EVALUATION OF KNOWLEDGE FOR HEALTH-II RESEARCH AND MONITORING & EVALUATION (M&E) ACTIVITIES

June 2017

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Cover Photo: Attendees of the April 2016 Knowledge for Health Management Share Fair consider networks for sharing knowledge in Arusha, Tanzania. Source: Eva Schiffer, Courtesy of Photoshare.
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June 2017

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The author’s views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
ABSTRACT

This evaluation was conducted to provide the USAID Office of Population and Reproductive Health (PRH) with an independent evaluation of key components of PRH's flagship knowledge management (KM) project, Knowledge for Health (K4Health), to aid in the development of the scope of work for a follow-on project.

Methods used were document review and in-depth interviews with key informants using semi-structured guides. Informants were chosen purposively, with contacts provided by USAID and K4Health. Interviews were coded, and themes were identified and connected to the evaluation questions. Purposive selection of informants and limitations on those accepting to be interviewed may have affected the findings. Interviews may also have suffered from reporting bias; the remote nature of many interviews may have limited flow of information.

The research, monitoring, and evaluation (RM&E) work has contributed to KM in global health in regard to project improvement, and influences other USAID-funded projects, but less so to the USAID Collaborating, Learning, and Adapting (CLA) process. The team followed their research strategy, but has suffered from lack of research sites, the difficulty of measuring KM effectiveness, and their limited involvement in decisions related to proposals. A KM research team is best embedded in a project to address needs, challenges, and opportunities that arise. USAID has invested in KM over many funding cycles and now has a strong research team building the evidence base for KM effectiveness.

Providing KM capacity building to other projects could expand the number of project research sites. USAID’s investment in KM research should continue; it is bearing fruit and staff is poised to make a significant contribution. K4Health should be encouraged to take the lead in setting the research agenda.
ACKNOWLEDGMENTS

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Erica Mills and Hannah Abrams provided tireless help with logistical support as well as arranging our travel and meetings.

We were appreciative that we had an opportunity to present our findings to the entire K4Health team in Baltimore. They were welcoming and gracious.

We presented our findings to the USAID K4Health Management Team and are indebted to them for their perceptive comments on the findings and careful reflections on our conclusions and recommendations for moving forward. We appreciated the presence and helpful contributions of Amani Selim, who also attended that briefing.

Our only disappointment was the unexpected freezing temperatures and snow, when it was supposed to be Cherry Blossom time in Washington, DC.
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ACRONYMS

ADS  Automated Directives System
APQC  American Productivity and Quality Corporation
BKMI  Bangladesh Knowledge Management Initiative
CCP  Center for Communication Programs
CLA  Collaborating, Learning, and Adapting
COPs  Country Operational Plans
CPR  Contraceptive Prevalence Rate
ECSA  East, Central, and Southern Africa
EGPAF  Elizabeth Glaser Pediatric AIDS Foundation
FP  Family planning
FP2020  Family Planning 2020
GH  Global Health
GH Pro  Global Health Program Cycle Improvement Project
GHKC  Global Health Knowledge Collaborative
HIP  High Impact Practice
IBP  Implementing Best Practices [Initiative]
ICFP  International Conferences on Family Planning
INFO  Information and Knowledge for Optimal Health Project
IP  Implementing partner
IR  Intermediate Result
IRB  Institutional Review Board
IT  Information Technology
IVR  Interactive voice technology
JHU  Johns Hopkins University
K4Health  Knowledge for Health II
KM  Knowledge management
LDCs  Less developed countries
LOE  Level of effort
LVBC  Lake Victoria Basin Commission
M&E  Monitoring and Evaluation
MSH  Management Sciences for Health
NGO  Non-governmental organization
PAHO  Pan American Health Organization
PANCAP  Pan Caribbean Partnership Against HIV and AIDS
PMP    Performance management plan
PPL    [USAID’s] Bureau for Policy, Planning and Learning
PRH    Population and Reproductive Health
RH     Reproductive health
RM&E   Research, monitoring, and evaluation
SBCC   Social behavior change communication
SIKM   Systems Integration Knowledge Management
SNA    Social Network Analysis
UNDP   United Nations Development Programme
USAID  United States Agency for International Development
WAHO   West Africa Health Organization
WHO    World Health Organization
EXECUTIVE SUMMARY

EVALUATION PURPOSE AND EVALUATION QUESTIONS

The evaluation team’s Scope of Work states the purpose of this evaluation: to provide the United States Agency for International Development (USAID) Office of Population and Reproductive Health (PRH) with an independent evaluation of key components of PRH’s flagship knowledge management (KM) project, Knowledge for Health II (hereafter K4Health), including both information and analysis that will aid in the development of the scope of work for a follow-on project. The results of this evaluation will be used as part of the planning for the redesign of the project. It was commissioned to examine the feasibility, relevance, effect of, and use by the larger global health and development community of the project’s research and monitoring and evaluation (RM&E) approaches, strategy, activities, tools, and resources in order to understand if, in the future, PRH should increase, decrease or refocus activities in this area. This evaluation is intended to help USAID determine if KM-related research and related activities, resources, and tool development should be a major component, a minor component or not a component of the follow-on project. The primary audience for this evaluation report is the Office of Population and Reproductive Health and the USAID PRH team that will design the follow-on project.

EVALUATION QUESTIONS

1. What have been the contributions of the published research, tools, and research & M&E (RM&E) methods used by K4Health to:
   - PRH intermediate results
   - USAID, particularly in the area of adaptive management, organizational learning, and collaboration
   - The broader fields of KM in global health and organizational development

2. How do the research strategy and actual research activities conducted compare with the vision for research articulated in the project’s proposal and strategic documents, acknowledging that the project has faced challenges beyond its control in moving this agenda forward?
   - How has the project’s research strategy informed the project’s research activities?
   - What have been the challenges faced in implementing this research strategy, especially those that would be relevant to a follow-on project?

3. What has been the impact of K4Health’s broader RM&E activities (continuous monitoring, quality assurance, interactive and nimble design approaches, etc.) on the quality or success of project activities?
   - What can USAID learn from its investment in KM to strengthen its approaches to / investments in implementation science more broadly?

4. How has K4Health been a leader in KM for global health?
   - What is its impact/influence on other USAID-funded KM projects, including but not limited to PRH projects?
   - How has K4Health played a leadership role in setting and implementing the research agenda for the field of KM in family planning (FP) and reproductive health (RH) programming?
PROJECT BACKGROUND

The K4Health project builds on an impressive history of investment by USAID in its predecessors: the Population Information Program (1978-2002); the Information and Knowledge for Optimal Health (INFO) Project (2002-2008), during which the web platform was established; the Knowledge for Health Project (2008-2013), when the project took its tools fully online, and the current K4Health II, which started in 2013 and extends to 2018. Social KM, partnerships, and capacity building in the field were added in this latest iteration of the project. The project, like its predecessors, is funded primarily by the USAID Bureau for Global Health, Office of Population and Reproductive Health, and implemented by Johns Hopkins Center for Communication Programs in partnership with FHI 360, IntraHealth International, and Management Sciences for Health (MSH). (Field support funds come from other technical Bureaus of USAID and USAID field missions.)

K4Health II states as its mission: “To improve family planning and reproductive health services and other health services in low- and middle-income countries through the creation, capture, synthesis, curation, sharing and application of knowledge.” The Research and M&E team, Result Team 1, works in a cross-cutting manner, supporting the other project Intermediate Result (IR) teams, and is also expected to “formalize the processes for continuous learning, monitoring and evaluation (M&E) across the project” and to “conduct original research to advance the field of Knowledge Management (KM)” (K4Health II New Project Strategy, p. 13).

EVALUATION DESIGN, METHODS, AND LIMITATIONS

Design and methods

Primary data collection methods were qualitative in-depth interviews with key informants and review of project documents. Documents included the technical proposal, project reports, work plans, performance management plan (PMP), activity concept notes and reports, strategy documents, publications, presentations, and documents in the “gray” literature. The project documents were used to understand the scope of the project, help to develop the interview guides, and to corroborate information obtained from interviewees. The design included triangulation of the document analysis and key informant interviews, bringing team expert knowledge and experience to bear on the analysis.

The sample of key informants to be interviewed was selected purposively based on lists supplied by the USAID management team and K4Health staff, as well as personal contacts of the team members and suggestions from other interviewees. Forty-four interviews were conducted with a total of 51 individuals, using semi-structured interview guides developed for each target group of informants. Data collection and analysis adhered to international standards for protection of the privacy of respondents and confidentiality of data.

Interview notes were compiled and thematic review of these qualitative data was performed, connecting the data to the evaluation questions, using a matrix to extract key statements and quotes and link them to major themes. This qualitative data analysis was supplemented by informed analysis of project documents, bringing in specific topical expertise and experience of team members.

Limitations

Purposive selection of key informants and time limitations to the number that could be contacted and the number who agreed to participate may have affected the evaluation findings, but the evaluation team aimed to ensure that all relevant audiences were reached. The
Evaluation may suffer from reporting bias, since all respondents bring their own particular viewpoints and so all statements made are subject to potential bias of one kind or another. The evaluation team took this into account in our analysis, comparing the project interviews with our own observations and reports from other informants. To avoid this bias and to reduce the influence of evaluator opinion as much as possible, conclusions are backed by specific findings, which are illustrated by quotes from respondents. Standardized data collection and analysis instruments helped ensure that conclusions are evidence-based. Many interviews were conducted remotely (by phone or Skype), which limits the nuanced information one can get and can also reduce information flow, especially when several persons are involved in the interview.

**FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS**

*Evaluation Question 1.* What have been the contributions of the published research, tools, and research & M&E methods used by K4Health to:

A. PRH intermediate results?

B. USAID, particularly in the area of adaptive management, organizational learning and collaboration?

C. The broader fields of KM in global health and organizational development?

A. One of the key ways K4Health RM&E contributed to PRH IR1 on global leadership and advocacy was by conducting a rigorous mixed-method evaluation of the Family Planning Voices initiative, done in partnership with a global advocacy organization (FP2020), which showed that a KM technique – story-telling – was an effective advocacy tool for FP/RH. When the findings are disseminated, they are likely to make a unique contribution to KM research. Other contributions of RM&E work to PRH leadership are made by demonstrating the utility of KM to the field in publications, presentations, and research briefs.

Contributions to PRH IR2 were made through developing and testing new RM&E methods and using them to evaluate the effectiveness of KM tools and products, including the Idea Lab, the finalized KM Index for KM capacity assessment, and the Global Health (GH) eLearning blended learning study. Another contribution is the transfer of knowledge and RM&E tools when K4Health staff move to other PRH projects, which improves the sharing and dissemination of other projects’ own work.

Project RM&E provided support to the field to implement effective and sustainable FP/RH programs by conducting KM needs assessments, a study of a share fair activity, and a study in Bangladesh that showed that a KM intervention improved provider counseling skills and client uptake of health behaviors, which went to the heart of understanding how KM could be used in service delivery.

B. It appears that collaboration with USAID and the Bureau for Policy, Planning and Learning’s (PPL) Collaborating, Learning, and Adapting (CLA) initiative, and also contributions to the initiative from K4Health’s research activities, is limited, though both PPL and K4Health have made some attempts and indicate a willingness to collaborate. Among interviewees, those involved in the CLA process had only a partial view of K4Health’s research, but see K4Health as a useful conduit in their role in the Global Health Knowledge Collaborative (GHKC) for “spreading the word” about the new approach to USAID’s implementing partners.
C. Our informants indicated broad exposure to and also utility of some of the RM&E products, demonstrating some significant contributions to the broader field of KM. Those mentioned most were the Monitoring and Evaluation Guide, with the indicators and logic model for evaluation, and the KM Index for assessing capacity building. The R1 team’s role in convening the GHKC Working Group for the M&E Guide brings the GH community together to further the RM&E of KM for global health. We also see the FP Voices study of story-telling as a major contribution to methods of evaluating this KM technique.

Evaluation Question 1: Conclusions and Recommendations

The K4Health RM&E work has made significant contributions to the PRH IRs, as well the wider world of KM in global health, through an innovative evaluation of a KM technique – story-telling – used as an advocacy tool. The study findings now emerging that this KM technique can be used as an advocacy tool are a contribution to PRH’s role as a leader in FP advocacy. The KM Index for KM capacity building can be adapted for use to assess other types of capacity building, and the study of netbook training tools for community health workers in Bangladesh provides evidence that a KM intervention can improve provider knowledge and skills as well as increase their clients’ uptake of good health behaviors, including FP use. The KM M&E Guide also has advanced the profile and use of KM within partner organizations, helping to legitimize use of KM interventions for global health programs.

The contributions of the RM&E work to the CLA process are less clear, with those involved in this process at USAID less aware of this work and seeing little connection to the CLA work. If desired, contributions must come through collaboration, which could be done through CLA contributions to the revision of the M&E Guide; K4Health contributing to research on effectiveness of the CLA process; and possibly, facilitating KM/CLA capacity-building among implementing partners in the field. This could open up needed opportunities for research sites for K4Health.

If K4Health management and PRH want K4Health to make such a contribution, the USAID K4Health Management Team should open discussions about collaboration with K4Health staff and then facilitate discussions with the K4Health leadership; research team; the staff from LEARN, the project assisting USAID with the CLA process; and PPL managers of the CLA process.

Evaluation Question 2. How do the research strategy and actual research activities conducted compare with the vision for research articulated in the project’s proposal and strategic documents, acknowledging that the project has faced challenges beyond its control in moving this agenda forward?

A. How has the project’s research strategy informed the project’s research activities?

B. What have been the challenges faced in implementing this research strategy, especially those that would be relevant to a follow-on project?

A. Both the Knowledge for Health II Technical Application and the New K4Health Project Strategy clearly state the project’s research strategy as implementation science, using “Learning Before, During, and After” as the framework for activities. K4Health also introduced a model, the Kirkpatrick model, used for evaluating training interventions in two other “vision” documents. This caused some confusion, which is understandable since the documents
themselves express these things in different dimensions. The Kirkpatrick model is only intended to measure different outcomes of learning. The implementation science strategy (i.e., before, during, after) is about HOW research is done, and the Kirkpatrick model shows WHAT IS LEARNED from such research. The evaluation team found that the R1 team research strategy does inform the team’s research activities.

B. We found that the R1 team faced four types of challenges in implementing their research strategy: These were 1) Structural challenges: The difficulty in finding field sites to study questions of KM effectiveness and the lack of interest in missions for funding this relatively new field of KM research; 2) Measurement challenges, in that measuring the effects of KM on behavioral and system outcomes is difficult, requiring complex study designs, which need more resources to implement; 3) How go/no-go decisions about study proposals are made, in that it is unclear where decision-making lies within PRH, and the R1 team seem to have limited ability to defend proposed studies to others involved in review; and 4) KM isn’t well understood within GH/PRH as an enabler to reach the PRH objective of advancing FP/RH programs around the world.

Evaluation Question 2: Conclusions and recommendations

In order to address the lack of field research sites to study the effects of KM on higher-level outcomes, the Management Team might consider funding the project to provide KM and KM research services to other implementing partners/projects to provide guidance or resources to enable implementing partner organizations to establish cross-project learning activities and provide KM capacity building to other projects. In the process, this might involve research sites in service delivery and other types of projects, enabling the R1 team to ask research questions relevant to the field context. Another recommendation is that the K4Health research team might also add a clearer problem statement to concept notes as to why the study is worth doing, in order to make a more persuasive case for the study.

Evaluation Question 3. What has been the impact of K4Health’s broader RM&E activities (continuous monitoring, quality assurance, interactive and nimble design approaches, etc.) on the quality or success of project activities?

A. What can USAID learn from its investment in KM to strengthen its approaches to/investments in implementation science more broadly?

We found that the K4Health research and M&E team has strong technical skills that they put in service of project improvement in a number of ways. With the coaching and assistance of the R1 team, the other K4Health teams are able to design tailored monitoring activities to improve their products and programs. The R1 also ensures that the PMP and project reports are thorough, the project is meeting its targets, and the other teams understand what needs to be improved. We found that teams use their skills creatively to develop new tools for the K4Health team and also that the collaborative nature of the team leads to efficiencies through their willingness to stand in for each other and to follow-up on each other’s work.

A. To advance the use of KM, an evidence base that shows KM is effective needs to be developed. Our informants say they need the evidence to show that KM “works.” We also found that implementation science cannot be done in a setting removed from project needs, challenges, and opportunities for research. In this context, the RM&E team is able to take on new challenges presented by project needs and to create new methodologies. A team with
research skills needs to be embedded in a KM project, so the USAID investment in this project-based team is well placed. The USAID investment in this project’s research activities has led to several studies that show that KM can make a difference to global health interventions, for example, through the Bangladesh Knowledge Management Initiative (BKMI), Family Planning Voices, and East, Central, and Southern Africa (ECSA) KM building studies. K4Health is strengthening the evidence base for KM, but it is almost alone in producing research. The research team has the skills to do this research well, and is well positioned in USAID’s flagship KM project to continue to do so.

**Evaluation Question 3: Conclusions and recommendations**

It is hard to make the case for KM as an enabler of improved FP/RH programs because there is so little research evidence of KM effectiveness in the global health arena. USAID has invested in KM in this project over many funding cycles, and has built the capacity for KM. Now the project has a strong research team that is building the evidence base for how KM works and for its effectiveness. If USAID really wants to know if KM is effective, then it needs to invest for the long term. Our recommendation is: Don’t stop now, when the long history of investment in a global KM project is bearing fruit. The staff of the project, including the RM&E team and the project leadership, has significant experience and a deep understanding of the KM field and are poised to make a significant contribution to KM research.

**Evaluation Question 4. How has K4Health been a leader in KM for global health?**

A. What is its impact/influence on other USAID-funded KM projects, including but not limited to PRH projects?

B. How has K4Health played a leadership role in setting and implementing the research agenda for the field of KM in family planning and reproductive health programming?

A. The R1 team’s work has influenced other projects and programs through research tools and theory, as exemplified by the M&E Guide that is widely known and used by implementing partners and other collaborators, but we found less awareness (and therefore use) of the research studies and findings.

Nevertheless, the team is seen by other USAID-funded projects as having deep theoretical and methodological knowledge, and they look to K4Health for ideas about how to do research. The respondents saw the IR1 team’s grounding in the theory as instrumental to their ability to improvise in different situations and to explain research in a way that makes it accessible to others. That capability, coupled with a willingness to help others, has built its reputation within USAID-funded projects. K4Health also serves as a training ground for the use of KM M&E when departing staff take that knowledge with them to other projects.

B. We heard from some of the respondents that K4Health is the group that is taking the lead in setting and implementing a KM research agenda; others saw a need for K4Health to take a more active role in leading the field. The R1 team does not see leadership in KM RM&E as their primary role; rather, they see their primary role as contributing to K4Health project improvement. But they do perceive that their peer-reviewed publications and external presentations put them in a leadership role.
Evaluation Question 4: Conclusions and recommendations

If USAID wants K4Health to take the lead in setting the research agenda, they need to make that clear to the project. We think that one way to lead development and implementation of a research agenda would be for K4Health to convene a meeting of those working in KM to come up with a common agenda for KM research, and engage the other organizations in contributing to the research. If USAID wants K4Health’s research studies and tools to be recognized more broadly, it should encourage K4Health to take a more active role in KM4Dev, and in other communities of KM professionals.
I. INTRODUCTION

EVALUATION PURPOSE

The purpose of this evaluation is to provide the United States Agency for International Development (USAID) Office of Population and Reproductive Health (PRH) with an independent evaluation of key components of PRH’s flagship knowledge management (KM) project, Knowledge for Health II (K4Health). It provides information and analysis to aid in the development of the scope of work for a follow-on project. The results of this evaluation are intended to be used as part of the planning for the redesign of the project.

Specifically, USAID wanted to have an evaluation of the feasibility, relevance, effect of, and use by the larger global health and development community of the project’s research and monitoring and evaluation (RM&E) approaches, strategy, activities, tools, and resources in order to understand if, in the future, PRH should increase, decrease or refocus activities in this area. The evaluation was expected to focus on the following broad questions: What has been the value of the work conducted under the Project’s IR1, beyond routine monitoring and evaluation (M&E), designed to improve project products and services? What value has the project’s research added to the KM field? For example, are others working in KM using any of its approaches to measure the effects of KM, or implementing any of the research or evaluation-related tools developed by the project? Specifically, how has K4Health advanced the field of knowledge management in global health and development? How have the RM&E activities contributed to PRH’s mission, goals, and results; how has it contributed to USAID’s new processes for organizational learning; and how have other organizations, especially USAID’s implementing partners (IPs) adapted and/or adopted the KM tools, methods, and research findings that K4Health has produced?

Ultimately, this evaluation is intended to help USAID determine if KM-related research and related activities, resources, and tool development should be a major component, a minor component or not a component of the follow-on project.

EVALUATION QUESTIONS

1. What have been the contributions of the published research, tools, and research & M&E methods used by K4Health to:
   A. PRH intermediate results?
   B. USAID, particularly in the area of adaptive management, organizational learning and collaboration?
   C. The broader fields of KM in global health and organizational development?

2. How do the research strategy and actual research activities conducted compare with the vision for research articulated in the project’s proposal and strategic documents, acknowledging that the project has faced challenges beyond its control in moving this agenda forward?
   A. How has the project’s research strategy informed the project’s research activities?

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1 The basic content of this section is taken from the evaluation team’s Scope of Work.
B. What have been the challenges faced in implementing this research strategy, especially those that would be relevant to a follow-on project?

3. What has been the result or outcome of K4Health’s broader RM&E activities (continuous monitoring, quality assurance, iterative and nimble design approaches, etc.) on the quality or success of project activities?
   A. What can USAID learn from its investment in RM&E of KM for global health to strengthen its approaches to/investments in implementation science more broadly?

4. How has K4Health been a leader in and contributed to in RM&E of KM for global health?
   A. What is its impact/influence on other USAID-funded KM projects, including but not limited to PRH projects?
   B. How has K4Health played a leadership role in setting and implementing the research agenda for the field of KM in FPRH programming?

