MIDTERM EVALUATION OF THE SUPPORTING OPERATIONAL AIDS RESEARCH (SOAR) PROJECT

June 2018

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MIDTERM PERFORMANCE EVALUATION OF THE SUPPORTING OPERATIONAL AIDS RESEARCH (SOAR) PROJECT

June 2018

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ABSTRACT

This performance evaluation assesses progress in the five-year, $70 million Supporting Operational AIDS Research (SOAR) Project. The report addresses the following evaluation questions: What types of research are being conducted by the Project? How timely have they been? What are the key best practices from the implementation phase? What is the effectiveness of the Research Utilization strategy of the Project and how well has this strategy been implemented? How effective has the Project been at sharing data from studies (both interim and final data) and setting up structures or opportunities to promote and disseminate findings? How relevant and how well aligned are SOAR’s research activities to the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and USAID’s Office of HIV and AIDS stated priorities, and Mission needs (as of 2017)? and Are there areas that need to be re-aligned?

The report summarizes achievements to date in each of the project’s three intended results: high-quality operations research and evaluations to advance HIV and AIDS program implementation, strengthened capacity to conduct high-quality operations research and evaluation among local institutions, and dissemination and utilization results from operations research and evaluations. Although most research activities were not yet complete when the evaluation was conducted, experience and lessons learned from implementation to date yielded valuable best practices for AIDS-related operations research. The evaluation found variations within operational environments that affect definitions of “timeliness” for obtaining data or findings from research efforts and makes recommendations for implementation during the remainder of the project within a changed funding environment.
ACKNOWLEDGMENTS

This evaluation was accomplished with the help of many individuals and organizations. The evaluation team would like to thank all who assisted with this effort, particularly those who helped assemble information about the Supporting Operational AIDS Research (SOAR) Project and its work. Special thanks are extended to the USAID personnel, SOAR Project staff, implementation partners, researchers, and host-country stakeholders who so generously devoted time to the team and shared their knowledge of SOAR’s implementation to date. We also would especially like to thank the Population Council staff in Malawi and Zambia for their help in arranging the in-country visits for the evaluation team.
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# ACRONYMS

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ART</td>
<td>Anti-Retroviral Treatment</td>
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<tr>
<td>COP</td>
<td>Country Operational Plan</td>
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<tr>
<td>DDL</td>
<td>Data Development Library</td>
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<tr>
<td>DMPPT</td>
<td>Decision Maker’s Program Planning Tool</td>
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<tr>
<td>DREAMS</td>
<td>Determined, Resilient, Empowered AIDS-free, Mentored, and Safe</td>
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<tr>
<td>EGPAF</td>
<td>Elizabeth Glaser Pediatric AIDS Foundation</td>
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<tr>
<td>FSWs</td>
<td>Female sex workers</td>
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<tr>
<td>GH Pro</td>
<td>Global Health Program Cycle Improvement Project</td>
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<tr>
<td>HOP</td>
<td>Headquarters Operational Plan</td>
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<tr>
<td>HQ</td>
<td>Headquarters</td>
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<tr>
<td>HSS</td>
<td>Health Systems Strengthening</td>
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<tr>
<td>HTS</td>
<td>HIV Testing Services</td>
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<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
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<td>JHU</td>
<td>Johns Hopkins University</td>
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<td>LOP</td>
<td>Life of Project</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
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<td>OGAC</td>
<td>Office of the Global AIDS Coordinator</td>
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<td>OHA</td>
<td>Office of HIV and AIDS (USAID)</td>
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<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<tr>
<td>PHPD</td>
<td>Positive Health, Dignity, and Prevention</td>
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<tr>
<td>PI</td>
<td>Principal Investigator</td>
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<tr>
<td>PITC</td>
<td>Provider Initiated Testing &amp; Counseling</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PMP</td>
<td>Performance Monitoring Plan</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>POART</td>
<td>PEPFAR Oversight and Accountability Review Team</td>
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<tr>
<td>PrEP</td>
<td>Pre-exposure Prophylaxis</td>
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<td>RAC</td>
<td>Research Advisory Committee</td>
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<td>RU</td>
<td>Research Utilization</td>
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<tr>
<td>SC/SU</td>
<td>Site Capacity/Site Utilization Tool</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<td>---------</td>
<td>--------------------------------------------------</td>
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<tr>
<td>SMT</td>
<td>Senior Management Team (SOAR)</td>
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<tr>
<td>SOAR</td>
<td>Supporting Operational AIDS Research</td>
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<tr>
<td>TA</td>
<td>Technical Assistance</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TWG</td>
<td>Technical Working Group</td>
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<tr>
<td>UNC</td>
<td>The University of North Carolina</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VMMC</td>
<td>Voluntary Medical Male Circumcision</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>ZAMFAM</td>
<td>Zambia Family Project</td>
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EXECUTIVE SUMMARY

EVALUATION PURPOSE AND QUESTIONS
The primary purpose of this performance evaluation was to assess Supporting Operational AIDS Research (SOAR) Project’s progress towards achievement of each of the project’s three intended results: high-quality operations research and evaluations to advance HIV and AIDS program implementation, strengthened capacity to conduct high-quality operations research and evaluation among local institutions, and dissemination and utilization of results from operations research and evaluations. This performance evaluation assessed how well SOAR is aligned with and contributes to current programmatic priorities for 2017 and beyond of the President’s Emergency Plan for AIDS Relief (PEPFAR) and United States Agency for International Development (USAID).

The questions the evaluation addressed are: 1(a) What types of research are being conducted by the Project? 1(b) How timely have they been? (2) What are the key best practices from the implementation phase? (3) What is the effectiveness of the Research Utilization (RU) strategy of the Project, and how well has this strategy been implemented? (4) How effective has the Project been at sharing data from studies (both interim and final data) and setting up structures or opportunities to promote and disseminate findings? 5(a) How relevant and how well aligned are SOAR’s research activities to PEPFAR and OHA stated priorities, and Mission needs (as of 2017)? and 5(b) Are there areas that need to be re-aligned?

PROJECT BACKGROUND
On September 15, 2014, USAID awarded a five-year, $70 million cooperative agreement (No. AID-OAA-A-14-00060) to the Population Council to implement the SOAR Project. The Population Council partnered with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Palladium, Avenir Health, Johns Hopkins University (JHU), and the University of North Carolina (UNC) in the implementation of project activities.

The SOAR Project conducts operations research and, in doing so, helps to determine how best to address challenges and gaps in the delivery of HIV and AIDS care and support, treatment, and prevention services.

EVALUATION DESIGN AND METHODS
The evaluation team drew upon multiple methods or techniques to quickly and systematically collect and analyze data. The methods included document reviews, key informant in-depth interviews, focus group discussions, and direct observation during field visits.

The evaluation team categorized the key informant sample as: project management, data generators, data users, and research priorities identifiers. The team developed interview guides for use with each category designed to collect similar information from various informants and points of view concerning the SOAR Project experience.

Selected countries for site visits represented the technical diversity of in-country research activities and a mix of headquarters and field-support funding mechanisms. Site visits occurred in Malawi, South Africa, and Zambia. Data analyses identified repeating patterns or trends evident in the information collected and linked to specific evaluation questions.
FINDINGS AND CONCLUSIONS

Evaluation findings are grouped and presented below by each question. Best practices from the project’s implementation to date (Evaluation Question 2) are listed under each topic or question area to which they pertain.

**Question 1(a): What types of research are being conducted by the Project?**

SOAR has expanded upon the more traditional definition of operations research to include types of research that will support implementation science objectives like mathematical modelling and economic costing. There are 59 studies currently active in 24 countries. The studies fall into overlapping topic areas across the HIV continuum of testing, treatment, care, and support.

SOAR has activities across the globe, including sub-Saharan Africa, Central and Southeast Asia, and Latin America and the Caribbean. Sub-Saharan Africa has the most research activities, with 39 in Southern Africa, 20 in East Africa, and six in West Africa. The majority of project funding has come from USAID headquarters (61 percent), followed by Mission funding (28 percent), and finally, PEPFAR central initiatives (11 percent).

Overall, SOAR has and is currently implementing a variety of operations research activities to understand and address the challenges in HIV policy, planning, programming, and service delivery. In some countries, the SOAR consortium partner was also the in-country service delivery partner. This allowed for service delivery course correction, a service delivery perspective of research design and analysis, and rapid integration of results.

There are currently 30 sub-awards supporting SOAR activities across the three result areas. Sub-awardees support the research concept, design, implementation, local stakeholder engagement, data analysis, writing, dissemination, and research utilization activities. SOAR has extensively collaborated and utilized local expertise, while strengthening capacity, through these sub-awards.

The SOAR project expanded the traditional definition of operations research into modeling and costing that supported planning and pivoting of in-country activities. This expansion allowed the project to be more nimble in responding to the rapidly changing HIV program and funding environment.

The headquarters operating plan (HOP) funded the largest portion of research activities within SOAR. The HOP-funded research concepts were generated mainly through USAID HIV technical advisors, the SOAR consortium, and some input from USAID field missions. Some perceptions exist in the field that headquarter forces were driving a research agenda and that these research concepts then were fitted to appropriate countries. Through a country engagement process, PEPFAR, government and other in-country stakeholders welcomed the HOP-funded research activities where they currently are underway. There generally appears, however, to be less USAID Mission buy-in and engagement for HOP-funded studies than studies funded through the PEPFAR country operational plan (COP), particularly if study concepts came from within the country.

The evaluation team identified best practices from the implementation phase for each of the evaluation questions. Thematic examples of the best practices include, but are not limited to: capacity development, data-sharing and research utilization planning and platforms, gender strategy, service delivery and research partnerships for improved programs, costing and
modelling for program planning, and the use of the People Living with HIV Stigma Index Tool for HIV policy and advocacy.

**Question 1(b): How timely have they been?**

Timeliness is an important factor in operations research and the SOAR Project has a variety of studies all across the world, each with their own implementation process. Consequently, the timings for research progress has varied. To assess the timeline for studies, the research life cycle was divided into two phases: (1) preparation and (2) implementation and use. In general, the average time needed to develop and complete studies within the SOAR Project is expected to range between 15 and 44 months, depending on the type and nature of the study.

Bottlenecks occurred in a few areas during the research development, implementation, and RU phases. These bottlenecks stemmed from varying approval and vetting processes, selecting and contracting with partners, and data collection. The research steps that take the most time are data collection and analysis.

The definition of timeliness differs between different stakeholders. Timeliness for PEPFAR-related research tends to be measured by whether data can be available and used within one or two years at the maximum. Key informants in host-country governments and research institutions stated that operations research is timely when completed within two to three years, the “normal” time period for operations research undertakings. Therefore, SOAR’s operations research largely is timely within the standard definition for such studies – but not so for the PEPFAR definition of timeliness. The Project’s modeling and economic costing activities were very timely for the PEPFAR definition, in part because these activities used pre-existing data.

The process of “shopping around” to find country fits for centrally identified research concepts occasionally took considerable time and slowed down the overall timelines for research activities. Once undertaken, the timeliness of implementation progress within the centrally-funded (HOP) research does not appear to be monitored as closely by USAID Mission staff as country-financed (COP) studies.

With PEPFAR increasingly focused on rapidly expanding HIV service delivery, some field-based informants questioned the relevance of a research-focused global project in the fast-paced programming cycle, in which country teams use data to justify COPs and PEPFAR funding levels.

Best practices from the implementation phase include: initiating multiple clearance efforts for required approval steps simultaneously shortens the time between research conceptualization and the start of data collection; and identifying various data availability points within the life of a study reduces the time before some information can be shared with stakeholders.

**Evaluation Question 3: What is the effectiveness of the RU strategy of the Project, and how well has this strategy been implemented?**

The SOAR Project engages stakeholders (both data producers and consumers) in research efforts from the very beginning and then follows a seven-stage research utilization process that: improves identification of program- and policy-relevant research topics; increases the involvement of key decision-makers in the research process; facilitates development of policy and/or program recommendations based on findings; and improves translation and communication of research results for application within communities of practice. The project developed an “implementation-support cost” construct to be incorporated within every
research budget to generate funding for RU and capacity strengthening and ensuring the quality thereof (6.5 percent of the budget).

In addition, the Senior Management Team (SMT) of the Project includes a Research Utilization Advisor. Resources generated by the “implementation-support cost” construct helped to finance the technical assistance and travel of the RU Advisor in supporting the application of the project’s seven RU practices. The introduction of in-country research advisory committees (RACs) also created a forum through which stakeholders adapted research efforts to programmatic environments, improving the prospects for results utilization.

Overall, the strategy to promote RU contained all the elements to be effective and is being well implemented. The Project’s efforts to identify multiple data-sharing points within the life of research activities increased the number of opportunities for utilizing research within programmatic settings. For example, sharing base-line survey data at early stages of research was cited as valuable for decision-makers in countries. The evaluation team was unable to measure the full effectiveness of the RU strategy since most of SOAR’s research activities were in the data-generating phase at the time of the evaluation.

Best practices from the implementation phase include: incorporating a clear RU plan within studies increases the relevance and applicability of research results; the prospects for utilizing research results are improved when program stakeholders are engaged early and often in research activities; the project’s Research Utilization Guidance Document and Toolkit outlined seven practices that improve the likelihood that stakeholders will use study findings in programmatic settings; and regional gatherings that brought together researchers and policy makers or program managers builds capacity for research utilization.

**Evaluation Question 4: How effective has the Project been at sharing data from studies (both interim and final data) and setting up structures or opportunities to promote and disseminate findings?**

The Project is still midstream in implementing research activities with few examples of research-sharing. The majority of studies are still being conducted, thus limiting the number of studies with results available and related data-sharing activities.

As a project, SOAR operationalized research-sharing in its guidance, operational procedures, and the SMT quality assurance processes. The SOAR SMT ensured compliance with the improved data-sharing principles of the project and played an important role in quality assurance within research proposals as well as in the implementation of efforts for data-sharing and use.

In addition, the Project also mandated the use of RACs for all research activities. These committees operated in many countries as an overall advisory group made up of mostly government stakeholders. At the country level, the RACs helped with data-sharing and dissemination plans that usually included pre-existing structures (country technical working groups) and regularly occurring events (annual national HIV/AIDS meetings).

The Project has learned from past USAID research projects and institutionalized, operationalized, and expanded on best practices that already exist. For data that became available, SOAR has been effective at disseminating results from its activities and in setting up structures to facilitate sharing and use. Project activities generally shared data at baseline and midline through the RACs and with relevant stakeholders, including PEPFAR and government.
The RACs were an effective mechanism for engaging stakeholders within the country in the data dissemination process.

Best practices from the implementation phase included: requiring a data-use plan as part of a standardized research proposal format strengthens the development of data dissemination as an integral part of the research process; defining multiple data availability points within the life of a study increases the frequency and quantity of data-sharing opportunities from a research activity; research stakeholder structures, like the RACs, can be used as valuable conduits for disseminating data from research; and using a wide range of mechanisms for data dissemination increases the exposure of research results to potential users.

**Question 5(a): How relevant and how well-aligned are SOAR’s research activities to PEPFAR and OHA stated priorities, and Mission needs (as of 2017)?**

Beginning with the first year of implementation, SOAR collaborated with USAID to determine the priority for research topics or studies. The collaborative process defined the subjects of studies and led to a consensus on the goal and objectives for each. In that process, the SOAR managers relied on input from USAID as the definitive source of current priorities.

As a result, the project has ongoing studies that are very relevant and well-aligned to PEPFAR and USAID priorities. This alignment produced an array of research that can reduce knowledge gaps in PEPFAR program areas as: adult treatment; pediatric care and treatment; prevention of mother to child transmission; community care/positive health, dignity, and prevention; HIV testing and counseling; key populations; voluntary medical male circumcision; orphans and vulnerable children; health systems strengthening; and prevention.

At the country level, the approval process for studies included a review by host-country officials of each study’s potential to contribute to existing country research priorities. SOAR’s economic costing studies and mathematical modeling activities are very much aligned within PEPFAR’s priorities and produced tools used within the PEPFAR COP and programming cycles.

Best practices from the implementation phase included: close alignment of operations research with current program priorities is best achieved through a collaborative process for the development of study topics involving health program managers and researchers; relevancy to program realities is best determined through the joint definition of studies with stakeholders from communities of practice; and clarifying which set of research or programmatic priorities (country specific, multi-country, etc.) is being addressed simplifies the alignment task.

**Question 5(b): Are there areas that need to be re-aligned?**

The evaluation team did not find any activities or practices during implementation efforts through 2017 that require significant re-alignment. In February 2018, however, the Office of the Global AIDS Coordinator (OGAC) announced a change in the ways PEPFAR funding can be made available for central-level funding for all activities, including research-related ones like SOAR. This announcement significantly alters the implementation environment for the SOAR Project. Thus, the evaluation team suggests some re-alignments pertaining to possible adjustments to the new implementation environment.

