. Sundaye Eze	PMV in Karu

Name	Organization
15. Akpa	PMV in Karu
16. Professor Ademola Ajuwon	University of Ibadan
17. Elijah Mohammed	Pharmacists Council of Nigeria

KEY INFORMANTS IN SENEGAL

Name	Title/Organization
1. Dr. Nafissatou Diop	Country Director, Population Council Senegal
2. Fatou Mbow	Program Office, Population Council Senegal
3. Marthe Bruce	Administration Officer, Population Council, Senegal
4. Dr. Bocar Mamadou Daff	Director—Direction de la santé de la reproduction et de la survie de l'enfant (DSRSE). Ministère de la santé et de l'action sociale (MSAS)
5. Dr. Samba Cor Sarr	Direction de la Planification, de la Recherche et des Statistiques (DPRS). Coordonnateur du Comité National d'Ethique pour la Recherche en Santé (CNERS). MSAS
6. Fatimata Sy	Directrice—Unité de Coordination du Partenariat de Ouagadougou. IntraHealth International
7. Dr. Fatou Ndiaye	Program Manager/Technical Team Lead on FP/MCH USAID/Senegal
8. Pr. Mouhamadou Sall	Professeur—Institut de Population Développement et Santé de la Reproduction (IPDSR)—Université Cheikh Anta Diop (UCAD)
9. Dr. Sarr	Director, ADEMAS
10. Dr. Cheik Mbacke	Consultant; Population Council Board Member

KEY INFORMANTS IN UGANDA

Name	Organization
1. Lawrence Muhangi	Reproductive Health Uganda Head Office
2. Nanono Nulu	Reproductive Health Uganda Head Office
3. Agatha Nanfuka Sherura	Reproductive Health Uganda Luwero Office
4. Jackson Chekweko	Reproductive Health Uganda Head Office
5. Doreen Kansiime	Reproductive Health Uganda Head Office
6. Peter Ibembe	Reproductive Health Uganda Head Office
7. Josephine Kiconco	Reproductive Health Uganda Kisoro Office
8. Emmanuel Mugisha	PATH
9. William Kidega	PATH
10. Allan Peter Asinguza	PATH
11. Fiona K. Walugembe	PATH
12. Elizabeth Allen	GOAL
13. Stella Neema	Makerere University
14. Roselline Achola	UNFPA

Name	Organization
15. Gemma Abhaibwe	Makerere University
16. Anita Ntale	Makerere University
17. Angela Akol	FHI 360
18. Rhobbinah Ssempebwa	USAID/Uganda
19. Solome Sevume	USAID/Uganda
20. Alfred Boyo	USAID/Uganda
21. Priscilla Nabbanja	USAID/Uganda