There is some overlap in these questions, and the evaluation team found that, for example, findings related to Questions 1C, 3A, and 4A addressed some of the same issues and the content of interviews reflected that overlap. For this reason, there is some duplication of quotes from our informants contained in the Findings sections for the various evaluation questions.
II. PROJECT BACKGROUND

Over the last 10-15 years, there has been renewed interest in and focus on the fields of knowledge management and organizational development in international development. Many donors and key implementing partners have embraced KM and organizational learning as key approaches to improve project impact and outcomes. The World Bank, the Pan American Health Organization (PAHO), United Nations Development Programme (UNDP), the Peace Corps, the World Health Organization (WHO), and others have developed KM strategies and worked to incorporate knowledge-sharing approaches into their work (internal and external). Other bureaus in the agency support knowledge management approaches and the Agency overall, in its focus on Collaborating, Learning, and Adapting (CLA), which has incorporated key knowledge-sharing approaches into its way of working internally (especially at the mission level) and with implementing partners.

K4Health II’s mission is as follows: “To improve family planning [FP] and reproductive health [RH] services and other health services in low- and middle-income countries through the creation, capture, synthesis, curation, sharing and application of knowledge.”

The project builds on an impressive history of investment by USAID in its predecessor projects: the Population Information Program (1978-2002); the Information and Knowledge for Optimal Health (INFO) Project (2002-2008), during which the web platform was established; the Knowledge for Health Project (2008-2013), when the project took its tools fully online; and the current K4Health II, which started in 2013 and extends to 2018. Social KM, partnerships, and capacity building in the field were added in this latest iteration of the project. The project, like its predecessors, is funded by the USAID Bureau for Global Health, Office of Population and Reproductive Health, and implemented by Johns Hopkins Center for Communication Programs in partnership with FHI 360, IntraHealth International, and Management Sciences for Health (MSH). (Field support funds comes from other technical Bureaus of USAID and USAID field missions.)

Field support buy-ins for KM support to specific missions or regional organizations (as described above) have been received from: USAID/Peru, USAID/Mozambique, USAID/Southern Africa Regional HIV/AIDS Program, USAID/Kenya and East Africa Regional, and USAID/Eastern and Southern Caribbean.

The project’s core-funded repository of tools, information, and research has a global audience, including USAID regional and field missions, USAID partners, and other donors and implementers of health programming. The repository spans all health element areas, but implements a family planning focus given the comparatively high levels of PRH funding. The project’s research and partnerships activities are also PRH-funded and focused.

K4Health provides global leadership in knowledge management focused on health, particularly on family planning. K4Health has expertise in supporting the synthesis, exchange, adaptation, and use of health knowledge and information to support improved programs and services. The project’s major components include:

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2 This section also draws from the evaluation team’s Scope of Work and information supplied by the K4Health team.
1) A comprehensive, global web portal at http://www.k4health.org that offers:

- Self-directed eLearning courses for rapid or just-in-time learning
- Toolkits featuring key materials on priority health topics, designed to be practical collections of trusted public health resources, identified by experts and arranged for easy use
- Virtual discussions and webinars on a range of health-related topics that provide access to a community of experts from around the world
- An online library of thousands of health-related photographs for editorial use
- A searchable health research database focused on family planning/reproductive health and related topics

2) Regional and country-level technical assistance in building knowledge management capacity and in providing health-related KM services including assistance in:

- Assessing and identifying knowledge and information needs of health providers and program managers and developing strategies to better meet those needs
- Supporting collaborative knowledge exchange and sharing among providers and program managers through local communities of practice, blended or eLearning tools, and both face-to-face and virtual collaborations
- Supporting country or regional online repositories or physical resource centers and developing local capacity to manage and sustain these resources
- Substantive participation in technical working groups with an aim towards integrating KM approaches into FP/RH technical areas.

3) An RM&E portfolio with activities intended to fill some of the gaps in current KM research, including (specific to the project): how K4Health products are applied, used and adapted at the field-level; and (more broadly) research on the impact of KM on:

- The knowledge, skills, behavior, and attitudes of health professionals
- Changes in program quality after a KM intervention has been implemented
- How service delivery changes once KM strategies are adopted
- The collection and dissemination of best practices and lessons learned through KM systems
- Client knowledge, skills, behavior, and attitudes after receiving care from a provider/facility that has adopted KM strategies

This evaluation focuses entirely on the third component: the Research, Monitoring, and Evaluation activities of the K4Health II project.

**Project Objective and Intermediate Results (IRs)**

As a strategic objective, the project aims to assure that “Health knowledge and information is exchanged, accessed, used, and adapted by health program managers and service providers to improve programs and services.”

This is accomplished by contributions to one or more of the project’s four intermediate results:
IR1. Knowledge and information needs, preferences and promising and evidence-based knowledge management practices are identified, monitored, and incorporated into K4Health II’s products and services.

IR2. A comprehensive global repository of FP/RH and related health information is managed, updated, and improved.

IR3. Collaborative relationships are harnessed and services are created, adapted, and provided to facilitate knowledge and information exchange and use.

IR4. Knowledge management capacity is built and KM services are provided to regional and country programs.

This evaluation is focused primarily on IR1. IR1 ensures continuous learning and integration of findings or evidence from assessments, research, routine monitoring, evaluations conducted by the project, or other special assessments that contribute to deepening and strengthening the project’s, USAID’s, and the larger FP/RH community’s understanding of the positive effect of using KM approaches and tools on FP outcomes and FP programs.

Under IR1, the project is also charged with contributing evidence-based KM practices to the larger FP/RH and development community so that others can apply what K4Health has learned in different contexts.

K4Health’s Result 1 team looks at what could be learned from the project’s KM work at three different stages of implementation through an implementation science lens: learning before implementation, learning during implementation, and learning after implementation. The first category includes needs and landscape assessments and guidance/job aids for project staff and the larger community of KM practitioners. Learning during implementation includes adaptive monitoring and evaluation, creation of feedback loops, and creating a cohort of product users to provide ongoing feedback. Learning after implementation efforts focus on identifying field-based projects where K4Health could attempt to measure the impact of its interventions (especially capacity building) on health programs and activities.

This evaluation has focused on the value of the research and research approaches utilized by the project to PRH, to broader KM and CLA efforts in the agency, and to KM in international development as well as on the appropriate use of the right methodologies, tools, and techniques in the research undertaken. In order to differentiate the project results from those of the PRH office, throughout this report, we will refer to the K4Health II’s Intermediate Result teams as: Result 1 team, Result 2 team, Result 3 team, and Result 4 team.
III. EVALUATION METHODS AND LIMITATIONS

TEAM COMPOSITION AND TIMING OF DATA COLLECTION

The evaluation team was composed of the team leader (an evaluation specialist) and a knowledge management specialist, as well as a project assistant from GH Pro, who helped with scheduling of appointments and meetings, and with compiling the report. The evaluation was launched on February 3, 2017 via a call with the USAID project management team and GH Pro staff.

The team members traveled to Washington, DC on February 12, and the next day had an in-brief meeting with the USAID project management team. On February 17, they traveled to Baltimore for an in-brief meeting with K4Health staff. During that week, the team conducted several face-to-face interviews with informants based in Washington, DC and then on February 24 returned to their home bases, where additional interviews were conducted by telephone with USAID key informants and via Skype with most other informants. Additional face-to-face interviews were conducted during the week of March 13, when the evaluation team returned to Washington, DC and began their analysis of the qualitative data.

DESIGN

Primary data collection methods consisted of qualitative in-depth interviews with key informants and review of project documents. Documents included the technical proposal, project reports, work plans, performance management plan (PMP), activity concept notes and reports, strategy documents, publications, presentations, and documents in the “gray” literature. A complete list of documents reviewed can be found in Annex IV.

The project documents were used to understand the scope of the project, help to develop the interview guides, and to corroborate information obtained from interviewees.

Interviews were sought and conducted with informants from the following target groups:

- USAID K4Health management team, PRH M&E team, K4Health R1 team and team leadership, including team leads and other Center for Communication Programs (CCP) staff, field implementers/field partners of K4Health
- USAID staff – from the Bureau for Policy, Planning and Learning (PPL); LEARN, the project assisting USAID with the CLA process; other KM advisors; and USAID advisors to projects with KM component
- Global Health Knowledge Collaborative (GHKC) members, Implementing Best Practices (IBP) staff, consortium partners, staff of other USAID-funded projects and staff of other implementing partner organizations
- Other KM-knowledgeable individuals

The design included triangulation of the document analysis and key informant interviews bringing team expert knowledge and experience to bear on the analysis.
SAMPLE SELECTION

The sample of key informants to be interviewed was selected purposively based on lists supplied by the USAID management team and K4Health staff, as well as personal contacts of the team members and suggestions from other interviewees. Forty-four interviews were conducted with a total of 51 individuals. (A list of key informants and their affiliations is found in Annex III.)

Table 1. Number of interviews by respondent affiliation

<table>
<thead>
<tr>
<th>Respondent Affiliation</th>
<th># of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID/W</td>
<td>12</td>
</tr>
<tr>
<td>K4Health and Center for Communication Programs (CCP) staff</td>
<td>10</td>
</tr>
<tr>
<td>Staff of USAID-funded projects and from other non-governmental organizations</td>
<td>16</td>
</tr>
<tr>
<td>Field collaborators of K4Health</td>
<td>4</td>
</tr>
<tr>
<td>Other KM knowledgeable individuals</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>51</td>
</tr>
</tbody>
</table>

ETHICAL CONSIDERATIONS

Data collection and analysis adhered to international standards for protection of the privacy of respondents and confidentiality of data. All interviews included a verbal consent process to ensure that all interviewees participated voluntarily and principles of data confidentiality were observed.

DATA ANALYSIS

All analyses were geared to answer the evaluation questions. Thematic review of qualitative data was performed, connecting the data to the evaluation questions, using a matrix to extract key statements and quotes and link them to major themes. No specialized software was required; all coding was done by hand, using themes that emerged from the interviews.

The team then reviewed these qualitative data, seeking consistencies and disparities by target group informants; convergences or homogeneity between responses of various target groups; and identifying outliers with novel or unexpected responses. This qualitative data analysis was supplemented by informed analysis of project documents, bringing in specific topical expertise and experience of team members.

LIMITATIONS

The evaluation questions were addressed through systematic review of documents and qualitative data collection. KM is a relatively new discipline that has not yet developed an extensive body of research literature, although it has an extensive body of practitioner literature. Conclusions are backed by specific findings, which are illustrated by quotes from respondents to reduce the influence of evaluator opinion. Standardized data collection and analysis instruments helped ensure that conclusions are evidence-based.
Purposive selection of key informants and time limitations to the number that could be contacted and the number who agreed to participate may affect the evaluation findings, but working closely with USAID and K4Health, the team aimed to ensure that all relevant audiences were reached. Of those who were contacted for interview, 13 individuals either did not respond to our requests or did not agree to be interviewed. (See Annex II for details.)

Nevertheless, the evaluation may suffer from reporting bias, particularly from K4Health staff members, who have an interest in showing the project’s best face. The evaluation team took this into account in our analysis, comparing the project interviews with our own observations and reports from other informants. Our informants all come with their own particular viewpoints, and so we are aware that all statements made are subject to potential bias of one kind or another. All efforts were made to invite open, honest feedback, and to communicate with the project team, and to demonstrate that this evaluation is not linked to K4Health funding decisions.

Many interviews were conducted remotely (by phone or Skype), which limits the nuanced information one can get by reading facial expressions and body language. Remote interviews can also reduce information flow, especially when several persons are involved in the interview. Both evaluation team members conducted most interviews together, and as noted, two were conducted with more than one interviewee.

Finally, evaluation team members come from different disciplines and in some cases had different views of evaluation issues – that were reconciled through discussion.
IV. FINDINGS

Evaluation Question 1: What have been the contributions of the published Research, Tools, and Research & M&E methods used by K4Health?:

IA. to the PRH intermediate results?
USAID’s Office of Population and Reproductive Health, in the Bureau of Global Health (GH), is the primary funder of Knowledge for Health II (K4Health), and has as its overarching goals reduction in unintended pregnancies, increased contraceptive use, and reduction of the age at first birth. The Office has stated as a strategic objective: To advance and support voluntary family planning and reproductive health programs worldwide.

As the office’s flagship knowledge management program, K4Health is expected to contribute to achievement of this objective by contributing to PRH’s intermediate results.

IR1: Intermediate Result 1 is to demonstrate global leadership in Family Planning/Reproductive Health (FP/RH) policy, advocacy and services.
There are many ways the overall K4Health project contributes to this IR, but the evaluation team narrowed its scope, focusing on the published research, tools, and methods. We found that one of the key ways the work of the research team contributed most to this result is by collaborating with a key global partner, Family Planning 2020 (FP2020), which advocates on the world stage to raise financial resources and to accelerate progress toward country financial, programmatic, and policy goals for family planning. K4Health created a story-telling activity for FP2020 – Family Planning Voices – which could be used to share stories of individuals working to expand access to FP. The research team undertook a study of this initiative in order to (as stated in their research concept note):

1. Assess how FP Voices affected workshop attendees, interviewees, and story readers’ knowledge, attitudes, practice, and ability to share information with one’s social networks (diffuse information) related to family planning, and

2. Better understand the ways in which FP Voices can be improved upon with regard to the use of narrative as a tool to share knowledge related to family planning.

According to the research team, when complete, this will be the first systematic effort to study the effects of this well-known KM technique as applied to family planning (K4Health FP Voices Concept Note). The research team designed the study methodology and received Institutional Review Board (IRB) approval to conduct it. Using a range of methods – survey, focus group discussions, interviews and content analysis – applied to FP Voices story-telling, the first findings are now available in preliminary form. The findings thus far confirm that the story-telling method is an effective advocacy tool, and when the findings are disseminated they are likely to make a unique contribution to KM research in two ways: 1) through the use of a mixed-method approach to evaluating the activity, and 2) through the findings that show that using the technique resulted in increasing diffusion of FP methods by increasing the willingness of participants to talk with others about a sensitive topic, by changing providers’ attitudes and opinions with new information, by increasing feelings of self-efficacy among FP providers, and by encouraging them to incorporate new FP knowledge in their work (Ballard and Limaye, March, 2017).
Another way that the research team sees their work contributing to this PRH IR is by demonstrating leadership in KM research in this area – publishing seven articles in peer-reviewed journals during the life of this project, and by making presentations to International Conferences on Family Planning (ICFP) and other national and international audiences. The four research briefs they have published also make the research findings more widely available to a general audience that accesses them via the K4Health website and the printed brochures. (We will return to discuss this subject of leadership in Question 4.)

IR2: Knowledge generated, organized, and disseminated in response to program needs.

The K4Health research team contributed to this IR by developing and testing new research and M&E methods, and using them to evaluate the effectiveness of KM tools and products.

The study of blended learning using the GH eLearning course on compliance with USAID regulations around FP is a good example of generating new knowledge for FP programs, comparing three learning modes: eLearning, in-person training, and conference call participation on knowledge retention and application. It was found that application of knowledge learned in courses was higher among those who participated in all three learning modes as compared to only one or two modes, and this was disseminated in a Research Brief as well as a final report and a manuscript submitted for peer review that is under consideration. In addition, an ongoing study will test the effectiveness of using interactive voice technology (IVR) to transfer GH eLearning course content to this new method of delivering training in the field. A related study is also ongoing to test the use of the WhatsApp Messenger as a platform for knowledge-sharing among providers and learning course participants in Kenya. Results of these studies should provide information on whether such digital communication approaches can be used effectively to increase providers’ knowledge and skills.

Another contribution to M&E developed by the research team is the Idea Lab, a new method for getting user feedback from a cohort of Global Repository users across a range of K4Health products, asking questions that are repeated on a routine basis. According to a K4Health team lead, the Idea Lab led the team to:

“…having a conversation across the entire community [of K4Health product owners] [we] can see similarities for several [products] at a time, and can leverage this …so [we can use] one RFP for a web developer who can make changes on multiple products at one time…[achieving] economies of scale.” (K4Health leadership team member)

Also related to generating knowledge for program needs are the Gender Integration Strategy developed by the R1 team to raise staff and provider/program manager awareness of how gender inequality can lead to poor FP outcomes, as well as the KM Index, a refined tool for KM capacity assessment. About the latter, one K4Health staff member said:

“I am really excited about this [the KM Index]… it links the entire system of the organization, helps identify where it is, where it could go, and positions them for developing a KM strategy to move them from one stage to another.” (member of another K4Health IR team).

The Gender Strategy for K4Health, written by the R1 team, is probably not the best example of a contribution to this IR, but gender is an important aspect of PRH work, and the strategy document is indicative of how the R1 team organizes knowledge and disseminates it to the rest of the project staff. The Strategy has to be fully implemented to have an effect on their client...
audiences. The inclusion of “gender integration” questions in the KM index, as shown in the Strategy, is an example of how the R1 team plans to generate knowledge about gender inequality for program improvement.

Also falling into this category was the plan for formative assessment of the High Impact Practice (HIP) Briefs that would test the awareness and dissemination of the briefs as well as identify barriers and facilitators to HIP brief utilization in order to improve use of High Impact Practices. This study was discontinued prior to completion, but the subject is of interest to at least one external respondent most involved in HIP brief dissemination who told us:

“When they present the data so we could see how it could change practices, that is the [research] piece that is missing… We can see if they are being downloaded, but are they being adapted and used?” (Staff of an international consortium)

Project staff also told us they changed the research plan to first ask the question “Are people aware of the briefs?”:

“[We thought]… maybe starting small was the way to go, with usability of the briefs as phase one, and then go on to phase two [use of the HIP practices], but by that time, it didn’t align with what the HIPs team wanted…we may pitch this again in Year 5, but we want to be collaborative…and appropriately align with PRH priorities.” (R1 team member)

Finally, we think that the transfer of knowledge, including both KM approaches in general and KM research results and tools, that happens when former K4health staff move to other PRH projects improves the sharing and dissemination of that project’s own work. For example, one respondent from another PRH – funded project told us:

“The M&E Guide helped people to use the same language…. It has a nice section [on indicators] if you are building a website.” (Staff of another PRH – funded project)

“When [former K4Health staff] came to [project name withheld], then they [project staff] started talking about [evaluating their own products and KM]. [Previously] they only counted number of hits, monitored some use, but not extensively. If K4Health is the leader in doing so [evaluating KM activities] a lot of other projects will benefit… it was all new to [project name withheld] – so it is one of the big beneficiaries of K4Health work.” (USAID staff member)

**IR3: Support provided to the field to implement effective and sustainable FP/RH programs**

The KM needs assessments in West Africa Health Organization (WAHO) and East, Central, and Southern Africa (ECSA) to assess KM capacity and develop a program of capacity building are examples of the R1 team’s contribution to this IR. So, too, are the capacity assessments for the Lake Victoria Basin Commission (LVBC) and the Ouagadougou Partnership. Not all of these needs assessments were followed by KM programs, so not all were intended to receive end-line assessments of capacity-building effectiveness. The LVBC work is ongoing, and the ECSA work has a completed end-line assessment. The assessment for nine ECSA member states was completed, but no funding was forthcoming for the KM capacity building to follow. WAHO, on the other hand, had different priorities and did not request follow-up on KM capacity building.

The ECSA work was useful, as one respondent from East Africa told us:
“Their [K4Health’s] contribution is that they are answering the questions we have asked them to answer. To strengthen KM capacity of our partner organizations, we wanted to know what are the gaps, and the research has answered those questions, and so we can focus on the priority ones – best use resources in terms of time and money.” (USAID field staff)

And, speaking about the LVBC assessment:

“The work is quite complex. This is like working with the governments. It’s hard to have contractors do [these] things – but they need to involve governmental organizations at all stages, when findings come in, they have to go through a validation process among the member states, they [member states] must approve the methods, what’s been done, so they will accept the results. K4Health went thru that process, and the results are being used to strengthen the programming.” (Field collaborator)

Several field collaborators were in agreement on the following points:

“[The KM capacity assessment] helped a lot because before ECSA didn’t have a dedicated KM program, but through K4Health we realized that having a central KM program was important. A program dedicated to KM and M&E was established.” (ECSA staff member)

“We used the results [of the KM capacity assessment] to develop a strategic plan for 2017-2022, and incorporated most of the finding from the study for KM. Now the challenge is that countries are looking for [KM] technical assistance and asking ‘what are you going to do?’ But there is no budget, support ended last year.” (Field collaborator).

However, even if there is a lack of follow-up, the work on needs assessments introduced KM ideas and how KM could produce value for an organization. In the view of KM professionals, this work is not wasted but is preparation that leads to increased absorptive capacity when these organizations are next exposed to KM. This is borne out by what we heard from the ECSA Secretariat. They said the needs assessments generated great interest among some of the clients (ECSA member states) – and thus generated disappointment when funds were not available to continue KM activities:

“The Secretariat were happy with the report, and countries were also happy with the report, but now there are number of recommendations that came out of the assessment, and there are not funds to implement them. So now countries aren’t happy and are saying ‘you [the Secretariat] did the assessment [of the member states], so what?’ We tried to tell [named] Mission that we need support for implementing recommendations, but have received no concrete answers.” (Field collaborator)

Another significant contribution to PRH’s IR3 is the Bangladesh study that showed that a KM intervention improved provider counseling skills and increased uptake of health behaviors, including family planning (Limaye, Ballard, Okubo and Ahmed, 2017). This study went to the heart of understanding how KM could be used in service delivery projects. The Bangladesh Knowledge Management Initiative (BKMI) tested the effects of a digital health training package using netbooks containing eight video eLearning courses and an eToolkit with printed and audio-visual materials for community health fieldworkers to use as counseling tools. The study found that even fieldworkers with low exposure to these digital training packages were more likely than those not exposed to offer a choice of contraceptives and discuss side effects. And mothers who reported a home visit from a field worker and were shown a digital FP resource...
had higher odds of using contraceptives than those who were not visited or were visited but not shown a digital resource during the visit.

Other contributions to this IR that we will not discuss in detail here are the Mozambique HIV Integration literature review and synthesis; the ongoing East Africa Share Fair Assessment that will, among other things, report on which KM approaches effectively facilitate knowledge transfer and which KM tools are adopted into the practice of public health professionals; and the Nigeria Continuing Professional Development Studies.

1B. to USAID, particularly in the area of adaptive management, organizational learning and collaboration (CLA)?

For this question, we rely primarily on our interviews with USAID staff (and their partners) involved in the new program management guidance (ADS [Automated Directives System] 201) and the CLA process, and on responses from K4Health staff. At the outset, we should say that K4Health is not charged with contributing to the CLA process within USAID; its remit is outward-facing toward the Global Health Bureau implementers, in particular those working on FP/RH, while LEARN is inward-facing at this point, working on the process currently being rolled out to USAID missions.