Since the change in OGAC orients future PEPFAR funding for research to country PEPFAR teams, adjustments may be needed in the ways SOAR sources incremental funding as well as its collaborative process for identifying topics for new studies. If country-based funding is not forthcoming in the level that central funding has been available, the project may need to re-
examine the extent to which initiated research can be completed as originally designed. Accordingly, the project could place a greater emphasis on responding to research needs defined within country-specific operational plans and country-level COP processes.

Another adjustment may be to emphasize how data from SOAR studies address specific knowledge gaps defined within country operational plans. Whenever possible, dissemination of data from SOAR studies should be linked to the annual PEPFAR reporting and COP cycles.

**RECOMMENDATIONS FOR FUTURE IMPLEMENTATION**

The evaluation team’s recommendations are oriented to the implementation of activities in the final years of the project and take into account the shift within the project’s implementation environment following the PEPFAR announcement regarding funding for research.

Our recommendations are:

- Build broader, multi-level understanding of ongoing research among stakeholders within countries where studies are underway, particularly for USAID missions and country-level PEPFAR teams.

- Define clear linkages between research findings and country program objectives and show the relevance of research findings to specific PEPFAR country targets or program areas.

- Seek opportunities to incorporate data-sharing within country PEPFAR reporting as data from studies become available.

- Document examples of RU and success stories in the application of research findings within specific program settings.

- Utilize RACs to help define the programmatic impact of research utilization and to make the understanding of how SOAR research findings influence communities of practice more complete.
I. INTRODUCTION

This midterm performance evaluation came at a point in the Supporting Operational AIDS Research (SOAR) Project when implementation yielded progress in some activities that could be assessed and when findings could be applied to both ongoing and future efforts. Identified recommendations could also be applied to strengthen efforts in the time remaining for implementation, potentially increasing achievements in the three result areas of the project. The evaluation work was conducted from February to May 2018.

EVALUATION PURPOSE

The primary purpose of this performance evaluation was to assess the progress of the SOAR Project toward achievement of each of the project’s three intended results: 1) high-quality operations research and evaluations to advance HIV and AIDS program implementation, 2) strengthened capacity to conduct high-quality operations research and evaluation among local institutions, and 3) dissemination and utilization of results from operations research and evaluations. This performance evaluation assessed how well SOAR is aligned with and contributes to current programmatic priorities of the President’s Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) for 2017 and beyond.

The findings of this evaluation may be used to highlight successes as well as to identify challenges and potential solutions so that these issues can be addressed during the remainder of the Project. In addition, evaluation findings can inform decisions about future programming in implementation science and operations research.

The primary audience for this analysis is the Research Division within USAID’s Office of HIV and AIDS (OHA). The evaluation may also be of interest to other OHA Divisions. A secondary audience is USAID missions where SOAR has worked (particularly those with field support buy-ins). Other key audiences could include ministries of health and implementing partners.

EVALUATION QUESTIONS

To facilitate the analysis of the data collected and the organization of findings for presentation within the report, the evaluation team divided two of the questions (1 and 5) from the original scope of work into their constituent parts (designated by letters following the question number). The questions the evaluation attempted to answer were the following:

- Question 1(a): What types of research are being conducted by the Project?
- Question 1(b): How timely have the research activities been?
- Question 2: What are the key best practices from the implementation phase?
- Question 3: What is the effectiveness of the Research Utilization [RU] strategy of the Project, and how well has this strategy been implemented?
- Question 4: How effective has the Project been at sharing data from studies (both interim and final data) and setting up structures or opportunities to promote and disseminate findings?
- Question 5(a): How relevant and how well aligned are SOAR’s research activities to PEPFAR and OHA stated priorities, and Mission needs (as of 2017)?
- Question 5(b): Are there research areas that need to be re-aligned?
II. PROJECT BACKGROUND

On September 15, 2014, USAID awarded a five-year, $70 million cooperative agreement (No. AID-OAA-A-14-00060) to the Population Council to implement the SOAR Project. The Population Council partners with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Palladium, Avenir Health, Johns Hopkins University (JHU), and the University of North Carolina (UNC) in the implementation of project activities. Under the cooperative agreement, implementation activities are to be completed by September 14, 2019.

In general, the SOAR Project conducts operations research and, in doing so, helps to determine how best to address challenges and gaps in the delivery of HIV and AIDS care and support, treatment, and prevention services. The Project's goal is to improve AIDS program outcomes through the application of operations research that is supported through the achievement of three objectives or result areas (see Figure 1). Implementation efforts are designed to: produce a robust body of evidence to ensure that increasingly constrained resources are used efficiently and effectively to reach those most in need; improve the use of high-quality HIV services through the promotion of best practices informed by the project's research and analyses; and strengthen the capacity of local partners to develop research proposals, conduct operations research, assess key findings, and disseminate results.

![Figure 1. SOAR Project Goal and Result Areas](image)

As the SOAR Project began its fourth year of implementation in October 2017, 60 percent of the Project’s total five-year implementation life had elapsed. Therefore, much of the data gathered pertains to implementation work completed by the end of implementation Year 3.
III. EVALUATION METHODS AND LIMITATIONS

EVALUATION APPROACH AND PROCESS

The Global Health Program Cycle Improvement Project (GH Pro) assembled an evaluation team composed of two consultants: Dr. William Jansen, Team Leader, and Mr. Darrin Adams, HIV Specialist.

The evaluation team used a rapid appraisal approach and drew upon multiple methods and techniques to quickly and systematically collect and analyze data. The methods included document reviews, key informant in-depth interviews, focus group discussions, and field visits. Through an iterative participatory process, the assessment team formulated a list of questions for key informants, developed interview guides, and used probing follow-up questions to obtain information needed to fulfill the objectives of the evaluation and to answer the questions set forth in the Scope of Work.

When possible, the assessment team triangulated data (the application of at least three different data collection methods or the application of one method among different groups of informants) to identify patterns or themes in the information assembled. These patterns helped to determine evaluation findings. Both quantitative and qualitative data served as a check on the validity of findings from any single method or source.

Many of the key informant interviews for the midterm evaluation were conducted virtually over the phone or through Internet applications (such as Skype). Most interviews were conducted jointly by both members of the evaluation team. Some interviews were with a single respondent and others were with a group (e.g., USAID and implementer Project management teams, USAID missions, etc.).

The team also utilized SOAR’s performance indicators to obtain relevant quantified data on the various types of research topics, methodologies employed, and country distribution of implementation efforts. Data pertaining to the project’s performance monitoring indicators were analyzed to help determine implementation progress to date.

INFORMANT CATEGORIZATION

After reviewing project documents and discussions with both the USAID and project management teams, the evaluation team categorized key informants by types of perspectives or common forms of involvement with SOAR. Potential respondents were grouped into various categories so that each category could be sampled during the information collection phase of the evaluation. The informant categories were: project management, data generators, data users, and research priorities identifiers. See Table I and Annex V for more detail on examples of each.
Table 1. Key Informant Categories, Examples, and Number of Category Type Interviewed

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<th>Key Informant Categories</th>
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<th>Examples</th>
<th># Category Type Interviewed</th>
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<td>Project Management</td>
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<td>Community-based organizations; advocacy groups</td>
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<td>Other project partners (e.g., LINKAGES)</td>
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<td>Research Priority Identifiers</td>
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<td>Ministries of Health</td>
<td>Research directors, HIV program leaders</td>
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SITE VISITS

The evaluation team, in conjunction with USAID, identified countries to visit for data collection during the evaluation. Countries selected for site visits were chosen for the technical diversity of in-country research activities and a mix of Headquarters Operational Plan (HOP) and Country Operational Plan (COP) funding mechanisms. Site visits were conducted in Malawi, South Africa, and Zambia.
DATA COLLECTION TOOLS
The team developed a range of interview guides for use with different categories of informants or providers of information pertinent to the evaluation. The guides were designed to collect similar information from various informants and points of view concerning the SOAR Project experience. Examples of the interview guides are included in Annex VII.

Even though the data collection tools contained standard sets of questions posed to informants, the team’s interview protocol allowed for additional probing questions to be added during sessions with informants. Similarly, if an informant offered additional information or volunteered other data relevant to the scope of the evaluation, the interviews also captured this information.

ANALYTICAL APPROACH
Analyses were oriented to identify repeating patterns or trends evident in the information collected. Part of the analytical work was secondary, when relying on information already contained in project reports and existing background documents. Patterns were identified across all data collected and linked to specific evaluation questions. For example, patterns observed in data gathered for evaluation question 1 (What types of research are being conducted by the Project, and how timely have they been?) helped inform the analysis of the information obtained to answer evaluation question 5 (How relevant and how well aligned are SOAR’s research activities to PEPFAR and OHA stated priorities, and Mission needs?).

EVALUATION MATRIX
The team adapted GH Pro’s evaluation matrix to organize and develop the evaluation approach, key informants, and information-collection tools. This matrix helped align methods and tools to specific evaluation questions. As noted above, more than one method was used to obtain the information needed to answer each evaluation question and this is reflected in the matrix. For each evaluation question, the matrix (see Annex V) lists the sources of data or information, source selection or site sampling preferences, and types of information-collection tools envisioned for use.

LIMITATIONS
Several factors limited the conduct of the evaluation effort. Since the timing of the evaluation effort coincided with the PEPFAR COP submission and review season, many Mission personnel and other country stakeholders were unavailable for interviews. Several of the persons identified as potential key informants in the field could not be interviewed because of their intensive involvement with COP work. As a result, sampling and information-gathering from USAID country-based individuals was reduced and delayed.

The COP process also affected when and which countries could be visited for information-gathering. Limited evaluation resources for travel also reduced the number and duration of site visits. Missions canceled planned site visits to two countries due to factors extraneous to the evaluation. Most of the sources for information on how research topics were selected and funded, therefore, represented HQ perspectives.

With short times (a week or less) in-country for site visits and interviews, the team relied on SOAR staff to help identify potential respondents and arrange many of the in-country interviews. Sampling of some individual respondents in-country, therefore, was affected by this practice.
Virtual data-gathering (phone interviews) was slowed by long lead times needed to schedule some interviews and rescheduling calls when informants became unexpectedly unavailable. It seemed easier for some prospective interviewees to postpone or change phone appointments than might have been the case for face-to-face meetings.
IV. FINDINGS

Information-gathering began after the end of the first quarter of the project’s fourth implementation year. Therefore, most of the information available was from the first three years of implementation work. The evaluation team identified emerging patterns and trends characterizing the project’s efforts during this period.

Findings from the work of the evaluation are grouped and presented below by each evaluation question. However, the findings for Evaluation Question 2, “What are the best practices from the implementation phase?” are not presented in their own separate section of the report, but can be found as sub-sections under the findings of the other questions, titled “Best practices from the implementation phase.” Therefore, best practice findings are listed under each topic or question area to which they pertain.

EVALUATION QUESTION 1(a): WHAT TYPES OF RESEARCH ARE BEING CONDUCTED BY THE PROJECT?

Findings

SOAR has expanded upon the more traditional definition of operations research to include types of research that will support implementation science objectives. Research activities were implemented in three categories: (1) “traditional” operations research,1 (2) mathematical modeling, and (3) costing.

Research methodologies encompassed qualitative and quantitative methods, and included randomized control trials, step-wedge and quasi-experimental designs, evaluations, retrospective and prospective cohort studies, size estimations, and others.

At the time of this writing, there are 59 studies currently active in 24 countries. The studies fall into overlapping topic areas across the HIV continuum of testing, treatment, care, and support. These areas include, but are not limited to:

- Adult, adolescent, youth, and pediatric treatment
- Prevention of mother-to-child-transmission (PMTCT)
- Gender
- Voluntary Medical Male Circumcision (VMMC) (see Case Example 1)
- Determined, Resilient, Empowered AIDS-free, Mentored, and Safe (DREAMS) Project evaluations

Case Example 1: Tools for Voluntary Medical Male Circumcision (VMMC) PEPFAR Planning

The SOAR project developed a suite of tools to support PEPFAR planning processes for VMMC and help countries in targeting VMMC efforts in many countries. These tools include the Decision Making and Program Planning Tool, the Site Capacity/Site Utilization Tool, and the VMMC Geographic Information System dashboard. These three tools combined have allowed for country teams and partners to model services needed to reach results, ascertain cost-effectiveness, and provide a visual of where VMMC services should be targeted.

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1 Traditional research here refers to activities that go through a standard research process with principal investigators developing a study protocol and obtaining ethical review from normative review bodies at their home institution or in the country where the research is conducted or both.
• Community-based anti-retroviral treatment (ART) distribution and care/ Positive health, dignity, and prevention (PHDP)
• Key populations
• Orphans and Vulnerable Children (OVC)
• Health Systems Strengthening (HSS)
• HIV Testing Services (HTS)
• Prevention including pre-exposure prophylaxis (PrEP)

See Box 1 for examples of research. A more complete list of SOAR research studies and topics can be found in Annex II.

Box 1. SOAR Research Activity Examples

**HIV Voluntary Medical Male Circumcision**
*Purpose:* Informed policy, planning, and programmatic decisions about VMMC programs.
- Costing of service provision in South Africa and Malawi
- Geographic Information System Dashboard for VMMC
- Population estimates for national VMMC operational plans in Mozambique, Namibia, Kenya, and Lesotho
- Decision Making and Program Planning Tool

**Community-based Programming**
*Purpose:* Assess the effectiveness of community-based care strategies linked to facility services to improve HIV service uptake, care retention, and ART adherence.
- Evaluation of the PEPFAR/USAID Asibonisane community responses program in KwaZulu-Natal, South Africa
- Impact of a community-based, HIV intervention on ART retention and adherence in Tanzania
- Optimizing community services for an improved continuum of HIV care in South Africa

**Orphans and Vulnerable Children**
*Purpose:* Testing strategies to mitigate the impacts of HIV on orphans and other vulnerable children.
- Evaluation of “One Community” in Malawi
- Strengthening community-based services for children and families affected by HIV: an evaluation of the Zambia Family (ZAMFAM) Program

**Key Populations**
*Purpose:* Exploring approaches for identifying, describing, and meeting the HIV-related needs of these groups.
- Family planning among female sex workers living with HIV in Tanzania
- Optimizing implementation of universal HIV treatment coverage for people living with HIV in Senegal
- Assessing HIV-related outcomes, cost, and misclassification rates among key populations accessing community-based test and start services in Nigeria

**HIV Testing, Care, and Treatment**
*Purpose:* Address social and operational challenges to equitable access to HIV testing services and retention in care and treatment services.
- Systems for improving delivery and uptake of facility-based HIV testing and linkage to care in South Africa
- Examining a community-based HIV treatment service delivery model on linkages to/retention in HIV care among female sex workers in Tanzania
- Assessment of the implementation of the Treat-all Guidelines (Test & Start) in Namibia
Mathematical modeling and costing were additional components included in SOAR’s umbrella of operations research activities. The broadened definition of operations research – to include methodologies and approaches outside of the definition of traditional research – allowed the project to support country programs quickly in planning and decision-making processes.

SOAR has had research activities across the globe, including sub-Saharan Africa, Central and Southeast Asia, and Latin America and the Caribbean. See Figure 2 for a map of activities.

**Figure 2. Global Map of Countries Implementing SOAR Activities**

![Global Map of Countries Implementing SOAR Activities](image)

Source: SOAR Project Reports

*Note: The Asian countries highlighted in the map above represent locations where Global Fund technical assistance activities through SOAR occur.*

Sub-Saharan Africa has had by far the most research activities. Sub-regionally, Southern Africa has the most research activities with 39, followed by East Africa with 20, and West Africa with six. The singular country with the most research activities is South Africa with a total of nine followed by Malawi, Tanzania, and Uganda with seven each. See Annex II for a list of study titles and number of research activities by region and country.

Out of the total funding for the project (see Figure 3), the majority of activities were funded at the HOP level (61 percent) followed by COP funding from USAID missions (28 percent), and finally central initiative funding (11 percent). The central initiative funding included activities associated with various objectives, such as: DREAMS, VMMC, and key populations.
The consortium partners implement the studies through in-country offices and sub-awards to local partners. The choice of which consortium partner would implement in a particular country was made collaboratively by a variety of factors. These factors included, but were not limited to, historical research experience in the geographic area of the country, pre-existing relationships with local partners and government, established offices in the country, and adequate staff to support efforts.

In some countries, the SOAR consortium partner was also the in-country service delivery partner (e.g., EGPAF in Lesotho and Swaziland). This allowed for service delivery course correction, a service delivery perspective of research design and analysis, and rapid integration of results. Additionally, the partners’ pre-existing relationships with the Ministry of Health helped to keep the studies relevant and timely for their respective countries.

There are currently 30 sub-awards supporting SOAR activities across the three result areas. These sub-awards range from seasoned research institutions (Aurum Institute) to first-time recipients of international funding (ADCH Zambia). Sub-awardees support the research concept, design, implementation, local stakeholder engagement, data analysis, writing, dissemination, and RU activities.

