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STRATEGIC ASSESSMENT OF USAID GLOBAL HEALTH MCHN HEALTH MONITORING, RESEARCH, EVALUATION, AND LEARNING PORTFOLIO

May 2021

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ABSTRACT

The purpose of this strategic assessment was to review the current Research and Policy (RP) Division approach, strategies, and activities and to inform future RP Division investments in order to increase effective programming for the Maternal and Child Health and Nutrition (MCHN) Office at USAID. The current RP Division portfolio includes Monitoring and Evaluation (M&E), implementation research (IR), knowledge management (KM) and knowledge translation (KT), together termed Learning and Adaptive Management (L&AM).

A mixed methods approach was used to capture input from an online survey (20 respondents) and 76 in-depth individual and group interviews from five stakeholder groups, inside and outside of USAID.

Findings: L&AM is highly valued and technical assistance (TA) is desired. However, respondents identified more than 20 obstacles to the routine use of L&AM. They cited lack of time and priority relative to results as the most common obstacles. All components of L&AM are inter-related. Respondents saw KM/KT as needing the greatest attention, while they deemed IR as the most distinctive strength of the RP Division. Qualities of good L&AM and TA were also identified. How TA is given is as important as technical content. There was strong emphasis on community voice and interpersonal skills to engage the local voice. Respondents affirmed the RP Division roles at global policy, cross-office, and mission levels with specific recommendations at each level as well as cross-cutting methodologic support in L&AM.

Key recommendations:

- The RP Division should clarify and clearly communicate their mission and value proposition.
- The RP Division should consider a shift of emphasis from “doing” to “service” of partner priorities. All technical staff need strong interpersonal skills, have an understanding of L&AM, and be cross-trained in L&AM technical areas.
- There is continued need for IR/IS, project M&E, and KM/KT within areas of MCHN Office strategic priorities and L&AM that the RP Division is well placed to lead or coordinate.
- The MCHN Office should ensure that L&AM is embedded at the onset of project planning, design, and implementation.
- The Bureau of Global Health (BGH) should encourage an enabling environment that promotes cross-bureau collaboration and prioritizes L&AM application to implementation.

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ACRONYMS

| Acronym | Definition |
|----------|---|
| ACERS | Acute Care and Emergency Referrals Project |
| AOR | Agreement Officer's Representative |
| AQ | Assessment Question |
| BAA | Broad Agency Announcement |
| BGH | Bureau of Global Health |
| BMGF | Bill and Melinda Gates Foundation |
| CHI | Child Health and Immunization |
| CIRCLE | Coordinating Implementation Research to Communicate Learning and Evidence Project |
| CLA | Collaborating, Learning, and Adapting |
| CoP | Community of Practice |
| COVID-19 | Coronavirus Disease 2019 |
| ECHO | Project Extension for Community Healthcare Outcomes |
| FCR | Findings, Conclusions, and Recommendations |
| FSN | Foreign Service National |
| GH | Global Health |
| GH EvalS | Global Health Evaluation and Learning Support Activity |
| GI | Group Interview |
| HEARD | Health Evaluation and Applied Research Development Project |
| HQ | Headquarters |
| HRP | Health Research Program |
| HSS | Office of Health Systems Strengthening |
| IDRC | International Development Research Center |
| INGO | International Non-Governmental Organization |
| IR | Implementation Research |
| IS | Implementation Science |
| KII | Key Informant Interview |
| KM | Knowledge Management |
| KT | Knowledge Translation |
| L&AM | Learning and Adaptive Management |
| LMIC | Low- and Middle-Income Countries |
| M&E | Monitoring and Evaluation |
| MCH | Maternal and Child Health |
| MCHN | Maternal Child Health and Nutrition |
| ME&A | ME&A, Inc. (formerly Mendez England & Associates) |
| MEL | Monitoring, Evaluation, and Learning |

| Acronym | Definition |
|----------------|--|
| MKA | MOMENTUM Knowledge Accelerator |
| MOMENTUM | Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale |
| MNH | Maternal/Newborn Health |
| NEH | Nutrition/Environmental Health |
| OP | Office of Procurement |
| OR | Operations Research |
| PAD | Project Appraisal Document |
| PEPFAR | The President's Emergency Plan for AIDS Relief |
| PMCD | Preventing Maternal and Child Deaths |
| PPL | Bureau for Policy, Planning, and Learning |
| PPR | Performance Plan and Report |
| PRH | Office of Population and Reproductive Health |
| PSBI | Possible Serious Bacterial Infections |
| RMC | Respectful Maternity Care |
| ROI | Return on Investment |
| RP | Research and Policy |
| RP Division | Research and Policy Division |
| SBC | Social and Behavior Change |
| SOTA | State of the Art Training |
| SOW | Scope of Work |
| TA | Technical Assistance |
| TDY | Temporary Duty |
| TOC | Theory of Change |
| UNICEF | United Nations International Children's Emergency Fund |
| USAID | United States Agency for International Development |
| UTRAMS | Unified Travel and Mission Support |
| WHO | World Health Organization |

EXECUTIVE SUMMARY

ASSESSMENT PURPOSE AND QUESTIONS

The purpose of this strategic assessment was to review the current Research and Policy (RP) Division approach, strategies, and activities in the context of United States Agency for International Development's (USAID) Maternal and Child Health and Nutrition (MCHN) Office and the broader Agency direction. The goal was to identify options to enhance the integrated use of research, evaluation, and research translation activities to achieve the MCHN Office and Agency objectives. This assessment documented and learned from the research, monitoring and evaluation (M&E), and learning portfolio, as well as activities undertaken by MCHN Office's RP Division staff. It also reviewed the achievements and challenges of the RP Division portfolio and activities and provided insights into the effectiveness and relevance of the strategies and approaches that have been implemented to achieve outcomes.

The assessment seeks to inform future investments and increase effective programming for the MCHN Office and other units engaged in research-to-use strategies. The MCHN Office will use the findings to position existing activities and plans for further integration of ongoing activities and future designs for research, M&E, knowledge management (KM), knowledge translation (KT), and learning. The assessment findings will also help the MCHN Office develop a learning agenda and will contribute to the development of MCHN's KM working group. Moreover, the assessment sets the stage for discussions regarding the RP Division's next projects and supportive activities within the MCHN Office and the Bureau of Global Health (BGH) and revisions of the RP Division's theory of change (TOC), vision statement, and roles. The assessment results will also guide broader discussions within USAID and beyond in how to effectively use research and learning in health development activities.

The primary users of the assessment results will be USAID staff in Washington headquarters (HQ), BGH, and country missions. Other donors and non-USAID stakeholders supporting maternal and child health and nutrition research, M&E, and KM/KT and learning activities may also find the assessment results relevant.

The assessment was guided by the following three assessment questions (AQs):¹

AQ1: What role did the RP Division play in advancing “research-to-use” and M&E to promote adaptive learning and KM? In what ways did the RP Division impact mission programming and/or practices?

AQ2: What were the critical elements of the RP Division portfolio (spanning project structure, management, staffing, approach, and technical priorities) that helped advance MCHN Office and Agency objectives? Which aspects are in need of improvement or reconsideration for the future?

AQ3: What should be the approach of the RP Division in:

3.a Working collaboratively with other MCHN Office Divisions to inform the following:

3.b Global technical leadership and learning?

3.c Engaging with and supporting USAID missions?

¹ The assessment team refined and modified the AQs included in the original Scope of Work (SOW) based on consultations with USAID (see Annex I).

ASSESSMENT DESIGN AND METHODS

The assessment team utilized a mixed-method approach. A co-creation approach was applied, where the client and relevant stakeholders participated in all the phases of this assessment, including design, data collection, data analysis, and interpretation.

Document Review: The assessment included a desk review of more than 200 documents, reports, and data, including the 2014 HRP evaluation, the RP Division management review, mechanism reports, and results from a 2020 mission survey conducted by the RP Division.

Key Informant and Group Interviews: The assessment team used a semi-structured guide comprising primarily of open-ended questions to conduct qualitative in-depth key informant interviews (KIIs) and group interviews (GIs) with 76 respondents. The KII/GI respondents were from the RP Division; the MCHN Office; BGH; Uganda, Kenya, and Ghana Missions; Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale (MOMENTUM), Coordinating Implementation Research to Communicate Learning and Evidence (CIRCLE), and Health Evaluation and Applied Research Development (HEARD) mechanisms; United Nations International Children's Emergency Fund (UNICEF); the World Health Organization (WHO); the Bill and Melinda Gates Foundation (BMGF); the International Development Research Centre (IDRC); and Doris Duke Foundation.

HQ Survey: The assessment also included a self-administered online mini survey of 20 HQ staff and leaders based in Washington, D.C.

KEY FINDINGS AND CONCLUSIONS

AQs 1 and 2 focus on the past and current role of the RP Division in advancing the “research-to-use” and L&AM agenda, on the critical elements of good L&AM and qualities of good technical assistance (TA), and on areas for improvement. AQ 3 focuses on the future role of the RP Division at three levels: global, HQ, and field.

AQ1: What role did the RP Division play in advancing “research-to-use” and M&E to promote adaptive learning and KM? In what ways did the RP Division impact mission programming and/or practices?

There was a lack of a common term to capture “research-to-use” and M&E to promote adaptive learning and KM/KT. The assessment team and the RP Division jointly agreed to learning and adaptive management (L&AM) as a term that encompasses several components including KM/KT; monitoring, evaluation, and learning (MEL); implementation research (IR); and Collaborating, Learning, and Adapting (CLA). The term had to be explained to most respondents during the interviews, and various stakeholder groups were more familiar with other terms such as CLA, implementation science (IS), or Operations Research (OR). Non-HQ staff preferred discussing program implementation rather than research design topics.

Mission respondents reported few requests for TA from the RP Division in general, mostly for project evaluations, and even fewer for elements of L&AM. However, overall, L&AM is highly valued for each strategic stakeholder group. Some of the top reasons for valuing L&AM were to “increase impact,” achieve “process improvements,” “tell the story,” “achieve scale,” “identify obstacles and opportunities,” and “accelerate research-to-use.”

L&AM is valued but not routinely implemented. Obstacles to L&AM are both technical and relational, and they hinder the routine uptake of L&AM. The top obstacles were “time factors,” “competing demands,” “mind-set,” and “failure dynamics.” Results orientation remains a priority in the Agency and contribution of L&AM to implementation results is hard to measure, and L&AM is still seen as slowing down implementation. Results requirements and lack of dedicated funding lead to late and spotty

incorporation of L&AM. Promoting L&AM (especially IR) is limited by uncertain return on investment (ROI).

AQ2: What were the critical elements of the RP Division portfolio (spanning structure, management, staffing, approach, and technical priorities) that helped advance MCHN Office and Agency objectives? Which aspects are in need of improvement or reconsideration for future?

Critical elements of L&AM overlap with important qualities of good TA. Top elements and qualities include “*local, early, and continuous stakeholder engagement*,” understanding “*local context*,” and expertise in building “*local capacity*.” The RP Division has made great progress toward early stakeholder engagement, through Broad Agency Announcements (BAA) and the various mechanisms, such as HEARD and CIRCLE. Important qualities of good TA included “*interpersonal and relationship skills*” such as good communication, facilitation, respect for others, humbleness, openness, and awareness of power dynamics, qualities that were mentioned more frequently than technical skills.

The RP Division is seen as important in providing TA support and in building capacity in L&AM at the field level, although stakeholders requested TA more frequently for concrete areas (such as M&E) than for research or KM/KT. The RP Division has advanced many of the previously defined priorities; its focus and priorities have been much clearer than before. The Division is frequently seen as a champion of IR.

There are areas for improvement or increased attention. Some mission and HQ staff do not know the purpose and role of the RP Division. Despite improvements over the last five years, bandwidth issues still limit rapid TA response. Despite successes, the BAA co-design process was seen as a heavy lift and burdensome. L&AM and TA require local contextualization; the RP Division is not seen as always doing this and missions may prefer local TA. There is a need for a standardized methodology, KM/KT enhancement, and joint and early design of more relevant IR. In addition to addressing these technical aspects, the RP Division should invest in relationship-building to achieve real local engagement, strong local partnerships, and local ownership in decision-making and program implementation.

AQ3: What should be the approach of the RP Division in:

3.a Working collaboratively with other MCHN Office Divisions to inform the following:

3.b Global technical leadership and learning?

3.c Engaging with and supporting USAID missions?

The RP Division works within and across all three levels (global, HQ, and field) and it plays an important role in connecting the three. Due to its unique niche and IR expertise, the RP Division should have a much greater focus on providing TA to enhance the work and programmatic results of others, rather than its own project agenda. The RP Division should be clear on what and how much it can do within each of the three levels.

The shift to “service” should focus more on the field and HQ, and less on globally directed priorities. The primary focus of the RP Division for HQ service was seen in project M&E, KM/KT, and being a “champion” for CLA and IR. Missions reported RP Division’s service in L&AM methodologic support, followed by direct TA. Missions expressed a desire for help to embed IR and L&AM into the initial program design.

There is cross-cutting work that the RP Division could lead on for the MCHN Office, working with the Bureau for Policy, Planning, and Learning (PPL) and other USAID offices to develop L&AM methodologies and metrics, simplify processes, reduce co-design burdens, and support KM/KT.

The RP Division can also facilitate the needed KM/KT exchange between the global and field levels. Respondents saw the global policy dialogue as needing input from USAID’s field missions and

valued learning of global trends and best practices as long as they are able to be adapted to local contexts. This interface with global entities was not the singular domain of the RP Division but was shared by the MCHN Office and BGH; thus, good communication and collaboration would be needed.

Externalities

The assessment included externalities, as per RP Division's request. Externalities were defined as something outside of project implementation that impacted the ability to implement the program. The coronavirus (COVID-19) pandemic was the most dramatic and current example, but other examples given were natural disasters, war, economic changes (even changed currency exchange rates), and local election disturbances. Some externalities, such as COVID-19, would need to be addressed programmatically while others, less directly linked to health programs – such as election violence – also impact delivery of health programs and services. For the major and unexpected externalities, a main concern was how to continue to accomplish the previously set long-term priorities in reducing maternal and child morbidity and mortality. The adaptation needed would then be how to achieve the programmatic priorities of women and children's health, despite the advent of the externality.

COVID-19 provided some interesting and perhaps new thinking relative to externalities and being adaptable. COVID-19 has profoundly changed how USAID and others do their work in ways not anticipated at this level, even one year previously. Virtual consultations are now the norm with fewer TDYs. There is greater local decision-making with less fly-in advising. This has fast-forwarded greater local leadership. The Global Health (GH) community continues to learn the benefits of flexible adaptive work. Perhaps as important was the finding that almost all respondents asked about COVID-19 considered it an extremely good example of the changeability of the GH environment that regularly requires learning and flexibility. Many thought that lessons learned from COVID-19 were going to be beneficial and continue in the long term. Often, this portion of the interview returned the discussion back to critical attributes of L&AM and the need to have flexibility and pause and reflection regularly within program timelines.

Theory of Change Revision

In addition to the evaluation questions within the SOW, the assessment team was asked to comment on revisions needed to RP Division's TOC. Currently, the RP Division has a general Division TOC. The value of L&AM management statements provide good fodder for what outcomes or products are desired by different parties either implicitly or explicitly in the TOC. The obstacles uncovered in this assessment provide examples of contingencies or design parameters that could be built into the TOC. The elements of good L&AM could characterize the inputs (like stakeholder engagement) and interaction between inputs and outputs (like building in pause and reflection points). The elements of good TA (such as flexibility, listening, and adaptability), together with the roles suggested for the RP Division (developing standardized methodology and metrics for L&AM), provide guidance on how to move from those inputs to achieve the outputs described in the value statements. The assessment team believes that completing ROI or value proposition studies would facilitate the development of a clearer TOC. To develop a revised TOC is beyond the scope of this assessment but should be part of clarifying the RP Division vision and role in L&AM in the future.

CRITICAL RECOMMENDATIONS IN SHORT/MEDIUM TERM

Below are major recommendations from the assessment, with designations of short **(S)** and medium **(M)**-term actions. As the assessment progressed, it became clear that in order for the RP Division to be successful there needed to be both an enabling environment and specific actions by other USAID organizational units. Therefore, the assessment team organized the recommendations by three groups. In addition to the RP Division recommendations, there are several recommendations for the MCHN Office and the BGH that are necessary if the RP Division is to reach its vision for the future. Finally, some of the assessment recommendations were generated during discussions with stakeholder groups and go beyond the simple reflection of findings of this assessment.

THE RESEARCH AND POLICY DIVISION

The RP Division should revise its TOC, vision statement, and role and communicate this widely.

The RP Division needs to review the findings of this assessment, have a Division discussion of key implications, and develop next steps for action. This discussion could be during a division retreat where the TOC, vision statement and roles are reviewed and revised. The RP Division should consider the following during this discussion:

1. Shift emphasis from “doing” to more “service” and partnerships with others. **(S/Ongoing)**
2. Continue roles at the global, bureau, mission, and cross-cutting areas. **(Ongoing)**
3. Provide leadership in tailoring L&AM (CLA) tools, specifically to the needs of the MCHN Office. **(M)**
4. Develop case studies of L&AM successes to demonstrate the ROI and to make an evidence-based strong case for L&AM. **(M)**
5. Conduct scanning and evidence synthesis that provides rigor and quality reviews to the existing experience. Best practices should be identified that will ensure evidence-based programming. The RP Division should convene learning forums between and across different levels to disseminate this information which could be done through a variety of mechanisms: State of the Art Trainings (SOTAs), webinars, field posting, Foreign Service National (FSN) HQ postings, CoPs or learning forums. **(M)**
6. This service and partnership focus includes retaining a valued role in engagement with multilaterals. Support field voices in global forums to ensure that learning should be a two-way process and not just top down. **(S/Ongoing)**

The RP Division should strengthen its service to the field.

The RP Division needs to ensure a strong connection with the missions and host governments. Here are some possible ways to strengthen this area.

1. Take advantage of the BGH country team mechanisms to stay in touch and coordinate with other units in supporting the field. **(S)**
2. Actively attend mission annual reviews so they can stay up-to-date on country developments. **(S/Ongoing)**
3. Continue supporting FSN fellowships from key countries. **(S/Ongoing)**
4. Work with PPL to support CLA capacity in the local missions. **(M)**

5. All RP Division staff (new hires and current staff) trained in strong communication, emotional intelligence, and facilitation skills to ensure their interactions with HQ and the field are as productive and successful as possible. **(M/Ongoing)**
6. Success in service to the field, with the implementation of these recommendations, could be measured by increased requests for TA tracked by the Unified Travel and Mission Support (UTRAMS) system. **(M)**

The RP Division needs to clarify and refocus its management to reach its full potential.

The Division should focus on ways to clarify and refocus their division management. This could be done at a retreat where staff would discuss various options and come to consensus on the best way forward. Possible areas to cover and changes to consider are:

1. Roles within the RP Division staff need to be well articulated and these roles shared widely. A staff skill matrix could be developed to be shared with others. **(S)**
2. Ways to cultivate L&AM champions both at HQ and in the field to develop a strong L&AM team. **(M/Ongoing)**
3. The RP Division needs to ensure that all division staff have a basic understanding of all the L&AM areas and not just their specific technical area. This could be done through cross-training, division-wide discussions, and technical support where staff can learn from each other. **(M/Ongoing)**
4. The RP Division project management needs to be either streamlined or reallocated so more time is freed up to address the service to other components. **(M)**
5. Spend time to develop more and stronger personal relationships with those outside the Division. One way to do this is hold a “*Getting to Know the RP Division*” session possibly after a Division retreat to share the roles and skill matrix and how the RP Division will be following up on this assessment. **(S/Ongoing)**
6. When new projects or initiatives are initiated in the RP Division, others could be invited to attend initial session so they get to know about the project/initiative and can contribute to the plans. **(M/Ongoing)**
7. The RP Division office meetings could become more interactive and highlight the work of MCHN Office and BGH colleagues. **(S/Ongoing)**
8. Staff could be assigned to represent the RP Division in other division meetings on a regular basis and report back to RP Division. **(S)**
9. The RP Division could hold brown bags on cross-cutting topics and invite a broad audience to attend. **(S/Ongoing)**

The RP Division should collaborate closely with others.

The RP Division needs to engage more with others to achieve its results. This involves both the project portfolio as well as staff interactions in HQ and the field. Here are some suggestions on ways to strengthen these relationships.

1. The feasibility of targeted projects in IR/IS and KM/KT should be explored with senior leadership given the current RP Division projects end date. **(M)**
2. The networks that have been developed by CIRCLE and HEARD should be transferred to MOMENTUM and/or a future mechanism. **(M)**

3. The RP Division could become a champion or methodology hub for L&AM (CLA) for MCHN. In this role, they should consider co-hosting a conference/workshop on adaptive learning and invite other teams. **(M)**
4. The RP Division should assist in the development and strengthening of indicators on learning and the use of learning. **(M)**
5. The RP Division needs to be capacitated and funded to develop resources that help to harmonize L&AM and help develop understanding and use for L&AM within the MCHN Office and the country missions. These resources should be incorporated into the development of MCHN L&AM champions through expanded collaboration and mentorship of colleagues in the MCHN Office and country missions. **(M)**

THE MATERNAL CHILD HEALTH AND NUTRITION OFFICE

The MCHN Office needs to ensure a focus on learning and adaptive management to reach its results.

1. Senior leadership in the MCHN Office needs to support a L&AM agenda. An office-wide retreat could be an appropriate forum to develop this agenda with strong buy-in from staff and clear actions for the Office. **(S/Ongoing)**
2. The MCHN Office could review its request for data reporting to be sure the information is needed to make decisions and not just “nice to know.” **(S/Ongoing)**
3. Data needs in MCHN need to be made more accessible through simplifying access and synthesizing information, especially through data visualization and knowledge management. The information also needs to be translated so it can be applied locally. CoPs have been useful in information and problem sharing but they need to have clear mandates, time frames, and leaders need to have strong facilitation skills. **(M)**
4. The MCHN Office could ensure that L&AM is embedded at the onset of project planning, design, and implementation and not just an afterthought. **(M)**

The MCHN Office needs to encourage collaboration to strengthen L&AM.

1. The MCHN Office should review the last retreat to take stock on the actions that were proposed and identify any gaps that need to be addressed. **(S)**
2. The roles of the various MCHN Office units could be reviewed to be sure there is clarity and that cross-cutting roles are well defined and understood. **(S)**
3. The process for “handing off” research to implementation and scale-up activities in MCHN should continue so there are not gaps in the process. The MCHN Office should provide clarity in roles during this transfer process and ensure the active involvement of all key players early in the process. **(Ongoing)**
4. The MCHN Office could consider establishing a Research Support team to review the research in the office to ensure quality, good coordination, and reduce duplication. **(M)**
5. The MCHN Office should consider buying-in to the Propel Project in PRH for areas that need greater policy attention in MCHN. **(M)**
6. The MCHN Office should consider collaborating with PPL on L&AM, including harmonizing terms and supporting missions. **(M/Ongoing)**
7. Multi-disciplinary TA teams were well received and could be promoted. The MCHN Office could collaborate more with the HSS office in areas of mutual interest (e.g., equity) and developing and supporting field-based work in these areas. Another option is to explore the possibility of hiring

an operational health economist to embed this perspective in its program and projects. **(M/Ongoing)**

THE BUREAU OF GLOBAL HEALTH

L&AM needs to be promoted and standardized, and terms should be harmonized across the Bureau.

1. BGH needs to work with other offices in the Agency (especially PPL) to address this issue. A document that clearly lays out the common terms and definitions should be developed and widely disseminated so there can be a common vocabulary in the L&AM field. BGH also needs to be a strong advocate for L&AM and create a culture of learning and measuring that learning in the Bureau. **(S)**

A culture where “failure” is safe needs to be created in the Bureau.

2. Leaders throughout BGH need to set the tone and reward staff for taking risks. Openly acknowledging that risk is part of development and not punishing failure is important. Creating forums where failure is discussed and studied should be encouraged. Staff need to be urged to redesign their activities based on what they have learned through this process so failure can be turned into success. **(M/Ongoing)**

The Bureau needs to have mechanisms that are flexible to be able to respond to externalities.

3. BGH should conduct high-level discussions with the Office of Procurement to explore ways to build more flexibility and learning into the ongoing and future project portfolio. Also contract staff and AORs should be included in L&AM (CLA) training in the future. **(M)**

Skills in knowledge translation need to be developed in appropriate staff in the Bureau.

4. BGH needs to support skills in the staff to help synthesize and translate information so it is more easily absorbed. This could include data analysis, technical and research writing, graphic design, and data visualization. **(M)**

The Bureau should consider ways to identify common issues across offices and establish common pathways for working together.

5. BGH should consider creating an annual process to ensure broader collaboration, spark cross-office discussion, and develop concrete action plans for joint action. An annual coordination meeting would be one way to do this. Other ways would be newsletters, webinars, and cross-bureau technical support to the field. **(M)**

The Bureau should support long-term training of local professionals to develop the next generation of leaders in global health.

6. BGH (working with others) is urged to increase support for long-term training in the global health area, especially in L&AM. **(M/Ongoing)**

I. ASSESSMENT PURPOSE AND QUESTIONS

I.1 ASSESSMENT PURPOSE

The purpose of this strategic assessment was to review the current Research and Policy (RP) Division approach, strategies, and activities in the context of United States Agency for International Development’s (USAID) Maternal and Child Health and Nutrition (MCHN) Office and the broader Agency direction. The goal was to identify options to enhance the integrated use of research, evaluation, and research translation activities to achieve the MCHN Office and Agency objectives. This assessment documented and learned from the research, monitoring and evaluation (M&E), and learning portfolio, as well as activities undertaken by MCHN/RP Division staff. It also reviewed the achievements and challenges of the RP Division portfolio and activities and provided insights into the effectiveness and relevance of the strategies and approaches that have been implemented to achieve outcomes.

The assessment seeks to inform future investments and increase effective programming for the MCHN Office and other units engaged in research-to-use strategies. The MCHN Office will use the findings to position existing activities and plans for further integration of ongoing activities and future designs for research, M&E, knowledge management (KM), knowledge translation (KT), and learning. The assessment findings will also help MCHN develop a learning agenda and will contribute to the development of MCHN Office’s KM working group. Moreover, the assessment sets the stage for discussions regarding RP Division’s next projects and supportive activities within MCHN Office and the Bureau of Global Health (BGH) and revisions of RP Division’s TOC, vision statement, and roles. The assessment results will also guide broader discussions within USAID and beyond in how to effectively use research and learning in health development activities.

The primary users of the assessment results will be USAID staff in Washington headquarters (HQ), BGH, and country missions. Other donors and non-USAID stakeholders supporting MCHN research, M&E, and KM/KT and learning activities may also find the assessment results relevant.

I.2 Assessment Questions

The assessment was guided by the following three assessment questions (AQs):²

AQ1: What role did the RP Division play in advancing “research-to-use” and M&E to promote adaptive learning and KM? In what ways did the RP Division impact mission programming and/or practices?

AQ2: What were the critical elements of the RP Division portfolio (spanning project structure, management, staffing, approach, and technical priorities) that helped advance MCHN and Agency objectives? Which aspects are in need of improvement or reconsideration for the future?

AQ3: What should be the approach of the RP Division in:

3.a Working collaboratively with other MCHN Divisions to inform the following:

3.b Global technical leadership and learning?

3.c Engaging with and supporting USAID missions?

² The assessment team refined and modified the AQs included in the original Scope of Work (SOW) based on consultations with USAID (see Annex I).

2. RESEARCH AND POLICY DIVISION BACKGROUND

2.1 THE RESEARCH AND POLICY DIVISION

MCHN's RP Division was established in 2016 as a cross-cutting unit charged with data analysis, M&E, implementation research (IR), health policy, community health, and social and behavior change (SBC). Three other Divisions—Child Health and Immunization (CHI), Maternal and Newborn Health (MNH), and Nutrition/Environmental Health (NEH)—were also created at that time.

The RP Division houses technical expertise in monitoring, evaluation, and learning (MEL), health research, including IR and KM/KT, and maternal and child health (MCH)/community health activities that are undertaken in support of MCHN objectives. Cutting across these technical expertise areas is the common goal of generating evidence for accountability and informing policies and practices at scale across priority countries on their country's journey to sustainable development.

2.2 VISION AND OBJECTIVES

The RP Division vision is stated as *“evidence to action for improving the lives of mothers and children in developing countries.”*

The RP Division has three objectives:

- Apply multidisciplinary applied research and evaluation, program monitoring, KM/KT, and policy approaches to promote the introduction, uptake, measurement, and support for effective interventions.
- Support collaborative approaches by missions, key decision-makers, stakeholders, research institutions, and service delivery providers to affect sustainable change.
- Design and undertake systematic approaches to address MCHN-related health system bottlenecks.

The RP Division five-year vision of success is described in these five points:

- Increase the capacity of USAID missions and partner country stakeholders to use evidence, appropriate research, monitoring, evaluative learning, KM/KT, and adaptive management approaches towards improved MCHN outcomes and strengthened country capacity as part of sustainable development and the global response to the coronavirus (COVID-19) pandemic.
- Employ novel and effective monitoring, research, evaluation, KM/KT, adaptive learning, and community engagement approaches to identify and develop innovations to address persistent challenges and disruptive gaps in MCHN country programming in collaboration with MCHN and mission colleagues.
- Address priority research and M&E methodological challenges, including strengthened accountability measures, better use of the Performance Plan and Report (PPR), measurement of quality, and sub-national monitoring.
- Strengthen bi-directional relationships with missions—increasing support to address implementation challenges, while also holding missions accountable to provide regular inputs and data.
- Help operationalize and advance the adaptive learning approach through community engagement, strengthened KM/KT, and cross-country monitoring, learning, and action partnerships with policymakers, implementers, and researchers to document and share the “how” of effective MCHN real-time action and programming across multiple partner countries.

2.3 OVERVIEW OF TECHNICAL FOCUS AREAS

2.3.1 Data Analysis and MEL

RP Division's M&E team works on data analysis for reporting and adaptive learning, developing new measurement methods, and contributing to evaluations and IR. It provides support to BGH and missions in the context of achieving goals related to preventing maternal and child deaths (PMCD) in countries receiving MCHN funding. It seeks to increase the availability of disaggregated data and the quality and timeliness of raw data and analyses, expand digital data and data sharing, build data warehousing with blended analyses from multiple data sources for better KM/KT, and build data analysis and MEL capacity and demand. The M&E team along with other MCHN staff have also provided technical support to measurement and data-related activities in other operating units and on behalf of BGH.

2.3.2 Health Research, including IR and KM/KT

Health research and its elements, IR and KM/KT, are part of the Health Research Program (HRP) within the RP Division. HRP seeks to accelerate the development and translation of research into effective program implementation, employing adaptive learning approaches, such as IR. It endeavors to improve research methods and increase the use of IR and embedded evaluation, advancing new models of research and adaptive learning to address technical gaps in PMCD and other USAID priorities. It also seeks to support country missions and strengthen the capacity of low- and middle-income countries (LMIC) to use new approaches in health research. As HRP evolved, the number and areas of staff technical expertise have gradually increased. HRP has championed a collaborative process with developing country leaders, researchers, and stakeholders. It supports and promotes IR as a means of accelerating the research-to-use process and facilitating the introduction, uptake, and scale up of new or adapted health interventions.

2.3.3 MCH/Community Health

The RP Division team is home to what was formerly known as the Child Survival and Grants Program, or in more recent years, the "community health" team. This assessment did not include community health in its scope because this portfolio is closing.

2.4 PRIORITIES FROM 2014 HRP EVALUATION

An HRP evaluation that was carried out in 2014 laid out the following seven priority areas for the RP Division.

1. Increase local engagement throughout the research-to-use process.
2. Examine ways to better leverage USAID structures as a health development organization engaged in research, including more efforts to engage missions.
3. Place a greater focus on IR and contribute to thinking about effective field implementation and scale up.
4. Facilitate processes and build capacity for more effective interaction between implementers and researchers.
5. Strengthen the role of IR in the research-to-use process and real-time data use processes.
6. Strengthen understanding of changing contexts by formalizing a scanning function to identify and document changes that affect funding and priority setting to ensure relevant research results.
7. Address realities (and perceptions) of HRP research priority changes to ensure adequate time to complete the research-to-use process and strengthen communications.