We found that among those involved in the CLA process at USAID, our informants have a very limited knowledge of K4Health’s research methods and tools. Some were familiar with the M&E Guide, which was much better known among our other informants. They also expressed only a partial view of the research activities K4Health was involved in.

The following, from a LEARN staff member, exemplifies what we heard:

“K4Health is doing this [e.g., CLA research] in a much more quantitative way [than the LEARN grant partners].…. The health sector is more quantitative. LEARN must think about it in a more holistic way…. [K4Health] may be contributing at the event in Africa to skills and advocacy, but I haven’t seen the impact directly. I know what their inputs have been, but not the outcomes.”

(LEARN staff member)

Despite this limited view of K4Health research, these informants see K4Health, in its role with the Global Health Knowledge Collaborative, as a useful conduit for “spreading the word” about the new approach and CLA process to USAID’s implementing partners:

“GHKC has been a channel to get USAID guidance about M&E&L to a technical sector community of practice, so they are aware of what USAID is telling Missions to do. It’s a good channel for telling the implementing partners what the guidance is, including CLA.” (Another LEARN staff member)

“K4Health have been helpful with the partners, especially the Knowledge Collaborative has been a great avenue for us to talk to/get the message out to partners about what learning means to the Agency now, why they should pay attention.” (USAID staff)

“[But] I confuse K4Health and the Global Health Knowledge Collaborative (GHKC)….it’s hard to understand how they all fit together.” (USAID staff member)

One LEARN staff member told us, “KDAD, TOPS, ECHO, EPIC – LEARN works with all these because USAID’s Bureau for Policy, Planning and Learning (PPL) thinks across technical sectors,” but did not include K4Health in this statement.
However, we heard a different view from a USAID staff member: “K4Health, TOPS, KDAD all contributed to improving the learning environment. When Bureaus (like Global Health) invest in these activities, it shows they are important to them and that kind of effect is positive.”

Another USAID staff member told us that collaboration with K4Health “[could be] fruitful collaboration to helping PPL get into the Global Health Bureau and the health teams in the Missions” but added: “Global Health works so much with the PEPFAR and it is misaligned with the CLA/program cycle of PPL. They have their COPs [Country Operational Plans] and indicators….”

K4Health staff are aware of the activities LEARN is undertaking, and both LEARN and PPL staff have been invited to speak at K4Health events, and to the GHKC to contribute to the revision of the M&E Guide, including indicators, and on how to measure improvement in adaptive management, among other things.

The K4Health staff thinks that the discussions they have had with PPL/LEARN have probably influenced the CLA process:

“We have had a lot of conversations with LEARN – who are trying to measure at the Mission level… about what mutual research could be done.” And, “[we] would like to involve LEARN in the newer elements of the M&E Guide, with the CLA piece important to the new iteration.” (K4Health R1 team member)

We also heard from K4Health staff that the project was asked to give feedback on the LEARN Maturity Matrix but said, “It’s hard to see how KM influenced that.” (K4Health staff)

Through the M&E Working Group of GHKC, K4Health is working to involve LEARN and include new guidance that will support the CLA process:

“GHKC has brainstormed what should be in the next edition of the guide. [There will be] new chapters on 1) Social interaction, 2) Adaptive practice and 3) Systems change – 3 clusters.” (GHKC M&E Working Group member)

However, K4Health staff also expressed a need for more clarity of definitions used by USAID, which they see as necessary to developing metrics for tracking the CLA process. For example: “Some of the writing on CLA, the metrics aren’t clear to us, what does USAID actually mean by each, so that it is easier to measure it?” (K4Health staff)

Informants also told us that it is hard for K4Health to figure out the progression of the CLA work from the Missions to the programs:

“People are talking more about learning as part of their project cycle…. part of K4Health’s role is to help link the programs to the USAID idea around CLA, facilitating conversations. [But] we need to know what it is, know what success looks like.” (K4Health staff)

But PPL staff acknowledges their expertise. An informant close to the CLA adoption by USAID told us:

“[We] must have people in each organization that have KM capacity, CLA capabilities. Requiring isn’t enough… This needs an enabling group to do it…. K4Health could be a support contract that could be a resource for the others to do the CLA, sharing, etc.” (USAID staff)
It appears that collaboration with the USAID CLA initiative, and also contributions to the Initiative from K4Health’s research activities, are limited, though both PPL and K4Health have made some attempts and indicate a willingness to do so.

IC. to the broader field of KM in global health and organizational development?

Our informants come from a wide range of USAID and non-USAID funded programs, including other members of the K4Health consortium, other CCP staff, project collaborators in the US and the field, and KM staff employed centrally by health non-governmental organizations (NGOs).

These informants indicated broad exposure to some of the RM&E products K4Health has developed and indicated that they were useful to the wider global health community. There was widespread familiarity with *M&E Guide, and the logic model and indicators* contained in the Guide, as demonstrated by what a number of respondents told us:

“Ultimately, the *M&E Guide* is probably one of the better products coming out for public health. I know the serious thinking and work that went into the versions, and also the use of it – it’s one document that people rely on, people who are doing KM…. I use it and a lot of the systematic thinking that drove the Guide in the first place.” (Staff of a USAID-funded project)

“My team has looked at the *M&E Guide* and there are pieces in it that are nowhere else. It is broadly applicable beyond the health sector.” (Director of a USAID-funded project)

Several informants mentioned the logic model:

“*Their logic model is helpful [for] looking at how KM links to success of a project.*” (Staff of a USAID-funded organization)

“The logic model – that kind of thinking is very useful, and has helped me see some of the KM work in my more [social behavior change communication] SBCC setting. Conceptual models are helpful for informing measurement designs.” (Academic researcher)

“[K4Health] had a logical framework they were working through, trying to get us past a simplistic exposition of what KM is and to focus on the value and effects of KM.” (Director of another USAID-funded project)

Several said that the indicators help legitimize KM to the global health community, which is familiar with such measurement and help their colleagues see that KM is a global health intervention.

“*[Indicators] allow my team to advance their work…. [The Guide] allows you to make the case that by using the [KM] indicators we have, we are able to show coherence in a project, improvement within the project. [Unnamed organization] thinks this has improved their efficiency.*” (KM practitioner in an IP)

“The M&E Guide – having an authoritative source that I can cite as why KM is valuable to organizations. I can say this is a USAID Global Health Reproductive Health thing.” (KM practitioner in another implementing partner organization)

The **findings of the FP Voices study** of story-telling mentioned earlier suggest that this KM technique is an effective tool to use for FP advocacy. The mix of qualitative and quantitative methods the K4Health team used for the evaluation may also be a model to use to test
effectiveness of the narrative method for other topics and purposes. Because the study is only now reporting preliminary findings, the clients for this study, FP2020, are among the few who have seen them, but their reaction is striking:

“[The] numbers were painting a picture that the story-telling matters to people, is having effects on attitudes, behavior, knowledge and ways of collaborating that we hadn’t anticipated.” (K4Health collaborator)

And:

“[FP2020 is a] platform for collaboration, to energize a community, and FP Voices is one of the tangible things we’ve produced that people know about…and to be able to put some numbers around that – it’s about measuring the impact of the initiative on the global movement building level.” (Another K4Health collaborator)

The FP Voices study has had effects these collaborators see beyond the subject of the study itself, and even effects on the way they think about their own work:

“Looking forward, though, it [the study] is empowering; it helps us think creatively about how to keep the initiative going. Why do story-telling is a question and having data for this is good. When I think about the results, practitioners in HIV, the environment, others would also benefit from this; it gets to a skill area, is very powerful, and has value for whatever it is applied to. All of us were struck with the potential to extrapolate the use that story-telling could have.” (K4Health collaborator)

And:

“Unpacking some of the concepts, getting the exposure to how to organize qualitative data to see [that it was] confirming that information was absorbed…. K4Health brought great rigor. Just seeing the evaluation made me think more creatively about how we could imbed some of that into things we do.” (K4Health collaborator)

The work of the K4Health R1 team on the M&E Guide has also contributed to the broader field of KM by working through the GHKC to bring the GH community together to further the RM&E of KM for global health. As one respondent told us:

“K4Health in the GHKC and the Guide is a forum for collecting ideas, and the central role of processes in the logic model helps technical people ask the question of how can I [in an institutional KM role] provide added value, and measure through a resource like the Guide.” (Member of M&E Working Group, GHKC)

Other respondents mentioned the clear and simple articulation of KM ideas in theory papers and the research briefs:

“The primer on KM – the diffusion paper. They really thought it through, articulated it well.” (Staff member of a USAID-funded project)

Still another said:

“The K4Health team stay in touch with theory, make it relevant, stay in touch with field, know what to write about, make sure it has enough clarity and brevity.” (Staff member of a different USAID-funded project)
And finally, another informant working in a nutrition project said that the KM index (capacity assessment tool) was widely useful in her field:

“The capacity assessment tool, too. …Any time we don’t have to reinvent the wheel it is helpful. Capacity development is a whole world in itself, and USAID has way too overcomplicated capacity development assessments…Specialty areas got overcomplicated. K4Health really tries to distill, stay away from jargon.” (staff member of non-PRH project).

**Evaluation Question 1: Conclusions and Recommendations**

The K4Health RM&E work has contributed to the PRH Intermediate Results, as well as to the wider world of KM in global health and development. The contributions include an innovative evaluation of a KM technique – story-telling – used as an advocacy tool. This study, through the mixed methods approach that was used, is a contribution to the broader field of global health M&E as well as KM research. The study findings now emerging that this KM technique can be used as an advocacy tool are contributing to PRH’s role as a leader in FP advocacy.

Other tools for KM, such as the KM Index for assessing capacity-building in KM, have been used to assess and then evaluate the effects of KM capacity building efforts, and can be adapted for use to assess other types of capacity building.

The study of netbook training tools for community health workers in Bangladesh provides evidence that a KM intervention can improve provider knowledge and skills as well as increase their clients’ uptake of good health behaviors, including FP use.

The KM M&E Guide has advanced the profile and use of KM within partner organizations, helping to legitimize use of KM interventions for global health programs. The team’s publications in peer-reviewed journals have received less notice thus far, but are a potential contribution to PRH leadership in the field. K4Health is strengthening the evidence base for KM and how its use can improve a range of things, including advocacy, policies, and RH services, but as we note in Q. 4 below, it is almost alone in producing KM research. As yet, these research publications are not well-known among those we interviewed. This may just take more time, but recognition of these contributions among PRH staff may require extra efforts by the project and their USAID managers to explain the value of research on KM and some of the key findings, in order to increase understanding of the role of KM among PRH and Global Health Bureau staff.

The contributions of the RM&E work to the USAID CLA process are less clear – those involved in CLA within USAID seem to be less aware of the work of K4Health’s RM&E, and see little connection to their own work. The K4Health team, on the other hand, has reached out to USAID/PPL and the LEARN Project in discussions about potential joint research as well as through the GHKC M&E Working Group that is revising the KM M&E Guide. As leaders in this Working Group, K4Health RM&E staff have planned chapters about measuring adaptive management and other topics relevant to the CLA process and hope to engage the LEARN staff in developing these for the revised Guide.

We believe that increasing the contribution of K4Health’s RM&E work, using their significant expertise, and clarifying the relevance of their KM work to the CLA process, must come through increased collaboration between K4Health and LEARN. If this collaboration is what USAID desires, this could come through active contribution from LEARN staff to the revision of the M&E Guide. K4Health, using their special expertise in KM research, could contribute to studies of the effectiveness of the CLA process.
In addition, K4Health could help take the CLA process the missions are undertaking to the implementing partners in the field, facilitating KM/CLA capacity building, using tools the project has already developed, as newly awarded projects must incorporate learning agendas into their work plans. One model is Faster to Zero, working to incorporate KM into Elizabeth Glaser Pediatric AIDS Foundation’s (EGPAF) work in Uganda. (Capacity building in KM for CLA officers in missions might also be a role for the project as a whole.)

Importantly, the work to build KM capacity among implementing partners in the field could open up needed opportunities for research sites for K4Health, which might then be able to develop more studies assessing the effectiveness of KM to service delivery, which many informants have noted as a need if the use of KM in the field of global health is to advance.

If K4Health management and PRH want K4Health to make such a contribution, the USAID K4Health management team needs to first open discussions about such collaboration with the K4Health team, and then facilitate discussions involving K4Health staff, including the research team, LEARN staff, and PPL managers of the process.

**Evaluation Question 2: How do the research strategy and actual research activities conducted compare with the vision for research articulated in the project’s proposal and strategic documents, acknowledging that the project has faced challenges beyond its control in moving this agenda forward?**

**2A. How has the project’s research strategy informed the project’s research activities?**

Over the life of K4Health II, the project has created a number of strategy documents, including the Knowledge for Health II Technical Application and the New K4Health Project Strategy (2014, edited in 2016), both of which have sections that speak to the R1 team strategy. In addition, in response to inquiries from the USAID Management Team about their strategy, the R1 team developed two statements: 1) K4Health Research Overarching Vision, and 2) K4Health Research and History & Vision.

Both the Knowledge for Health II Technical Application and the New K4Health Project Strategy clearly state the project’s research strategy as implementation science using Learning Before, During, and After as the framework. The two later documents, K4Health Research Overarching Vision and K4Health Research and History & Vision, describe the Kirkpatrick Model and the R1 team’s activities in relation to it. Although they intended the Kirkpatrick Model to clarify their rationale for their activities, having two different ways of describing the R1 team’s activities understandably caused some confusion about which model represented the R1 team’s research strategy and whether that research strategy is observable in the team’s completed and ongoing RM&E activities. The confusion is understandable because the documents themselves express these things in different dimensions. The implementation science strategy (i.e., before, during, after) is about HOW research is done, and the Kirkpatrick model shows WHAT IS LEARNED from such research.

The evaluation team developed the following graphic (Figure 1) to address this confusion.
The images at the top of Figure 1 depict, from left to right, the Knowledge for Health II Technical Application, the New K4Health Project Strategy, and the K4Health Research and History & Vision (the K4Health Research Overarching Vision is not needed here, as it is similar enough to the K4Health Research and History & Vision). A fourth activity, not depicted in the chart, but a part of the R1 team’s activities, is the dissemination of research through peer-reviewed publications, peer-reviewed presentations, and project publications.

Column One in Figure 1 lists the strategy with the three time frames of Learning Before, During and After and provides a few words of description for each. The R1 team conducts Learning Before activities using several tools including, but not limited to, environmental scanning, the KM Index, and stakeholder analysis. Although in common usage, the term “Before” indicates that another activity is expected to follow, that is not implied in this model. As one staff member explains:

“**The LVBC needs assessment was meant to inform decisions on which KM activities LVBC would pursue. There was no plan to conduct a follow-up assessment.**” (K4Health staff member)

Likewise, with East Africa,

“**The needs assessment with the ECSA member states conducted in June 2016 in collaboration with ECSA-HC Secretariat was meant to further inform findings from the baseline (August 2015) and to provide ECSA-HC Secretariat staff themselves with a better understanding of the current knowledge sharing among ECSA-EC member states and the Secretariat’s role in facilitating knowledge-sharing. These findings were meant to help ECSA-HC Secretariat with their KM activities. There was no**
intention to conduct a follow-up with the member states and we never had any funds to work with the member states directly.” (K4Health leadership team)

Thus, in some contexts the “Before” activity, for example, using a tool like the KM Index, provides sufficient benefit, with no follow-on activity from the R1 team requested or required.

Column Two in Figure 1 affirms the Learning Before, During and After model as the research strategy for the R1 team in both documents. In this column, sample activities are listed under each element. See Table 2 for the list of activities falling into each category. The largest number of activities (7) are listed under Learning Before. The R1 team is increasingly seeking opportunities to conduct Learning After activities in the field. However, there is no intent to have an even number against each of the three time frames. Rather the choice of element is related to the needs of the client and the research question being asked.

Table 2. Result 1 research activities in the implementation science model

<table>
<thead>
<tr>
<th>Learning Before</th>
<th>Learning During</th>
<th>Learning After</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Africa Needs Assessment</td>
<td>Gender Integration Strategy</td>
<td>Bangladesh KM Initiative eToolkit Study</td>
</tr>
<tr>
<td>East Africa Share Fair Assessment</td>
<td>Global Health eLearning Interactive Voice Response and WhatsApp Studies</td>
<td>East, Central and Southern Africa-Health Community Secretariat End Line Study</td>
</tr>
<tr>
<td>East, Southern and Central Africa Member States Assessment</td>
<td>HealthE Africa Feedback Study</td>
<td>Family Planning Voices Study</td>
</tr>
<tr>
<td>High Impact Practices Briefs Formative Research</td>
<td>Idea Lab</td>
<td>Global Health eLearning Compliance Course Blended Learning Study</td>
</tr>
<tr>
<td>Lake Victoria Basin Commission Population, Health and Environment Assessment</td>
<td>KM Index for capacity assessment</td>
<td></td>
</tr>
<tr>
<td>Ouagadougou Partnership Assessment</td>
<td>Web Products Cross Promotion</td>
<td></td>
</tr>
<tr>
<td>West Africa Health Organization Needs Assessment</td>
<td></td>
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</tbody>
</table>

Column Three depicts the Kirkpatrick Model. The levels, one through four, represent increasingly higher levels of measurement outcomes. Level 1 represents activities such as the number of attendees at a workshop or the number downloads or views of a document. Level 2 represents whether learning took place, often measured by a test of knowledge. Level 3 measures behavior change, i.e., did people behave or act differently, measured by interview or observation. Level 4 measures change within the health system, e.g., health policy changes. Each level of the Kirkpatrick model builds on the one before e.g., 1) something is read or attended from which the 2) person gains new knowledge, 3) that knowledge impacts how the individual acts, and 4) those new actions impact the system. Conducting research at level 4 (or even level 3) requires significantly more resources than the research at levels 1 and 2.
The arrows in Figure 1 show that Learning After is the only level in the R1 team strategy of Learning Before, During and After related to the Kirkpatrick model. The Kirkpatrick model, which was created to evaluate training, is only intended to measure different outcomes of learning. There is not an expectation that it will correspond to all three elements of the Learning Before, During and After model. As mentioned earlier, the implementation science strategy (i.e., before, during, after) is about HOW research is done, and the Kirkpatrick model describes WHAT outcomes are studied.

The evaluation team found that the R1 team research strategy does inform the team’s research activities.

2B. What have been the challenges faced implementing this research strategy, especially those that would be relevant to a follow-on project?

It is clear that the research team faced challenges in planning the research, and had to take advantage of the research opportunities presented to the project, as well as following the research strategy. The evaluation team identified four types of challenges that the R1 team has faced in implementing the research strategy.

1) Structural Challenges

The R1 team has had difficulty finding field sites to study questions of KM effectiveness, which particularly impacts levels 3 and 4 of the Kirkpatrick model. They have been able to find sites to conduct capacity assessments, but an informant told us that there is a lack of interest in many USAID missions for funding research that does not support the mission’s own objectives. For example, for the Pan Caribbean Partnership Against HIV and AIDS (PANCAP), the mission only wanted the work done for building KM capacity, but not for research. K4Health staff explained:

“We proposed a much more systematic process, to do a needs assessment for information to design activities. But PEPFAR had their priorities, and that wasn’t a priority for them – just wanted the work done based on PEPFAR priorities.” (K4Health staff member)

Funding for end-line studies after KM interventions was frequently unavailable as was funding for KM capacity building; thus, end-line studies were not appropriate. As a USAID staff member explains,

“The original intention was to have opportunities made by the R4 team to make the case to the country missions. But they had a lack of concrete linkages, which are hard to make. It has felt like a cycle that is hard to break.” (USAID staff member)

In places where there was a Mission “champion,” the sites were available.

As one of the K4Health project leadership team told us:

“The value of KM is not fully understood. It is difficult to get KM funded, and even harder to get research on KM funded. There are some champions, and the CLA process will help make a difference.” (Member of K4Health leadership team)

As CLA becomes more embedded, it might make a difference in the availability of sites.

In terms of structure, a large part of the difficulty in obtaining research sites is because K4Health is not a service delivery project. An informant said:
“Part of it is historical in that missions buy into projects they already have experience with. The existing relationships weren’t there.” (USAID staff member)

And, as one of the USAID management team summarized:

“It’s hard to make the case [to Missions to fund the research] because of lack of evidence to show KM’s value. It is new and Missions haven’t been investing in it.” (Member of USAID management team)

2) Measurement challenges

Kirkpatrick levels 3 and 4 require complex designs to control for multiple factors. USAID staff noted the difficulty of conducting studies of KM impact:

“It is hard to prove any kind of impact of knowledge and separate out the other conditions.”

Many other informants mentioned the difficulty of attributing change to a KM intervention in the context of other questions. Levels 3 and 4 necessitate more resources in terms of money and time. All research must be done rigorously but higher-level outcomes and the complexity of design they demand, is what drives cost. Level 3 and 4 studies may require repeated visits to a site to collect data. Moreover, those data may need to be collected over a lengthy period to allow time for the intervention to have an impact.

Another challenge USAID staff explained was that:

“What they do isn’t classified as research by the rest of GH/PRH, which presents challenges to acceptance of their research, and the use of it.” (USAID staff member)

3) Challenges related to how go/no-go decisions are made

It is unclear to the R1 staff where decision-making lies within PRH, related to the approval of research proposed by the K4Health R1 team. R1 staff typically writes concept papers for research studies they think would be advantageous to pursue and then present these to the USAID management staff responsible for the K4Health project. The USAID staff sometimes sends the concept papers to other USAID stakeholders to for review. USAID sometimes consults with the PRH research unit to assess K4Health concept notes. K4Health staff told us:

“Some ideas were called ‘monitoring’ by that group, which has its own interests and KM might not be a priority. It is along pathway [from KM] to health behavior and other outcomes.” (K4Health staff member)

“Not a USAID priority” is often the reason a concept paper is not approved for funding, but this is very limited information to guide the R1 team in subsequent research plans. There were many examples from the K4Health interviewees that illustrate this issue:

“Research on the HIPs briefs… we had an interesting study design but it finally didn’t meet the needs of the donor. …The question of whether best practices were actually used was changed to ‘are people aware of the briefs?’ The HIPs partners’ meeting really wanted to know the answers, were people really using the practices, using the resources that USAID ‘were the resources for the briefs well placed?’ But answering this question didn’t interest the USAID people who managed the HIPs.” (Member of R1 team)
“Our LOE [level of effort] has to focus on what interests that USAID wants to pursue. What USAID would find applicable.” (R1 team member)

“We are the ones proposing these ideas to USAID and they give us feedback and sometimes we advocate and sometimes they say not to. Then we try to figure another way to do that in the future. It is discouraging to them and us.” (R1 team member)

As the informant quotes above illustrate, the situation is frustrating for all involved. It is possible that the concept notes that are passed on to USAID may not adequately state the need for the research, or the problem the study is intended to address. In these situations, the K4Health staff appears to have little access to those that influence the decisions, in order to advocate for their research ideas.