SOAR has extensively collaborated and utilized local expertise, while strengthening capacity, through these sub-awards. The awards have enhanced local individual and institutional capacity development. In some countries, the involvement of the Research Advisory Committee (RAC) has further supported sustainability efforts. Local researchers are leading operations research activities in collaboration with local stakeholders, including government, community-based organizations, civil society, health facilities, and other local partners. This, in effect, will further promote ownership, sustainability, follow-up, and ongoing use of the research results even after SOAR ends.

The pace and volume of research implementation efforts increased substantially after the second year of the project’s implementation, as evidenced by the 25 ongoing research activities at that time. Project management and related structures, such as the Project Steering Committee, guided the development of research topics and contributed to the maintenance of high-quality research standards, methods, engagement, capacity development, and utilization.
Conclusions

Overall, SOAR has and is currently implementing a variety of operations research activities to understand and address the challenges in HIV policy, planning, programming, and service delivery. SOAR has utilized a variety of methodologies for a plethora of timely research topics.

SOAR has expanded the traditional definition of operations research into modeling and costing that supported planning and pivoting of in-country activities. This expansion allowed the project to be more nimble in responding to the rapidly changing HIV program and funding environment.

The focus on Africa follows the funding with PEPFAR’s ever-increasing focus on the region. SOAR may be missing out on learning from other regions that have a more advanced HIV response, particularly with more marginalized and vulnerable populations, such as key populations.

SOAR’s engagement process with global advisors and in-country stakeholders has ensured that the research topics and approaches are relevant. Sub-awards with in-country partners result in tighter engagement through the research process, and ensure that the research maintains its relevancy and that its results are better utilized.

With HOP and central initiative funding comprising more than 70 percent of SOAR’s research portfolio, the majority of study definition and direction identification has taken place at the central level. HOP-funded activities were developed by the Office of HIV and AIDS and PEPFAR Technical Working Groups. Some country missions identified how central initiative funds (such as for VMMC) would be used. Additionally, considerable efforts were made to engage country missions in the process.

Even with such efforts, the heavy proportion of centrally funded and driven research activities allows a top-down perception that external forces may be driving the research agenda within a country. As such, the SOAR Project at times can be perceived in the field as an external body conducting country-based research rather than fully engaging with in-country stakeholders (i.e., government, country PEPFAR teams, and others). Although the centrally funded research activities currently implemented in the field have been welcomed, there may not be the same level of country buy-in and mission engagement when compared with study concepts that originate within a country and are funded from a particular COP.

Best practices from the implementation phase

Incorporating elements for capacity building, data sharing, and research utilization within required formats for study proposals improves the overall quality and programmatic relevance of operations research. The SOAR Project’s required proposal format assured that study plans included deliberate steps for disseminating and using data while strengthening research capabilities within countries. Strong management and oversight over the ways the required proposal format is applied has been a critical factor within project implementation for quality assurance within studies.

The use of a consortium partner who was also a service delivery partner in-country maximizes relevancy for data use and timeliness for programmatic application of data. In a few countries, SOAR consortium partners were also in-country service delivery partners, e.g. EGPAF in Lesotho and Swaziland. These situations were advantageous in designing, implementing, and using data from SOAR research activities. The SOAR-service delivery partner had an in-country presence and established relationships with key country stakeholders, and could make adjustments to
programming in real time. For example, in Lesotho, EGPAF supports treatment service delivery and was the SOAR partner for a treatment adherence study. The formative research for the study uncovered gaps in treatment provision and identified ways to decrease loss-to-follow-up. These gaps were addressed immediately, which allowed for more women to be followed-up for treatment adherence. Furthermore, results from these studies could more readily be used to inform policy and programming.

An articulated gender strategy improves how research addresses gender-relevant variables. After developing a Gender Strategy, the project is using its revised research proposal template to include a section on Gender Considerations so that gender is appropriately addressed in study proposals and more data on gender-relevant variables become available for programs.

Designing research with input from service-distribution facilities enhances aspects of programmatic relevance. The Aurum Institute designed and implemented a provider initiated HIV testing and counseling (PITC) study. Aurum engaged the health facilities from the beginning – in the design of the formative assessment, in reporting the results, and then in the development of the intervention. The health facility staff chose which intervention would work for them, and Aurum tested the intervention at those facilities. The engagement of facilities in research conception, design, and implementation is a practice that helps health facilities embrace findings and have ownership of any service-distribution improvements identified.

Orienting modeling and economic costing studies to specific planning increases the perceived value of the tools produced as well as their potential for application within the planning process. The project’s modeling and decision-making tools developed or enhanced in response to PEPFAR’s programmatic areas and targets have been requested for use by several country programs. The perceived value of these tools is evidenced by their inclusion within COP guidance for use by country PEPFAR teams in annual plans.

The People Living with HIV (PLHIV) Stigma Index Tool increases options for advocacy in support of PLHIV’s access to health and livelihood in policy and program settings. The SOAR project was instrumental in refining the PLHIV Stigma Index tool and conducting a global stakeholder engagement process for adaptation and roll-out. The Stigma Index Tool informed the development and implementation of the Uganda National Anti-HIV Stigma and Discrimination Policy. The policy provides guidelines for stigma-free environments relating to all areas of life, not just health. The Tool has also been used to guide the HIV National Strategic Plan, PEPFAR COP development, implementing partner interventions, and PLHIV networks to support their members.

**EVALUATION QUESTION 1(b): HOW TIMELY HAVE THE RESEARCH ACTIVITIES BEEN?**

**Findings**

All respondents agreed that timeliness is an important factor in operations research. The length of time needed to develop and undertake research varies on the type and nature of the study. In general, the time needed to develop and complete studies within the SOAR Project is expected to range between 15 and 44 months.

There were bottlenecks in a few areas during the research development, implementation, and results utilization phases. These bottlenecks primarily occurred during varying approval and vetting processes, selecting and contracting with partners, and data collection. Some studies also
appeared to be out of alignment with key country and program planning cycles, such as the PEPFAR COPs, Implementing Partner program planning, and national guideline development.

**Research Life Cycle:** The SOAR Project has a variety of studies all across the world, each with its own unique processes from start to finish. The midterm evaluation team looked at the bigger picture of SOAR as a whole, and with input from USAID and the SOAR management team, summarized the research process from conception to dissemination and reporting. In addition to the process, the SOAR management team provided input on the estimated average time in months for each step in the process, as depicted in Figures 4 and 5.

Figures 4 and 5 offer an overall depiction and greatly simplify a complex process. In reality, the Research Life Cycle is not a linear process, and sometimes the steps loop back on to each other, e.g., a Mission will give approval, SOAR will begin the proposal and protocol process, and then a Mission will rescind its approval and USAID\HQ will need to look for another country to fit the concept and the process starting all over again.

The Research Life Cycle is divided into two groups: Preparation and Implementation and Use. In the preparation phase, the PEPFAR interagency, USAID Mission staff, or SOAR consortium partners identify the research concept. Once a research concept has been finalized, a research proposal and institutional review board (IRB) protocol could be developed by the SOAR at the same time. Thereafter, the sub-award and contracting process could take place and then begin the IRB approval processes.
In the implementation and use phase, the SOAR consortium partner or sub-awardee prepared for implementation and then conducted in-country engagement and data collection and analysis. After data are collected, they are interpreted, translated, and disseminated in collaboration with the RAC and other in-country stakeholders. The final step is report preparation, USAID review, and release of the report.

The concept identification and Mission concurrence and data collection and analysis phases were the two steps that, on average, took the most time. Research concepts originated from two levels – centrally and from the field – and the processes were similar, but the field approval processes were significantly shorter.

At the central level (HQ), the concept identification process began with the PEPFAR interagency technical working groups (TWGs) and/or SOAR consortium partners. Concepts were then proposed in a HOP funding request, and reviewed and approved by OHA leadership and Office of the Global AIDS Coordinator (OGAC). Once a concept was identified, USAID and the SOAR team selected the most appropriate country. The USAID Mission approval process often took a few months. The USAID and SOAR management teams recognized delays in the approval process pipeline, and came up with a solution to shorten the process. Instead of waiting for the proposal to be approved, the USAID team gave the go-ahead after concept approval for the SOAR team to develop a proposal and protocol at the same time. These two documents fed into each other, and freed up a likely delay in the approval process timeline.

The phase that took the most time, on average, was the data collection and analysis phase. Informants reported unexpected events in research implementation, rigorous methodologies, and qualitative data analysis as examples that required more time for execution.

Ethically sound and rigorous research, including operations research, takes time to design, implement, and analyze. At the same time, innovations in the HIV sphere have accelerated in the past five years including abolishment of CD4 for treatment initiation to universal Test and Start, PrEP and HIV self-testing roll-out, and differentiated models of care.

The definition of timeliness differed between stakeholders (USAID HQ, PEPFAR, USAID missions, and national government stakeholders) and between operational environments (PEPFAR programming or five-year national health strategies). PEPFAR has expressed that PEPFAR-funded operations research needs to be completed and integrated within a maximum of one or two years. USAID missions are under the same pressure of this timeline, which is largely in alignment with the COP cycle. Key informants within countries – government, implementing partners, and researchers – agreed that two to three years was the normal time period for standard operations research, covering implementation, results, analysis, and integration of outcomes into policy. These stakeholders are largely working within a five-year health strategy timeframe.

Therefore, SOAR’s operations research is largely timely within the standard definition for such studies but not so for the PEPFAR definition of timeliness. The project’s modeling and economic costing activities are very timely for the PEPFAR definition and faster than the standard-operations research definition. RU plans were integrated within SOAR studies, yet key informants reported that research planning did not include provisions for national planning cycles like the PEPFAR COP, work plans for implementing partners, and other national guidelines or national/sub-national planning.
Conclusions

Many of the factors contributing to longer timelines are common for research cycles involving primary data collection. PEPFAR/USAID’s definition of “timeliness” differs with in-country partners. To host-country stakeholders, three years is a normal amount of time for high-quality, rigorous research. PEPFAR and USAID, on the other hand, are looking to improve, scale, and enhance HIV service delivery rapidly. Some key informants questioned the relevancy of a research-focused global project in this fast-paced era of immediate improvement of HIV service delivery.

More than one key informant used the term “shopping around” with regards to finding the right country fit for the research concept. The process of “shopping around” to find country fits for centrally-identified research concepts often took considerable time and slowed down the overall timelines for research activities.

Some centrally conceived ideas were accepted by USAID missions in the field with a “might as well” attitude, which resulted in less country engagement from those very missions. In such examples, the sentiment often expressed was that the Mission wasn’t paying for the activity and the government was onboard, so “why not?” In some instances, this laissez-faire approach resulted in less Mission engagement and, subsequently, their inability to defend the research during future COP planning spaces. Heavy work loads and limited staffing at missions also may be factors in the levels of Mission engagement in some centrally-funded SOAR studies.

Once undertaken, the timeliness of implementation progress within centrally funded research does not appear to be monitored as closely by USAID mission staff as country-financed studies. Additional challenges were also reported during RU phases for externally conceived research (versus research identified and conceived internally).

A variety of components influenced research implementation planning and methodologies, including budget, capacity development, engagement, implementation support, and RU. National and donor planning processes and their timing or cycles were not specifically included in research plans. With PEPFAR’s ever-increasing calls for quicker data, SOAR needs to consider these programming times and cycles when designing research.

Best practices from the implementation phase

Initiating multiple clearance efforts for required approval steps simultaneously shortens the time between research conceptualization and the start of data collection. During implementation, the decision by USAID and the project to pursue approvals of research proposals and research protocols (with IRB) simultaneously reduced the total time needed to obtain relevant approvals to start research work.

Identifying various data availability points within the life of a study reduces the time before some information can be shared with stakeholders. To help shorten the time needed before relevant results can be shared with USAID and other users of data, the project emphasized the identification of early opportunities for data-sharing during the research process and increased the number of opportunities for data dissemination.
EVALUATION QUESTION 3: WHAT IS THE EFFECTIVENESS OF THE RESEARCH UTILIZATION STRATEGY OF THE PROJECT, AND HOW WELL HAS THIS STRATEGY BEEN IMPLEMENTED?

Findings
The SOAR Project approaches RU as a process. Its strategy follows a process that is designed to guide the use of research findings. This process involves data users, promotes data “ownership,” and improves stakeholder capacity to produce evidence and translate data-based recommendations into programmatic improvements. The strategy is to engage stakeholders (both data producers and consumers) in research efforts from the very beginning and then follow a seven-stage RU process that: improves identification of program- and policy-relevant research topics, increases the involvement of key decision-makers in the research process, facilitates development of policy and/or program recommendations based on findings, and improves translation and communication of research results for application within communities of practice.

In the pursuit of its RU strategy, the project produced a Results Utilization Process: Guidance Document and Toolkit for use by researchers and within project-supported research activities. The guidance outlines seven practices to improve RU through the project:

1. Identify key stakeholders as early as possible to understand their priority information needs and establish the audience(s) for the operation research findings (to enhance a study’s relevance within HIV programs).
2. Engage stakeholders during study design to ensure that the study design, study intervention, and data collection processes reflect and respond to the priorities and needs of the HIV program and services.
3. Establish a study-specific advisory panel that assigns roles and responsibilities to key stakeholders during study implementation (to help stakeholders remain engaged throughout the study process and become champions in the use of findings when available).
4. Engage stakeholders during data collection to reinforce their involvement and deepen their understanding of the research process and what the study is testing.
5. Work together with stakeholders to interpret findings and develop recommendations (to better formulate specific recommendations and make them more programmatically realistic).
6. Produce the study report and hold a dissemination meeting, during which stakeholders will finalize a Plan to Use Findings and Recommendations to guide them on how to support the use of findings.
7. Coordinate the implementation of a Plan to Use Findings and Recommendations.

Although RU is one of the objectives, the project has little or no dedicated funding to support RU efforts. An initial challenge to effectively pursue the utilization of research results was a lack of financial resources to do so. Consequently, SOAR had to develop creative ways to undertake meaningful efforts for improving utilization of research results without significant non-research funding.

The project developed an “implementation-support cost” construct to be incorporated within every research budget, regardless of whether it was centrally or field funded. “Implementation-support costs” were additive percentages included within research budgets and designed to
generate funding for RU and capacity strengthening (6.5 percent of the budget), technical leadership and quality assurance (4.9 percent), and operations and financial management (3.4 percent).

To make RU a planned part of studies, SOAR adopted a required format for research proposals that includes RU elements to strengthen the potential for the utilization of findings within the design of each study. This step resulted in research proposals and budgets incorporating RU phases within them and adding data dissemination/utilization activities as an integral part of studies.

In addition, the Senior Management Team (SMT) of the project includes a Research Utilization Advisor. Resources generated by the “implementation-support cost” construct that are applied to research budgets help to finance the technical assistance and travel of the RU Advisor in supporting the application of the seven RU practices defined above. The RU Advisor coordinates with study teams, local researchers, stakeholders, and host country representatives to implement the plan and track the uptake of SOAR results.

The introduction of in-country RACs created a forum through which stakeholders, potential data users, and researchers adapted research efforts (design, data collection, data dissemination, etc.) to programmatic environments, improving the prospects for results utilization. The inclusion of health program decision-makers on these committees makes the utilization of results far more likely (the relevancy of produced or anticipated data from the studies to program issues is already known and often the program options for possible results are defined by the work of the committee as the studies are implemented). Informants, including study investigators, credited feedback from RACs as having enhanced research designs (such as sampling approaches and other aspects of data-collection protocols) while also helping to shape the research to be more program-relevant.

By maintaining regular communication channels, the RACs also help to address traditional challenges in maintaining connections between researchers, policy makers, and program implementers as studies progress. Some RACs have sub-set steering committees that meet frequently (sometimes even weekly) to discuss the ongoing conduct of research work, deepening the relationship between the research and current programmatic contexts. The Senior RU Advisor regularly travels to in-country study sites to work with study teams and RACs, helping them to engage decision-makers who can help advocate for RU as results become available (see Case Example 2).

At the country level, some studies have included stakeholders (such as ministry of health staff) as co-investigators. In such instances, these co-investigators helped to make the research design more program-relevant and also are in a position to help apply research results to program decision-making. Since researchers are not always adept at preparing policy briefs that highlight the program relevancy of data or research results, the project is able to provide technical

**Case Example 2: Strengthening the RAC in Ndola, Zambia**

The SOAR Research Utilization Advisor visited the YES! Zambia Adolescent Transition research team and research advisory committee. The RU Advisor provided technical assistance to the RAC in how the group can function more effectively as a unit, provide oversight and direction for the research, and strategically plan for research dissemination and utilization at key points during the research and after it is completed. Key informants in Ndola reported stronger engagement from the RAC after the visit and more ownership of the research results.
assistance in translating the relevancy of research findings for programmatic options, which improves the chances for RU.

The project’s efforts to identify multiple data-sharing points within the life-of-research activities increased the number of opportunities for utilizing research within programmatic settings. For example, sharing baseline survey data at early stages of research was cited as valuable for decision-makers in countries.