In addition to answering each specific AQ, the assessment team reviewed RP Division's progress against the above priority areas and has summarized the progress in the conclusions section (see Section 6).

3. ASSESSMENT DESIGN, METHODS, AND LIMITATIONS

3.1 ASSESSMENT DESIGN

The assessment team used a mixed-method approach to answer the three AQs described above. The primary data collected for the assessment were complemented by information and data available in background documents, reports, evaluations, assessments, surveys, and records provided to the assessment team by the RP Division. Annex 2 shows the assessment design matrix, including data sources and data collection and analysis methodology for each AQ.

The assessment team applied a co-creation approach, where the RP Division and other strategic stakeholders participated in all the assessment phases, including design, data collection, data analysis, and interpretation, while guaranteeing independence of the assessment throughout the process. Although the co-creation approach slowed down the assessment's progress, it provided an opportunity for useful input from key strategic stakeholders, built ownership within the RP Division and beyond, and helped generate assessment recommendations. The participatory approach is, therefore, expected to generate a high level of utilization of findings and adoption of recommendations. Restrictions related to COVID-19 and time, responsiveness, and budget limitations prevented the assessment team from conducting a deep-dive through country case studies as anticipated in the original SOW (see Annex 1).

3.2 DATA SOURCES

3.2.1 Desk Review

The assessment team conducted a desk review of more than 60 documents and reports, including the 2014 HRP evaluation, the RP management review, and mechanism reports (see Annex 4). The assessors also reviewed results from a mission survey conducted in 2020 by MCHN Office HQ that included 34 respondents from 17 country missions. The desk review provided useful background information and data on HRP and the RP Division and provided input into the initial tool development for this assessment.

3.2.2 Key Informant and Group Interviews

The assessment team used two semi-structured interview guides comprising primarily open-ended questions—one to conduct qualitative in-depth key informant interviews (KIIs), done individually and with a cluster of key informants, and the other to conduct group interviews (GIs). The respondents came from five strategic stakeholder groups as follows:

1. USAID HQ staff (BGH/MCHN Office)
2. USAID HQ leaders (BGH/MCHN Office)
3. USAID missions
4. External (collaborating) organizations
5. USAID mechanisms (projects/activities)

In total, the assessment team interviewed 76 key informants through KIIs and GIs. Respondents represented the RP Division; the MCHN Office; BGH; Uganda, Kenya, and Ghana Missions; Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale (MOMENTUM), Coordinating Implementation Research to Communicate Learning and Evidence (CIRCLE), and Health Evaluation and Applied Research Development (HEARD) mechanisms; United Nations International Children's Emergency Fund (UNICEF); World Health Organization (WHO); Bill and Melinda Gates Foundation (BMGF); International Development Research Center (IDRC); and Doris Duke Foundation (see Annex 4 for a full list of key respondents).

3.2.3 HQ Survey

The assessment also included a self-administered online mini survey of HQ staff and leaders (see strategic stakeholder groups 1 and 2 above) based in Washington, D.C. A structured questionnaire consisting of 22 questions was administered online to 23 staff members, resulting in 20 responses (87 percent response rate). The HQ survey tool collected similar information to KIIs/GIs but was quantitative and shorter. Five respondents participated in both KIIs/GIs. The HQ survey respondents included two technical staff from the RP Division, two leadership staff from other MCHN Office Divisions, and 16 technical staff from other MCHN Office departments (see Annex 4 for a full list of the HQ survey respondents).

3.2.4 Data Collection Tools and Approach

The assessment team developed the data collection tools in consultation with the RP Division and MCHN Office staff. The KII, GI, and HQ survey tools were all organized in seven sections as follows (see Annex 3 for the data collection tools):

1. What is the importance of learning and adaptive management (L&AM)?³ Why do it? (AQ1)
2. What are the qualities of good L&AM? (AQ1)
3. Where do you get support for L&AM? (AQ1)
4. What are the qualities needed for good technical assistance (TA) support? (AQs 1&2)
5. How can USAID mechanisms support L&AM? (AQ2)
6. What is the current and future desired support from the RP Division? (AQs 1&3)
7. What is needed for effective adaption to external changes? (Externalities)

The assessment team applied a mixed-method approach. For the KIIs/GIs, where deemed appropriate, more time was spent in some question areas, while others were more lightly investigated. This varied by respondent and their potential contribution to the assessment. For some targeted questions, depth was preferred over breadth, while breadth was preferred for others with shorter response time. As a result, the number of responses occasionally varied from one respondent or group to another.

3.3 SAMPLE SELECTION

The assessment team did a purposive sampling of stakeholders, i.e., ensuring that the sample included informants from all five strategic groups (HQ staff, HQ leaders, USAID missions, external organizations, and USAID mechanisms), assuming some level of homogeneity within and heterogeneity between them. The assessment team interviewed the purposively selected informants and then used snowball sampling to identify and interview additional key informants, as necessary. In the end, a total of 91 respondents participated in this assessment.

3.4 DATA MANAGEMENT AND ANALYSIS

The assessment team entered the completed KII/GI notes into a master Word document. Next, the assessment team conducted a content analysis of the qualitative data by identifying and extracting major themes by AQ. Further, they discussed the major themes as a group and investigated any other themes that may have been missed out in the initial analysis. This helped to expand the pre-coded options in closed-ended questions and group emerging themes in open-ended questions to facilitate a count of how many times each pre- and post-coded options and themes recurred.

In addition to describing the content of the qualitative findings, when appropriate, the assessment team also reported the simple counts of informants in order to provide some indication of the magnitude and frequency of a given perception, opinion, belief, etc. However, the assessment team used qualitative

³ Please see Section 4, Findings, for more information on the use of L&AM terminology for this assessment.

numbers in this report for the sole purpose of adding context to the findings and to infer statistical analysis results.⁴ The assessment team selected quotes from KII/GI and HQ survey interviews to illustrate the findings.

A second and important dimension of the KII/GI responses was the strength or “passion” with which the response was expressed. When interviewing people who are likely to give similar responses on a subject, the passion with which things are expressed can make the difference. During the interview, the assessment team used adjectives and punctuation to capture voice. This is a common practice, and qualitative researchers are currently exploring ways to standardize the use of punctuation and emojis to qualify the choice of a response. During data analysis, the assessment team then converted the passion of the comments into a 3-point color scale. The qualitative findings reported in this report present frequency and passion in tables with bubbles of different color and sizes, reflecting how often something was said and with what degree of passion.

The HQ survey was administered using Google Forms. The assessment team also used Google Forms for the initial analysis, producing descriptive statistics tables and basic visuals and then used Excel to conduct further analysis. Responses from the HQ survey were used to create frequency and two-way tables and to develop visual graphics such as scatterplots, bi-variate quadrants, histograms, and pie charts (see Annex 7 for the HQ survey results). The results were disaggregated by the five strategic stakeholder groups, when possible.

After triangulating findings from various sources for each AQ, the assessment team used a findings, conclusions, and recommendations (FCR) matrix as a tool to systematically synthesize, link, compare, and triangulate information. The FCR matrix provides a pathway from findings to conclusions and recommendations.⁵ As part of the co-creation design of this assessment, the assessment team generated a number of recommendations during working group discussions with various strategic stakeholders.

3.5 ETHICAL CONSIDERATIONS AND HUMAN SUBJECT PROTECTION

All participants in the assessment were informed of the assessment purpose, participated voluntarily, and signed consent forms. The notes or transcripts that were taken during the interviews will remain confidential. The assessment team engaged with the RP Division and others in this strategic assessment using a co-design, participatory process. While this approach optimizes collaborative learning, ethical considerations such as the autonomy and independence of the assessment team, and perceived harm of sharing information must be addressed. The RP Division mitigated this risk by emphasizing these values and assuring both the assessment team and staff right from the onset.⁶

3.6 LIMITATIONS

The assessment team faced several constraints during this assessment.

- COVID-19 and related travel restrictions limited in-person consultations and KIIs/GIs, slowed assessment progress, and made it harder to ground truth potential recommendations.
- The assessment started at a time of the year when USAID missions typically have competing high priorities (PPRs and Operational Plans). This had a negative impact on the availability of mission staff and HQ leadership to participate in the assessment.

⁴ Maxwell, J. A., (2010). Using numbers in qualitative research. *Qualitative Inquiry*. 16(6) 475–482. <https://journals.sagepub.com/doi/pdf/10.1177/1077800410364740>

⁵ The FCR matrix is included in the “Addendum for Internal Use of the Research and Policy Division”

⁶ Fiscella K et al: Ethical oversight in quality improvement and quality improvement research: new approaches to promote a learning health care system. *BMC Medical Ethics* 2015; 16: 63.

- Purposive sampling, though common to qualitative research, could have introduced some bias, and snowball sampling always introduces selection bias (as people recommend people whom they know).
- Adapting the tools as interviews were progressing added a limitation in that respondents were not all asked to opine on every item. The later interviews focused more on information gaps and testing of potential solutions.
- Interviews done in clusters of two or three respondents could introduce some degree of group bias as respondents could have influenced one another, and responses could be dominated by a few individuals in the GIs. This potential limitation was mitigated by the assessment team members being aware of this possibility and trying to engage all participants in the interview process.
- Observing the passion in a response is difficult and subjective, and it became even more difficult and subjective in the virtual interviews as the body language was not easily observable.⁷
- To mitigate this limitation and to calibrate interviewer coding for passion, the first 25 percent of KIIs/GIs were conducted and/or observed by two or three of the assessment team members.
- The spectrum of the knowledge of the RP Division and its role varies broadly. Respondents who are more knowledgeable of the RP Division may have expressed themselves louder or better than others.
- Some stakeholder groups, including the implementing partners and international non-governmental organizations (INGOs), may have an actual or potential conflict of interest.
- Data from the Unified Travel and Mission Support (UTRAMS) system, the Agency data system for tracking all TA requests (and mission satisfaction with TA) were not available to the assessment team or in the assessment scope of work. Future exploration of this data source may allow the MCHN Office to track whether the demand for RP Division's TA increases as they implement recommendations in this report and other changes.
- COVID-19 represented both a limitation and an opportunity to explore new approaches to doing assessments and future RP Division work as highlighted elsewhere in this report.

4. FINDINGS

This section presents the key assessment findings by AQ, illustrated by a selected number of tables and graphs.⁸

To address the AOs, the assessment team focused on the role of the RP Division based on respondents' past and current experience (AOs 1&2) and their opinions about RP Division's role in the future (AO3). This being a strategic assessment and not an evaluation of RP Division's work in the last five years allowed the assessment team to ask questions about the future, even when a respondent did not have past or current experience.

It is noteworthy that as the assessment progressed, items in the KII/GI guide tables continued to expand based on information obtained through the interviews. When respondents' narrative referenced a topic or element not previously included in the KII/GI guide tables, the assessment team added them accordingly. In addition, the assessment team did not ask all KII/GI questions to all respondents; this depended on the

⁷ Kouamé and Liu, Capturing emotions in qualitative strategic organization research. *Strategic Organization Journal*, July 2020 <https://journals.sagepub.com/doi/full/10.1177/1476127020935449>

⁸ For additional and more detailed information, please see Annex 5 (HQ Survey Results) and the FCR matrix and KII Compilation in the "Addendum for Internal Use of the Research and Policy Division"

respondents' area of expertise, experience, stakeholder group, etc. As a result, the denominators for a number of findings in this section vary.

4.1 ASSESSMENT QUESTION I

What role did the RP Division play in advancing “research-to-use” and M&E to promote adaptive learning and KM? In what ways did the RP Division impact mission programming and/or practices?

Terminology to Capture “Research-to-Use” and M&E to promote adaptive learning and KM/KT

AQI requires an understanding of the RP Division's role in advancing “research-to-use” and M&E to promote adaptive learning and KM/KT and how this role has changed over time, both in practice and attitudes. Early in the assessment, the lack of common terms to capture “research-to-use” and “adaptive learning and KM/KT” presented a major obstacle. The assessment team had a number of discussions with the RP Division and jointly agreed to refer to learning and adaptive management (L&AM) as a term that encompasses several components, including MEL, IR, Collaborating, Learning, and Adapting (CLA), and KM/KT. Despite this, the term required an explanation during most interviews. Some missions were more familiar with CLA, while other groups preferred Implementation Science (IS) over IR—a term that was seen as more practical and did not carry the baggage of “research”—or the older term Operations Research (OR). Some respondents preferred to discuss program implementation without getting into complicated research design topics, an attitude that was more prominent among non-HQ staff.

The Role of the RP Division in Advancing L&AM

Background documents, including the 2020 RP Division management report and the 2020 mission survey conducted by the RP Division, indicated that there were fewer requests for TA from the RP Division in general, and most often it was for conducting project evaluations rather than for the strategic research that the Division was hoping to carry out. This initial RP Division priority, to promote enhanced research to use, is one element of L&AM. The RP Division also had priorities for strategic IR, M&E, and KM/KT TA, the other main elements of L&AM.

The assessment team was not clear if the limited role of the RP Division in supporting L&AM, reflected in the mission survey and the early assessment interviews, was because L&AM was not highly valued or for other reasons. Therefore, the main focus of the assessment became finding out what various strategic stakeholders want in TA for L&AM and what prevents them from robust pursuit of L&AM. To answer AQI, the assessment team investigated the perceived value of L&AM and its elements, reasons why L&AM is valuable, and obstacles to incorporating L&AM agenda into mission programming and practices.

Greater specificity on technical areas within L&AM and the RP Division's role in providing TA in these areas is explored in findings for AQ2.

Perceived Value of L&AM

The assessment team found that overall, L&AM is highly valued, across all strategic stakeholder groups. All 76 KII/GI respondents rated the importance of L&AM at 4-5 on a five-point scale with two exceptions. One of the two respondents who gave a lower score further elaborated that the score 3 refers only to the short-term value of L&AM, but when considering the long term, the score was a 5. Another respondent rated the value of L&AM a 10 on the five-point scale to emphasize how essential he thought continual learning is. Similar to KII/GI respondents, 19 of the 20 HQ survey respondents (95 percent) rated the value of L&AM at 4-5 (see Table 1).

Table I. Importance of L&AM by Strategic Stakeholder Group

| HQ survey (N=20) | HQ staff KII/GIs (N=31) | HQ leaders KII/GIs (N=11) | Mission KII/GIs (N=20) | External Organizations KII/GIs (N=5) | Mechanism staff KII/GIs (N=9) |
|----------------------------------|----------------------------------|---------------------------|------------------------|--------------------------------------|-------------------------------------|
| 95% @ 4-5 5% @ 3 (one person) | 95% @ 4-5 5% @ 3 (one person) | 100% @ 4-5 | 100% @ 4.5-5 | 100% @ 4.5-5 | 90% @ 4-5 10% @ 3.5 (one person) |

As mentioned above, stakeholder groups requested the RP Division to provide TA for M&E more often than for research or KM/KT. To explore this more deeply, the assessment team sought input on whether some L&AM elements were deemed more vital than others by specifically asking a sub-sample of respondents about the comparative value of each L&AM subcomponent, i.e., IR, MEL, KM/KT, and CLA. Responses from the HQ survey on this topic showed some variability, with MEL having the highest importance score (see Annex 5, Figure A5.1). However, KII respondents often said that all L&AM components are interconnected and equally important — but important for different purposes. Only one KII respondent rated IR lower than the other L&AM elements.

When asked about specific reasons for valuing L&AM, respondents mentioned more than 20 reasons.⁹ The top two reasons given were to “increase impact” and to achieve “process improvements” (see Table 2 below). The next most frequent responses were to “tell the story,” “achieve scale,” “identify obstacles and opportunities,” and “accelerate research-to-use.” The most frequent comment during the discussion of the value of L&AM were variations on “don’t repeat previous mistakes” or “don’t reinvent the wheel.”

Table 2 shows the reasons for doing L&AM by number of respondents for each stakeholder group. The assessment team totaled the overall frequency each reason was cited, collating responses from the relevant questions in the HQ survey, input into the respective KII/GI guide table, and mentions of the reasons in both the HQ survey and KII/GI narrative. To capture the prioritization among these reasons, the assessment team used three sizes of bubbles and three shades of blue. The bubbles are shown in three sizes representing the relative importance of an element within a particular stakeholder group. The assessment team also captured how vehemently the respondents expressed their opinion about each reason for doing L&AM and their importance (when determinable by choice of words or tone) on a three-point color scale, the darker the more important it was. In the final column, color represents the average of “passion,” as expressed across the different strategic stakeholder groups.

On the value of L&AM:
“It’s about getting smarter, the stewardship of limited resources to produce impact. It is not a luxury.”
 (External Respondent)

“It’s not only about learning it’s a better way to implement programs.”
 (HQ Staff)

The size of the bubble is dominated by the largest group of respondents (HQ staff participating in KIIs/GIs and the survey). The “voice” of smaller groups, like external organizations (N=5) and HQ leaders (N=11) is given equal weight in the “passion” average. Table 2 shows some of the areas of similarities and





⁹ For more details, see the KII Compilation in the “Addendum for Internal Use of the Research and Policy Division”

differences across stakeholder groups. One would expect that HQ leaders talk more about “*data to tell the story*” than program staff. However, the answers from program staff were similar to those from the HQ leaders. Program staff felt they need to tell the story in order to get leadership buy-in and funding. Identifying obstacles, overcoming obstacles, and telling the story were reasons consistently prioritized across all groups, with some variability in frequency and emphasis. “*Process improvements*” were mentioned as reasons to do L&AM by HQ staff respondents in both the survey and KIIs/GIs. The size of this respondent group drove this reason into the top-rated space overall. Using L&AM to generate evidence to “*change policy/do advocacy*” and “*decolonize thinking*” was prioritized by HQ leaders and external organization respondents more than by other groups. While these two stakeholder groups expressed a strong emphasis on “*changing policy*,” this reason was a late addition to the KII/GI guide and therefore, the total frequency is lower than other reasons.

“*Funding*” was a sub-theme behind many of the other reasons to do L&AM. Program staff talked more often than others about using L&AM to improve program efficiency and mid-course corrections. This was connected to funding through references to being good stewards of public resources and “*getting the most bang for the buck*.”

Table 2. Key Reasons for Doing L&AM by Strategic Stakeholder Group (Frequency and Passion)

| Reasons for L&AM | HQ Survey (N=20)* | HQ Staff KIIs/GIs (N=31) | HQ Leaders KIIs/GIs (N=11) | Mission KIIs/GIs (N=20) | External Organizations KIIs/GIs (N=5) | Mechanism KIIs/GIs (N=9) | All (N=91) |
|---|-------------------|--------------------------|----------------------------|-------------------------|---------------------------------------|--------------------------|------------|
| Process improvements in implementation (such as less fragmentation; improved efficiency; and reduced costs) | 9 | 12 | | | | | 21 |
| Data to “tell the story” | 3 | 8 | 3 | 1 | 1 | 2 | 18 |
| Overcoming obstacles to “introduction” and “scaling” | 6 | 6 | 1 | 1 | 1 | 1 | 16 |
| Identify obstacles & opportunities; don’t waste money; don’t repeat mistakes | 3 | 5 | 1 | 1 | 1 | 3 | 14 |
| Change policy/do advocacy | | 2 | 2 | | 2 | | 6 |

| Reasons for L&AM | HQ Survey (N=20)* | HQ Staff KIIs/GIs (N=31) | HQ Leaders KIIs/GIs (N=11) | Mission KIIs/GIs (N=20) | External Organizations KIIs/GIs (N=5) | Mechanism KIIs/GIs (N=9) | All (N=91) |
|-------------------------------------|--|--------------------------|--|-------------------------|--|--------------------------|--|
| Empower people; decolonize thinking | 1  | | 1  | | 3  | | 4  |

* Bubbles in the HQ survey column are clear because there was no “passion” discernible in the quantitative survey data.

Note: Bubble color reflects passion; bubble size reflects frequency

Obstacles to L&AM

If L&AM is valued but not carried out, then it is critical to understand the obstacles of various stakeholder groups to engaging in L&AM. Although the data collection tools included only four L&AM obstacle areas, respondents mentioned more than 25 different obstacles. As the list of obstacles to L&AM in the data collection tools increased as the assessment progressed, later respondents affirmed that the additional obstacles were valid and significant.

The top four obstacles were “time factors,” “competing demands,” “mind-set,” and “failure dynamics” (see word cloud in Figure 2 below).¹⁰ As mentioned earlier, denominators for each obstacle may vary, as the assessment team added a number of them in the KII/GI guides based on information received during interviews. When similar obstacles were clustered, the non-technical factors, such as the ones listed above, were more frequently named than technical obstacles, like “strategy” or “technical know-how.” When disaggregated by strategic stakeholder groups, group responses varied only a little in their passion and priorities and were highly consistent across groups.

¹⁰ For more details, see Annex 5, Table 5.3 and KII Compilation in the “Addendum for Internal Use of the Research and Policy Division”

Figure 1. Word Cloud of Responses to Obstacles to Doing L&AM



The top four obstacles (“time factors,” “competing demands,” “mind-set,” and “failure”) elicited the most emotional, frustrated responses. “Lack of time” and “bandwidth” were issues for the RP Division, HQ staff, and the missions. Respondents both inside and outside of the RP Division said they were understaffed for several years and that recent hires were a welcome expansion of bandwidth. Staff within the RP Division noted that for some, 80 percent of their time had been spent on RP Division-specific projects, leaving little time to provide L&AM TA or service to other divisions. As some projects are closing out, the RP Division bandwidth is increasing. Bandwidth, and especially the time it takes to do L&AM, was also a factor for all other stakeholder groups. Respondents noted that the three-to-five-year program implementation cycles detract from the willingness to do the slower start-up associated with co-design. Similarly, IR efforts are perceived as requiring longer timeframes than program implementation. However, IR is often added after program start-up, confining it to years two to four of a five-year program implementation. This is deemed as insufficient time for good, quality IR, which in turn limits the research usefulness.

The most passionate discussions were around “failure dynamics.” As a results-based agency answerable to Congress for funding, USAID has strong incentives to demonstrate success. There is competition for funding in a resource-constrained environment that drives USAID programs to tout successes. Even when learning is understood to be dependent on knowing what is not going well, there are disincentives to open discussion of “failure.” Challenges are predominantly discussed when they have been overcome, leaving the most intransigent challenges that hinder performance not readily discussed or addressed. This is not a new issue, but given the focus on L&AM, there is a desire for safe spaces for failure discussion in order to facilitate learning. “Mind-set” was also a vibrant topic of discussion, closely related to the failure discussion, citing “USAID’s doing culture, not learning culture.” MCHN is one of the oldest, most established areas of Global Health (GH) and has large body of evidence-based practices proven to produce results.

“Have to be willing to talk about failure.”

(Multiple Respondents)

The emphasis on using these evidence-based interventions is laudable but is perceived as hindering exploration of new ways to implement—i.e., if you know the intervention best practice, then just do it, so you can get to the results. MCHN also has fewer “new” areas of work, which would require an inquisitive learning and research-oriented mind-set. Critical thinking, or stopping to learn, was seen as both a skillset and a mind-set not fostered within USAID culture. Usually, stakeholder groups were more apt to identify this as a weakness of other groups, but not their own. Missions noted that lack of time plays into the less critical thinking mind-set. These discussions were often linked to the difficulty of being open about failure, lack of incentives to identify and learn from failure, and the rush to get results. Even those who most vehemently argued that “*every project is an experiment*” and that even best practices may not assure successful results noted that there are metrics for results but not for learning. Theories of change and L&AM justifications presume that learning will increase results but measuring the incremental results from the time and effort invested in learning is difficult to do (and not routinely done).

Programmatic obstacles like “*lack of clear methodology*” and “*lack of capacity*” were reaffirmed as important but were mentioned less emotionally and less frequently. There were some distinctions between the different strategic groups on which obstacles were most notable. Respondents from external organizations, like BMGF, Doris Duke Foundation, WHO, and UNICEF talked more about “*power imbalance limiting engagement*” with stakeholders. In contrast, both external respondents and HQ leaders spoke more about the lack of dedicated funding for L&AM. HQ staff, including the RP Division, MCHN Office, and other USAID HQ staff, talked more often and vehemently about a “*lack of a learning culture and mind-set*.” Missions spoke more frequently about “*competing demands*” and “*results orientation*.”

These obstacles are not mutually exclusive. Being able to talk about failure would allow a shift in mind-set and culture. Having a clear methodology and dealing with flexibility in mechanisms and donor expectations would help develop metrics, which would allow L&AM to be done more efficiently; it would also allow it to be measured, and therefore “*compete*” successfully with other priorities.

4.2 ASSESSMENT QUESTION 2

What were the critical elements of the RP Division portfolio (spanning structure, management, staffing, approach, and technical priorities) that helped advance MCHN and Agency objectives? Which aspects are in need of improvement or reconsideration for future?

Critical Elements of Learning and Adaptive Management

The assessment team first explored what various stakeholder groups perceive as the critical elements of good L&AM. They began by asking respondents for unprompted critical elements of L&AM and followed by asking about 18 prompted elements included in the interview guides. The responses resulted in more than 20 elements deemed critical to doing L&AM well.









All respondents agreed that the 18 elements included in the KII/GI guides were in fact critical for good L&AM. Some respondents qualified the language or gave examples for each element, but no element was deemed unimportant. Table 3 shows the top eight critical elements for good L&AM by stakeholder group.¹¹

Table 3 shows that the top critical element for good L&AM are “*local, early, and continuous stakeholder engagement*,” having been mentioned much more frequently than other elements. Several respondents elaborated that local stakeholder engagement must be “*real*” engagement with decision-making power and ownership. The engagement and understanding of the local stakeholders are at the center of four of the top eight L&AM priority elements (“*early and continuous stakeholder engagement*,” “*joint priority setting and strategic fit to local priorities*,” “*local leadership capacity building*,” and “*local contextualization*”). In addition to the four elements that include local engagement, the other four were related to program implementation

¹¹ For more details, see the KII Compilation in the “Addendum for Internal Use of the Research and Policy Division”

improvements (“*comparing effectiveness of potential solutions,*” “*enhanced data capture and use,*” “*identifying gaps and implementation challenges,*” and “*process documentation for mid-course correction*”) as critical elements to successful L&AM. Interestingly, learning methodology was not in the initial interview guide and only about five respondents mentioned building-in actual learning methodology. One mission respondent mentioned “*pause, pivot, proceed*” as a way to routinely include learning in program implementation. Respondents continued to offer additional critical elements to our list, and these late additions therefore had fewer respondent affirmations—but may still be critical. “*Learning methodology*” came up most often later in the interviews, during the discussion of externalities (see Externalities below). Missions, especially, noted that there is no standard methodology to adjust program implementation, either in response to learning or to external factors. KM/KT was seen as critical to learning when relevant to one’s own and others’ program(s), while inputting and extracting information from nascent KM systems was seen as burdensome.

Table 3. Critical Elements to Successful L&AM (Frequency and Passion)

| What are the critical elements to successful L&AM (IR, MEL, CLA or KM/KT)? | Number | Total |
|--|--------|---|
| Early & continuous local stakeholder engagement (nurture sustained continuity) | 30 |  |
| Joint priority setting, strategic fit to local priorities | 19 |  |
| Comparing effectiveness of potential solutions | 13 |  |
| Enhanced data capture & use | 12 |  |
| Identifying gaps and implementation challenges | 12 |  |
| Local leadership capacity building—mentoring, long term investment. “learn to learn” | 12 |  |
| Local contextualization | 9 |  |
| Process documentation for mid-course correction | 8 |  |

Note: Bubble color reflects passion; bubble size reflects frequency

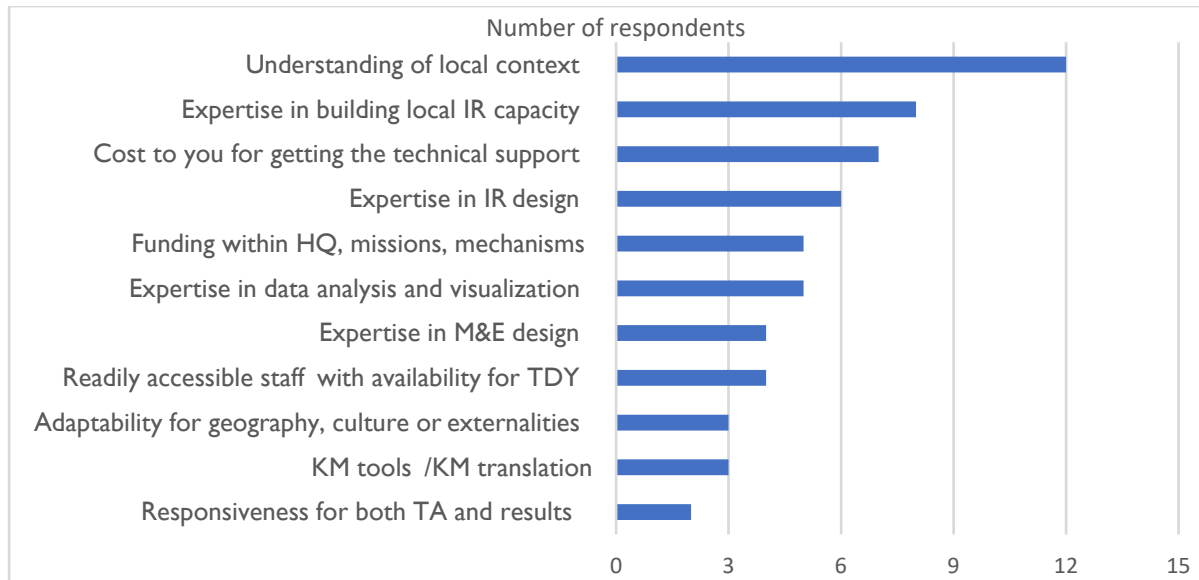
Technical Assistance Approach

Optimal RP Division structure, staff, and skill mix depends on what kind of TA is needed and how the RP Division partners want and access that TA. The assessment team looked at how various groups want TA generally, and from the RP Division in particular (if applicable).

Critical qualities of good TA overlap with critical elements of L&AM. The HQ survey tool contained 10 technical attributes for respondents to prioritize (these were expanded to 13 in the KII/GI guide lists as the assessment progressed; see Section D in data collection tools, Annex 3). Of the 20 HQ survey respondents, “*local context*” and expertise in building “*local capacity*” were the highest priority attributes (see Figure 3). In addition to qualities shown in Figure 2, additional write-in attributes of good TA were

“technical expertise in requested area,” “understanding local constraints,” and “having time to explore and meet the need behind the TA request.”

Figure 2. Essential Qualities of Good TA by Frequency of HQ Survey Respondents (N=20)



However, when in addition to responding to the pre-determined list in the KII/GI guide, respondents were asked the open-ended question “What else is important and missing in TA?”, they offered diverse and passionately held views (see word cloud in Figure 3 below). Similar to critical elements of L&AM, local context was a top quality for good TA. Interpersonal skills, such as communication, facilitation, as well as attitudinal descriptors, such as respect for others, humbleness, openness, and awareness of power dynamics, were named more frequently than the technical skills provided in the pre-determined list in the table. Both individually and when combined, these “soft skills” were expressed more often and more vehemently than the technical skills. All respondents had said that most TA was sourced through personal relationships or “who you knew.” It is possible that there is a presumption that a technical advisor would have technical expertise and therefore the critical differentiating factor they looked for would be those advisors they trusted, who understand their situation or locality, and who advised them as a peer partner. The strong emphasis that these interpersonal skills are essential to good TA was a generalized recommendation, not specific to the RP Division. However, there is acknowledgement that technical teams like the RP Division are currently hired/chosen for technical skills and not necessarily for their interpersonal skills, which are also a requisite for good TA, as shown by this assessment.

Figure 3. Word Cloud of KII/GI Responses to the Critical Elements of Technical Assistance



An understanding of local context is prominent for both good TA and as a critical element of L&AM. For the most part, all strategic stakeholder groups gave similar responses regarding good TA. This included the opinion that TA requests are relationship-based, within and outside of USAID. It is a positive finding that both those requesting and those delivering TA have similar criteria for good TA.