4) Challenges about how well knowledge management is understood, within GH/PRH, as an enabler to reach the PRH objective of advancing FP/RH programs around the world.

Although there is a growing interest in knowledge management within GH/PRH, we heard from USAID staff that there are many different definitions of knowledge management in play within USAID. The term “knowledge management” is ambiguous enough that almost any practice can be asserted to be knowledge management. We also heard from USAID staff that the term knowledge management is “owned” by the USAID Information Technology (IT) department, and so in some contexts may be assumed to be technology applications. There is additional confusion by the introduction of the LEARN’s Collaborating, Learning and Adapting (CLA) model, which employs many practices that are also employed in knowledge management programs. K4Health defines KM as the systematic process of collecting and curating knowledge and connecting people to it so they can act effectively. This definition and the way K4Health explains KM research may be at odds with the other interpretations.

K4Health has now produced research that links knowledge management to effectiveness in terms of knowledge or skill increase or capacity or behavior change in four studies: 1) the BKMI eToolkit study, 2) the Global Health eLearning Blended Learning Study, 3) the ECSA-Health Community Endline Study, and 4) the recent FP Voices study. However, of these four, only the BKMI eToolkit study has been accepted for publication in a peer-reviewed journal (but is not yet in print), and a paper reporting on the blended learning study is still under review. The other studies are all described in reports – and several in Research Briefs, but only a short time has elapsed since these studies have been completed and none are likely to have been read by staff in GH/PRH. Thus, staff of GH/PRH that influence decisions about K4Health research may not view knowledge management as an enabler to reach PRH objectives. As K4Health research becomes better known within GH/PRH, this challenge may lessen.

Evaluation Question 2: Conclusions and Recommendations

One of the challenges the project faces is lack of field research sites to study the effects of KM on higher-level outcomes.

If they were funded to provide KM and KM research services to other implementing partners/projects, they could:

- Provide guidance or resources to enable implementing partner organizations to establish cross-project learning activities
- Provide KM capacity building to field projects, which would serve the purpose of assisting with the USAID CLA process among implementing partners and the requirement that newly funded projects have a “M&E and Learning” plan.

In the process, K4Health might gain research sites in service delivery and other types of projects, enabling them to ask KM research questions relevant to the field context. We have already mentioned several examples of research, such as the BKMI study, that address questions directly relevant to the field. While there may still be uncontrolled factors in such studies, the contribution of KM to improving service delivery might still be plausibly shown, as exemplified by the BKMI study just cited. The higher-level outcomes to study might be such things as changes in uptake of FP or other health behaviors by clients exposed to providers whose counseling skills or other attributes have improved and shown to be associated with KM interventions intended to influence these skills. There is a vast range of such interventions, and carefully designed studies could elucidate important information about which interventions are best suited to have an effect on client – or provider – behavior. Studies of changes in actual provider behavior as a result of KM interventions are limited, and changes in client behavior even more rare, but with appropriate sites and study designs we think a lot could be learned. Changes in the health system may be much harder to attribute to or even associate with KM interventions, but we think it is important to evaluate the effect of KM interventions at the level of service delivery.

In response to our investigation of the challenges related to implementing KM research, another recommendation is that the K4Health research team might also add a clearer problem statement or story (or an answer to the question “So what?”) to concept notes submitted to USAID. This would be with the express purpose of making a persuasive case for the study, before following with the study details that are being proposed. This could help the management team as they discuss K4Health research plans with other colleagues.

**Evaluation Question 3: What has been the result or outcome of K4Health’s broader RM&E activities (continuous monitoring, quality assurance, iterative and nimble design approaches, etc.) on the quality or success of project activities?**

The K4Health research and M&E team have strong technical skills that they put in service of project improvement in a number of ways. We heard from other K4Health staff that through the coaching and assistance of the R1 team, the other K4Health result teams are able to design monitoring activities tailored to the questions they need to answer to improve their programs. For example:

“If we need a survey for a particular product, we would run the survey past R1, ask is it covered by IRB, and run questions by them. There are R1 participants on product meetings, we talk informally all the time.” (Member of K4Health leadership team)

The R1 team interacts with the rest of the K4Health team to ensure that the PMP and project reports are thorough and well organized, the project is meeting its targets, and staff understands what needs to be improved.

“When they do reports and PMP reports, collect data, we look at it, we ask ourselves what else can we do, why are we not meeting targets? It’s helpful to get a temperature check; are things going the way we want? The R1 team inputs ‘as needed,’ but we may get together as a Result team and invite the R1 team to discuss, we solicit their ideas…and brainstorm with them.” (K4Health staff member)
“If we have targets set, and start not meeting them, we will have a conversation With R1 about how we can understand it better.” (Member of K4Health leadership team)

We also heard from their colleagues that the team *thinks creatively and uses their skills to develop new tools for the K4Health team* to use, such as the Idea Lab, which allows product owners and the web team to get user feedback on a range of products at the same time. This and the follow-up user surveys help the R1 team answer the question: How are K4Health users adapting and applying products in their work, and what are the content and usability needs in relation to K4Health products? Another example is the **finalization of the KM Index**, which is used to assess KM capacity in an organization and then to measure changes in that capacity after a KM intervention.

Asked about the R1 team’s contribution to the success of the project or quality of its activities, a member of K4Health leadership team responded:

> “The concept of the Idea Lab [is a contribution to project success], and the R1 team’s getting the cohort together for that, talking to project leads about they wanted them to ask. The Idea Lab brought in an outside perspective, let product owners talk about their products in a new way — raising the perspective around their own products, gave more clarity, [and led to] lively conversations.” (Member of K4Health leadership team)

Another K4Health team member said: “the KM index contributed to the success of project; when we are asked to build KM capacity, this tool is important in measuring success of that work.”

The quality of the R1 team’s work and also their creativity has been praised by their colleagues:

> “[The R1 team] is creative in a lot of different spaces, they’re curious, looking for new ideas and bringing them back to their work.” (K4Health staff)

Another member of the project’s leadership team said:

> “R1 team is very involved, very supportive managing even just administrative processes involved in research, e.g., IRB, talking through designs, questionnaires and assessments. Doing so in a way that balances the workload between the two teams — program staff are learning and vice versa from each other.” (member of K4Health leadership team)

Another leadership team member put it this way:

> “The research has influenced the way we look at the partnerships, like WAHO, how we can improve partnerships as a whole — it has broadened our scope. [The R1 team] has helped us rethink and prioritize what we are doing… [The R1 team] has furthered the reach of K4Health — did the project adapt a new eLearning course, what effect did it have on ‘new partners’? What gives most bang, what are mutually beneficial [activities], and without that monitoring, we wouldn’t have that perspective, but only anecdotes. We want our products and approaches used.” (member of K4Health leadership team)

The contribution of the R1 team is not only technical, but also *stems from the collaborative nature of the team*. We heard from other K4Health staff that there is a collaborative and appreciative culture among the staff, that leads to R1 team members’ willingness to stand in for each other, and to follow up on each other’s work. We found that they exhibit a spirit of generosity with each other and with the other project teams.
“It is always good to know they can be drawn upon if needed. We have wanted to do a more in-depth study of our readers, how [the product] is used in the audience’s practice, so we’ve been able to brainstorm with R1 team about how to go about that.” (CCP staff member)

“There’s a genuine culture of encouraging new ideas that goes across the project; also goes across CCP. They [R1] are more collaborative than directive; they want to hear about ideas from all people, want to try out new ideas – [they have] a culture of inquiry. It encourages new ideas.” (K4Health leadership team member)

And, about the R1 team:

“[There is] a willingness to jump into things, share what they know, be as collaborative as they are. This is also due to [the Director’s] overarching interest in RM&E. making sure they [R1 team] have time to assist the others, for example, seconding staff, drafting questionnaires, helping with analysis software.” (Result team leader)

And from their own perspective:

“We share the workload, not duplicating effort but we could step in and take over for each other.” (R1 team member)

We see the K4Health team functioning as a group that believes in the cause toward which they are working, “living” the KM approach. For example, the previous K4Health M&E team developed the original KM M&E Guide, and now, as with earlier versions, the team has opened up the review and revision process, setting up a Working Group of the GHKC, expanding the process of revising the Guide to a wider group of collaborators.

3A. What can USAID learn from its investment in RM&E of KM for global health to strengthen its approaches to/investments in implementation science more broadly?

Our inquiries have led us to the finding that to advance the use of KM, an evidence base that establishes the effectiveness of KM needs to be developed. Our interviewees say they need the evidence to show that KM “works.” Those who know about the Bangladesh (BKMI) study applaud it, but want more such studies. For example:

“As someone who is designing a KM strategy – the more we know what works, pinning down from the many different options is going to help…Things change very quickly, and people experiment with new things, but we don’t always learn from innovations. The KM they did in Bangladesh was a micro-application. Now we need more general applications.” (Staff of USAID-funded project).

“[USAID funding for KM research] is important and it should be funded. We need to have access to KM research and not everyone has time to focus on how best to do that. It’s hard to get traction on the research on the KM products. …That type of research would help us improve what we do on a daily basis…We need a stronger evidence base around the most effective and efficient ways to do it [KM in projects].” (Consortium partner staff)

Another informant familiar with the K4Health studies told us:

“But we need a lot more [research] for internal advocacy. K4Health’s research papers [are good] but we need more of them. I need to feel very confident that the peer-reviewed articles will hold up against other types of global health publications.” (KM staff, international NGO)

Another informant thought that K4Health’s research team could make a specific contribution:
“What is the best methodology to apply to determine attribution? [Now we] can’t make causal links. The methodology would be a huge contribution from K4Health.” (Staff of a USAID-funded project)

We came to another finding from our reading of the documents provided by USAID and reports from K4Health. We also took into consideration what we heard during interviews with the project and field teams benefitting from the input R1 has given, as well as external partners, such as IBP and FP2020, who benefit from their work.

Implementation science – the KM research approach used by the R1 team – cannot be done in a setting removed from the day-to-day needs of project staff and their client organizations. The research team cannot sit in an ivory tower, so the USAID investment in a project-based research team is well placed.

Having a team with research skills embedded in a project means they are able to take on new challenges presented by project needs and to create new methodologies. An example of this is the expressed need to assess user experience and get feedback on multiple products at once (and so adjust web materials all at one time) that stimulated the Idea Lab. An embedded team is also readily available to take up opportunities to evaluate KM interventions by inventing new methodological approaches. We’ve already described elsewhere in this report the value of the mixed method evaluation of FP Voices.

Finally, the USAID investment in this project’s research activities has led to several studies that show that KM can make a difference to global health interventions. Even in a few short years, the studies K4Health has done – of the BKMI pilot, of FP Voices, of the ECSA KM capacity building – have shown that KM makes a difference. The Bangladesh study (and also the FP Voices study) was quite complex to carry out and probably quite expensive, with a lot of analysis required after the data were collected. But it put a strong stake in the ground. Showing that KM works even in these few studies could encourage the wider use of KM in global health projects. As one respondent noted:

“We are learning from their studies, the Bangladesh study for example, how the intervention worked, and how they were evaluating it.” (Staff of a USAID-funded project)

Others have told us that it would be good to push the work beyond FP/RH to global health more generally:

“[K4Health] has a greater focus on RH/FP, but this should be KM for global health, inclusive of other areas [i.e., not just FP/RH]. Have a more dynamic and inclusive global health perspective.” (KM staff of international NGO).

(It should be noted that the Bangladesh study did move beyond FP to look at the intervention’s effects on other health behaviors – to other global health interventions beyond FP/RH.)

“… K4Health is really evidence-based in terms of what produces results in KM. They doggedly pursue it.” (USAID-funded project staff)

But, if USAID really wants to know if KM is effective, then it needs to invest for the long term, as a researcher in a related field told us:
“It’s clear to me that the power of all these forms of communication take time to manifest themselves, but [the field] has relied heavily on cross-sectional studies. We haven’t used the right methods, collected the right data, to demonstrate the …impact that knowledge has.” (Researcher)

And:

“USAID has been always insistent about generating evidence that knowledge improves the Contraceptive Prevalence Rate (CPR). In recent years, USAID has been interested in similar evidence for KM, and realizes how complicated it is. The opportunities lie within the multi-year global projects – you have the luxury of time to understand the longitudinal effect. And comparative studies across countries – Missions don’t typically want to support research not for in their own country, so centrally funded projects need to do it.” (Academic researcher)

Those working on the CLA/PPL initiative point to the value of the investment in K4Health and its predecessor projects. One such informant, not speaking specifically of the K4Health research, told us: “That work [K4Health] probably represents the most sustained investment in KM in the Agency” that started well before the work leading up to the CLA and new program cycle guidance. “K4Health is a useful example to point to.” (USAID staff)

**Evaluation Question 3: Conclusions and Recommendations**

It is hard to make the case for KM as an enabler of improved FP/RH programs because there is so little research evidence of KM effectiveness in the global health arena. K4Health is strengthening the evidence base for KM, but it is almost alone in producing research. The research team has the skills to do this research well, and is well positioned in USAID’s flagship KM project to continue to do so.

USAID has invested in KM in this project over many funding cycles, and has built the capacity for KM. Now, the project has a strong research team that is building the evidence base for how KM works and its effectiveness. Our recommendation is: Don’t stop now, when the long history of investment in a global KM project is bearing fruit. The staff of the project, including the RM&E team and the project leadership, has significant experience and a deep understanding of the KM field and are poised to make a significant contribution to KM research.

**Evaluation Question 4: How has K4Health been a leader in and contributed to RM&E of KM for Global Health?**

*4A. What is the impact/influence on other USAID-funded KM projects, including but not limited to PRH projects?*

The reputation of K4Health is so prominent in FP/RH and global health circles that in responding to our questions about the project’s role, informants often tended to start talking about the project more broadly, rather than limiting their answers to the RM&E component. We needed to remind them that the RM&E work is what was being discussed.

**Influence through research tools and theory**

The M&E Guide has been widely influential with staff of other USAID-funded projects. One question that the interviewers asked each implementing/collaborating/consortium partner was, “What do you know about the K4Health project, in particular their RM&E objectives and activities?” Typically, the “M&E Guide” was the first response to that question. Frequently, the response was, “Of course, the M&E Guide” – implying that everyone knew about the Guide.
That proved accurate, as it was also the first response from the other interviewees from USAID-funded projects.

The M&E Guide is viewed as a major accomplishment of K4Health. Although the second edition was updated with the help of the working group of the GHKC, K4Health is acknowledged as the instigator and guiding force behind the Guide. The interviewees saw the M&E Guide as providing a common language for KM projects to talk about their results. For many informants both the M&E Guide and the Logic Model are viewed as a way to legitimize their work in the eyes of their co-workers. Some interviewees talked about the way the M&E Guide had changed their perspective on evaluation. The following quotes, from implementing/collaborating/consortium partners, illustrate the ways in which implementing partners and collaborators use and value the guide:

“[The M&E guide] was our main source as we thought about how we would evaluate our KM efforts – the number one resource for how to evaluate KM activities.” (Staff of IP)

“I use the guide primarily as an authoritative source to explain that KM is needed.” (Staff member of an IP)

“The M&E Guide helps people to use the same language. It has a really nice section for [indicators] if you are building a web site.” (Former K4Health staff member)

“The indicator guide has expanded my thoughts from focusing on the number of things and counting, to questions of the impact of what we have done.” (KM staff of an IP)

“When I first came into KM I was not thinking about measurement. I started to think about measurement with the 2013 edition of the M&E Indicator Guide. I found it so different and so cutting edge. It changed my perspective.” (KM staff of another IP)

“The Guide speaks in the same language as technical health language so I can be both a KM and a technical expert. It is getting us to speak the same language as our health colleagues.” (Staff of a USAID-funded project)

“The M&E Guide legitimizes the way KM is seen in [unnamed organization] – it validated its use [KM] if not its impact.” (KM staff from implementing partner organization)

“The M&E guide has contributed to my work as has the logic model. It has been an effective tool for internal advocacy here.” (KM staff member of an IP)

“The M&E guide is one of the better products coming out of KM for Public Health. I can say that with some assurance. I know the blood sweat and tears that went into it, also the use of it. It is the one document that people rely on for KM.” (Staff member of an IP)

“One of the things that I most appreciated was that, because things are constantly evolving, the framework was flexible enough that it can be adapted.” (Staff member of a USAID-funded project)

“The work they continue to do is ground-breaking. Particularly the M&E guide for KM.” (Director, USAID-funded project)

Many of the interviewees are looking forward to the third revision and some had suggestions for what should to be in it.
“At some point we might want to think about what standard indicators might show value, so we are all using the same indicators.” (KM staff member of an IP)

The logic model, which is embedded in the M&E Guide, was also frequently mentioned, as well as theory papers K4Health has produced:

“Being able to use the logic model has been useful to my advancing this work. It helps you show indications that you are moving in that direction. Using the indicators, we are able to show improvement in the projects.” (Staff of USAID-funded project)

“The logic model draws the causal links. That kind of thinking is very useful. It has helped me to see KM aspects to the work I do.” (Academic researcher)

“When I have a problem I am trying to solve, I go back to the K4Health theory pieces and ask, ‘Have I taken each piece they list into consideration?’” (Former K4Health staff member)

“What they’ve done is to distill the ideas to be as accessible as possible.” (KM staff of a non-PRH project)

“When building the surveys, the logic model became integral to what we needed.” (Staff member of K4Health consortium partner)

As with the M&E Guide, interviewees had suggestions for improving the Logic Model:

“The Logic Model is useful for looking how well we are implementing a KM intervention. But it’s not so good on the right-hand side of the model. KM is a new discipline, so we are getting there.” (KM staff member of an IP)

“They do a lot in the middle [of the Logic Model], there is much more we can do about outcomes. K4H could provide some direction.” (KM staff of an IP)

Interviewees were less aware of the research studies. When asked if they were aware of or used any of the research studies, informants had different views:

“I think highly of [named K4Health staff] and their diffusion of innovation article/research. It updated something that is still relevant with examples and bullets.” (former K4Health staff member)

“I don’t know anything about their research agenda; I know the website and that it has a significant knowledge base behind it.” (GH Bureau staff)

“I’ve heard that K4Health is doing research, but not the specifics. I know about the eLearning Center but didn’t know they [K4Health] had published any research related to it.” (GH Bureau staff member)

Other research and research tools that were mentioned by at least one interviewee were:

- The research briefs
- KM Capacity Assessment tool now called the KM Index
- Case studies
Other USAID-funded projects look to K4Health for ideas about how to do research

A number of respondents spoke about the depth of theoretical and research knowledge of the R1 team. The respondents saw the R1 team’s grounding in the theory behind what they do as instrumental in the team’s ability to improvise in different situations as well as their ability to explain research in a way that makes it accessible to others. That capability, coupled with a willingness to help others, has built their reputation within USAID-funded projects. The project’s role in convening the Global Health Knowledge Collaborative has certainly strengthened that reputation as being collaborative and willing to share their knowledge. Many of the K4Health implementing/collaborating/consortium partners spoke about the help provided by the R1 team:

“They are a very good to link to other projects, sometimes through funding mechanisms, but also through international meetings and the GHKC meetings. [An M&E Team member] was seconded for some time to [our project] to advise on our studies and baseline analysis.” (Staff of USAID-funded project)

“We love our partnership with K4Health. They have been one of bright spots of the work we do.” (Staff member, international consortium)

“K4Health helped me see that if you only have qualitative data you can still confirm the absorption of information. I would have not had the first notion of how to do that. The K4Health evaluation applied rigor to that work. It made me think more creatively about how we could use those approaches. It caused more self-efficacy in me! I feel more empowered to be able to identify the metrics about something like this.” (Staff member, international consortium)

“They have been doing good partner collaborations much better than others. They set the model for partnerships.” (Director, USAID-funded project)

“K4Health showed us research that if you add people to your list serve, they won’t be mad. So, we did and now we have 4,900 people in the community and out of those in the 4 years only 4 people said ‘take me off this list.’ So, we do what they tell us to do!” (Staff member, international consortium)

“The biggest thing is they are pushing us to go the next level – getting us to pushing the envelope a little.” (CCP staff member)

“They helped us create a face-to-face tool then worked with us to evaluate.” (Staff member of K4Health consortium partner)

K4Health serves as a training ground for the use of KM M&E when departing staff take that knowledge with them to other projects

During the interviews, we talked with a number of people who at one time had been employees of K4Health and are now working in some KM capacity in other organizations. They spoke about how working for K4Health had enhanced their own knowledge of KM, and more particularly of KM RM&E activities. They recounted how that grounding in KM RM&E had proved useful to them in their new jobs. This employee rotation, although unintentional, has served to spread the influence of K4Health to other USAID organizations. It should be noted that job rotation is a frequent technique of corporations to spread knowledge and encourage collaboration among employees. The following quotes were from former K4Health employees:
“They have helped me make our websites more useful and friendly, modeled on what we did at K4Health.” (USAID project director)

“I used what we did at K4Health; for example, I just had to think through a problem so I went through the literature on KM. I go back to the K4Health theory pieces. Have I taken each piece they list into consideration? I’ve used some of the new material on digital health and stakeholder engagement. It is very helpful to go back to something that is clear and at a higher level of writing.” (staff member of a USAID-funded project)

4B. How has K4Health played a leadership role in setting and implementing the research agenda for the field of KM in FP/RH programming?

We asked the implementing/collaborating/consortium partners, “Who do you think is most prominent in setting the KM research agenda?” We framed the question in this way to reduce the assumption, in the minds of the interviewees, that we wanted them to say it was K4Health. Nevertheless, coming as it did at the end of an interview about K4Health, it is quite likely that it did influence their responses. Whether from this unintended influence or from their own perceptions, informants from these organizations responded in terms of K4Health.

Some of the respondents identified K4Health as the group that is currently taking the lead in setting and implementing a KM research agenda. Others did not speak of K4Health as currently playing that role, but indicated that they should be doing so. And some offered suggestions as to what K4Health needed to do to lead the field effectively.