ANNEX III. DOCUMENTS REVIEWED

Document:	Provided By:
1. Performance Monitoring Plan	USAID
2. Annual workplans (Y1-Y4)	USAID
3. Country-level workplans for large Mission buy-ins (Egypt, Ethiopia, Ghana, India, Senegal, Uganda)	USAID
4. Annual reports (Y1-Y3)	USAID
5. Management review reports (January & August 2016)	USAID
6. Technical Advisory Committee reports & presentations (2014 & 2016)	USAID
7. Research utilization plan (2015 & 2016)	USAID
8. Products/Material developed (products on Evidence Project website)	USAID
9. USAID protocol reviews & synthesis	USAID
10. Proposal – Program Description	USAID
11. Annual results reporting (2014-2016)	USAID
12. Y3 budget request & summary of obligations	USAID
13. Project launch retreat agenda & notes	USAID
14. Overview Documents and Presentations—Staffing, Project Structure, Study Update (IR 1), Study Update (IR 2), Research Utilization Strategies (IR 3), Cumulative Results, Potential Impact, Communications	PC
15. Supply Workplans, Presentations, Briefs, Products: 1) Expanding Method Access & Choice: PMV in Nigeria, Ghana Task Shifting, Senegal Pharmacist Task Shifting, RSBY India, Financing Mechanisms, FP2020 Pakistan, SUFP Zambia, Senegal 3D, Private Sector Egypt, Workplace Policies, Factor Workers in Cambodia, HERproject Bangladesh, Method Mix, BCS+, Cochrane Review, Standard Days Method, Sayana Press in Ghana, FP/HIV Integration in Kenya, Population, Health, and Environment, Performance Based Incentives, Senegal FP CIP, Strengthening TMA, 2) Improving Program Approaches for Youth: ASRH Bangladesh, Ethiopia ASRH, Ethiopia Married Adolescents, Burkina Faso Child Marriage, Egypt Youth Programming	PC
16. Demand Workplans, Presentations, Briefs, Products: 1) Enhancing Demand for FP Information & Services, Particularly for Youth: Contraceptive Choice Bangladesh, Unmet Need, Contraceptive Use in India, Burkina Faso Adolescent, Side Effects Measurement, 2) Other: Child Survival, OPRH Support, TAC, IS Course	PC
17. Cross-cutting Workplans, Presentations, Briefs, Products: 1) Rights and Accountability: Accountability Mechanisms, RBFP, Stigma and Social Norms, Roadmap for CSO India, 2) Gender Transformative Approaches: FALAH Pakistan, Men as FP Users, Vasectomy, What Works, IGWG, Measuring Changes in Gender Norms, 3) IS for Scaling Up: FP HIP Support, IS for SUFP	PC

ANNEX IV. QUESTION GUIDE

Evidence evaluation interview guide for key informants

<u>Introduction and informed consent statement</u>. "My name is _____. I am part of an external team conducting a performance evaluation of the Evidence Project, a global implementation science project led by the Population Council and funded by USAID. We would appreciate talking with you about your experience with and perceptions of the project in order to understand what has worked well and what could be improved. All information you provide is confidential and anonymous. You have the right to refuse to answer any question. Do you consent to continue with the interview?"

	Evaluation Questions	Interview questions
	Intro	• How have you been involved with the Evidence Project? (to gauge level of knowledge to tailor questions)
1	What have been the quality of research conducted and the importance of new evidence generated by the Project?	• Do you know about any of the new evidence produced by the project? If yes, how important is this evidence for FP/RH programs (not important, somewhat important, very important)? Are there other important topics that you think should be included in the project? • Do you know how the research topics were selected (probe- did it come from the field partners, from USAID/W, from Missions, from staff)? If yes, would you suggest any changes in how priorities are identified? • Overall, what do you think of the quality of the research conducted by the Evidence project (low quality, medium quality, high quality)? Can you give specific examples that led to this opinion?
2	How has the Evidence Project synthesized and shared evidence (both existing and new)? What have been the outcomes of synthesis and dissemination efforts in terms of improved quality and scale of FP/RH services?	• Have you seen any of the synthesis reports produced by the project? • If yes, did you find these reports to be useful (not useful, somewhat useful. very useful)? • If useful, do you have examples of how they have been used in programs? What did the project do to encourage use of these reports (probe- develop tools, adapt the report, communicate in other ways)? • If not, why were they not very useful? • Are there synthesis reports on other topics that would be useful?
3	How effectively has the Evidence Project increased use of evidence (both existing and new) to improve FP/RH programs and services, particularly in USAID priority countries? How has the project increased use of evidence to expand method access and choice, improve programs for and enhance demand among youth, and advance the project's	• How effective has the Evidence project been in increasing use of evidence to improve FP/RH programs? (not effective, somewhat, very) [probe on the following areas] • Expanding method access and choice • Improving programs for youth • Enhancing demand for FP • Cross-cutting themes (rights and accountability, gender transformative approaches, IS for scaling up) • How has the Evidence project used project partners to help increase use of evidence? How have they used other partnerships or collaboration? (probe on some specific

	Evaluation Questions	Interview questions
	three cross-cutting themes?	groups, e.g. HIPS, IBP, ECSA, etc.) How are stakeholders and potential users involved? How could this be improved? • What else could be done by the project to improve use of evidence in FP/RH programs?
4	How relevant/important has the evidence generated and promoted by the project been in expanding access to quality FP/RH services in USAID priority countries?	• Overall, how important do you think the evidence generated and promoted by the project has been in expanding access to quality FP/RH services? (not important, somewhat important, very important). • What suggestions do you have for improving the project? • What suggestions do you have to USAID for implementation science moving forward?