There were, however, some differences in terms of what constitutes quality TA between strategic stakeholder groups. The HQ staff, including the RP Division, talked more about quality, especially in research. The mission staff were interested in quality research but wanted to be part of verbalizing those questions and doing “good enough” research to give them practical answers and applications. Some saw TA as too technical or academic and therefore less interesting. This disconnect hinders mission willingness to ask for and engage in IR, which reflects the lack of interest in IR shown in the 2020 mission survey conducted by the RP Division. There was also significant discussion about unnecessary replication of previous evaluations or research, not capturing or using what was already available, and a plethora of little research projects of which missions might not be aware. There was a desire and a need for someone, potentially the RP Division, to track, coordinate and synergize research efforts both at HQ and within and among missions.

External organization respondents mentioned the need to not just do local capacity building but also “*local leadership capacity building*” (e.g., within governments and ministries of health) as key to sustainability and scale. One respondent talked about this leadership capacity building as “*unlocking political potential*” of local governments, taking to scale work that USAID has initiated.

The HQ leaders placed a greater emphasis on policy and telling the story generally, but also stressed that being able to translate research into policy and budget decisions would be of specific interest to them. This would entail greater cost benefit analysis and comparative research studies and likely require new skills, potentially requiring hiring health economists.

Sources of Technical Assistance

The assessment team asked respondents about sources they used for TA, which included soliciting direct TA from technical advisors (internal or external to USAID) as well as from USAID mechanisms. Most respondents, except for external ones, answered the questions based on what they thought country missions would request. All respondents agreed that requests for TA are based on “who you know” and personal relationships. They also agreed that where missions source their TA depends on the size of and capacity within the mission. The larger the mission, the more “in-house” technical expertise it has through the program office, local bilateral mechanisms, or MEL-trained staff. Some missions were adamant that “local is better,” that local capacity and skillsets are adequate, and that the understanding of local context is deeper and response time faster. USAID missions often cannot wait for HQ to send in people and local responsiveness to requests is much faster. Both missions and HQ acknowledged that the RP Division was understaffed, inhibiting its ability to rapidly respond to TA requests.

Other respondents in HQ and missions mentioned that they would choose HQ technical staff as their first choice, a preference that was more common among respondents from smaller missions. Many respondents named specific individuals as their go-to technical advisor. One of these advisors discussed establishing new relationships with missions where he was not previously known by adding time during his TDY (Temporary Duty) travel to offer help. This advisor was often able to promote research-to-use within program design, when the missions might not have realized there was an opportunity to do so. Others in the RP Division were known individually by missions and other HQ staff, but few knew the RP Division mandate or what TA to request from them. The source of TA varied by internal capacity, awareness of external sources of TA, and knowing enough about an element of L&AM to make requests.

Technical Areas

IR/IS

One of RP Division’s earliest priorities was to promote “research-to-use” and provide assistance to missions along this continuum. Obstacles to L&AM are also obstacles to robust IR/IS. “Research” was referred to as a disenfranchising term. IS is used less often, especially by mechanism staff, but it is seen as less burdensome and as incorporating better the concept of applicability of research learnings.

Some of the reasons for less attention to research included prioritizing program implementation and time and bandwidth issues. A number of both RP Division and mission staff suggested that developing the research questions early in program design would help overcome both time and local relevance obstacles. Mission respondents also mentioned that in the RP Division, IR tended to be more “academic” and less relevant to their implementation questions. One mission leader specifically stated that mission input into IR questions would improve relevance and interest. Most respondents acknowledged that the RP Division has expertise in IR/IS and is an appropriate source for IR/IS TA.

KM/KT

The assessment team asked specific follow-up questions on KM/KT for two reasons. Many respondents expressed a need to deal with the overabundance of information and to better understand what relationship the RP Division could or should have with the various MOMENTUM mechanisms and specifically the MOMENTUM Knowledge Accelerator (MKA). Some viewed KM/KT as a library function where large amounts of data and program reports were collected, sorted, and made available. Others talked of “*drowning in data*” and expressed the desire to make the data input into the KM system less onerous. Respondents expressed a need for the ever-growing information to be synthesized for easier understanding and use. No one thought that MCHN Office had the money or bandwidth to handle the data volume of the President’s Emergency Plan for AIDS Relief (PEPFAR), but some felt the pressure to perform (tell the data story) within the MCHN portfolio as if they had the same capacity as PEPFAR.

Respondents often talked about evidence synthesis within KM, such as compiling and testing quality and sources of information and summarizing it. This included but went beyond data visualization. COVID-19 calls were seen as a good example of this, while in a rapidly changing area of knowledge. Missions have neither the time nor the skill set to do cross-country knowledge synthesis but would value this coming from HQ. Some of this data synthesis could come from subject matter technical experts (e.g., within the MCHN Office), and the RP Division could also provide support in this way. Respondents noted that there is too much data even for a Division to take on knowledge synthesis and that specific areas should be chosen for this work. The assessment team did not investigate the specific areas of greatest KM/KT needs for the RP Division and MCHN Office as this was beyond the scope of this assessment.

TA through Communities of Practice (CoPs)

Another key area of KM/KT is CoPs. They are one channel for disseminating synthesized information. Most respondents gave examples of CoPs that have worked well and added value. The purpose of a CoP varied and it was not always clear at inception, i.e., to disseminate knowledge or problem-solve local applications of knowledge. Some respondents noted that this positive view has led to proliferation of CoPs, which has resulted in too many, often overlapping, CoPs, not all of whom are successful. A number of respondents said they did not have time for CoPs, even when they are more compact ways of getting information.

In emphasizing interpersonal and non-technical skills, CoPs were given as an example. It was suggested that the success of CoPs was dependent on facilitation skills. For some topics, a Project Extension for Community Healthcare Outcomes (ECHO) type model, in which technical experts problem-solve with a group of interested parties, is desired. For other topics, respondents saw the main value coming from the participants themselves sharing what did and didn't work or focusing on local capacity building or mentoring that could be done through this venue and not just the transmitting of technical knowledge as in an ECHO model.¹² Problem-solving open discussions with CoPs provided opportunities for safe "failure" or challenge discussions—key obstacles to L&AM, as discussed above. It also allowed countries to learn from one another with more robust South-to-South learning. A significant observation is that the purpose of the CoP needs to be clear to everyone, and that the facilitator of the CoP needs to understand the purpose and have facilitation skills to achieve that purpose.

TA through USAID Mechanisms

One of the key takeaways that the small RP Division staff provide TA is through HQ mechanisms available for field buy-in. HEARD was designed to promote evaluation and applied research, develop a network of partners, and leverage the private sector. CIRCLE was primarily designed as a staff extender for the RP Division. Both HEARD and CIRCLE were the RP Division mechanisms that will soon be closing out. MOMENTUM is the new suite of awards for MCHN that address specific issues critical to MCHN. Each award includes some IR and KM/KT. The suite also includes a cross-cutting MKA award that covers some of the same KM as CIRCLE and HEARD. The assessment team spoke with staff and USAID liaisons for HEARD, CIRCLE, and MOMENTUM and HQ and mission staff about their use of these mechanisms. All participants agreed that these contracting mechanisms are an essential way of providing support to the field and that MOMENTUM is the main vehicle for the MCHN Office in the near future. All participants believed the RP Division should be involved in future mechanisms that provide TA in all components of L&AM, especially those that facilitate IR/IS.

HEARD was supposed to assist missions with strategic research questions but few outside of the RP Division knew about HEARD or had used it. It was most popular with the Bureau for Development, Democracy, and Innovation. It was successful at building a network of experts and strong partnerships

¹² "Evaluation of Technology-Enabled Collaborative Learning and Capacity Building Models: Materials for a Report to Congress" https://www.rand.org/pubs/research_reports/RR2934.html

that could be accessed. HEARD was primarily asked to conduct specific project evaluations and was not so successful at catalyzing jointly funded strategic research. Some respondents thought funding was inadequate, and questions were too predetermined for mission interest.

There were mixed views on whether the MOMENTUM suite was meant to be a follow-on to HEARD. HEARD staff were concerned that the relationships, networks, and deep partnership capacity that were built would be lost without clear transfer and some “graduation funding.” CIRCLE was better known and more often used. It was valued for responsiveness and flexibility, but many were unclear of the roles and responsibilities relative to the RP Division staff. There seems to be a more proactive transfer of CIRCLE networks to the MOMENTUM suite, but the assessment team could not ascertain the success of this transfer. The Acute Care and Emergency Referrals (ACERS) Project was a HRP mechanism that was used in Ghana, one of the three focus countries for this assessment. It was seen as facilitating the L&AM portfolio and highly valued. But it was limited to one country and relatively expensive -- hindering its feasibility for multi-country support like HEARD and CIRCLE.

The views were more varied about the RP Division involvement in the MOMENTUM suite. Some noted that “*anything outside of MOMENTUM will get little notice*” and, therefore, if the RP Division wants to be better known, it should endeavor to become engaged in the current suite of MOMENTUM awards, finding its own niche. Others felt the current MOMENTUM suite was fully designed without technical or financial space for the RP Division to participate. These respondents suggested that the RP Division define what it could contribute to MOMENTUM and lobby for inclusion when new funding becomes available. Everyone agreed that MOMENTUM is focused on a specific agenda and countries and that there are countries and issues not served by the MOMENTUM suite. Some respondents suggested this left space for the RP Division to develop a complementary mechanism(s) that cover(s) topics, countries, and elements of L&AM not included in MOMENTUM. Others were dubious that other such funding would be available.

Mechanism staff both overtly and implicitly had a strong voice on mechanism rigidity, turf, and funding as obstacles. They also spoke about the need to retain developed partnerships and capacity, which is often lost when an award mechanism comes to an end. Many noted that while current mechanisms and results orientation are fairly rigid, flexibility and rigidity of a specific award is very dependent on individual Agreement Officer’s Representatives (AORs). This argues strongly not only that flexibility should be built within mechanisms, but that L&AM training should be provided to appropriate contractual staff in addition to program staff.

Areas that Need Improvement or Increased Attention

The information on areas for improvement or increased attention from the RP Division was generated during various discussions, including on obstacles to L&AM, critical elements of good L&AM and TA, sources and types of TA, and future role of the RP Division. Therefore, some of the areas for improvement and increased attention are also covered under AQ3.

Some mission and HQ staff do not know the purpose and role of the RP Division. Respondents did not identify any other units that are specifically working on or have technical expertise in IR/IS other than the RP Division. Some missions see the RP Division as more academic than practical, focusing on its own research agenda, rather than on missions’ practical IR needs and questions, and not always pertinent to mission needs for pragmatic and fast information to help with programmatic adaptation. As mentioned above, lack of quick TA response remains an issue, mostly due to limited bandwidth issues. Mission staff mentioned that the process of Broad Agency Announcement (BAA) co-design can be a heavy lift and burdensome. Looking at the critical elements of L&AM and TA, local contextualization remains an important area that needs increased attention. HQ staff and leadership mentioned the need for standardized methodology, especially on KM/KT. As mentioned under IR, it is important to have a joint and early design of more relevant IR. Research seen (by many leadership and implementers) as burdensome and a luxury if you already have best practices.

In addition to addressing the various technical aspects, the RP Division should invest in relationship-building to achieve real local engagement, strong local partnerships, and local ownership in decision-making and program implementation.

4.3 ASSESSMENT QUESTION 3

AQ3: What should be the approach of the RP Division in:

3.a. Working collaboratively with other MCHN Office Divisions to inform the following:

“Future will require strategy and new skill mix for RP Division.”

(HQ Leader)

3.b Global technical leadership and learning?

3.c Engaging with and supporting USAID missions?

AQ3 sub-questions refer to RP Division’s future approach and role on three levels: a) working across the MCHN Office, BGH, and the rest of HQ; b) in global technical leadership and learning (i.e., global policy interaction with United Nations and multilaterals); and c) working for/with “the field,” including but not limited to USAID missions. Several respondents considered “the field” to include local NGOs, academic institutions, ministries of health, and local governments.

One of the previously described obstacles was the lack of clarity and vision, not just for L&AM, but for RP Division’s role writ large. Therefore, all respondents were asked what future roles, or niche, they see RP Division play. If a respondent had not worked with the RP Division, a general description of the Division was given. This was followed by a hypothetical question: “What role should this kind of Division within USAID’s MCHN Office play in the next five years?”

There was unanimous agreement across all KIIs/GIs and HQ survey respondents that the RP Division works within and across **all the three levels** (HQ, global, and field). Respondents felt that the RP Division plays an especially important role in connecting these three levels. There was also concurrence that regardless of RP Division’s initial formulation, it should do less of its “own” project agenda, have a much greater focus on “service,” and bringing TA to enhance the work and programmatic results of others.

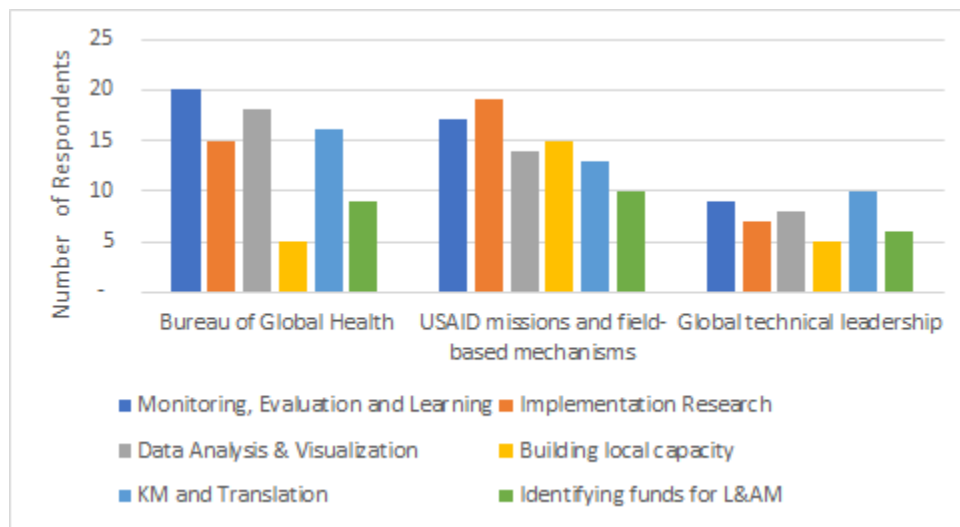
Respondents were in agreement that the RP Division cannot do everything for everyone, so it will need to be clear on what and how much it can do within each of these levels. Respondents acknowledged that the RP Division has a special niche and skill in IR and that bringing global issues, not yet on the radar for individual countries, require promotion and advocacy from the Division. Bringing global perspective to local awareness was seen as additive to the missions, although this was also considered by HQ and mission staff as an imposition on the missions. Currently, some RP Division staff spend up to 80 percent of their time on RP Division-promoted projects leaving little time for assisting missions. Respondents strongly suggested that the time and effort be flipped to prioritizing service to the field, with the RP Division or global level directed research becoming a smaller proportion of the RP Division portfolio.

This field service focus included requests for the RP Division by missions, HQ, and the Bureau for Policy, Planning, and Learning (PPL) staff to lead on a number of cross-cutting methodological areas, in order to facilitate L&AM implementation in the field. This bundle of cross-cutting work included first establishing a case for L&AM, so that the return on investment (ROI), the TOC, and clarifying impact on results were clear. Then—or even better, simultaneously—the RP Division could work with the PLL and other USAID offices on L&AM methodologies, simplifying processes, reducing co-design burdens, developing metrics, and convening for knowledge dissemination and translation.

The HQ survey affirmed this shift to “service” with more focus on USAID HQ and the field than working on globally directed priorities. The survey also specifically asked about the priority of the RP Division and its role in advancing L&AM subcomponents (MEL, IR, data analysis and visualization, and KM/KT). The assessment team asked about two additional roles: building local capacity and identifying funds for L&AM. The HQ survey asked about the importance of these six areas at each of the three levels. The results are presented in Figure 4 below.

Building local capacity and MEL were a priority for missions and field-based mechanisms, followed by IR, when applicable. MEL is the leading L&AM component for support to HQ, followed closely by data visualization and KM/KT. At the global level, the importance of L&AM components was lower than for the other two levels, and there is a more even distribution of L&AM components, with KM/KT slightly higher than the others.

Figure 4. Importance of L&AM Components in HQ survey (N=20)

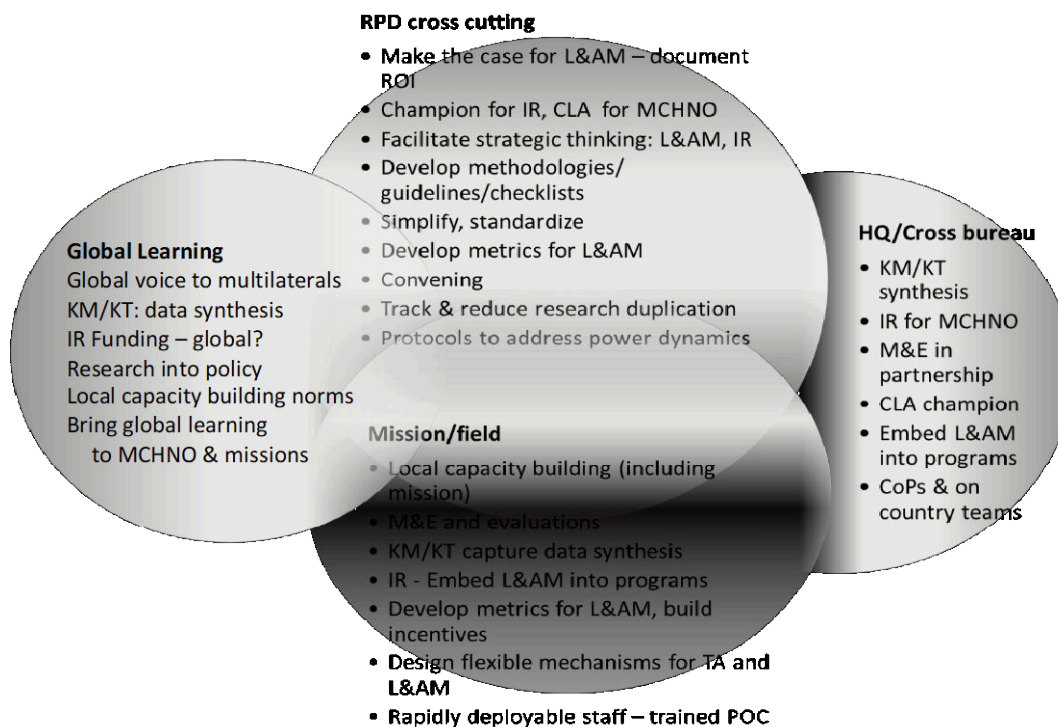


The KIIs similarly suggested KM/KT is a focus for work at the global level, more specifically talking about bidirectional KM/KT across all three levels. Respondents opined that the global policy dialogue needed input from USAID’s “boots on the ground” and that global trends and best practices were helpful to the field, as long as they were adapted to local contexts. This interface with global entities was not the singular domain of the RP Division but was shared by the MCHN Office and BGH, indicating the need for good communication and collaboration.

At the HQ level, the primary emphasis in the KIIs was service in the areas of project M&E, KM/KT, and being a “champion” for CLA and IR. Respondents asserted that whatever RP Division’s role, collaboration and co-ownership should be the norm due to overlapping domains of work with other HQ units. Respondents mentioned that leading CoPs (with a clear purpose), taking on knowledge synthesis for a few priority topics, and joining cross-office groups like the country teams would enhance these relationships.

Missions saw methodological support for L&AM (emphasizing simplicity, checklists, and reducing duplication) and direct TA as priorities. They desired help to embed IR and L&AM into the initial program design when it would be least disruptive to implementation and have the longest time to be useful. Respondents recommended a deeper RP Division involvement during planning (e.g., in Country Development Cooperation Strategies and Project Appraisal Documents), activity design, and annual programming reviews. While some missions, especially those with limited bandwidth, wanted some of this technical work done for them, others stressed that all L&AM TA should include building local capacity among missions, local leaders, and governments (Figure 5).

Figure 5. Suggested Roles for RP Division



Externalities

The final discussion area during interviews was around externalities. This discussion was requested by the RP Division in light of the ongoing COVID-19 crisis. This created a desire from the assessment team to explore how the RP Division could assist the MCHN Office and missions when future externalities occur. Externalities were defined as something outside of project implementation that impact the ability to implement the program. COVID-19 was the most dramatic and current example, but other examples given were natural disasters, war, economic changes (even changed currency exchange rates), and local election disturbances. Some externalities, like COVID-19, would need to be addressed programmatically, while others, less directly linked to health programs – such as election violence – also impact the delivery of health programs and services. For the major and unexpected externalities, a main concern was how to continue to accomplish the previously set long-term priorities in reducing maternal and child morbidity and mortality. The adaptation needed would then be on how to achieve the programmatic priorities of women and children’s health, despite the advent of the externality.

COVID-19 provided some interesting and perhaps new thinking relative to externalities and being adaptable. COVID-19 has profoundly changed how USAID and others do their work in ways not anticipated at this level, even one year previously. Virtual consultations are now the norm and there are fewer TDYs. There is greater local decision-making with less fly-in advising. This has fast forwarded greater local leadership. The GH community continues to learn the benefits of flexible adaptive work. Perhaps as important was the finding that almost all respondents, when asked about COVID-19, considered it an extremely good example of the changeability of the GH environment that regularly requires learning and flexibility. Many thought that lessons learned from COVID-19 were going to be beneficial and continue in the long term. Often this portion of the interview returned the discussion to critical attributes of L&AM and the need to have flexibility and pause and reflection regularly within program timelines.

Theory of Change Revision

In addition to the evaluation questions within the SOW, the assessment team was asked to comment on revisions needed to RP Division's TOC. Currently, the RP Division has a general Division TOC. The value of L&AM management statements provide good fodder for what outcomes or products are desired by different parties either implicitly or explicitly in the TOC. The obstacles uncovered in this assessment provide examples of contingencies or design parameters that could be built into the TOC. The elements of good L&AM could characterize the inputs (like stakeholder engagement) and interaction between inputs and outputs (like building in pause and reflection points). The elements of good TA (such as being flexible, being adaptive, and listening), together with roles suggested for the RP Division (such as developing standardized methodology and metrics for L&AM) provide guidance on how to move from those inputs to achieve the outputs described in the value statements. The assessment team believes that completing ROI or value proposition studies would facilitate development of a clearer TOC. To develop a revised TOC is beyond the scope of this assessment but should be part of clarifying the RP Division vision and role in L&AM in the future.

5. DISCUSSION

AQs 1 and 2 focus on overlapping facets of past and current RP Division work, while AQ3 looks to the future for what the RP and other MCHN Office Divisions can do to advance L&AM, in order to achieve the RP Division and MCHN Office objectives. Discussions on future RP Division roles often also reflected on what critical elements were needed for good L&AM but had not been previously raised. Therefore, answers to one AQ often supplemented and expanded understanding of other AQs.

Overall, the assessment shows that the RP Division has worked diligently to address the recommendations from the 2014 HRP evaluation and RP Division's strategic focus defined in 2015.

The 2014 HRP evaluation identified four areas of strength:

1. Effective partnership and coordination
2. Managed, facilitated approach
3. Sharing amongst experts and South-South
4. Operating at multiple phases simultaneously

The 2014 HRP evaluation also identified five areas needing improvement:

1. Deeper involvement of local partners from the start
2. Clearer priorities and focus
3. Knowledge management
4. Track and share scale-up outcomes
5. Strengthen mission engagement in research process

What Worked Well?

The RP Division has successfully maintained strength in all four of the noted areas, has advanced many of the defined priorities, and worked to address the previous weaknesses. It has continued to build effective and strong partnerships through the RP Division mechanisms, CIRCLE and HEARD. The Division has responded to the 2014 HRP evaluation recommendation for a deeper, earlier, and greater engagement of stakeholders. Co-creation has significantly advanced during the last five years, being a central tenet of multiple BAAs. Respondents noted that the RP Division's strength in 2014 was the championing of neglected issues, i.e., bringing global issues to the attention of MCHN Offices and missions. This has continued strongly, as demonstrated by the urban health and emergency facility access projects.

The need for clearer priorities and focus has also been addressed. The RP Division's focus has been much clearer, though not always known or shared by the missions. Previously, the RP Division was advised there

was too much focus on innovation, and more attention was needed on research-to-use through continuous stakeholder involvement. The chlorhexidine project in Nigeria showed how front-end local stakeholder engagement and voice led to a rapid scale-up later. The South-to-South sharing and KM/KT have been strengthened through creation of specific CoPs and hiring of staff focused specifically on KM/KT.

The RP Division mechanisms did in fact extend the Division's reach, were designed for greater flexibility, and conducted a number of evaluations requested by the missions. The RP Division and the often-named RP Division Chief were seen as champions of IR. Externally, it was acknowledged that this champion role extended into the global arena, bringing new ideas and pushing upstream innovation organizations like BMGF to think about and invest in research to enhance implementation and dissemination, a key necessity in the research-to-use continuum.

What Needs Improvement or Increased Attention?

The RP Division did not accomplish all its priorities or advance “research-to-use” as much as desired. It must be noted that over the last five years priorities shifted, and there was a significant reduction in bandwidth midstream that limited attainment of its goals. In addition to some of the previous areas that still need greater attention, there are new ones identified during this assessment.

The earlier initiation of “research-to-use” and continued attention to bring research to scale is still to be accomplished. There are only a few recent examples (e.g., Possible Serious Bacterial Infections/PSBI) of continuous stakeholder engagement leading to more rapid uptake of researched intervention methodologies. Because this assessment was not designed to do project-level evaluations, it may have missed good examples of recently completed projects that could only be captured by such evaluations. Missions still sometimes see the RP Division as more academic than practical, and as pushing its own research agenda—perhaps of global import—as opposed to the everyday practical IR questions of a particular mission. There is still substantial overlapping and potentially duplicative research happening across the MCHN Office and the missions, but there is no tracking to prevent or decrease this duplication. Tracking of research was not a mandate for the RP Division, yet it is seen by the Division and others as a task that could belong to the reorganized RP Division.

It was quite evident that many respondents within BGH, missions, and even in the MCHN Office do not know what the RP Division does. While many staff within the RP Division were respected and sought after individually, the purpose and role of the Division and its decision-making process was not well understood or known, frequently referred to as a “black box.” The co-design process was considered by many as heavy on stakeholder engagement and too burdensome for routine use. However, a couple of respondents said that BAAs were time well spent because they increased the speed of the later scale-up (see example above on the chlorhexidine project in Nigeria). Respondents made similar comments about IR. What was seen as good quality research designed by the HQ was deemed academic, slow, and not always pertinent to mission needs for pragmatic and fast information to help with programmatic adaptation.

Promoting L&AM

L&AM is valued more than was initially expected. Many respondents expressed some variation of “*good managers must learn and adapt and do so instinctively.*” However, it is also clear that the many obstacles and relative lack of priority (compared to implementation results) hindered a systematic L&AM integration into program design. Significant obstacles to doing L&AM include the work, time, and skill needed to do L&AM relative to other priorities, the lack of discernible results of doing L&AM, and the dearth of learning and relationship time and space, which would require flexibility not designed within most current programs. While valued, L&AM requires time and effort, and few metrics exist to measure its use. CLA has one optional learning indicator in the PPR. The presumed improvements attributed to doing L&AM are just that, presumed and not measured. While the costs of doing L&AM were readily apparent, including the time needed for it, especially in co-design, the benefits were less visible and often accrued in the long

term. Meanwhile, program staff are generally held accountable for short-term measurable results. One respondent described it as “*the race towards the midterm and final results.*”

This conundrum bears striking resemblance to the current U.S. obesity problem. “*Everyone knows*” and “*understands*” the value of healthy eating and exercise, but there are many barriers and behavioral and competing obstacles to putting those valued actions into practice. Lessons on how to address obesity highlight the timeframe and actions that could begin to overcome these obstacles. Culture change is not fast. Similarly, culture at USAID should not be expected to change quickly. People respond less well to long-term benefits (economic discounting) than short-term ones, so finding ways to bring measurable nearer-term return on investment is critical. Using the obesity analogy, methodology, metrics, and incentives will be critical for adaptation/increased use of L&AM and becoming more of a learning culture.

The “How” is as Important as the “What”

This strategic assessment revealed a new area essential for good L&AM and TA: the need for interpersonal, not just technical skills. Most striking is that while respondents were asked about technical areas and skills, for each discussion area they responded with a heavy emphasis on cultural and relational elements or on emotional intelligence descriptors. The biggest obstacles to L&AM were identified as time, competing demands, mind-set, and failure. Power dynamics were an obstacle named late in the process. Although the need for local, real stakeholder engagement was not named as an obstacle, there is a need for relationship-building to elicit real, local engagement, and this takes both time and relationship skills. The interpersonal dynamics were more overtly named by respondents as critical elements of good L&AM and TA, including listening, openness, humbleness, giving true voice, and power to others (emotional intelligence). The mechanism staff emphasized the importance of partnerships and relationship-building in both how USAID conducts its work and as an end point in itself. The partnerships and relationships with local partners, as well as local ownership of decisions and work were identified as key to the long-term sustainability and scale-up that USAID desires and facilitates, but which is in fact the responsibility of local and national governments. This strong message was not directed specifically at the RP Division but was part of the more general discussion. As a group of technical experts, the RP Division was seen as included among those who need to have these skills. Weaknesses in this area may explain the mixed review of the TA provided by the RP Division in the 2020 mission survey. Implied in these strong statements is the implication that strengthening “soft” skills in the RP Division (and elsewhere across USAID) will build better relationships of the Division with others across MCHN Office, missions, and local entities, and will facilitate the success of the work.

The need for flexibility identified in the 2014 HRP evaluation and a part of the RP Division strategy, was named as a key issue in mechanism designs. L&AM and COVID-19 have both raised the need for flexibility to a new level. The current COVID-19 externality raises the need for flexibility to a higher level, but it also highlights that the need to adapt is actually the norm not the exception. “*Good managers do learn and adapt*” and they need to be able to do so not just at midterm and end of project, but all along the program timeframe. While progress has been made, systems and personnel (including program staff and AORs) are still primarily focused on immediate results, not adapting to learning. The Evidence Act¹³ provides a mandate for USAID to be a learning agency, but it is not well known, and the methodology for L&AM is not defined or incentivized relative to program results. USAID culture and mechanisms hinder rapid, flexible change in program execution.

¹³ <https://www.congress.gov/bills/115/congress-house-bill/4174/text>

6. CONCLUSIONS

The RP Division has pursued its previously defined priorities in advancing “research-to-use” and M&E to promote adaptive learning and KM/KT with some success. There are areas that continue to need attention and improvement, such as KM/KT. This strategic assessment has raised new issues to be addressed by the RP Division, the MCHN Office, and USAID overall. Many of the obstacles to the learning agenda and the work of RP Division are interrelated and external to the RP Division. Solutions can therefore be cross-cutting, addressing multiple obstacles simultaneously. Building flexibility into USAID mechanisms and donor expectations addresses multiple barriers to L&AM, making space for evaluating and addressing “failures,” requiring the local voice to recognize viable solutions and, when linked to clearer methodology and metrics for “learning,” helping compete equally with “doing.” Achieving better results is the constant and will be furthered by enhanced L&AM and a refined RP Division portfolio.

Below is a summary of the main conclusions for each AQ. As mentioned earlier, AOs 1 and 2 focus on the past and current role of the RP Division in advancing the “research-to-use” and L&AM agenda, on the critical elements of good L&AM and qualities of good TA, and on areas for improvement. AQ 3 focuses on the future role of the Division at all three levels: global, HQ, and field.

AQ1: What role did the RP Division play in advancing “research-to-use” and M&E to promote adaptive learning and KM? In what ways did the RP Division impact mission programming and/or practices?

