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MID-TERM PERFORMANCE EVALUATION OF BREAKTHROUGH RESEARCH: LOCAL LESSONS, GLOBAL LEARNING

July 2021

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ABSTRACT

USAID invested in two separate but linked mechanisms as its flagship social and behavior change (SBC) programs: Breakthrough RESEARCH (BR) and Breakthrough ACTION (BA), with the shared strategic objective of increased integration of proven SBC interventions in health and development programs. Because BR and BA are closely related but have experienced distinct successes and challenges, USAID contracted a single evaluation team to conduct separate evaluations of the projects, thereby measuring individual performance while also exploring relational factors. This report focuses on the successes, challenges, and recommendations for BR.

An 11-person evaluation team, including members based in the United States, Côte d'Ivoire, Niger, and Nigeria, conducted the mid-term evaluation between November 2020 and May 2021. The evaluation team interviewed 152 individuals using a semi-structured interview guide, reviewed program documents, and synthesized the data to answer the five evaluation questions.

BR addresses a clear need for increased study of SBC interventions. To this end, BR helped create a global research and learning agenda for SBC through a participatory process, and linked this global level work with local research, particularly around priority themes of integrated SBC and provider behavior change and the cross-cutting knowledge gap of costing and cost-effectiveness of SBC. BR has managed to produce multiple timely and programmatically relevant research outputs to help inform SBC programming across a range of USAID projects and missions. BR has faced challenges in designing, conducting, and disseminating research, particularly in addressing initial differences in expectations of research to be conducted between the project and USAID, and then in overcoming hurdles in conducting research activities that are tied closely to project implementation. BR has made contributions to advance the practice of SBC, including through the business cases for family planning and malaria that show the value of SBC. BR should now focus on dissemination of practical guidance around how to turn SBC research findings into programmatic practice, using existing platforms and partnerships, and through joint dissemination with BA to maximize the impact of the projects.

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The evaluation team would like to thank all the people who helped in conducting this evaluation. First of all, we want to thank the 152 individuals who generously gave their time and shared their perspectives on the work of Breakthrough ACTION (BA) and Breakthrough RESEARCH (BR). In particular, we appreciate the willingness of the teams at BR and BA to answer our questions and respond to all of our follow-up data requests. The evaluation team enjoyed these conversations, and we hope that we have effectively synthesized the ideas we heard to tell a clear story with useful recommendations going forward.

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In this time of the COVID-19 pandemic, we utilized Zoom, Google Meet, Skype, and WhatsApp that allowed the evaluation team to communicate throughout the process. Although we were never able to meet in person, we could still function like a team. We look forward to the time when we can all safely meet in person again.

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ACRONYMS

Acronym	Description
ACG	Advocacy Core Group
ACSM	Advocacy, Communication and Social Mobilization
ANC	Antenatal care
AOR	Agreement Officer's Representative
APPHC	Advancing Postpartum Hemorrhage Care
ARH	Adolescent Reproductive Health (network)
ARSIP	Alliance des Religieux contre le Sida et les autres pandémies
ARVs	Antiretrovirals
ASRH	Adolescent Sexual and Reproductive Health
BA	Breakthrough ACTION
BE	Behavioral Economics
BR	Breakthrough RESEARCH
BSS	Behavioral Sentinel Surveillance
CA	Cooperative Agreement
CCP	(Johns Hopkins) Center for Communication Programs
CDCS	Country Development Cooperation Strategy
CLA	Collaborating, Learning, and Adapting
COP	Community of Practice
COR	Contracting Officer Representative
COVID-19	Coronavirus Disease 2019
DEXIS	Dexis Consulting Group
EQ	Evaluation Question
FCR	Findings-Conclusions-Recommendations
FMOH	Federal Ministry of Health
FMOH	Federal Ministry of Health (Nigeria)
FP	Family Planning
FY	Fiscal Year
GH EvalS	Global Health Evaluation and Learning Support Activity
GH	Global Health
GIZ	German Corporation for International Cooperation
HC3	Health Communication Capacity Collaborative
HCD	Human-Centered Design
HEARD	Health Evaluation and Applied Research Development
HIP	High Impact Practices
ICRW	International Center for Research on Women
IP	Implementing Partner
IR	Intermediate Result

Acronym	Description
IRB	Institutional Review Board
KII	Key Informant Interview
KM	Knowledge Management
LLINs	Long-Lasting Insecticide-Treated Nets
M&E	Monitoring and Evaluation
ME&A	ME&A Inc.
MEAL	Monitoring, Evaluation, Accountability, and Learning
MEL	Monitoring, Evaluation, and Learning
MMH	Merci Mon Héros
MNCH	Maternal Neonatal and Child Health
MNCH-N	MNCH+Nutrition
NCDC	Nigeria Centre for Disease Control
NMEP	Nigeria Malaria Elimination Program (of the Ministry of Health and Hygiene)
OSY	Out-of-school youth
PBC	Provider Behavior Change
PEC	(USAID's) Policy, Evaluation and Communication Division
PEPFAR	The President's Emergency Plan for AIDS Relief
PMI	U.S. President's Malaria Initiative
PNLP	Programme National de Lutte Contre le Paludisme (National Malaria Program)
PNLS	Programme National de Lutte contre le SIDA
PPH	Post-partum hemorrhage
PRH	(USAID's) Population and Reproductive Health Office
RCT	Randomized controlled trials
RFA	Request for Application
RFI	Request for Information
RFSA	Resilience and Food Security
RH	Reproductive Health
RISE II	Resilience in the Sahel Enhanced II
RLA	Research and Learning Agenda
RUKM	Research Utilization and Knowledge Management
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SIR	Sub-intermediate result
SMC	Seasonal Malaria Chemoprevention
SOW	Scope of Work
SP	Sulfadoxine-pyrimethamine
SRO	(USAID's) Sahel Regional Office
TAN	Technical Advisory Network
TB	Tuberculosis
TL	Team Lead

Acronym	Description
ToC	Theory of Change
USAID	United States Agency for International Development
USAID/W	USAID/Washington
WABA	West Africa Breakthrough Action
WASH	Water, Sanitation, and Hygiene
WDC	Ward Development Committee

EXECUTIVE SUMMARY

INTRODUCTION

The social and behavior change (SBC) field has evolved to move beyond communication and encompass new approaches like human-centered design and behavioral economics, while also addressing a wide range of health issues as well as integrated programming. To meet country needs and advance the practice of SBC globally, USAID invested in two separate but linked mechanisms as its flagship SBC programs: Breakthrough ACTION (BA) and Breakthrough RESEARCH (BR). The shared strategic objective of the two Breakthrough projects is increased integration of proven SBC interventions in health and development programs.

PROJECT BACKGROUND

BR addresses a clear need for increased study of SBC interventions. BR was designed to meet this need with a focus on producing, packaging, and disseminating research that would be utilized by SBC implementers in their work. BR's work is premised on the theory that coordination, collaboration, and consensus-building around SBC research needs would enable the development of effective shared agendas for research, which would in turn support design, implementation, and utilization of relevant evidence that was accessible and useful to SBC practitioners. The Population Council is the Prime for BR, with several Sub-primes bringing a range of valuable expertise to the work, including Avenir Health, ideas42, Institute for Reproductive Health, Population Reference Bureau, and Tulane University.

EVALUATION PURPOSE AND KEY QUESTIONS

The mid-term evaluation of BA and BR cooperative agreements was commissioned by the United States Agency for International Development (USAID)'s Population and Reproductive Health Office, Policy, Evaluation and Communication Division.

The purposes of this mid-term evaluation are to:

- (1) Assess BA's and BR's performance thus far in their tenure as benchmarked by the intermediate and sub-intermediate results dictated in their awards
- (2) Garner evidence for BA and BR underlying theory of change
- (3) Capture emerging results to inform decisions about current and future SBC programming.

Because BR and BA are closely related but have experienced distinct successes and challenges since their inception, USAID has contracted a single evaluation team to conduct separate evaluations of the projects, thereby measuring individual performance while exploring relational factors as well.

The following five evaluation questions (EQs) guided the evaluation of BR. The final EQ on BA/BR collaboration was included in both the BA and BR evaluations:

1. How and to what extent has BR generated evidence to inform SBC programming in USAID priority countries?
2. To what extent has the evidence produced by the project been timely, programmatically relevant, and rigorous to inform programming and investment?
3. How has BR advanced the practice of SBC globally and in priority regions?
4. To what extent has BR situated its work within the larger context of SBC and technical area-specific programming?

5. (For BA/BR collaboration) How and to what extent has each project leveraged its relationship with the other to improve the scale, quality, and impact of SBC at the country, regional, and global levels?

EVALUATION METHODS AND LIMITATIONS

An 11-person evaluation team, including members based in the United States, Côte d'Ivoire, Niger, and Nigeria, conducted the evaluation between November 2020 and May 2021. The evaluation team interviewed 152 individuals using a semi-structured interview guide and reviewed a wide range of program documents.

The evaluation team minimized the potential bias inherent in qualitative data by interviewing a large number of key informants, having all team members collaborate on analysis and interpretation of the data and findings, and triangulating with project data and reports. Using this process, the team was able to identify clear and consistent themes.

FINDINGS AND CONCLUSIONS

The main findings and conclusions are presented below, organized by EQ.

EQ 1: How and to what extent has BR generated evidence to inform SBC programming in USAID priority countries?

BR helped create a global research and learning agenda (RLA) for SBC through a participatory process, and then linked this global level work with local research. BR has generated and facilitated the use of important evidence on priority research themes, including integrated SBC and provider behavior change (PBC). Key informants were enthusiastic about upcoming findings around integrated SBC to help with program planning, including studies in Nigeria that assessed the effectiveness of integrated versus malaria-only SBC on various health behaviors and ideations, and studies in Niger that looked at the effectiveness of integrated SBC programming on priority behaviors and cost-effectiveness in a climate-stressed setting. BR research has informed programs in multiple countries, including findings from an evaluation of an integrated SBC project in **Tanzania** **improving newborn and child health outcomes in Kenya**

improving the mission's future investments, and research on respectful maternity care in Zambia leading to changes in the maternal health project's programming, and an adaptation of the solutions developed for use by BA in Liberia. BR also made progress in addressing the identified cross-cutting knowledge gaps. In particular, the costing and cost-effectiveness work is seen as a significant contribution, but it requires time, trust, and transparency among partners. BR's work was limited by the challenges in getting mission buy-ins, a common issue for global research projects. While the lack of field support for research is an ongoing structural issue for USAID, the interest of some missions shows the potential for growth in this area.

EQ 2: To what extent has the evidence produced by the project been timely, programmatically relevant, and rigorous to inform programming and investment?

BR has produced multiple timely and programmatically relevant research outputs to help inform SBC programming across a range of USAID-funded projects and missions, including targeted information to inform BA's implementation in Nigeria and the innovative social media listening to inform the youth-led multi-media *Merci Mon Héros* campaign. BR has faced challenges, however, in designing, conducting, and disseminating research, particularly in addressing initial differences in expectations of research to be conducted between the project and USAID, and then in overcoming hurdles in conducting research activities that are tied closely to project implementation. BR sees one of its roles as providing an external and objective evaluation of SBC activities, but this sometimes led to tensions with BA, including around data sharing. However, BA staff saw that this role was often valuable in intangible ways by requiring them to think through and explain and document their process much more. Both the challenges identified by

project staff, and the key success stories where BR has produced timely, programmatically relevant evidence, demonstrate the need for involving implementers in research and evaluation design from the outset.

EQ 3: How has BR advanced the practice of SBC globally and in priority regions?

There has been increased interest in SBC, in part due to public health emergencies, such as Ebola and Coronavirus Disease 2019 (COVID-19), as well as stagnating health indicators. In this context, BR has made contributions that can help build on this momentum and continue to push the field forwards. Specifically, the costing work and the business case are seen as powerful advocacy tools. The response to the business case for SBC for family planning was so positive that, according to a key informant, it contributed to the U.S. President's Malaria Initiative's (PMI) interest in having one done for malaria. The RLA built relationships and brought voices together, and more can be done now to continue to bring together and amplify those voices. In sharing lessons from important work on integrated SBC and PBC, BR must now make messages practical, show impact, and continue to show how SBC is different from SBCC. It would be useful for BR and BA to plan joint dissemination and develop practical guidance for SBC implementers based on BR and other SBC research findings.

EQ 4: To what extent has BR situated its work within the larger context of SBC and technical area-specific programming?

The most efficient and effective ways BR can situate its work in the larger context of SBC programming is to share its research and evidence through existing platforms, through engaging with collaborative channels, and through working in partnership with interested groups—including building on the networks and relationships built while developing the RLA and during implementation of research. While BR has been doing this, with more evidence and products available now, it will be critical to engage more to maximize the impact of the work. This should focus on the dissemination of practical guidance, as noted earlier, to facilitate turning the research into practice.

EQ 5: (for BA/BR collaboration) How and to what extent has each project leveraged its relationship with the other to improve the scale, quality, and impact of SBC at the country, regional, and global levels?

Since their respective formal awards, BA and BR have worked together as mandated through the assistance mechanism set up by USAID. This funder-initiated partnership (referred to frequently during evaluation interviews as an "arranged marriage") was strategically designed to deliver efficient and successful project results. The intentional efforts in coordination led to multiple successes, working particularly well when roles were clearly defined and each side needed the other—a "codependence" that key informants noted worked well, for example, in the work on Zika prevention behaviors. While BA and BR worked well together overall, challenges in the partnership seemed to arise when expectations and work orders were less defined (including timeline differences), when frequent staffing changes disrupted workflows and team dynamics, and when perceived or actual power imbalances and different corporate cultures hampered staff members' comfort levels.

RECOMMENDATIONS

1. **BR should link global priorities and local learning by strengthening the messaging around the RLAs through packaging the country research findings around integrated SBC and PBC.** Where possible, this should include relevant work from BA as well, such as PBC work in Nigeria around malaria.
2. **BR should track research being done by external stakeholders to answer the learning agenda questions and work with these partners to disseminate lessons learned and demonstrate the utility of the learning agenda.**

3. **BR should work closely with BA to develop dissemination materials that offer clear and practical programmatic advice and guidance for the SBC community.**
4. **BR should continue to provide targeted technical assistance to SBC implementing partners to disseminate particular research innovations like social media listening to incorporate in other SBC activities.**
5. **BR should engage in targeted dissemination around the recommended family planning (FP) SBC indicators to ensure use by relevant implementers and donors.**
6. **BR should have a thorough knowledge management (KM) and dissemination plan for research findings coming out of the evaluation of integrated SBC programming in Nigeria and in the RISE II zones.**
7. **BR should continue to use the business case through online platforms, meetings, and conferences to advocate at global and country levels about the importance of SBC.** This would also provide an opportunity to encourage collection of cost data from the beginning of programs.
8. **In support of USAID's commitment to being a learning organization, BR should integrate more routine KM practices into the project for continuous learning and engagement, in addition to stimulating innovation, fostering better decision-making, and building more collaborative engagement.**
9. **USAID can help facilitate the needed transparency and data sharing among partners for evaluation work, particularly around costing and cost-effectiveness.**
10. **USAID should work with missions to share positive experiences among other missions to increase interest in SBC generally and in co-funding of global research projects.** For example, Nigeria could share its experiences with others. Key informants noted the potential interest by missions in costing work, indicating that this can be one of the selling points for increasing mission buy-ins to research.
11. **For future project design involving linked projects with a research component, USAID should create greater clarity around shared goals and roles, including clear expectations about types of research to be conducted and responsibilities of each partner.**
12. **Future USAID research investments should be sure to develop research questions with implementing partners to ensure that research being conducted is filling critical gaps in SBC practice and, as part of dissemination efforts, encourage other partners to address the remaining research gaps identified.**

I. EVALUATION PURPOSE AND EVALUATION QUESTIONS

I.1 EVALUATION PURPOSE

United States Agency for International Development (USAID)'s Population and Reproductive Health (PRH) Office, Policy, Evaluation and Communication (PEC) Division contracted the Global Health Evaluation and Learning Support Activity (GH EvaLS) to conduct the mid-term evaluation of Breakthrough ACTION (BA) and Breakthrough RESEARCH (BR), two five-year cooperative agreements (CAs).