The following quotes represent those differing views:

“I would say K4Health is looked to as the flagship – is a key player in setting that agenda.” (CCP staff member)

[Named K4Health Research staff] because their world has been KM and the research aspects. They have looked at things that are important useful.” (Staff of a USAID-funded project)

“K4Health is really a leader in the area of trying to understand the value-add of KM.” (KM staff of a non-PRH project)

“Most of us look at [CCP] as a thought leader in KM and in doing research on it. They support the GHKC and they put a lot of work into the indicator guide. It was our main source as we thought about how we would evaluate our KM efforts – the #1 resource for how to evaluate the KM activities.” (KM staff of USAID-funded project)

“I don’t see the World Bank doing research. The LEARN project is a big mechanism, but they are not doing research. Only K4Health has an explicit agenda on KM [research].” (KM staff of a USAID-funded project)

“K4Health, but I think that they could improve their leadership by setting a research agenda, and validating the Logic Model is important. They need to think about what comes next. They have a great focus on reproductive health and family planning, but there should be broader more dynamic and inclusive research. K4Health has too much of a spin toward PRH. They would need to have a more dynamic and inclusive GH perspective.” (KM staff of an IP)

“K4Health is uniquely positioned to provide thought leadership in knowledge management and what their mandate is, is unique.” (Staff of USAID-funded project)
“K4Health leading or developing a research agenda for KM would be very helpful. If they did that and challenged others to contribute to it, like the Bank, that would be helpful.” (KM staff of a USAID-funded project)

The question we asked K4Health staff about leadership was: Do you think K4Health has helped to set or been a leader in setting the wider KM research agenda (in FP/RH)? If so, in what way/ways? And through what means?

The responses from R1 team indicated they recognized they were often in a leadership position:

“Yes. So many people use the Guide and we are including so many approaches that other people are interested in.”

“In some way, whether or not intended, we are playing a role. CCP is known for doing interesting studies.”

“We are playing that role through the work with the GHKC; for example, we have been asked for indicators for social interaction and other areas.”

“For the work at the Mozambique mission we reviewed 208 articles. The mission said, ‘We know you do work,’ then they ask us to look at the gray literature. After that, they asked, ‘Will you help us devise our retention strategy?’”

But when asked specifically about leading the development of the wider KM research agenda, the R1 team responded that this was not their primary mandate:

“We need to do research to improve our products and services – leadership is secondary.”

We also interviewed the leads of the teams R2, R3, and R4, where we heard a similar response about the project’s mandate:

“[The R1 team’s mandate is] to assist others – to help them make sure they are meeting the needs of their audiences, clients. They have tools, liaising with JHU [Johns Hopkins University] for the IRB.”

(member of K4Health leadership team)

One way the R1 team sees themselves as trying to lead is through peer-reviewed publications and peer-reviewed external presentations. However, as explained earlier, to date there have been few publications and often they are in journals that their colleagues may be unlikely to come across.

We also asked a leadership question to USAID PPL staff, LEARN staff, and other USAID KM advisors. “Who (or who else) either within or outside of USAID, in your estimation is producing key KM RM&E ideas, methods, and studies?” As described in evaluation Question 1B and Question 2 of this report, K4Health’s work is relatively unknown among this group. We received a variety of responses. Some of the responses clearly referenced organizations that were known for good KM work, rather than KM research. Nevertheless, we found the list to be interesting.

Organizations mentioned were:

- KM4Dev: “KM4Dev supports research about themselves. It is a good place to poll people.”
  (Staff of a USAID IP)
• The World Bank: “Five years ago the Art of Knowledge Exchange came out with five steps in their process. The 3rd step had not been fully laid out. Two years ago, they came out with a second document with great case studies and visualizations and how they were evaluating KM work in their programs.” (staff of an IP)

• LEARN: “LEARN has been able to change the language within USAID. K4Health couldn’t have been able to do that. If what we need is critical reflection on what we’ve done to take to the next level, the two groups need to come together and talk to each other more… Their frameworks don’t talk to each about the indicators behind each. What separates the two is a difference in language and audience.” (USAID staff member)

• “LEARN is developing an evidence base for CLA – a literature review, gathering evidence about what difference it makes to collaborate effectively…they’ve made grants to five different organizations developing measurement methods to see what difference CLA makes to organizational learning and development results…” (USAID staff member)

• NASA: “NASA is one leader in KM.” (KM staff of a non-PRH project)

• FSG (www.fsg.org): “FSG works on how to manage knowledge across a set of partners, re the large social change projects of FSG, given that large scale social change is only possible through multiple stakeholder approaches.” (KM staff of a USAID-funded project)

Research Issues

In order to gain some perspective on what informants thought were important KM research issues, we asked, “What are the issues that KM research should be addressing?”

The responses clearly show a felt need to have evidence to make the case for KM to donors and other stakeholders. Many of the issues were related to 1) ways to show that KM makes an impact, 2) the cost-effectiveness of different KM methods, and/or 3) the comparison of different KM methods in terms of both effectiveness and cost. Some of the most thoughtful questions were related to the system as a whole, regarding the impact that funding and decision-making have on projects. Even the variety of questions/issues suggested is interesting and provocative. We have placed the questions in rather arbitrary categories for the sake of readability, but many of the issues overlap the categories.

If K4Health were to decide to convene KM researchers, the following list might provide a useful point of departure. Note that many of the research ideas came from the K4Health team themselves.

Making the case for/added value of KM:

• “What is the relationship between KM work being done and project outcomes? How does KM impact a successful project?” (KM staff of an IP)

• “The case needs to be made about what impact it [KM] makes, what it results in.” (Independent consultant)

• “How are results happening better on the ground from KM?” (Director of a USAID-funded project)

• “To what degree does effective, intentional knowledge management within the sector, the Agency, and with local counterparts, contribute to improved behavior change and health outcomes?” (Staff member of a USAID-funded project)
• “What are some indicators to measure the effectiveness of KM programs?” (Staff member of a USAID-funded project)

• “Building on the M&E indicators of K4H, could be composite indicators and think critically about how to apply them. Needs thought leadership for this. In service of knowing what the effectiveness and/or added value of KM is. Also: [what is the] added value of the entity providing this service [KM] to various agencies?” (KM staff of an IP)

• “Strengthening the relationship between KM work being done and project outcomes, to make it clear.” (KM staff of an IP)

• “Research into how to make KM cross-project work [happen] in development – how to make it work really well, what allows it to work? [Findings would help] strengthen the relationship between KM work being done and project outcomes, to make it clear.” (KM staff of an IP)

• “Adaptive practice [is] a buzzword right now, including CLA, complexity-aware program design: where does KM fit into this discussion? How can we make clear how to surface learning?” (KM staff of an IP)

Studying partnerships:

• “What factors make a consortium or partnership work?” (Staff of an international consortium)

• “How to organize collaboration among partners? What are the different modes, interactions between partners that could improve a health outcome?” (R1 team member, K4Health)

• “How to manage knowledge across a set of partners re: the large social change projects of FSG (given that large-scale social change is only possible through multiple stakeholder approaches)?” (KM staff member of a non-PRH project)

• “Social aspects, social capital and networking focused on ‘our world’ [FP] are understudied. Could go deeper into KM for family planning.” (K4Health leadership team member)

• “Ways to further strengthen the knowledge of what works and doesn’t when working with partners.” (K4Health Leadership team member)

• “When you’re looking at multi-sectoral issues, and have diffuse responsibilities, what processes help those groups arrive at joint action?” (Staff member of USAID-funded project)

Effect/impact of KM on higher-level outcomes (behavior, system):

• “We could still benefit from researching the angle to show how much [effect] KM can have on the higher-level outcomes.” (CCP staff member)

• “The case continually needs to be made about what impact that (KM) has. Need to get more tangible results in coverage.” (Independent consultant)

• “It’s making the case for KM approaches, showing that it affects your outcomes, and that it is feasible – affordable.” (KM staff of USAID-funded project)

• “KM monitoring around how to justify policy and advocacy work from M&E point of view – KM has a lot to contribute – to the advocacy and the M&E of it.” (Former staff member, K4Health)

• “What KM approaches in digital health are most effective for [achieving] health outcomes?” (K4Health R1 team member)
Comparison of KM techniques:

- “What KM strategies work best for which audience, in policy decisions, or adapting best practices – for those kind of target audiences?” (K4Health consortium staff member)
- “Maybe also comparing different KM techniques, tools, approaches and seeing effects on different outcomes. Using more social interaction like twinning, knowledge cafes, and peer assist and compare to those that push information out, like web sites and publications. When might each one be more useful?” (CCP staff member)
- “Comparing mHealth approaches, which is more effective?” (K4Health R1 team member)
- “Are some kinds of meetings more effective than others?” (CCP staff member)
- “The opportunity lies in these multiyear global projects, not only because you have the luxury of time, but because you have the chance to do comparative studies across countries. Compare how it works in different settings.” (Academic researcher)
- “What KM strategies to use in what context?” (KM staff member of an IP)
- “KM in relation to other sorts of capacity-building approaches – when to deploy the KM Index?” (K4Health staff member)

Cost questions:

- “[What is the] incremental cost-effectiveness of trying different KM strategies?” (KM staff of a USAID-funded project)
- “What are the KM structures that get a wide reach, utilization at relatively low cost?” (USAID/GH staff member)
- “What is the return on investment of KM to facilitate and reinforce what is taught?” (K4Health R1 team member)
- “Events cost, so which are the most effective [KM tools]?” (K4Health R1 team member)

System questions:

- “More systems analysis: given the state of knowledge [about systems], where are the opportunities, where is the communication component applied to those issues? Network analysis, e.g., map the flow, do influence mapping. Making simple the idea that analyzing points of change inside the health system [is possible].” (Staff member of USAID-funded project)
- “Who do the KM activities touch and at what point, (ministry, policy makers, service personal) and look at how changes influence subsequent changes further along the chain? Steps between the highest level to the end user; delineating the pathways or flow that occurs.” (Academic researcher)
- “There is a need to look at the bigger issues of how decisions are made, who in the system influences money or resource decisions, using network mapping.” (Staff member of a donor agency)
- “Look at the entire system where the intervention was taking place. With SNA [Social Network Analysis] you can map the flow/influence (e.g., the president’s wife is often a major influence), analyze points of change, look inside the system where the opportunities are, look at the
messengers. There are other methods, e.g. looking at positive deviance.” (Staff of a USAID-funded project)

- “Developing the kinds of databases to describe the landscape within which KM works, trace the pathways of influence – did it [KM work] result with a certain division of the MOH, e.g. did it change the way they present info to their clients? Longitudinal analysis – follow the flow of information (diffusion) to the end user. Complicated.” (Academic researcher)

- “What is KM’s contribution to policy and advocacy work? How can we evaluate it?” (KM staff of a non-PRH project)

- “To connect the organization of information and the performance of programs, benefits to end-users. That’s still a very challenging research question. Causal links are extended, some are indirect, trying to trace how information is organized by a global project influences providers’ skills, capacities, and in turn has an effect on the clients’ ability to use the information.” (Academic researcher)

- “One area where it’s [M&E of KM] emerging is in systems-based approaches, and what it means from a KMI/M&E point of view.” (KM staff of a USAID-funded project)

**Methodology questions/improving research methods:**

- “Scientific data on how to get people to get information [and use it].” (KM staff of a USAID-funded project)

- “How adult learning works, relative to KM?” (KM staff of an international NGO)

- “What is it about the practice of commitment making that makes it work and at what level is the commitment?” (KM staff of an international NGO)

- “What is the best methodology to apply to determine attribution? Can’t make causal links. The methodology would be a huge contribution from K4Health.” (K4Health consortium staff member)

- “The power of all these forms of communication take time to manifest themselves, but [the field] has relied heavily on cross-sectional studies, but haven’t used the right methods, collected the right data, to demonstrate the ecological impact that knowledge has.” (Academic researcher)

- “Developing proxy indicators for monitoring of partnerships especially at country level… things like country-buy-in of activities, country ownership.” (K4Health leadership team)

**Social media/digital and its effects:**

- “How important is explicit vs. tacit knowledge to the digital approaches? How [data collected using cell phones] gets transformed into the next decisions, and how those decisions then become the information, that then becomes knowledge?” (K4Health leadership team member)

- “People are walking around with cell phones, they are collecting a lot of data using those. How those data get transformed into next decisions and how it becomes the information that becomes knowledge?” (Staff of an IP)

- Changing role of social interaction – social media, what is the overlap of social media and KM? (KM staff of an IP)
• “Social media is now having an impact, handling information, would be interesting to see what impact that [social media] is having on health in LDCs [less developed countries] – just knowledge availability.” (Independent consultant)

• “In project planning phase being able to look at how KM is operating alongside digital content curation?” (Staff of an IP)

• “How do you manage knowledge from digital health approaches?” (K4Health RM&E team member)

• “Social learning aspects – digital use and non-use. How important is explicit (vs. tacit) knowledge to the digital approaches? Compare approaches.” (K4Health Leadership team member)

• “Where are youth going to get quality facts and information, changing rapidly, service providers growing up getting their information from non-traditional sources. What does this mean for their work?” (K4Health Leadership team member)

How to make knowledge accessible:

• “How can you level the playing field in terms of the way knowledge is accessed and shared? What are the ways people can be directed to what they want?” (Staff of a USAID-funded project)

• “[We need] scientific data on how to get people to get information [and use it]. E.g., “Spaced education and repetition”, other ideas from education [that] we don’t apply in public health.” (Staff member of a USAID-funded project)

• “Looking at some of the gender aspects of KM – could be more questions about who has access to the information? Who routinely gets to formulate the information, how it gets presented, and how accessible is it?” (Staff member of an IP)

• “What are the ways people can be directed to what they want – that’s a problem now, but shouldn’t be. What can serve as a funnel…one-stop shop? [for information about a specific subject, fill a specific need].” (USAID/GH staff member)

• “How are providers accessing the knowledge (e.g., when guidelines get updated), what channels are they using, what is palatable?” (K4Health leadership team member)

• “If we had unlimited resources, hope they could help with assessing with whether the work we are doing gets to the end-user in the health center. Are the eLearning courses we’ve developed helping [for example] laboratory services provide the services they’re supposed to?” (K4Health leadership team member)

Conditions supportive of KM results:

• “What are the factors that allow for internal knowledge management success at a development organization that has multiple donors? What are the things that have to be in place to make it successful?” (KM staff of an IP)

• “What are the factors that allow for a project that has multiple donors to make the knowledge jump between projects?” (KM staff of an IP)
• “What does it take to be a learning organization? What incentives do people have to share knowledge? Where does the motivation need to come from?” (KM staff of international donor organization)

• “How do you decide what knowledge is worth sharing, what criteria do you use to curate the knowledge? How do you assemble those knowledge assets to give them to people at the right time, in the right amount?” (KM staff of international donor organization)

**Evaluation Question 4: Conclusions and Recommendations**

If USAID wants K4Health to take the lead in setting the research agenda for the field, they need to make that clear to the project.

To lead development and implementation of a research agenda, K4Health needs to:

• Convene a meeting of those working in KM to come up with a common agenda for KM research.

• Engage them in contributing to the research.

If USAID wants K4Health’s research studies and tools to be recognized more broadly, it should encourage K4Health to:

• Be more active on KM4Dev, a very active community of development professionals who regularly ask questions that K4Health could respond to, recommending their own tools.

• Be active in SIKM (Systems Integration Knowledge Management) https://groups.yahoo.com/neo/groups/sikmleaders/info, a community of KM professionals, primarily in business, where K4Health’s studies that demonstrate KM effectiveness would be welcome.

• Join the American Productivity and Quality Corporation (APQC), to both display K4Health research and to participate in research along with other organizations for example, “What are the effective methods of knowledge transfer?”

Finally, USAID might sponsor a research community in the development sector, modeled on APQC that addressed questions of interest to the development sector, and that would provide member sites joint/shared research on those topics, bringing brand awareness and enhanced reputation to K4Health. Such a community might include others already conducting some limited research, such as PAHO, World Bank, UNICEF, Peace Corps, and WHO.
I. TITe: Evaluation of Knowledge for Health-II Research and M&E Activities

II. Requester / Client

☐ USAID/Washington

Office/Division: PRH/PEC

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 25, 2017
Anticipated End Date (on or about): May 18, 2017

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

Washington, D.C. (no travel anticipated)

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

☐ Costing and/or Economic Analysis
Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.

☐ 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:

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Knowledge for Health-II (K4Health) Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Award Number:</td>
<td>AID-OAA-A-13-00068</td>
</tr>
<tr>
<td>Award Dates:</td>
<td>September 11, 2013-September 10, 2018</td>
</tr>
<tr>
<td>Project Funding:</td>
<td>$40,000,000</td>
</tr>
<tr>
<td>Implementing Organization(s):</td>
<td>Johns Hopkins University Bloomberg School of Public Health, FHI 360, IntraHealth International, Management Sciences for Health</td>
</tr>
<tr>
<td>Project AOR:</td>
<td>Margaret D’Adamo</td>
</tr>
</tbody>
</table>

Background of project/program/intervention:

**Background:** Over the last 10-15 years, there has been renewed interest in and focus on the fields of knowledge management and organizational development in international development. Many donors and key implementing partners have embraced KM and organizational learning as key approaches to improve project impact and outcomes. The World Bank, PAHO, UNDP, the Peace Corps, WHO and others have developed KM strategies and worked to incorporate knowledge sharing approaches into their work (internal and external.) Other bureaus in the agency support knowledge management approaches and the agency overall, in its focus on collaborating/learning/adapting, has incorporated key knowledge sharing approaches into its way of working internally (especially at the mission level) and with implementing partners.

**Project Mission:** K4Health supports strengthened knowledge and information use and exchange among health program managers and service providers by developing and improving the use of robust knowledge management (KM) practices, tools and services related to health, and specifically to family planning/reproductive health. Health service providers and program managers need to routinely access, use, and adapt high quality, relevant health information, knowledge and expertise to do their jobs most effectively. Unfortunately, many barriers prevent this from happening. K4Health is designed to overcome impediments to accessing, using and adapting health knowledge and information and to facilitating enhanced exchange of information, knowledge and experiences at global, regional and local levels.

**Services Provided:** K4Health provides global leadership in knowledge management focused on health, and particularly on family planning. K4Health has expertise in supporting the synthesis, exchange, adaptation and use of health knowledge and information to support improved programs and services. The project’s major components include:

1. A comprehensive, global web repository available through http://www.k4health.org that offers:
   - Self-directed eLearning courses for rapid or just-in-time learning;
   - Toolkits featuring key materials on priority health topics, designed to be practical collections of trusted public health resources, identified by experts and arranged for easy use;
   - Virtual discussions and webinars on a range of health-related topics that provide access to a community of experts from around the world;
   - An online library of thousands of health-related photographs for editorial use
   - A searchable health research database focused on family planning/reproductive health and related topics

2. Regional and country level technical assistance in building knowledge management capacity and in providing health-related KM services including assistance in:
   - Assessing and identifying knowledge and information needs of health providers and program
managers and developing strategies to better meet those needs

- Supporting collaborative knowledge exchange and sharing among providers and program managers through local communities of practice, blended or eLearning tools and both face to face and virtual collaborations.
- Supporting country or regional online repositories or physical resource centers and develop local capacity to manage and sustain these resources.

3) A research, monitoring and evaluation (RM&E) portfolio with activities intend to fill some of the gaps in current KM research, including (specific to the project) how K4Health products are applied, used and adapted at the field-level; and (more broadly) research on the impact of KM on:

- The knowledge, skills, behavior, and attitudes of health professionals, including providers.
- Changes in program quality after a KM intervention has been implemented.
- How service delivery changes once KM strategies are adopted.
- The collection and dissemination of best practices and lessons learned through KM systems.
- Client knowledge, skills, behavior, and attitudes after receiving care from a provider/facility that has adopted KM strategies.

**Funding Sources:** The project primarily receives funding from the Office of Population and Reproductive Health (PRH). It receives smaller amounts of directed funding from other Offices across the Bureau for Global Health and cross-bureau funds for cross-bureau activities. Field support buy-ins for KM support to specific Missions or regional organizations (as described above) have been received from: USAID/Peru, USAID/Mozambique, USAID/Southern Africa Regional HIV/AIDS Program (RHAP), USAID/Kenya and East Africa Regional, and USAID/Eastern and Southern Caribbean. The project’s core-funded repository of tools, information and research has a global audience, including USAID regional and field missions, USAID partners, and other donors and implementers of health programming. The repository spans all health element areas, but implements a family planning focus given the comparatively high levels of PRH funding. The project’s research and partnerships activities are also PRH funded and focused.

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

If project/program does not have a Strategic/Results Framework, describe the theory of change of the project/program/intervention.

**Strategic Objective:** Health knowledge and information is exchanged, accessed, used, and adapted by health program managers and service providers to improve programs and services, by contributing to one or more of the project’s four intermediate results (IRs):

IR1. Knowledge and information needs, preferences and promising and evidence-based knowledge management practices are identified, monitored, and incorporated into K4Health II’s products and services;

IR2. A comprehensive global repository of Family Planning/Reproductive Health and related health information is managed, updated, and improved;

IR3. Collaborative relationships are harnessed and services are created, adapted, and provided to facilitate knowledge and information exchange and use; and

IR4. Knowledge management capacity is built and KM services are provided to regional and country programs.

This evaluation will focus primarily on IR1, although activities under IR2, IR3, and IR4 that contribute to identifying and incorporating KM practices into project products and services will be included in the scope of work as needed. IR1 ensures continuous learning and integration of findings or evidence from assessments, research, routine monitoring, evaluations conducted by the project, or other special assessments will contribute to deepening and strengthening the project’s, USAID’s and the larger FP/RH community’s understanding of the positive effect of using KM approaches and tools on family planning outcomes and family planning programs. Under IR1 the project is also charged with contributing evidence-based KM practice to the large FP/RH and development community so that others can apply
what K4Health has learned in different contexts.