There was a lack of common terminology to capture “research-to-use” and M&E to promote adaptive learning and KM/KT. The assessment team and the RP Division jointly agreed to learning and adaptive management—L&AM—as a term that encompasses several components including MEL, IR, CLA, and KM/KT. The term had to be explained to most respondents during the interviews, and various stakeholder groups were more familiar with other terms such as CLA, IS, or OR. Non-HQ staff preferred discussing program implementation rather than research design topics.

Mission respondents reported few requests for TA from the RP Division in general, mostly for project evaluations, and even fewer for elements of L&AM. However, overall, L&AM is highly valued for each strategic stakeholder group. Some of the top reasons for valuing L&AM were to “increase impact,” achieve “process improvements,” “tell the story,” “achieve scale,” “identify obstacles and opportunities,” and “accelerate research-to-use.”

L&AM is valued but not routinely done. Obstacles to L&AM are both technical and relational, and they hinder the routine uptake of L&AM. The top obstacles were “time factors,” “competing demands,” “mind-set,” and “failure dynamics.” Results orientation remains a priority in the Agency and contribution of L&AM to implementation results is hard to measure, and L&AM is still seen as slowing down implementation. Results requirements and lack of dedicated funding lead to late and spotty incorporation of L&AM. Promoting L&AM (especially IR) is limited by uncertain ROI.

AQ2: What were the critical elements of the RP Division portfolio (spanning structure, management, staffing, approach, and technical priorities) that helped advance MCHN Office and Agency objectives? Which aspects are in need of improvement or reconsideration for future?

Critical elements of L&AM overlap with important qualities of good TA. Top elements and qualities include “local, early, and continuous stakeholder engagement,” understanding “local context,” and expertise in building “local capacity.” The RP Division has made great progress toward early stakeholder engagement, through BAA and the various mechanisms, such as HEARD and CIRCLE. Important qualities of good TA included “interpersonal and relationship skills” such as good communication, facilitation, respect

for others, humbleness, openness, and awareness of power dynamics, qualities that were mentioned more frequently than technical skills.

The RP Division is seen as important in providing TA support and in building capacity in L&AM at the field level, although stakeholders requested TA more frequently for concrete areas (such as M&E) than for research or KM/KT. The Division has advanced many of the previously defined priorities, its focus and priorities have been much clearer than before. The RP Division is frequently seen as a champion of IR.

There are areas for improvement or increased attention. Some mission and HQ staff do not know the purpose and role of the RP Division. Despite improvements over the last five years, bandwidth issues still limit rapid TA response. Despite successes, the BAA co-design process was seen as a heavy lift and burdensome. L&AM and TA require local contextualization; the RP Division is not seen as always doing this and missions may prefer local TA. There is a need for standardized methodology, KM/KT enhancement, joint and early design of more relevant IR. In addition to addressing these technical aspects, the RP Division should invest in relationship building to achieve real local engagement, strong local partnerships, and local ownership in decision-making and program implementation.

AQ3: What should be the approach of the RP Division in:

3.a Working collaboratively with other MCHN Office Divisions to inform the following:

3.b Global technical leadership and learning?

3.c Engaging with and supporting USAID missions?

The RP Division works within and across all three levels (global, HQ, and field) and it plays an important role in connecting the three. Due to its unique niche and IR expertise, the RP Division should have a much greater focus on providing TA to enhance the work and programmatic results of others, rather than its own project agenda. The RP Division should be clear on what and how much it can do within each of the three levels.

The shift to “service” should focus more on the field and HQ, and less on globally directed priorities. The primary focus of the RP Division for HQ service was seen in project M&E, KM/KT, and being a “champion” for CLA and IR. Missions reported RP Division’s service in L&AM methodologic support, followed by direct TA. Missions also expressed desire for help to embed IR and L&AM into the initial program design.

There is cross-cutting work that the Division could lead on for MCHN Office, working with PPL and other USAID offices to develop L&AM methodologies and metrics, simplify processes, reduce co-design burdens, and supporting KM/KT.

The RP Division can also facilitate the needed KM/KT exchange between the global and field levels. Respondents saw the global policy dialogue as needing input from USAID’s field missions and valued learning of global trends and best practices as long as they are able to be adapted to local contexts. This interface with global entities was not the singular domain of the RP Division but was shared by the MCHN Office and BGH so good communication and collaboration would be needed.

7. RECOMMENDATIONS

Below are major recommendations from the assessment. The FCR matrix¹⁴ contains a full list of all recommendations that were identified by the assessment team and the Executive Summary includes designations of short-, medium- and long-term actions. As the assessment progressed, it became clear that in order for the RP Division to be successful there needed to be both an enabling environment and specific actions by other USAID organizational units. Therefore, the assessment team organized the recommendations by three groups. In addition to the RP Division recommendations, there are several recommendations for the MCHN Office and the BGH that are necessary if the RP Division is to reach its vision for the future. Finally, some of the assessment recommendations were generated during discussions with stakeholder groups and go beyond the simple reflection of findings of this assessment.

FOR THE RESEARCH AND POLICY DIVISION

1. The RP Division should revise its TOC, vision statement, and role and communicate this widely

The vision/roles of the RP Division have evolved since it was established in 2014. Its resources have also been reduced, and the external environment has shifted to give more authority to the field. Without a specific earmark to protect its portfolio, the Division is faced with a future where it needs to change to stay relevant and achieve its results. RP Division needs to review the findings of this assessment, have a Division discussion of key implications, and develop next steps for action. This discussion could be during a Division retreat where the TOC, vision statement, and roles are reviewed and revised.

The RP Division needs to shift more to service and partnerships with others. Through leveraging other offices and resources, it will have a greater chance to influence policy, support L&AM, and use its technical and programmatic skills to advance MCHN results. The interviews and survey support continued roles for the RP Division at the global, bureau, mission, and cross-cutting areas (see Figure 5 above). It is uniquely situated to provide leadership in tailoring L&AM (CLA) tools specifically to the needs of MCHN. The RP Division also should consider developing case studies of L&AM successes to demonstrate the ROI and to make an evidence-based strong case for L&AM. Depending on the revised Division role, the size and composition of the RP Division will also need to be reviewed. This service and partnership focus includes retaining a valued role in engagement with multilaterals.

Throughout its work, the Division should seek to develop capacity in L&AM, especially at the local level, to support sustainability. MCHN Office and BGH need to focus on the horizon to ensure they are well positioned for future issues in development. The RP Division is well suited to take a lead in this as it is currently doing in the area of social accountability. A future issue that will likely need more attention is social and economic equity. The Division should consider conducting evidence synthesis that provides rigor and quality reviews on a limited number of key MCHN issues. From this, best practices could be identified that will ensure evidence-based programming.

To share this information, the RP Division should play a strong role in knowledge “scanning,” synthesis, and dissemination, which could be done through a variety of mechanisms: State of the Art Trainings (SOTAs), webinars, field postings, Foreign Service National (FSN) HQ postings, CoPs, or learning forums. This would support field voices in global forums and ensure that learning is a two-way process and not just top-down. This is one of the strengths of USAID, it works at all levels, and can be a voice for those not included, especially from the community levels.

2. The RP Division should strengthen its service to the field

¹⁴ See “Addendum for Internal Use of the Research and Policy Division”

With increased emphasis in the Agency on field implementation, the RP Division needs to ensure a strong connection with the missions and host governments. Interview respondents indicated that missions appreciated the Division staff when they were engaged. In fact, they frequently requested more involvement. But often this was based on personalities and past engagements and was not approached systematically. HQ leadership also supported this field role for the RP Division. The RP Division should provide quality service and build stronger relationships with the field. They should take advantage of BGH country team mechanisms to stay in touch and coordinate with other units in supporting the field. Countries often have annual program reviews that lay out their strategies and approaches. RP Division needs to actively attend these reviews so they can stay up-to-date on country developments.

The field is looking for ways to respond to requests and to move quickly to address problems. The RP Division mechanisms need to be easy to access, quick to respond, and flexible to meet evolving situations and needs. Along with BGH, the Division should work with Office of Procurement (OP) to explore ways that their project portfolio can be more agile, such as having options, clauses, and flexible budgeting (see recommendation #3 for BGH).

The FSN fellowships have been an excellent way to build capacity in the field staff. Participants learn about the workings of USAID/Washington and develop a network of high-capacity HQ staff that can be very useful when they return to post. These fellowships develop a virtual team that can play a critical role in future activities. The Division should consider continuing support of FSN fellowships from key countries. They should also consider working with PPL to support CLA capacity in the local missions.

Finally, all staff (new hires and current staff) should be trained in strong communication, emotional intelligence, and facilitation skills to ensure their interactions with HQ and the field are as productive and successful as possible. Strong technical skills need to be complemented with relationship skills, such as listening, humbleness, and openness, to work in partnership with the field. It is essential that the RP Division embraces the importance of these strong networks to build and maintain partnerships to achieve results.

Success in service to the field, with the implementation of these recommendations, could be measured by increased requests for TA tracked by the UTRAMS system.

3. The RP Division needs to clarify and refocus the management of the Division to reach its full potential

Not only does the role of the RP Division need to be clearly defined (Recommendation #1), but roles within the Division amongst the staff need to be well articulated and then shared widely. If there is overlap and lack of clarity, conflict can develop, and these “grey areas” are where managers often have to spend their time to address issues. Many informants did not fully know about the RP Division or its staff. This could be one item in a Division retreat, and a staff skills matrix could be developed and shared with others.

The Division should cultivate L&AM champions both at HQ and in the field to develop a strong L&AM team. This could be through secondment of staff to regions/missions (e.g., Raz Stevenson/USAID/Tanzania and East Africa) or by supporting mission staff that have abilities and skills in this area.

Missions valued technical support in helping them look comprehensively at the L&AM area. To address that need, the RP Division needs to ensure that all of the Division staff have a basic understanding of all the L&AM areas and not just their specific technical areas. This could be done through cross-training, Division-wide discussions, and technical support where staff can learn from each other.

Respondents noted that some RP Division staff were spending about 80 percent of their time on project management and therefore didn't have time to address other elements of their job. This runs counter to the shift proposed from “doing” to “service.” Project management needs to be either streamlined or reallocated, so more time is freed up to address the service to other components. This is a factor to consider in the development of the Division's future project portfolio.

Many staff stated that they did not know much about the RP Division, referring to it as a “black box.” To address this perception, the RP Division should spend time and develop more personal relationships with those outside the Division. One way to do this is to hold a “*Getting to Know the RP Division*” session, possibly after a Division retreat, to share the roles and skills matrix, and how the Division will be following up on this assessment. When new projects or initiatives are initiated, others could be invited to attend an initial session so they get to know and can contribute to the plans. The RP Division should consider making office meetings more interactive and also highlighting the work of MCHN Office and BGH colleagues. Staff could be assigned to represent the Division in other Division meetings on a regular basis and report back to the RP Division. Finally, the RP Division could hold brown bags on cross-cutting topics and invite a broad audience to attend.

4. The RP Division should collaborate closely with others

Many RP Division projects are ending shortly so several key decisions need to be made by senior management. This provides an excellent opportunity for further collaboration with others in BGH. The assessment team recommends that the feasibility of targeted projects in IR/IS and KM/KT should be explored with senior leadership given the current projects end date. These would have to address gaps in the current portfolio, especially given the broad MOMENTUM suite of projects. Though MKA does address parts of the L&AM agenda, it appears to be mostly focused on internal MOMENTUM KM/KT so there appears to be a gap. Another option would be to design an IR/IS and KM/KT project in the suite of MOMENTUM projects, but the issue of the ceiling would have to be resolved. For either option, it will be critical that the networks that have been developed by CIRCLE and HEARD are transferred to MOMENTUM and/or a future mechanism.

Another collaborative activity recommended is for the RP Division to become a champion or methodology hub for L&AM (CLA) for MCHN. In this role, it should consider co-hosting a conference/workshop on adaptive learning and invite other teams. This would strengthen the sharing of ideas and evidence in L&AM. The RP Division could also assist in the development and strengthening of indicators on learning and the use of learning. This will be an incentive for staff to work in this area and signal the importance the Agency places on L&AM. The RP Division needs to be capacitated and funded to develop resources that help to harmonize L&AM and help develop understanding and use for L&AM within the MCHN Office and the country missions.

Note: During the RP Division assessment, the assessment team identified several issues that were critical for RP Division’s success but were broader than just the Division. These areas fell more under the purview of the MCHN Office or BGH and would help create an enabling environment for the RP Division and MCHN Office success. The assessment team included the recommendations below for these two organizational levels to address these important issues. For many of them, the RP Division is well positioned to lead or play a major role in addressing them with others. Senior MCHN Office and BGH leadership will be key to success in these areas.

FOR THE MATERNAL CHILD HEALTH AND NUTRITION OFFICE

I. The MCHN Office needs to ensure a focus on L&AM to reach its results

To reach the MCHN Office goals and objectives, L&AM will be critical. GH practitioners face many challenges in their programs, and the countries where USAID works will have many externalities that will affect progress. Unlike building a road or bridge, development is not easily mapped out at the start as in a blueprint. Instead, practitioners need to learn as they go to be able to come up with successful solutions. As outlined in the findings section, there are many obstacles to L&AM. One key way to address this is to have strong support by senior leadership for L&AM. This means that senior leadership should support an L&AM agenda. An office-wide retreat would be one possible forum to develop this agenda with strong buy-in from staff and clear actions for the Office. The agenda could include encouraging space for pause and reflection, developing forums to discuss failure honestly, developing metrics for learning, etc. With

senior staff leadership support, this could become a key component in the MCHN Office and help improve results.

2. The MCHN Office needs to reduce the “cost” of doing L&AM

Respondents value the importance of L&AM. However, there are significant obstacles to actually incorporating it into programs and projects. One example was the BAA, which was widely praised for bringing together and engaging a wide group of stakeholders. However, the effort to do this and the time required were often cited as reasons why this has not continued as hoped. To make L&AM more feasible, the office could review its requests for data reporting to be sure the information is needed to make decisions and not just “nice to know.” Data needs to be made more accessible through simplifying access and synthesizing information, especially through data visualization and knowledge management. The information also needs to be translated so it can be applied locally. The CoPs have been useful in information and problem-sharing but they need to have clear mandates, time frames, and leaders need to have strong facilitation skills. Finally, the Office could ensure that L&AM is embedded at the onset of project planning, design, and implementation and not just added in as an afterthought.

3. The MCHN Office needs to encourage collaboration to strengthen L&AM

The MCHN Office should review the last retreat to take stock of the collaboration actions that were proposed and identify any gaps that need to be addressed. It could also review the roles of the various MCHN Office units to be sure there is clarity and that cross-cutting roles are well defined and understood. Multi-disciplinary TA teams were well received and could be promoted. This is especially important for the RP Division as many of its roles are cross-cutting. The process for “handing off” research to implementation and scale-up activities should continue so there are no gaps in the process. The recent Respectable Maternal Care (RMC) work is an example of good coordination in this area. The MCHN Office should provide clarity in roles during this transfer process and ensure the active involvement of all key players early on in the process. The MCHN Office should consider establishing a Research Support team (as has the Population and Reproductive Health [PRH] Office) to review the research in the office to ensure quality, good coordination, and reduction of duplication.

Since most of the policy work in the MCHN Office is embedded in broad-based projects, the office should consider buying-in to the Propel Project in PRH for areas that need greater policy attention. This would bring depth to these policy issues that are not currently available in the MCHN Office portfolio. PPL has undertaken a lot of activities in the area of L&AM. The MCHN Office should consider collaborating with PPL on L&AM, including harmonizing terms and supporting missions. Finally, many of the future challenges in L&AM in MCHN will be in the areas of health systems. The office should consider collaborating more with the Health Systems Strengthening (HSS) Office. This could involve identifying areas of mutual interest (e.g., equity) and developing and supporting field-based work in these areas. Another option is for the MCHN Office to explore the possibility of hiring an operational health economist to embed this perspective in its program and projects.

FOR THE BUREAU OF GLOBAL HEALTH

I. The terms of L&AM need to be harmonized, standardized, and promoted across the Bureau

BGH has an important role to play in supporting L&AM. An early finding of this assessment is that there is confusion and a lack of standardization in this area. At least eight different terms were identified for use when discussing this area — L&AM, IR, IS, M&E, MEL, CLA, and KM/KT. Each of these terms are used by different interest groups and represent their own perspective and interest. But they all are part of a comprehensive whole. Missions voiced their need to have staff with the ability to see across all these areas to provide an honest assessment of strengths and weaknesses. Without a common and standard language, this is more difficult, and there will continue to be misunderstanding and silos in the L&AM area.

BGH needs to work with other offices in the agency (especially PPL) to address this issue. A document that clearly lays out the common terms and definitions should be developed and widely disseminated so there can be a common vocabulary in the L&AM field. BGH also needs to be a strong advocate for L&AM and create a culture of learning and learning measurement.

2. A culture where “failure” is safe needs to be created in the Bureau

Learning often involves risk, and risk can lead to failure. If the culture in BGH is risk-averse, new ideas will not be generated or new approaches undertaken. To learn to flourish, staff need to feel safe to be innovative and creative. Currently, inputs from the interviews show that many feel failure is a major barrier to L&AM. Leaders throughout BGH need to set the tone and reward staff for taking risks. Openly acknowledging that risk is part of development and not punishing failure is important. Creating forums where failure is discussed and studied should be encouraged. Staff need to be urged to redesign their activities based on what they have learned through this process so failure can be turned into success.

3. The Bureau needs to have mechanisms that are flexible to be able to respond to externalities

Development is facing a growing number of external events that are shaping the response. The current COVID-19 pandemic is one example, but there continue to be many other natural or man-made externalities that GH will have to address in the future. BGH needs to have a project portfolio that is able to adjust with the external environment to stay relevant to the needs of the countries where it works. There are examples of this in the newly created MOMENTUM Integrated Health Resilience project that include crisis modifiers and workplace flexibility. More of these types of “option” clauses should be considered for projects. In addition, learning requires adjustment as more becomes known. BGH needs to encourage a “learning” approach rather than a “blueprint” approach to development. Conducting high-level discussions with the OP would be an important step to exploring ways to build more flexibility and learning into the ongoing and future project portfolio. Also contract staff and AORs should be included in L&AM (CLA) training in the future.

4. Skills in knowledge synthesis and translation need to be developed in appropriate staff in the Bureau

Many staff felt overwhelmed by all the information requested of them as well as information they needed to process. To help, the Bureau needs to support skills in the staff to help synthesize and translate information so it is more easily absorbed. This could include data analysis, technical and research writing, graphic design, and data visualization. With better inputs, synthesis, outputs, and access, information will better support the learning environment and help in policy changes. The location of these skills could be in one location (e.g., Office of Program, Planning and Policy) or could be housed in different offices as long as there is a good system for access by staff.

5. The Bureau should consider ways to identify common issues across offices and establish common pathways for working together

A key to learning is the sharing of issues and possible solutions. Currently, there is collaboration between units, but it is largely ad-hoc and personality-driven. BGH should formalize this process to ensure broader collaboration, spark cross-office discussion, and develop concrete action plans for joint action, including multi-disciplinary or multisectoral TA teams. Respondents showed a willingness to share and work together more, but without a process to stimulate this, it is often left undone. Such an annual coordination review meeting would also encourage more integrated approaches to addressing development challenges and would be more in line with the realities faced by most missions. Other ways to encourage collaboration would be newsletters, webinars, and cross-bureau technical support to the field.

6. The Bureau should consider supporting long-term training of local professionals to develop the next generation of leaders in GH

The long-term training of professionals in developing countries has been supported by the Agency, especially in the 1980s. This investment has often been called by many senior Agency leaders the best investment that the Agency has made. This was evident during interviews with senior USAID field staff, and BGH is urged (working with others) to increase support for long-term training. This is especially important for L&AM. To be successful, a new culture needs to be created where learning thrives. Long-term training can help create that culture by exposing professionals to new ideas and solutions.

ANNEXES

ANNEX I: SCOPE OF WORK

Assignment #: 003 [assigned by GH EvalS]

Global Health Evaluation and Learning Support Project (GH EvalS)

Contract No. **GS-10F-154BA**

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)

Date of Submission: July 16, 2020

Last update: September 8, 2020

INSTRUCTIONS: Complete this template in MS Word to develop a SOW for an evaluation, assessment, or other analytic activity. Please be as thorough as possible in completing this SOW. Your GH EvalS Technical Director/Senior Evaluation Advisor and project management team will assist you in finalizing your SOW.

Some of the sections below have been pre-populated with information that is common to most analytic activities. Please review these details and edit as needed to fit the needs of your specific analytic activity.

Refer to the USAID How-To Note: Evaluation SOW and the Evaluation SOW: Good Practice Examples when developing your SOW.

I. Title: Strategic assessment of USAID Global Health MCHN Health Monitoring, Research, Evaluation, and Learning Portfolio

II. Funder/Requester/Client:

USAID/Washington

Office/Division: MCHN/RP

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 threats | 3.1.8 WSSH |
| 3.1.3 Malaria | <input checked="" type="checkbox"/> 3.1.6 MCH | 3.1.9 Nutrition |
| | | 3.2.0 Other (specify): |

IV. Cost Estimate: \$200,000 (Note: GH EvalS will provide a cost estimate based on this SOW)

V. Performance Period

Expected Start Date (on or about): mid-September 2020

Anticipated End Date (on or about): end of February 2021

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

Given COVID-19, external evaluators will be expected to conduct work from their own locations remotely. For external evaluators located within the Washington DC area, some meetings may be conducted in person with USAID staff if COVID-19 situation improves. International travel is not anticipated at this time.

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

EVALUATION:

Performance Evaluation (Check timing of data collection)

Midterm Endline Other (specify)

This is a combination of an evaluation and a strategic assessment of research, evaluation, and learning/knowledge management portfolio with MCHN Office/RP Division.

Performance evaluations encompass a broad range of evaluation methods. They often incorporate before–after comparisons but generally lack a rigorously defined counterfactual. Performance evaluations may address descriptive, normative, and/or cause-and-effect questions. They may focus on what a particular project or program has achieved (at any point during or after implementation); how it was implemented; how it was perceived and valued; and other questions that are pertinent to design, management, and operational decision making.

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

Baseline Midterm Endline Other (specify):

Impact evaluations measure the change in a development outcome that is attributable to a defined intervention. They are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

OTHER ANALYTIC ACTIVITIES

Assessment

Assessments are designed to examine country and/or sector context to inform project design, or as an informal review of projects.

VIII. Background

If an evaluation, Project/Program being evaluated:

| | |
|-------------------------------|-----------------------------|
| Project/Activity Title: | Research & Policy Division |
| Award/Contract Number: | Multiple |
| Award/Contract Dates: | Multiple |
| Project/Activity Funding: | Multiple |
| Implementing Organization(s): | Multiple |
| Project/Activity AOR/COR: | Neal Brandes, Sara Sulzbach |

Background of project/program/intervention (Provide a brief background on the country and/or sector context; specific problem or opportunity the intervention addresses; and the development hypothesis)

This evaluation/strategic assessment is an opportunity to learn; identify strengths and challenges; and improve MCHN “research-to-use” and evaluation processes. The evaluative strategic assessment will review the strategies and activities of the Research & Policy Division as a point of departure with a goal to identify options to enhance the use of data, monitoring, research, evaluation, and knowledge translation activities in service to the achievement of MCHN Office and Agency objectives. Within the Research & Policy Division, the focus will be on the “Health Research Program” (HRP) and an internal M&E unit responsible for data analysis and management of select monitoring and evaluation activities. The internal M&E unit became established as a discrete unit with staff and activities over the last five years. However, there are also other efforts in other units of the MCHN Office. The current Health Research Program builds on several cycles of “research-to-use” projects focused on advancement of maternal and child health and nutrition (MCHN) development outcomes, as well as contributing to other health priorities. Both HRP and the internal M&E unit work largely within the context of USAID MCHN investments being focused on 25 priority countries with USAID Missions (see [2014 to 2019 USAID "Acting on the Call" reports](#)).

The design of the current HRP was informed through consultations with USAID colleagues in Washington and Missions and based on recommendations from the [2014 HRP Evaluation](#). The evaluation highlighted seven priorities:

- Increase local engagement throughout the research-to-use process
- Examine ways to better leverage USAID structures as health development organization engaged in research
- Place a greater focus on implementation research
- Facilitate processes and capacities for more effective interaction between implementers and researchers
- Strengthen role of implementation research vision in the research-to-use process and real-time data use processes
- Strengthen understanding of changing contexts to ensure relevant research results
- Address realities (and perceptions) of HRP research priority changes

HRP seeks to accelerate the development and translation of research into effective program implementation, employing adaptive learning approaches including implementation research. It is a 5-year program initiated in July 2016. Given staggered start dates of project mechanisms, the portfolio will likely continue through 2022.

Guided by an iterative research-to-use process, HRP has championed a collaborative process with developing country leaders, researchers, implementers, and other stakeholders. The approach employed for the previous portfolio established the evidence base and supported the introduction of essential newborn care practices including advancing chlorhexidine cord care from proof of principle to scale in 15 countries and outpatient treatment of sick young infant infections and has worked on novel anti-malaria approaches. HRP also played an early leadership role in advancing implementation research through global dialogue on research nested in real-world programs, as well as using the implementation research approach to promote “experience of care” practices such as Respectful Maternity Care (RMC).

Health Research Program

Vision: *MCHN priority Missions and countries use resources to identify, address, and adapt to local challenges in real-time to improve the lives of women and children*

Mission: *Engage diverse partners to generate knowledge that is translated into decision making and action to improve MCHN service delivery and uptake*

Goal: Health status improved through evidence informed policies and programs at scale

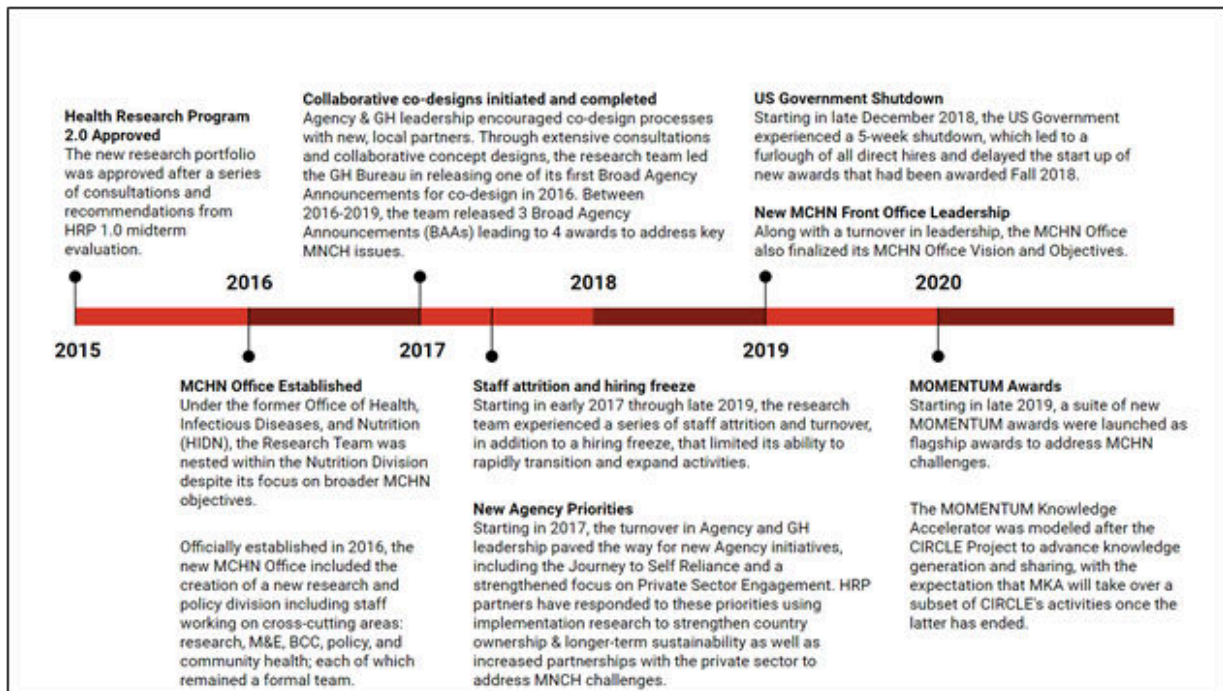
Through multiple mechanisms, the current portfolio continues to support the scale-up of PSBI (possible severe bacterial infection) services and expanding RMC efforts to additional countries. Likewise, HRP supports iterative, adaptive learning around effective modalities to ensure timely and effective referral and emergency transport systems, as well as meeting the unique MCH needs of urban slum populations in Africa. Country engagement on research and evaluation activities includes: **Burkina Faso, DRC, Ghana, Kenya, Madagascar, Malawi, Nigeria, Tanzania, and Uganda.**

Specific mechanisms are described below. HRP collaborates with global partners, including USAID Missions, WHO, UNICEF, Bill and Melinda Gates Foundation, Doris Duke Charitable Foundation, and the World Bank. See the [HRP website](#) for more information and updates. The MEL framework, which reflects the current HRP TOC, is below (Figure 1). The HRP team has challenged each of the research and evaluation efforts to develop and utilize theories of change to monitor, guide, and adapt their efforts.

HRP in Context

In order to better interpret the evaluation findings and in the spirit of advancing implementation research, understanding the context in which HRP has operated since the development of its PAD in 2015 is important. Figure 1 below illustrates the major milestones that have shaped the direction and focus of the portfolio. These contextual factors have shaped program implementation, successes, and challenges. These factors should be understood as important barriers and facilitators to HRP achieving its objectives.

Figure 1: Timeline of Contextual Factors Influencing the Health Research Program



TOC of target project/program/intervention

There are two guiding theories of change for: (1) HRP and (2) the internal M&E unit within the Research & Policy Division (see Figures 2 and 3 below).