The purposes of this mid-term evaluation are to:

- 1) Assess BA's and BR's performance thus far in their tenure as benchmarked by the intermediate and sub-intermediate results dictated in their awards
- 2) Garner evidence for BA's and BR's underlying theory of change (ToC)
- 3) Capture emerging results to inform decisions about current and future social and behavior change (SBC) programming

BA and BR are closely related but have experienced distinct successes and challenges since their inception. USAID contracted a single evaluation team to conduct separate evaluations of the two projects, thereby measuring individual performance while also exploring relational factors.

The results of this mid-term evaluation will inform the implementation during the remaining time on each of the projects, as well as future funding and design considerations for USAID.

This report presents BR mid-term evaluation findings, conclusions, and recommendations.

I.2 EVALUATION QUESTIONS

The following five evaluation questions (EQs) guided the evaluation of BR. The final EQ on BA/BR collaboration was included in both the BA and BR evaluations.

1. How and to what extent has BR generated evidence to inform SBC programming in USAID priority countries?
2. To what extent has the evidence produced by the project been timely, programmatically relevant, and rigorous to inform programming and investment?
3. How has BR advanced the practice of SBC globally and in priority regions?
4. To what extent has BR situated its work within the larger context of SBC and technical area-specific programming?
5. (for BA/BR collaboration) How and to what extent has each project leveraged its relationship with the other to improve the scale, quality, and impact of SBC at the country, regional, and global levels?

I.3 EVALUATION AUDIENCES

The primary audiences for this evaluation are the USAID BA and BR management teams, which include USAID SBC advisors across health areas. Secondary audiences include BA and BR implementing partners (IPs). For BA, these include: the Johns Hopkins Center for Communication Programs (CCP) (Prime), and Save the Children, ThinkPlace, Camber Collective, ideas42, Viamo, and International Center for Research on Women (ICRW) (Sub-primes). For BR, the IPs include: the Population Council (Prime), and Avenir Health, ideas42, Institute for Reproductive Health, Population Reference Bureau, and Tulane University (Sub-primes). Other secondary audiences for the evaluation include USAID Mission staff implementing BA and BR projects in-country and other SBC-related projects and their management teams. Sensitive components of these evaluations will be delivered in an internal memo to USAID.

2. BACKGROUND

The SBC field has evolved to move beyond communication and encompass new approaches like human-centered design (HCD) and behavioral economics (BE), while also addressing a wide range of health issues and integrated programming. To meet country needs and advance the practice of SBC globally, USAID invested in two separate but linked five-year mechanisms as its flagship SBC programs: BA and BR.

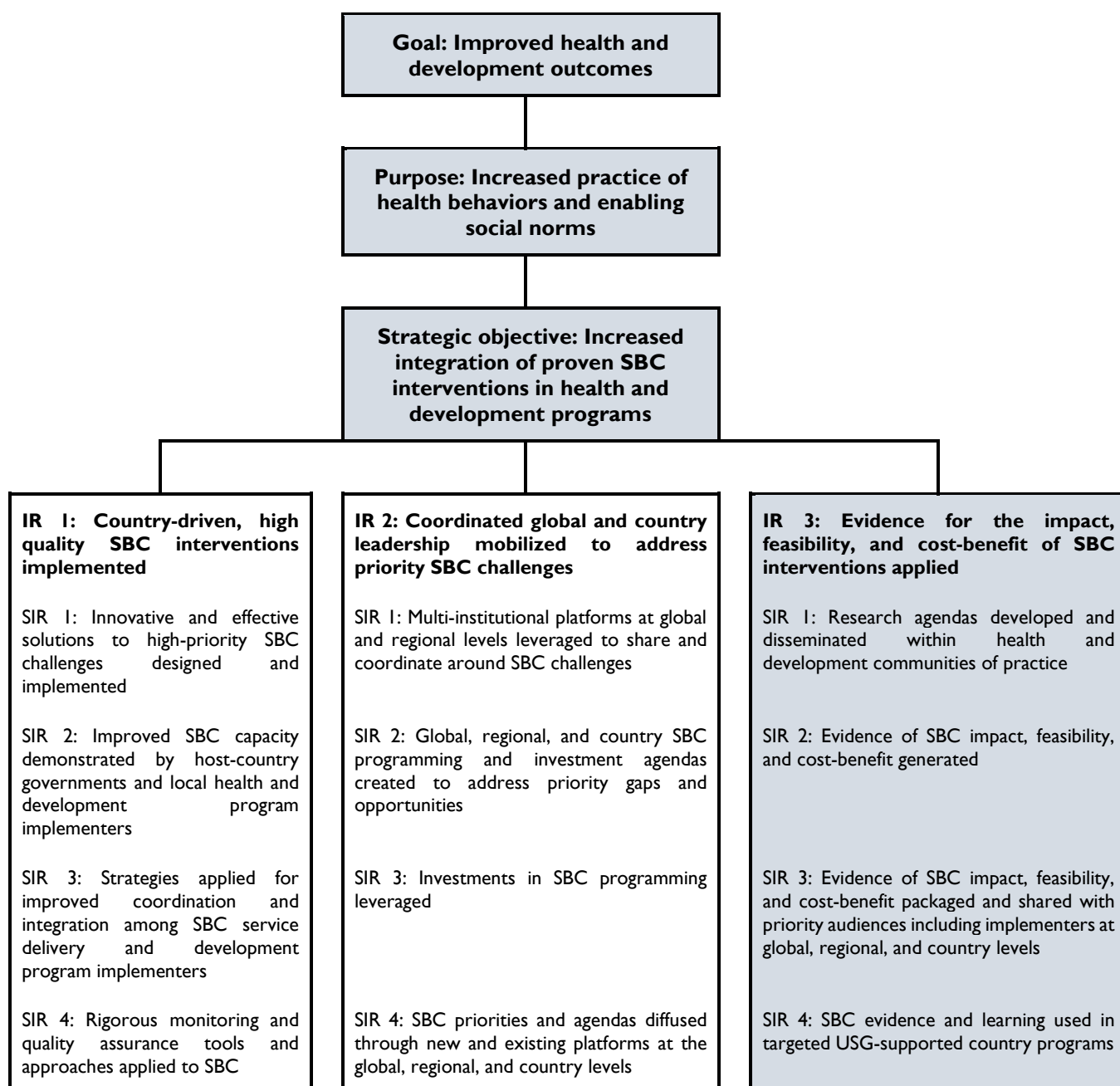
BA and BR are closely linked and coordinate with one another. These sister projects comprise USAID's flagship investment in SBC, providing global and country-level technical leadership in SBC advocacy, design, implementation, research, and evaluation. Both projects contribute to the shared purpose of increasing the practice of priority health behaviors and enabling social norms for improved health and development outcomes. Specifically, BA works to increase coverage of, and innovate based on, investments in SBC programming that already have significant evidence, while BR works to disseminate and advance research around SBC technical areas and interventions in which existing evidence is insufficient.

The two projects build upon USAID's previous investments in SBC research and programming, including both global and country-level projects, to simultaneously guide new learning and drive broader application of proven SBC practices and tools. BA aims to fulfill a global leadership function that is desperately needed within SBC, working through a number of new and existing platforms to create opportunities for technical agenda-setting, learning and collaboration, designing and implementing innovative and strategic SBC programs, and promoting agreed-upon priorities through its own programs and knowledge management efforts. Meanwhile, BR strives to convene and engage a broad range of health and development stakeholders, supporting them in developing, promoting, and operationalizing visionary, consensus-driven agendas for SBC research that contribute to measurable global health impact. BR also builds on the existing SBC research agendas to generate new evidence around the priority themes.

The shared strategic objective of the two Breakthrough projects is ***increased integration of proven SBC interventions in health and development programs, particularly health service delivery platforms***. While focused primarily on health, the projects also occasionally address SBC needs in other sectors, with particular attention to areas of potential complementarity with health, such as environmental conservation, agriculture, and food security. Within the health sector, the projects maintain a substantive focus on family planning and reproductive health (FP/RH), HIV/AIDS, malaria, and maternal, neonatal, and child health (MNCH), with attention to emerging pandemic threats and other infectious diseases.

Figure 1 shows BA and BR's shared intermediate results (IRs) detailing the expected results of their work. BA was designed to directly contribute to IRs 1 and 2, as well as their eight sub-intermediate results (SIRs), while BR was designed to contribute to IR 3 and its associated SIRs.

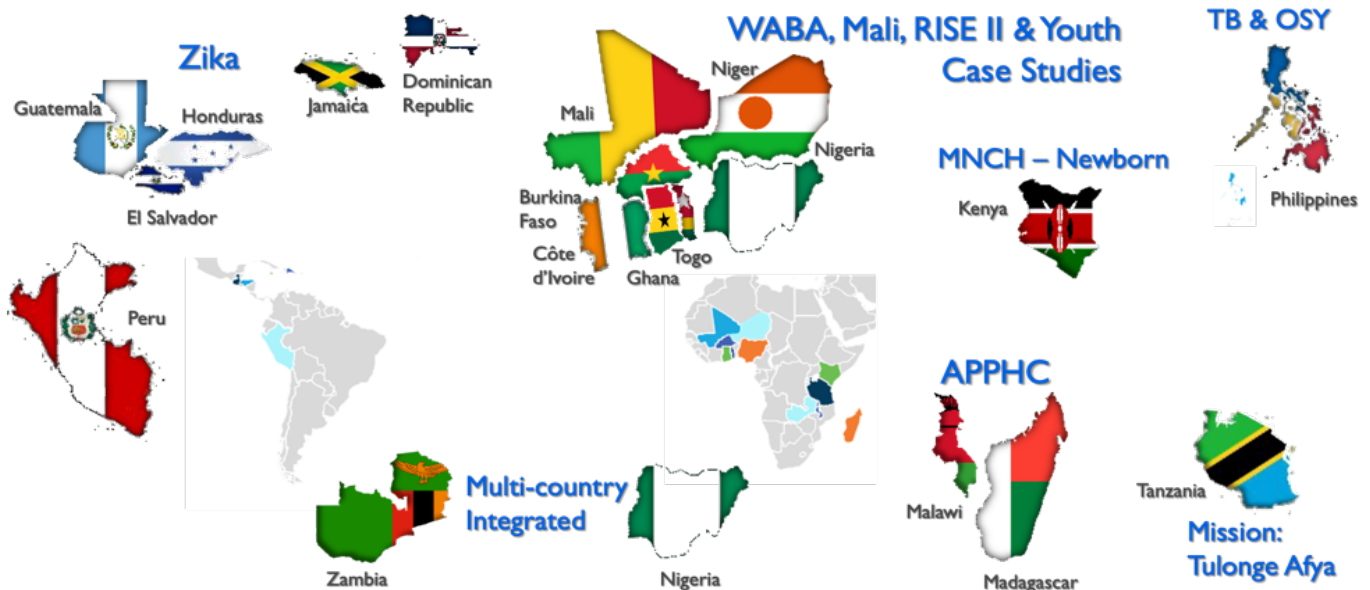
Figure 1. BA and BR Shared Results Framework



As mentioned above, BR addresses a clear need for increased study of SBC interventions. It was designed to meet this need by focusing on producing, packaging, and disseminating research to be utilized by SBC implementers in their work. As previously mentioned, the Prime for BR is the Population Council, implementing the project with several Sub-primes that bring a range of valuable expertise, including Avenir Health, ideas42, Institute for Reproductive Health, Population Reference Bureau, and Tulane University.

The BR project operates in 19 countries, as shown in Figure 2 below.

Figure 2. BR Global Presence in 19 Countries



WABA = West Africa Breakthrough Action; RISE II = Resilience in the Sahel Enhanced II; TB = Tuberculosis; OSY = Out-of-school youth; MNCH = Maternal Newborn and Child Health; APPHC = Advancing Postpartum Hemorrhage Care

3. EVALUATION METHODS AND LIMITATIONS

3.1 EVALUATION METHODOLOGY

An evaluation team composed of 11 persons conducted the mid-term evaluation of BA and BR between November 2020 and May 2021. As previously noted, USAID decided to have one evaluation team evaluate both BA and BR since the two projects are closely related but have experienced distinct successes and challenges since their inception. This allowed the evaluation team to measure individual project performance as well as explore relational factors. It became clear while conducting the evaluation that the integrated evaluation approach made sense and strengthened the evaluation of both projects. For example, whether a key informant interview (KII) focused on BA or BR, many key informants shed light on the activities of the other sister project.

The evaluation team conducted the entire evaluation virtually due to the COVID-19 pandemic restrictions, including numerous virtual team meetings and data collection. The evaluation team included four external consultants based in the United States and Canada, one USAID member based in the United States, and six local consultants based in West Africa: two in Côte d'Ivoire, two in Niger, and two in Nigeria. USAID identified Côte d'Ivoire, Niger, and Nigeria as countries for special consideration in the evaluation as they exemplify different aspects of BA and BR's portfolios. For example, the Nigeria Mission is the single largest funder of both BA and BR outside USAID's Bureau of Global Health. The BA and BR activities in that country, which are closely linked, reflect the mandate of the two sister projects working in close collaboration, as envisioned by USAID.

As some members of the evaluation team were more comfortable working in French and some in English, the team frequently divided into smaller groups during the virtual meetings. This evolved into grouping two U.S./Canada-based members with the Nigeria team, one with the Niger team, and two with the Côte d'Ivoire team, to facilitate communication, standardize data collection, and streamline data analysis. During the data collection, the country teams held virtual meetings to share preliminary findings and discuss any challenges.

3.2 DATA SOURCES

3.2.1 Document Review and Project Overviews

The evaluation team reviewed key project documents, including Requests for Application (RFAs), project descriptions, annual reports, and performance reviews. In addition, the BA and BR staff provided virtual project overviews to the evaluation team, allowing for a period for questions at the end. After the global project overviews, the BR staff provided Nigeria-specific and Niger- and Côte d'Ivoire-specific overviews and the BA staff provided overviews of the Niger and Côte d'Ivoire projects in French to the respective country teams.

3.2.2 Key Informant and Group Interviews

The evaluation team collected qualitative data through in-depth KIIs. They developed a semi-structured interview guide organized around the EQs to be used during the KIIs (see Annex 2). The evaluation team held multiple data collection preparation meetings to ensure a uniform approach to data collection.