ANNEX V. DISCLOSURE OF ANY CONFLICT OF INTEREST

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

USAID Non-Disclosure and Conflicts Agreement- Global Health Program Cycle Improvement Project

As used in this Agreement, Sensitive Data is marked or unmarked, oral, written or in any other form, "sensitive but unclassified information," procurement sensitive and source selection information, and information such as medical, personnel, financial, investigatory, visa, law enforcement, or other information which, if released, could result in harm or unfair treatment to an individual or group, or could have a negative impact upon foreign policy or relations, or USAID's mission.

Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to Sensitive Data, and specifically I understand and acknowledge that:

1. I have been given access to USAID Sensitive Data to facilitate the performance of duties assigned to me for compensation, monetary or otherwise. By being granted access to such Sensitive Data, special confidence and trust has been placed in me by the United States Government, and as such it is my responsibility to safeguard Sensitive Data disclosed to me, and to refrain from disclosing Sensitive Data to persons not requiring access for performance of official USAID duties.

2. Before disclosing Sensitive Data, I must determine the recipient's "need to know" or "need to access" Sensitive Data for USAID purposes.

3. I agree to abide in all respects by 41, U.S.C. 2101 - 2107, The Procurement Integrity Act, and specifically agree not to disclose source selection information or contractor bid proposal information to any person or entity not authorized by agency regulations to receive such information.

4. I have reviewed my employment (past, present and under consideration) and financial interests, as well as those of my household family members, and certify that, to the best of my knowledge and belief, I have no actual or potential conflict of interest that could diminish my capacity to perform my assigned duties in an impartial and objective manner.

5. Any breach of this Agreement may result in the termination of my access to Sensitive Data, which, if such termination effectively negates my ability to perform my assigned duties, may lead to the termination of my employment or other relationships with the Departments or Agencies that granted my access.

6. I will not use Sensitive Data, while working at USAID or thereafter, for personal gain or detrimentally to USAID, or disclose or make available all or any part of the Sensitive Data to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, except as may be required for the benefit USAID.

7. Misuse of government Sensitive Data could constitute a violation, or violations, of United States criminal law, and Federally-affiliated workers (including some contract employees) who violate privacy safeguards may be subject to disciplinary actions, a fine of up to $5,000, or both. In particular, U.S. criminal law (18 USC § 1905) protects confidential information from unauthorized disclosure by government employees. There is also an exemption from the Freedom of Information Act (FOIA) protecting such information from disclosure to the public. Finally, the ethical standards that bind each government employee also prohibit unauthorized disclosure (5 CFR 2635.703).

8. All Sensitive Data to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of, the United States Government. I agree that I must return all Sensitive Data which has or may come into my possession (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me access to
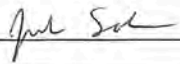
Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

Jul Sol   12-22-16

Signature   Date

Julie Solo

Name   Title

ANNEX VI. STATEMENT OF DIFFERENCES

The Population Council submitted the following Statement of Differences in response to the evaluation report. Information in this statement which was not provided to the evaluation team and/or activities which occurred after the evaluation period are noted in grey italics. Information which was not fully supported is noted in red.

Statement of Differences

Performance Evaluation of the Evidence Project

Population Council, June 30, 2017

Thank you for this opportunity to review and provide a statement of differences on the evaluation of the Evidence Project. Through the Evidence Project, we look forward to contributing to USAID achieving its FP/RH goals. Our work with diverse stakeholders on tailored implementation science seeks to promote the systematic uptake of research and evidence-based practices and result in a more efficient, effective, and equitable use of resources. Evaluating complex global projects is inherently challenging and we thank the evaluation team for its work. Here we address the following topics raised in the evaluation: I) the steadiness and pace of start-up of the project; II) the three project results: 1) generation of evidence, 2) synthesis and sharing of evidence, and 3) use of evidence; and III) communication.