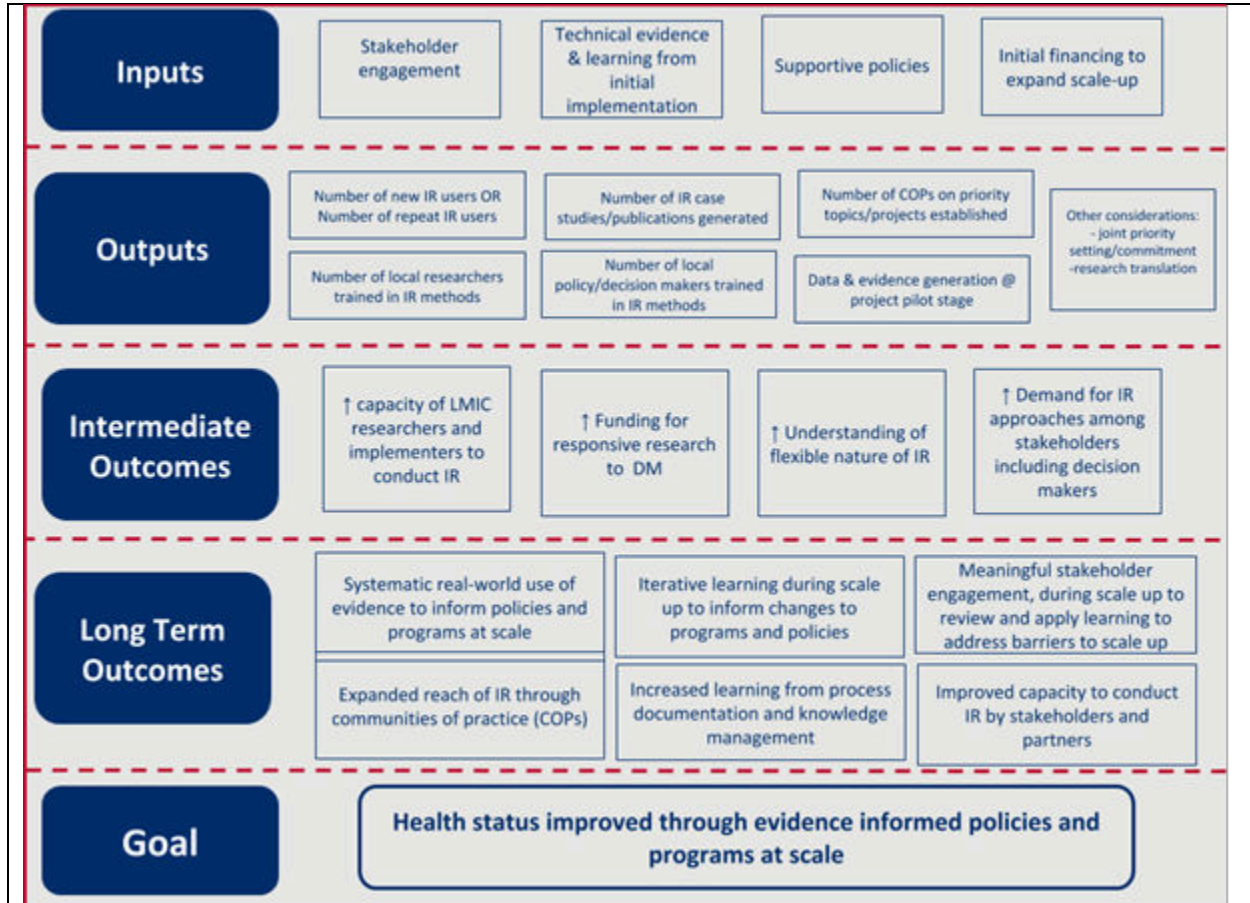
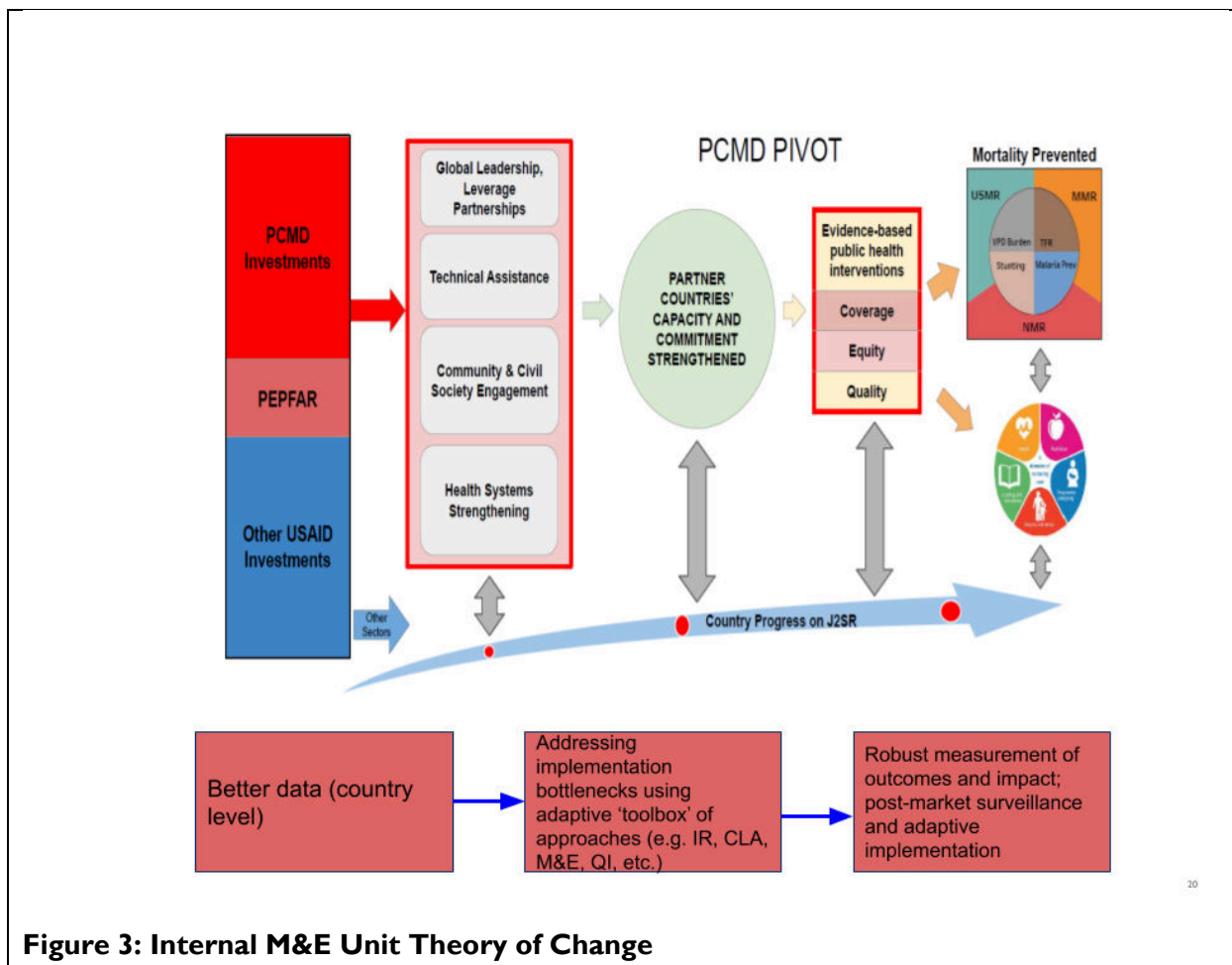


Figure 2: Health Research Program (HRP) MEL Framework



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

MCHN Office works globally, regionally, and with 25 MCHN priority countries. The bulk of USAID funding for MCH and nutrition is directed to these priority countries. They are: **Afghanistan, Bangladesh, Burma, DRC, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, and Zambia.**

IX. Purpose, Audience & Application

- A. **Purpose:** Why is this evaluation/assessment being conducted (purpose of analytic activity)? Provide the specific reason for this activity, linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

The purpose of the evaluation/assessment is to **assess the current RP Division approach, strategies, and activities** in the context of the MCHN Office and broader Agency, with the goal of identifying options to enhance the integrated use of research, evaluation, and research translation activities to achieve the MCHN Office and Agency objectives. This evaluation/assessment will document and learn from the structure of the monitoring, research and evaluation, and learning portfolio (e.g., mechanisms) and activities undertaken by MCHN/RP staff, as well as its achievements and challenges, providing insights into the effectiveness and relevance of the strategies and approaches that have been implemented to achieve intermediate and long-term outcomes.

- B. **Audience:** Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

The primary users of the evaluation/assessment results will be USAID staff in HQ & in Missions, to inform future investments and effective programming for MCHN and other units engaged in related research-to-use strategies. The findings will also guide broader discussions within USAID and beyond in how to effectively use research and learning in health development activities. It is anticipated that the final report will be publicly available.

- C. **Applications and use:** How will the findings be used? What future decisions will be made based on these findings?

The MCHN Office will use the findings to position existing activities and plan for further integration on ongoing activities and future designs for research, monitoring & evaluation, and knowledge management/learning. The findings will also be used to help develop a learning agenda for the Office and it will contribute to development of the Office Knowledge Management working group. The findings of the External Evaluation/Assessment will be of interest to Global Health and Mission operating units. Other donors and non-USAID stakeholders supporting MCHN research, monitoring & evaluation, and knowledge management/learning activities may find the findings relevant. The evaluation will set the stage for development of a new PAD follow-on of the HRP, as appropriate, and design and solicit new awards, a revised TOC, and MCHN learning agenda.

X. Evaluation/Analytic Questions & Matrix:

- Questions should be: a) aligned with the evaluation/assessment purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.), they must be incorporated into the evaluation/AQs. **USAID Evaluation Policy** recommends **1 to 5 evaluation questions**.
- State the method and/or data source and describe the data elements needed to answer the evaluation questions.

| | Evaluation/Assessment Questions | Method & Data Sources |
|---|--|--|
| | PROCESS: Assess the implementation of the monitoring, research and evaluation, learning, and knowledge management (KM) activities in support of MCHN strategic objectives. | - |
| 1 | What were the <i>critical elements</i> of the RP portfolio and approach that helped advance stated objectives? Which aspects are in need of improvement or reconsideration? | Mapping, mission survey, project performance review, desk review, key informant interviews, and focus groups |
| 2 | What <i>role</i> did HRP, as well as other MCHN related monitoring, research and evaluation, learning, and KM activities play in advancing research to use and steps to support real-time learning and programming? | Mapping, mission survey, project performance review, desk review, key informant interviews, and focus groups |
| | PERFORMANCE: To what degree has RP achieved its intermediate and long-term outcomes, as laid out in the HRP and M&E TOCs? | - |
| 3 | What were the <i>factors</i> that facilitated or inhibited HRP's achievement of its intermediate and long-term outcomes? How did they facilitate or inhibit the achievement? | Mission survey, project performance review, desk review, key informant interviews, and focus groups |
| 4 | How well did the HRP and M&E unit strategic approach <i>inform, respond, and support</i> changing Office priorities and activities as well as adjust to new realities? What were the roles of other units in MCHN, and GH in this process? | Mission survey, project performance review, desk review, key informant interviews, and focus groups |

Other Questions [OPTIONAL]

(Note: Use this space only if necessary. Too many questions can lead to an ineffective evaluation or analysis.)

Draft questions to guide the evaluation are presented above, and focus on the process, portfolio performance, as well as the future directions for research and evaluation to address revised MCHN Office priorities. USAID will collaborate with the Evaluation Team to refine and finalize the core evaluation questions. The evaluation will address questions/concerns expressed by MCHN Office leadership, guided by a “sphere of influence” philosophy i.e., focusing on factors under direct control of HRP and internal M&E unit (e.g. the RP Division portfolio), versus exercising influence on other operating units or mechanisms, while being mindful of the broader context of efforts related to the HRP vision and mission.

PERFORMANCE: Illustrative areas for further investigation include the following:

- What is the effect of innovative learning approaches e.g., CoPs?
- How did RP engage and support USAID missions?
- How did MCHN/RP strengthen local institutions?
- To what extent did RP and its projects and staff influence subsequent MCHN procurements and activities?
- To what extent is RP decision linked to the broader MCHN portfolio?
- To what extent is HRP tracking the research across the Office?
- What was the impact of HRP and other RP efforts on Mission programming?
- To what extent has RP been a leader in advancing the research-to-use approach?

XI. Methods: Check and describe the recommended methods for this analytic activity. Selection of methods should be aligned with the evaluation/AQs and fit within the time and resources allotted for this analytic activity. Also, include the sample or sampling frame in the description of each method selected.

General Comments related to Methods: Please consult Gantt which describes most up-to-date timeline and activities of these work streams. As part of the critique of the current combined HRP and internal M&E unit portfolio, as well as future design work, a number of separate work streams will occur. This will include a formal external evaluation plus additional activities internal to USAID but seen as vital inputs to the external evaluation:

- **EXTERNAL:** Mid-term evaluation of RP Division approach (e.g., portfolio mechanisms, support to other units and projects) and effectiveness of efforts in terms of MEL framework and MCHN Office objectives - Evaluation Team to be hired through GH EvaLS for 4-6 months of work (\$200,000)
- **INTERNAL:** Management review on current HRP project portfolio -what worked well/poorly- includes specific management review of core projects. USAID staff will deliver brief report summarizing HRP projects performance.
- **INTERNAL:** Mapping of research and evaluation within the MCHN Office (inclusive of HRP projects, M&E unit projects, and others outside of RP Division) to better understand overall architecture of IPs, Mission/country coordination, and multilaterals- internal RP LOE staff. USAID staff will deliver annotated matrix and brief report highlighting major research & evaluation efforts for the Office.
- **INTERNAL:** Conduct Mission surveys on MCHN needs that will contribute to an Office-wide learning agenda that is responsive and anticipates missions’ needs. USAID will deliver dataset and summary of data.

- **INTERNAL:** Convene and develop an Office-wide priority setting process for learning agenda based upon above inputs. This is envisioned to be an inclusive MCHN process—led by RP Division staff.

This is anticipated to be an all-remote external evaluation with no international travel. The external evaluation will likely be conducted in a sequenced approach using mixed methods; the final evaluation plan and data collection tools will be decided with inputs from the Evaluation Team and USAID staff. Methodology should be flexible, allowing valid unbiased evaluation to be conducted safely in the context of COVID-19. The resulting methodology should be able to both engage relevant stakeholders and collect credible data as part of the process.

Phase One (potentially August-October 2020) likely will rely heavily on desk review of existing documents from HRP project reports, work plans, USAID MCHN documents, an internal USAID performance review –documenting the institutional history and innovation history, mapping of research and evaluation activities to projects within Research & Policy Division, Office, and possibly Bureau, review of TOC/MEL framework for HRP portfolio, and establishing parameters for possible case studies in Phase Three (Illustrative areas: urban health; emergency referrals; or COP/learning partnerships). USAID staff will design and collect data for Mission surveys, but Division staff will not be involved in analysis. Phase Two (potentially September-November 2020) will include remote interviews of key informants and focus groups as indicated from the finalized evaluation plan. Analysis, finalization of report, and dissemination in Phase Three (potentially November-December 2020).

A critical part of the methodology will be periodic stock-taking with the Evaluation Team to ensure that they are able to engage stakeholders and collect credible data. It is anticipated that the evaluation team, especially where borders are closed and access restricted, highly qualified national/regional evaluators can be contracted, or alternative means of interviewing stakeholders and data collection will be used (emphasis on desk reviews, virtual stakeholder meetings, and focus groups where possible). The finalized evaluation plan and reports should document approaches used by the Evaluation Team. See also [USAID Guide to Remote Monitoring in COVID-19](#).

This will set the stage for development of a new PAD follow-on for HRP (and RP Division’s internal M&E unit), as appropriate, and design and solicit new awards, a revised TOC, and MCHN learning agenda. Further transitioning of activities to new project mechanisms as indicated.

■ **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 evaluation. Documents and data to be reviewed are included in Section XXI “Other Reference Material.”

■ **Secondary analysis of existing data** *(This is a re-analysis of existing data, beyond a review of data reports. List the data source and recommended analyses)*

| Data Source (existing dataset) | Description of Data | Recommended Analysis |
|-----------------------------------|--|----------------------------------|
| Mission Survey dataset | USAID-conducted survey of Missions associated with RP Division HRP and internal M&E unit | As determined by Evaluation Team |

| Data Source (existing dataset) | Description of Data | Recommended Analysis |
|--|---------------------|----------------------|
| Other datasets to be confirmed jointly by USAID and External Evaluation Team | | |

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

To be discussed. Potential informants – HRP & M&E mechanism users, Mission staff, etc.

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

To be discussed with GH EvaLS, External Evaluation Team.

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

Key informants may be interviewed in small groups of similar respondents, as long as all participants feel free to express their own opinions.

■ **Client/Participant Satisfaction or Exit Interviews** *(list who is to be interviewed, and purpose of inquiry)*

USAID will provide list of potential candidates to the External Evaluation Team (ET) to interview. USAID will also provide the results of the Mission surveys to External ET.

■ **Survey** *(describe content of the survey and target responders, and purpose of inquiry)*

USAID will provide to External Evaluation Team Mission surveys results.

XII. HUMAN SUBJECT PROTECTION

The Assessment 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 *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)

XIII. ANALYTIC PLAN

Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data it to be triangulated (if appropriate). For example, a thematic analysis of qualitative interview data, or a descriptive analysis of quantitative survey data.

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.

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, MICS, 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.

XIV. ACTIVITIES

List the expected activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and Deliverables may overlap. Give as much detail as possible.

Background reading – Several documents are available for review for this analytic activity. These include the Health Research Program proposal, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data, as well as survey data reports (*i.e.*, DHS and MICS). 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 remote 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 work plan 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 all Evaluation Team experts but will be determined in consultation with the Mission. These briefings are:

- Evaluation **launch**, a call/meeting among the USAID, GH EvaLS and the Team Lead to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH EvaLS 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(s) 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.
- The Team Lead (TL) will brief the USAID POC **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 remotely data collection. Data collection methodology will be finalized during TPM in consultation with USAID. The evaluation team will outline and schedule key meetings. It is not anticipated that fieldwork and site visits will be conducted due to COVID-19.

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 EvaLS for review and formatting
2. GH EvaLS 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 EvaLS
4. USAID will manage implementing partner(s)'s (IP) review of the report and compile and send their comments and edits to GH EvaLS. (Note: USAID will decide what draft they want the IP to review.)
5. GH EvaLS will share USAID's comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH EvaLS

6. GH EvalS will review and reformat the final Evaluation/Analytic Report, as needed, and resubmit to USAID for approval.
7. Once Evaluation Report is approved, GH EvalS 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 quantitative data will be submitted to GH EvalS in a machine-readable format (CSV or XML). The datasets created as part of this *evaluation/assessment* 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, qualitative data that do not contain identifying information should also be submitted to GH EvalS.

XV. DELIVERABLES AND PRODUCTS

Select all deliverables and products required on this analytic activity. For those not listed, add rows as needed or enter them under “Other” in the table below. Provide timelines and deliverable deadlines for each.

| Deliverable/Product | Timelines & Deadlines (estimated) |
|--|--|
| Launch briefing | |
| In-brief with USAID | |
| Workplan and methodology review briefing | |
| Workplan/Inception Report (must include questions, methods, timeline, data analysis plan, and instruments) | 10 days following in-brief with USAID |
| In-brief with target project/program | |
| Routine briefings/progress reports | Weekly |
| Out-brief with USAID with Power Point presentation | |
| Draft report | Submit to GH EvalS: GH EvalS submits to USAID |
| Final report | Submit to GH EvalS: GH EvalS submits to USAID |
| Raw data, if applicable (cleaned datasets in CSV or XML with code sheet) | |
| Report Posted to the DEC | |

*Additional details regarding deliverables available in the Annex.

Estimated USAID review time

Average number of business days USAID will need to review the Report? 14 Business days

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

Overall Evaluation/Assessment Team requirements:

- Excellent organizational skills and ability to keep to a timeline

- Strong written and oral communication skills in English.
- Preferably, one member should also be fluent in French as well (written and oral).
- Extensive experience drafting and finalizing evaluation reports.

Team Lead (TL) (Key Staff 1): The TL should have significant experience conducting and leading project evaluations and/or assessments.

Roles & Responsibilities: The Team Lead will be responsible for:

- Providing team leadership
- Managing the team's activities
- Ensuring that all deliverables are met in a timely manner
- Serving as a liaison between the USAID and the evaluation/assessment team, and
- Leading briefings and presentations.

Qualifications:

- Minimum of 10 years of experience in public health, which included experience in implementation of health activities in developing countries
- Demonstrated experience leading health sector project/program evaluation/assessments, utilizing both quantitative and qualitative methods
- Demonstrated knowledge and experience in implementation research, innovations, and learning/knowledge management as conceptualized by USAID strategies and policies (ADS).
- Strong communication, supervision, and management skills required.
- 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; ability to manage
- Excellent skills in project management including ability to internally manage complex tasks and interdisciplinary teams for evaluation.
- Excellent organizational skills and ability to keep to a timeline
- Good writing skills, with extensive report writing experience
- Experience working in LMIC settings, and experience in USAID MCHN priority countries is desirable
- Familiarity with USAID (especially MCH, Nutrition, WASH programs), desirable
- Familiarity with USAID policies and practices, desirable
 - Evaluation policy
 - Results frameworks
 - Performance monitoring plans

Evaluation & Data Use/Translation Specialist (Key Staff 2):

Roles & Responsibilities: This consultant serves as a member of the evaluation team, providing quality assurance on analytic issues, including methods, development of data collection instruments, protocols for data collection, data management, and data analysis. S/He will oversee the training of all engaged in data collection, ensuring the highest level of reliability and validity of data being collected. S/He 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. S/He will participate in all aspects of the evaluation, from planning, data collection, data analysis to report writing.

Qualifications:

- At least 10 years of experience in SOTA of M&E procedures and implementation
- At least 5 years managing M&E, including evaluations and/or assessments
- Experience in design and implementation of evaluations and/or assessments
- Strong knowledge, skills, and experience in qualitative and quantitative analytic tools
- Experience implementing and coordinating others to implement Mission surveys, key informant interviews, focus groups, observations and other evaluation and assessment methods that assure reliability and validity of the data.
- Experience in data management
- Able to analyze quantitative data, which will be primarily descriptive statistics and cross-tabulations
- Able to analyze qualitative data
- Experience using analytic software
- Demonstrated experience using qualitative evaluation methodologies, and triangulating with quantitative data
- Experience conducting secondary analysis of existing quantitative datasets
- Able to review, interpret and reanalyze as needed existing data pertinent to the evaluation
- Strong data interpretation and presentation skills
 - Good writing skills, including experience writing evaluation and/or assessment reports
- Familiarity with USAID health programs/projects, particularly in the area of data and measurement, evaluation, implementation research, knowledge management/learning,
- Familiarity with USAID M&E policies and practices, desirable
 - Evaluation policies
 - Results frameworks
 - Performance monitoring plans

Adaptive Learning/Implementation Research Specialist (Key Staff 3):

Roles & Responsibilities: Serve as a member of the evaluation team, providing expertise in adaptive learning and implementation research. S/He will participate in planning and briefing meetings, data collection, data analysis, development of evaluation presentations, and writing of the Evaluation Report.

Qualifications:

- Expertise in methods of embedding research methods in real-world health systems contexts
- Expertise in systems thinking and/or strategic planning/adaptive management
- At least 8 years' experience with projects where stated expertise was applied; USAID project experience implementation experience desirable.
- Good writing skills, including experience writing evaluation and/or assessment reports
- Experience in conducting USAID evaluations of health programs/activities

Mid-level Analyst (Key Staff 4)

Roles & Responsibilities: The Analyst will support the Evaluation Team in all the data analysis aspects of the assessment.

Roles & Responsibilities: The Analyst will be responsible for:

- Performing data analysis, with emphasis on qualitative data analysis
- Assuring that all data analyses are done to meet the needs for this assessment
- Providing quality assurance on qualitative data analysis issues, including methods, development of data collection tools, protocols for data collection, data management, and analysis

Qualifications:

- Strong knowledge, skills, and experience in qualitative data analysis
- Knowledge of qualitative software (such as Dedoose, Coding Analysis Toolkit/CAT, etc.)
- Experience in implementation of project/program assessments
- Experience in data management
- Experience conducting secondary analysis of existing quantitative datasets
- Strong data interpretation and presentation skills
- Good writing skills, including experience writing assessment reports

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 assessment activity.

Some involvement anticipated from USAID staff. Approximately 2-3 USAID staff will support the core Evaluation Team as an “extended” review team. Potential USAID extended team members (for further discussion): Martin Alilio, Joshua Karnes, Leah Greenspan, Jesse Shapiro. The core team will be primarily responsible for data collection, analysis and reports, presentations, and other deliverables. In collaboration with USAID staff, the core team will review and facilitate use and dissemination. Additional USAID staff will be involved in discrete but related tasks including a management review, research mapping across the MCHN Office, and Mission surveys.

Staffing Level of Effort (LOE) Matrix (Table 1):

This LOE Matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH EvalS can assist you to complete this table.

- a. For each column, replace the label "Position Title" with the actual position title of staff needed for this analytic activity.
- b. Immediately below each staff title enter the anticipated number of people for each titled position.
- c. Enter Row labels for each activity, task and deliverable needed to implement this analytic activity.
- d. Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.
- e. At the bottom of the table total the LOE days for each consultant title in the ‘Sub-Total’ cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

Table 1: Level of Effort (LOE) in days for each External Evaluation Team member

| Activity/Deliverable | | Evaluation Team | | | | |
|----------------------|--|----------------------------|--|--|---------------------------------------|------------------------------------|
| | | Team Lead (Key Staff 1) | Evaluation/Data Use and Translation (Key Staff 2) | Adaptive Learning/IR Specialist (Key Staff 3) | Mid-level Analyst (Key Staff 4) | Logistics/ Program Assistant |
| Number of persons → | | 1 | 1 | 1 | 1 | 1 |
| 1 | Launch Briefing | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| 2 | Desk review (including USAID Mission survey, project performance review, and task mapping) | 2.5 | 2.5 | 2.5 | 0.5 | 1 |
| 3 | Team Planning Meeting | 0.5 | 0.5 | 0.5 | 0.5 | 1 |
| 4 | Workplan and methodology briefing with USAID | 0.5 | 0.5 | 0.5 | 0.5 | 0 |
| 5 | Eval planning deliverables: 1) workplan with timeline, eval matrix, protocol (methods, sampling & analytic plan); 2) data collection tools | 3 | 3 | 3 | 3 | 1 |
| 6 | In-brief with MCHN-HRP | 0.5 | 0.5 | 0.5 | 0.5 | 0 |
| 7 | Prep/Logistics (protocol orientation/training for all data collectors) | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| 8 | Data collection | 12 | 7 | 12 | 7 | 7 |
| 9 | Data analysis | 4 | 4 | 4 | 20 | 0 |
| 10 | Debrief with MCHN with prep | 1 | 1 | 1 | 1 | 0 |
| 11 | Draft report(s) | 7 | 7 | 7 | 7 | 0 |
| 12 | GH EvalS Report QC Review & Formatting | 0.5 | 0.5 | 0.5 | 0.5 | 0 |
| 13 | Submission of draft report(s) to MCHN | 0 | 0 | 0 | 0 | 0 |
| 14 | USAID Report Review | 0 | 0 | 0 | 0 | 0 |
| 15 | Revise report(s) per USAID comments | 2 | 2 | 2 | 0.5 | 0 |
| 16 | Finalize and submit report to USAID | 0.5 | 0.5 | 0.5 | 0 | 0 |
| 17 | USAID approves report | 0 | 0 | 0 | 0 | 0 |
| 18 | Final copy editing and formatting | 0 | 0 | 0 | 0 | 0 |
| 19 | 508 Compliance editing | 0 | 0 | 0 | 0 | 0 |

| Activity/Deliverable | Evaluation Team | | | | |
|-----------------------------|----------------------------|--|--|---------------------------------------|------------------------------------|
| | Team Lead (Key Staff 1) | Evaluation/Data Use and Translation (Key Staff 2) | Adaptive Learning/IR Specialist (Key Staff 3) | Mid-level Analyst (Key Staff 4) | Logistics/ Program Assistant |
| Number of persons → | 1 | 1 | 1 | 1 | 1 |
| Eval Report(s) to the DEC | 0 | 0 | 0 | 0 | 0 |
| Total LOE per person | 35 | 30 | 35 | 8 | 11 |
| Total LOE | 35 | 30 | 35 | 42 | 11 |

A 6-day workweek permitted Yes No

6-day workweek approved for travel to/from work locations Yes No

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

No.

XVII. LOGISTICS

Billing up to seven (7) days in any consecutive seven (7)-day period is approved when traveling to or from the Consultant's home of record Yes No

Visa Requirements

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

N/A

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

| Name of Country | Type of Visa | | |
|-----------------|--------------|----------|---------------|
| | N/A | Tourist | Business |
| | 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 conference rooms at their hotels. However, if a Security Clearance or Facility Access is preferred, GH EvalS can submit an application for it on the consultant's behalf.

GH EvalS can obtain **Facility Access (FA)** and transfer existing **Secret Security Clearance** for our consultants, but please note these requests, processed through AMS at USAID/GH (Washington, DC), can take 4-6 months to be granted. If you are in a Mission and the RSO is able to grant a temporary FA locally, this can expedite the process. FAs for non-US citizens or Green Card holders must be obtained through the RSO. If FA or Security Clearance is granted through Washington, DC, the consultant must pick up his/her badge in person at the Office of Security in Washington, DC, regardless of where the consultant resides or will work.

If **Electronic Country Clearance (eCC)** is required prior to the consultant's travel, 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 may be required 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 (consultants must register approximately 3-4 months in advance). Additionally, there will be the cost for additional lodging and M&IE to take this course.

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH EvalS 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)

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 EvalS workspace

Specify who will require workspace at GH EvalS: _____

Travel -other than posting (specify): _____

Other (specify): _____

Specify any country-specific **security concerns and/or requirements**

N/A

XVIII. GH EvalS ROLES AND RESPONSIBILITIES

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

- Review SOW and recommend revisions as needed
- Provide TA on methodology, as needed
- Develop budget for analytic activity
- Recruit and hire the evaluation/assessment team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review and assist with development of methods, workplan, analytic instruments, reports, and other deliverables as part of the quality assurance oversight, as appropriate

- Report production - If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH EvalS website. If the report is internal, then copy editing/formatting for internal distribution.

XIX. USAID ROLES AND RESPONSIBILITIES

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

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

- SOW.
 - Develop SOW.
 - Peer Review SOW
 - Respond to queries about the SOW and/or the assignment at large.
- Consultant Conflict of Interest (COI). 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.
- Documents. Identify and prioritize background materials for the consultants and provide them to GH EvalS, preferably in electronic form, at least one week prior to the inception of the assignment.
- Local Consultants. Assist with identification of potential local consultants, including contact information.
- Site Visit Preparations. 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.
- Lodgings and Travel. 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

- Mission Point of Contact. 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.
- Meeting Space. 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).
- Meeting Arrangements. Assist the team in arranging and coordinating meetings with stakeholders.
- Facilitate Contact with Implementing Partners. 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

- Timely Reviews. Provide timely review of draft/final reports and approval of deliverables.

XX. 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](#)).

- The report must not exceed 30 pages (excluding executive summary, table of contents, acronym list and annexes).
- The structure of the report should follow the Evaluation Report template, including branding found [here](#) or [here](#).
- Draft reports must be provided electronically, in English, to GH EvalS who will then submit it to USAID.
- For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found [here](#).

USAID Criteria to Ensure the Quality of the Evaluation Report (USAID ADS 201):

- Evaluation reports should be readily understood and should identify key points clearly, distinctly, and succinctly.
- The Executive Summary of an evaluation report should present a concise and accurate statement of the most critical elements of the report.
- Evaluation reports should adequately address all evaluation questions included in the SOW, or the evaluation questions subsequently revised and documented in consultation and agreement with USAID.
- Evaluation methodology should be explained in detail and sources of information properly identified.
- Limitations to the evaluation should be adequately disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people's opinions.
- Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.
- If evaluation findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
- If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

Reporting Guidelines: The draft report should be a comprehensive analytical evidence-based evaluation/assessment 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/assessment 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:

- Abstract: briefly describing what was evaluated, evaluation questions, methods, and key findings or conclusions (not more than 250 words)
- Executive Summary: summarizes key points, including the purpose, background, evaluation questions, methods, limitations, findings, conclusions, and most salient recommendations (2-5 pages)
- Table of Contents (1 page)
- Acronyms
- Evaluation/Analytic Purpose and Evaluation/Analytic Questions: state purpose of, audience for, and anticipated use(s) of the evaluation/assessment (1-2 pages)
- Project [or Program] Background: describe the project/program and the background, including country and sector context, and how the project/program addresses a problem or opportunity (1-3 pages)
- Evaluation/Analytic Methods and Limitations: data collection, sampling, data analysis and limitations (1-3 pages)
- Findings (organized by Evaluation/Analytic Questions): substantiate findings with evidence/data
- Conclusions
- Recommendations
- Annexes
 - Annex I: Evaluation/Analytic Statement of Work
 - Annex II: Evaluation/Analytic Methods and Limitations ((if not described in full in the main body of the evaluation report)
 - Annex III: Data Collection Instruments
 - Annex IV: Sources of Information
 - List of Persons Interviews
 - Bibliography of Documents Reviewed
 - Databases
 - [etc.]
 - Annex V: Statement of Differences (if applicable)
 - Annex VI: Disclosure of Any Conflicts of Interest
 - Annex VII: Summary information about evaluation team members, including qualifications, experience, and role on the team.

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 EvalS Program Manager. All datasets developed as part of this evaluation will be submitted to GH EvalS 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.

XXI. USAID CONTACTS

| | Primary Contact | Alternate Contact 1 | Alternate Contact 2 |
|----------------------|--|--|---------------------|
| Name: | Neal Brandes | Troy Jacobs | |
| Title: | Division Chief | Senior Medical Advisor | |
| USAID Office/Mission | | | |
| Email: | nbrandes@usaid.gov | tjacobs@usaid.gov | |
| Telephone: | | | |
| Cell Phone: | | | |

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

| | Technical Support Contact 1 | Technical Support Contact 2 |
|----------------------|-----------------------------|-----------------------------|
| Name: | | |
| Title: | | |
| USAID Office/Mission | | |
| Email: | | |
| Telephone: | | |
| Cell Phone: | | |

XXII. OTHER REFERENCE MATERIALS

Documents and materials needed and/or useful for consultant assignment, that are not listed above.