Since most operations research activities are not yet complete, the full effectiveness of the project’s RU strategy cannot be measured completely at this point in the life-of-implementation. Performance monitoring indicators related to RU are in use within the project. These include: (3n) number of program practices, guidelines and tools influenced by exposure to Project SOAR research; (3o) number of researchers and/or institutions that use Project SOAR’s research findings; and (3p) number of global or national HIV policies, strategic plans, and/or guidelines influenced by SOAR research.

By definition, these three indicators are most subject to change in the final year of the project when studies will be completed. Nevertheless, some progress in each of these indicators has already occurred (see Figure 6) by the end of implementation Year 3, which is a result of the application of the RU strategy thus far and making data available even before studies are complete. As an example, 15 program practices, guidelines, and tools have been influenced by project research findings (indicator 3n) and five researchers or institutions use project research findings (indicator 3o).

In addition, the project uses a monitoring tool to assess how widely the seven RU Guidance practices are in use across ongoing studies. The RU monitoring tool is populated with data from study principal investigators (PI) and document reviews. By the end of implementation Year 3 (September 2017), most studies had achieved the first three RU steps (identifying key stakeholders, involving them in study design, and convening RAC inception meetings).
Several informants believe the project’s competitive small grants program, initiated toward the end of implementation Year 3, is broadening the range of RU while also building greater capacity to utilize research results in the future. The small grants (up to $10,000 for a six-month period) are aimed at strengthening the capacity of the project’s in-country researchers and host-country stakeholders to generate evidence and translate it into policies or improved practices (see Annex IV for a listing of small grants). These grants focus on three areas: supplemental funding for RU activities, secondary analysis of existing SOAR data, and conducting knowledge translation activities. The grants, however, were a one-time activity paid for by re-programmed funds. There is no planned funding for future grants.

The project provides technical support to small grant recipients to implement grant activities as part of its capacity strengthening efforts for RU. Thus, the small grants program functions as an extension of the project’s overall RU strategy. As such, the grants expand the potential reach of the strategy in translating research results into policy and practice.

Most of the discussion above pertains to the dynamics for utilization of operations research activities and studies. The environment for utilization of the project’s other types of analyses (economic costing studies and mathematical modeling) is quite different.

Since these analyses are usually commissioned directly by country PEPFAR teams and in relation to the COP planning process, there is an immediately defined application for the results of these analyses. The “consumption” of the analysis results is part of COP planning or justifications for PEPFAR programming. For example, the VMMC data for decision-making tools (the Decision Makers Program Planning Tool [DMPPT], the Site Capacity/Site Utilization [SC/SU] Tool) help determine annual targets and site-level capacity program implementation for use in the COP.

Other examples of PEPFAR implementation science tools developed or improved by SOAR (and available for use in COP 2018) include the revised and updated PLHIV Stigma Index, Small Area
Estimation for Key Populations, combining service delivery data with rapid operations research, and costing and impact modeling for PrEP. These tools are available for regular use by country PEPFAR teams for both assessing program progress and COP planning.

Conclusions

In a research world where utilization is often rarely planned beyond dissemination of study results and investigators often do not perceive research translation and use as part of their job, SOAR has developed a strong approach to strengthen research uptake and use through its activities. The project institutionalized and operationalized stakeholder engagement and RU through such mechanisms as an SMT that reviews all research proposals, protocols, and budgets; standards for the quantity and quality of engagement and results utilization within study plans; guidance documents with tool kits to support principal investigators in the data dissemination and utilization process; and the use of RACs as a standardized component of all research activities.

The strategy to promote RU contains all the elements to be effective and is being well implemented. The oversight and guidance of the project’s leadership needs to continue to play a role in cultivating stakeholders to become champions of RU as studies are completed and as results are translated into improvements within program settings. Nevertheless, considerable progress in RU during implementation Years 4 and 5 will be needed to reach the total life-of-project targets for the RU indicators.

Best practices from the implementation phase

Incorporating a clear RU plan within studies increases the relevance and applicability of research results. Effective RU plans identify specific ways data can be shared and used programmatically during the life of a study. Data utilization can be reinforced by external quality assurance checks by project implementers.

The prospects for better results utilization is improved when program stakeholders are engaged early and often in research activities. Engaging decision-makers or health program managers when research proposals are being developed or protocols are being designed increases the potential for applying the results of research within HIV programs. The engagement with program stakeholders enhances the study’s program relevancy within programmatic realities. Structures like the RAC are excellent mechanisms for the engagement process.

The RU Guidance Document and Toolkit increases the potential for study findings to be applied to program improvements. Developed by SOAR, the tool outlines seven practices that improve the likelihood that stakeholders will use study findings in programmatic or policy decision-making. The application of this guidance and toolkit represents a practice beneficial to future operations research efforts.

Dedicating staff to RU strengthens research translation and the potential for using study results within programs. The project’s RU Advisor position has bolstered SOAR’s efforts in stakeholder engagement and research results uptake at the country level. Several countries reported the improvement of engagement and result utilization efforts through virtual and in-person technical meetings.
support from the RU Advisor. The RU Advisor is especially critical in thinking of creative ways to fund and institute RU, particularly in the absence of funding support for the RU result area.

*Regional gatherings or workshops that bring together researchers and policy-makers or program managers build capacity for RU from both existing data as well as for defining future operations research studies.* The project’s regional workshop in South Africa stimulated new opportunities for applying research to knowledge gaps or service-delivery improvements within programs. Implementation experience from SOAR suggests that such capacity building efforts for RU are enhanced with financial resources dedicated for that purpose. An associated small grants program is used to further promote the application of study results and RU.

Small grants further support capacity strengthening and RU between researchers and policy-makers. The small grants activity contributed to Result Areas 2 and 3, building capacity and results utilization respectively. The request for proposal process allowed for in-country stakeholders to generate their own ideas on how to advance SOAR research beyond the main research activities. Some countries developed their proposals after attending the regional workshop in South Africa. The grants are an opportunity to enhance capacity, sustainability, ownership, and strengthen relationships between policy and research.

**EVALUATION QUESTION 4: HOW EFFECTIVE HAS THE PROJECT BEEN AT SHARING DATA FROM STUDIES (BOTH INTERIM AND FINAL DATA) AND SETTING UP STRUCTURES OR OPPORTUNITIES TO PROMOTE AND DISSEMINATE FINDINGS?**

**Findings**

As the project is still midstream in implementing most research activities, the majority of studies are still being conducted, thus limiting results and data-sharing activities. Most dissemination and RU activities will occur in Years 4 and 5 of the Project.

There have been, however, opportunities to share data iteratively, while research activities are still in process and not yet completed. These data-sharing exercises have come through: formative research (such as in Lesotho and by Aurum); RAC meetings; sharing preliminary findings at national conferences; and, engagement with government stakeholders, such as co-PIs and co-investigators.

The modeling studies have also been effective in providing data for country and PEPFAR program planning. PEPFAR country teams, as well as donor and government stakeholders, have been quick to use results from the modeling exercises. The VMMC DMPPT, for example, has been used by more than 14 countries to inform how and where to optimize VMMC service delivery at country level. The tool is used to inform PEPFAR COP planning in these countries in addition to the Site Cost tool. Some countries have begun to use modeling to inform PrEP rollout.

As a project, SOAR operationalized research-sharing in its guidance, operational procedures, and the SMT’s quality assurance processes. For example, SOAR’s research proposal format incorporated data dissemination as an integral part of study design, not an afterthought as is sometimes found with more traditional research activities. PIs were tasked to create planned
points for data-sharing within each research activity. Additionally, the project adopted a budget format for research proposals that included data dissemination as a standard and expected element for research costs in order to plan for and improve data-sharing.

The SOAR SMT ensured compliance with the improved data-sharing principles of the project and played an important role in quality assurance within research proposals as well as in the implementation of efforts for data-sharing and use. The project management team supported PIs and investigators to incorporate data dissemination steps within proposals and provided virtual and in-person technical assistance for stakeholder engagement at country level.

The project’s mandated RACs also play a role in data-sharing and dissemination in addition to the guidance and operational procedures related to data dissemination and RU, as discussed under Question 2. As stated in the previous section, the membership of these in-country committees includes government, civil society, community, and practitioner stakeholders who can facilitate data-sharing within their own constituencies. RAC members are very familiar with the regular cycle of program-related meetings where useful data can be shared for use in programs.

At the country level, data sharing and dissemination plans usually included pre-existing structures (e.g., country TWGs, sub-national planning for service-delivery efforts) and regularly occurring events (e.g., national annual HIV/AIDS meetings and research conferences) that link the latest research with ongoing health programs. SOAR uses other effective mechanisms to share data, beyond the RAC. These include: research briefs, global and internal webinars, presentations for USAID stakeholders, distribution of study products and reports, peer-reviewed publications, meetings, presentations at conferences, in-country research advisory committees, and the SOAR website.

When USAID adopted an Open Data Policy, the project revised its data management practices and prepared a guidance document for research investigators and partners to follow when preparing datasets for submission to the Data Development Library (DDL). Furthermore, the country VMMC data used in SOAR’s modeling work is often perceived by ministries of health as proprietary, making sharing of such data beyond in-country stakeholders difficult.

**Conclusions**

So far, the SOAR Project has been effective at disseminating results from its activities and in setting up structures to facilitate – and use. As a whole, there are few completed studies to report endline results on sharing and uptake. Study investigators generally share data at baseline and midline through the RACs and with relevant stakeholders, including PEPFAR and government.

The modeling and costing activities have been instrumental in PEPFAR planning processes in the countries where they have been implemented. The VMMC DMPPT and Site Costing tools have been well-received by global and country PEPFAR teams.

SOAR has learned from past USAID research projects and has institutionalized, operationalized, and expanded on best practices that already exist in the research domain. SOAR’s mandate to PIs and research activities, and the quality assurance reviews by the SMT, have ensured that capacity strengthening, stakeholder engagement, and RU are embedded and integrated into each activity. Budgets and work plans incorporate these components, thus strengthening all result areas through the funding of the first result area.
The RACs were an effective way of engaging stakeholders within the country, and some RACs counted USAID representatives in their membership. In some countries, USAID Mission representatives were invited to be on the RACs and did not accept the invitation or attend. These instances usually occurred for RACs whose activities were HOP-funded.

In the future, there needs to be more exploring and navigating of data ownership and data-sharing outside of a country, particularly in using data to look at macro-level trends in regional and global HIV responses. Government stakeholders need to have ownership over data and be included on conversations regarding how it is used for regional and global purposes.

**Best practices from the implementation phase**

*Requiring a data-use plan as part of a standardized research proposal format strengthens the development of data dissemination as an integral part of the research process.* The project adopted a standard research proposal format that includes a data-use plan as a required element. The data-use plan is designed to better facilitate data-sharing by defining data-sharing opportunities with data-users as part of the research’s design.

*Defining multiple data availability points within the life of a study increases the frequency and quantity of data-sharing opportunities from a research activity.* Within study designs and research proposal formats, the project worked with principal investigators to identify various stages when some form of data – that could be shared and of potential use to programs – would be available. Examples of such data availability points included: completion of a baseline survey, midpoint data collection, and preliminary processing of final datasets. These events could then be incorporated within data dissemination plans for each study.

*Research stakeholder structures, like the RACs, become valuable conduits for disseminating data from research.* The project’s RACs, in addition to providing advice on the design and relevance of studies for application to program needs, serve as platforms through which research data can be shared with stakeholders within a country. RAC members often also serve on ministry committees and can help include data dissemination from studies on the agendas of in-country gatherings that could benefit from learning about research results. The RAC structure itself is a best practice that improves or strengthens many aspects of operations research by: acting as a sounding board for feedback on research design and implementation; gaining buy-in from relevant decision-makers and gatekeepers; creating opportunities for continuous stakeholder engagement; updating collaborating partners together on progress and getting feedback; interpreting and translating study results for program use; providing strategic perspectives on where and how to integrate results into programs, policy, and planning; and sustaining the application of study results and research capacities built beyond the life of an operations research project.

*Using a wide range of platforms for data dissemination increases the exposure of research results to potential users.* SOAR’s use of a variety of mechanisms to disseminate and share data from studies provides access to a range of audiences and communities of stakeholders. For example, activity briefs, preliminary data webinars, and results briefs provided creative ways to share information from research even before studies were completed. This broader exposure of
research findings to different sets of possible data users increases the chances for the use of data.

EVALUATION QUESTION 5(a): HOW RELEVANT AND HOW WELL ALIGNED ARE SOAR’S RESEARCH ACTIVITIES TO PEPFAR AND OHA STATED PRIORITIES, AND MISSION NEEDS (AS OF 2017)?

Findings

PEPFAR partners with program implementers, researchers, and academic organizations to improve the science that guides its efforts to control the HIV/AIDS epidemic. By design, SOAR created such partnerships and was oriented to current programmatic and technical priorities within PEPFAR and national HIV/AIDS programs.

Project efforts focused on addressing critical evidence needs for improvements in service delivery, attempting to help answer questions such as: How can the use of biomedical interventions be optimized? How can community platforms be leveraged more effectively for service delivery? How can the continuum of care be strengthened?; and How can social and structural barriers to reaching key populations and other groups at heightened risk be better addressed?

Beginning with the first year of implementation, the project collaborated with USAID to determine the priority for research topics or studies. The collaboration with USAID in setting priorities included identification of lead partner, PI, specific research objectives, proposed country locations, and overall research design. The collaborative or consultative process to identify priority research topics involved the USAID SOAR Management Team, USAID Technical Advisors (for HIV/AIDS programmatic areas), USAID missions (when involved), SOAR Project SMT, and experts from the SOAR consortium. The collaborative process defined the subjects of studies and led to a consensus on the goal and objectives for each. In that process, the SOAR managers relied on input from USAID as the definitive source of current priorities.

Some research activities were developed in response to specific topics defined or requests made by USAID (centrally or at the country level). In all cases, the topics selected for research were chosen through a collaborative process involving USAID representatives and project management personnel.

The involvement of USAID’s Technical Advisors for HIV/AIDS programmatic areas helped to align study activities with current priorities within PEPFAR’s technical areas. As a result, the project has ongoing studies that can reduce knowledge gaps in such PEPFAR program areas as: adult treatment, pediatric care and treatment, PMTCT, community care/PHDP, HIV testing and counseling, key populations, VMMC, OVC, HSS, and prevention.

Determining the priority for possible activities included consideration of a study’s potential contribution to HIV/AIDS programs. By the project’s third implementation year, studies were underway that helped define new program directions in PEPFAR priority areas. For example, project activities are contributing to the priority for scaling-up ART through its investigations of the rollout of test and start services in three countries (Namibia, Nigeria, and Senegal). The results from these studies will better inform the implementation and scale-up of Test and Start throughout sub-Saharan Africa. Other studies are looking at patient HIV outcomes (including ART linkage and retention, the relationship between HIV outcomes, and how services are delivered) in order to identify operational lessons regarding staffing, patient flow, and costs.
With the retention of patients in care and providing quality services that continue programmatic priorities, SOAR activities are exploring how community-based HIV care models can both increase patient retention and reduce the burden on facility staff as well as patients. The project is assessing care models that utilize community platforms for different audiences, including female sex workers (FSWs) in Tanzania and Malawi, pregnant women in Lesotho, OVC in Malawi, and the general population in Tanzania.

The project is also addressing the priority for strengthening the continuum of care. To understand how to better reduce the obstacles (individual, relational, institutional) PLHIV often face for retention within the HIV continuum of care, SOAR is examining different approaches to strengthen the continuum of care. These include activities studying community-facility linkages and the provision of support services for a variety of populations, including adolescents in Malawi, men who have sex with men (MSM) in Nigeria, FSWs in Malawi, and the general population in Tanzania.

Another priority is reducing the social and structural barriers to prevention, treatment, and care. Structural barriers such as stigma and gender inequity exacerbate HIV risk in the world’s most marginalized, vulnerable communities. Project activities are testing and evaluating programs that attempt to address social and structural barriers. One such example is the Community Responses program in South Africa, which is trying to remove impediments to HIV services and reduce risky behaviors. Another example is the project’s collaborative effort to refine and adapt the PLHIV Stigma Index so that the index can be a tool used to highlight stigma and discrimination experienced by PLHIV for both measurement and advocacy.

At the country level, the approval process for studies included a review by host-country officials of each study’s potential to contribute to existing country research priorities. Country ethical reviews of research protocols, for example, typically compared study proposals with existing national priorities for health-related research. The involvement of Ministry of Health and other stakeholders in the RACs set up by the project for studies also helped ensure that research was aligned with national programmatic and research priorities.

After the subject matter areas of the different studies were aligned with existing priorities during the approval processes for at the beginning of activities, the project’s semi-annual and annual reporting highlighted how progress in the research work continued to relate to the relevant priority areas. This practice allowed ongoing monitoring of the linkage between research work and program priorities.