KIIs included both individual and group interviews. The majority of the KIIs were individual. However, in some cases two or three key informants from the same organization opted to be interviewed together as a group.

In view of COVID-19 safety precautions, the evaluation team conducted most KIIs by phone or virtually via Zoom, Google Meet, Skype, and WhatsApp. The Niger and Côte d'Ivoire teams were able to conduct some interviews in person (see country summaries in Annexes 4, 5, and 6 for details). Interviews were conducted in English and French, depending on the preferred language of the respondent.

3.2.3 Site and Sample Selection

The evaluation team worked closely with USAID and the BA and BR staff to determine the main stakeholder groups to sample for the evaluation. The five stakeholder groups were: (1) USAID (Washington, D.C. and missions); (2) BA Prime; (3) BR Prime; (4) IPs, including BA and BR Sub-primes and other IPs who have worked alongside BA and BR, but not as sub-primes; and (5) national governments (see Table I).

KIIs at the global level: USAID developed a preliminary list of key informants for the evaluation team, who then discussed it with the BA and BR staff and modified it as necessary.

KIIs in Nigeria, Niger, and Côte d'Ivoire: USAID and the BA and BR staff provided a preliminary list of key informants in each of the three focus countries. The evaluation team worked with USAID and the BA and BR staff to further refine the list.

Table I shows the breakdown of the 152 key informants interviewed through individual or small group (2-3 respondents) KIIs. It should be noted that some of the key informants interviewed in Niger were also relevant to the WABA work. A full list of the key informants is included in Annex 3.

Table I: Number of Completed Key Informant Interviews by Country/Region and Stakeholder Group

	US-based (Washington)	Nigeria	Niger	Côte d'Ivoire	WABA	Total
USAID	14	3	4	4	0	25
BA Prime	12	8	2	5	2	27
BR Prime	7	3	0	0	0	10
IPs	21	11	24	0	4	62
National government	n/a	9	10	9	n/a	28
Total	54	34	40	18	6	152

n/a = not applicable

3.3 DATA MANAGEMENT AND ANALYSIS

The evaluation employed primarily qualitative methodology, supplemented by quantitative project data, where possible. The evaluation team used a Findings-Conclusions-Recommendations (FCR) matrix to triangulate the findings and derive conclusions and recommendations.

Because of the size of the projects and the diversity of the key informants in terms of their interaction with or knowledge about the projects, it was not appropriate to quantify the responses (most denominators would change for every piece of information obtained by the KIIs). Key informants interacted with BA and BR in very different ways, and even those not fully involved with one or the other

had interesting things to say about both projects. While the report does not quantify the responses, it should be noted that any quote, statement, or finding in this report is based on information from multiple sources. The evaluation team distinguishes frequency of responses by stating "many" or "most" when it was mentioned by a large number of key informants and "some" or "a few" when it was mentioned less frequently, but mentioned often enough to be considered an important theme.

Each evaluation team member took detailed notes for each interview, either manually, by writing them down, or recording and transcribing the interviews. Evaluation team members then organized the KII notes using the structure of the KII question guide, which was organized by EQ. This facilitated data analysis by making the process straightforward to identify important points and themes for each EQ. The U.S./Canada-based evaluation team members read the transcripts from all the interviews to get multiple perspectives and reduce personal bias in identifying findings.

In addition, each country team prepared a summary document of the key findings for their respective country (see Annexes 4, 5, and 6). These findings were incorporated into the overall BA and BR reports, and the summaries are included as annexes to provide a fuller picture of the specifics for each country and provide a document for in-country stakeholders.

The five U.S./Canada-based evaluation team members prepared an FCR matrix organized by EQ to facilitate thematic analysis and help derive conclusions and recommendations that were agreed upon by the whole team. Each evaluation team member entered information into the FCR matrix. After organizing the findings points under each EQ, the evaluation team arranged them into specific themes and key findings, which were then discussed during virtual team meetings. When possible, the evaluation team triangulated the qualitative findings with the quantitative data from project reports and project indicators. The evaluation team then developed conclusions and recommendations based on the findings and through team discussions.

3.4 ETHICAL CONSIDERATIONS

The evaluation team ensured privacy and confidentiality in all data collection. All interviews began with an informed consent process that included the purpose of the evaluation and of the interview, the right to refuse to answer any question, and the right to refuse participation in the evaluation at any time without consequences. Data were analyzed without any identifying information. The citations in the report do not include any names of the person who was quoted. Instead, they refer to "key informants," "respondents" or "participants" and only refer to the stakeholder group they belong to (USAID, BA Prime, BR Prime, IPs, or the national government).

3.5 LIMITATIONS

There are limitations to any qualitative evaluation due to potential bias in the collection and interpretation of data. The evaluation team minimized this bias by interviewing a large number of respondents and having all evaluation team members collaborate on analysis and interpretation of the data and findings and triangulating with project data and reports. Using this process, the evaluation team was able to identify clear and consistent themes.

As with any endeavor in 2020-21, the evaluation faced limitations due to COVID-19 pandemic. The evaluation team was not able to meet in person during the evaluation process. Although this has become the norm during the pandemic, it remains a more challenging way to work. However, the evaluation team was able to overcome this challenge by having more meetings of shorter duration rather than long meetings that can become tiring when organized virtually, particularly when translation between French and English is necessary.

The evaluation team was fortunate to have multiple bilingual team members who could help translate between English and French, which enabled us to hold full team meetings frequently for the team members to touch base, share thoughts, and plan next steps.

It is important to note that as this is a mid-term evaluation, much of the work of BR is still in progress—this is particularly true due to COVID-related delays—with more findings and results still to come, particularly around dissemination and use of results. While this limits the ability to present firm conclusions on certain aspects of the project, it also means that our findings can help inform the remainder of the project.

4. FINDINGS

4.1 EQ 1: HOW AND TO WHAT EXTENT HAS BR GENERATED EVIDENCE TO INFORM SBC PROGRAMMING IN USAID PRIORITY COUNTRIES?

One of BR's first tasks was to develop priority SBC research and learning agendas (RLAs). This included six cross-cutting knowledge gaps and two prioritized research themes (see Box 1 below).

BOX 1: SBC RLAs	
Cross-cutting knowledge gaps	Prioritized research themes
1. Adaptation, sustainability, and scale-up 2. Impact and unintended outcomes 3. Consistency in measurement 4. ToC and program 5. Cost and cost-effectiveness 6. Gender and social norms	1. Integrated SBC 2. Provider behavior change (PBC)

The RLAs were designed to serve as an agenda for the SBC community. There were generally positive comments from key informants regarding the RLAs. For example, one key informant from USAID/Washington (USAID/W) praised the BR leadership for bringing together research agendas around SBC and saw them as great achievements. Several BR Prime staff noted during the KIs that a “*big contribution is the global RLA around PBC and integrated SBC. Those have really resonated with a broad swath of the SBC community.*” According to BA Prime staff, in many ways, the RLAs have been the conversation starter for other activities, helping define the research questions that can then be tailored and adapted for these other activities. Some IPs who did not know details of the RLA development process knew that BR had been involved in some agenda-setting work. BR is currently assessing how IPs are answering RLA questions related to integrated SBC and PBC through their ongoing work and will have more survey results on this later in 2021. EQ 3 includes more discussion of the process of RLA development, as well as suggestions on how to maximize its impact.

Key informants at the country-level viewed the RLAs as a main highlight of BR's research portfolio. At the same time, BR Prime staff considered the RLAs to fall under the global umbrella of SBC research priorities and gaps. Key informants from the BR Prime and USAID noted that the link between global and local level research is a critical aspect of a global research mechanism such as BR.

THEME 1: IMPORTANT EVIDENCE GENERATED AND USED ON PRIORITY SBC RESEARCH THEMES

KEY FINDING 1: Key informants see BR's research on integrated SBC in multiple countries and contexts as a useful contribution to SBC programming

Many key informants mentioned the research on integrated SBC as an important contribution of BR. A USAID/W key informant pointed out that this was the intent for the Breakthrough projects from the start: “*When designing this mechanism, we were thinking about this move towards integrated SBC and how we can put better evidence behind it.*” BR staff described the complexity of the issues, noting all the sub-questions related to integrated SBC programming. If integrated SBC programming is more effective or cost-effective than vertical programming for a specific health element, in what health areas is this true? What health areas have greater barriers or facilitators to implementation? And how is each specific health area impacted by an integrated approach? A USAID/W key informant explained the need for this information in program design: “*Some of the questions that we are struggling with in terms of how we design*

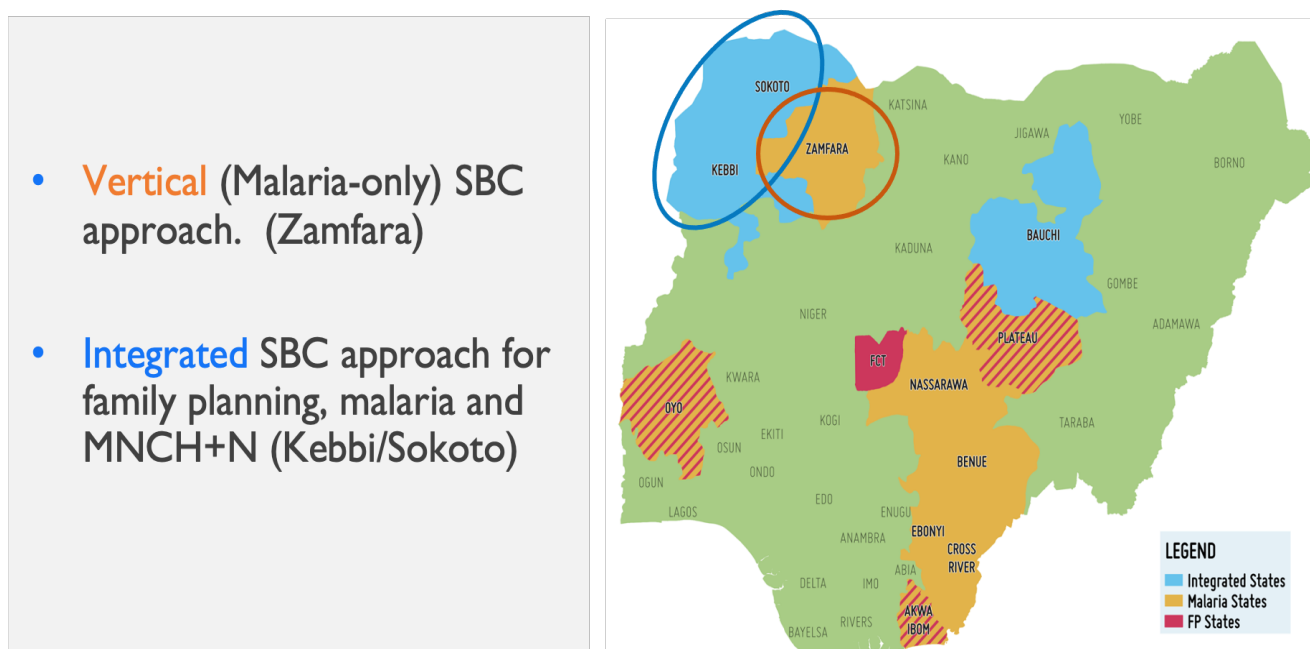
programs will be useful to us.” BR Prime staff pointed out the organizational strength they bring to these questions: “integrated work is one of the Population Council’s main areas of work. We’ve brought a lot of thinking on mixed methods evaluation to this space, we’ve done a lot on quality of care, not just clients’ side, but also providers’ voices on what’s working and what’s not through qualitative data collection.”

BR has worked on integrated SBC primarily in four contexts: 1) Nigeria; 2) Niger and Burkina Faso, through RISE II; 3) Tanzania, with the Tulonga Afya project; and 4) Zambia. Relevant findings are discussed below.

Nigeria study to assess the effectiveness of integrated versus malaria-only SBC

Key informants interviewed in Nigeria noted how BR’s evaluation of BA’s integrated SBC activities in the country is a critical demonstration of BR’s work to generate evidence to inform SBC programming. The aim of BR’s ongoing study is to assess the effectiveness of integrated versus malaria-only SBC among pregnant women and those with a child under two years in BA project areas. The integrated approach included malaria, FP/RH, and MNCH+N (Nutrition) (see Figure 3). The study measures the BA priority behavioral outcomes in the different health project areas, as well as psychosocial influences or ideations. Importantly, this study also includes a costing component to assess the cost-effectiveness of the BA activities. Even though it is still in progress, this study was frequently cited by key informants from USAID, BR Prime, and IPs as an important achievement of BR, with many respondents saying they were “excited” about the study results, particularly because it includes cost-effectiveness.

Figure 3. BA/BR Intervention Sites in Nigeria



The Nigeria key informants from BR, BA, IPs, and USAID also noted the good collaboration of BA and BR on the Behavioral Sentinel Surveillance (BSS) Survey undertaken as part of this study, which was developed jointly by the two projects, to ensure that the survey asked the right questions for programmatic relevance. BR has completed the baseline, whose findings have helped adjust BA’s implementation of SBC activities. Endline data will then assist in answering the key research questions on integrated versus vertical SBC program outcomes. Some examples mentioned by BA and BR key informants of how the BSS baseline survey findings have been used include:

- The BSS baseline findings led to some adjustments made in the implementation by BA. For example, BSS findings clearly showed that men have an overbearing influence on decisions surrounding FP uptake and healthcare-seeking among women. Although there were existing strategies targeting men, BA had to strengthen activities in that area of the SBC advocacy group intervention, e.g., using the "Adalchi" (fairness and justice) framework to address social norms to allow women to partake in decision-making at home, including income generation.
- The BSS baseline findings made it possible to identify Wards in some states where women have specific knowledge gaps on health behaviors, guiding BA to focus its interventions in the Wards on these specific gap areas.
- BR presented results of the BSS baseline survey on malaria behaviors to the Nigeria Malaria Elimination Program (NMEP) to help inform its 2021 work plan and activities.

In addition to the BSS, BR is currently conducting qualitative research to look at specific components of BA's implementation, including a Sustainability Model study which explores BA's community capacity strengthening through Ward Development Committees (WDCs) as a means for maintaining sustainability, impact, and normative transformations. BR Prime staff pointed out how this brings up yet another question regarding integrated SBC: *"whether integrated SBC programming makes it easier or more challenging for local government structures to sustain programming."*

Integrated SBC work in the Sahel RISE II zones (Niger and Burkina Faso)

BR is conducting an evaluation of integrated SBC programming in the RISE II zones of Burkina Faso and Niger, a buy-in to the project from USAID's Sahel Regional Office. The primary target audience for this study is the regional office, as well as other SBC IPs and stakeholders to learn more on the efficacy of integrated SBC programming in crisis zones. BR has identified critical research questions on the effectiveness of integrated SBC programming, drawing from the previous learning agenda the BR project completed in 2019. This evaluation is a way to address critical evidence gaps in integrated SBC programming, and is aligned with the implementation of SBC activities alongside broader resilience activities in the humanitarian RISE II project zones.

In Niger, BR is conducting mixed methods research to evaluate successes and challenges of integrated SBC programming, including its effectiveness on priority behaviors and cost-effectiveness in a climate-stressed setting. The proposed research questions are the following:

- Is integrated SBC programming more effective compared to the control group areas without RISE II SBC interventions?
- How are gender, social norms, and household decision-making in relation to targeted health behaviors influenced by SBC programming?
- To what degree do climate shocks and related migration mediate the impact of integrated SBC programming on health decisions, behaviors, and outcomes?
- Does adoption of priority behaviors vary by program exposure due to livelihoods (for example pastoral, agriculture, other) and/or by adoption of resilience behaviors within livelihoods?