Steadiness and pace of start-up

In response to the evaluation's suggestion that the project got off to a slow start (pages 5, 11, 16 and 36), we provide the following figure illustrating what was accomplished in the first year of the project. We believe that the level of active engagement (of Missions, established and prospective partners, and of other stakeholders), initiation of research activities, publication of products and presentations, and establishment of key management plans, protocols, and tools was in fact highly responsive and relatively fast for a new project.

Highlights of Year One of the Evidence Project

We understand that the evaluation team was focused on Africa, particularly in its country visits, which could overshadow the early success and interest from missions that the project received from Asia. This included field support in Year 1 from India and Bangladesh, in addition to Ethiopia and USAID's Office of HIV and AIDS, leading USAID/W to comment that it was unusual for a research project to attract field support in its first year. The Council views this as an example of success in early project start-up.

Result 1. Generating Evidence

We noted that the evaluation report raises issues about the quality of the Evidence Project's research (pages 5, 10, 11, 12, 19, 22, 25, 36 and 38), a supposition that the Population Council takes seriously. One concerning fact is that the Scope of Work (SOW) shared with the project by USAID/W, and what the

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project agreed to and prepared for, was not the same SOW that the evaluators used to carry out their evaluation. Specifically, the SOWs differed in how the evaluation question related to assessment of research was described:

Evidence Project Scope of Work for Evaluation	Evaluator Scope of Work for Evaluation
Q 1. How effectively has the Evidence Project generated new evidence and research results to improve FP/RH programming?	Q 1. What have been the quality of research conducted and the importance of new evidence generated by the Project?

Had the Evidence Project been provided the same SOW as the evaluators, we would have asked USAID/W for clarification on how quality was to be defined, and more importantly, how quality was to be assessed and measured by the evaluation team. We request that the evaluation report define clearly how quality of research was defined. It appears in our review of the report that quality was assessed primarily on the research protocol preparation process, rather than on the research methods employed, adherence to protocols and ethical guidance, quality of implementation, analysis, and reporting or the achievement of objectives.

Before any Evidence Project study is implemented in the field, all study protocols require technical review and final approval by USAID/W. This is true for field supported protocols as well to be compliant and in alignment with the USAID Global Bureau of Health research policy. Upon submission of the protocol to USAID/W, the Evidence Project typically provides names of at least two suggested external reviewers. These reviewers are selected based on their technical expertise in the topic area or methodology reflected in the protocol. Protocols also undergo internal review at USAID/W. As a result, we fully expect and look forward to a rigorous technical review of the protocol to maximize its quality before implementation. As opposed to seeing the need for back and forth on study protocols as a sign of poor quality, the Evidence Project sees it as an expected and invaluable part of the process of designing policy relevant, methodologically appropriate, and quality research addressing the need for utilization and scale up. As such, it is important to note that USAID/W signed off on all the study protocols.

The evaluators also mention occurrence of overly complicated research protocols. In our experience, the protocol review process introduced further complexity to fully respond to valuable reviewer comments and thereby result in high-quality protocols. The complexity of protocols from our perspective is largely the result of the diverse interests and requirements of the country audiences and the international review process.

The evaluators mention that concerns about the quality of some research meant that some respondents were hesitant to use the results in utilization efforts. This was apparently said about a few specific studies but the evaluation does not mention which ones, to protect the confidentiality of respondents. While we appreciate the importance of protecting respondent confidentiality, the impact of a comment like this has the potential to cast aspersions on all the research generated under the project. We request that the report be revised to clarify which studies were of concern, the exact nature of the concern, and why USAID/W and/or Missions approved the protocols so that the comments do not become generalized to the entire portfolio of work, about which the evaluation was positive.

Finally, it is important to note that most of the research studies were still under implementation at the time of the evaluation. This means that any assessment of quality of research is inherently limited and does not reflect other measures of quality such as achievement of study objectives.