SOAR’s economic costing studies and mathematical modeling activities are very much aligned within PEPFAR’s priorities. Since some of these efforts produce tools (such as the DMPPT and the SC/SU) to help determine annual COP targets, they have a direct relevance to PEPFAR-defined priorities within programming cycles. The fact that these and other tools (PLHIV Stigma Index, Small Area Estimation for Key Populations, combining service delivery data with rapid operations research, and costing and impact modeling for PrEP) are available for use in COPs by country PEPFAR teams is evidence of their relevance to current PEPFAR priorities. The relatively high demand from country PEPFAR teams for modeling activities through the project is further evidence of their relevancy for PEPFAR country operational planning.

On another level, the project has kept research efforts aligned with its expected Result Areas 2 (research capacity strengthening) and 3 (results dissemination and RU). One reason for the alignment of activities within the project’s result areas is the use of the standardized format for
research proposals with required elements for data dissemination, results utilization, and capacity strengthening. Additionally, prudent oversight by the project’s management team helped assure appropriate alignment of activities within objective areas.

Conclusions
In general, research topics and efforts are very relevant and well aligned with PEPFAR and OHA priorities defined at the time the research was initiated. The active involvement of USAID in the identification of specific research topics defined the linkage between research topics and research priorities in PEPFAR, OHA, or at missions. This assured a close alignment of project activities with priorities.

At the country level, research activities are closely aligned with host-country research priorities for the health sector and HIV programs. Country studies also coincide well with PEPFAR country-program priorities. The alignment with current country priorities has been enhanced through the early engagement with key Ministry of Health counterparts and other stakeholders during the research design and approval process.

Best practices from the implementation phase
Close alignment of operations research with current program priorities is best achieved through a collaborative process for the development of study topics and agendas that actively involves health program managers and researchers. Subject matter relevancy to program realities is best determined through the joint definition of studies that conform to the latest programmatic needs. However, the possibility of differing sets of priorities (as defined by different stakeholder groups or within a variety of programmatic and funding environments) may vary the alignment process. Clarifying which set of priorities (country specific, multi-country, etc.) is being addressed simplifies the alignment task.

EVALUATION QUESTION 5(b): ARE THERE RESEARCH AREAS THAT NEED TO BE RE-ALIGNED?

Findings
Through the first three years of project implementation, activities were well aligned with OHA and PEPFAR priorities. The ongoing efforts of USAID’s project management team, the project’s senior managers, and RACs for specific studies kept SOAR activities relevant and current with evolving program priorities. Thus, the evaluation team did not find any activities or practices during implementation efforts through 2017 that require significant re-alignment.

In February 2018, however, OGAC announced a change in the ways PEPFAR funding can be made available for central-level funding for all activities, including research-related ones such as SOAR. This announcement significantly alters the implementation environment for SOAR for both the ways funding can be made available and the locus for setting or defining specific priorities for research.

Past funding options included PEPFAR funding for research through the annual HOP process and allowed active USAID/Washington-level involvement in the identification of research topics. The change by OGAC orients all future PEPFAR funding to country-level operational plans and decision-making by country PEPFAR teams. It now appears centrally determined PEPFAR funding
will no longer be available for research through the HOP. Similarly, the role of HQ-based USAID staff in identifying specific research priorities will change.

**Conclusions**

For the activities of SOAR that are already fully funded through the end of the project, the new OGAC directive may have little impact. Nevertheless, the change in the project’s implementation environment will necessitate some re-alignment in the way SOAR operates in terms of sourcing incremental funding as well as the nature of the collaborative process for identifying topics for new studies.

For example, with the possibility that further central PEPFAR funding for research will no longer be available, annual funding increments for the project may be primarily dependent upon allocations from COPs. If additional country-based funding is not forthcoming at the level that central funding has been available, the project may need to re-examine the extent to which initiated research can be completed as originally designed or planned.

One possible adjustment is to place a greater emphasis on responding to research needs defined within country-specific operational plans and country-level COP processes. To do so, new communication channels to country PEPFAR teams may need to be established and project management personnel may need to schedule trips to countries during the preparation of COPS to determine how the project can respond to evolving, country-defined research needs.

Another suggested adjustment may be to emphasize how data (baseline, mid-point, preliminary, or final) from SOAR studies respond to specific knowledge gaps defined within COPs. To demonstrate the ways SOAR research is closing these knowledge gaps may require going beyond the membership of the project’s RACs, perhaps creating data-dissemination events directly for country PEPFAR teams. Whenever possible, dissemination of data from SOAR studies should be linked to the annual PEPFAR reporting (including quarterly PEPFAR Oversight and Accountability Review Team [POART] reports) and country program planning cycles.
V. RECOMMENDATIONS FOR FUTURE IMPLEMENTATION

The evaluation team’s recommendations are oriented to the implementation of project activities in Years 4 and 5. As such, the suggestions are intended to help improve the positive impact of ongoing studies within HIV/AIDS programs and the communities of practice that serve PLHIVs. The recommendations also reflect our understanding of the shift within the project’s implementation environment following the PEPFAR announcement regarding funding for research (discussed above).

- **Build broader, multi-level understanding of ongoing research among stakeholders:** Even before more data become available from studies, the project would benefit from efforts to build broader, multi-level stakeholder understanding and appreciation for ongoing research work within countries where the research is being conducted. This recommendation is particularly relevant for USAID missions and country-level PEPFAR teams where the evaluation team noted incomplete knowledge of SOAR-sponsored research in some countries.

- **Define clear linkages between research findings and country program objectives:** For ongoing studies, identify the linkages between anticipated research findings and how the expected data will inform or support the achievement of program targets or objectives at the country level. Relating the relevance of research findings to specific PEPFAR country targets or program areas would enhance RU.

- **Seek opportunities to incorporate data-sharing within country PEPFAR reporting:** Whenever possible, as data from studies become available, incorporate these data-sharing opportunities within relevant country-level PEPFAR reporting processes. Providing data that can be included in country POART reporting, for example, would create additional opportunities to inform program decision-making.

- **Document examples of RU and utilization success stories:** During implementation Years 4 and 5, the project will have opportunities to identify and document examples of research results being translated into practical programmatic applications (going beyond data-dissemination events). Demonstrating the wider programmatic benefits resulting from the project’s research efforts would be an important part of the documentation that defines the heritage of the SOAR Project.

- **Utilize RACs to help define the programmatic impact of RU:** The project’s RACs play a vital role in making studies more programmatically relevant. The RACs are strategically placed to help apply research results within programmatic settings and, importantly, to document the impact of the utilization of SOAR research findings on country programs or policy. Using RACs in documenting the ways in which programs are influenced by study results could make the understanding of the impact of SOAR Project efforts on communities of practice more complete.
ANNEX I. SCOPE OF WORK

Assignment #: 478 [assigned by GH Pro]

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

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)
Date of Submission: 10/25/17
Last update: 12/15/17

I. TITLE: Project SOAR Midterm Evaluation

II. Requester / Client
☐ USAID/Washington
Office/Division: OHA / Research

III. Funding Account Source(s): (Click on box(es) to indicate source of payment for this assignment)
☐ 3.1.1 HIV
☐ 3.1.2 TB
☐ 3.1.3 Malaria
☐ 3.1.4 PIOET
☐ 3.1.5 Other public health threats
☐ 3.1.6 MCH
☐ 3.1.7 FP/RH
☐ 3.1.8 WSSH
☐ 3.1.9 Nutrition
☐ 3.2.0 Other (specify):

IV. Cost Estimate: (Note: GH Pro will provide a cost estimate based on this SOW)

V. Performance Period
Expected Start Date (on or about): January 1, 2018
Anticipated End Date (on or about): July 31, 2018

VI. Location(s) of Assignment: (Indicate where work will be performed)
TBD/Washington DC area

Site Visits -- The evaluation team may also make visits to sites in selected countries to observe activities and/or interview in-country partners and stakeholders. Site visits will likely be to South Africa and either Tanzania or Malawi. These are the countries with the highest level of investment in Project SOAR.

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):

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 Activity (Specify)

PEPFAR EVALUATIONS (PEPFAR Evaluation Standards of Practice 2014)

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

☐ Process Evaluation (Check timing of data collection)
☐ Midterm ☐ Endline ☐ Other (specify): __________

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

☐ Outcome Evaluation

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

☐ Impact Evaluation (Check timing(s) of data collection)
☐ Baseline ☐ Midterm ☐ Endline ☐ Other (specify): __________

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

☐ Economic Evaluation (PEPFAR)

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

VIII. BACKGROUND

If an evaluation, Project/Program being evaluated:
Project/Activity Title: Supporting Operational AIDS Research (Project SOAR)

Award/Contract Number: AID-OAA-A-14-00060

Award/Contract Dates: September 15, 2015-September 14, 2019

Project/Activity Funding: $70,000,000

Implementing Organization(s): Population Council (prime) with current sub partners: Avenir Health, Johns Hopkins University (JHU), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Palladium, and University of North Carolina (UNC)

Project/Activity AOR/COR: Alison Cheng, GH/OHA/RES

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)

The HIV epidemic is at a turning point. Globally, the rate of new infections and the number of AIDS-related deaths have decreased. More people than ever are on treatment, and the scale-up of new prevention options can help control the epidemic. Yet challenges remain. Health systems are strained by high demand and limited resources, stigma and gender inequities are limiting access to essential HIV services for the people who need them the most, and programs need more and better evidence to increase coverage and the quality of services to help meet real-world needs.

Project SOAR is a 5-year, research-focused USAID cooperative agreement, led by the Population Council with a consortium of sub-partners. SOAR is conducting HIV and AIDS operations research and implementation science to measure the effectiveness and impact of HIV prevention, care, and treatment services. This collaborative five-year program also seeks to help strengthen the skills of local research institutions and individuals to conduct and use high-quality research to improve programs and policies, and ensure more efficient and effective delivery of critical services.

Now entering Year 4, the project is conducting more than 50 different research activities, examining strategies to effectively introduce HIV prevention interventions for young women and adolescents; increase voluntary medical male circumcision; improve early infant diagnosis of HIV; reduce harmful gender norms; strengthen the continuum of care of those living with HIV; address barriers to improve prevention and access to HIV services for key populations at elevated risk; and much more. SOAR has also engaged many country stakeholders in a systematic Research Utilization strategy to engage users of research data in a collaborative way that ensures integration of research findings into policies and programs.

Theory of Change of target project/program/intervention

NA
Strategic or Results Framework for the project/program/intervention (paste framework below)

<table>
<thead>
<tr>
<th>PROJECT GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To improve HIV and AIDS program outcomes through strengthened operational research and evaluation activities</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE/RESULT 1</th>
<th>OBJECTIVE/RESULT 2</th>
<th>OBJECTIVE/RESULT 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR 1.1 Local and global prioritization of and consensus on HIV OR agenda</td>
<td>IR 2.1 Competencies of individual researchers to conduct quality OR improved</td>
<td>IR 3.1 Effective dissemination of OR findings through multiple channels, including peer-reviewed publications</td>
</tr>
<tr>
<td>IR 1.2 Improved and increased evidence base to advance HIV policies and programming</td>
<td>IR 2.2 Evidence culture for, and successful use of, quality OR results strengthened</td>
<td>IR 3.2 Changes to policy and practice due to SOAR activities: process and priority activities</td>
</tr>
<tr>
<td>IR 2.3 Local institutional research capacity strengthened, including via south-to-south collaboration</td>
<td>IR 2.4 Local institutional research capacity strengthened, including via south-to-south collaboration</td>
<td>IR 3.3 Improved tracking of how SOAR research has been utilized for policy and program change</td>
</tr>
</tbody>
</table>

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

Project SOAR is able to work in all PEPFAR countries, but at this time works primarily in Sub-Saharan Africa.

**IX. Purpose, Audience & Application**

A. **Purpose**: Why is this evaluation or analysis 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 primary purpose of this performance evaluation is to assess Project SOAR’s progress towards achievement of each of the project’s three intended results (see results framework above). This performance evaluation will also seek to assess how well Project SOAR is contributing to PEPFAR’s and USAID’s current programmatic goals for 2017 and beyond. The findings of this performance evaluation will be used to highlight successes, and identify challenges and potential solutions so that these issues can be addressed during the remainder of the project. In addition, evaluation findings may be used by GH/OHA/RES to inform decisions about future programming in implementation science.

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 audience for this analysis will be the OHA Research Division. The evaluation may also be of interest to other OHA Divisions. USAID Missions where the project has been working (particularly those with field support buy-ins) would be a secondary audience.
C. **Applications and use:** How will the findings be used? What future decisions will be made based on these findings?

The findings of this performance evaluation will be used to highlight successes, and identify challenges and potential solutions so that these issues can be addressed during the remainder of the project. In addition, evaluation findings may be used by GH/OHA/RES to inform decisions about future programming in implementation science.

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

- Questions should be: a) aligned with the evaluation/analytic 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/analytic questions. **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.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Method &amp; Data Source</th>
</tr>
</thead>
</table>
| 1 What types of research are being conducted by the Project, and how timely have they been? | -Document and data review- e.g. select protocols, reports  
- Key informant interviews  
-Site visits  
(Please see additional information below.) |
| 2 What are the key best practices from the implementation phase? | |
| 3 What is the effectiveness of the Research Utilization strategy of the Project, and how well has this strategy been implemented? | -Key informant interviews  
-Site visits  
(Please see additional information below.) |
| 4 How effective has the Project been at sharing data from studies (both interim and final data) and setting up structures or opportunities to promote and disseminate findings? | -Key informant interviews  
(Please see additional information below.) |
| 5 How relevant and how well aligned are SOAR’s research activities to PEPFAR and OHA stated priorities, and Mission needs (as of 2017)? Are there areas that need to be re-aligned? | -Review of project workplan and comparison with PEPFAR’s newest strategies and revised OHA strategy (2017)  
(Please see additional information below.) |

Other Questions [OPTIONAL]

(Note: Use this space only if necessary. Too many questions leads to an ineffective evaluation or analysis.)
XI. Methods: Check and describe the recommended methods for this analytic activity. Selection of methods should be aligned with the evaluation/analytic questions 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:

- **Document and Data Review** (list of documents and data recommended for review)
  
  This desk review will be used to provide background information on the project/program, and will also provide data for analysis for this performance evaluation. Documents and data to be reviewed include:
  
  - Performance monitoring plan (PMP)
  - Annual work plans
  - Select study proposals and protocols - e.g. a purposive sample that covers different types of activities - core funded, field support funded, and a range of study designs
  - Semi-annual reports
  - Project research utilization strategy
  - Project deliverables, including study reports, key presentations (outputs and deliverables are limited at this stage of the project, so we will include what is presently available)

  In addition to project specific files, the consultant will be asked to review key PEPFAR and OHA strategy documents in order to be able to assess how well the Project is aligned.

- **Key Informant Interviews** (list categories of key informants, and purpose of inquiry)
  
  - USAID staff, including
    - SOAR management team (Alison Cheng, Sarah Sandison, Aisha Yansaneh, and Sarah Wiant)
    - OHA technical advisors and stakeholders (sample of 6-8)
    - Mission stakeholders (sample of 4-6)
  - Partners and sub recipients, both primary consortium members and a sample of local sub-partners
  - MOH and other in country partners and stakeholders (sample of 1-3)
  - OGAC (sample of 1-3)

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

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

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

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

- **Survey** (describe content of the survey and target responders, and purpose of inquiry)
If relevant, the team may also include a brief survey to collect input on Project SOAR, from either Mission staff or stakeholders. Or this could be captured via the site visits.

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

Site Visits -- The evaluation team may also make visits to sites in selected countries to observe activities and/or interview in-country partners and stakeholders. Site visits will likely be to South Africa and either Tanzania or Malawi. These are the countries with the highest level of investment in Project SOAR.

If *impact evaluation* --

Is technical assistance needed to develop full protocol and/or IRB submission?

| Yes | No |

List or describe case and counterfactual”

<table>
<thead>
<tr>
<th>Case</th>
<th>Counterfactual</th>
</tr>
</thead>
</table>

**XII. HUMAN SUBJECT PROTECTION**

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the *performance evaluation*, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the *performance evaluation* at any time without consequences. Only adults can consent as part of this *performance 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 *performance 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 *performance 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 towards answering the evaluation questions.

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.
The Evaluation Report will describe analytic methods 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 Project SOAR Cooperative Agreement, annual work plans, performance monitoring plans, as described in the methods section above. This desk review will provide background information for the Evaluation Team, and will also be used as data input and evidence for the evaluation.

Team Planning Meeting (TPM) – A four-day team planning meeting (TPM) will be held at the initiation of this assignment and before the data collection begins. The TPM will:
- Review and clarify any questions on the evaluation SOW
- Clarify team members’ roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
- Review and finalize evaluation questions
- Review and finalize the assignment timeline
- Develop data collection methods, instruments, tools and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the evaluation 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 the all Evaluation Team experts, but will be determined in consultation with USAID. These briefings are:
- Evaluation launch, a call/meeting among the USAID, GH Pro and the Team Lead to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH Pro will introduce the Team Lead, and review the initial schedule and review other management issues.
- In-brief with USAID, as part of the TPM. At the beginning of the TPM, the Evaluation Team will meet with USAID to discuss expectations, review evaluation questions, and intended plans. The Team will also raise questions that they may have about the project/program and SOW resulting from their background document review. The time and place for this in-brief will be determined between the Team Lead and USAID prior to the TPM.
- Workplan and methodology review briefing. At the end of the TPM, the Evaluation Team will meet with USAID to present an outline of the methods/protocols, timeline and data collection tools. Also, the format and content of the performance evaluation report(s) will be discussed.
- In-brief with Project SOAR 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 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.)