BR has worked closely with the IPs, the Niger Mission, and Sahel Regional Office (SRO). It completed a comprehensive literature review, developed a study protocol that received Institutional Review Board (IRB) approval, and completed qualitative data collection in February 2021. The quantitative data collection has been delayed because of COVID-19 restrictions and security concerns around the presidential election in Niger. However, the evaluation is largely on track. Key informants from the BA and BR Primes and USAID said they highly anticipated the results of this rigorous evaluation.

Tanzania evaluation results used in program design (Tulonge Afya)

Expanding on questions in the RLA related to integrated SBC and PBC, BR conducted research in Tanzania around both integrated SBC and PBC as part of the Tulonge Afya's NAWEZA Platform and Beyond Bias project. For Tulonge Afya, BR conducted the mid-term evaluation in 2019-2020 of this flagship integrated SBC project to inform how best the program could adapt its efforts for enhanced impact. The evaluation strove to answer the priority research question, "What conditions enable appropriate and feasible design and implementation of integrated SBC programming?" These evaluation findings not only helped fill evidence gaps identified on the RLAs, but have also been used by the USAID Tanzania Mission to inform future investments in FP/RH, malaria, MNCH, and TB, as shown in the excerpt below taken from the Request for Information (RFI) posted by the Tanzania Mission.

"Findings from the Tulonge Afya mid-term evaluation report show that the activity was successful in improving health-seeking behaviors across the priority health areas, including, but not limited to, increased use of condoms, modern FP methods, HIV testing services, and insecticide treated bednets; increased delivery in clinics; and increased antenatal care visits. Lessons learned from the mid-term evaluation point to the need for stronger linkages and coordination between SBC and service delivery interventions at community level. The gender, gender-based violence, and youth-friendly services components should be focused to meet the persistent health needs of women and youth."¹

This is a crucial example of BR fulfilling its mandate to generate actionable evidence for a mission to influence programming on critical areas of SBC research and implementation.

Zambia (BA/Zambia)

There were plans for BR to evaluate BA's integrated SBC programming in Zambia, but this did not work out as planned. Key informants from the BR Prime stated that the delays in implementing an integrated platform of programming meant that there were no research questions on integration that they could explore. This was not a finding echoed in BA Prime interviews. A key informant from USAID felt that the qualitative work that BR has designed failed to ask the questions that would tease out SBC integration effects. There were also funding issues; in spite of efforts by BR and the Agreement Officer's Representative (AOR) team, the Zambia Mission was hesitant to buy into a separate research mechanism. This example highlights some of the challenges in the BR and BA collaboration, including the dependence of the research partner (BR) on the timing of the implementing partner's (BA) work—an issue addressed in more detail in EQ2—and challenges in getting mission buy-in for global research projects.

KEY FINDING 2: SBC work around PBC is meeting an important need for improved health programming and quality of care

BR Prime respondents noted that the "PBC space is so new and evolving," with many key informants at the global level and in Nigeria in particular calling attention to this focus area. Key informants described the importance of the learning taking place to better understand provider behavior and behavior change. Key informants from the BA Prime talked about how the PBC space is a "really nice opportunity, I think, where we will continue to collaborate closely [with BR]." Key informants from different stakeholder groups highlighted a number of efforts around PBC, described below.

Advancing prevention of post-partum hemorrhage care (APPHC) Partnership in Malawi and Madagascar

USAID requested that BR collaborate with the Health Evaluation and Applied Research Development (HEARD) group as part of APPHC with a one-time catalytic investment that aimed to 1) generate and test

¹ USAID Tanzania Request for Information, August 27, 2020, for project title: Comprehensive Client-Centered Health Program – HIV and Tuberculosis Activity.

solutions to address key implementation barriers for post-partum hemorrhage (PPH) prevention and treatment; and 2) advance effective implementation of interventions, strategies, and innovations which can strengthen existing care for PPH prevention and treatment.

BR describes this work as an example of a productive and close partnership with HEARD that specifically tapped into BR's expertise on PBC. While HEARD had taken a more traditional perspective involving mentoring providers to help them address PPH, through this partnership, BR brought in more of a BE and HCD approach to understand what is really driving provider behaviors. This included looking at pieces beyond training, including developing tools such as glow-in-the-dark timers. BR Prime key informants called it “a unique kind of opportunity to look at the intersection of SBC PBC with more traditional [quality assurance]/training stuff.” Further examples of the positive results of this collaboration that were reported are available in this [brief](#).

Respectful maternity care in Zambia

In Zambia, the BR Prime and its sub-partner ideas42 worked on respectful maternity care and issues of PBC, aiming to reduce provider disrespect and abuse during labor. BR designed the research in collaboration with the IPs as an operational pilot, defining, diagnosing, and designing a pilot intervention to address the problem of disrespectful maternal care. BR carefully monitored results of the pilot throughout implementation. Therefore, when BR produced the research results, the partners that implemented the maternal health project were able to adapt programming to results immediately. This included working with district leadership on supervisory visits and with the midwives' association in Zambia to develop national guidelines for respectful maternal care—filling in the gap identified by BR. In addition, BA is adapting the solutions developed in Zambia for use in Liberia. A publication summarized the findings of the study:²

“Client experience of disrespectful care during labor and delivery in Chipata, Zambia is prevalent. Providers experience several behavioral barriers to providing respectful maternity care. Each of these barriers is triggered by one or more addressable features in a provider's environment. By applying the behavioral design methodology to the challenge of respectful maternity care, we have identified specific and concrete contextual cues that targeted solutions could address in order to facilitate respectful maternity care.”

A USAID/W key informant noted how important it was for USAID to clarify to the IPs that the findings of research should be taken up by the service delivery partner. In Zambia, the respectful maternity care work is being rolled out through the bilateral service delivery project, as originally planned: “The most important part is to make sure from the beginning there's clear agreement from both parties that that's the intention and that's what USAID is asking to happen. I think sometimes we too often leave it to the two projects or whatever projects to work it out and unless the implementer is clear that there's space in their work plan and there's funding in their work plan to take whatever comes out of the research project and roll it out, it just doesn't happen. So, I'm not always sure that we as USAID do our part in making sure that works.”

Improving newborn and child health outcomes in Kenya

BR assisted with formative research and a desk review to inform discussions of potential solutions to improving provider behaviors in providing healthcare for newborns and children in Kenya with multiple stakeholders. This research clearly identified drivers of mistreatment at different levels—the individual provider level, the health system, and the sociocultural level. This led to co-development of an intervention model and ToC, followed by implementation research, and finally adaptation and evaluation of a family-

² Smith, J., Banay, R., Zimmerman, E. et al. Barriers to provision of respectful maternity care in Zambia: results from a qualitative study through the lens of behavioral science. *BMC Pregnancy Childbirth* **20**, 26 (2020). <https://doi.org/10.1186/s12884-019-2579-x>

integrated model of care for hospitalized newborns and children up to two years of age. This work is ongoing, so the impact of the intervention has not yet been measured.

TB and adolescent sexual and reproductive health (ASRH) in the Philippines

With field support from the Philippines Mission, BR identified behavioral issues around TB and applied HCD and BE approaches to look at gaps and the patient journey from symptom onset to care-seeking and treatment. In addition, BR produced a series of briefs on ASRH, including one on improving RH and FP outcomes for out-of-school youth, and is conducting a survey to look at how these briefs are being used. BR has started to receive positive feedback and examples of use of the information in the briefs. For example, a local project coordinator in the Philippines reported in the KII that his organization is adapting some of the recommendations in the "Improving Reproductive Health and Family Planning Outcomes Among Out-of-School Adolescents and Youth in the Philippines" by increasing the use of social media to reach adolescents and young people where they can learn about sexual and reproductive health topics anonymously. In addition, USAID Philippines key informants reported that they have shared the briefs with their Adolescent Reproductive Health (ARH) network and continue to encourage relevant IPs to use the findings when they develop ARH messages for out-of-school youth.

PBC SBC work has helped clarify linkages with service delivery

In addition to the examples cited above, key informants spoke about how the PBC work plays a role in clarifying the linkages between SBC and service delivery. A USAID/W key informant spoke about this need to better integrate SBC and service delivery from the design stage and how research can strengthen the lessons learned:

"I think what ends up happening often is that service delivery activities need to look at certain questions around behavior change related to providers and clients, and there could be much more rigor if you have a project like BR that's helping, working hand-in-hand with those projects rather than off to the side. BA/BR have been well integrated, but maybe not as closely for BR in bilateral service delivery programs. That could be a game changer if design is done so that missions buy into those together."

THEME 2: PROGRESS IN ADDRESSING CROSS-CUTTING KNOWLEDGE GAPS

KEY FINDING 1: BR's cost and cost-effectiveness work is seen as valuable for understanding and advocating for SBC

One of the cross-cutting knowledge gaps identified was cost and cost-effectiveness, noting that there have been few assessments of cost-effectiveness and cost-benefit of SBC approaches. Almost all key informants, from BR Prime to IPs to USAID, noted the contribution of BR's costing work at the country and global levels. BR Prime key informants mentioned in particular that the costing analysis has been something of interest to the missions. BR has helped apply the costing guidelines in Nigeria and RISE II in Niger. Key informants from host country governments and regional bodies like the Ouagadougou Partnership noted the value of the costing work in demonstrating the cost-effectiveness of SBC investments. The following comments also illustrate what the evaluation team heard about this work:

"BR's costing work was very impressive. It shows the cost-effectiveness of SBC. So helpful in countries that have to make tough choices and may not see the value of a behavior approach." (BA Prime key informant)

"The BR costing studies are very impressive. I'm trying to convince my office to do one on nutrition. To try to convince some folks at USAID to spend money is hard." (USAID/W key informant)

"The costing piece has strong potential especially if partners can use it from the get-go." (BR Prime key informant)

The final quote highlights issues around the how of doing costing analysis. BR put together guidelines for doing costing work, but there were a number of challenges identified around this work beyond simply having guidelines, including issues regarding time, trust, and transparency. The process of collecting the

data was seen as time-consuming for BA staff. This calls attention to the need to plan the cost analysis from the beginning, which is easier than when it is imposed in the end, as one key informant from the IPs explained: *“Maybe one key message that we’ve tried to communicate is that if you’re going to do costing, you have to think about it at the beginning at the same time you’re designing the impact study—that has been the most important lesson. You won’t be able to answer that at the end.”*

The trust and transparency issues are more complicated. One BR Prime key informant explained:

“Many don’t want to open up their budgets. It’s understandable that they’re nervous. USAID could solve this by specifying that this is public knowledge. Getting details of implementation plans is really challenging. There is a need for greater transparency across the board on the documentation side, including financials, if you want to do true evaluation. The challenge isn’t developing the tools but having implementing partners be transparent.”

Some of the BR technical experts involved in developing the costing guidelines described the challenges of defining terms:

“[T]he first year was really ‘interesting’ because in order to say how much something costs you have to define what ‘it’ is—and that took almost the full first year—a lot of interaction. It was positive, but frustrating at times. BA would say everything is important, but we said you need evidence of impact as well as costs to develop business cases. It made people focus on a practical set of issues and questions. I think in the end that BA really appreciated that.”

There are particular challenges in costing integrated programs that highlight the intuitive sensibility of integrated work. Key informants with costing expertise from a range of stakeholders talked about the overlap in programs—*“the complexity of parceling out costs of integrated programs”*—and how if you *“isolate down to a health area, there are efficiencies we’re not capturing.”* In the end, it *“almost doesn’t make sense to parcel them out.”* Importantly, you miss *“the synergies that can’t be measured in a silo-based model.”* In addition to the issues around the synergy in impacts, there is also a certain arbitrariness in separating costs. As an example, it would be hard to build a model that takes out specifics for pregnant women since ANC is usually folded under MNCH. This is recognized by BR staff as a limitation on the costing work.

KEY FINDING 2: BR has contributed to advances in measurement of SBC

BR Prime staff and IPs pointed to various ways that BR has strengthened the measurement of SBC, addressing the cross-cutting knowledge gap around consistency of measurement. While also noting that more needs to be done, one key informant from an IP explained:

“Particularly BR has contributed [to] looking at indicators and how to measure behavior change. It is still quite nascent and still not as rigorous in how to measure compared to other areas but has been a big contribution. If a follow-on, that continues to ensure that we’re measuring and looking at non-cumbersome ways that are consistent with client privacy etc. I think that there’s a real need to continue to look at that.”

Identified SBC indicators for FP

An important achievement was developing a list of recommended SBC indicators for FP (see Figure 4). BR key informants explained the process for developing this list of recommended indicators and how they are now shifting to the implementation stage to ensure greater use of these indicators:

“We collected existing FP indicators in four WABA countries. We found 1,500 indicators in a mapping exercise. We distilled all these indicators to 12 SBC-related indicators and indicator reference sheets. We’re now pivoting towards the implementation phase of the indicator mapping exercise. We presented at the Ouagadougou Partnership annual meeting to over 200 people. We’re continuing to reach out to partners and are publishing with Knowledge Success. We also did a secondary analysis of facility data focused on provider behavior change, using facility surveys to examine the role of providers to tailor interventions.”

With the indicator briefs only recently disseminated, BR expects to have a more systematic assessment in the coming months about use of the indicators. To date, there has generally been a positive response. The donor German Corporation for International Cooperation (GIZ), and international NGO MercyCorps asked BR to present the indicator brief at training and other workshops of their monitoring and evaluation (M&E) staff in early 2021. As they now focus on the implementation phase of the indicator mapping exercise, BR Prime key informants noted how this list of indicators and the guidance on how to apply them “could have legs in the future, not just among programs, but also the SBC donor group, the Ouagadougou Partnership, and others.” This could also help address the identified gap of needing more consistency in measurement.