[Preliminary list of potential documents- Staff to GENERATE DOCUMENTS LIST]
 Annotated timeline since PAD (contextual factors, explanatory notes) (To be developed)
 BAA solicitations and co-design workshop workbooks
 List of MCHN research and evaluation related activities (Task for MCHN staff)
 Health Research Program PAD 2015
 Background document on strategic pivots
 CIRCLE: semi-annual & annual reports
 HEARD: semi-annual & annual reports
 Ponya Mtoto: semi-annual & annual reports
 ACERS: semi-annual & annual reports
 MaNE: semi-annual & annual reports

Kuboesha Afya Mitaani: semi-annual & annual reports
Evaluations of other research related activities
Evaluation of Grand Challenges
Evaluation of eclampsia project
Evaluation of MCSP
GH Evaluation and Research strategies
CIRCLE Case Study on BAAs (expected July/August 2020)
PSBI COP Case Study (May 2020)
2014 to 2020 Acting on the Call reports

XXIII. ADJUSTMENTS MADE IN CARRYING OUT THIS SOW AFTER APPROVAL OF THE SOW (To be completed after Assignment Implementation by GH EvalS)

1. As per the approved workplan the Assessment Questions were amended to read as follows:
 - What role did the RP Division play in advancing “research-to-use” and M&E to promote adaptive learning and knowledge management? In what ways did RP Division impact Mission programming and/or practices?
 - What were the critical elements of the RP portfolio (spanning structure, management, staffing, approach, and technical priorities) that helped advance MCHN and Agency objectives? Which aspects are in need of improvement or reconsideration for future?
 - What should be the approach of the Research & Policy Division in:
 - a. Working collaboratively with other MCHN Divisions to inform;
 - b. global technical leadership and learning; and
 - c. Engaging with and supporting USAID missions?
2. LOE was adjusted to allow for additional support from the Project Manager and additional work from the Evaluation & Data Use Specialist. This required a reduction in LOE for the Analyst.
3. The timeline was adjusted both due to delays around the holidays as well as to allow for complete and thorough revision of the report.

SOW ANNEX A

Table 1: Roles in the External and Internal Activities for the Evaluation

| | INTERNAL | INTERNAL | INTERNAL | EXTERNAL | EXTERNAL | EXTERNAL | EXTERNAL | INTERNAL | INTERNAL |
|-----------------------|---|--|---|-------------------|-----------------|-------------------|---------------|---------------|------------------------|
| Participants | Management Review (conducted by MCHN staff) | MCHN research and evaluation portfolio mapping (conducted by MCHN staff) | Mission Surveys (conducted by MCHN staff) | Evaluation Design | Data Collection | Analysis & Report | Dissemination | Working Group | Office Learning Agenda |
| External stakeholders | | | | | | | | | |
| Evaluation Core Team | | | | | | | | | |
| Mission Staff | | | | | | | | | |
| RP Division* | | | | | | | | | |
| MCHN Office* | | | | | | | | | |
| GHB* | | | | | | | | | |

Details for Deliverables

- **Reference repository** within 5 days of the launch (HRP team).
- **Inception Report (including Evaluation Design and Plan):** The Evaluation Team will draft and present an Inception Report to be reviewed by USAID within 10 days of the launch meeting. This will serve as an evaluation protocol and methodology including potential analysis plan and data collection tools. Final methodology will be developed by the Evaluation Team in collaboration with USAID.
- **Weekly Progress Reports:** Brief informal reports highlighting progress, challenges and constraints and describing the Evaluation Team’s response. Roughly every 4 weeks there will be opportunity to engage in stock-taking sessions either in person or remotely.
- **Draft Evaluation Report:** The content should cover all the main elements of the report including major findings, conclusions, lessons learned, recommendations for improvement and relevant annexes. This will include critique of HRP TOC. The report should comply with the USAID’s Evaluation Report standards set out in Annex 2. The first draft report will be submitted within 7 days after the oral presentation to USAID.
- **Final Report:** The Evaluation Team will submit a final report (not exceeding 30 pages, excluding the annexes) incorporating final edits within five days of receiving comments from USAID and other stakeholders. The approved final report should be cleared by USAID.

Timeline

Table 2 shows the timeline for each phase of the evaluation/assessment. Dates may be modified based on availability of consultants and key stakeholders, and amount of time needed for possible in-country field work, to ensure safety of evaluators due to COVID-19.

Table 2 External evaluation/assessment timeline

| Activity | Responsible | Illustrative Dates |
|--|-----------------------------------|---|
| PHASE ONE (PREPARATIONS/DESK REVIEW/DESIGN) | | |
| Assemble background materials | RP | Pre-launch (June 15-2 September) |
| Identification of Evaluation Team core consultants & onboarding | GH Evals + RP | Pre-launch (August 15- September 15) |
| Identification of “extended” USAID team to work with core Evaluation Team | RP | Pre-launch (June 15-31 August) |
| Identification of USAID team for Project Management performance reviews and mapping | RP | Pre-launch (June 15-July 24) |
| Identification of USAID team for Mission Surveys | RP | Pre-launch (June 15-July 24) |
| Conduct project management performance reviews | RP | July 25-August 7 |
| Finalize Mission Surveys instrument | RP | July 25-August 7 |
| Conduct MCHN Office research mapping | RP/MCHN | August 11-28 |
| Launch of HRP Evaluation | GH Evals (Evaluation Team) | September 14 |
| Finalization of evaluation work plan, protocol | Evaluation Team | September 14-30 |
| Finalization of data collection tools used by Evaluation Team | Evaluation Team | October 5-9 |
| Evaluation Team Desk review | Evaluation Team | September 14-October 23 |
| Evaluation Team (core/extended team) stock-taking meeting with USAID | RP + Evaluation Team | September 29 |
| Finalize parameters, case studies to be conducted in person work for Phase Two & Three | Evaluation Team | October 12-16 |
| PHASE TWO (VIRTUAL ENGAGEMENT) | | |
| Conduct Mission Surveys | RP | August 13-September 4 |
| Review Mission Surveys | RP | September 14-16 |
| Hand-over Mission Survey results to Evaluation Team for analysis | RP + Evaluation Team | September 21-25 |
| Hand-over Mission project management performance reviews to Evaluation Team | RP + Evaluation Team | September 21-25 |
| Hand-over mapping exercise findings to Evaluation Team | RP + Evaluation Team | September 21-25 |
| Assemble list of potential interviewees | Evaluation Team | September 18-October 9 |
| Orientation to data collection tools | Evaluation Team | October 5-9 |
| Conducts key informant interviews, focus groups virtually with key stakeholders | Evaluation Team | October 19-December 30 |
| Evaluation Team (core/extended team) stock-taking meeting with USAID | RP + Evaluation Team | November 2-6 |
| PHASE THREE (IN-COUNTRY KIIs/FGDs, REMOTE) | | |
| Identify case studies/in-country interviews or FGDs | Evaluation Team | September 14-28 |
| Orientation to data collection tools | Evaluation Team | September 29 |

| Activity | Responsible | | Illustrative Dates |
|---|----------------------|--|--------------------------|
| Conduct case study assessments - remote | Evaluation Team | | September 30-October 30 |
| Evaluation Team (core/extended team) stock-taking meeting with USAID | RP + Evaluation Team | | November 2-6 |
| PHASE FOUR (SYNTHESIS/VETTING) | | | |
| Synthesis | Evaluation Team | | October 26-December 30 |
| Debrief presentation of findings to USAID | Evaluation Team | | January 14 |
| First draft of evaluation report | Evaluation Team | | January 29 |
| USAID reviews first draft of evaluation report and responds with comments | RP | | January 30 – February 12 |
| Evaluation Team incorporates comments in final draft of the evaluation report | Evaluation Team | | February 12-19 |
| USAID signs off on final draft of the evaluation report for editing | RP | | February 22 |
| GH EvalS Edits/Formats/508 report | GH EvalS | | February 26 |

*A six-day work week is approved only for periods of international travel to accommodate travel/work days.

Mechanisms within Scope of HRP Evaluation

Several projects support HRP objectives. At the core are six projects managed within the Research & Policy Division, as described below. The research portfolio also engages in collaborative activities with multilateral organizations (e.g., UNICEF, WHO, etc.) and other donors (e.g., Bill & Melinda Gates Foundation, Doris Duke Charitable Foundation, World Bank, etc.).

Four of these projects were awarded through a relatively new Broad Agency Announcements (BAAs) procurement process (see: <https://www.usaid.gov/partnership-opportunities/respond-solicitation/baa-process>), reflecting the portfolio’s embrace of BAAs as encouraged by USAID at that time.

The focus of the BAA efforts was informed through consultations with USAID colleagues in Global Health, as well as based in Missions, in developing the PAD. The emerging areas included Possible Serious Bacterial Infections (PSBI); improvising timely and efficient care-seeking & referral for MCH; and addressing the unique MCH health needs of urban slum dwellers. The CIRCLE project is documenting the HRP experience with BAA as a case study, available soon.

HRP PROJECT MECHANISMS:

These mechanisms will be the primary focus of the external evaluation as well as the internal management review:

I.

| | |
|---------------------------|---|
| Activity Name | Coordinating Implementation Research to Communicate Learning and Evidence (CIRCLE) Contract |
| Implementing Partner | Social Solutions International, Inc. |
| Contract Agreement Number | OAA-M-16-00006 |
| Description | The project provides strategic planning, stakeholder engagement, implementation research, knowledge management and research translation in support of the Health Research Program. This includes carrying out three BAA co-design processes on behalf of HRP, with supporting |

| | |
|----------------------|--|
| | communities of practice. The project supports research efforts with field support buy-ins from Tanzania and Nigeria. |
| Total Estimated Cost | \$24 mil |
| Life of Activity | 7/29/2016 - 7/29/2021 (NCE request to September 30, 2021) |
| Geographic Scope | Worldwide |

2.

| | |
|--|---|
| Activity Name | Health Evaluation, Research and Development (HEARD) Cooperative Agreement |
| Implementing Partner | University Research Corporation, LLC |
| Cooperative Agreement Agreement Number | OOA-A-17-00002 |
| Description | The project brings the implementation and technical capacity of a strategic set of 33+ global partners together to generate, synthesize, and use evidence to improve the implementation of policies and programs related to USAID priority areas, and crucial for improving health and development in low and middle-income countries. The project has extensive buy-ins that advance postpartum hemorrhage care and women's centered care. . |
| Total Estimated Cost | \$X |
| Life of Activity | 11/9/2016-11/8/2021 |
| Geographic Scope | Worldwide |

3.

| | |
|--|---|
| Activity Name | Ponya Mtoto: Expanding Treatment for Infant Sepsis [BAA] |
| Implementing Partner(s) | Population Council |
| Cooperative Agreement Agreement Number | AID-OAA-A-17-00031 |
| Description | Implementation research in Kenya to assess fidelity, safety, feasibility and acceptability of management of possible serious bacterial infections (PSBI) in newborns and young infants integrated into IMCI/iCCM platforms. |
| Total Estimated Cost | \$X |
| Life of Activity | 09-30-2017 - 09-29-2020 |
| Geographic Scope | Kenya |

4.

| | |
|--|--|
| Activity Name | Developing Acute Care and Emergency Referral Systems (ACERS) [BAA] |
| Implementing Partners | Catholic Relief Services, Ghana Health Service, Columbia University |
| Cooperative Agreement Agreement Number | 7200AA18CA00051 |
| Description | ACERS collaborates with Ghana Mission and GHS to develop models of strengthened emergency referrals and transport systems for women and newborns and apply learning to other LMIC countries. |
| Total Estimated Cost | \$5 mil |
| Life of Activity | 09-30-2018 - 06-29-2021 |
| Geographic Scope | Ghana |

5.

| | |
|--|--|
| Activity Name | The Kampala Slum Maternal Newborn Project: Innovating for Better Health Outcomes (MaNE) [BAA] |
| Implementing Partners | Population Services International; Kampala Capital City Authority |
| Cooperative Agreement Agreement Number | 7200AA18CA00052 |

| | |
|----------------------|---|
| Description | The project collaborates with Uganda Mission and KCCA (municipal government) to develop models of strengthened MNH emergency referrals and transport systems for urban slum dwellers, including engaging the private for-profit sector, and apply learning to other LMIC countries. |
| Total Estimated Cost | \$5 mil |
| Life of Activity | 9/30/2018 - 9/29/2021 |
| Geographic Scope | Uganda (Kampala specifically) |

6.

| | |
|--|---|
| Activity Name | Kuboresha Afya Mitaani: Urban MNCH Project [BAA] |
| Implementing Partner(s) | Jacaranda Health; Population Council |
| Cooperative Agreement Agreement Number | 7200AA19CA00026 |
| Description | The project uses implementation research to strengthen an innovative digital health platform, public-private sector partnership, and regulatory work around accreditation to improve the health status of women and children living in informal urban settlements as well as build on efforts of the urban bilateral project, Afya Jijini. It also provides critical knowledge about the relationships between household air pollution, sanitation and MCH outcomes in these settlements. |
| Total Estimated Cost | \$X |
| Life of Activity | 9/28/2019 - 9/27/2022 |
| Geographic Scope | Kenya; East Africa Region |

| Issue | Recommendation | Implementation in HRP 2.0 |
|--|--|---|
| Increase local engagement throughout the research-to-use process | Provide incentives to prioritize, conduct and share research with country-level stakeholders responsible for implementing interventions, and treat them as equal partners in the research-to-use process. | Major emphasis for Circle, Heard and BAAs |
| Examine ways to better leverage USAID structures | Increase efforts to engage USAID Missions in the research-to-use process early and consistently, anticipating their significant value in facilitating the introduction, field implementation, and scale-up of new interventions. | BAAs, process, mission co-management, |
| Place a greater focus on implementation research | Place greater emphasis within strategy on implementation research and to contribute to thinking, from day one, about what will be needed for effective field implementation and scale-up. | Focus of work including advancing embedded Eval |

2014 EVALUATION RECOMMENDATIONS & IMPLEMENTED CHANGES IN HRP PORTFOLIO:

| Issue | Recommendation | Implementation in HRP 2.0 |
|---|---|---|
| Facilitate processes and capacities for more effective interaction between implementers and researchers | <p>Lead, support, and leverage development of two-way and bottom-up implementation research/delivery science.</p> <p>Promote and facilitate rapid development of local implementation research/delivery science capacity.</p> | <p>Communities of Practice</p> <p>Emphasis area for Heard, Circle, and BAAs</p> |
| Strengthen role of implementation research in the research-to-use process | <p>Continue expanding HaRP's role as leader in supporting implementation research, and influencing others to do so.</p> <p>Advocate/leverage partners/resources to document lessons learned from implementation and ultimate results.</p> | <p>Development of Program Manager's guide, Communities of Practice</p> |

| Issue | Recommendation | Implementation in HRP 2.0 |
|---|---|---|
| Strengthen understanding of changing contexts to ensure relevant research results | <p>Formalize a scanning function to identify and document changes in global and local context for HaRP funding of research, and refine priorities as needed.</p> | <p>Circle KM support role and Identification of staff RP staff member to have KM role</p> |
| Address realities (and perceptions) of HaRP research priority changes | <p>Stick with priorities long enough for appropriate completion of the research-to-use process.</p> <p>Strengthen communication with partners on priorities and follow-through.</p> | <p>Continued work on PSBI/maternal care seeking and RMC</p> |

ANNEX 2: ASSESSMENT DESIGN MATRIX

The assessment design matrix was included in the assessment workplan and connects the assessment methods to the AQs. Often more than one method can be employed in an analytic activity to obtain evidence to address more than one question. For each AQ (working backwards – right to left) list the method, data source and sampling that will be used to obtain result and/or evidence needed to address the specific AQ.

| Assessment Question | Information Required; What Will This Information Allow the Assessment Team to Say? | Data Sources and Data Collection Methods | Data Analysis |
|---|---|--|---|
| <p>AQ1: Relationships and influence</p> <p>a) What role did the RP Division play in advancing “research-to-use” and M&E to promote adaptive learning and knowledge management?</p> | <p>What role did USAID and IP staff consider themselves playing?</p> <p>What role did stakeholders see the RP Division playing?</p> <p>Find examples where the MCHN Office or the RP Division played a role that advanced “research to use” and M&E to promote adaptive learning and knowledge management</p> | <ul style="list-style-type: none"> * 25 KII with staff, IPs and missions * 10 KII with external stakeholders * 5 group discussions with staff * 4-6 group discussions with missions * 2 group discussions for external stakeholders * 300 potential survey respondents (numbers to be decided) <p>Would be good to list all roles and assess their importance, who can best play each and then assess how well MCHN played the roles it was best placed to play.</p> | <p>Look for convergence on the most important roles played by the RP Division or MCHN Office.</p> <p>Conduct some type of prioritization. Fit vs impact, effort vs impact.</p> <p>Use quadrant analysis for strategic decision making</p> |
| <p>b) In what ways did the RP Division impact mission programming and/or practices?</p> | <p>In what IS/R ways does the MCHN Office or the RP Division consider to have impacted Mission programming and/or practices?</p> | <ul style="list-style-type: none"> * 25 KII with staff, IPs, and missions * 9 of 11 focus group with staff * 70 internal potential survey respondents (numbers to be decided) | <p>Thematic analysis, classifying types of impact and perhaps finding a relative weight of the impact</p> |
| | <p>What about missions?</p> | <ul style="list-style-type: none"> *4-6 focus group with missions * 80 potential mission survey respondents (numbers to be decided) | |

| Assessment Question | Information Required; What Will This Information Allow the Assessment Team to Say? | Data Sources and Data Collection Methods | Data Analysis |
|---|---|---|---|
| <p>AQ2: Critical elements of RP portfolio</p> <p>a) What were the critical elements of the RP portfolio (spanning structure, management, staffing, approach, and technical priorities) that helped advance MCHN and Agency objectives?</p> | <p>Identify a comprehensive list of portfolio elements.</p> | <p>Staff will help with mapping portfolio elements and evaluators will fill gaps from document review. Seek contribution from as many of the RP Division staff as feasible and a wide section of MCHN staff during KII and focus groups.</p> <p>Examples: Stakeholder collaboration, staffing, availing analyzed information and playing catalyst for use frequently and regularly, integrating and embedding IR to mission programs and those of other country govts and health development partners, capacity strengthening at missions</p> | <p>Portfolio mapping</p> |
| | <p>Which of these portfolio elements do stakeholders deem critical and why?</p> <p>Which ones are not critical and why?</p> | <p>* Use 35 KII and 11-13 focus groups (where feasible) as per sampling table above.</p> <p>For missions select 3 for deep dive, 1 with strong capacity (“graduated”), 1 for deepest dive which has been significant of HRP resources, and 1 not yet significantly involved in CLA)</p> | <p>Convergence of opinions of stakeholders on whether elements are critical or not; and why?</p> |
| <p>b) Which aspects are in need of improvement or reconsideration for the future?</p> | <p>Assess performance of the critical elements</p> | <p>* Evaluators may add from knowledge and document review.</p> | <p>Rating summary</p> |
| | <p>Where should the RP Division and the MCHN Office focus immediate, medium term and long-term effort?</p> | <p>For each critical element ask:</p> <p>1) For this element to optimize impact, should it be scaled as is or do you think it needs improvement? Suggest improvements.</p> <p>2) What improvements or reconsideration do you think can be done immediately, next 4-6 months, next 12 months, long term</p> | <p>Quadrant Analysis for Strategic Decision Making. Use potential impact, performance and ease of integration, and USAID input, to prioritize</p> |

| Assessment Question | Information Required; What Will This Information Allow the Assessment Team to Say? | Data Sources and Data Collection Methods | Data Analysis |
|--|--|---|---|
| <p>AQ3: Future of the RP Division</p> <p>What should be the approach for the RP Division be in:</p> <p>(a) Working collaboratively with other MCHN Divisions to inform?</p> | Get perspectives of what was appreciated in the past | 8 KII, 7 focus groups and 50 survey respondents What has the MCHN or HRP and M&E unit done well in informing, responding to, and supporting changing GH Bureau and MCHN Office priorities and activities as well as adjust to new current and future realities | Thematic analysis of qualitative data and descriptive statistics from survey data |
| | Suggestions for improvement | How could MCHN or HRP and the MEL units better influence changes in Office priorities and activities as well as adjust to new realities? | |
| | Prioritization | Ask about factors like J2SR, cost, impact, duration it takes, simple or complex | |
| (b) Contribution to global technical leadership and learning? | Get perspectives of what was appreciated in the past | 35 KII, 11-13 focus groups and 300 potential survey respondents | Thematic analysis of qualitative data and descriptive statistics from survey data |
| | Suggestions for improvement | How would MCHN or HRP and the MEL units have better contributed to global technical leadership and learning | |
| | Prioritization | Ask about factors like J2SR, research gaps, cost, impact, duration it takes, simple or complex | |
| (c) Engaging with and supporting USAID Missions? | Get perspectives of what was appreciated in the past | 19 KII, 7-9 focus groups and 120 potential survey respondents On a scale of 1-5, rate how well the MCHN Office or HRP and M&E unit strategic approach engaged with, and supported USAID missions | Thematic analysis of qualitative data and descriptive statistics from survey data |
| | Suggestions for improvement | How would MCHN or HRP and the MEL units have engaged with, and supported USAID missions | |
| | Prioritization | Ask about factors like J2SR, cost, impact, duration it takes, simple or complex | |

ANNEX 3: DATA COLLECTION TOOLS

Key Informant Interview Guide

| | | | |
|------------------|---|-----------------------|--|
| Date: | | Start Time: | |
| Interviewer: | | End time: | |
| Notetaker: | | | |
| | | | |
| Others present? | Y/N | Positions/Titles | |
| Name | | | |
| Name | | | |
| Name | | | |
| | | | |
| Respondent Name: | | Consenting to Record? | |
| Organization: | | Position/Title: | |
| Unit: | | Since? | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | Age is over 18 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email: | | Phone: | |

Introduction

Thank you for your willingness to talk with us today. This interview is being conducted to learn how important stakeholders like you perceive the role and impact of the Learning and Adaptive management or adaptive learning (L&AM) that includes Collaborating, Learning, and Adapting (CLA), Implementation Research (IR), monitoring, evaluation, and learning (MEL) and knowledge management (KM) in reaching global Maternal and Child Health and Nutrition (MCHN) goals.

The interview will have short sections on:

What is its Importance of L&AM? Why do it?

What are the qualities of good L&AM?

Where do you get support in L&AM?

What are the qualities needed for good TA support?

How can USAID mechanisms support L&AM?

What is the current & future desired support from the Research and Policy Division (RP Division)?

What is needed for adaption to external changes?

Consent

The information or examples you will provide to our questions will remain anonymous and confidential unless you tell us that you would be willing to have your responses quoted. Your input will be summarized and included in the final report which will be available to you and to the public.

At any point, if you do not understand a question, please feel free to ask us for clarification.

Do we have your consent to conduct the interview? Yes No

Do you give us the permission to record the interview to help us with our notetaking?

Yes No

Section A: What is the importance of L&AM? Why do it?

1. In your view, what is the importance of L&AM (Learning and adaptive management)? Why should we do L&AM or its components of implementation research (IR), MEL, learning and adaptive management? What would be top reasons for you?

2. On a scale of 1 to 5 how important is this work in L&AM in achieving MCHN outcomes? 1 being “insignificant” and 5 being “critically important”

1 2 3 4 5



3. Would you rate differently any of the importance of the components of L&AM (MEL, IR, CLA, KM)? If so, what importance rating would you give?

4. From previous interviews and a mission survey, we’ve compiled a list of most commonly cited reasons to do adaptive Management or Learning (IR, MEL, AL). See Table 1 on our “cheat sheet” previously sent to you.

Do these reasons seem of critical importance to you?

Are any missing?

Are there some that are more important for you in your role? (top 2-3)?

Why are these ones important to you?

| | Reasons for L&AM | Comments |
|----|---|----------|
| 1 | Accelerate research to use | |
| 2 | Accelerate/document/improve impact | |
| 3 | Identify obstacles & opportunities | |
| 4 | Data to “tell story” | |
| 5 | KM to share expertise | |
| 6 | Process improvements in implementation (like less fragmentation, and improved efficiency and reduce costs | |
| 7 | Overcoming obstacles to Introduction and Scaling | |
| 8 | J2SR: Achieving and sustaining program impact | |
| 9 | J2SR: building local capacity for learning and adaptive management | |
| 10 | Adapting general evidence to local contexts | |
| 11 | Documenting impact of externalities such as COVID and others | |
| 12 | Expand coverage | |
| 13 | Change policy | |
| 14 | Effective coverage | |
| 15 | Facilitate co-design / co-creation | |
| 16 | Other (Specify): _____ | |

5. What do you think are the major obstacles to doing more L&AM (IR, MEL, CLA, KM)?

Obstacles to L&AM

| | Major obstacles to doing CLA, MEL or implementation research? | Comments |
|---|---|----------|
| 1 | Lack of understanding of benefit? | |
| 2 | Lack of capacity (bandwidth, skill sets)? | |
| 3 | Lack of funding for L&AM? | |
| 4 | Time needed to do L&AM (CLA, MEL, IR, KM)? | |
| 5 | Other? | |

Section B: What are qualities of doing good L&AM? How does one do it well?

6. When doing L&AM (IR, MEL CLA, KM..) what are critical factors to make this work successful?

7. In the table below, we show previously identified factors important in success of L&AM work.

Do you agree these are important factors?

Are we missing any?

Which 2 or 3 are most important to you?

Which most need additional attention or support?

Does the importance of these differ for IR vs MEL vs CLA vs KM?

Critical elements to successful L&AM

| | What are the critical elements to successful L&AM (IR, MEL, CLA or KM)? | Comments |
|---|--|----------|
| 1 | Early & continuous stakeholder engagement | |
| 2 | Joint priority setting | |
| 3 | Identifying gaps and implementation challenges | |
| 4 | Process documentation for mid-course correction | |
| 5 | Bringing global best practices to local design | |
| 6 | Comparing effectiveness of potential solutions | |
| 7 | Cost-benefit of intervention and approach alternatives | |
| 8 | Reduce fragmentation by fostering alliances (for joint implementation/ownership) | |

| | | |
|----|--|--|
| 9 | Improved research process | |
| 10 | Facilitating MEL design | |
| 11 | Facilitating policy or project design | |
| 12 | Enhanced data capture & use | |
| 13 | Data visualization | |
| 14 | KM: access & dissemination | |
| 15 | Knowledge translation | |
| 16 | Smooth transition from pilot to scaling | |
| 17 | Investigate ways to promote simplicity to enhance scale uptake | |
| 18 | Bringing field and KM voice into global policy and leadership | |
| 19 | Other | |

Section C. Where do you (or those you support) get TA in L&AM

8. Where do you currently get your TA/Support for Adaptive management and learning (generally but including IR, MEL, CLA, KM)?

Alternative wording for those who provide TA/Support.

Who asks you for TA? If they don't go to you or the RP Division for TA, where do they usually go?

9. What kind of TA do you request? What kind of support are they usually looking for?

10. Why do you (they) seek TA there?

| Where you currently get your TA/Support for MEL, IR, implementation science, learning and adaptive management? | | | |
|--|---------------------------------|---------------|----------------------------|
| | | Where or who? | What kind of TA requested? |
| 1 | USAID HQ? | | |
| 2 | USAID Mission | | |
| 3 | USAID Mechanism | | |
| 4 | LOCAL: local NGO, academia, MoH | | |
| 5 | Other | | |

11. Is your source for TA different for IR vs MEL vs CLA vs KM?

Section D. Qualities needed for good technical support (TA)

12. Can you give us an example of good TA?

13. In giving or receiving technical support, what are the most important qualities to good TA?

Does table 5 represent the most important qualities needed generally?

Are some more important in your role than others? (top 2-3)

Are any important ones missing?

Is there a difference in importance of these qualities for IR, MEL, CLA, KM?

Which of these need more attention or improvement? (Which are currently barriers for you to conduct L&AM?)

| | Factors/qualities important in L&AM technical support? | Comments |
|----|--|----------|
| 1 | Readily accessible staff | |
| 2 | Availability for TDY | |
| 3 | Understanding of local context, adaptability for geography, culture or local externalities | |
| 4 | Expertise in MNCH | |
| 5 | Expertise in project design, co-design, co-creation | |
| 6 | Expertise in MEL design | |
| 7 | Expertise in IR design | |
| 8 | Expertise in data analysis and visualization | |
| 9 | Expertise & availability in building local IR capacity | |
| 10 | KM tools /KM translation | |
| 11 | Timeliness: in providing TA, analyzing & making available results | |
| 12 | Funding availability to do MEL & IR within HQ, missions, mechanisms | |
| 13 | Cost to you for getting the technical support | |
| 14 | Other | |

14. Knowledge management is often seen as different than TA. What is your experience with KM or Communities of Practice (COP)? What impact did they have? To what extent did they participate and find them useful)?

15. Have you participated in a BAA process? How did it assist with co-design, building local capacity and IR?

Section E: How can USAID mechanisms support L&AM?

16. One critical way to provide technical support is through headquarter mechanisms with field buy in and bilateral mechanisms. What “mechanisms” have you used for L&AM (IR, MEL, CLA, KM)?

17. What worked well in the one(s) you've used? (listen for critical elements previously used)

18. What didn't work well? (listen for previous gaps or the missing critical elements, e.g., no stakeholder engagement)

19. How would you change future mechanism design or access?

20. DO NOT SKIP - As MOMENTUM is implemented how would you see incorporating robust L&AM (including IR, MEL, CLA, KM) into Momentum?

What does MOMENTUM awards need to include?

What does the MOMENTUM Knowledge Accelerator need to include?

What supplemental support for L&AM would be helpful? Where should it come from?

Section F. Current and Future desired support from the RP Division

21. Does you or your organization receive TA, funds or other support from the RP Division for MEL, implementation research, implementation science, learning and adaptive management?

[] Yes – go to 21 [] No - prompt with names of individuals within the RP Division

a. If no, then why not?

Filter: Then jump to Question 27.

22. Which of the most important roles for the RP Division? Comment with why important or comparative advantage for the RP Division.

a. Support of other USAID offices?

b. Supporting missions in L&AM?

c. Bringing USAID knowledge and experience into global health leadership & policy fora.

23. Give examples of how the RP Division supports/could support adaptive management. (IR, MEL, CLA, KM dissemination and translation)

24. In what ways do you think the RP Division is positioned, equipped and prepared well to give effective support to adaptive management (IR, MEL, CLA and KM)

25. What could improve the RP Division support to others?

26. What could enhance collaboration with other USAID units?

27. Which changes would have the greatest short versus long term impact?

(For internal USAID respondents only)

28. In your view, what should/could be the role of the RP Division be in supporting USAID's current Global Health Bureau and MCHN Office objectives. What is their comparative advantage?

Providing:

Expertise in MEL
 Expertise in IR Design
 Expertise in data analysis and visualization
 Expertise & availability in building local IR capacity
 KM & data dissemination/translation
 Consolidating
 Funding for MEL, IR, implementation science, learning and adaptive management
 Contributing to global policy and leadership in L&AM

29. (potential time skip) Overall, in what ways did the RP Division influence mission programming and/or practices?
30. (potential time skip) What ways did the RP Division learn from mission programming and/or practices?
31. How does support needed vary with type of mission (capacity, size, location, etc.)?
32. How should this role change over the next 5 years?
33. In your opinion, what should be the role of the RP Division in contributing to global technical leadership and learning?

Section G. Adaption to externalities

There are a number of macro issues that impact global health and program implementation, such as COVID, change in funding availability, disaster, and political upheaval. See table below 3.