• IP and Stakeholders’ debrief/workshop will be held with the project staff and other stakeholders identified by USAID. This will occur following the final debrief with the AOR, and will not include any information that may be procurement deemed sensitive or not suitable by USAID.

Fieldwork, Site Visits and Data Collection – The evaluation team will conduct site visits for data collection. One site visit will be in South Africa, and the second will be in Malawi or Tanzania. Final selection of sites to be visited will be finalized during TPM in consultation with USAID. The evaluation team will outline and schedule key meetings and site visits prior to departing to the field. Cost estimate is based on Tanzania and South Africa.

Evaluation/Analytic Report – The Evaluation/Analytic Team under the leadership of the Team Lead will develop a report with findings and recommendations (see Analytic Report below). Report writing and submission will include the following steps:

1. Team Lead will submit draft evaluation report to GH Pro for review and formatting
2. GH Pro will submit the draft report to USAID
3. USAID will review the draft report in a timely manner, and send their comments and edits back to GH Pro
4. USAID will manage implementing partner(s)’s (IP) review of the report and compile and send their comments and edits to GH Pro. (Note: USAID will decide what draft they want the IP to review.)
5. GH Pro will share USAID’s comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH Pro
6. GH Pro will review and reformat the final Evaluation/Analytic Report, as needed, and resubmit to USAID for approval.
7. Once Evaluation Report is approved, GH Pro will re-format it for 508 compliance and post it to the DEC.

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

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

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

<table>
<thead>
<tr>
<th>Deliverable / Product</th>
<th>Timelines &amp; Deadlines (estimated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch briefing</td>
<td>January 2018</td>
</tr>
<tr>
<td>In-brief with USAID</td>
<td>January 2018</td>
</tr>
<tr>
<td>Workplan and methodology review briefing</td>
<td>January 2018</td>
</tr>
<tr>
<td>Workplan (must include questions, methods, timeline, data analysis plan, and instruments)</td>
<td>January 2018</td>
</tr>
<tr>
<td>In-brief with target project / program</td>
<td>January 2018</td>
</tr>
<tr>
<td>Routine briefings</td>
<td>Weekly</td>
</tr>
<tr>
<td>Out-brief with USAID with Power Point presentation</td>
<td>March 2018</td>
</tr>
<tr>
<td>IP &amp; stakeholders findings review workshop with Power Point presentation</td>
<td>March 2018</td>
</tr>
<tr>
<td>Draft report</td>
<td>Submit to GH Pro: March 2018</td>
</tr>
<tr>
<td></td>
<td>GH Pro submits to USAID: March 2018</td>
</tr>
<tr>
<td>Final report</td>
<td>Submit to GH Pro: March 2018</td>
</tr>
<tr>
<td></td>
<td>GH Pro submits to USAID: March 2018</td>
</tr>
<tr>
<td>Report Posted to the DEC</td>
<td>March 2018</td>
</tr>
<tr>
<td>Other (specify): Internal memos</td>
<td>March 2018</td>
</tr>
</tbody>
</table>

Estimated USAID review time
Average number of business days USAID will need to review the Report? 10 Business days

XVI. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT (LOE)
Evaluation/Analytic team: When planning this analytic activity, consider:
- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leaders for evaluations/analytics must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation Specialist, who should have evaluation methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with appropriate methodological expertise.
- Experience with PEPFAR is strongly recommended but not required.
- Note that all team members will be required to provide a signed statement attesting that they have no conflict of interest (COI), or describing the conflict of interest if applicable.

Team Qualifications: Please list technical areas of expertise required for this activity:
- List desired qualifications for the team as a whole
- List the key staff needed for this analytic activity and their roles.
- Sample position descriptions are posted on USAID/GH Pro webpage
Key Staff 1 Title: Team Lead
Roles & Responsibilities: Lead the evaluation team, responsible for 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 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, ensuring 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 public health, preferably with expertise in HIV programs or research
- Substantial experience with project management and performance evaluation, and the design and implementation of evaluations
- Strong knowledge, skills, and experience in qualitative evaluation tools
- Experience implementing surveys, key informant interviews, focus groups, and other evaluation methods that assure reliability and validity of the data.
- Experience in data management
- Able to analyze qualitative data
- Demonstrated experience using qualitative evaluation methodologies
- Able to review, interpret and reanalyze as needed existing data pertinent to the evaluation
- Strong data interpretation and presentation skills
- An advanced degree in public health, evaluation or research or related field
- Proficient in English
- Good writing skills, including extensive report writing experience
- Familiarity with USAID health programs/projects, with HIV and PEPFAR experience preferred
- (Optional) Familiarity with USAID and PEPFAR evaluation policies

Key Staff 2
Title: HIV Specialist
Roles & Responsibilities: The HIV Specialist will serve as a member of the evaluation team, supporting design as well as implementation of the evaluation. She or he will support development of data collection instruments, protocols for data collection, data management, and data analysis. She or he will assist with the evaluation report and presentation to USAID and the IP.
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.

- Full member of the Evaluation Team (including planning, data collection, analysis and report development) – If yes, specify who:
- Some Involvement anticipated – If yes, specify who: USAID will assist with setting up appointments in the US and, as needed, in the field with stakeholders.
- No

**Staffing Level of Effort (LOE) Matrix:**
This LOE Matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH Pro 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.

**Level of Effort in days for each Evaluation/Analytic Team member**
(The following is an Illustrative LOE Chart. Please edit to meet the requirements of this activity.)

<table>
<thead>
<tr>
<th>Activity / Deliverable</th>
<th>Evaluation/Analytic Team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Team Lead/Evaluation Specialist</td>
</tr>
<tr>
<td>Number of persons →</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Launch Briefing</td>
</tr>
<tr>
<td>2</td>
<td>HTSOS Training</td>
</tr>
<tr>
<td>3</td>
<td>Desk review</td>
</tr>
<tr>
<td>4</td>
<td>Travel to and from DC (in-brief &amp; debrief)</td>
</tr>
<tr>
<td></td>
<td>In-brief with USAID</td>
</tr>
<tr>
<td>5</td>
<td>Team Planning Meeting</td>
</tr>
<tr>
<td>6</td>
<td>Meeting with USAID/Washington to discuss workplan and methodology</td>
</tr>
<tr>
<td>7</td>
<td>Briefing with Project SOAR</td>
</tr>
<tr>
<td>Activity / Deliverable</td>
<td>Evaluation/Analytic Team</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>Team Lead/Evaluation Specialist</td>
</tr>
<tr>
<td>Number of persons →</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Finalize Eval planning deliverables: 1) workplan with timeline analytic protocol (methods, sampling &amp; analytic plan); 2) data collection tools</td>
</tr>
<tr>
<td>9</td>
<td>Data Collection DQA Workshop (protocol orientation/training for all data collectors)</td>
</tr>
<tr>
<td>10</td>
<td>Prep / Logistics for Data Collection &amp; Site Visits</td>
</tr>
<tr>
<td></td>
<td>US &amp; remote data collection</td>
</tr>
<tr>
<td>11</td>
<td>Site visits: Data Collection, including travel to 2 countries</td>
</tr>
<tr>
<td>12</td>
<td>Data cleaning and analysis (US and field)</td>
</tr>
<tr>
<td>13</td>
<td>Debrief with USAID with prep</td>
</tr>
<tr>
<td>14</td>
<td>Stakeholder debrief workshop with prep</td>
</tr>
<tr>
<td>15</td>
<td>Draft report &amp; Internal Memo</td>
</tr>
<tr>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>GH Pro Report QC Review &amp; Formatting</td>
</tr>
<tr>
<td>18</td>
<td>USAID Report Review</td>
</tr>
<tr>
<td>19</td>
<td>Revise report(s) per USAID comments</td>
</tr>
<tr>
<td>20</td>
<td>Finalize and submit report to USAID</td>
</tr>
<tr>
<td>21</td>
<td>USAID approves report</td>
</tr>
<tr>
<td>22</td>
<td>Final copy editing and formatting</td>
</tr>
<tr>
<td>23</td>
<td>508 Compliance editing</td>
</tr>
<tr>
<td>24</td>
<td>Eval Report(s) to the DEC</td>
</tr>
<tr>
<td><strong>Total LOE per person</strong></td>
<td>70</td>
</tr>
<tr>
<td><strong>Total LOE</strong></td>
<td>70</td>
</tr>
</tbody>
</table>

If overseas, is a 6-day workweek permitted  

- Yes  
- No

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

**Domestic and international travel anticipated:**
- Two to three round trips from Consultant’s Home Office to DC Metro area
- One international round trip from Consultant’s Home Office or DC Metro area to at least two countries in sub-Saharan Africa. Countries to be visited will be confirmed by USAID based on Mission concurrence
XVII. LOGISTICS

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

| Visa for two countries in sub-Saharan Africa, most likely South Africa and Tanzania |

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

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Type of Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>□ Tourist</td>
</tr>
<tr>
<td>Tanzania</td>
<td>□ Tourist</td>
</tr>
<tr>
<td></td>
<td>□ Tourist</td>
</tr>
</tbody>
</table>

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 Pro can submit an application for it on the consultant’s behalf.

GH Pro 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 Pro workspace and travel (other than to and from post).

- [ ] USAID Facility Access (FA)
  - Specify who will require Facility Access: ____________________________

- [ ] Electronic County Clearance (ECC) (International travelers only)
  - [ ] High Threat Security Overseas Seminar (HTSOS) *(required in most countries with ECC)*
☑ Foreign Affairs Counter Threat (FACT) (for consultants working on country more than 45 consecutive days)
☑ GH Pro workspace (if needed)
Specify who will require workspace at GH Pro: ____________________________________________
☑ Travel -other than posting (specify): GH Pro to arrange all travel
☑ Other (specify): ______________________________________________

Specify any country-specific security concerns and/or requirements

XVIII. GH PRO ROLES AND RESPONSIBILITIES
GH Pro will coordinate and manage the evaluation/analytic team and provide quality assurance oversight, including:

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

<table>
<thead>
<tr>
<th>USAID Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:</td>
</tr>
</tbody>
</table>

**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 Pro, 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 40 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 Pro 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/analytic report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. *The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.*

The findings from the evaluation/analytic will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:

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

XXI. USAID CONTACTS

<table>
<thead>
<tr>
<th>Primary Contact</th>
<th>Alternate Contact 1</th>
<th>Alternate Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Alison Cheng</td>
<td>Sarah Wiant</td>
<td>Aisha Yansaneh</td>
</tr>
<tr>
<td>Title: Branch Chief</td>
<td>Program Assistant</td>
<td>Senior Research Advisor</td>
</tr>
<tr>
<td>USAID Office/Mission</td>
<td>GH/OHA/Research</td>
<td>GH/OHA/Research</td>
</tr>
<tr>
<td>Email: <a href="mailto:acheng@usaid.gov">acheng@usaid.gov</a></td>
<td><a href="mailto:swiant@usaid.gov">swiant@usaid.gov</a></td>
<td><a href="mailto:ayansaneh@usaid.gov">ayansaneh@usaid.gov</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>571-551-7515</td>
<td>571-551-7194</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>703-608-2131</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Technical Support Contact 1</th>
<th>Technical Support Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Sarah Sandison</td>
<td>Lily Asrat</td>
</tr>
<tr>
<td>Title: Alternate AOR for SOAR</td>
<td>Senior Evaluation Advisor</td>
</tr>
<tr>
<td>USAID Office/Mission</td>
<td>GH/OHA/Research</td>
</tr>
<tr>
<td>Email: <a href="mailto:ssandison@usaid.gov">ssandison@usaid.gov</a></td>
<td><a href="mailto:aasrat@usaid.gov">aasrat@usaid.gov</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>571-551-7192</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>571-228-2186</td>
</tr>
</tbody>
</table>

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

XXIII. ADJUSTMENTS MADE IN CARRYING OUT THIS SOW AFTER APPROVAL OF THE SOW (To be completed after Assignment Implementation by GH Pro)
ANNEX II. SOAR PROJECT STUDIES

Regional and country distribution of the studies include:

**Africa (65):** Angola (1); Botswana (1); Cameroon (1); Cote d'Ivoire (2); Ethiopia (1); Kenya (5); Lesotho (5); Malawi (7); Mozambique (3); Namibia (3); Nigeria (1); Senegal (2); South Africa (9); Swaziland (4); Tanzania (7); Uganda (7); Zambia (4); and Zimbabwe (2).

**Asia (2):** Indonesia (1); Thailand (1).

**Central Asia (1):** Kazakhstan (1).

**Latin America/Caribbean (3):** Haiti (2); Jamaica (1).

### Illustrative List of Specific Studies

<table>
<thead>
<tr>
<th>Study Description</th>
<th>Country/Region</th>
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<tbody>
<tr>
<td>Quality Improvement in Public Health Practice for Angola’s District Health Officials</td>
<td>Angola</td>
</tr>
<tr>
<td>Characterizing the Unmet HIV Prevention Needs and HIV Risk Vulnerabilities of Adolescent Girls and Young Women in Ethiopia</td>
<td>Ethiopia</td>
</tr>
<tr>
<td>Updating of People Living with HIV (PLHIV) Stigma Index</td>
<td>Global</td>
</tr>
<tr>
<td>Support to USAID’s Dissemination &amp; Utilization Plan Implementation Science (IS) Research to Support Programs under PEPFAR</td>
<td>Global</td>
</tr>
<tr>
<td>Strengthening Capacity for Assessment of HIV-Related Data Needs among Key Populations to Inform Evidence-Based Responses</td>
<td>Global - focus countries: Cote d'Ivoire, Indonesia, Jamaica, Kazakhstan, Malawi, Swaziland, Thailand</td>
</tr>
<tr>
<td>Developing and Pilot-testing HIV Post-Test Decision Algorithms to Promote Linkage to HIV Care and Treatment/HTC Drivers among Positive Deviant Males</td>
<td>Kenya</td>
</tr>
<tr>
<td>IMPROVE (nee SMaRT) Study on MCH and PMTCT Outcomes in Women and Children in Lesotho</td>
<td>Lesotho</td>
</tr>
<tr>
<td>Evaluation of the PEPFAR/USAID One Community Program in Malawi</td>
<td>Malawi</td>
</tr>
<tr>
<td>Reducing HIV Risk among Adolescent Girls and Young Women and Their Partners through the DREAMS Initiative in Malawi</td>
<td>Malawi</td>
</tr>
<tr>
<td>Assessment of Community-based ART Service Modalities Linking Female Sex Workers to HIV Care and Treatment in Malawi</td>
<td>Malawi</td>
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<tr>
<td>Promoting Mother-infant retention along the HIV care continuum: A Comparative Effectiveness Evaluation of Three Models for Community-facility Linkage</td>
<td>Malawi</td>
</tr>
<tr>
<td>Treating Depression to Improve HIV Care Outcomes in Malawi</td>
<td>Malawi</td>
</tr>
<tr>
<td>Capacity Strengthening for DREAMS-Like Countries</td>
<td>MC – Botswana, Cote d’Ivoire, Haiti, Namibia, Rwanda</td>
</tr>
<tr>
<td>Study Title</td>
<td>Country/Region</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Impact of Community Adherence Groups (CAGs) on Treatment Outcomes for OVC</td>
<td>MC – Mozambique, Haiti</td>
</tr>
<tr>
<td>VMMC Online Tool</td>
<td>MC – 14 VMMC priority countries</td>
</tr>
<tr>
<td>Active Pediatric HIV Case Finding in Kenya and Uganda</td>
<td>MC – Kenya and Uganda</td>
</tr>
<tr>
<td>PrEP Modeling: Country Application in Malawi and Uganda</td>
<td>MC – Malawi and Uganda</td>
</tr>
<tr>
<td>Geographic Information System (GIS) Dashboard for VMMC</td>
<td>MC – South Africa, Tanzania</td>
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<tr>
<td>Evaluating the Impact of PEPFAR’s Geographic Prioritization on Centrally-Managed Health Facilities</td>
<td>MC – Uganda, Kenya</td>
</tr>
<tr>
<td>Test and Treat Namibia</td>
<td>Namibia</td>
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<tr>
<td>Assessing HIV-related outcomes, Cost, and Misclassification Rates in Community-based HIV Test and Start Service Delivery Models among Key Populations in Nigeria</td>
<td>Nigeria</td>
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<tr>
<td>Test and Treat Senegal</td>
<td>Senegal</td>
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<tr>
<td>Does Shifting Gender Norms on the Community Level Lead to Increased HIV Services Uptake?</td>
<td>South Africa</td>
</tr>
<tr>
<td>Improving TB Screening, Case-Finding and IPT for HIV-infected and HIV-Exposed Children with Household Contact to Active TB</td>
<td>South Africa</td>
</tr>
<tr>
<td>Health Care Facility-Based HIV Testing and Counseling and Linkages to Care in South Africa: A Systems Approach to Inform Strategies to Improve Coverage and Uptake</td>
<td>South Africa</td>
</tr>
<tr>
<td>Community Care: Optimizing Community Services for an Improved Continuum of HIV Care</td>
<td>South Africa</td>
</tr>
<tr>
<td>Evaluation of the PEPFAR/USAID Community Responses Program among Adults in Informal Settlements in KwaZulu-Natal, South Africa</td>
<td>South Africa</td>
</tr>
<tr>
<td>Effect of Family-Centered Model of HIV Care on Viral Suppression and Retention in Care in HIV-Positive Children Receiving Antiretroviral Therapy in Swaziland</td>
<td>Swaziland</td>
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<tr>
<td>Assessing the Feasibility of Integrating HTS into OVC Programming</td>
<td>Tanzania</td>
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<tr>
<td>Assessment of a Community-based HIV Treatment Service Delivery Model on Linkages to and Retention in HIV Care among Female Sex Workers (FSWs) in Tanzania</td>
<td>Tanzania</td>
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<tr>
<td>Evaluation of the Impact of a Community Health Agent Intervention on Antiretroviral Therapy Retention and Adherence in Tanzania</td>
<td>Tanzania</td>
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<td>Family Planning among Female Sex Workers Living with HIV</td>
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<tr>
<td>Adolescent transition modeling</td>
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<td>Project Title</td>
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<td>------------------------------------------------------------------------------</td>
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<tr>
<td>A Benchmark Assessment of Care and Support Services Delivered to OVC through the Zambia Family (ZAMFAM) Project</td>
<td>Zambia</td>
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<tr>
<td>Cohort Study of Care and Support Services Delivered to Young PLHIV and OVC through the ZAMFAM Project</td>
<td>Zambia</td>
</tr>
</tbody>
</table>
ANNEX III. PROGRESS IN PERFORMANCE MONITORING INDICATORS

The following graphs depict general progress in the SOAR Project’s performance monitoring indicators from the start of project implementation to the end of September 2017. Progress in each indicator is represented in the bar graphs by the percentage of the total, life of project target value achieved as of September 2017. The line in the graphs shows the amount of total implementation time elapsed from the start of implementation until the end of September 2017 (in months).