The BSS in Nigeria improving the evidence base on pneumonia

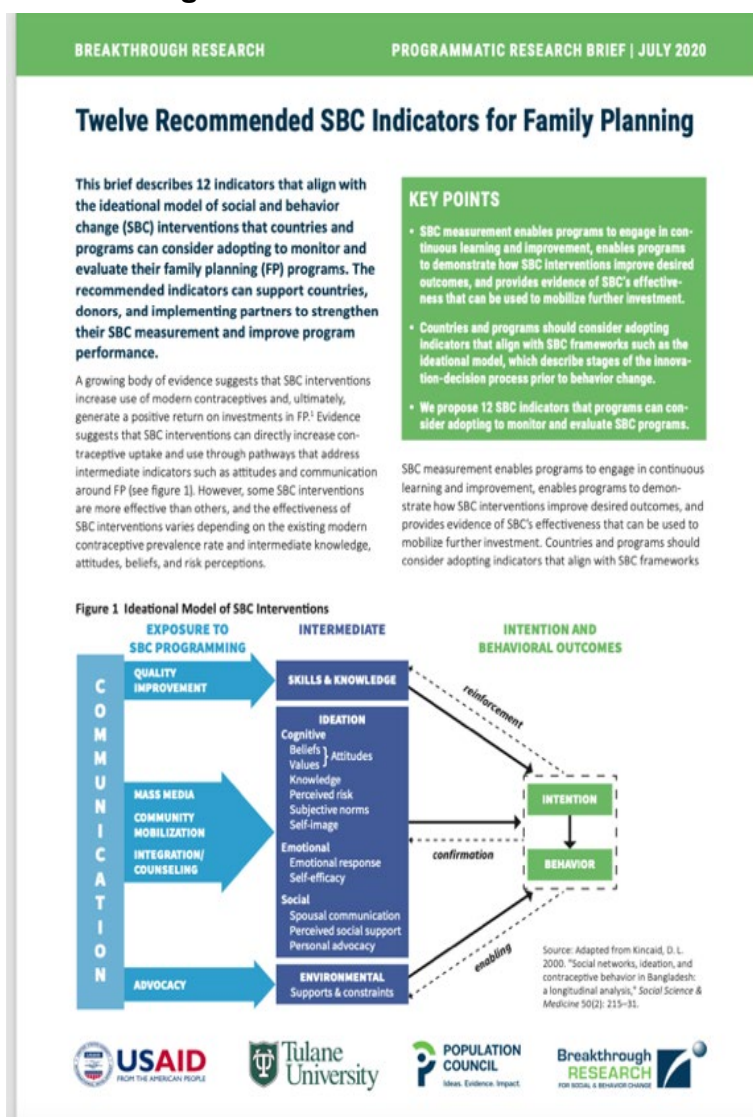
The BSS included useful new ideational metrics that will inform country programs and global SBC research, including in relatively new areas, such as pneumonia. BR was able to quickly develop a research manuscript on pneumonia, bolstering the evidence base in Nigeria. One BR Prime staff explained, “it is relevant in the sense that Nigeria currently does not have a pediatric or childhood pneumonia plan, so when BR brought out the evidence base from an SBC perspective, it was timely because it was presented at a conference as part of a special issue and it was also included as part of the evidence to generate a childhood pneumonia control plan in Nigeria.”

THEME 3: GETTING MISSION SUPPORT FOR GLOBAL RESEARCH PROJECTS IS CHALLENGING

KEY FINDING 1: BR’s work was limited by the challenge in obtaining USAID Mission buy-ins

BR has received USAID Mission support from Nigeria, the SRO, Mali, the Philippines, and Tanzania. However, according to many key informants from the BR prime, this was less than BR had planned or expected and so has limited what BR has been able to do. USAID/W key informants explained how part of this challenge is due to internal, structural issues related to how USAID operates:

Figure 4: BR Research Brief on FP



“We set up these five-year CDCS [Country Development Cooperation Strategies] with clear outcomes and often research doesn’t directly contribute to an immediate outcome or output, so it’s harder to justify. It can take a lot of negotiation to do an evaluation. There is still a lingering perception that research should be funded out of Washington.”

In addition:

“We’ve tried with BR to have a global research agenda and getting countries to buy in to a global agenda is really hard. And even getting agreement from a mission to have the global project operate in their country—there are concerns about how to tie it to their portfolio.”

A key informant from an IP effectively described ideas that many expressed around this issue of minimal field support for global research:

“There are challenges getting country level buy-in for evaluation, they would rather do it through the mechanism they have (BA). So, it would need to be primarily core-funded. I can see from a mission perspective, if I only have a certain amount of money, why would I want to buy in to evaluation? That is a challenge.”

As a result of having limited field support, a key informant from the BA Prime explained the aim in both BA and BR was to bridge the global and the local by applying core-funded work to countries and making sure that core-funded work is appropriate and useful at the country level:

“It’s more that central investment that we use to leverage and then all the findings and the tools that we developed through that central funding, we make sure makes sense at the field level.”

The fact that there were several buy-ins does indicate that there is interest, and so BR and USAID should explore ways to expand on this. A key informant from the Nigeria Mission explained why it was worthwhile to invest in BR:

“I would note the value of having both awards running concurrently to facilitate adaptive management and increase the potential that program approaches will better result in the anticipated outcomes/impact.

A ton of rich SBC data is most likely an exciting output from investing in BR, e.g., the BSS in Nigeria.

Overall, it’s worth the investment in SBC research as there’s just a great potential to contribute to the evidence base on what works (where, when, with whom etc.), cost and cost effectiveness.”

4.2 EQ2. TO WHAT EXTENT HAS THE EVIDENCE PRODUCED BY THE BR PROJECT BEEN TIMELY, PROGRAMMATICALLY RELEVANT, AND RIGOROUS TO INFORM PROGRAMMING AND INVESTMENT?

BR has managed to produce timely and programmatically relevant research outputs to help inform SBC programming across a range of USAID-funded projects and missions. It has faced challenges, however, in designing and conducting research, particularly in addressing initial differences between BR and USAID regarding their expectations of the research to be conducted and in overcoming hurdles in conducting research activities that are tied closely to project implementation from other IPs. Ensuring that the generated evidence is actionable within SBC programming requires close collaboration with IPs and a spirit of shared learning and adaptation so that research and evaluation results are applied to improve program efficacy. From KIIs, it is evident that BR worked best when relationships with other IPs were established early on and the research questions and methodologies aligned well with ongoing work plans of SBC activities.

THEME 1: CHALLENGES IN DIFFERING EXPECTATIONS OF RESEARCH

At the launch of BR, there were challenges regarding the expectations of USAID and BR consortium partners on what research should be prioritized and funded. USAID prioritized actionable research and evaluation that was tied closely to project implementation, both in BA and other activities. At times, BR

proposed research activities, including randomized controlled trials (RCTs), that were not approved by USAID management, largely because they were not deemed programmatically relevant or feasible within BR's budget and scope. As one BR key informant expressed, *"I can't tell you the number of times we propose things and they ask how will that help BA? How will that inform programming?"*

For many key informants within the BR Prime, tying the research so closely to program implementation led them to sacrifice the "rigor" of utilized research methods. When the award was made, the BR consortium partners expressed excitement about doing "innovative research," but said they have since been *"really restricted in the research we've been able to do."* For example, BR sub-partners expressed interest in conducting RCTs, but this was not feasible within the parameters of the award and its stated intermediate results. For USAID, BR's primary role was to produce timely and programmatically relevant research that answered evidence gaps and needs in SBC program implementation identified by IPs, USAID missions, and host countries. BR Prime key informants felt that the timelines and scopes of their approved activities meant the research conducted was not as innovative as it could be, but instead was *"the same kind of evaluation that has been done for 15-20 years."* BR partners felt that this meant *"causal relationships and what really works"* in SBC programming were not able to be rigorously tested or evaluated under the project. Some BR consortium partners felt their potential was not fully realized using USAID's approach. One BR sub-partner explained: *"We have a whole School of Public Health ready to help but no funding to hire more people. I feel like it's a wasted resource. We're a good School of Public Health. We do cutting-edge stuff across all sorts of fields. We could really tap into that more if there was more funding."*

Misunderstanding of research expectations leading to unusable deliverables

The misalignment in research expectations also meant that some deliverables from BR were not relevant to programs or mission objectives. For example, in Ghana, BR was asked to conduct a case study of lessons learned from a youth-led FP program, YOLO. The USAID AOR team funded BR to conduct the case study in order to see what messages and features of the Ghana YOLO program were most compelling for changing adolescent behaviors, as well as to help other missions in developing an integrated SBC program targeting youth. BR sent staff to Ghana to complete the data collection for the case study. However, the initial case study report focused on programmatic details that weren't relevant and ignored critical analysis on actual behavioral drivers and shifts observed among the program's target population. As the analysis performed for the case study did not answer the relevant questions asked by USAID, the Ghana Mission asked BA to complete a more interactive web format to gather insights from YOLO youth and participants.

In the initial phases of an activity in Madagascar, BR partners conducted a study in maternal health that did not meet the expectations of the mission. In this instance, BR completed the study without sufficient consultation with the Madagascar Mission or USAID/W to achieve a shared understanding of the research objectives and use. The study was expected to inform broader national strategy on PPH for healthcare providers. However, the geographic location of the research was highly specified in terms of cultural customs and practices, and not generalizable to the entire country. Due to COVID-19 delays, the endline data has just been collected and is being analyzed, so BR will be working with partners to ensure that the findings are as useful as possible.

Differing expectations in role as an external evaluator to BA

BR Prime key informants felt that the main responsibility of the project was to provide external evaluation of SBC activities to identify what works in programming from an objective standpoint. As one BR key informant explained, *"we're providing the external, objective, scientific perspective on this work."* Another BR key informant mentioned that there is a *"fundamental conflict of interest"* in having an implementer evaluate their own work and that *"you need an external evaluation."* There was recognition, however, that BR's role has been very valuable, particularly for BA, in "intangible" ways. As a BR Prime key informant explained:

“It’s been framed in a way that we’ve been constantly trying to understand their programming, asking questions about how they think they’re achieving what they say that they’re achieving or they think they will achieve, and then trying to figure out how we can tie in the different sources of information and smaller studies that we have together. And I do think that that process has produced kind of more intangible achievements, in having kind of that constant external person asking you questions and needing to understand what you’re doing. I do think that Breakthrough ACTION has had to think through and explain and document their process much more than they would have if they hadn’t had that external person.”

Several BA Prime key informants also expressed an appreciation for BR’s involvement in various activities as an external evaluator. In Nigeria, one BA staff member stated that “BR seems to take an academic approach to evaluate BA, but key activities and context have now been [more] clearly defined. This has helped BA to be a bit more specific and categorical in the way BA interventions are described or viewed.” A BA presentation for Côte d’Ivoire BE strategies noted the importance of bringing in an external evaluator, such as BR (Figure 5).

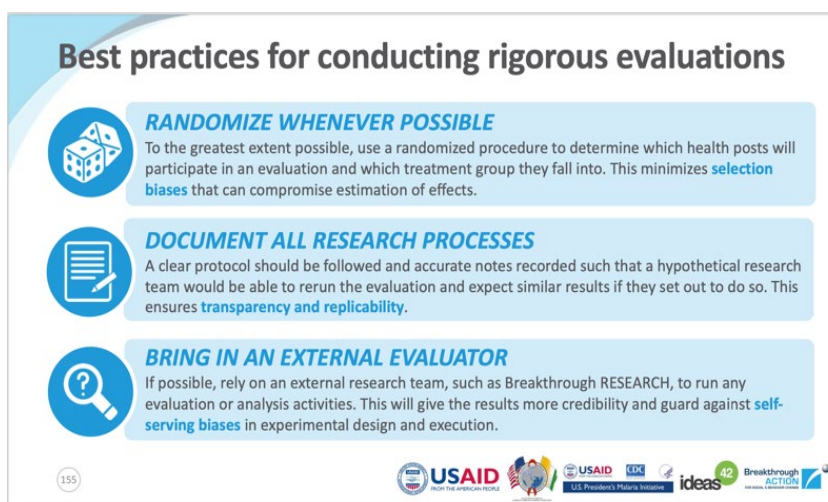
BR Prime key informants stated that their goal in providing objective evaluation was to ensure that BA and other SBC program investments are being made in the most effective manner. BR staff stated that they have worked toward a “mutual understanding across all the parties that the ultimate aim here is to strengthen the programming and to achieve our outcomes for communities.”

There have been challenges in the BA/BR relationship, however, as some BA staff have pushed back against the need for external evaluation. In the meantime, USAID has made it clear that BR’s mandate is not to “evaluate BA,” but rather to generate, package, and disseminate evidence on SBC programming that can be applied more broadly. Working to clarify the relationship between the two projects took considerable time and effort after the launch of the projects. BA’s Prime, CCP, has a long history with USAID, including conducting research and evaluation. There was a feeling within CCP that “we can do research,” and that they did not need to rely on BR for evaluation. At the same time, BR felt that BA was at times reluctant or slow to share the necessary data for BR to conduct the research and evaluation activities. In Nigeria, where both BA and BR have offices and have worked together on many deliverables, data sharing has been a point of frustration and a challenge for BA. A key informant from the BA Prime explained that the collaboration between the two projects has been

“terrific and huge value but proving to be very time consuming for our staff to provide the data that BR needs; we’re frustrated this wasn’t factored in better. It’s not that we don’t want to support it, but I wish we had an additional staff person to generate the information. We didn’t know that and not sure who would have paid for that.”

The issue of data sharing also arose as BR was completing the cost effectiveness study for the business cases for investing in SBC for FP and malaria. In order to complete a rigorous cost effectiveness analysis, BA had to share their own costing data, which took a considerable amount of time to put together. BR staff noted once again that there was a certain reluctance on the part of BA to share project data with

Figure 5: Best Practices for Conducting Rigorous Evaluations



another project. BR clarified that the projects were not meant to be in competition; rather, data sharing was conducted to ensure BR could produce programmatically relevant research and outputs. This helped ease the tensions and fostered a more collaborative relationship; however, it took time and effort on the part of both projects and the USAID management team.

THEME 2: RESEARCH IS TIED TO PROGRAM IMPLEMENTATION: CHALLENGES AND SUCCESS STORIES

The results framework for the two Breakthrough projects covers research in the context of applied evidence: generating and packaging evidence in a way that is applicable by relevant stakeholders. USAID management prioritized BR evaluation and research activities that could be applied rapidly to advance and improve SBC program implementation. This meant that BR activities were approved where they aligned well with ongoing SBC activities, whether in BA or other mission programming. Tying research to program implementation did lead to some critical successes for BR in producing programmatically relevant evidence, including social media listening to improve digital health interventions in Francophone West Africa and in informing BA's activities in Nigeria. At the same time, the side-by-side roles between two different partners, one in implementation and the other in research, also led to challenges in timeliness of outputs and required a strong need for consensus building and collaboration between the projects in the design and implementation of research activities to ensure the results were relevant and actionable for the implementing partners.

KEY FINDING 1: Challenge to produce timely research when research activities are dependent on program implementation

BR did not have the funding or mandate to implement SBC programs, so they had to conduct much of their research alongside SBC activities of other IPs, including BA. Coordinating between BA and BR has proved challenging, however. BA is a much larger project than BR and has many more mission buy-ins. Given the USAID funding structure, it would have been impossible for BR to follow BA in every activity to conduct formative research and evaluation alongside implementation. Therefore, BA has undertaken much of the research and evaluation work on their own. USAID clarified that BA conducting their own internal research and evaluation was in line with the projects' design: BR was not to be the sole evaluator of BA, but instead produce key pieces of SBC evidence to fill gaps in understanding in the field. However, because BR does not implement SBC activities themselves, their research and evaluation activities are dependent on other mission activities and BA's cooperation around coordinated timelines, monitoring indicators, research protocols, and data sharing. The timeliness of BR's outputs has at times been adversely affected by challenges in coordinating timelines and work plans with IPs. One BR Prime key informant explained, *"One of the key aspects to our portfolio—our timing—is very dependent on how the program is implemented. Getting information in a timely manner so we can be responsive to the donor, IRBs, etc., can lead to delays that are challenging."*

Key informants from both BR and USAID/WV noted that there was a basic misunderstanding of expectations between BR staff, IPs, and USAID management, on what timelines are realistic for research. There are steps in conducting research, such as getting approval from IRBs, that are often missing in a program implementation cycle, that often have led to delays or inability of BR to complete research alongside project's implementation.