K4Health’s overarching research questions focus on the effect of the project’s KM interventions in connecting its’ two key audiences -- program managers and health service providers -- to the knowledge they need. Initially the project proposed three areas of inquiry related to diffusion of knowledge, engagement with peers through networks and communities of practice and capacity building of stakeholder organizations in KM approaches. The current project vision is to demonstrate how K4Health contributes to better health outcomes through improved health systems and quality of care. This is based on looking at learning or knowledge transfer based on the four levels of Kirkpatrick’s Evaluation model: level 1 (reaction), level 2 (learning), level 3 (behavior) and level 4 (results). The previous iteration of the project also looked at these levels, though framed though a logic model lens with outputs measuring reach and engagement, initial outcomes measuring learning and action, and intermediate outcomes measuring systems improvement and client behavior change. Most work focused on user perceptions of usability and usefulness (outputs) but efforts were made to measure changes in systems and provider and client behavior change (outcomes) through field projects in Malawi and Bangladesh. In the current iteration, the project planned to continue to collect data to better understand the effect of project activities on each of Kirkpatrick’s levels (particularly the higher levels) with its IR1 activities.

K4Health also proposed to look at what could be learned from their KM work at three different stages of implementation: learning before implementation, learning during implementation and learning after implementation. The first category included needs and landscape assessments and guidance/job aids for project staff and the larger community of KM practitioners. Learning during implementation included adaptive monitoring and evaluation, creation of feedback loops and creating a cohort of product users to provide ongoing feedback. Learning after implementation efforts focused on effects of implementation, including field-based projects where K4Health could attempt to measure the impact of its interventions (especially the capacity building) on health programs and activities.

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

Global

IX. SCOPE OF WORK
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.

A. The purpose of the evaluation component is to provide USAID Office of Population and Reproductive Health (PRH) with an independent evaluation of key components of PRH’s flagship knowledge management project (hereafter K4Health). It will include both information and analysis that will aid in the development of the scope of work for a follow-on project. The results of this evaluation will be used as part of the planning for the redesign of the project. Specifically, USAID is interested in evaluating the feasibility, relevance, effect of and use by the larger global health and development community of the project’s research and M&E approaches, strategy, activities, tools and resources in order to understand if, in the future, PRH should increase, decrease, or refocus activities in this area. What has been the value of the work conducted under IR1, beyond routine M&E designed to improve project products and services? What value has the information gained from the project’s research added to the field of KM for FP/RH/global health? For example, are others working in FP/RH and global health using any of its approaches to measuring the effects of KM, or implementing any of the research or evaluation-related tools developed by the project? Specifically, how has K4Health advanced the measurement knowledge management in global health and development? Goals for the evaluation would include identifying project contributions to:
• the Office of Population’s mission, goals and results framework
• KM and organizational learning within USAID
• How other implementing partners, especially those working in global health, have adapted and adopted KM-related tools, methodologies, and indicators developed by K4Health

Ultimately this evaluation will help USAID determine if KM-related research and related activities, resources and tool development should be a major component, a minor component or not be a component of the follow-on project.

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 audience for this evaluation is primarily the Office of Population and the USAID PRH team that will design the follow-on project. Other teams who may design future KM projects in PRH or the GH Bureau will also find this information useful, particularly as there are KM components and activities in many other PRH global projects. This evaluation may also help project design teams in defining the role of a central KM project vs. incorporating elements of KM in other projects both in PRH and in the Global Health Bureau. While there are benefits to having one central mechanism that would focus on KM for the entire Bureau, the question of the feasibility of a centralized vs. a distributed model is not within this scope of work.

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

These findings will be used to support the redesign of the mechanism. The evaluation should not focus on management or performance outcomes, but rather on the value of the research and research approaches utilized by the project to PRH, to broader KM and CLA efforts in the agency, and to KM in international development as well as on the appropriate use of the right methodologies, tools and techniques in the research undertaken.

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

a) 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 policy suggests 3 to 5 evaluation/analytic questions.**

b) List the recommended methods that will be used to collect data to be used to answer each question.

c) State the application or use of the data elements towards answering the evaluation questions; for example, i) ratings of quality of services, ii) magnitude of a problem, iii) number of events/occurrences, iv) gender differentiation, v) etc.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Suggested methods for answering this question</th>
<th>Sampling Frame</th>
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<tbody>
<tr>
<td>What have been the contributions of the published research, tools, and research &amp; M&amp;E methods used by K4Health to:</td>
<td>Mapping the K4Health research that has been done against PRH IRs, against the USAID program cycle (particularly the adaptive management and learning)</td>
<td>Relevant PRH and GH staff, as well as PPL staff including Virginia Lamprecht, Stacey Young, Monica Matts, Tony Pryor, other USAID staff working on KM, and others</td>
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<td></td>
<td>- PRH intermediate results</td>
<td>focus and against an analysis of KM/OD research related to health and development using project documents, agency documents and information from the KM field</td>
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<td></td>
<td>- USAID, particularly in the area of adaptive management, organizational learning and collaboration</td>
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<td></td>
<td>- the broader fields of KM in global health and organizational development</td>
<td>identified through discussion with the project and USAID</td>
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<td></td>
<td>For the KM field: Knowledge Management 4 Development, (KM4Dev Knowledge Brokers Forum), GHKC, LEARN Project staff, HIPNet, SM4GH, IBP, and others as identified in discussion with the project and USAID</td>
</tr>
<tr>
<td>2</td>
<td>How do the research strategy and actual research activities conducted compare with the vision for research articulated in the project’s proposal and strategic documents, acknowledging that the project has faced challenges beyond its control in moving this agenda forward?</td>
<td>Mapping the research that has been done against the project’s own research strategy: project strategy, list of project research, work plans</td>
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<td></td>
<td>- How has the project’s research strategy informed the project’s research activities?</td>
<td>Interview, focus groups with K4Health staff</td>
</tr>
<tr>
<td></td>
<td>- What have been the challenges faced in implementing this research strategy, especially those that would be relevant to a follow-on project?</td>
<td>K4Health (for the strategy and discussion of challenges); Project management team</td>
</tr>
<tr>
<td>3</td>
<td>What has been the result or outcome of K4Health’s broader RM&amp;E activities (continuous monitoring, quality assurance, iterative and nimble design approaches, etc.) on the quality or success of project activities?</td>
<td>List of RM&amp;E activities; project PMP, progress reports, publications and tools; published &amp; submitted articles; results of surveys/interviews of users of K4Health products &amp; services</td>
</tr>
<tr>
<td></td>
<td>- What can USAID learn from its investment in RM&amp;E of KM for global health to strengthen its approaches to/investments in implementation science more broadly?</td>
<td></td>
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<tr>
<td>4</td>
<td>How has K4Health been a leader in and contributed to</td>
<td>Survey of GHKC members; interviews with other USAID</td>
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<td></td>
<td>USAID and GH KM champions &amp; other project</td>
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</tbody>
</table>
in RM&E of KM for global health?
- What is its impact/influence on other USAID-funded KM projects, including but not limited to PRH projects?
- How has K4Health played a leadership role in setting and implementing the research agenda for the field of KM in FPRH programming?

KM staff; interviews with project staff

KM staff, for example:
- Stacey Young
- Zachary Baquet
- Patricia Mantey
- Piers Bocock
- Lani Marquez
- Monalisa Salib
- Luis Ortiz (MSH)
Etc, as identified in discussion with USAID and the project

E. **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**: The evaluation team will work collaboratively with the USAID management team to develop a detailed work plan as well as a data collection strategy, including data collection instruments. A variety of methods will be incorporated, including, but not limited to, analysis of information and data obtained through project document review, desk review of relevant technical literature, semi-structured key informant interviews, possible surveys to groups of common stakeholders, and site visits to K4Health and possibly to other projects in the DC area. A final list of relevant documents, key informants, and sites will be developed in conjunction with the evaluation team. We envision most methods will be intellectual review and/or interviews with key stakeholders. There will likely be little need for quantitative analysis. The PRH management team will provide contacts for key stakeholders as needed.

**Limitations**

This evaluation methodology has several limitations. Firstly, the evaluation questions do not lend themselves to an experimental or quasi-experimental approach. Instead, the evaluation questions are best answered through systematic review of documentation, quantitative research as relevant to the PMP indicators, and qualitative research. Unfortunately, as compared to quantitative research, qualitative research is more dependent on experience and judgment. Ensuring that conclusions are drawn from the data, rather than evaluator opinion will be imperative. In part, standardized data collection and analysis instruments will help ensure that conclusions are evidence-based. Another limitation of the evaluation is that of selection bias—key informant interviews may suffer from certain groups being unintentionally omitted or others being selected for convenience. To overcome this bias, USAID will work closely with the evaluators to ensure that all relevant audiences are reached. Finally, the evaluation may suffer from reporting bias, particularly from K4Health staff members, who have self-interest to show the project's best face. All efforts will be made to invite open, honest feedback, and to communicate and show that this evaluation is not linked to K4Health funding decisions.

**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 the evaluation. Documents and data to be reviewed include the following, and will be provided by the PRH management team:

1. RFA and agreement
2. work plans, PMP
3. annual and biannual reports
4. research strategy and concept notes
5. documentation related to research or M&E activities (survey instruments, survey results, key informant interviews, focus groups, net-mapping results, research protocols)
6. relevant project reports and trip reports and documents related to project work with ECSA and WAHO, GHeL work on compliance and IVR, FP Voices, Ethiopia training package, East Africa Share Fair, work for the Mozambique mission, with PANCAP, analysis of Bangladesh data, work with the Lake Victoria Basin Initiative, and others. Most of the field funded work did not include a research or evaluation component; research/evaluation has primarily been funded with core funds.
7. GHKC website, meeting notes, KM toolkit
8. relevant project publications (KM indicator guide, other “how to” guides (how to organize a share fair, etc.)
9. journal articles published by the project or in development
10. Research datasets and documentation
11. Other research and M&E activity and data outputs

Specific tools that should be part of the scope of the evaluation include:
1) KM Needs Assessment Tool, KM Index
2) Theory Primer on Diffusion of Innovation
3) Systematic literature review on communities of practice (if it has been shared publicly)
4) KM video used in the LeaderNet Seminar
5) KM baseline instruments
6) Guide to Monitoring and Evaluating Knowledge Management in Global Health Programs (produced by K4Health prior to start of this project but still promoted by the project and under revision)

The evaluation team should also review journal articles published by the K4Health project during the first three years as well as relevant conference presentations and posters.

USAID is interested in the Evaluation Team’s key summary takeaways from their review of the literature and data.

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

<table>
<thead>
<tr>
<th>Data Source (existing dataset)</th>
<th>Description of data</th>
<th>Recommended analysis</th>
</tr>
</thead>
</table>
| Review of existing K4Health research datasets (quantitative & qualitative data) | | Cursory review of data for:  
  - Data quality  
  - Confirm analytic results  
  - Identify other potentially useful analyses/use of data |

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

  **Key informants:**
  - USAID staff from missions that have invested in K4Health for KM capacity building (East Africa Regional Mission, Regional HIV/AIDS Program (Southern Africa Regional Mission), Eastern and Southern Caribbean Regional Mission)
- USAID staff whose missions have asked K4Health to conduct research, analysis, synthesis (Peru or Peru DC team, Mozambique)
- Knowledge management staff in the agency
- KM practitioners (GHKC)
- the larger KM for development community, staff from the LEARN project and PPL

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Group Discussions</td>
<td>(list categories of groups, and purpose of inquiry)</td>
</tr>
<tr>
<td>Group Interviews</td>
<td>(list categories of groups, and purpose of inquiry)</td>
</tr>
<tr>
<td>Client/Participant Satisfaction or Exit Interviews</td>
<td>(list who is to be interviewed, and purpose of inquiry)</td>
</tr>
<tr>
<td>Survey</td>
<td>(describe content of the survey and target responders, and purpose of inquiry)</td>
</tr>
<tr>
<td>Facility or Service Assessment/Survey</td>
<td>(list type of facility or service of interest, and purpose of inquiry)</td>
</tr>
<tr>
<td>Observations</td>
<td>(list types of sites or activities to be observed, and purpose of inquiry)</td>
</tr>
<tr>
<td>Cost Analysis</td>
<td>(list costing factors of interest, and type of costing assessment, if known)</td>
</tr>
<tr>
<td>Data Abstraction</td>
<td>(list and describe files or documents that contain information of interest, and purpose of inquiry)</td>
</tr>
<tr>
<td>Case Study</td>
<td>(describe the case, and issue of interest to be explored)</td>
</tr>
<tr>
<td>Verbal Autopsy</td>
<td>(list the type of mortality being investigated (i.e., maternal deaths), any cause of death and the target population)</td>
</tr>
<tr>
<td>Rapid Appraisal Methods</td>
<td>(ethnographic / participatory) (list and describe methods, target participants, and purpose of inquiry)</td>
</tr>
<tr>
<td>Other</td>
<td>(list and describe other methods recommended for this evaluation/analytic, and purpose of inquiry)</td>
</tr>
</tbody>
</table>

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>
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</table>

X. HUMAN SUBJECT PROTECTION

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the evaluation, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the evaluation at any time without consequences. Only adults can consent as part of this evaluation/assessment/study. Minors cannot be respondents to any interview or survey, and cannot participate in a focus group discussion without going through an IRB. The only time minors can be observed as part of this evaluation is as part of a large community-wide public event, when they are part of family and community in the public setting. During the process of this evaluation, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.

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

XI. ANALYTIC PLAN

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

All analyses will be geared to answer the evaluation questions. Additionally, the evaluation will review both qualitative and quantitative data related to the project/program’s achievements against its objectives and/or targets.

Data analyses for the evaluation will likely consist primarily of intellectual review of project materials and interview feedback. The team will likely want to map existing research activities against the project’s research strategy. Interviews with a range of stakeholders will produce data that will provide one component of the team’s research, but full thematic analyses of interview data will likely not be necessary. Quantitative review of the PMP and relevant data/indicators may be included. Other qualitative or quantitative methods can be proposed by the evaluation team as they see fit.

Data analysis for the internal assessment is described above under Secondary analysis.
XII. 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 – A number of key documents are available for review for this evaluation. These include the original RFA, K4Health’s proposal, annual work plans and progress reports, research strategy, M&E plans, quarterly progress reports, routine reports of project performance indicator data, and journal articles. The evaluation team should also review key outputs (products) of the project related to its research activities including journal articles, tools, checklists, etc. In addition, there are Office of Population and Reproductive Health strategic documents and agency documents (PPL) that should also be reviewed. This desk review will provide background information for the Evaluation Team, and will also be used as data input and evidence for the evaluation. (Background reading for the internal assessment will not be provided as the KM Specialist should have this background, generally speaking.)

Team Planning Meeting (TPM) – A three-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 the Mission. 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 Team will also discuss expected process for the internal assessment component. The time and place for this in-brief will be determined between the Team Lead and USAID prior to the TPM.
- Workplan and methodology review briefing. At the end of the TPM, the Evaluation Team will meet with USAID to present an outline of the methods/protocols, timeline and data collection tools. Also, the format and content of the Evaluation and Assessment reports will be discussed.
- In-brief with project to review the evaluation plans and timeline, and for the project to give an overview of the project to the Evaluation Team.
- The Team Lead (TL) will brief the USAID weekly to discuss progress on the evaluation via email. A phone call will be planned for the briefing only when needed. As preliminary findings arise, the TL will share these by phone or in an email. Internal assessment progress will be
• 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.) This debrief should also include findings from the internal assessment.

• 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 Mission, and will not include any information that may be procurement deemed sensitive or not suitable by USAID, such as recommendations for re-design.

Data Collection – The evaluation team will do remote data collection through telephone interviews and web-based survey(s).

Evaluation Key Findings and Recommendations Memo – As USAID needs results of this evaluation by March 15, the Evaluation Team will develop a memo with preliminary findings and actionable recommendations. The contents of this brief will be determined during the in-brief with USAID.

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

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

The Evaluation Report excludes any procurement-sensitive and other sensitive but unclassified (SBU) information. This information will be submitted in a memo to USAID separately from the Evaluation Report. This memo should include key findings and recommendations as described below in section XVIII Analytic 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 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.
XIII. 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 26, 2017</td>
</tr>
<tr>
<td>☐ In-brief with USAID</td>
<td>February 6, 2017</td>
</tr>
<tr>
<td>☐ Workplan and methodology review briefing</td>
<td>February 10, 2017</td>
</tr>
<tr>
<td>☐ Workplan (must include questions, methods, timeline, data analysis plan, and instruments)</td>
<td>February 13, 2017</td>
</tr>
<tr>
<td>☐ In-brief with target project / program</td>
<td>February 13, 2017</td>
</tr>
<tr>
<td>☐ Routine briefings</td>
<td>Weekly by phone</td>
</tr>
<tr>
<td>☐ Key Findings and Recommendations Memo</td>
<td>March 14, 2017 Feb. 13/10th - 2/13/17 Note: Must be submitted to USAID no later than March 15, 2017</td>
</tr>
<tr>
<td>☐ Out-brief with USAID with Power Point presentation</td>
<td>March 15, 2017</td>
</tr>
<tr>
<td>☐ Findings review workshop with IP &amp; stakeholders with Power Point presentation</td>
<td>March 16, 2017</td>
</tr>
<tr>
<td>☐ Draft report</td>
<td>Submit to GH Pro: March 29, 2017</td>
</tr>
<tr>
<td></td>
<td>GH Pro submits to USAID: April 4, 2017</td>
</tr>
<tr>
<td>☐ Final report</td>
<td>Submit to GH Pro: April 21, 2017</td>
</tr>
<tr>
<td></td>
<td>GH Pro submits to USAID: April 27, 2017</td>
</tr>
<tr>
<td>☐ Raw data (cleaned datasets in CSV or XML with data dictionary)</td>
<td>April 21, 2017</td>
</tr>
<tr>
<td>☐ Report Posted to the DEC</td>
<td>June 9, 2017</td>
</tr>
</tbody>
</table>

Estimated USAID review time
Average number of business days USAID will need to review deliverables requiring USAID review and/or approval? 7 Business days

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

Evaluation/Analytic team: When planning this analytic activity, consider:
- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leaders for evaluations/analytics must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation Specialist, who should have evaluation methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with methodological expertise.
- Note that all team members will be required to provide a signed statement attesting that they have no conflict of interest, or describing the conflict of interest if applicable.
Team Qualifications: Please list technical areas of expertise required for these activities
- List desired qualifications for the team as a whole
- List the key staff needed for this analytic activity and their roles.
- Sample position descriptions are posted on USAID/GH Pro webpage
- Edit as needed GH Pro provided position descriptions

Overall Team requirements: The team needs to have a balance of M&E, evaluation, and KM experience. One staff member would preferably have health programming experience.

A two-member evaluation team is proposed; one person will be designated as the team leader and will oversee all aspects of the evaluation and be in charge of the overall design, data collection, analysis, writing of the evaluation report.

Team Lead: This person will be selected from among the key staff, and will meet the requirements of both this and the other position. The team lead should have significant experience conducting project evaluations.

Roles & Responsibilities: The team leader will be responsible for (1) providing team leadership; (2) managing the team’s activities, (3) ensuring that all deliverables are met in a timely manner, (4) serving as a liaison between the USAID and the evaluation/analytic team, and (5) leading briefings and presentations.

Qualifications:
- Minimum of 10 years of experience in public health, which included experience in implementation of health activities in developing countries
- Demonstrated experience leading health sector project/program evaluation/analytics, utilizing both quantitative and qualitative methods
- Excellent skills in planning, facilitation, and consensus building
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline
- Good writing skills, with extensive report writing experience
- Familiarity with USAID health programs/projects
- Familiarity with USAID monitoring and evaluation policies and practices
  - Evaluation policy
  - Results frameworks
  - Performance monitoring plans

Key Staff 1 Title: The Evaluation Specialist will oversee instrument design, data collection and analysis, write relevant sections of the report, and present relevant conclusions and recommendations to USAID. She/he will provide leadership and quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. S/he is the lead analyst, responsible for all data analysis, and will coordinate the analysis of all data, assuring all quantitative and qualitative data analyses are done to meet the needs for this evaluation. S/he will participate in all aspects of the evaluation, from planning, data collection, and data analysis to report writing.

Key Staff 1 Title: The KM Specialist will oversee the knowledge management (KM) and Knowledge Exchange (KE) aspects of the evaluation. He/she will be familiar with industry trends and best practices in the use of KM in LMIC contexts and have significant experience leading, designing and supporting knowledge exchange programs, processes, and approaches for health audiences in developing countries, with low-bandwidth, cultural diversity, and high
workload/pressure. He/she should have experience leading, designing and supporting innovation in knowledge exchange initiatives; designing and implementing blended knowledge exchange approaches; and integrating information and communication technologies into KM and KE approaches. The person should have experience and understanding of applying theories of adult learning and an understanding of emerging trends in information and communication technologies, the role of appropriate technology in development, and the integration of those trends into KM and KE initiatives. He/she should have experience in evaluating the impact of knowledge uptake, adoption and adaptation.