The source of the data used in the graphs is the SOAR Project’s management information system that populates data in the project’s performance monitoring plan. The methods for calculating the values within the graphs are explained by formulas below.

**SOAR Project Indicators by Percent of Expected Total Life of Project (LOP) Target**
(achievements to the end of September 2017 compared with elapsed implementation time to that date)

The percent of target achieved was calculated as the total LOP indicator value divided by indicator achievement by September 30, 2017. If the total LOP target was a range, the mid-point in the range was used (for example, 50-60 = 55).

The percent of project implementation time elapsed was calculated as the number of months between the award start date and the end of September 2017 (36), when the performance monitoring plan (PMP) indicator values were last updated, divided by the life of the award (60 months).
Result Area 1 (Conduct high-quality operations research studies) Indicators

Indicator Number Key:

1a) # of study ideas finalized
1b) # of study proposals submitted to USAID
1c) # of study proposals approved by USAID
1d) # of studies with protocols or exemption documentation submitted to USAID
1e) # of studies with protocols or exemption requests submitted to relevant ethical committees
1f) # of studies that have obtained all ethical approvals (or exemptions)
Indicator Number Key:

1g) # of operation research studies with data collection initiated

1h) # of instances in which a Project SOAR representative provides technical assistance on operations research for HIV programming

1i) # of Technical Advisory Network meetings convened to discuss emerging priority issues for operations research

1j) Sets of recommendations for future HIV-related operations research produced

1k) # of collaborative research opportunities identified with other USAID-funded projects

1l) Gender strategy developed
Result Area 2 (Strengthen capacity to conduct and consume operational research) Indicators

Indicator Number Key:

2a) Capacity strengthening strategy developed

2b) # of in-country researchers and other stakeholders serving as co-investigators on Project SOAR studies

2c) # of in-country researchers and other stakeholders serving as co-PI on Project SOAR studies

2d) # of Project SOAR-supported capacity strengthening activities to improve the conduct and/or use of operations research

2e) # of local institutions that have received targeted Project SOAR activities designed to strengthen their research capacity

2f) # of in-country researchers who participated in a SOAR capacity strengthening activity
Indicator Number Key:

2g) # of manuscripts submitted to peer-reviewed journals with a local investigator as primary (first, second, or last) author

2h) # of manuscripts submitted to peer-reviewed journals with a local investigator as co-author

2l) # of presentations (oral or posters) made by local investigators at national or international conferences
Result Area 3 (Promote use of study results to guide planning, funding, and implementation)
Indicators

Indicator Number Key:

3a) Research utilization process guidance document produced and disseminated throughout the consortium

3b) Research utilization process tool-kit produced and disseminated throughout the consortium

3c) Project SOAR’s communication strategy developed

3d) Research utilization process orientation modular manual developed

3e) # of views/downloads of Project SOAR website, project-related websites/webpages, and publications

3f) # of Research Advisory Committees that support implementation of Project SOAR studies
Indicator Number Key:

3g) # of study-specific data use plans to guide dissemination of results locally

3h) # of meetings (including webinars and informal briefings) convened with USAID and/or other stakeholders to share interim results from SOAR studies

3i) # of study briefs or other products describing interim results from SOAR studies

3j) # of study reports or other agreed upon final products submitted to USAID

3k) # of manuscripts submitted to peer reviewed journals

3l) # of oral presentations made at national or international conferences
Indicators with most progress expected in yr. 5

% of LOP Target Achieved

<table>
<thead>
<tr>
<th>Indicator</th>
<th>% of Target Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>3m)</td>
<td>18.0</td>
</tr>
<tr>
<td>3n)</td>
<td>36.4</td>
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<tr>
<td>3o)</td>
<td>30.9</td>
</tr>
<tr>
<td>3p)</td>
<td>20.0</td>
</tr>
<tr>
<td>3q)</td>
<td>40.0</td>
</tr>
</tbody>
</table>

Performance Monitoring Plan Indicator Number

Indicator Number Key:

3m) # of posters presented at national or international conferences

3n) # of program practices, guidelines and tools influenced by exposure to Project SOAR research

3o) # of researchers and/or institutions that use Project SOAR’s research findings

3p) # of global or national HIV policies, strategic plans, and/or guidelines influenced by Project SOAR research

3q) # of webinars that Project SOAR hosted, co-hosted or participated in as moderator and/or presenter
Indicator Number Key:

3r) # of studies with male and female participants that disaggregate the data by sex and age groups in the final report, manuscript, or presentation

3s) # of studies whose products (e.g., final report, manuscript, presentation, or data use plan) include recommendations reflecting the gender implications of the findings

3t) # of technical, cross-cutting briefs that synthesize across studies SOAR’s gender-related findings and lessons learned
# ANNEX IV. SMALL GRANT PROGRAM EXAMPLES

<table>
<thead>
<tr>
<th>Small Grant Organization</th>
<th>SOAR Parent Study</th>
<th>Grant Title</th>
<th>Grant Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthur Davison</td>
<td>Zambia Adolescent Transition (YES!)</td>
<td>The prevalence and characteristics of HIV drug resistance among treatment</td>
<td>Secondary analysis</td>
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<tr>
<td>Children's Hospital</td>
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<td>experienced adolescents and young adults in four health facilities in Ndola</td>
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<tr>
<td></td>
<td></td>
<td>Zambia</td>
<td></td>
</tr>
<tr>
<td>UNC Project Malawi</td>
<td>Malawi Mother-Infant Retention</td>
<td>Assessment the characteristics of mothers initiating ART during breastfeeding</td>
<td>Secondary analysis</td>
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<tr>
<td></td>
<td></td>
<td>in Lilongwe, Malawi: a secondary data analysis</td>
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<td>Enda Sante</td>
<td>Senegal Test and Start</td>
<td>Engagement and exchange between researchers and stakeholders around HIV self-</td>
<td>Research Utilization</td>
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<tr>
<td></td>
<td></td>
<td>testing and universal treatment in Senegal: understanding and addressing</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>the complexities of prevention and treatment strategies</td>
<td></td>
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<td>Aurum Institute</td>
<td>South Africa PITC-LTC</td>
<td>Employing research utilization strategies to maximize clinic-based HIV</td>
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<td></td>
<td></td>
<td>testing</td>
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<td>The Tanzanian National</td>
<td>Tanzania FSW</td>
<td>Fostering data use through strengthening data analysis skills of local</td>
<td>Research Utilization</td>
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<td>Institute for Medical</td>
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<td>researchers and development of conference abstracts</td>
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<td>Research Mwanza</td>
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<td>Perinatal Health Research</td>
<td>South Africa TB</td>
<td>Improving pediatric IPT uptake through community engagement in Matlosana</td>
<td>Research Utilization</td>
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<td>Unit</td>
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<td>Sub-District</td>
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<td>Makerere University-</td>
<td>Uganda DISCO-Kids</td>
<td>Building a community of practice to support pediatric HIV disclosure</td>
<td>Knowledge Translation</td>
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<td>Johns Hopkins University</td>
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<tr>
<td>Research Collaboration</td>
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<td>Cameroon Stigma Index</td>
<td>Evidence-based stigma/discrimination mitigation approaches in service</td>
<td>Knowledge Translation</td>
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<td>provision for PLHIV</td>
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<td>National Forum of People</td>
<td>Uganda Stigma Index</td>
<td>Translating knowledge into action for a stigma-free environment in</td>
<td>Knowledge Translation</td>
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<tr>
<td>Living with HIV/AIDS</td>
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<td>Uganda</td>
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<tr>
<td>Networks in Uganda</td>
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</tbody>
</table>
## ANNEX V. EVALUATION MATRIX

### Project SOAR Midterm Evaluation Matrix

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Information/ Data Source</th>
<th>Sampling/ Selection Criteria for Informants or Sites</th>
<th>Data Collection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What types of research are being conducted by the Project, and how timely have they been?</td>
<td>USAID OHA staff, SOAR management team, USAID Mission stakeholders, OGAC technical staff, SOAR implementation partners and sub recipients, in-country local sub-partners, In-country/Ministry of Health stakeholders</td>
<td>Current involvement with SOAR implementation, Past involvement with SOAR implementation, In a position to use SOAR research or evaluation results, Has used or tried to use SOAR results in program implementation or planning, Has a role in local capacity building or strengthening for operations research and evaluation</td>
<td>Project document review, Project management information system review, Key informant interviews (person and virtual), Site visits, Group discussions</td>
</tr>
<tr>
<td>2. What is the effectiveness of the Research Utilization strategy and capacity strengthening of the Project, and how well have these strategies been implemented?</td>
<td>USAID OHA staff, SOAR management team, USAID Mission stakeholders, OGAC technical staff, SOAR implementation partners and sub recipients, in-country local sub-partners, In-country/Ministry of Health stakeholders</td>
<td>Current involvement with SOAR implementation, Past involvement with SOAR implementation, In a position to use SOAR research or evaluation results, Has used or tried to use SOAR results in program implementation or planning, Has a role in local capacity building or strengthening for operations research and evaluation</td>
<td>Project document review, Key informant interviews (person and virtual), Site visits, Group discussions</td>
</tr>
<tr>
<td>3. How effective has the Project been at sharing data from studies (both interim and final data) and setting up structures or opportunities to promote and disseminate findings?</td>
<td>USAID OHA staff, SOAR management team, USAID Mission stakeholders, OGAC technical staff, SOAR implementation partners and sub recipients, in-country local sub-partners, In-country/Ministry of Health stakeholders</td>
<td>Current involvement with SOAR implementation, Past involvement with SOAR implementation, In a position to use SOAR research or evaluation results, Has used or tried to use SOAR results in program implementation or planning, Has a role in local capacity building or strengthening for operations research and evaluation</td>
<td>Project document review, Key informant interviews (person and virtual), Site visits, Group discussions</td>
</tr>
<tr>
<td>4. How relevant and how well aligned are SOAR’s research activities to PEPFAR and OHA stated priorities, and</td>
<td>USAID OHA staff, SOAR management team, USAID Mission stakeholders, OGAC technical staff, SOAR implementation</td>
<td>Current involvement with SOAR implementation, Past involvement with SOAR implementation</td>
<td>Project document review, Project management information system review</td>
</tr>
<tr>
<td>Evaluation Question</td>
<td>Information/ Data Source</td>
<td>Sampling/ Selection Criteria for Informants or Sites</td>
<td>Data Collection Method</td>
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<tr>
<td><strong>Mission needs (as of 2017)? Are there areas that need to be re-aligned?</strong></td>
<td>partners and sub recipients In-country local sub-partners In-country/Ministry of Health stakeholders</td>
<td>In a position to use SOAR research or evaluation results Has used or tried to use SOAR results in program implementation or planning</td>
<td>Key informant interviews person and virtual</td>
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<tr>
<td><strong>What are the key best practices from the implementation phase?</strong></td>
<td>USAID OHA staff USAID Mission stakeholders OGAC technical staff SOAR implementation partners and sub recipients In-country local sub-partners In-country/Ministry of Health stakeholders</td>
<td>Current involvement with SOAR implementation Past involvement with SOAR implementation In a position to use SOAR research or evaluation results Has used or tried to use SOAR results in program implementation or planning Has a role in local capacity building or strengthening for operations research and evaluation</td>
<td>Project document review Project management information system review Key informant interviews in person and virtual Site visits Group discussions</td>
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</table>
## ANNEX VI. INFORMATION SOURCES

**Databases:**

SOAR Project performance monitoring indicator tables.