BR has felt at times that they are in the position of "waiting" for BA because their activities were tied to BA's, but not the other way around. As a key informant from BR explained, *"there was an imbalance of power in the sense that Breakthrough RESEARCH is dependent on Breakthrough ACTION, we need their information, we need their documentation. We need access to them. They don't need us for anything basically."* A key informant from BR noted critical times when BR's outputs informed programming, including in Nigeria, with the business cases for investing in SBC in FP and malaria, and in social media interventions in

Francophone West Africa. In these cases, the relationship between the two projects was established at the outset, with clear and well-defined roles and responsibilities for BA and BR.

KEY FINDING 2: Successes and positive examples of research informing BA programming

Despite challenges in collaboration and aligning timelines between research and project implementation, BR has had multiple successful activities that have demonstrated their ability to generate timely evidence to inform SBC programming. These are described below.

Timely and targeted information in Nigeria

Nigeria is one of the few countries where the mission made significant buy-ins to both BA and BR, ensuring that BR has had an in-country presence to produce timely and targeted evidence that complements BA's activities. BA Nigeria was also an example of a buy-in which planned the research around project activities, so that BR's results would be most useful to the BA project. BA Nigeria was intentional in designing research questions whose answers would impact the way they are implementing the program. One such example is the work around the Advocacy Core Group (ACG). BR designed a study on the ACG to determine its effectiveness. SBC advocacy is a key area of BA's work. BR's evaluation of the ACG will help fill a crucial evidence gap on how advocacy for SBC works and what results can be achieved through intentional advocacy work. BR key informants expressed an appreciation of BA's intention to have an external and objective point of view in evaluating this activity.

BR research activities in Nigeria have operated on a rapid timeframe, due to the close link between research and BA's work plan. This improved communication between BR and BA work plans is due in part to the role of the Nigeria Mission in facilitating the collaboration between projects through significant buy-ins to both projects for complementary activities. For example, in July 2019, BR Nigeria's work plan for the BSS was approved, leading to the design of a baseline survey and the IRB approval process that took place between July and September 2019. Baseline fieldwork was conducted in September to October, immediately after IRB approval. Preliminary results were shared with BA and the USAID Mission in November, and a full draft of the technical report was completed in December 2019. BA key informants in Nigeria mentioned that this rapid turn-around of formative research has been crucial to inform BA's program implementation in that country.

BR has also completed 10 topical briefs on health areas in Nigeria, including breastfeeding, health-seeking behaviors for mothers of children under five, pneumonia, and bednets. The topical briefs have been packaged and disseminated in a way that helps program implementers improve the effectiveness of their activities and ensures that programs are responsive to formative research. This has included sharing the information from the briefs in widely attended webinars. Key informants from USAID, BA/BR, and IPs in Nigeria reported that packaging the information in actionable ways, in partnership with IPs and a range of stakeholders, has been beneficial to informing SBC programming in the country.

Social media listening

BR has been able to use innovative evaluation techniques, including social media listening, where BR tracked user engagement in real time over social media platforms, to inform and adapt BA's programming in real time. The project has used social media listening to evaluate BA's *Merci Mon Héros* (MMH) campaign in four countries in Francophone West Africa: Togo, Niger, Burkina Faso, and Côte d'Ivoire. MMH is a youth-led multi-media campaign which aims to foster intergenerational conversations on culturally taboo topics, such as FP, menstruation, and others. Key informants from all the stakeholders in MMH noted not only how well the BR/BA collaboration worked, but also how valuable the social media listening technique was to improve MMH's implementation. BR was able to provide a rapid and nimble research method to BA, ensuring that it aligned with the timeline of MMH's implementation. The two projects fostered a collaborative relationship from the outset and clarified the different and complementary roles of their respective project staff.

BR tracked user engagement with the MMH campaign over social media platforms, including Facebook and Twitter, and fed this information back to BA, to demonstrate which messages and episodes in MMH were resonating most broadly with users. In turn, BA used these findings to modify their dissemination approach to ensure they were reaching the right audiences with the various messages in the campaign. BA also shortened the length of videos and edited them to include key messages at the beginning, based on feedback and findings from BR's social media listening results.

Other successes and positive examples include:

Informing an RFA in Mali

- The Mali Mission engaged BR to collect critical research to inform an RFA. The mission defined the scope of work and research questions for BR with the RFA in mind. BR key informants cited this as a positive example of communicating directly with the mission and holding brown bag lunches with key stakeholders outside the mission who can use the information.

Social norms work in Francophone West Africa

- The Taxonomy for Social Norms that Influence FP in Ouagadougou Partnership Countries is another area of solid collaboration between BA and BR, identified by key informants from both projects. BR conducted a literature review and generated evidence and data around social norms in Francophone West Africa, particularly in relation to youth. BA consequently used that evidence to generate the taxonomy for social norms and used it for dissemination with government partners in the region. As one BA key informant explained, the data BR produced *“has helped give us an advantage in our activities at the country level. BR’s work on social norms really helped us, it really helped us focus our work, and the work with youth, has helped us understand how best to do work with youth.”*

THEME 3: MOVING FORWARD: EMPHASIZING “RESEARCH FOR ACTION”

Key informants from BA, BR, and USAID emphasized that research mechanisms work best when they coordinate their research questions and evaluation activities with the IPs at the initial planning phase. This helps ensure research findings are timely, programmatically relevant, and utilized by the IPs. One BR partner mentioned a challenge in designing an evaluation with little input from the practitioners while the evaluation's research protocol was being developed. BR approached the activity as a traditional evaluation, but the IP's underlying questions were more about adaptive learning. This was not communicated clearly from the outset, so it became a “missed opportunity” for shared learning. The IP concluded, *“If we’re really wanting to learn and strengthen programs, then implementers need to be more involved.”*

Getting stakeholders together at the outset of the research and evaluation is critical to ensure that it is relevant and utilized within programming. A key informant from the BR Prime stated that *“having relevant people at the table at the beginning as much as possible is good; making expectations very clear from the beginning is very good.”* BR Prime key informants also made it clear that their mechanism should not be seen as *“the critic of BA”*; instead, projects should work toward the shared understanding that rigorous evaluation can improve the implementation and effectiveness of programming overall.

BR staff have recognized the need for *“a realist approach”* to their research, and that their work should be framed as *“research for action”* above all. This involves all stakeholders coming together at the outset to see how they can collaborate and work together in aligning work plans, sharing data, and defining their respective roles and responsibilities in implementation and evaluation. Having that collaborative step between research and evaluation and implementation teams at the outset of research design is the *“model”* for highly actionable and timely evidence generation.

At the same time, USAID/W key informants noted that even with the best intentions and diligent advocacy, USAID missions are often reluctant to buy into a core research and evaluation mechanism. Missions typically have their own evaluation mechanisms or demand that the implementing mechanism does their

own evaluation for the project activities. The USAID BR AOR team did considerable advocacy work with multiple missions to explain the value of the BR as an external evaluator of SBC programming. BR staff also completed initial scoping visits to multiple countries; however, the missions of these countries did not buy into the mechanism. Given the limited funding envelopes, ambitious development objectives, and reluctance to take on the management burden of multiple project buy-ins, missions will continue to prioritize streamlined implementation mechanisms that can achieve multiple objectives at the same time, rather than having a dedicated buy-in for research and evaluation.

4.3 EQ 3. HOW HAS BR ADVANCED THE PRACTICE OF SBC GLOBALLY AND IN PRIORITY REGIONS?

The Breakthrough projects are operating during a period of time marked by an increased interest in SBC, which creates good opportunities for truly advancing the practice. A USAID/W key informant explains the impact of public health emergencies, such as Ebola and COVID-19, and stagnating health indicators in bringing about increased interest in SBC:

“I would say much of the growth in the whole field [of SBC] has just been the momentum that's happening because of a whole variety of factors from public health emergencies to stagnating health indicators, where you can only do so much, there's only so much that strengthening service delivery can do if you don't really dive into the care seeking practices of the household and the behavior of providers. And so, I think we had a lot of stagnating health indicators in the maternal and child health space where it had been growing consistently for many years. They just flattened and it left people questioning why and the conclusion was because we've neglected this human piece.”

In this context, BR has made contributions that can help build on this momentum and continue to push the SBC field forwards, as one BR Prime key informant explains:

“One of the main successes of BR is that we have been successfully able to develop a robust body of research work, so tying back to our IRs, building evidence for SBC has been one of our main focuses—contributing to the SBC space through the evidence that we're generating, generating the research and learning agenda—the first to second year spent a good amount of time doing rigorous formative research identifying evidence gaps, the six evidence gaps—PBC and integrated SBC were the ones prioritized for moving forward, and many activities have fed then into those areas, and also the need for better measurement has been tackled with West Africa work.”

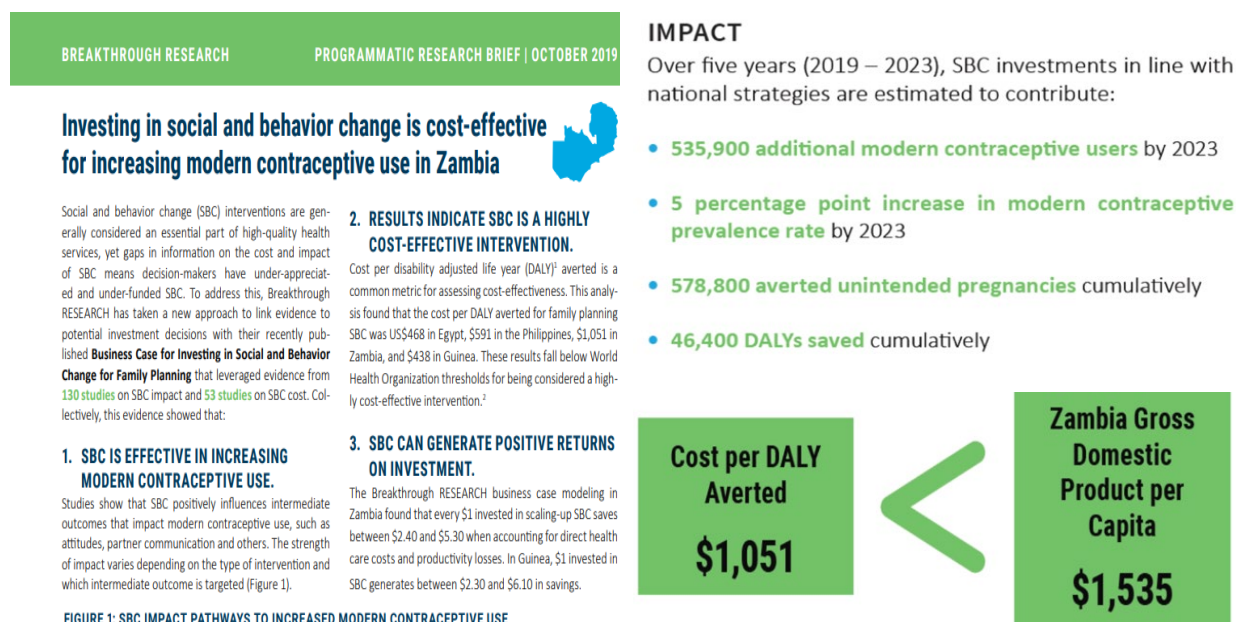
THEME 1: SPECIFIC EXAMPLES OF USEFUL PRODUCTS AND PROCESSES

KEY FINDING 1: Key informants spoke highly of the costing work and business case as important contributions to SBC research and advocacy

When asked about achievements of BR that have helped advance the SBC field, the vast majority of key informants mentioned the work around costing and the business case for SBC. While resources existed around costing generally, the BR project developed a new costing primer that was specific to SBC. The costing guidelines detail 17 principles to generate high-quality costing evidence. The costing guidelines have been applied in a few countries, as noted earlier, and have been disseminated in a number of ways. There have also been capacity building efforts and training of government and IP stakeholders—*“very applied and targeted to building capacity”* (BR Prime key informant). In addition, BR built a database of costing work for SBC.

Furthermore, BR developed business cases for SBC, modeling the impact of SBC investments to showcase the cost savings. The business cases helped bring the costing guidelines to life (see Figure 6), showing the important and concrete contribution the data make, and demonstrating that if IPs plan to do advocacy work and have a business case, they need to know about cost. Respondents from Avenir, a key technical partner in the costing work, explained, *“Once people saw results being used in business cases and saw how powerful it could be for advocacy purposes, they came on board and came to appreciate it more.”*

Figure 6: Example of Modeling Impact of SBC Investment on Contraceptive Use



According to key informants from USAID/W and BA Prime, after seeing the value of the business case for FP, the U.S. President’s Malaria Initiative (PMI) requested a similar business case for malaria. A key informant from the BA Prime explains, “*Building the business case for SBC has been crucial, especially for FP and malaria. If we could do that across various sectors it would help with advocacy and global coordination bodies.*”

KEY FINDING 2: Research and Learning Agenda: “Bringing Voices Together”

As noted earlier, BR developed Priority SBC RLAs, which included six cross-cutting knowledge gaps and two prioritized research themes (see Box 1 above under EQ1). This process (see Figure 7) included engaging more than 150 people from different SBC sectors to look at cross-cutting themes and identify RLAs around the priority themes of integrated SBC and PBC. Some key informants felt like the process took too much time, while others felt that time was necessary to ensure a participatory process.

BR Prime key informants mentioned the strengths of the participatory process in bringing people together to continue to engage on these priorities:

“What it gives you is the power of bringing voices together to dialogue about what those research gaps mean and how to address them—more than what you get by just putting out a paper on research gaps.”

“It’s not just a point in time but a process. The process is not over, it’s still going on. That was our intention all along—engage and re-engage and build out this advisory network. I really think that is where the benefit is.”

“When you get a consortium of partners, you get the real benefit of so much expertise—you have these other partner organizations that are strong in their areas—the consortium is a real benefit to the project—gives a more robust research portfolio and evaluations, rather than one group doing it internally—the richness of the studies—it’s not just here’s an evaluation and that’s it, it’s what could add value, what kind of study would be helpful in generating the necessary information to move forward.”

Figure 7: Process and Timeline of Key Steps in RLA Process



Having identified the priority areas within the RLAs, in order to truly advance the SBC practice, it will be essential for BR to effectively package and communicate what has been learned so far and continue to activate and engage the community they have worked with throughout.

Along these lines, a key informant from BR Prime noted their work plan for 2021 includes the following:

“In collaboration with Technical Advisory Network (TAN) members and other key regional and national stakeholders, revisit the two RLAs (integrated SBC and PBC) developed under BR to assess what has been learned around key research questions, how the RLAs have helped to shape that learning for BR, BA, for the TANs, and for key stakeholders, and where the SBC field continues to build momentum.”

A USAID/W key informant emphasized this need for partnering to move things forward:

“Really working with regional and country partners to come up with the research questions is so important. For the new Ouagadougou Partnership strategy post 2020, there’s a whole research component now that there wasn’t in the past. Really getting in on that partnering. Mostly funded by Gates and Hewlett. Ensuring that integrating in that research agenda rather than parallel timing will be good.”