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Result 2. Evidence Synthesized and Shared

The evaluation contends that some of the syntheses done by the project compiled information but did not always synthesize it or provide recommendations. Our syntheses have consistently included both synthesis of evidence and recommendations for policy and program improvement and enhanced impact. Furthermore, we have received positive feedback on our products. For example:

- *"Men as Contraceptive Users: Programs, Outcomes and Recommendations." From USAID (Aug 24, 2016): "Overall, we all agree the revised report is much improved and now provides a clear synthesis of the state of the evidence on 'men as users.'" From a partner (Jan 3, 2017): "Since the publishing of your report in September, I have had many requests to see our Malawi Male Motivator curriculum." From USAID in response to the partner (Jan 3, 2017): "This is very exciting, and an unintended outcome of the review. Fabulous!" This work resulted in a project working paper and two peer-reviewed journal articles, two conference presentations, and a keynote presentation at the IGWG plenary.*
- *Standard Day Methods (SDM) Review: This synthesis was undertaken in collaboration with the Institute for Reproductive Health and the working paper synthesizes the evidence on SDM and offers recommendations for programming. Undertaking this synthesis helped us refute claims that SDM should not be classified as a modern method of contraception, and informed a Letter to the Editor published in the journal Contraception.*
- *"Measuring and monitoring quality of care in family planning: are we ignoring negative experiences?" A colleague from another FP CA said this work was so useful she was sharing it within her organization and promoting its use. It garnered considerable attention, including over 1,000 views within 6 months of publication.*
- *FP2020 has told the project how much it appreciates our contributions to its work on rights-based FP. The project has worked with FP2020 to develop materials on rights for countries to use in developing their Costed Implementation Plans and has been invited to amplify this work on rights at FP2020's focal point workshops and at the 2017 FP Summit.*

We recognize that these selected positive comments on products produced by the Evidence Project shares some of the same limitations of an evaluation that relies on informants who "knew only a small part" of the project (page 16), and that generalizing from a small number of comments may not reflect overall performance.

Result 3. Research Utilization

The Evidence Project prides itself as helping to lead the evolution of implementation science research in partnership with global, regional and country-level organizations. As the evaluation team noted, USAID, governments and indeed the field is struggling with regards to how to think about and ensure successful RU. One respondent praised the Evidence Project for being ahead of some other projects in its focus on RU and others noted that policy change usually takes a long time. RU is core to the efforts of the Evidence Project and we have worked to integrate RU staffing capacity and expertise across our studies and geographies. We agree that RU cannot be the responsibility of one staff member and that it needs to be locally-based. We are fortunate to have a dedicated RU staff member in addition to colleagues from the Population Council and its partners who are skilled in RU and, importantly, understand the policy and program contexts in the countries in which we work. We absolutely "think local" when it comes to RU and so rather than having one RU specialist, or US-based staff from other partners, travel

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to the countries in which we are trying to achieve impact, we seek to harness and catalyze the expertise of our in-country researchers and staff in order to strategically integrate evidence into policies and programs. To this end, the project supports/supported in-country staff funded through core and field support in India, Bangladesh, Pakistan, Cambodia, Ethiopia, Ghana, Senegal, Nigeria, Kenya, Uganda, Nigeria, and Egypt, and the UK, along with some others supported indirectly through sub-agreements. These colleagues actively engage with in-country technical working groups and cultivate relationships with policymakers and practitioners. The evaluation acknowledges (page 16) that "there will also be more opportunities for research utilization (RU) as more research results become available."