**Consultant Qualifications:** The combined skill sets of the two consultants should include:

- Experience leading health sector project/program evaluation/analytics, utilizing both quantitative and qualitative methods
- Research skills/experience (qualitative and quantitative)
- Experience conducting assessments of KM and knowledge sharing interventions, especially in developing country contexts
- Experience and technical expertise in population and health issues, including familiarity with information constraints facing health workers and program managers and experience with implementation of health activities in developing countries
- Excellent skills in planning, facilitation, and consensus building
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline
- Good writing skills, with extensive report writing experience
- Familiarity with USAID policies and practices
  - Evaluation policy
  - Results frameworks
  - Performance monitoring plans
- Experience in design and implementation of evaluations
- Strong knowledge, skills, and experience in qualitative and quantitative evaluation tools
- Experience implementing surveys, key informant interviews, focus groups, observations and other evaluation methods that assure reliability and validity of the data.
- Experience in data management including:
  - Ability to analyze qualitative & quantitative data
  - Experience with qualitative evaluation methodologies, and triangulating with quantitative data
  - Strong data interpretation and presentation skills

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

| GH Pro will provide a **Program Assistant** who will provide logistics and administrative support for this evaluation. Working under the guidance of the Team Lead, she will arrange meetings and appointments, assist with managing with web-based survey, and other tasks as assigned and ensure the processes moves forward smoothly. |

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

☐ Yes – If yes, specify who:
☐ Significant Involvement anticipated – If yes, specify who:
☑ No
**Staffing Level of Effort (LOE) Matrix:**

**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>Evaluation Specialist/Team Leader</td>
</tr>
<tr>
<td>1 Launch Briefing</td>
<td>0.5</td>
</tr>
<tr>
<td>2 Desk &amp; data review</td>
<td>7</td>
</tr>
<tr>
<td>3 Travel to DC (RT)</td>
<td>2</td>
</tr>
<tr>
<td>4 In-brief with USAID</td>
<td>0.5</td>
</tr>
<tr>
<td>5 Team Planning Meeting</td>
<td>3</td>
</tr>
<tr>
<td>6 Workplan and methodology briefing with USAID</td>
<td>0.5</td>
</tr>
<tr>
<td>7 Evaluation planning deliverables: 1) workplan with timeline &amp; analytic protocol (methods, sampling &amp; analytic plan); 2) data collection tools</td>
<td></td>
</tr>
<tr>
<td>8 In-brief with project</td>
<td>0.5</td>
</tr>
<tr>
<td>9 Data Collection DQA Workshop (protocol review &amp; field testing tools)</td>
<td>1</td>
</tr>
<tr>
<td>10 Prep / Logistics for data collection</td>
<td>0.5</td>
</tr>
<tr>
<td>11 Data collection</td>
<td>15</td>
</tr>
<tr>
<td>12 Data analysis</td>
<td>4</td>
</tr>
<tr>
<td>13 Travel to DC (RT)</td>
<td>2</td>
</tr>
<tr>
<td>14 Key Findings and Recommendations Memo</td>
<td>2</td>
</tr>
<tr>
<td>15 Debrief with USAID with prep</td>
<td>1</td>
</tr>
<tr>
<td>16 Stakeholder debrief workshop with prep</td>
<td>1</td>
</tr>
<tr>
<td>17 Draft report(s)</td>
<td>6</td>
</tr>
<tr>
<td>18 GH Pro Report QC Review &amp; Formatting</td>
<td></td>
</tr>
<tr>
<td>19 Submission of draft report(s) to Mission</td>
<td></td>
</tr>
<tr>
<td>20 USAID Report Review</td>
<td></td>
</tr>
<tr>
<td>21 USAID manages Stakeholder review (e.g., IP(s), government partners, etc.) and submits any Statement of Difference to GH Pro.</td>
<td></td>
</tr>
<tr>
<td>22 Revise report(s) per USAID comments</td>
<td>3</td>
</tr>
<tr>
<td>23 Finalize and submit report to USAID</td>
<td></td>
</tr>
<tr>
<td>24 USAID approves report</td>
<td></td>
</tr>
<tr>
<td>25 Final copy editing and formatting</td>
<td></td>
</tr>
<tr>
<td>26 508 Compliance editing</td>
<td></td>
</tr>
<tr>
<td>27 Evaluation Report(s) to the DEC</td>
<td></td>
</tr>
<tr>
<td><strong>Total LOE per person</strong></td>
<td>50</td>
</tr>
</tbody>
</table>

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

N/A

**XV. LOGISTICS**

**Clearances & Other Requirements**

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

**GH Pro can obtain Secret Security Clearances and Facility Access (FA) for our**
consultants, but please note these requests processed through USAID/GH (Washington, DC) can take 4-6 months to be granted, with Security Clearance taking approximately 6 months to obtain. If you are in a Mission and the RSO is able to grant a temporary FA locally, this can expedite the process. If Security Clearance or FA 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.

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
   Specify who will require workspace at GH Pro: Team workspace for TPM and presentation preparation, and other team meeting needs.
   ☐ Travel - other than posting (specify):
   ☐ Other (specify):

XVI. **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.

XVII. **USAID ROLES AND RESPONSIBILITIES**
Below is the standard list of USAID’s roles and responsibilities. Add other roles and responsibilities as appropriate.

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

**Before Field Work**
- **SOW.**
  - Develop SOW.
  - Peer Review SOW
  - Respond to queries about the SOW and/or the assignment at large.
- **Consultant Conflict of Interest (COI).** To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV’s for proposed consultants and provide additional information regarding potential COI.
• 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.

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.

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

The Evaluation/Analytic Final Report must follow USAID’s Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the USAID Evaluation Policy).
   a. The report must not exceed 50 pages (excluding executive summary, table of contents, acronym list and annexes).
   b. The structure of the report should follow the Evaluation Report template, including branding found here or here.
   c. Draft reports must be provided electronically, in English, to GH Pro who will then submit it to USAID.
   d. For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found here.

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:

- Executive Summary: concisely state the most salient findings, conclusions, and recommendations (not more than 4 pages);
- Table of Contents (1 page);
- Acronyms
- Evaluation/Analytic Purpose and Evaluation/Analytic Questions (1-2 pages)
- Project [or Program] Background (1-3 pages)
- Evaluation/Analytic Methods and Limitations (1-3 pages)
- Findings (organized by Evaluation/Analytic Questions)
- Conclusions
- Recommendations
- Annexes
  - Annex I: Evaluation/Analytic Statement of Work
  - Annex II: Evaluation/Analytic Methods and Limitations
  - Annex III: Data Collection Instruments
  - Annex IV: Sources of Information
    - List of Persons Interviews
    - Bibliography of Documents Reviewed
    - Databases
    - [etc.]
  - Annex V: Disclosure of Any Conflicts of Interest
  - Annex VI: Statement of Differences (if applicable)

The evaluation methodology and report will be compliant with the USAID Evaluation Policy and Checklist for Assessing USAID Evaluation Reports.

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

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

**XIX. USAID CONTACTS**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Primary Contact</th>
<th>Alternate Contact 1</th>
<th>Alternate Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>KM/IT Advisor</td>
<td>Public Health Advisor</td>
<td>Program Analyst</td>
</tr>
<tr>
<td>USAID Office/Mission</td>
<td>GH/PRH/PEC</td>
<td>GH/PRH/PEC</td>
<td>GH/PRH/PEC</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:mdadamo@usaid.gov">mdadamo@usaid.gov</a></td>
<td><a href="mailto:rmarcus@usaid.gov">rmarcus@usaid.gov</a></td>
<td><a href="mailto:aferrand@usaid.gov">aferrand@usaid.gov</a></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>Name:</th>
<th>Technical Support Contact 1</th>
<th>Technical Support Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Evaluation Technical Advisor</td>
<td></td>
</tr>
<tr>
<td>USAID Office/Mission</td>
<td>PRH</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:aselim@usaid.gov">aselim@usaid.gov</a></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**XX. OTHER REFERENCE MATERIALS**

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

**XXI. CHANGES TO THE SOW**
ANNEX II. EVALUATION METHODS AND LIMITATIONS

Design

The scope of work for this mid-term performance evaluation suggested the methods the evaluation team was to use. (The K4Health project was in Year 4 of a five-year agreement at the time of the evaluation.) The methods employed were semi-structured interviews with key informants, supplemented by document review. A list of potential key informants was provided to the evaluation team by the USAID K4Health Management team and by the K4Health project leadership. We also reviewed the project RFA and technical proposal, performance management plan (PMP), work plans, annual reports, and activity concept papers, research reports, presentations and publications, a total of more than 80 project documents. The K4Health team supplied most of these documents, with additional material supplied by the USAID K4Health Management team. The evaluation team also reviewed a number of supplementary documents suggested by key informants and from their own collection of relevant literature.

The project documents were used to understand the scope of the project, help to develop the interview guides, and to corroborate information obtained from interviewees. We were also able to triangulate data regarding evaluation questions from multiple perspectives, since we interviewed a number of different target groups. Please note that no field visits were intended for this evaluation and none were done.

The following sections describe major components of the evaluation: interview preparation, sample selection, description of data collection tools, categories of key evaluation respondents, data analysis, and evaluation limitations.

Preparation for Interviews

Interviews with key informants spanned about three weeks from late February to mid-March. Prior to these interviews, the team undertook the following preparation activities:

- The team reviewed project documents provided by USAID and K4Health via Google Docs prior to the evaluation launch call of February 3, and the week following.
- Document review continued during the week of February 13, when the team had in-brief meetings with the USAID/DC team managing the K4Health project and with K4Health staff.
- During the same week, we held team planning meetings, developed the work plan for the evaluation and drafted interview guides, submitted to USAID on February 20.

Sample selection and scheduling of interviews

Purposive selection of key informants was based on discussions and lists of contacts provided by the USAID management team, K4Health leadership, and contacts identified by the KM specialist and the evaluation specialist.
The evaluation team interviewed 51 individuals in 44 separate interviews, with two interviews comprising three people and the four comprising two people. The rest were conducted individually. Names and affiliations of interviewees are listed in Annex III.

Interviews were scheduled with the help of our GHPro Program Manager and Project Assistant. The evaluation team tried to interview all the contacts suggested by USAID, as well as those proposed by the K4Health team. However, we were unable to obtain interviews with nine USAID staff suggested to us, although only two were listed as ‘essential.’ (This does not count a list of “optional” USAID staff for which only email addresses were provided.) We were also unable to interview three of the field collaborators, names we had requested from the K4Health team. We did however schedule 14 interviews with additional contacts, either known to the evaluation team or suggested by other key informants. We interviewed members of the Global Health Knowledge Collaborative, but given the limited time and concerns about the utility of survey questions for our purposes, we did not attempt to survey members of various suggested listservs. We think that the list of persons interviewed provides a thorough representation from the various target groups we intended to reach. Names and affiliations are noted in Annex III.

**Data collection tools and target groups**

The evaluation team developed data collection instruments for the interviews (described below), minimally pre-testing them before commencing face-to-face interviews with DC-based informants during the week of February 20. The team started interviews quickly because they wanted to take advantage of their time in Washington to do face-to-face interviews. Most interviews had to be conducted remotely, after the evaluation team returned to their home bases outside the DC area. The guides were revised based on comments received from the USAID team and GHPro. (Data collection instruments are found in Annex V.)

The evaluation field team gathered data in person and remotely, via SKYPE and telephone, using the following instruments:

Interviews were conducted using a semi-structured format in which relevant questions were asked in an order and using language appropriate for the specific interview. The interviewers were able to choose to omit questions irrelevant for a specific interviewee. The guides also contained appropriate probes to obtain further information if needed. Five guides were developed, one to be used for each target group:

1. For K4Health staff, including the Result 1 (Research, M&E) team, project director and deputy director, project team leads and other K4Health and CCP staff.

2. For the USAID K4Health Management team and PRH M&E team.

3. For interviews with other USAID staff, including non-PRH Global Health staff, and key USAID KM advisors/managers of projects with a KM role; staff of Programs, Policy and Learning and the LEARN project; and staff / directors of KM projects in other USAID sectors.

---

3 This contact, as well as several other USAID contacts, was unavailable despite several attempts to schedule interviews. Another was on maternity leave and unreachable.
4. For interviews with project consortium partners, other USAID-funded projects, and KM advisors in institutional roles in international NGOs, and collaborating staff of IBP, FP2020.

5. For interviews with field collaborators involved in K4Health research.

The last interview guide, Guide #5, was developed after the first four were completed, as interviews were obtained with K4Health research collaborators in field projects in Africa and Latin America. As appropriate, several people from the same organization participated together in an interview. In total, six such “group” interviews were conducted – four with two participants and two with three participants.

**Ethical Considerations and Human Subject Protection**

The evaluation team developed a protocol to insure privacy and confidentiality prior to data collection. All key informant interviewees were asked for oral consent to be interviewed, and assurance of privacy and confidentiality of information they provide. All those we approached consented. All individual data including informant quotes is presented without information that could lead to individual identification. Identifying information on interview guides was used only by the evaluation team in their analysis – interviews were numbered and a key was used when coding interviews so that names were not transferred to coding sheets.

The evaluation team has no conflicts of interest to report.

**Data analysis**

All analyses were geared to answer the evaluation questions. For the in-depth interviews, an initial list of key themes was developed to address the four primary evaluation questions and sub-questions. A matrix of themes was developed in MSWord to use when coding, allowing a residual (“other”) category for relevant statements that might emerge from individual interviews that did not fit into any of the pre-identified thematic areas. Each team member coded data from their interviews, and met during the week of March 13 to review their results and agree on a list of preliminary findings, identifying associated quotes to support them.

The team then triangulated the results of their qualitative data analyses and information gleaned from the document review, incorporating their expertise in the topic areas (research methods and knowledge management). (See list of data sources in Annex IV.) Findings reported summarize these analyses, and are supported by quotes from the interviews.

**Matrix of evaluation questions and key themes**

<table>
<thead>
<tr>
<th>Evaluation questions</th>
<th>Key themes for coding interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What have been the contributions of the published research, tools, and research &amp; M&amp;E methods used by K4Health to: - PRH intermediate results</td>
<td>Leadership, advocacy – FP Voices&lt;br&gt;Examples of good M&amp;E for programs&lt;br&gt;ECSA, Bangladesh study, other field studies&lt;br&gt;Mentions missed opportunities to contribute&lt;br&gt;Other</td>
</tr>
<tr>
<td>- USAID, particularly in the area of adaptive management, organizational learning and collaboration</td>
<td>LEARN knowledge about K4Health&lt;br&gt;Amount of interest, curiosity from PPL&lt;br&gt;K4Health helpful to Mission learning agenda&lt;br&gt;Collaboration with LEARN&lt;br&gt;GHKC helpful to spreading word to IPs&lt;br&gt;Ways K4Health could amplify CLA&lt;br&gt;Other</td>
</tr>
<tr>
<td>Evaluation questions</td>
<td>Key themes for coding interviews</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
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<tr>
<td>- the broader fields of KM in global health and organizational development</td>
<td>Exposure to M&amp;E guide and logic model</td>
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<tr>
<td></td>
<td>Support for design, methods</td>
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<td></td>
<td>FP Voices study contribution</td>
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<td></td>
<td>Ideas articulated clearly – theory papers, briefs</td>
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<td></td>
<td>GHKC work</td>
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<td></td>
<td>KM index, other tools</td>
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<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>2. How do the research strategy and actual research activities conducted compare with</td>
<td>Implementation science and before, during, after strategy</td>
</tr>
<tr>
<td>the vision for research articulated in the project’s proposal and strategic documents,</td>
<td>Strategy document and vision statements</td>
</tr>
<tr>
<td>acknowledging that the project has faced challenges beyond its control in moving this</td>
<td>Kirkpatrick model as aspirational guide</td>
</tr>
<tr>
<td>agenda forward?</td>
<td>Opportunities taken</td>
</tr>
<tr>
<td>- How has the project’s research strategy</td>
<td>Other</td>
</tr>
<tr>
<td>informed the project’s research activities?</td>
<td></td>
</tr>
<tr>
<td>- What have been the challenges faced in implementing this research strategy,</td>
<td>Field sites/ country funds/interest lacking</td>
</tr>
<tr>
<td>especially those that would be relevant to a follow-on project?</td>
<td>Data ownership or other issues with field partners</td>
</tr>
<tr>
<td></td>
<td>Measurement issues, hard to prove impact</td>
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<tr>
<td></td>
<td>Innovative approaches / methods developed by K4Health</td>
</tr>
<tr>
<td></td>
<td>Decisions about go/no-go</td>
</tr>
<tr>
<td></td>
<td>Team’s approach – positive and negative</td>
</tr>
<tr>
<td>3. What has been the result or outcome of K4Health’s broader RM&amp;E activities</td>
<td>Utility of M&amp;E Guide</td>
</tr>
<tr>
<td>(continuous monitoring, quality assurance, iterative and nimble design approaches,</td>
<td>Mentions idea Lab, other tools created</td>
</tr>
<tr>
<td>etc.) on the quality or success of project activities?</td>
<td>Less ‘silod’ approach to/cross-promotion of products</td>
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<tr>
<td></td>
<td>Mentions quality of PMP / reporting</td>
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<tr>
<td></td>
<td>Provides support for surveys, etc. for other teams</td>
</tr>
<tr>
<td></td>
<td>Collaborative culture of K4Health</td>
</tr>
<tr>
<td>3A. What can USAID learn from its investment in RM&amp;E of KM for global health to</td>
<td>Mentions creative, innovative approaches</td>
</tr>
<tr>
<td>strengthen its approaches to/investments in implementation science more broadly?</td>
<td>Evidence base contributions</td>
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<tr>
<td></td>
<td>Taking advantage of new opportunities</td>
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<tr>
<td></td>
<td>Quality of the research team</td>
</tr>
<tr>
<td>4. How has K4Health been a leader in and contributed to in RM&amp;E of KM for global</td>
<td>Has influenced / assisted with how they do research or M&amp;E</td>
</tr>
<tr>
<td>health?</td>
<td>M&amp;E Guide known and used</td>
</tr>
<tr>
<td>- What is its impact/influence on other USAID-funded KM projects, including but not</td>
<td>K4H data helps make the case for KM in GH projects, provided evidence not available before</td>
</tr>
<tr>
<td>limited to PRH projects?</td>
<td>Through GHKC forum</td>
</tr>
<tr>
<td></td>
<td>Need to be proactive</td>
</tr>
<tr>
<td>- How has K4Health played a leadership role in setting and implementing the research</td>
<td>K4H is alone in doing such research; peer reviewed publications, presentations</td>
</tr>
<tr>
<td>agenda for the field of KM in FPRH programming?</td>
<td>Serves as USAID flagship</td>
</tr>
<tr>
<td></td>
<td>IR1 dedicated to reaching worldwide audience</td>
</tr>
<tr>
<td></td>
<td>Clearer articulation of agenda needed</td>
</tr>
<tr>
<td></td>
<td>Leading GHKC and the M&amp;E WG</td>
</tr>
<tr>
<td></td>
<td>Should take more active leadership; R1 doesn’t see it as primary job</td>
</tr>
<tr>
<td></td>
<td>Other</td>
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</tbody>
</table>
Limitations of the evaluation

The evaluation questions were addressed through systematic review of documents and qualitative data collection. KM is a relatively new discipline that has not yet developed an extensive body of research literature, although there is extensive practitioner literature. Conclusions are backed by specific findings, illustrated by quotes from respondents to reduce the influence of evaluator opinion. Standardized data collection and analysis instruments help ensure that conclusions are evidence-based.

The purposive, non-random selection of respondents interviewed is one limitation of this evaluation method. Time limitations to the number of respondents that could be contacted and who were available and agreed to participate may affect the evaluation findings, but working closely with USAID and K4Health, the team aimed to ensure that all relevant audiences were reached. Nevertheless, the evaluation may suffer from reporting bias, particularly from K4Health staff members, who have an interest in showing the project's best face. The evaluation team took this into account in our analysis, comparing these reports with our own observations and reports from other informants. Our other informants all come from their own particular viewpoints, and so we are aware that all statements made are subject to potential bias of one kind or another.

These interviews may also suffer from “courtesy bias” by respondents who did not wish to say things that might adversely affect the project R1 team, although all interviews were conducted privately. All efforts were made to invite open, honest feedback, and to communicate with the project team, and to demonstrate that this evaluation is not linked to K4Health funding decisions. The evaluation team also tried to avoid such effects by limiting the use of staff interviews in reporting results and by triangulating data from different types of respondents and from documentary evidence. Data from K4Health were used primarily in answering Question Three, about the perceived contributions of the research team to the success of the project for which their opinions were important, and Question Two regarding evolution of the project's research strategy.

Many interviews were conducted remotely (phone or SKYPE), which limits the nuanced information one can get by reading facial expressions and body language. Remote interviews can also reduce information flow, especially when several persons are involved in the interview. Both evaluation team members conducted most interviews together, and two remote interviews were conducted with more than one interviewee.

Finally, evaluation team members come from different disciplines and in some cases had different views of evaluation issues that were reconciled.
### Key Informants Interviewed