**Persons Contacted:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization and Location</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison Cheng</td>
<td>AOR</td>
<td>USAID/W</td>
<td>USA</td>
</tr>
<tr>
<td>Aisha Yansaneh</td>
<td>Technical Advisor/Management Team</td>
<td>USAID/W</td>
<td>USA</td>
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<tr>
<td>Benny Kottiri</td>
<td>Research Division Chief</td>
<td>USAID/W</td>
<td>USA</td>
</tr>
<tr>
<td>Sarah Sandison</td>
<td>Health Science Specialist</td>
<td>USAID/W</td>
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<tr>
<td>Scott Geibel</td>
<td>Project Director</td>
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<tr>
<td>Julie Pulerwitz</td>
<td>Previous Project Director</td>
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<td>USA</td>
</tr>
<tr>
<td>Debbie Weiss</td>
<td>Operations Director</td>
<td>Population Council</td>
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</tr>
<tr>
<td>Deanna Kerrigan</td>
<td>Consortium Lead</td>
<td>JHU</td>
<td>USA</td>
</tr>
<tr>
<td>Tara Nutley</td>
<td>Consortium Lead</td>
<td>Palladium</td>
<td>USA</td>
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<tr>
<td>Laura Guay</td>
<td>Consortium Lead</td>
<td>EGPAAF</td>
<td>USA</td>
</tr>
<tr>
<td>Jeff Stringer</td>
<td>Consortium Lead</td>
<td>UNC</td>
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<tr>
<td>Steven Forsythe</td>
<td>Consortium Lead</td>
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<tr>
<td>Anouk Amzel</td>
<td>TA - Peds</td>
<td>USAID/W</td>
<td>USA</td>
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<td>Vincent Wong</td>
<td>TA - HTS</td>
<td>USAID/W</td>
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<tr>
<td>Ugo Amanyeiwe</td>
<td>TA - Community Care</td>
<td>USAID/W</td>
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<td>Tisha Wheeler</td>
<td>TA - KP</td>
<td>USAID/W</td>
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<td>Valerian Kiggundu</td>
<td>TA - VMMC</td>
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<tr>
<td>Amelia Peltz</td>
<td>TA - Gender</td>
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<tr>
<td>Elizabeth (Libby)</td>
<td>HIV Deputy Team Lead</td>
<td>USAID/Malawi</td>
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<tr>
<td>Brennan</td>
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<tr>
<td>Rachel Goldstein</td>
<td>In-country POC</td>
<td>USAID/Malawi</td>
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<tr>
<td>Rob Stanley</td>
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<td>Kidist Belete</td>
<td>In-country POC</td>
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<td>Abeje Zegeye</td>
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<td>Dr. Lyson Tenthani</td>
<td>Senior Research Manager</td>
<td>Population Council</td>
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<td>Dr. Gift Kamanga</td>
<td>Deputy Director</td>
<td>FHI Linkages</td>
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<tr>
<td>Dr. Michael Udedi</td>
<td>Assistant Director for Clinical Services and Mental Health</td>
<td>Ministry of Health</td>
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<tr>
<td>Dr. Jacqueline Nkhoma</td>
<td>HIV/AIDS Specialist: Research, Policy, maternal and Child Health</td>
<td>UNICEF</td>
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<tr>
<td>Dr. Kazione Kulisewa</td>
<td>Psychiatrist</td>
<td>MOH</td>
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<tr>
<td>Mr. Innocent Mofolo</td>
<td>Country Director</td>
<td>UNC</td>
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</tr>
<tr>
<td>Mr. Michael Eliya</td>
<td>National PMTCT Coordinator</td>
<td>MOH HIV Department</td>
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<tr>
<td>Dr. Collins Mitambo</td>
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<td>MOH Research</td>
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<tr>
<td>Dr. Jones Masiye</td>
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<td>Malawi</td>
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<tr>
<td>Mr. Emmanuel Zenengeya</td>
<td>Head of Planning, Monitoring and Evaluation</td>
<td>National AIDS Commission</td>
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<tr>
<td>Prof. Victor Mwapasa</td>
<td>Project Advisor DREAMS IS study</td>
<td>College of Medicine</td>
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<tr>
<td>Martha Zochinga</td>
<td>Member</td>
<td>National Sex Workers’ Association</td>
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<tr>
<td>Dr Michael Mbizo</td>
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<tr>
<td>Dr Nkomba Kayeyi</td>
<td>Senior Project Scientific Manager</td>
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<tr>
<td>Dr Chikamata</td>
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<td>Dr Mujajati</td>
<td>Member, TAGiRAC</td>
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<tr>
<td>E. Mwakalombe</td>
<td>Director, Planning and Information</td>
<td>Ministry of Community Development and Social Services</td>
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<tr>
<td>Alex Ndhlovu</td>
<td>Acting Permanent Secretary</td>
<td>Ministry of Community Development and Social Services</td>
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<tr>
<td>Wilfred Manda</td>
<td>M&amp;E Manager</td>
<td>Expanded Church Response Trust</td>
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<td>Choolwe Changula</td>
<td>Provincial Coordinator</td>
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<td>Chisambai Laima Siamasamu</td>
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<td>Vincent Munene</td>
<td>Chief of Party</td>
<td>Development Aid from People to People</td>
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<td>Kabangu Shambulo</td>
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<tr>
<td>Dr Sam Miti</td>
<td>Principal Investigator</td>
<td>YES! Adolescent Transition Study</td>
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<tr>
<td>Christy Frimpong</td>
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<td>Trisha Makasa</td>
<td>Research staff</td>
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<tr>
<td>Stella Kentutsi</td>
<td>Executive Director</td>
<td>National Forum of People Living with HIV/AIDS Networks in Uganda</td>
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<td>Tonderai Mabuto</td>
<td>Senior Programme Manager</td>
<td>Aurum Institute</td>
<td>South Africa</td>
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<td>Griffiths Kubeka</td>
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<tr>
<td>Nolundi Mshweshwe-Pakela</td>
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<tr>
<td>Nieser Seatholo</td>
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<td>Aurum Institute</td>
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<tr>
<td>Mags Beksinska of the</td>
<td>Deputy Executive Director</td>
<td>MatCH Research Unit at the University of Witwatersrand</td>
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<tr>
<td>Stefan Baral</td>
<td>Principal Investigator</td>
<td>Johns Hopkins School of Public Health</td>
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<tr>
<td>Julie Denison</td>
<td>Principal Investigator</td>
<td>Johns Hopkins School of Public Health</td>
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<tr>
<td>Sam Kalibala</td>
<td>Research Utilization Advisor</td>
<td>SOAR\Palladium</td>
<td>USA</td>
</tr>
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</table>
Selected Listing of Documents Reviewed:

ANNEX VII. DATA COLLECTION INSTRUMENTS

Project SOAR Mid-Term Evaluation
GH Pro Evaluation Team – Key Informant Interview Guide 1
Informant Category: Project Management - USAID Staff and Implementer Stakeholder

Introduction to the Mid-Term Evaluation:

● Thank the key informant for agreeing to participate in the interview.

● Explain that the purpose of this interview is to contribute to the USAID commissioned mid-term evaluation of the SOAR Project.

● The purpose of the evaluation is to:
  o assess Project SOAR’s progress towards achievement of each of the project’s three intended results: (1) high quality operations research and evaluations are conducted to advance HIV and AIDS program implementation; (2) capacity to conduct high-quality operations research and evaluation among local institutions is strengthened; and, (3) results from operations research and evaluations are disseminated and utilized.
  o identify best practices developed during implementation to date.
  o assess how relevant SOAR’s research activities are to current and evolving PEPFAR and OHA stated priorities, and Mission needs (as of 2017).

● The interview will include questions on the implementation environment and management experience of the project.

● Ask the key informant if they have any questions for clarification before the start of the interview.

Consent to proceed:

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses to be either quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided __________ [Interviewer/Recorder initials]
Interview Guiding Questions:

1. Please describe your role or association with the project.

2. To what extent has the project achieved results in conducting high quality operations research and evaluations? To what extent have results been utilized to advance HIV and AIDS program planning and implementation?
   a. Can you give me some specific examples from your experience?

3. In your opinion, how relevant SOAR’s research activities are to current and evolving HIV programmatic or PEPFAR needs and priorities?
   a. Can you provide some examples for your opinion?

4. To what extent has the project achieved results in strengthening local institutions and their capacity to conduct high-quality operations research and evaluations?
   a. Can you give me some specific examples from your experience?

5. How effective do you think the Project has been at sharing data from studies?

6. What has the project achieved in disseminating the results from operations research and evaluations and having research results utilized?
   a. What have been the opportunities and challenges that have supported or complicated progress?

7. Looking at the three main result areas of the project, do you see the need for modification or strengthening of any of them, which one, how and why?

8. What examples of best practices have been identified from the implementation efforts thus far?

9. How are you planning to use the lessons learned from implementation thus far in future project efforts?
Introduction to the Mid-Term Evaluation:

- Thank the key informant for agreeing to participate in the interview.

- Explain that the purpose of this interview is to contribute to the USAID commissioned mid-term evaluation of the SOAR Project.

- Explain that the key informant was contacted because they are involved with the implementation of SOAR efforts.

- The purpose of the evaluation is:
  - to assess Project SOAR’s progress towards achievement of each of the project’s three intended results: (1) high quality operations research and evaluations are conducted to advance HIV and AIDS program implementation; (2) capacity to conduct high-quality operations research and evaluation among local institutions is strengthened; and, (3) results from operations research and evaluations are disseminated and utilized.
  - to identify best practices developed during implementation to date.

- The interview will include questions on the implementation environment and management experience of the project.

- Ask the key informant if they have any questions for clarification before the start of the interview.

Consent to proceed:

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses to be either quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided __________ [Interviewer/Recorder initials]
Interview Guiding Questions:

1. Please describe your role or association with the project.

2. To what extent has the project achieved results in conducting high quality operations research and evaluations? To what extent have results been utilized to advance HIV and AIDS program planning and implementation?
   a. Can you give me some specific examples from your experience?

3. To what extent has the project achieved results in strengthening local institutions and their capacity to conduct high-quality operations research and evaluations?
   a. Can you give me some specific examples from your experience?

4. How effective do you think the Project has been at sharing data from studies?

5. What has the project achieved in disseminating the results from operations research and evaluations and having research results utilized?
   a. What have been the opportunities and challenges that have supported or complicated progress?

6. Looking at the three main result areas of the project, do you see the need for modification or strengthening of any of them, which one, how and why?

7. What examples of best practices have been identified from the implementation efforts thus far?

8. How are you planning to use the lessons learned from implementation thus far in future project efforts?

*****
GH Pro Evaluation Team – Key Informant Interview Guide 3
Informant Category: Sub-recipient/Sub-awards

Introduction to the Mid-Term Evaluation:
● Thank the key informant for agreeing to participate in the interview.

● Explain that the purpose of this interview is to contribute to the USAID commissioned mid-term evaluation of the SOAR Project.

● Explain that the key informant was contacted because they are a sub-recipient or involved with s sub-award

● The purpose of the evaluation is:
  o to assess Project SOAR’s progress towards achievement of each of the project’s three intended results: (1) high quality operations research and evaluations are conducted to advance HIV and AIDS program implementation; (2) capacity to conduct high-quality operations research and evaluation among local institutions is strengthened; and, (3) results from operations research and evaluations are disseminated and utilized.
  o to identify best practices developed during implementation to date.

● The interview will include questions on the implementation environment and management experience of the project.

● Ask the key informant if they have any questions for clarification before the start of the interview.

Consent to proceed:

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses to be either quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided __________ [Interviewer/Recorder initials]
Interview Guiding Questions:

1. Please describe your role or association with the project.

2. What type of research are you conducting and in what phase is the research effort now?

3. How would you characterize the quality of the research you were involved with under the project? To what extent have results from your work been utilized to advance HIV and AIDS program planning and implementation?
   
   a. Can you give me some specific examples from your experience?

4. Have you been a recipient of capacity strengthening support from the SOAR Project?

5. In what ways have you been involved with project efforts to strengthening local institutions and their capacity to conduct high-quality operations research and evaluations?
   
   a. Can you give me some specific examples from your experience?

6. How have you been involved with disseminating the results from operations research and evaluations and having research results utilized?
   
   a. What have been the opportunities and challenges that have supported or complicated progress?

7. Looking at the three main result areas of the project, do you see the need for modification or strengthening of any of them, which one, how and why?

8. What examples of best practices have been identified from the implementation efforts thus far?

9. Have you identified any lessons learned for operations research from your work with the project? If so, what are they?

******
GH Pro Evaluation Team – Key Informant Interview Guide 4
Informant Category: Host Country Stakeholders

Introduction to the Mid-Term Evaluation:

- Thank the key informant for agreeing to participate in the interview.
- Explain that the purpose of this interview is to contribute to the USAID commissioned mid-term evaluation of the SOAR Project.
- Explain that the key informant was contacted because they are a stakeholder in the conduct or use of operations research in country.
- The purpose of the evaluation is:
  - to assess Project SOAR’s progress towards achievement of each of the project’s three intended results: (1) high quality operations research and evaluations are conducted to advance HIV and AIDS program implementation; (2) capacity to conduct high-quality operations research and evaluation among local institutions is strengthened; and, (3) results from operations research and evaluations are disseminated and utilized.
  - to identify best practices developed during implementation to date.
- The interview will include questions on the implementation environment and management experience of the project.
- Ask the key informant if they have any questions for clarification before the start of the interview.

Consent to proceed:

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses to be either quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided __________ [Interviewer/Recorder initials]
Interview Guiding Questions:

1. Please describe your role or association with the project.

2. How would you characterize the quality operations research or evaluations undertaken by the project in your country? To what extent have results from the project’s research or evaluations been utilized to advance HIV and AIDS program planning and implementation?
   a. Can you give me some specific examples from your experience?

3. What plans, if any, exist to utilize the findings of conducted research?

4. How would you characterize the project efforts to strengthening local institutions and their capacity to conduct high-quality operations research and evaluations?
   a. Can you give me some specific examples?

5. How well have the results from the project’s operations research and evaluations been disseminated and utilized within the country?
   a. What have been the opportunities and challenges that have supported or complicated progress?

6. Looking at the three main result areas of the project, do you see the need for modification or strengthening of any of them in your country, which one, how and why?

7. What examples of best practices have been identified from the implementation efforts in your country thus far?

8. Have you identified any lessons learned for operations research from Project SOAR specifically? If so, what are they?
GH Pro Evaluation Team – Key Informant Interview Guide 5  
Informant Category: Research Priority Identifiers

Introduction to the Mid-Term Evaluation:

- Thank the key informant for agreeing to participate in the interview.
- Explain that the purpose of this interview is to contribute to the USAID commissioned mid-term evaluation of the SOAR Project.
- Explain that the key informant was contacted because they are someone who identifies research priorities.
- The purpose of the evaluation is:
  o to assess Project SOAR’s progress towards achievement of each of the project’s three intended results: (1) high quality operations research and evaluations are conducted to advance HIV and AIDS program implementation; (2) capacity to conduct high-quality operations research and evaluation among local institutions is strengthened; and, (3) results from operations research and evaluations are disseminated and utilized.
  o to identify best practices developed during implementation to date.
  o to assess how relevant SOAR’s research activities are to current and evolving PEPFAR and OHA stated priorities, and Mission needs (as of 2017)
- The interview will include questions on the implementation environment and management experience of the project.
- Ask the key informant if they have any questions for clarification before the start of the interview.

Consent to proceed:

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses to be either quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided [Introducer/Recorder initials]
Interview Guiding Questions:

1. Are you aware of the SOAR Project and its work in operations research?
   
   a. If yes, how is the project known in the community of those contributing to advancing knowledge for operations research priorities?
   
   b. If yes, how relevant are SOAR’s research activities to current and evolving HIV programmatic or PEPFAR needs and priorities?
   
   c. If no, the interviewer gives a brief overview of how research priorities are used to advance knowledge for operations research in the SOAR Project.

2. In your experience or role, how are global/regional/country operational research priorities identified and set?

3. How would you characterize the pace or nature of changing priorities for operations research?

4. In your opinion, what are some of the highest future priorities for new operations research for HIV and AIDS?

5. At present, what are the greatest challenges to achieving high-quality operations research efforts?

6. Generally, how well are results from operations research disseminated and utilized within HIV mitigation efforts?

7. What are some of the challenges facing improvements in the ways research results are effectively used?
   
   a. Do you have an example of effective use of data from operations research? If so, please describe.

8. How active are in-country or local institutions in contributing to changing global priorities operations research and evaluations?
   
   a. Can you give me some specific examples?
Introduction to the Mid-Term Evaluation:

- Thank the key informant for agreeing to participate in the interview.
- Explain that the purpose of this interview is to contribute to the USAID commissioned mid-term evaluation of the SOAR Project.
- Explain that the key informant was contacted because they are a user of data or results from operations research.
- The purpose of the evaluation is:
  - to assess Project SOAR’s progress towards achievement of each of the project’s three intended results: (1) high quality operations research and evaluations are conducted to advance HIV and AIDS program implementation; (2) capacity to conduct high-quality operations research and evaluation among local institutions is strengthened; and, (3) results from operations research and evaluations are disseminated and utilized.
  - to identify best practices developed during implementation to date.
- The interview will include questions on the implementation environment and management experience of the project.
- Ask the key informant if they have any questions for clarification before the start of the interview.

Consent to proceed:

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses to be either quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided _________ [Interviewer/Recorder initials]
Interview Guiding Questions:

1. How do you use the data or results from operations research in your work or in the performance of your duties?

2. What are some of the challenges facing how well research results are effectively used?

3. Describe any challenges in using operations research findings in your work.
   a. Probe constraints of local institutional capacity

4. Are you aware of the SOAR Project and its work in operations research?
   a. If yes, please describe your knowledge or experience of SOAR.
   b. If yes, how have you been able to utilize results from this research?

5. Do you have any examples of the successful utilization of research results that you think made a positive contribution to programs?
   a. If so, why was the example successful?

6. At present, what do you think are the greatest challenges to matching high-quality operations research with the data needs of programs?
ANNEX VIII. DISCLOSURE OF ANY CONFLICTS OF INTEREST

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

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

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

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

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

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

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

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

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

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

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

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

ACCEPTANCE
The undersigned accepts the terms and conditions of this Agreement.

[Signature]

Date

[Name]

Title

4/1/2018
Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.
9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that:
   (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure
      by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii)
      is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE
The undersigned accepts the terms and conditions of this Agreement.

Signature  

Date  12/08/2017

Name  William Jansen  Title  Consultant
ANNEX IX. SUMMARY BIOS OF EVALUATION TEAM

**William H. Jansen, Ph. D., Team Leader,** has worked in international development and global health for more than 40 years. His work has included both resident and short-term technical assistance to international programs in such areas as: HIV/AIDS, malaria control, diarrheal diseases, safe motherhood, family planning, immunization, and primary health care. Jansen is a retired Foreign Service Officer with USAID and worked for many years in Zimbabwe, Morocco, Jordan, Pakistan, Bangladesh and the Philippines. He has contributed technically to health programs in 25 other countries and has designed or evaluated a variety of health programs in Africa, South Asia, Southeast Asia, and Latin America. He is the author or co-author of a range of journal articles, book chapters and presentations at international conferences.

**Darrin Adams, MSPH, HIV Specialist,** is a global HIV technical advisor with 12 years’ experience across a variety of areas, including strategic planning and program design, program implementation, research and surveillance, organizational and individual capacity development, monitoring and evaluation, and data use and advocacy. Adams is most known for his contributions to research, programming, and advocacy among key populations. He has supported PEPFAR for key population program improvement in 18 countries, including the innovative USAID LINKAGES joint PEPFAR and Global Fund key population cascade assessments in Cameroon, Nepal, and Swaziland. These assessments have had a noticeable impact on alignment and harmonization of donor programs for scale. He has authored and co-authored 15 peer-reviewed journal articles, co-authored global guidance documents with WHO and other partners, and presented his work at national fora.
For more information, please visit
http://ghpro.dexisonline.com/reports-publications