We are indeed investing in the conditions that lead to enhanced utilization, by engaging key stakeholders from the outset, designing highly relevant research, sharing interim results, and following-up with national counterparts on the requirements for achieving desired outcomes in terms of scale and sustainability. In response to the evaluators' note that it seems we are focusing on the process of RU rather than outcomes, the below RU strategy – developed in close collaboration with USAID – outlines a clear focus on the key outcomes we are working toward:

KEY PROBLEM/ISSUE THAT NEEDS TO BE ADDRESSED	KEY OUTCOMES	HOW THE EVIDENCE PROJECT WILL CONTRIBUTE TO ADDRESSING THE ISSUE	CURRENT STATUS OF ACTIVITY OR UTILIZATION RESULT(S)

We do not concur with the comment that the Evidence Project PMV work is as an example of the Population Council taking an overly research-oriented focus. We believe that this work is an excellent example of creating the conditions for scale up. This was one of the first studies we started, as a follow-on to research conducted under the PROGRESS Project. The PROGRESS project director (now at USAID) recommended that we continue working to show that drug shops and pharmacies could provide injectable contraceptives thereby expanding access to family planning. We agreed and based on the study we initiated, with input from local stakeholders on the evidence needed for policy change, USAID/Nigeria provided field support to the project and asked us to include four additional states in the study. USAID/Nigeria provided this funding based on their assertion that national policy change would require evidence from more than one or two states. The evidence being generated is clearly to encourage policy change – and we are working with other organizations and projects, including AFP, to promote policy change and increase the range of outlets and availability of injectables in communities seeking these services.

We look forward to working with USAID and with other organizations to continue to define and work on research utilization.

Communications

The Evidence Project will take into account the recommendation to tell a more compelling story about the research and its potential impact in the field, particularly as more studies come to fruition. However, the report does not describe the full breadth of communication efforts. In addition to e-blasts, all products are publicized through announcements to key listservs, targeted outreach to relevant organizations, news outlets, and individual colleagues, among other channels. Our materials are routinely re-shared by other organizations. *As an example, the journal article, "Are Men Well Served by Family Planning Programs" was posted on the Healthy Developments News Briefing by Germany's Federal Ministry for Cooperation and Development.* We promote the Evidence Project's results, lessons

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and perspectives through Council channels (including social media) and those of our partners, and frequently produce companion pieces (e.g. blogs, commentaries) for other sites and audiences.
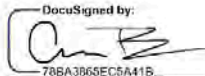
We are proud of the Evidence Project website, which received 8,777 visitors from around the world by January 2017 when the evaluation was conducted. Our tracking shows that visits to the project's website spikes following sharing of products.
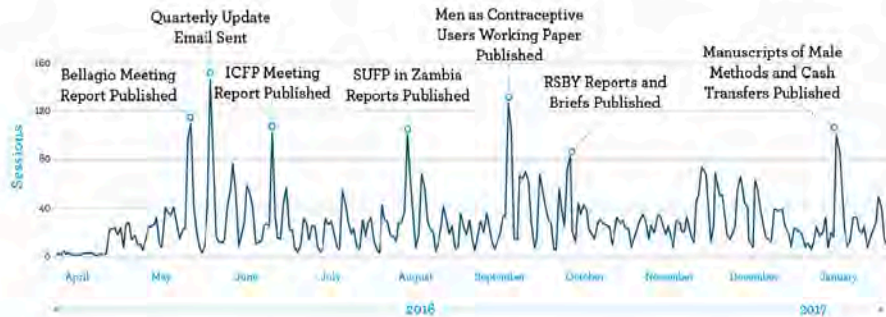
We have also received consistently positive feedback for the visual quality of project materials, including data visualizations. Our webinars and events have been well attended, including with IBP, FHI 360, the TRAction Project, and at ICFP. We work closely with the Population Council's Office of Strategic Communications and our communications team, led by project partner PRB, is always looking for new ways to engage key audiences. *A recent podcast on implementation science in action in Zambia is an example.* We will continue to look for ways to make our communications more interactive.

Conclusion

The Evidence Project remains committed to generating and applying new evidence to health systems, with the goal of improving service delivery and access to vital information and contraceptives—critical elements for reducing unmet need and unintended pregnancies around the world. We look forward to continued partnership with USAID working together to improve reproductive health for women and girls worldwide in the years ahead.

DocuSigned by:

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Ann Blanc

Vice President, Social and Behavioral Research

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