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca Arnold</td>
<td>Senior Program Officer and KM Advisor, Challenge Initiative</td>
<td>Gates Institute, Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>Anne Ballard</td>
<td>Program Officer II, Result 1 team</td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>Matt Barnhart</td>
<td>GH Bureau Science Advisor</td>
<td>USAID Bureau for Global Health</td>
</tr>
<tr>
<td>Elizabeth Berard</td>
<td>Youth Advisor</td>
<td>USAID Bureau for Global Health, Office of HIV/AIDS</td>
</tr>
<tr>
<td>Rati Bishnoi</td>
<td>Knowledge and Innovations Manager</td>
<td>FP 2020</td>
</tr>
<tr>
<td>Piers Bocock</td>
<td>Chief of Party</td>
<td>USAID LEARN, Dexis Consulting Group</td>
</tr>
<tr>
<td>Neal Brandes</td>
<td>Health Specialist, Chief, Division of Research and Policy</td>
<td>USAID Bureau for Global Health, Office of Maternal and Child Health and Nutrition</td>
</tr>
<tr>
<td>Sarah Burns</td>
<td>Knowledge Management Advisor</td>
<td>Pathfinder International</td>
</tr>
<tr>
<td>Jarret Cassaniti</td>
<td>Program Officer II, K4Health II Result 4 team and GHKC Working Group member</td>
<td>JHUCCP</td>
</tr>
<tr>
<td>Peggy D'Adamo</td>
<td>Knowledge Management/IT Advisor</td>
<td>USAID Bureau for Global Health, Office of Population and Reproductive Health</td>
</tr>
<tr>
<td>Luis Ortiz Echevarria</td>
<td>Manager, Knowledge Management &amp; Learning, Performance, Learning and Impact (PLI)</td>
<td>Management Sciences for Health</td>
</tr>
<tr>
<td>TJ Elliott</td>
<td>Chief Knowledge Officer</td>
<td>Educational Testing Services</td>
</tr>
<tr>
<td>Andrea Ferrand</td>
<td>Program Analyst</td>
<td>USAID Bureau for Global Health, Office of Population and Reproductive Health</td>
</tr>
<tr>
<td>Youssef Wolde Gabriel</td>
<td>MCH/FP Compliance Officer</td>
<td>USAID, Ethiopia Mission</td>
</tr>
<tr>
<td>Willow Gerber</td>
<td>Senior Policy Analyst &amp; Gender Specialist</td>
<td>Population Reference Bureau</td>
</tr>
<tr>
<td>Sarah Harlan</td>
<td>Senior Program Officer, K4Health II Result 3 Team Lead</td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>Ann Hendrix-Jenkins</td>
<td>Technical Advisor, Director of Knowledge Management, Alive and Thrive Project</td>
<td>FHI 360</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Peter Hobby</td>
<td>Chief of Party</td>
<td>USAID Knowledge-Driven Agricultural Development Project</td>
</tr>
<tr>
<td>Mwikali Kioko</td>
<td>Senior Program Officer and Result 4 Team Lead, K4Health II</td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>Shobha Kumar</td>
<td>Senior Knowledge and Learning Officer</td>
<td>World Bank</td>
</tr>
<tr>
<td>Patrick Lambe</td>
<td>Consultant and author</td>
<td>Partner in Straights Knowledge, Singapore</td>
</tr>
<tr>
<td>Upendo Letawo</td>
<td>Programme Officer, Monitoring and Evaluation</td>
<td>East, Central and Southern Africa Health Community (ECSA-HC) Secretariat</td>
</tr>
<tr>
<td>John Liebhardt</td>
<td>Knowledge Management Advisor</td>
<td>IntraHealth International</td>
</tr>
<tr>
<td>Rupali Limaye</td>
<td>Assistant Scientist/Senior Program Officer II, Result I Team Lead</td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>Rachel Marcus</td>
<td>Public Health Advisor</td>
<td>USAID Bureau for Global Health, Office of Population and Reproductive Health</td>
</tr>
<tr>
<td>Lani Marquez</td>
<td>Knowledge Management Director, Applying Science to Strengthen and Improve Systems Project (ASSIST)</td>
<td>University Research Corporation-CHS</td>
</tr>
<tr>
<td>Monica Matts</td>
<td>Knowledge Management and Organizational Learning Specialist</td>
<td>USAID Bureau for Policy, Planning and Learning – Office of Learning, Evaluation and Research</td>
</tr>
<tr>
<td>Ados May</td>
<td>Senior Technical Advisor</td>
<td>Implementing Best Practices Initiative Secretariat</td>
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<tr>
<td>Sara Mazursky</td>
<td>Deputy Director, Knowledge for Health II</td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>Lis McLean</td>
<td>Consultant</td>
<td>Formerly, MSH staff</td>
</tr>
<tr>
<td>Grace Miheso</td>
<td>Senior Regional RMNCH/FP Specialist</td>
<td>USAID/Kenya East Africa Mission</td>
</tr>
<tr>
<td>Jean-Claude Monney</td>
<td>Chief Knowledge Officer</td>
<td>Microsoft Services Enterprise</td>
</tr>
<tr>
<td>Nomsa Mulima</td>
<td>Manager, Knowledge Management, Monitoring and Evaluation</td>
<td>East, Central and Southern Africa Health Community (ECSA-HC) Secretariat, Tanzania</td>
</tr>
<tr>
<td>Saori Ohkubo</td>
<td>Senior Program Officer, Knowledge for Health II, Result I team</td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>Simone Parrish</td>
<td>Senior Program Officer, K4Health II Result 2 Team Lead</td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>Name</td>
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<td>Organization</td>
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<tr>
<td>Larry Prusak</td>
<td>Consultant and Author</td>
<td>Formerly Founder and Executive Director of IBM Institute for KM</td>
</tr>
<tr>
<td>Kate Pugh</td>
<td>Director, Information and knowledge Strategy Program (IKNS)</td>
<td>Columbia University School of Professional Studies</td>
</tr>
<tr>
<td>Vincent Ribiere</td>
<td>Director, PhD Program in KM and Innovation (KMI)</td>
<td>Bangkok University</td>
</tr>
<tr>
<td>Elizabeth Robinson</td>
<td>Associate Director for Communications</td>
<td>MEASURE Evaluation</td>
</tr>
<tr>
<td>Ruwaida Salem</td>
<td>Assistant Managing Editor, <em>Global Health: Science and Practice</em></td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>Eva Schiffer</td>
<td>Operations Officer, Leadership, Learning and Innovation</td>
<td>World Bank Group, Equitable Growth, Finance and Institutions (EFI)</td>
</tr>
<tr>
<td>Sarah Schmidt</td>
<td>Deputy Chief of Party</td>
<td>USAID LEARN, Dexis Consulting Group</td>
</tr>
<tr>
<td>Amani Selim</td>
<td>Evaluation Technical Advisor</td>
<td>USAID Bureau for Global Health – Office of Population and Reproductive Health</td>
</tr>
<tr>
<td>Shanti Singh-Anthony</td>
<td>Knowledge Management Coordinator</td>
<td>PANCAP Coordinating Unit, K4Health; Turkeyen, Greater Georgetown, Guyana</td>
</tr>
<tr>
<td>Doug Storey</td>
<td>Senior Communication and Research Advisor and Director, Communication Science</td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>Tara Sullivan</td>
<td>Director, Knowledge for Health II</td>
<td>Johns Hopkins Center for Communication Programs</td>
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<tr>
<td>Ian Thorpe</td>
<td>Chief, Learning and Knowledge Exchange</td>
<td>UNICEF</td>
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<tr>
<td>Rose Wilcher</td>
<td>Director, Research Utilization</td>
<td>FHI 360</td>
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<tr>
<td>Lauren Wolkhoff</td>
<td>Communications Director</td>
<td>FP 2020</td>
</tr>
<tr>
<td>Stacey Young</td>
<td>Senior Learning Advisor and CLA Team Lead</td>
<td>USAID Bureau for Policy, Planning and Learning – Office of Learning, Evaluation and Research</td>
</tr>
<tr>
<td>Trinity Zan</td>
<td>Technical Advisor, Research Utilization</td>
<td>FHI 360</td>
</tr>
</tbody>
</table>
ANNEX IV. SOURCES OF INFORMATION


Blended Learning: An approach for increased knowledge retention and use. 1-17.


Concept Note: Bangladesh Knowledge Management Initiative Data Analysis and Dissemination. *Knowledge for Health*.


Concept Note: East, Central and Southern Africa Health Community (ECSA-HC) Member State KM Assessment. *Knowledge for Health*, nd.

Concept Note: Knowledge Management Training Needs Assessment among PHE Networks and CSOs in 5 Countries. *Knowledge for Health*, nd

Concept Note: K4Health WhatsApp Training Activity (2016).


IBP Initiative. Links with High Impact Practices (HIPs). WHO/IBP


K4Health, (2016) An Introduction to the KM Index for Global Health, Johns Hopkins University


K4Health Gender Integration Strategy, nd.

K4Health Idea Lab Focus Group Discussions on K4Health Topics Pages: June-July 2015.


K4Health Research History & Vision, nd

K4Health Research Overarching Vision, nd


K4Health-II, Knowledge for Health (K4Health) Project Year 1 Workplan. February 11, 2014.

K4Health-II, Knowledge for Health (K4Health) Project Year 2 Workplan. October 9, 2014.

K4Health-II, Knowledge for Health (K4Health) Project Year 3 Workplan. April 7, 2015.

K4Health-II, Knowledge for Health (K4Health) Project Year 4 Workplan. March 25, 2016.


K4Health Presentation: Learning After: Impact of BKMI eHealth Pilot for Field Workers and Mothers in Bangladesh. nd.


K4Health Presentation: Learning During: Leveraging Tacit Knowledge to Improve Voluntary Medical Male Circumcision Services in Uganda. nd.

K4Health Presentation. Ahmed N., Limaye R., Mitchell V., Ohkubo S. Knowledge Management for Global Health: Facilitating and Evaluating Learning Approaches in
Resource-Poor Settings. Johns Hopkins Bloomberg School of Public Health Center for Communication Programs. nd.

K4Health Presentation. Limaye R., Ohkubo S., Ballard A., Ahmed N., Deka S., Gross C.M (2016). Enhancing the knowledge and behaviors of fieldworkers to promote family planning and maternal health in Bangladesh through a digital health-training package: Results from a pilot study, APHA Annual Meeting.

K4Health Presentation. Salem R.M., Limaye R.J., Ballard A., Jaffer S., Jaffer J.L., Saifodine A. Integrating HIV with family planning, maternal and child health, or nutrition services: Effectiveness and lessons learned from a scan of the peer-reviewed and gray literature. Johns Hopkins Center for Communication Programs, Baltimore, MD. nd.


Knowledge for Health II, HealthE Africa Reflection Report: Two Years On, nd.


Limaye R., Ballard A., Ohkubo S., Ahmed N., Deka S., Gross C.M., Arnold R. Enhancing the knowledge and behaviors of fieldworkers to promote family planning and maternal, newborn and child health in Bangladesh through a digital health-training package: Results from a pilot study. Under review.

Limaye R.J., Kapadia-Kundi N., Arnold R., Gergen J., Sullivan T.M. Utilizing digital health applications as a means to diffuse knowledge to improve family planning outcomes in Bangladesh, Clinical Obstetrics and Gynecology and Reproductive Medicine, in press.


Ouagadougou Partnership Family Planning Resource Landscape Assessment and Rapid KM and ICT Assessment Draft Concept Note. nd.


USAID. GH/PRH Priorities for 2014-2020, discussion draft. USAID. nd.

USAID Request for Applications for Knowledge for Health II. March 27, 2013.

USAID Resource Guide for Family Planning: A guide to tools and resources to support family planning programming and advocacy. USAID/PRH/RTU.

USAID. PRH Results Framework and Indicators. USAID: Office of Population and Reproductive Health. nd.
ANNEX V. DATA COLLECTION INSTRUMENTS

Key informant interview guide #1 For interviews with: K4H staff, including IR1 team, Project leadership, and the other IR teams/team leads, other CCP staff

Introduction and informed consent
Hello. My name is _____________________, and I work with GH Pro, an organization that USAID has commissioned to assess at mid-term the Knowledge for Health II Research and M&E Activities. I would like to ask you some questions about the project’s activities.

The interview usually takes about ______ minutes.

Your individual responses will be treated confidentially. Your participation is completely voluntary and you are free to withdraw at any time and can choose not to answer specific questions. However, we hope that you will participate in this evaluation since your answers are very useful to us. Before we begin do you have any questions or concerns? Are you ready to begin?

Signature of interviewer_______________________________________(indicates that informed consent has been received).

Name of respondent:
Title:
Organization:
Date of interview:
Interviewer:

IR1 team and leadership:

1. As a team (or project director) can you tell us what you have done that you are most proud of (related to RM&E)?

2. Can you tell us about the conditions that you think allowed you to achieve that?

3. People have different ideas about what constitutes M&E and research. What is it that you are doing that you call research? How do you differentiate that from what you are doing that you call monitoring and evaluation (probe: things you do that are meant for internal project use)? Are any of these being used for project improvement? If so, please give some examples.

4. We have seen the K4H proposal, and your research strategy and vision statement, and the project strategy, and the IR1 strategy in particular. Which one is the most recent expression of your research strategy? Where is your current research strategy described? How do you use your strategy to inform your research activities? [Could you tell us how your thinking evolved as they were written?] (Q2)
[Could you elaborate on the concept of ‘before’, during’ and ‘after’ activities that you are using? Where or how does this categorization fit? Is this categorization applied both to your research activities and your M&E (internal)? (Q2A)]

1. There are many initial research questions suggested in the IR1 strategy document. Which of these, if any, have you addressed thus far? In the 3 program areas (social KM, capacity-building, communities of practice) what have you been able to address? (Q2A)

2. How are you prioritizing or deciding on the questions you address? Probe: constraints – budgets, sites, expressed needs of project staff, etc.? (Q2B)

3. What challenges have you faced implementing your research agenda? And, specifically, what activities or their implementation were challenging? (Q2)

4. You have several field partners on your contact list for us are K4H staff? How are or did you work with them? What are the roles the others on this field partner list played? [Probe: What information do you think these different people might provide for the evaluation?]

5. How do you work with other consortium partners (MSH, FHI 360, IntraHealth International) on the research and M&E? What have been the benefits and shortcoming of these joint efforts? Has that been useful to your work and if so, in what ways? Have they been helpful/ have they influenced your research agenda? (Q4A)

6. K4H was designed to contribute the PRH’s strategic objective to advance and support FP worldwide, through: Leadership in policy, advocacy and FP services; in generation, organization, and dissemination of knowledge; and support to field implementation of effective FP/RH programs. What in your estimation has the work of IR1 team (published research, tools, methods) contributed to these PRH results? ((Q1A)

7. What do you think K4H’s R, M&E work has contributed to USAID? Probe: especially to the collaborative learning and adapting framework? If so, in what way? (so, has K4H contributed by providing evidence for, tool or methods for any aspects of the CLA framework?) (Q1B)

8. Where do you think the R, M&E the project is doing adds the most value to the success of the project? Why? (Q3)

9. Do you think K4H has helped to set or been a leader in setting the wider the KM research agenda (in FP/RH)? If so, in what way/ways? And through what means? (Q4B)

10. Do you see this as part of the project’s mandate? (Q4B)

11. Are there any special areas/documents that others contact you about most often? (Q1C)

12. Beyond the project work you’re involved in, what other research questions are important for the broader KM field to address?
INTERVIEW GUIDE FOR IR2,3,4 team leads and project leadership

1. What has been the most helpful contribution that the IR1 team has made to your work [for project leaders: to project as a whole]? (Q3)
   a. What conditions do you think made that contribution possible?

2. What other activities of the IR1 team have contributed to the quality or success of your team’s work/the project? Can you name some examples? (Q3)

3. As for the routine monitoring activities, do you think they have or not added value to the success of (to the Director/deputy director) the project (to IR Leads) to your team’s activities? (Q3)

4. [To Team Leads only] What specifically were the effects of that work on the quality of your products or your activities? (Q3)
   b. E.g. does the web team use the data analytics RM&E provides? How do you use it? Did you encounter any challenges or problems in using it?

5. How are decisions made about what research K4H does? (for team leads, in your team’s area)?

6. [To project leaders only] How does the project work with other consortium partners (MSH, FHI360, IntraHealth International) on the RM&E? What have been the benefits and shortcoming of these joint efforts? Has that been useful to your work and if so, in what ways? Have they been helpful/ have they influenced the research agenda? (Q4A)

7. [To project leaders only] What do you think K4H’s RM&E work has contributed to USAID? Probe: especially to the collaborative learning and adapting framework? If so, in what way? (so, has K4H contributed by providing evidence for, tool or methods for any aspects of the CLA framework?) (Q1B)

8. Do you think K4H has helped to set or been a leader in setting the wider the KM research agenda (in FP/RH)? If so, in what way/ways? And through what means? (Q4B)

9. Do you see this as part of the project’s mandate? (Q4B)

10. Are there any other data/information you wish you had, or that would be useful to your work in addition to what the R, M&E team has provided so far? (Q3)

11. What other research questions are important for the broader KM field to address?
Key informant interview guide #2 For interviews with: USAID K4H management team and PRH M&E team

Introduction and informed consent

Hello. My name is _____________________, and I work with GH Pro, an organization that USAID has commissioned to assess at mid-term the Knowledge for Health II Research and M&E Activities. I would like to ask you some questions about the project's activities.

The interview usually takes about _______ minutes.

Your individual responses will be treated confidentially. Your participation is completely voluntary and you are free to withdraw at any time and can choose not to answer specific questions. However, we hope that you will participate in this evaluation since your answers are very useful to us. Before we begin do you have any questions or concerns? Are you ready to begin?

Signature of interviewer_______________________________________(indicates that informed consent has been received).

Name of respondent:
Title:
Organization:
Date of interview:
Interviewer:

1. What do you see as your role with respect to K4H RM&E? Have you met with the IR1 team about any particular issues? What interactions have you had with this team?
   a. E.g. do you provide specific feedback on IR1 team products or deliverables, study reports, tools, PMP, annual and other progress reports to this team in particular?

2. From your perspective, what would you say is the K4H R, M&E's most important achievement?

3. Can you tell us what conditions you think made that achievement possible?

4. What in your estimation has the work of IR1 team (published research, tools, methods) contributed to PRH's strategic objective to advance and support FP worldwide? (Q1A)
   a. Specifically, can you name K4H contributions to IR1: Leadership in policy, advocacy and FP services;
   b. To IR2: in the generation, organization, and dissemination of knowledge?
   c. To IR3: Support to field implementation of effective FP/RH programs?

5. What, from your perspective, do you think K4H's R, M&E work has contributed to a USAID, especially the collaborative learning and adapting framework? If so, in what way have they contributed? (so, has K4H contributed by providing evidence for, tool or methods for any aspects of the CLA framework?) (Q1B)

6. Where do you think the RM&E the project is doing adds the most value to the success of the project? Why? (Q3)
7. From your perspective, what do you see as the limitation or gaps in the RM&E work that K4H has done? (Q3)

8. What do you think are the challenges they have faced in doing their work? (Q2, Q3)

9. Do you think K4H has helped to set or been a leader in setting the wider the KM research agenda (in FP/RH)? If so, in what way/ways? And through what means? (Q.4B)

**EXTRA FOR PRH M&E TEAM:**

1. To what extent do you think it is important to have research findings to make the case for/advocate for KM within PRH? If so, what would that research include?
Key informant interview guide #3 For interviews with: USAID PPL staff, LEARN staff, other USAID KM and other GH advisors

Introduction and informed consent

Hello. My name is _____________________, and I work with GH Pro, an organization that USAID has commissioned to assess at mid-term the Knowledge for Health II Research and M&E Activities. I would like to ask you some questions about the project’s activities.

The interview usually takes about        minutes.

Your individual responses will be treated confidentially. Your participation is completely voluntary and you are free to withdraw at any time and can choose not to answer specific questions. However, we hope that you will participate in this evaluation since your answers are very useful to us. Before we begin do you have any questions or concerns? Are you ready to begin?

Signature of interviewer_______________________________________(indicates that informed consent has been received).

Name of respondent:
Title:
Organization:
Date of interview:
Interviewer:

[Intro Q if needed: could you tell us a little about [your project/PPL’s work]

1. What do you know about the K4H project, in particular their RM&E objectives and activities?

2. (If so) K4H has done work on Research and M&E methods. Are you familiar with any of that work? (Probe: Published research? Their tools? Their framework for M&E?) Hold Cover sheets from these materials Have you seen application/use of their work (e.g., tools, publications, frameworks, etc.) (Q1C, Q4A). Did you use any of this work? If so, how did you use it?

3. Have you/[Your project] done any collaborative RM&E work with K4H? if so, what?

4. Has K4H’s work added value to [your project/your work]? If so how? (Q4A)

5. What do you think are the strengths and weaknesses of K4H’s RM&E activities?

6. Has K4H RM&E work influenced your thinking about RM&E? (Q4A)

7. From your perspective, how has K4H’s RM&E work contributed to a better understanding of USAID’s program cycle guidance?

8. Probe, if necessary: What about the collaborative learning and adapting framework?

9. If so, in what way? (So, has K4H contributed by providing evidence for, tool or methods for any aspects of the CLA framework?) (Q1B) Probe: has K4H contributed to enhancing other KM work done by USAID or its partners?
10. Is your office/your project conducting/funding any research or M&E activities related to KM that would be useful across the agency? How have you shared that work?

11. Do you think USAID should be funding research on how KM can enhance or improve programs? If not, why not? If so, what questions would you suggest as good research questions?

12. Who (or who else, either within or outside of USAID, in your estimation is producing key KM research and M&E ideas, methods, and studies? (Q4A; Q4B)
**Key informant interview guide #4** For interviews with: Project consortium partners: FHI 360, MSH, IntraHealth International; other international organizations and staff of other USAID funded projects; and IPOs.

**Introduction and informed consent**

Hello. My name is _____________________, and I work with GH Pro, an organization that USAID has commissioned to assess at mid-term the Knowledge for Health II Research and M&E Activities. I would like to ask you some questions about the project’s activities.

The interview usually takes about _______ minutes.

Your individual responses will be treated confidentially. Your participation is completely voluntary and you are free to withdraw at any time and can choose not to answer specific questions. However, we hope that you will participate in this evaluation since your answers are very useful to us. Before we begin do you have any questions or concerns? Are you ready to begin?

Signature of interviewer ______________________________________(indicates that informed consent has been received).

Name of respondent:
Title:  
Organization: 
Date of interview: 
Interviewer:

[Intro Q if needed: could you tell us a little about ________] 

1. What do you know about the K4H project, in particular their RM&E objectives and activities?

2. (If so) K4H has done work on RM&E methods. Are you familiar with any of that work? (Probe: Published research? Their tools? Their framework for M&E?) Hold Cover sheets from these materials. Have you seen application/use of their work (e.g., tools, publications, frameworks, etc.) (Q1C, Q4A).

3. Have any of these K4H R, M&E products (findings, indicator guide, etc.) contributed to your own work? If so, how have they been useful is this work? (Q1C, Q4A)

4. Has K4H R M&E work influenced the way you think about KM R, M&E? (Q4A)

5. Who (or who else) in your estimation is producing key KM research and M&E ideas, methods, and studies? (Q4B) Can you describe some of these?

6. What are the issues that KM researchers should be addressing? Are there new or innovative approaches to KM research that K4H should incorporate in their work?

7. Who do you think is most prominent in setting the KM research agenda?
Key informant interview guide #5 For interviews with: K4Health field partners

Introduction and informed consent

Hello. My name is _____________________, and I work with GH Pro, an organization that USAID has commissioned to assess at mid-term the Knowledge for Health II Research and M&E Activities. I would like to ask you some questions about the project’s activities.

The interview usually takes about _______ minutes.

Your individual responses will be treated confidentially. Your participation is completely voluntary and you are free to withdraw at any time and can choose not to answer specific questions. However, we hope that you will participate in this evaluation since your answers are very useful to us. Before we begin do you have any questions or concerns? Are you ready to begin?

Signature of interviewer_______________________________________(indicates that informed consent has been received).

Name of respondent:
Title:
Organization:
Date of interview:
Interviewer:

[Intro Q if needed: could you tell us a little about ________ ]

1. What do you know about the K4H project, in particular their RM&E objectives and activities?

2. We have been told that you have worked with the K4Health project in country ____. How are you working with or how did you work with them?

3. What challenges have you faced in working with K4Health on their research? And, specifically, what activities or their implementation were challenging? (Q2)

4. Have any of the results of these [K4H RM&E] activities contributed to your own work? If so, how have they been useful is this work?  (Q1C, Q4A)

[We could also add here a question about which K4Health RM&E products they are familiar with. After unprompted question, we could name or show the cover…]

5. Has K4H RM&E work influenced the way you think about KM RM&E? (Q4A)

6. Who (or who else) in your estimation is producing key KM RM&E ideas, methods, and studies? (Q4B) Can you describe some of these?

7. What are the issues that KM researchers should be addressing? Are there new or innovative approaches to KM research that K4H should incorporate in their work?

8. Who do you think is most prominent in setting the KM research agenda?

And in addition, for the USAID Mission staff (or former USAID staff):
1. Do you think USAID should be funding research on how KM can enhance or improve programs? If not, why not? If so, what questions would you suggest as good research questions?

2. Who (or who else, either within or outside of USAID, in your estimation is producing key KM RM&E ideas, methods, and studies? (Q4A; Q4B)
ANNEX VI: 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 granted 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

PETER S. DAVID

DM: CMO, II Local

Name

Title
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.

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