KEY FINDING 3: Collaborative success with Zika

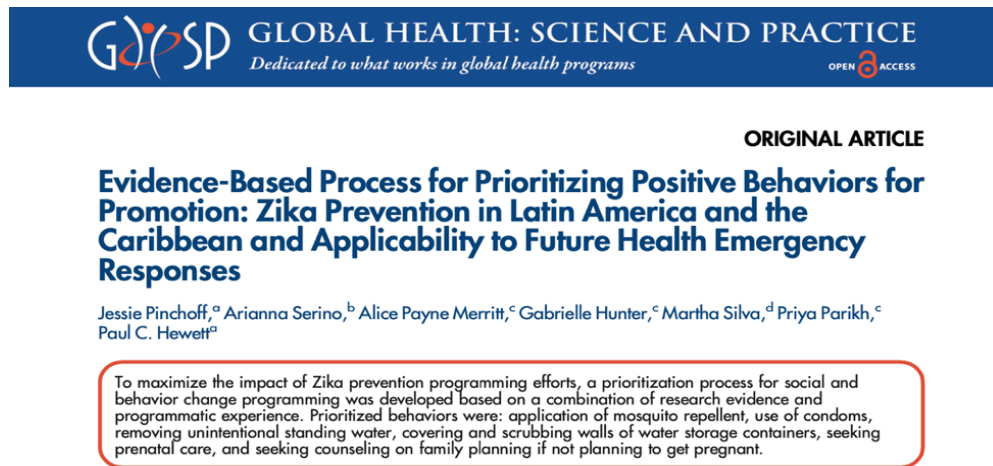
Many key informants from USAID/W, and BA and BR Primes, spoke highly of the BA and BR work in developing the Zika Prevention Behavior Matrix that helped prioritize prevention behaviors. Even those not directly involved in this work reported that they had heard a lot of positive things about BA’s and BR’s contributions. This work was productive and had real programmatic impact. It was also an example of a strong and effective partnership between BA and BR (See Figure 8 for an example of a publication from the partnership). According to all the key informants who had been involved in the Zika work, this was largely due to the work being designed in such a way that each partner clearly needed the other to achieve results. It is noteworthy that in addition to research and evaluation, members of the BR consortium of partners, such as Tulane University, contributed with their expertise in other topic areas, such as Zika.

A key informant from the BA Prime explained how well the process worked for Zika:

“No one had really collated/synthesized evidence around various prevention behaviors for Zika—partly because the evidence wasn’t that great—but there was evidence, and no one had pulled it together. So, BR was able to pull all that evidence together. We collaborated with BR to develop a prioritization of Zika

prevention behaviors—it was a really excellent way to collaborate with them—they could do a deep dive into the research and literature and weigh the evidence—and come back to us with here is the evidence behind 30+ behaviors we promoted, and brought it down to a list of about seven key behaviors, so then we promoted these—if we hadn't had those evidence summaries behind these, we would not have been able to change MOH people—so to have that evidence on prioritizing certain behaviors was really useful, and helpful in our advocacy. BR did a number of surveys on Zika as well.”

Figure 8: Evidence-Based Process for Prioritizing Positive Behaviors for Promotion



The success of the Zika work highlights important lessons about collaboration. Several key informants—including BR, BA, and USAID staff—used the term "codependence" to describe why it worked well. A USAID staff member explained the challenges of this kind of design:

“But in general, I think it's hard to find work in which there is a way to design two projects so that they are sort of codependent on one another to actually reach their objectives and that is the only way I think you would ever get really good collaboration. I think it's both its competition going from a funding standpoint, but also from a sharing of your know-how, your trademark goods. And then it just takes an incredible amount of work, you have to see a benefit to it. And I'm not sure that USAID has done a good job of ever designing projects that we expect to work together in a way that we demonstrate what the benefit to each project would be, we just say you have to do this. We may even make it a requirement in the design of the project. But if you haven't designed it in a way that it's mutually beneficial then why would they actually spend time and energy, especially when it may require that they share their secrets and it may mean that they lose money.”

THEME 2: INCREASE THE FOCUS ON DISSEMINATION OF PRACTICAL MESSAGES AND MATERIALS

Much of BR's work is still in progress. Key informants from BA, BR, USAID, and IPs raised themes of being practical, demonstrating impact, and showing how SBC is different from social and behavior change communication (SBCC), which can inform dissemination and utilization efforts going forward. Many key informants from BA, BR, USAID, and IPs talked about the importance of emphasizing dissemination in the next couple of years. One key informant from BR Prime explained:

“I think there's been tremendous evidence being generated and the important piece now is making sure that that evidence actually gets generated out, pushed out to the global community so that people are aware of it and that it's not just evidence that we develop and then we link on a website somewhere. But if we don't tell people about it, people won't go and read it.”

Disseminate more and better

Several key informants from USAID/W, BA, and IPs felt that BR does not disseminate enough. However, it should be noted that this is the point in the project where typically dissemination activities would increase, and BR has planned for this in its Research Utilization and Knowledge Management (RUKM) strategy. A staff member from the BA Prime stressed the need for BR to engage in more systematic dissemination and use of knowledge management (KM) platforms:

“The research side needs to use some of the available KM tools and disseminate more broadly. People present at meetings. They interact with our teams on the ground and higher levels, but it feels more ad hoc. It should be systematized. Haven’t seen BR use any of the knowledge sharing platforms despite talking about that in the beginning. Airtable/Slack (chat)/Dropbox. Basic KM—haven’t seen a commitment from them and that would help.”

USAID/W also talked about wanting the project to place more emphasis on learning: “We want the project to move SBC forward and disseminate.”

Make it practical

Key informants from USAID/W, BA, BR, and IPs spoke of the need to make approaches like HCD, BE, and the costing guidelines practical for local civil society organizations to operationalize and give examples that are relevant to them. A USAID/W key informant explained:

“The research results need to be written in a way that SBC practitioners or implementers will understand and easily be able to pull out the specific key points to use in their program. And I think that’s been a challenge for BR sometimes in terms of writing in a way that’s clear and easy to understand for the SBC practitioner... the work that they’re doing is great and has the ability to be so instrumental but it has to be understood by the people who are meant to use it, or you’re going to have a problem.”

A BR partner key informant felt that BR could do a better job with research utilization, that sometimes “implementers just don’t have a seat at the table and the work feels very top-down,” and that it is not just a question of communicating results, “but the relationship building to actively use the research BR does is critical.” A good example of this is the work on the business cases for FP and malaria, where BA has used the research BR has done on costing within their advocacy work. This is due to relationship building and clear mandates between projects from the outset.

Demonstrate impact of SBC investments

A key informant from the USAID Nigeria Mission noted that for both BR and BA “better reporting of results would make it easier to convince people that it’s worth investing in.” A key informant from an IP articulated the same idea: “When they understand what impact is possible, then resources flow.” This should involve compiling and communicating BR research and BA program results, as well as other relevant SBC research findings. A key informant from USAID/W noted the progress that has been made on this front, in some health areas more than in others:

“My feeling is there is more acceptance in the FP community that SBC matters and good SBC can accelerate results—maybe more accepted in FP than in other health areas. PEPFAR is skeptical of anything behavior change-related. Malaria people have bought into it. We were aiming to build the evidence base for the importance of SBC and then go forward and be confident in recommending making these investments. And I think we’re getting there.”

When disseminating results, show how SBC is different

A fundamental aspect of both BA and BR is moving beyond SBCC to fully embrace the broader SBC. Key informants spoke of the need to continue to articulate and communicate this. Some key informants from BA, BR, and IPs felt that more needed to be done to communicate what this change means in terms of implementation and impact. A key informant from an IP explained:

“This is the time!... It’s been a lost opportunity between the two to push the field... There’s something that’s been lost in making a name change and not really a true shift and giving it attention and thought. Or we look like a field that just changes our name every five years.”

As mentioned earlier, this theme arose for BA and BR. It is therefore important for both projects to communicate clearly to the wider SBC community and with various donors, including the USAID missions.

THEME 3: CAPACITY STRENGTHENING THROUGH LEVERAGING CONSORTIUM PARTNERSHIPS AND WORKING WITH LOCAL PARTNERS

While BR did not have an explicit mandate to engage in capacity strengthening, there was a need for creating capacity of local partners to both conduct research and utilize the findings. BR Prime key informants noted that despite the capacity building BR has done by engaging local partners to assist in operations research and BR’s rigorous technical review of local partners’ outputs, it would be helpful to have a clearer mandate in this area. From USAID’s perspective, BR’s mandate to package new knowledge for research utilization should also include addressing capacity issues around research utilization through communication and sharing knowledge and skills with local partners.

There has been more explicit capacity building from the BR project with the costing work, including a workshop in Mozambique focused on implementers and individuals who do costing analysis, though not in SBC.

BR, particularly with its partner Avenir, aims to build more capacity for costing and cost-effectiveness studies. They are working on shorter 4-5 page briefs, rather than long guidelines, that will be focused on specific questions, such as how to identify denominators, how to capture design costs, and how to capture social media costs—“an area where there is almost no data,” according to a BR IP key informant. There will also be some briefs done under PMI looking at costing issues around malaria, and one for 2022 to cover integrated costing. There are plans for webinars using the Springboard platform, as well as presenting at the Global Mini-University.

4.4 EQ 4. TO WHAT EXTENT HAS BR SITUATED ITS WORK WITHIN THE LARGER CONTEXT OF SBC AND TECHNICAL AREA-SPECIFIC PROGRAMMING?

When asked to what extent BR has been able to situate its work within the larger context of SBC and technical area-specific programming, key informants generally acknowledged that there is still limited knowledge about what SBC really is and how it can effectively be integrated into other health programming areas, but that “the drumbeat” is being heard. BR situates its work within the larger context of SBC programming by initially identifying overarching questions they feel the SBC field should be answering. Further, they look at how projects are answering some of these priority questions about integrated SBC. They use appropriate channels to share what they are learning to contribute to the body of evidence on SBC programming.

Research utilization is a vital process for advancing the SBC-in-health knowledge base. Among its core components are the appropriate dissemination of research findings and the ability to incorporate research findings into practice. Part of BR’s essential tasks are to make sure that their research findings are being broadly shared and that actionable results are being put into practice.

Though the SBC-for-health field has gained attention over the last decade, there is still a lack of understanding of conditions that drive certain key behaviors and of what the cost effectiveness of SBC activities is, and a lackluster engagement by implementers due to competing demands and inadequate knowledge sharing on the benefits of SBC integration. Part of BR’s original proposal was to identify the different areas where there are knowledge gaps in the SBC field. As described earlier, this process included working with the implementing partners (most notably BA) to see how they are answering some of the priority questions

on integrated SBC, and subsequently developing products that can support other implementers trying to answer similar questions in their program designs.

THEME 1: PARTNERSHIPS AND PLATFORMS

The most efficient and effective ways BR can situate its work in the larger context of SBC programming is to share its research and evidence through existing platforms, by engaging with collaborative channels, and working in partnership with interested groups—including building on the networks and relationships that resulted while developing the RLA.

The platforms BR mainly uses are:

- [Springboard](#) site—a free online community of SBC professionals where members can access SBC experts, the latest technical knowledge, theories, and tools, and where they can engage in online discussion and educational opportunities. The site is suited for anyone working at any level of expertise in any SBC-related field.
- [Compass](#) (particularly the “Research Spotlights”)—a curated collection of SBC resources.
- [BehaviorChangeImpact.org](#)—a platform created by BA, with five health area-specific databases that support evidence-based SBC. The five databases concern: FP, RH empowerment, urban youth, HIV, and malaria. The databases and the accompanying documentation (reports, briefs, factsheets, infographics) are designed to give program planning, implementers, and policymakers the evidence they need to “make the case for the value of SBC and to strengthen the impact of their SBC efforts.” Members can also submit their own evidence for the databases based on select criteria.

A BA Prime key informant, discussing a donor meeting organized by USAID and the Gates Foundation, praised the BehaviorChangeImpact.org site as follows:

“This website is great! Shows the evidence of SBC and its impact. Most people in that donor room were not even aware of the amount of evidence. And there’s certainly a ton within the FP space. But more and more there’s also some in the malaria space and many of the people in that room would oversee multiple different health areas not just family planning. So that was another moment for them to say, oh, right, there is this evidence out there.”

Having such user-friendly technical resource repositories makes a significant difference in advocating for more attention and resources for SBC programming and it will be important for BR to continue to use BehaviorChangeImpact.org in the future.

BR engages with and participates in several collaborative channels, including communities of practice (COPs), global and local-level technical meetings, and key conferences. As a result of the COVID-19 pandemic, most of these channels have transferred to online engagement over the past year. Prior to travel and gathering restrictions, BR participated frequently with service provision COPs, including the High Impact Practices (HIP) for FP Technical Advisory Group and the Sahel Communication Collaboration. BR also contributed content and participated in the Global SBCC Summit in Indonesia in 2018, and works with a number of interested groups, including FP2020, the Ouagadougou Partnership, UNICEF, and the RBM Partnership.

“We’ve collaborated with lots of communities of practice: the HIP TAG; we’re starting a community of practice related to SBC in the RISE portfolio; the Sahel Communication Collaboration led by MercyCorps has been a very helpful collaborative leader to lasso everyone together. In the Francophone portfolio: FP2020 and the Ouagadougou Partnership are both pivoting to beyond 2020... and then there’s COVID... so pivoting to new strategies is hard and stalled, but these partnerships have been crucial for advancing SBC in the Francophone West Africa region.” (BR Prime key informant)

While BR has been using and actively contributing to these existing platforms, channels, and groups—which can help them play a central role in agenda setting for SBC programming—some key informants from USAID and IPs mentioned that there was sometimes a lack of coordination and sharing of BR’s research plans. As noted earlier, several key informants from USAID recommended that BR should make things more practical and less academic. In order to most effectively use SBC platforms and relationships, BR should work closely with BA to take advantage of BA’s networks and relationships with the IPs and USAID missions in a number of countries.

Improving timeliness was a general recommendation for BR’s work about dissemination. A few participants

“A website to really share insights, evidence, something collaborative to share everything—and something in FRENCH, a website in FRENCH—the language barrier remains and prevents us from seeing and reading everything—we also only have meetings every three months, not quite enough time to collaborate.” (WABA key informant)

mentioned that it took a long time for the RLAs to come out, which dampened their enthusiasm. They would now like to see how the RLAs are being integrated.

Overall, BR should find ways to keep the momentum and conversations going about their research results as well as the broader field of SBC research. Using KM practices systematically would help with that as would more community engagement. Making sure all of their products are translated is also a key consideration and budgets should reflect that need. Given the focus on work in West Africa, a

priority should be ensuring translation into French.

4.5 EQ 5: HOW AND TO WHAT EXTENT HAS EACH PROJECT LEVERAGED ITS RELATIONSHIP WITH THE OTHER TO IMPROVE THE SCALE, QUALITY, AND IMPACT OF SBC AT THE COUNTRY, REGIONAL, AND GLOBAL LEVELS?

“Inter-organizational collaboration is no longer entirely a free choice, but is close to a necessity imposed by economic, technical, and knowledge-related concerns.” (Jastroch et al. 2011)³

THEME 1: WHAT HAS WORKED WELL?

Since their respective awards, BA and BR have worked together, as suggested in their respective CAs set up by USAID. This funder-initiated partnership (referred to frequently during the KILs as an “*arranged marriage*”) was strategically designed to deliver efficient research and evaluation outcomes. In favorable terms, the “sister projects”⁴ were set up to provide complementary support and are expected to “collaborate closely across the life of both projects” (BR RFA, 2017). According to BA’s RFA, BR works to advance and disseminate research around SBC technical areas and interventions in which existing evidence is considered insufficient, while BA works to increase coverage of, and innovate based on investments in SBC programming that already have significant evidence.