34. What other external factors have major impact on the work you do?
35. Briefly, how have these externalities impacted your work?
36. How could RP Division support for MEL, IR, implementation science, learning and adaptive management help you adjust/adapt?
37. What kind of flexibility from RP Division or within mechanisms would help?

| | | Externality/ changing circumstances | Comment? RP Division role to help adaptation? |
|---|--|--|---|
| 1 | | Flexibility in timelines | |
| 2 | | Flexibility in use and size of funding for L&AM | |
| 3 | | IR to assist with maintaining current priorities vs modified focus | |
| 4 | | Measurement of externality impact | |
| 5 | | Other (Specify) _____ | |
| 6 | | Other (Specify) _____ | |

38. Do you have suggestions for what the RP Division would need to adjust to be able to better support you in L&AM to adapt to unexpected externalities? Give examples.

Final. Additional thoughts

39. Do you have any other thoughts you would like to share?

Thank you very much for your time! If you think of anything else you want to tell us, please get in touch with any of us. [Provide email contact]

Group Interview Guide

Group Name:

Interview Date:

Start Time:

End time:

Interviewer:

Notetaker/Timekeeper:

Other Assessment Team members:

Group Composition

| | Name | Sex (Male, Female, Other) | Organization | Unit | Number of completed years | Position/Title |
|----|------|---------------------------------|--------------|------|------------------------------|----------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Introduction

Thank you for your willingness to talk with us today. This interview is being conducted to learn how important stakeholders like you perceive the role and impact of learning and adaptive management (L&AM) that includes Collaborating, Learning, and Adapting (CLA), Implementation Research (IR), monitoring, evaluation, and learning (MEL), knowledge management (KM) and knowledge translation in reaching global Maternal and Child Health and Nutrition (MCHN) goals.

[Note taker: display the seven sessions on the screen]

The interview is divided into seven sections:

Why do learning and adaptive management? (Importance of MEL, IR, KM)

How does one do it well (Qualities of good MEL, IR and KM).

General criteria for TA quality.

Sources of TA and other support in learning and adaptive management (Where do you get support for L&AM from?)

Current support from the RP Division – the RP Division approach: How does the RP Division provide TA/support (both process and effectiveness)

Future roles for RP Division. Niche; best fit; what aligns with its strengths; what gap will the RP Division be filling?

Adaption to learning and external factors

Discussion for each section will take between 12-15 minutes responding to multiple questions.

Total estimated duration is 75-90 minutes. We will try to keep the lower limit.

Consent

The information you will provide to our questions will remain confidential. Your input will be aggregated and summarized, and quotations will be anonymous, unless you tell us that you would like to be identified. Information will be used to compile the final report which will be available to you and to the public.

At any point, if you do not understand a question, please feel free to ask us for clarification.

Do we have your consent to conduct the interview? Yes No

Do you give us the permission to record the interview to help us with our notetaking?
 Yes No

Do you have any questions before we begin?

For purposes of this interview, we will use the term learning and adaptive management to represent all forms of implementation science including, but not limited to monitoring, evaluation, learning, implementation research, data analysis and visualization, knowledge management and knowledge translation.

Section A. Why do learning and adaptive management?

Importance of MEL, IR, KM

What is the value of learning and adaptive management (L&AM) in the context of your work?

[Interviewer: Probe for (a) Benefits, and (b) Limitations of L&AM]

[Note taker: Listen for the elements of the purpose of learning and adaptive management in the table below and mark those that are mentioned. Then refer to table 1 as the interviewer asks the next question]

Table 1 in your list comes from previous surveys and interviews. It represents thoughts previously communicated by survey respondents on the importance of learning and adaptive management. Please go to the chat function of this virtual meeting share the three uses you consider to be the most important. For example, 3, 5, 7 will refer to the corresponding uses as the most important, not in any order.

[Note taker: Please save or copy and paste or take a picture of the opinions because the chat may be erased when you close the meeting]

| | Reasons for learning and adaptive management: | Comments |
|---|---|----------|
| 1 | Accelerate research to use | |

| | | |
|----|---|--|
| 2 | Accelerate, document, and improve impact | |
| 3 | Identify obstacles & opportunities | |
| 4 | Data to “tell story” | |
| 5 | KM to share expertise | |
| 6 | Process improvements in implementation (like less fragmentation, and improved efficiency and reduce costs | |
| 7 | Overcoming obstacles to Introduction and Scaling | |
| 8 | Increasing effective coverage | |
| 9 | J2SR: Achieving and sustaining program impact | |
| 10 | J2SR: building local capacity for learning and adaptive management | |
| 11 | Adapting general evidence to local contexts | |
| 12 | Change policy | |
| 13 | Facilitate co-design / co-creation | |
| 14 | Documenting impact of externalities such as COVID and others | |
| 15 | Other (Specify): _____ | |

a) Now please use a scale of 1 to 5 to vote how important you consider learning and adaptive management to be in achieving MCH and nutrition outcomes in the context of preventing child and maternal deaths and other agency priorities.

1 being “insignificant” and 5 being “critically important.”

Send your vote with a number between 1 and 5 to the note taker through the chat function

b) would you give a different rating for M&E compared to IR or KM? If so why?

Section B: How does one do learning and adaptive management well?

Qualities of good learning and adaptive management, process excellence

What do you consider critical factors to make learning and adaptive management successful?

You may mention one and give chance to other participants.

[Note-taker: Listen for the following factors and mark those mentioned from the list below. Add others that the group mentions.]

[Note-taker: Display cheat-sheet for this question before interviewer asks the next question]

Table 2 represents previously identified critical elements for doing learning and adaptive management successfully, please tell us the one you consider most important and WHY.

[Interviewer: A different way of asking this is: For you, what must be included to make it a good learning and adaptive management program, and why? Remember the list is just a guide and may have omitted something you think is important. Do not feel limited to it.]

[Interviewer: give chances to each member of the group to speak out, then facilitate the group to agree to the three most critical.]

[Note taker: Please display the top three reached through discussion]

| | What are the critical elements to doing successful learning and adaptive management? | Why/Comments |
|----|--|--------------|
| 1 | Early & continuous stakeholder engagement to foster alliances for joint implementation and ownership | |
| 2 | Joint priority setting, co-design and co-creation | |
| 3 | Identifying gaps and implementation challenges | |
| 4 | Process documentation for mid-course correction | |
| 5 | Bringing global best practices to local design | |
| 6 | Comparing effectiveness of potential solutions | |
| 7 | Cost-benefit of intervention and approach alternatives | |
| 8 | Stop-and-reflect or learning process | |
| 9 | Facilitating M&E design | |
| 10 | Facilitating policy or project design | |
| 11 | Enhanced data capture & use | |
| 12 | Detailed data analysis and data visualization | |
| 13 | KM: access & dissemination | |

| | | |
|----|--|--|
| 14 | Knowledge translation | |
| 15 | Smooth transition from pilot to scaling | |
| 16 | Investigate ways to promote simplicity to enhance scale uptake | |
| 17 | Bringing field and KM voice into global policy and leadership | |
| 18 | Other (Specify) _____ | |

Now, we will identify areas most neglected currently or improving which would achieve the greatest impact.

[Interviewer: give chances to each member of the group to speak out once, then facilitate the group to agree to the two most neglected elements or have glaring gaps]

[Note taker: Please display neglected areas that were proposed and the top two reached through discussion]

[Time-keeper: check time and let the interviewer know if there's time for the next question.]

(if there is time) Does anyone see a real difference in how these critical elements apply for IR, M&E, CLA vs KM?

Section C. General criteria for TA quality

[Note-taker: Display cheat-sheet for this section before interviewer asks the next question]

If you like, you may use the list of the previously identified important qualities to good TA to answer the next question. See table below.

In your experience what are the greatest needs of:

USAID missions

Where has this support in the past fallen short?

[Interviewer: facilitate the group to agree to the three most critical.]

[Note taker: Please display the top three reached through consensus]

| | Factors/qualities important in learning and adaptive management technical support | Comments |
|---|--|----------|
| 1 | Readily accessible staff/availability for TDY | |
| 2 | Understanding of local context. Adaptability for geography, culture or externalities | |
| 3 | Expertise in M&E design | |
| 4 | Expertise in IR design | |
| 5 | Expertise in data analysis and visualization | |
| 6 | Expertise & availability in building local IR capacity | |
| 7 | Expertise in MCHN | |

| | | |
|----|--|--|
| 8 | Expertise in project design, co-creation/co-design | |
| 9 | KM tools/KM translation | |
| 10 | Timeliness: Responsive Time frames in providing TA, analyzing and making available results | |
| 11 | Funding availability to do MEL & IR within HQ, missions, mechanisms | |
| 12 | Cost to you for getting the technical support | |
| 13 | Other | |

How are TA needs different for IR, M&E and KM?

Section D. Sources of learning and adaptive management TA/support.

Where do you get support for L&AM? (USAID/W, International collaborators, in-country) (Interviewer: skip Qs 10-12 for TA providers and go to Q13)

Where do you currently get your TA/Support for Adaptive management and learning from?

What kind of TA do you get from each?

Why do you seek TA there?

[Interviewer: you may display list below to provide examples if group gets stuck]

| Where do you currently get your TA/Support for M&E, implementation research, learning, and adaptive management? | | | |
|---|---|-----------|--|
| | | Specifics | What kind of TA do you get from this source? |
| 1 | USAID HQ | | |
| 2 | USAID Mission staff or mechanisms (bilateral and buy-ins) | | |
| 3 | USAID/W mechanisms | | |
| 4 | Local: local NGO, academia, MoH | | |
| 5 | Other | | |

As the new MCHN/RP MOMENTUM program is implemented, how would you see incorporating M&E, IR, learning and adaptive management in a way that makes a difference?

Section E. Current support from the RP Division

RP Division approach: How does the RP Division provide TA/support? (Role and quality of both process and output)

[Interviewer: This section is for the RP Division TA clients – missions, mechanisms, and other Washington units. Skip Qs. 17-20 for the RP Division]

What types of support do you receive from the RP Division activities or individual staff?
Examples are below:

| | |
|---|-----------------------|
| 1 | Funds |
| 2 | TA |
| 3 | Information |
| 4 | Strategic planning TA |
| 5 | M&E TA |

| | |
|--|------------------------|
| | Learning TA |
| | Adaptive management TA |
| | knowledge management |
| | Other TA |
| | Other support |

What are the:

- (a) strengths and
- (b) limitations of this support?

If you have ever needed support and did not get it, what did you understand was the reason?
What could improve the RP Division support to others?

What could enhance collaboration between the RP Division and other USAID units that provide support to M&E, IR, data analysis and visualization, learning and adaptive management?

Section F. Future role of the RP Division.

Niche; best fit; what aligns with its strengths; what gap will RP be filling?

[Note taker: display the list with examples of the RP Division role]

Examples of the RP Division role are:

TA in M&E

TA in IR

KM & data dissemination

Support to data analysis and visualization

Building local IR and MEL capacity

Funding for M&E, IR, learning and adaptive management

Inputting in global policy and leadership in learning and adaptive management

[Interviewer: The menu displayed on the screen provides a guide to answering the following three questions. Remind participants this is only a guide. They are not restricted to these examples]

In your view, what should/could be the role of the RP Division in supporting the following over next five years:

(a) USAID's current Bureau of Global Health and MCHN Office objectives?

[Interviewer: Probe what about (if something important was missed)]
USAID missions and mechanisms implementing in the field?

Global technical leadership and learning?

How should this role change over the next 5 years?

Section G. Adaption to learning and external factors

There are a number of macro issues that impact global health and program implementation, such as pandemics like COVID, change in funding availability, disaster, and political upheaval. These externalities may impact your work and resilience.

What suggestions do you have for how the RP Division can better support you in learning and adaptive management to adapt to unexpected externalities?

Final thoughts

Do you have any other thoughts you would like to share?

Thank you very much for your time! If you think of anything else you want to tell us, please get in touch with any of us. [Provide email contact]

Role and Impact of Learning and Adaptive Management (L&AM)

This survey is being conducted to learn how important stakeholders like you perceive the role and impact of Learning and Adaptive Management(L&AM) that includes Collaborating Learning & Adapting (CLA); Implementation Research (IR); Monitoring, Evaluation and Learning (MEL) and Knowledge Management (KM) in reaching Maternal and Child Health and Nutrition (MCHN) goals.

This survey is divided in seven shorts sections:

- A. Why is Adaptive Management Important?
- B. How to do Adaptive Management Well. (Process Excellence)?
- C. General Criteria for TA Quality
- D. Sources of Learning and Adaptive Management (TA/Support)
- E. Current Support from RP Division
- F. Future Roles for RP Division.
- G. Adaption to Learning and External Factors

Completing this survey is estimated to take around 20-30 minutes, and the responses you will provide to the questions will remain anonymous and confidential.

*** Required**

1. Name of respondent *

0 points

2. Organization and Role *

3. Gender *

Mark only one oval.

- Female
- Male
- Prefer not to say

Section A. Why is Adaptive Management Important?

4. 1. On a scale of 1 to 5, with 1 being the lowest and 5 the highest, rate the importance of the following: *

Mark only one oval per row.

| | 1 | 2 | 3 | 4 | 5 |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Implementation Research | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CLA | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| MEL | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| KM & Translation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. 2. In your opinion, why should we do Learning and Adaptive Management (L&AM)? *

6. 3. How different would your answer be for IR, MEL, KM?

7. 4. On a scale of 1 to 5, how important is this work in L&AM in achieving MCHN outcomes? 1 being “insignificant” and 5 being “critically important”

Mark only one oval.

| 1 | 2 | 3 | 4 | 5 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. 5. From previous interviews and a mission survey, we've compiled a list of most commonly cited reasons to do L&AM (IR, MEL, CLA, and KM). Select 2 or 3 most important in your role. *

Check all that apply.

- Accelerate research to use
- Accelerate, document, and improve impact
- Identify obstacles & opportunities
- Data to "tell story"
- KM to share expertise
- Process improvements in implementation (less fragmentation, improved efficiency)
- Overcoming obstacles to Introduction and Scaling
- Increasing effective coverage
- J2SR: Achieving and sustaining program impact
- J2SR: building local capacity for learning and adaptive management
- Adapting general evidence to local contexts
- Change policy
- Facilitate co-design / co-creation
- Documenting impact of externalities such as COVID and others
- Other

9. 6. If other reasons, please specify

10. 7. Why are those top 2-3 rated reasons for L&AM important to you?

11. 8. From the list below, select the major obstacles to working in this area (CLA, MEL or IR)

Check all that apply.

- Lack of understanding of benefit
- Lack of capacity to do? Bandwidth, skill sets
- Lack of funding
- Time needed for L&AM (CLA, M&E, IR, KM)
- Other

12. 9. If other obstacles, please specify.

13. 10. How would your selection of major obstacles change for CLA, MEL, and IR?

Section B. How to do Adaptive Management Well (Process Excellence)

14. 1. From the list below, select factors which in your perspective are necessary for successful Adaptive Management (AM). Select 2 or 3 critical factors in your role needing more attention.

Check all that apply.

| | 2 or 3 critical factors that make AM successful | 2 or 3 critical factors you think needing more attention |
|--|--|---|
| Early & continuous stakeholder engagementAM success | <input type="checkbox"/> | <input type="checkbox"/> |
| Joint priority | <input type="checkbox"/> | <input type="checkbox"/> |
| Identifying gaps and implementation challenges | <input type="checkbox"/> | <input type="checkbox"/> |
| Bringing global best practices to local design | <input type="checkbox"/> | <input type="checkbox"/> |
| Comparing effectiveness of potential solutions | <input type="checkbox"/> | <input type="checkbox"/> |
| Cost-benefit of intervention and approach alternatives | <input type="checkbox"/> | <input type="checkbox"/> |
| Reduce fragmentation by fostering alliances (for joint implementation/ownership) | <input type="checkbox"/> | <input type="checkbox"/> |
| Improved research process | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilitating M&E design | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilitating policy or project design | <input type="checkbox"/> | <input type="checkbox"/> |
| Enhanced data capture & use | <input type="checkbox"/> | <input type="checkbox"/> |
| Data visualization | <input type="checkbox"/> | <input type="checkbox"/> |
| KM: access & dissemination | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge translation | <input type="checkbox"/> | <input type="checkbox"/> |

12/18/2020

Role and Impact of Learning and Adaptive Management (L&AM)

Smooth transition from
pilot to scaling

Investigate ways to
promote simplicity to
enhance scale uptake

Process documentation for
mid course correction

15. 2. If any factors are missing in the above list, please specify

Section C. General Criteria for TA Quality

16. 1. What are the qualities to good TA/support? Select 2 or 3 most important from your perspective

Mark only one oval per row.

| | 2 or 3 qualities most important |
|--|---------------------------------|
| Readily accessible staff/availability for TDY | <input type="radio"/> |
| Understanding of local context. Adaptability for geography, culture or externalities | <input type="radio"/> |
| Expertise in M&E design | <input type="radio"/> |
| Expertise in IR design | <input type="radio"/> |
| Expertise in data analysis and visualization | <input type="radio"/> |
| Expertise & availability in building local IR capacity | <input type="radio"/> |
| Expertise in MCHN | <input type="radio"/> |
| Expertise in project design, co-creation/co-design | <input type="radio"/> |
| KM tools /KM translation | <input type="radio"/> |
| Timeliness: Responsive time frames in providing TA, analyzing and making available results | <input type="radio"/> |
| Funding availability to do MEL & IR within HQ, missions, mechanism | <input type="radio"/> |
| Cost to you for getting the technical support | <input type="radio"/> |

17. 2. Are the most important qualities in TA support different for IR, M&E, or KM?

Mark only one oval.

- No they are similar
- Yes They are different

18. 3. If yes, please specify in a few words

Section D. Sources of Learning and Adaptive Management TA/Support

19. 1. Where do the missions or offices you support get L&AM? *

Check all that apply.

- USAID HQ
- USAID Mission staff or mechanisms (bilateral and buy-ins)
- USAID/W mechanisms
- Local NGO, academia, MoH
- Other

20. 2. What type of TA do they get? *

21. 3. What kinds of L&AM need to be within or outside Momentum? *

Check all that apply.

| | IR | M&E | CLA | KM |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Momentum award within | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Momentum award outside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Momentum Knowledge Accelerator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental to Momentum: Other HQ or Mission niche mechanisms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section E. Current support from RP Division Staff. (RPD Staffs skip to Section F)

22. 1. On a scale of 1 to 5, 1 being the lowest and 5 the highest, how would you overall rate the Research Policy Division or Staff's strengths in the following? *

Mark only one oval per row.

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Procurement and Award | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Strategic Planning and Design TA | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Information & KM | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| MEL TA | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Implementation Research TA | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| MCHN technical content/state of the art | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section F. Future Roles for Research and Policy Division.

23. 1. In your view, what should/could be the role of the Research & Policy Division in supporting a to c below:

Check all that apply.

| | a) USAID's current Global Health Bureau and MCHN Office objectives | b) USAID missions and mechanisms implementing in the field? | c) Global technical leadership and learning? |
|------------------------------------|--|---|--|
| MEL TA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Data Analysis and Visualization TA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Implementation research TA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Local capacity for L&AM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| KM & data dissemination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Funding for L&AM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section G. Adaption to Learning and External Factors

24. 1. In your opinion, how can the Research and Policy Division staff better support you in learning and adaptive management to adjust to unexpected externalities including Covid, change in funding availability, disaster, and political upheaval? Give examples.

25. 2. What can Research and Policy Division Staff generally do better?

26. 3. Your Final Thoughts

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ANNEX 4: SOURCES OF INFORMATION

List of Respondents

| Organization | # KIIs | # Cluster KII Respondents | # GI Respondents | # Survey Respondents | Total # Respondents |
|---------------------|--------|---------------------------|------------------|----------------------|---------------------|
| USAID/MCHN | 9 | 10 | 0 | 11 | 30 |
| USAID/Other Offices | 14 | 3 | 5 | 9 | 31 |
| USAID/Missions | 4 | 6 | 10 | 0 | 20 |
| USAID Mechanisms | 2 | 0 | 8 | 0 | 10 |
| Multilaterals | 5 | 0 | 0 | 0 | 5 |

List of Documents and Resources Reviewed

- Research Reports to Congress 2005-2013
- USAID, Acting On The Call 2014-2019
- 2019.05.15 Semi-annual Report Oct 2018 -Mar 2019
- 2020- USAID-Horizontal_TAG_V12_508optV3
- 20200701_Semi-Annual Report - USAID KAM_v2
- 341_MCSP Final Report_09-21-17
- ACERS Annual Project Report
- ACERS Half - Year Report
- HEARD Semiannual Report FY18 Q3-4
- HEARD Semiannual Report FY19 Q1-2
- HEARD Quarterly Report FY17-Q1-Q2
- HEARD Quarterly Report FY17-Q3
- HEARD Quarterly Report FY17-Q4.
- HEARD Semiannual Report FY20 Q1-2
- APPHC Biweekly Update - August 21 2020_final
- BAA CASE STUDY REPORT.V2.5
- BAA Country engagement matrix 10.31.2019
- BAA Primer Presentation w UH - MCHN FO 10.19
- Care-seeking and Referrals for Improved MCH Outcomes Discussion Brief 8-8-17
- Care-seeking and Referrals Literature Synthesis
- Care-Seeking BAA Co-Creation Workshop Report Version 10.23.18 FINAL
- Challenges, Opportunities and Pivoting
- CIRCLE_EvalPlan_031818
- CIRCLE_Semi-AnnualReport - FINAL Sep 11 2019
- CIRCLE_Tz DE_Annual Progress Report_30 Oct 2018_F
- Draft - PSBI CoP Case Study Report for USAID Review - May8,2020
- Draft CIRCLE Y4 Semi-Annual Report_April 24 2020 for USAID
- E-SL@B-Final-Evaluation-Report
- Final BAA Co-creation Workshop Reports
- Final UH BAA Workshop Process Report - 11.25.2019
- Findings (I)
- Fundamentals of Implementation Research - Measure Evaluation

- HaRP 2.0 PAD Final 9-1-15
- HaRP Evaluation Debrief Presentation (14 August 2014)
- HaRP Evaluation_Final_Sept8
- HRP Partners CoP
- HRP_RP Div Evaluation Gantt Chart
- Learning Agendas
- List of Respondents HaRP 10.06.2020
- MaNe YR I Annual Report_Reviewed Final_Clean Version
- MCHN related research and evaluation, monitoring, KM, KT
- by other Divisions and GH offices DRAFT 10.09.2020
- Midterm Review-EE_USAID.V2
- PortfolioReview-YI-USAID-GA34-PonyoMtoto-PSBI-Sepsis-Apr2018
- PSBI BAA Workshop Process Report - Internal (1)
- Report-SemiAnn-4-Y2-USAID-GA34-PSBI-Sepsis-Nov2019
- Report-SemiAnn-5-PonyoMtoto-PSBI-Sepsis-Apr2020
- Report-SemiAnn-YI-USAID-GA34-PSBI-Sepsis-Apr2018
- REVISED FY19 Operational Research scan 02.10.2020 n=25
- Revised MaNe YR II Semi-Annual Report -submitted 22052020
- RP Management Review_Version 10_2_20
- Supriya Handover Notes 22Aug17
- USAID Mail - Announcing CHISU Country Health Information Systems and Data Use
- USAIDGlobalHealthRDStrategy_2017-2022
- Working draft Challenges, Opportunities and Pivoting. 102020docx

Mission Survey

- DHS corrected Table p.30
- HRP Mission Survey July 12 2020
- Mission survey HRP July 16 2020 rs
- Mission MEL Survey R&P October 1 2020
- Mission MEL Survey R&P September 21 2020
- MISSION SURVEY RESPONSES RAW SEP 2020 draft 0
- Observations on mission survey EAP
- Research and Policy Division Internal Evaluation Survey for Field Staff 8_11_2020 - Google Forms
- Research and Policy Division Internal Evaluation Survey for Field Staff 8_19_2020

ANNEX 5: HQ SURVEY RESULTS

The purpose of the online mini survey of the HQ staff was to complement KIs/GIs.

HQ SURVEY RESULTS

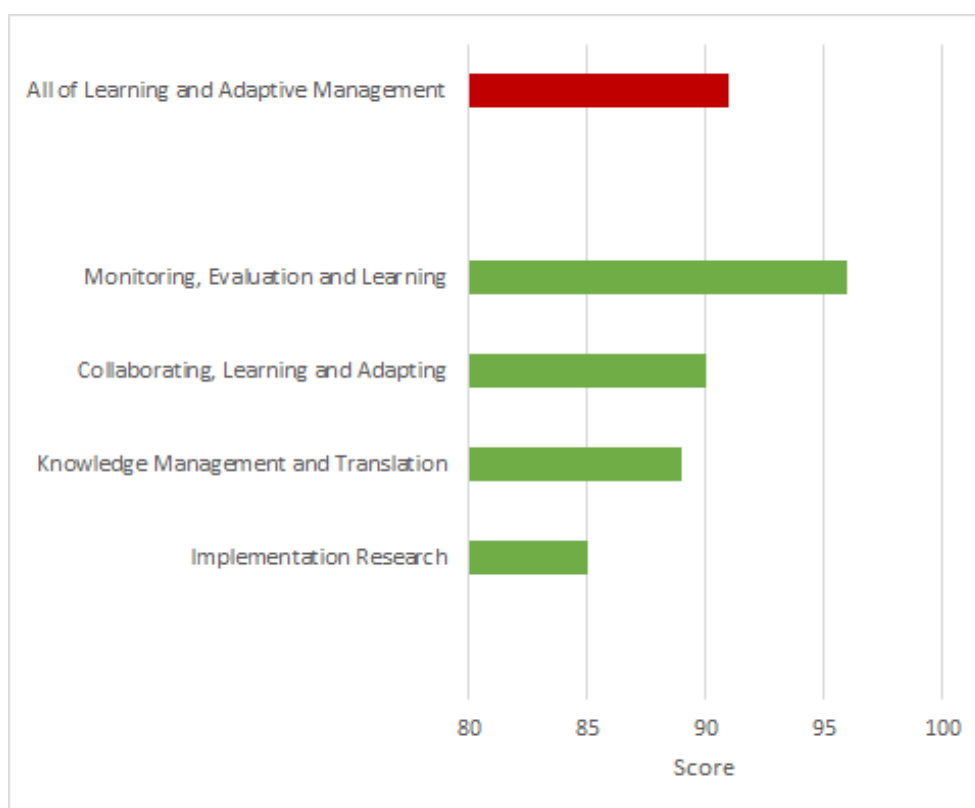
Response Rate

The survey was sent out to 23 staff members of the MCHN Office based in Washington, DC. The assessment team received 20 responses (87 percent).

Why is Adaptive Management Important?

In total there was near consensus that learning and adaptive management is very important for the achievement of MCHN outcomes with 12 respondents (60 percent) calling it critically important, 7 saying it is very important, and only 1 respondent scoring it moderately. When asked to rate the importance of the different components of the RP Division portfolio towards achievement of MCHN objectives, respondents said everything was important and especially MEL, CLA, KM, and KT, and implementation research in that order. Figure A5.1 below represents rating of the L&AM components multiplied by number of respondents. Starting the bars at 80 intentionally exaggerates what may be a small difference but avoids concealing it where it may be important.

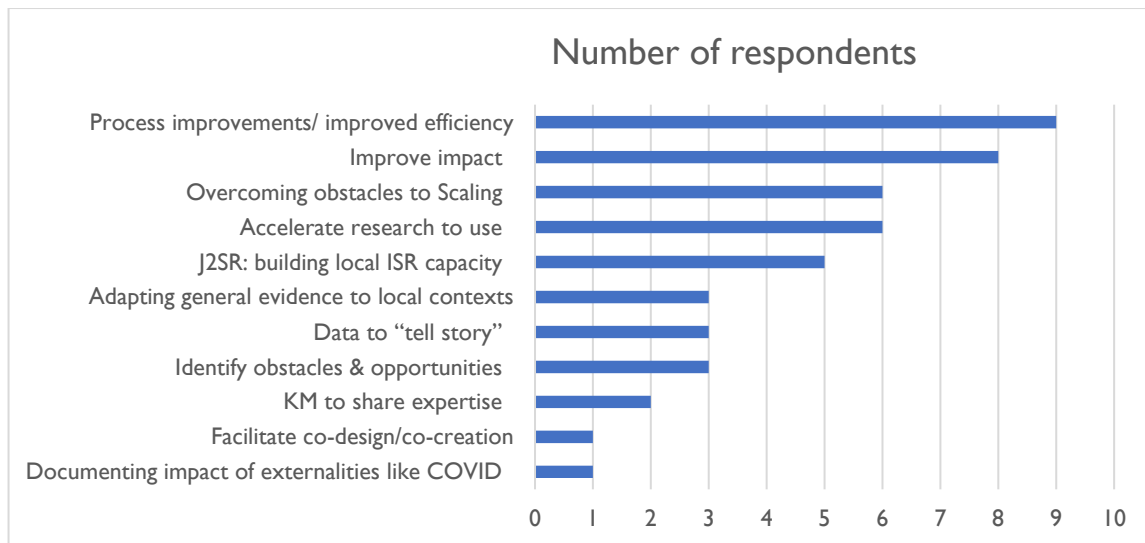
Figure A5.1: Respondent Scores for the Importance of Each L&AM Component



Reasons given by the respondents why these learning and adaptive management components should be applied included: adaption to context changing (10); effectiveness of the program (5); accountability (1); design research studies well (1); promote innovative cross learning (1); and inform future interventions (1). Most participants do not think their answer would be different for IR, CLA, MEL, or KM.

Figure A5.2 below represents most important reasons why respondents want learning and adaptive management applied in programs they manage or support.

Figure A5.2: Most Important Reasons for Applying L&AM



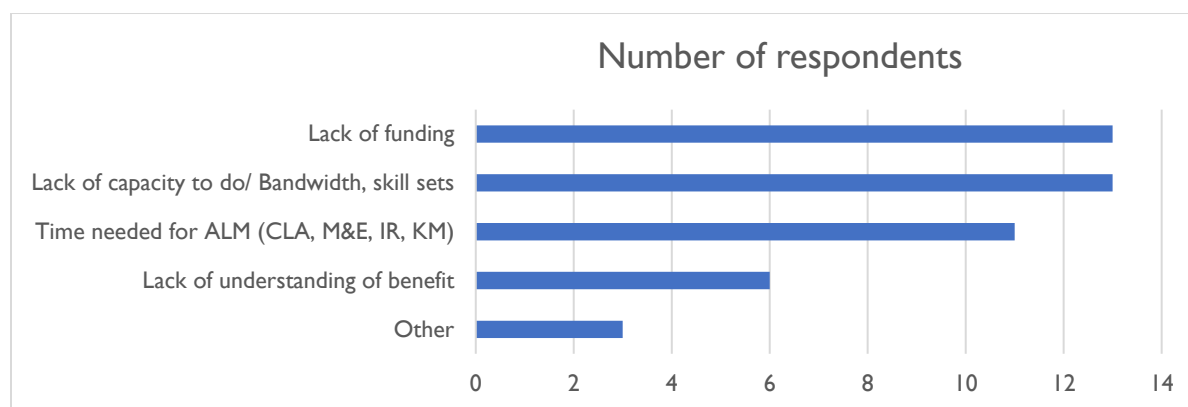
Additional reasons that respondents thought were missing from the list generated from previous interviews and the 2020 mission survey conducted by the RP Division include 1) identifying and overcoming obstacles, 2) collecting and communicating impact, and 3) how to “decolonize” thinking.

Explanations to above reasons included:

1. L&AM is important to address the gaps identified.
2. Facilitates implementation of effective programs.
3. Creates true partnership with partners.
4. Demonstrates and documents what works and what doesn't.
5. Adds value to program.
6. Shares learning across the Division.
7. Strengthens internal system to collect information.
8. Creates a fundamental change about the ways to do development work.
9. Helps people to move away from preconceived ideas.
10. Increases effectiveness and efficiency of the investments.
11. Emphasizes the need to understand the context.
12. Holds IPs accountable and measures results.
13. Advances the use of data, builds capacity for data use.
14. Brings attention to the “Know-do” gap.
15. Helps to justify program effectiveness to Congress and American taxpayers.

Respondents scored common obstacles to practicing learning and adaptive management as shown in Figure A5.3 below.

Figure A5.3: Major Obstacles to Doing CLA, M&E, KM, or IR



Additional obstacles mentioned by respondents include:

- Lack of creative capacity within staff to work within the system.
- Lack of commitment.
- Lose interest when following the established procedure becomes too difficult.
- Neglect to create human capacities.
- Lack of openness to listen to a wide range of stakeholders

Respondents also mentioned that implementation of IR, KM, and CLA are affected more by lack of knowhow than MEL.

I. How to do L&AM well?

Respondents were asked to select from a previously developed list, factors they thought were critical for a successful learning and adaptive management program and process excellence. They were asked to indicate where attention was needed. The responses are presented in Figure A5.4 below, in the form of quadrants. Horizontal axis represents the frequency each factor was rated high importance while the vertical axis represents how many felt this area was important yet neglected in design, execution, and/or management. Quadrant 4 (High importance–highly neglected) therefore represents what the respondents collectively rated as the most critical factors for success that need mainstreaming. The top two factors are:

- Early & continuous stakeholder engagement.
- Identifying gaps and implementation challenges.

Figure A5.4: Necessary Factors for Successful Learning and Adaptive Management

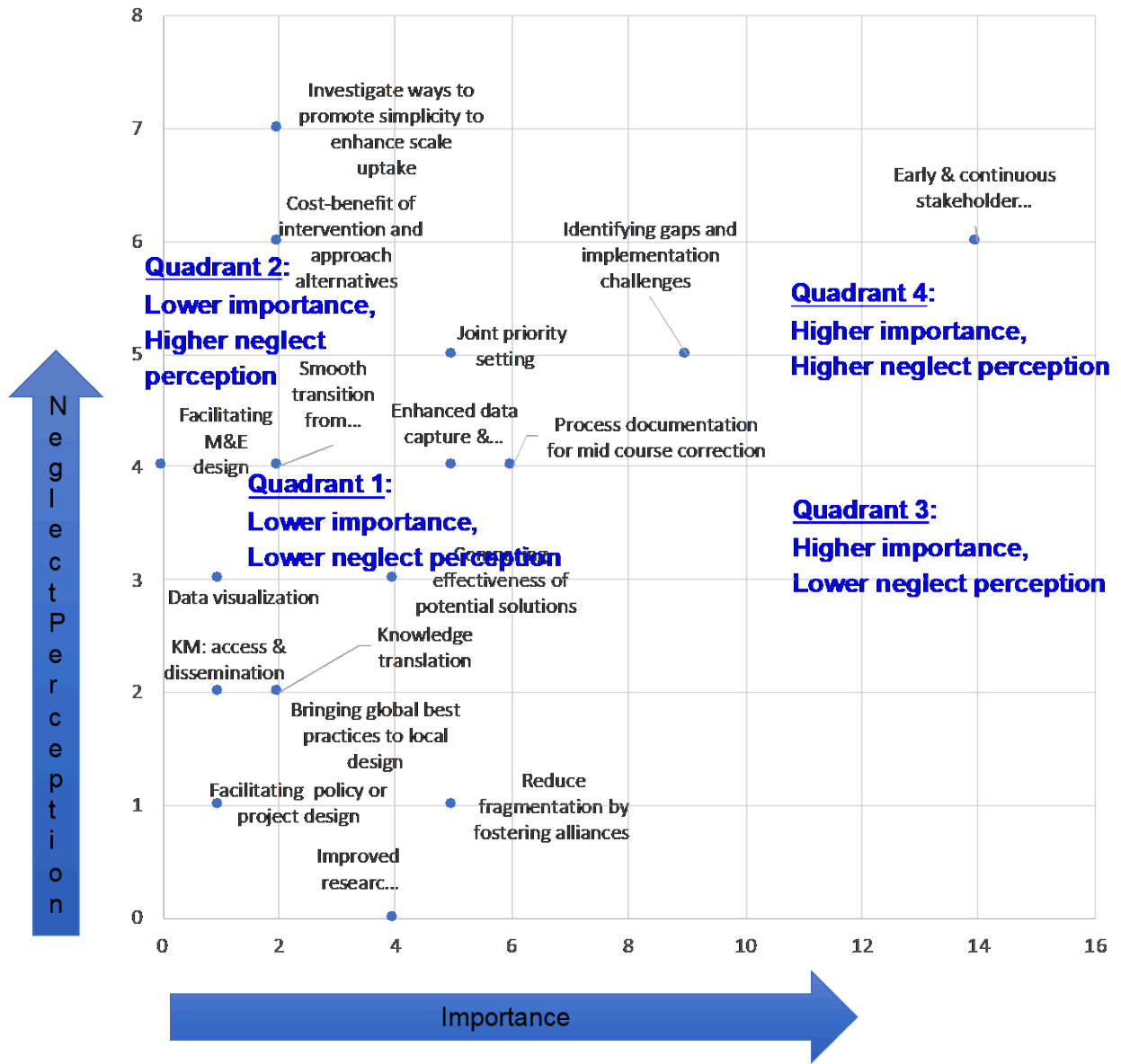


Table A5.5: Importance vs Neglected Elements of L&AM

| Quadrant | Elements/Characteristics | Importance Score | “Neglected” Score |
|--|--|------------------|-------------------|
| Q4. Higher importance, higher neglect perception | Early & continuous stakeholder engagement | 14 | 6 |
| | Identifying gaps and implementation challenges | 9 | 5 |
| | Process documentation for mid-course correction | 6 | 4 |
| | Joint priority setting | 5 | 5 |
| | Enhanced data capture & use | 5 | 4 |
| Q3. Higher importance, lower neglect perception | Reduce fragmentation by fostering alliances (for joint implementation/ownership) | 5 | 1 |
| Q2. Lower importance, higher neglect perception | Investigate ways to promote simplicity to enhance scale uptake | 2 | 7 |
| | Cost-benefit of intervention and approach alternatives | 2 | 6 |
| | Smooth transition from pilot to scaling | 2 | 4 |
| | Facilitating M&E design | 0 | 4 |
| Q1. Lower importance, lower neglect perception | Comparing effectiveness of potential solutions | 4 | 3 |
| | Data visualization | 1 | 3 |
| | Bringing global best practices to local design | 2 | 2 |
| | Knowledge translation | 2 | 2 |
| | Improved research process | 4 | 0 |
| | KM: access & dissemination | 1 | 2 |
| | Facilitating policy or project design | 1 | 1 |

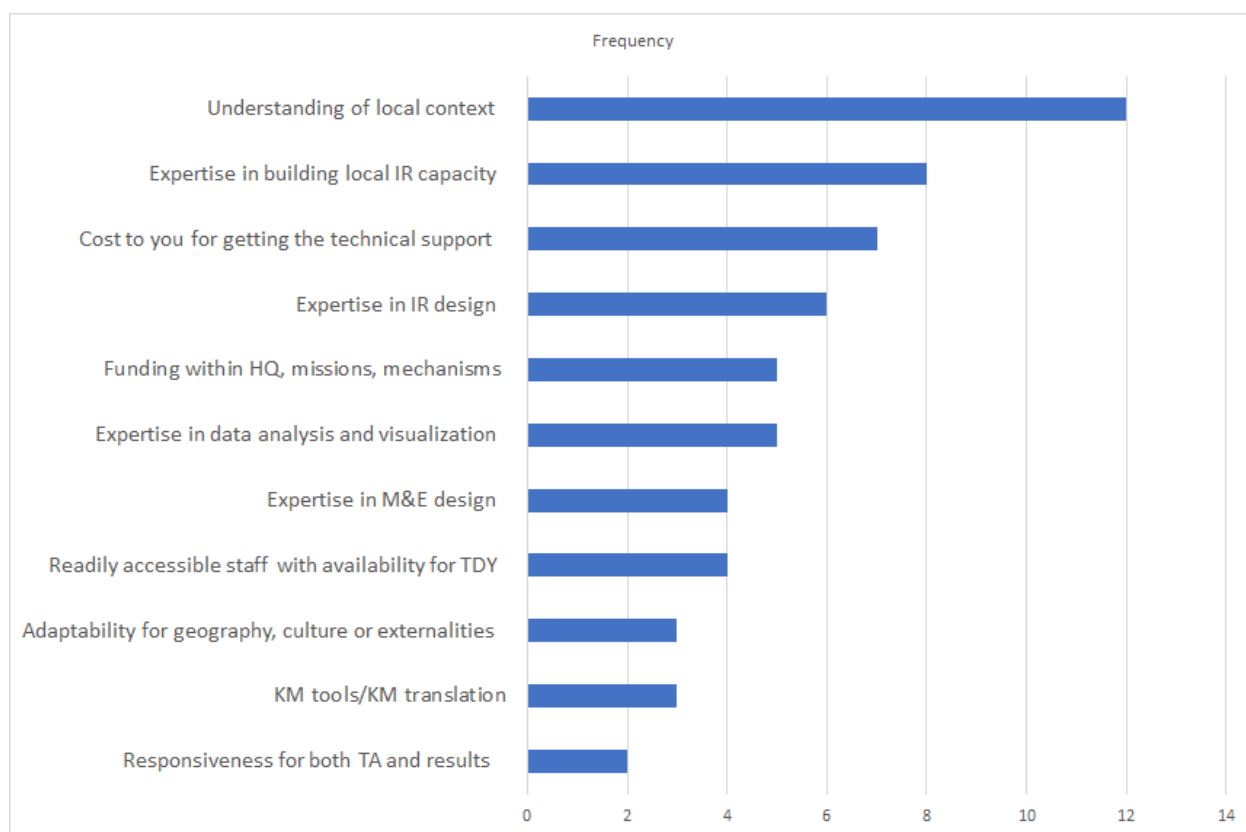
Respondents added the following four factors to the pre-existing list:

1. Engagement of the beneficiaries in the process of L&AM.
2. Solid and documented TOC.
3. Flip the model on its head and rethink how to support LMIC leadership, and language use.
4. Cultural prioritization.

2. General Criteria to TA Quality

Survey respondents were asked to select from their own perspectives, two or three most important qualities of good TA/support. Figure A5.6 represents the responses from this question.

Figure A5.6: Most Important Qualities of Good TA/Support



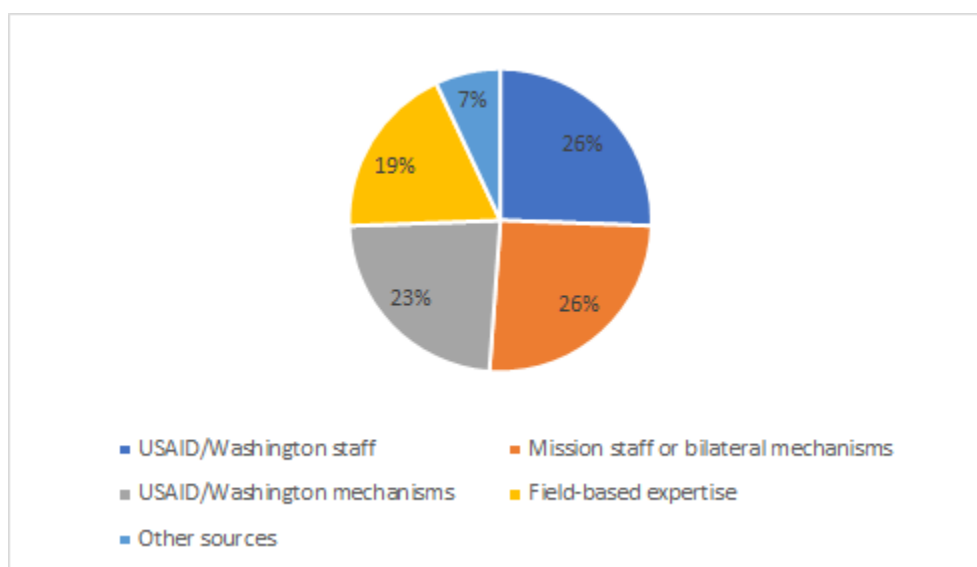
It is important to note the significantly longer bar for understanding of local context. Asked if the requirement was different for different portfolio components such as IR, MEL, and KM, most respondents said it was more efficient to avail a TA that has the following skill set:

- Technical expertise in the requested area.
- Understanding of local constraints.
- Having time to explore and meet the specific need behind the request for TA.

3. Sources of Learning and Adaptive Management TA/Support

Responses suggest three primary sources of L&AM support: USAID/Washington staff, internal mission staff or bilateral mechanisms, and USAID/Washington centrally managed mechanisms. Field-based expertise, including local NGOs, academia, and government staff make a supplemental source of support. The results are presented in Figure A5.7 below.

Figure A5.7: Main Sources of MCHN-Related L&AM Support

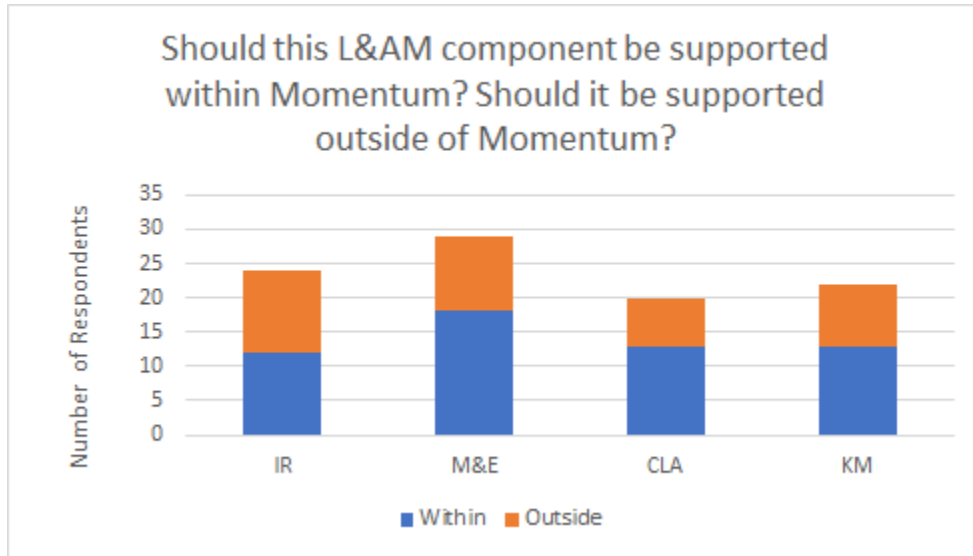


The most common types of support include:

1. Project Design
2. Data analytics
3. MEL
4. Partner coordination and management
5. Implementation Research
6. Review and feedback for SOWs
7. Experience from real implementation
8. Training to build capacity

Asked what kinds of L&AM need to be supported within or outside MOMENTUM, respondents wanted support for all components (MEL, KM, CLA, and IR) available in MOMENTUM, outside of MOMENTUM, and, to a lesser extent except for KM/KT, inside MOMENTUM's Knowledge Accelerator. They also wanted TA to be available from other mechanisms supplementary to MOMENTUM. Figure A5.8 represents these views. The height of the bar represents number of respondents who selected each technical component of L&AM.

Figure A5.8: L&AM Supported Through MOMENTUM

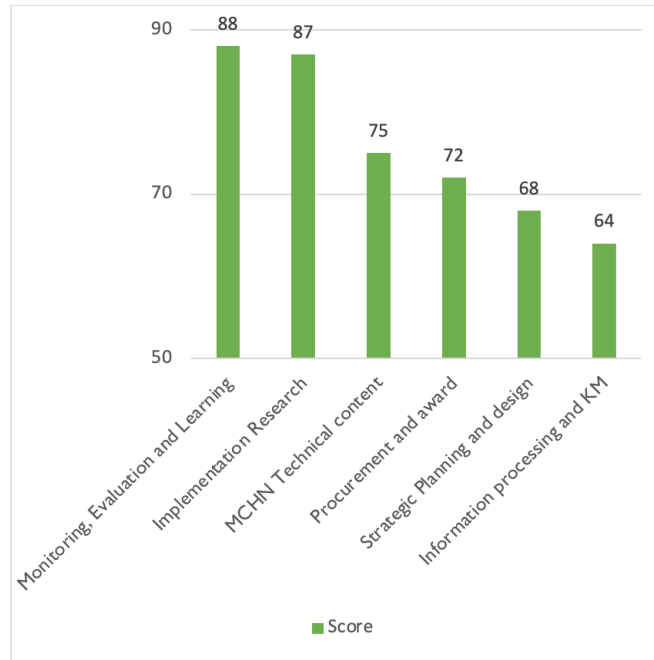


Note: 40 possible responses for support in each area; 20 for support needed within and 20 for support needed outside of MOMENTUM suites (complementary TA mechanisms).

4. Current Support from the RP Division

Survey respondents rated the RP Division staff strengths in six L&AM areas. A weighted score for each competency area was calculated by multiplying the score (1-5) by the number of respondents giving that score. Figure A5.9 shows that respondents rated the RP Division very high in two areas: Monitoring, Evaluation and Learning and Implementation Research (frequently scored 5 or 4). MCHN Technical content and Procurement and award scores were relatively moderate (ranging from 5 to 3) while Strategic Planning and design and Information processing and KM/KT were scored relatively lower (mainly 4 and 3).

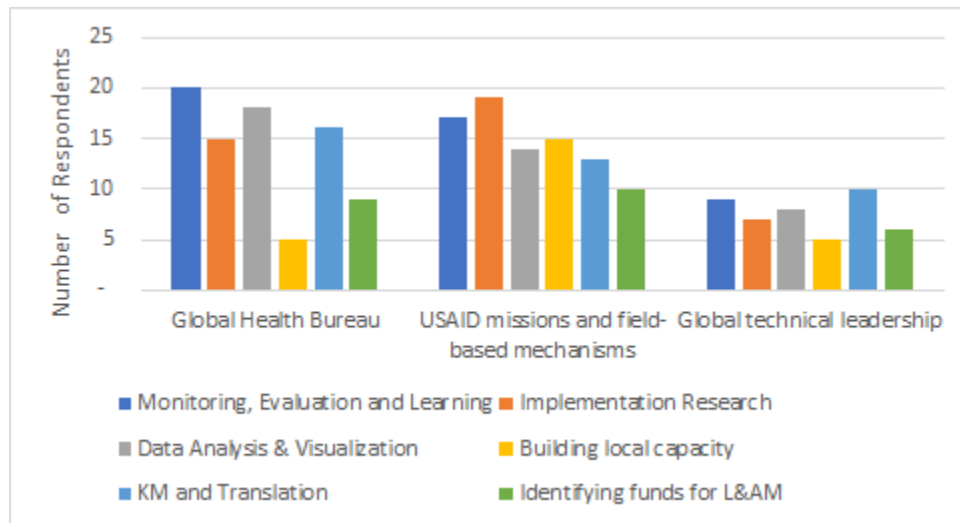
Figure A5.9: Strength Scores in Main RP Division Competency Areas



5. Future Roles of the R P Division

Respondents were asked what they thought should be the role of the RP Division in supporting the three levels a) USAID HQ (BGH and MCHN objectives), b) Field (USAID missions and implementing mechanisms), and c) global technical leadership and learning. Responses indicate that the RP Division should have capacity and strategize to provide support at all three levels and in all L&AM areas, including MEL; IR; data analysis and visualization; building local capacity; knowledge management and translation; and identifying funds for L&AM. Support should focus more on USAID HQ and the field than the global level and local capacity building should be focused in the field. MEL support tops the list for HQ, IR for the field, and KM/KT for the global level. The results are presented in Figure A5.10 below.

Figure A5.10: Suggested Future Roles of the RP Division



6. Adaptation to Learning and External Factors

Respondents were given a chance to suggest how the RP Division staff can better support learning and adaptive management to facilitate adjustment during unexpected externalities like COVID-19. Suggestions included supporting better coordination across Bureau, supporting staff learn how to navigate USAID policies and bureaucracies, and sharing data and knowledge.

Further, respondents suggested the following areas of improvement for the RP Division:

- Delegating experts.
- Identifying clear priorities.
- Collaborating more with other offices and outside institutions.
- Staffing for the demand.
- Spending more time in the field.
- Providing clear leadership.
- Sharing knowledge and other resources.


The following quotations were selected from respondents' final thoughts.

- *“Reduce confusion from use of different terminologies.”*
- *“Funding for research and TA should be the most important functions of HQ. Unfortunately, most RP Division funding goes for service delivery which should be funded by Missions.”*
- *“The Research and Policy Department must increase its capacity building by monitoring sectors that need more attention and train more people to ensure long-term sustainability of the missions pursued by the department.”*
- *“The Policy Division Staff must implement regulations that encourage mutual cooperation within the department but also outside the department for a better visibility of the missions of the organization and an increase in performance.”*
- *“Put in place good systems to collect and report the data and which can be expanded to absorb new indicators as the scope broadens and capacity increases.”*
- *“As country capacity to take on new areas expands, help country to expand HMIS.”*
- *“I hope the survey results and subsequent actions to improve KM and CLA at MCHN feeds into GH-wide efforts and bring GH to engage more strategically and systematically with other parts of the Agency. Especially in supporting USAID' obligations to the Evidence Act led by OMB.”*
- *“It might be useful to examine how the MCHN Research and Policy Division and the PRH Research Division are—or could—collaborate to enhance synergy, support, and uptake of IR, CLA, MEL, L&AM, etc.—at headquarters and in the field.”*
- *“R&P Division is an excellent technical team and their support to the MCHN TAs is critical.*
- *“The context matters. Thus, it is important to promote ways of thinking for identifying and characterize the problems; anticipating the adjustments that are required for making the initiatives locally owned and self-sustainable; and giving higher importance to performance monitoring and timely documentation of the impacts.”*
- *“Due to lack of coverage in some regions and a continuous growing concern of the rise in the number of cases on COVID, there is a need to extend services abroad.”*
- *“More funding should be invested for L&AM to sustain the missions of the Division staff.”*

ANNEX 6: DISCLOSURE OF ANY CONFLICTS OF INTEREST

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

| | |
|---|--|
| Name: | Robert Clay |
| Title: | Consultant |
| Organization: | ME&A, Inc. |
| Evaluation Position: | Team Lead |
| Evaluation Award Number: (or RFTOP or other appropriate instrument number) | GH EvaLS GS-10F-154BA/ 7200AA20M00003 |
| Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable) | 003 MCHN/HRP |
| I have real or potential conflict of interest to disclose: | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE |
| If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. | |
| Name and Signature: Robert Clay |  <small>Robert Clay (Emp ID, 2020 1.0611.150)</small> |
| Date: Sep 15, 2020 | |


CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

| | |
|---|--|
| Names | E Anne Petersen |
| Title: | Consultant |
| Organization: | M&A, Inc. |
| Evaluation Position: | Adaptive Learning/HR Specialist |
| Evaluation Award Number: (or RFTOP or other appropriate instrument number) | GH EvalS GS-10F-154BA/ 7200AA20MR0003 |
| Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable) | 003 MCHN/HRP |
| I have real or potential conflict of interest to disclose: | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE |
| <p>If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to:</p> <ol style="list-style-type: none"> <i>1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.</i> <i>2. Financial interest that is direct, or is significant through indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.</i> <i>3. Current or previous direct or significant through indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.</i> <i>4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.</i> <i>5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i> <i>6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i> | <p><small>https://www.usaid.gov/learning-science/heard</small></p> <p>While I was SVP global programs, AmeriCares was a subrecipient of the HEARD project. We received no monetary awards but I did participate in HEARD sponsored implementation science thought leadership events.</p> |
| Name and Signature: | E Anne Petersen, MD, MPH <u><i>E Anne Petersen, MD, MPH</i></u> |
| Date: | Sep 15, 2020 |

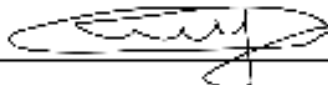
CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

| | |
|---|--|
| Name: | Joseph Mwangi |
| Title: | Consultant |
| Organization: | ME&A, Inc. |
| Evaluation Position: | Evaluation & Data User/Transaction Specialist |
| Evaluation Award Number: (or RFTOP or other appropriate instrument number) | GH EvaLS GS-10F-154BA/ 7200AA20M00003 |
| Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable) | 003 MCHN/HRP |
| I have real or potential conflict of interest to disclose: | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE |
| <p>If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i></p> <ol style="list-style-type: none"> <i>1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.</i> <i>2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.</i> <i>3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.</i> <i>4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.</i> <i>5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i> <i>6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i> | |
| Name and Signature: | Joseph Mwangi  <small>Joseph Mwangi (003 MCHN/HRP)</small> |
| Date: | Sep 16, 2020 |

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

| | |
|--|--|
| Name: | Kpedetin OKE |
| Title: | Consultant |
| Organization: | ME&A, Inc. |
| Evaluation Position: | Qualitative Analyst |
| Evaluation Award Number: (or RFTOP or other appropriate instrument number) | GH EvalS GS-10F-154BA/ 7200AA20M00003 |
| Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable) | |
| I have real or potential conflict of interest to disclose: | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE |
| If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. | |
| Name and Signature: | Kpedetin OKE,  |
| Date: | 10/06/2020 |

ANNEX 7: ASSESSMENT TEAM MEMBERS

Robert Clay, MPH – Team Lead

Robert Clay is currently an Adjunct Professor at George Washington University, the Milken Institute School of Public Health, Department of Global Health. He teaches master-level students in sexual and reproductive health and global child health. Robert also consults on short-term assignments in global health.

From 2014–2020, Robert was the Vice President for Global Health at Save the Children. He led a team of 140+ staff locally and globally. Robert oversaw teams in newborn health, nutrition, WASH, child health, maternal and reproductive health, emergency health and nutrition, HIV/AIDS and TB, health systems, innovation, and behavioral change communication. His department had a project portfolio of \$821 million. Robert has worked 38 years in development at global and country levels.

Prior to joining Save the Children, Robert was Deputy Assistant Administrator, Bureau of Global Health (BGH), with U.S. Agency for International Development (USAID) in Washington, D.C. He supervised the technical offices in the Global Health Bureau – HIV/AIDS; Population and Reproductive Health; Health, Infectious Disease and Nutrition; and Health Systems. He led USAID's implementation of the PEPFAR programs, overseeing 140 staff and portfolio of \$3.3 billion annually. He chaired the Saving Mothers, Giving Life Leadership Council, an innovative \$200 million public-private partnership focused on maternal mortality, and represented the U.S. Government on the GAVI Executive Board. He spent 10 years in Zambia and India, where he directed USAID's Population, Health and Nutrition programs.

Robert obtained the rank of Minister Counselor in the Senior Foreign Service while at USAID and was honored with the Agency's Distinguished Career Service Award in 2013. He received the Lifetime Achievement Award, PEPFAR, in 2014.

Anne Peterson, MD, MPH – Adaptive Learning and Implementation Research Specialist

Senior C-suite executive with extensive experience in global health leadership, policy, strategy, and direct program implementation. Her abiding interest is to see neglected global health issues addressed effectively, efficiently, and in culturally appropriate ways to bring sustainable and transformative improvements in health for those most in need, including the growing needs in conflict zones, humanitarian emergencies, health systems, and chronic disease (including mental health psychosocial), and the reemergence of infectious disease. She was previously Assistant Administrator of the USAID's Global Health Bureau, Virginia State Health Commissioner, consultant for CDC and WHO, research professor at George Washington University and Vice Dean for the Ponce Health Sciences University, and C-suite executive in programs for World Vision International and most recently AmeriCares, where she directed the billion-dollar AmeriCares health program portfolio in emergency response, access to medicine and U.S. and global programs in clinical services.

Anne is a public health physician trained at the Mayo Clinic and Emory University who began her career as a missionary in Kenya then Zimbabwe addressing the then new epidemic of HIV/AIDS.

Joseph Mwangi, MA – Evaluation and Data Use Specialist

Joseph is a senior and seasoned monitoring, evaluation, research, and learning (MERL) professional and a champion for short learning loops through rapid feedback from analytical information that facilitates adaptive management and continuous program improvement, ensuring activities are having the greatest impact and reaching targeted beneficiaries. He has 37 years of experience in monitoring, evaluation, research, and facilitating learning. Joseph worked with governments, international organizations, academic institutions, and local NGOs to design, direct, manage, and execute numerous evaluations, assessments, and reviews including impact evaluations with quasi-experimental designs, process evaluations and learning reviews with rapid and sufficiently analyzed information to facilitate adaptive program management. Joseph played various roles including visioning, strategizing, technical design, Team Leadership, data collection and

analysis, report writing, and developing visual graphics for effective communication. As a respected global evaluation community member, Joseph was appointed into independent strategic review groups for evaluations. His experience includes work in multi-sectoral and integrated projects sometimes in challenging and sensitive political and cultural environments, working in the United States and in more than 15 countries in Eastern, Southern, and Western Africa. He is a trainer, coach, and mentor for M&E systems, data analysis and the promotion of data use to improve program effectiveness; he provided M&E training and mentoring to staff of multiple countries, governments, research institutions, academic institutions, and partners/grant recipients at the senior management and technical levels. Joseph held senior leadership, managerial, and technical positions for over 30 years as MERL Adviser, Director, Coordinator, and Chief of Party or Deputy Chief of Party for strategic information (SI), M&E, management information systems (MIS), and research projects. Portfolios he covered included the MCH, nutrition, HIV/AIDS, malaria, education, food security, agriculture, natural resources, environmental conservation, economic growth, child labor, democracy, governance, resilience, and humanitarian assistance sectors. Over 29 years of Joseph's experience are in activities funded by USAID.

Joseph has designed, managed, and implemented numerous evaluative surveys and assessment studies in MCH, nutrition, HIV/AIDS, education, and other sectors. He is experienced in rapid assessments and detailed scientific studies for compliance, program quality improvement, evaluability assessments, and data quality assessments.

Kpedetin Oke, PhD, CDPM – Analyst

Kpedetin D. Oke is an accomplished and effective Governance & Democratic Development Specialist with extensive experience in monitoring and evaluating development projects, operations, and developing successful updates to processes, procedures, and policies. She is familiar with formulating quantitative and qualitative data collection tools, and experienced in conducting impact assessments, authoring reports, and giving presentations. She is multilingual with the ability to speak French, English, and Spanish as well as some West African dialects. She is also known for her qualitative software (NVivo and Dedoose) savvy.

Kpedetin is the founder and CEO of African Public Policy Consulting (AfricanPPC), with the mission to provide high quality consulting services in MERL in many sectors including conflict and crisis, democracy and governance, agriculture and food security, economic development, education, and global health. In her previous role with ME&A, she served as a consultant Mid-Level Qualitative Analyst with the responsibility to spearhead, design, and implement data collection using industry best practices, tools, and strategies, resulting in the accurate data analysis for the production of reports.

Before joining the Global Health Assessment team with ME&A, Kpedetin successively served as Lead Researcher (Benin) where she led a team of three consultants for the Coastal Violent Extremism: Risk and Resilience Assessment Project and as Subject Matter Specialist for the mid-term evaluation team in Nigeria for the Reacting to Early Warning and Response Data (REWARD) Project. Both projects were funded by USAID and implemented by IBTCI. While at Pathfinder International, as a project assistant, she took part in the literature review, qualitative data coding, and report drafting for the USAID-funded Senegal Adolescent and Youth Sexual and Reproductive Health Assessment. Kpedetin holds a PhD in African Studies/Public Policy and Development, from Howard University, and a MA degree in Human Rights from the University of Auvergne (France). She is also a Certified Development Project Manager (CDPM).

Randi Rumbold, MPH – Project Manager

Randi Rumbold is a Project Manager for Global Health EvalS. Ms. Rumbold brings significant experience including over two years with the predecessor project, GH Pro, where she supported evaluations and assessments as well as mission support and TA assignments for USAID Bureau of Global Health and USAID missions. Between these two projects she spent a brief time in South Africa as an HIV Care M&E Specialist with The Aurum Institute through the Peace Corps Response program. Prior to this she also

spent two years living and working in Senegal as a Community Health Agent with the Peace Corps. During this time, she was partnered with a local health clinic to work on mostly health education and health promotion activities in malaria, nutrition, maternal and child health, and WASH.

Ms. Rumbold has Bachelor's degrees in Biology and Biochemistry, Cell, and Molecular Biology from Drake University in Des Moines, IA and an MPH from The George Washington University's Milken Institute of Public Health focused on Design, Monitoring, and Evaluation in global health. She has experience working in Bangladesh, Botswana, Senegal, and South Africa.