Common Structures

Structurally, BA and BR have a common strategic objective and share IRs (see Figure 1 in Section 2, Background). Overall, to achieve these results, BA carries out rapid, programmatically useful monitoring, concept- and pre-testing, and formative research, while BR takes on primarily operations research and evaluation. Though to some key informants in BR and IPs, BR is primarily viewed as evaluating BA’s work,

³ Jastroch N, Ku C, Marlowe T, Kirova V, Mohtashami M, Nousala S. (2011) Inter-organizational Collaboration: Product, Knowledge and Risk. JOUR Vol 9. https://www.researchgate.net/publication/228216091_Inter-Organizational_Collaboration_Product_Knowledge_and_Risk

⁴ Both BA’s and BR’s RFAs assign this term to the projects.

that does not give either of the projects the appropriate recognition for their independent and mutually supportive technical capabilities, nor for their broader program mandates.

The partners have a joint logo and a joint webpage at <https://breakthroughactionandresearch.org>, with fine print indicating that “The contents of this website are the sole responsibility of Breakthrough ACTION and Breakthrough RESEARCH.” Though the website indicates



shared ownership, BA is responsible for management of the platform. However, BR did contribute LOE of several staff to support BA as they reorganized and updated the website. The significant difference in project funding likely accounts for some of the uneven distribution of labor for this key communication platform. The two projects also have shared social media handles. While much of the content is developed and delivered by the BA communication staff, BR staff, through its partner PRB, develops and posts all BR content on the shared social media handles.



BA and BR have attended key conferences together, setting up a single “Breakthrough Action & Research” booth, such that their outward-facing image is as a seamless partnership. On all accounts, that type of integrated presentation and effort has worked very nicely, and staff have enjoyed it. As described by a BA key informant, “presenting that kind of united front has worked well. It shows we’re two arms of one body. Presenting our work as separate but combined.” According to BA’s SIR 2.4.2, in their last semi-annual count, there was a cumulative total of 119 events for outside audiences with BA and BR coordinated participation since the projects launched, including jointly-organized workshops or presentations. That translates to substantial shared time and coordination between staff from the two projects, which can help foster and sustain an important culture of collaboration between colleagues.

BA’s Prime, CCP, was also the Prime for USAID’s predecessor flagship SBC project, Health Communication Capacity Collaborative (HC3). HC3 developed two important KM resources, which USAID continues to fund under BA: the **Springboard** platform—an online networking and sharing resource that supports and nurtures global-, regional-, and country-level SBCC COPs and the **Health COMPass** platform—a curated, interactive online materials repository. In 2018, BA revamped the Springboard platform and included COMPass in its banner with the tag line, “Learn from the Experts. Find the Right Tools.” Springboard can be found at www.springboardforsbc.org. COMPass can be found at www.thecompassforsbc.org. Though the websites attribute BA as their developer, both BA and BR projects use the platforms as key KM tools and provide jointly-developed as well as project-specific content. Such a robust undertaking speaks to a productive level of coordination and collaboration.

Joint activities

Other positive examples of the two projects’ collaborative partnership are the numerous successful activities that have resulted from their combined work. According to key informants, some notable BA/BR collaborations included activities around Zika, malaria, social media monitoring and listening, and research on cost effectiveness of SBC activities.

For Zika, BA and BR compiled lessons learned, best practices, and resources from their shared work on SBC programming for USAID’s response to the disease. An overview of their collaborative efforts can be found at <https://breakthroughactionandresearch.org/breakthrough-action-research-resources-from-the-usaid-zika-response/> and as a “Trending Topic” on the COMPass site, with details of their success stories, at: <https://www.thecompassforsbc.org/trending-topics/promoting-social-behavior-change-sbc-during-usaid-zika-response>. The cornerstone work of the Zika response was identifying the most important evidence-based prevention behaviors and harmonizing messages on disease prevention. The teams

identified seven out of 30 behaviors that had the greatest potential to prevent Zika, and then provided IPs with the necessary knowledge, tools, and resources to promote them.⁵

In Nigeria, BR is evaluating the effectiveness of BA's malaria program (integrated versus malaria-only SBC programming) on priority outcomes for malaria, FP, and MNCH+N behaviors and ideations among pregnant women and women with a child under two years old. BR carried out BSS Surveys, in three of the 11 states where BA has a presence. Their results informed BA's successful SBC programming and scale-up. The BA and BR teams worked closely together on the study design and the questionnaires. BR was able to leverage BA's state presence to help disseminate results to state coordinators, state teams, and local government officials. In the end, they also developed and presented a webinar together about this successful joint effort.

Malaria—Insights for improving malaria, FP, and MCH outcomes in northwestern Nigeria through SBC programming

September 17, 2020 @ 11:00 am - 12:00 pm



In Francophone West Africa, the BA and BR projects worked together on the hugely successful “[Merci Mon Héros](#)” SBC campaign. BR's groundbreaking “social listening” data mining research provided critical results that informed BA's adaptive management for SBC activities, allowing BA to implement real-time feedback for the FP/RH social media campaign in Burkina Faso, Côte d'Ivoire, Niger, and Togo.⁶

In addition to these examples, key informants cited other very good works that BA and BR collaborated on. Several US-based and country-based key informants from USAID, BA, BR, and IPs mentioned in particular that BA and BR, together, had managed COVID-19 adaptations expertly. They cited multiple examples of how BA and BR worked well together to modify activities during the pandemic, including how BR evidence had helped BA redesign the contents of some of its radio health drama FP programming to factor in COVID-related issues. One team member from BA remarked that they were “very proud of the COVID work” as something the sister projects had achieved together.

In some cases, at the country-level, key informants from USAID missions reported viewing BA and BR as a **single project**, which is frequently considered an indicator of successful partnership in organizational science. A counterpoint to that, however, is that the BA Prime's predecessor SBC project (HC3) and the Prime (CCP) overall, have such a significant field presence that mission and field staff may default to recognizing BA as the sole implementer for what is BA/BR shared work. In Nigeria, there was a three-month overlap between HC3 and BA projects. This enabled some staff to simply move over from HC3 to BA with all the expected benefits of such a transition, including name recognition, process continuity, and familiarity with organizational culture. A key informant from an IP in Nigeria explained that one of BR's challenges was in community engagement because, “it's mostly BA on the ground. BA is like a household name” in the states where they are working.

“Collaboration works best when objectives are clear from the outset, and each partner has a clear scope of work and responsibilities.” (BR Prime Key informant)

Positive codependency

What seems to work well in terms of collaboration between BA and BR is when they have a “codependent relationship” (as described by some key informants), where each must count on the other to get their assigned work done, and where the value of each group's respective contribution can be easily understood and acknowledged (as happened with the Zika work). When terms of work and engagement are clear and where the results of one team's assignment is needed for the other to carry out their responsibilities,

⁵ For more information on Zika activities, see pages 24-25

⁶ For more information on *Merci Mon Héros* activities, see page 20

then the mutually reinforcing nature of the partnership operates well. It takes on a transactional quality that is easy to see and comprehend, and that which has consequential value for both partners.

In an effort to codify the importance of the partners' collaboration, USAID provided a results framework with specific sub-indicators that acknowledge the valuable outputs and outcomes of BA and BR's tandem and complementary tasks. For example, BA's SIR 1.1, *Innovative and effective solutions to high-priority SBC challenges designed and implemented*, and SIR 1.4, *Rigorous monitoring and quality assurance tools and approaches applied to SBC interventions*, include indicators that are quantitative measures of the projects' collaboration (see Table 2 below).

Table 2: Indicators of Collaboration Between BA and BR

Intermediate Result 1: Country-driven, high-quality SBC interventions implemented						
Sub-IR 1.1: Innovative and effective solutions to high-priority SBC challenges designed and implemented						
ID	Indicator	Type	Data Source	Frequency	Calculation	Project Total To Date
I.1.1	# of tools jointly developed by BA and BR pertaining to innovative topics, approaches, or dissemination formats	Output	Program documentation or tacit knowledge of program staff	Semiannual	Simple count of research- or program-related tools pertaining to innovative topics, approaches, or dissemination formats that BA has jointly developed with BR	30
I.1.7	# of research-related materials developed jointly by BA and BR in the last 6 months	Output	Program documentation or tacit knowledge of program staff	Semiannual	Simple count from program documentation or the tacit knowledge of program staff or research-related materials that are jointly developed. These materials may include data collection instruments, data collection plans, infographics, research briefs, technical reports, blogs, or peer-reviewed publications	42
Sub-IR 1.4: Rigorous monitoring and quality assurance tools and approaches applied to SBC interventions						
I.4.1	# of countries from which BA shared data with BR in last 6 months	Output	Program documentation or tacit knowledge of program staff	Semiannual	Simple count of the # of countries from which data was shared. By “countries” this indicator refers to where BA collected data and not where data sharing occurred. These could either be qualitative or quantitative data sets	10
I.4.5	# of BA interventions using BR data/findings to develop or modify their design implementation, or evaluation in the last 6 months	Outcome	Program documentation or tacit knowledge of program staff	Semiannual	Simple count of interventions that use BR data/findings. May include quantitative or qualitative data sets, findings from primary or secondary analyses (e.g., desk reviews, business cases). Use refers to whether data/findings informed design, implementation or evaluation of SBC interventions	30

THEME 2: MAIN CHALLENGES

While BA and BR worked well together overall, challenges in the partnership seemed to arise when expectations and work orders were less defined (including timeline differences), when frequent staffing changes disrupted workflows and team dynamics, and when perceived or actual power imbalances and different corporate cultures hampered staff members' comfort levels.

Unclear assignments and short timelines

When things are less defined in partnerships, there is more room for confusion, which can lead to missed opportunities and failed expectations. In the BA/BR partnership, for example, key project staff from both projects did not know when to use the joint BA/BR logo—the very emblem of their formal collaboration. This created confusion and tension about how knowledge products should be branded. The solution was to widely distribute explicit marking guidelines, which included when and where to use the shared logo.

“Organizations that depend heavily on similar funding sources or on the same donor may find it difficult to work together because of the propensity to compete with each other for scarce resources and also because of an underlying awareness that their association may not yield a net increase in income.”

—Designing and Managing Partnerships, FHI360

Marking and branding is generally covered at the beginning of projects but the ramp up for both partners was seemingly rushed. Partners in both BA and BR mentioned they were “*building the plane as [they] were flying it*,” feeling as though there had not been enough time at the start of the projects to adequately cover overarching general issues, like marking and branding. They also said there was little time for BA and BR staff to get to know one another or to fully understand and appreciate how the different teams worked, and how their institutional strengths could complement each other rather than pose an omnipresent threat to future funding. The following simple comment summed up what many key informants also expressed, “*It’s so hard when the roles aren’t clear.*”

Key staff turnover and different corporate cultures

Though staff turnover is always to be expected, high staff turnover can pose significant disruptions and may indicate a more serious management problem. The Knowledge Management & Research Application Team Lead, a key position on BR, changed multiple times. During this evaluation, several key informants from BA, BR, and USAID/W mentioned this specific staffing issue. A BA Prime key informant explained that colleagues had to “*start all over*” every time a new person was hired.

Key informants from BA and BR Primes often mentioned that BA and BR had different corporate cultures that influenced the way they collaborated, particularly in their management and communication styles. Some key informants from USAID/W and BA felt that BR’s limited experience in SBC programming as compared with CCP also created challenges. Their perceived power imbalance was also problematic at times. The imbalance reportedly derives from the considerable difference in the projects’ funding, the historical depth of BA’s presence and overwhelming reputation in the field, and BR’s assumed role as BA’s evaluator. Some level of power imbalance is inevitable between groups and can generally be managed by strategic project planning and established goodwill between professional colleagues. A difference in corporate cultures between working partners may be difficult to negotiate but is not necessarily negative. Most importantly, projects need a sufficient amount of time and dedicated resources to explore areas of agreement and potential disagreement that might arise during the partnership. It should not be left up to individual staff to negotiate corporate relations alone, but rather, the leadership and governing members of the partnership should consider these variables during the start-up phase of the collaboration and throughout the groups’ periods of performance. As expressed by one BR key informant, “*It was up to us to build the relationship and the corporate culture made it hard. Intent and desire around the collaboration and a framework or guidance in how to work together from USAID would have been good.*”

THEME 3: RECOMMENDATIONS FOR IMPROVING BA/BR COLLABORATION

It is evident that USAID expects BA and BR to align and coordinate their efforts and designed the projects to be mutually reinforcing. In organizational terms, BA and BR are expected to carry out program leadership and management roles for their respective and joint work, while USAID plays a governing role for the collaborative partnership.⁷ The time and resources that the Bureau for Global Health has invested in SBC for well over three decades, as well as USAID's more recent focus on building effective partnerships, are the backdrop for this distinct opportunity to inform future SBC programming partnerships.

The excerpt below is from the BR's CA:

“BA and BR will work together to achieve their shared purpose and strategic objective. The USAID Washington management team will closely facilitate and oversee this integral partnership. The sister projects may be funded to jointly design and/or implement certain activities and are expected to establish a strong, collaborative model of engagement, including regular meetings to advance their shared work... To achieve maximum coordination and synergies across the two projects, it is suggested that each project dedicate funded staff time to coordination activities.”

The above excerpt suggests that BA and BR coordinate and collaborate but leaves the decision on how to do so up to the projects. Intentional partnerships benefit from structural pillars and entry points that systematically facilitate proven practices for effective partnerships and collaboration. USAID has supported evidence-based research about what makes partnerships effective, and they also have a [Collaborating, Learning, and Adapting](#)⁸ set of practices and toolkit that can provide valuable information on ways to improve BA/BR collaboration. While the current collaboration may yield some positive transactional results, to truly transform SBC for health results, the implementing teams and USAID would benefit from intentionally using more organizational and KM best practices, such as after action reviews, peer assists, pause-and-reflect, digital whiteboarding, and culturally appropriate fail fairs, among others.

Need for improved collaboration and coordination

Overall, evaluation key informants felt that the partnership was collaborative but uneven. Many found the mechanism awkward, but also considered it an interesting experience. According to a USAID/W key informant, “*I think it was a good idea to find out it's not a good idea.*” Recommendations from key informants at USAID, BA, BR, and IPs on how to improve BA/BR collaboration include, but are not limited to: having a researcher as a part of the AOR team, clarifying and underscoring their shared objectives, co-managing the projects, having an SBC research project that is not tied to the implementation work, having collaboration objectives set up from the beginning that recognize the partners' respective institutional norms and organizational cultures, building in more time for staff interaction between partners, mandating a key staff communication position on BR, earmarking a percentage of every BA buy-in for BR, and routinely using KM practices for exchanges between BA and BR. In addition to these recommendations, organizational science would also suggest that the groups (including USAID) have clear ways to address gaps in expectations and understanding, that the partners' mutual accountability be reflected in their formal

⁷ Management Sciences for Health. (2017) Leadership, Management and Governance Evidence Compendium: From Intuition to Evidence: Why Leadership, Management, and Governance Matters for Health System Strengthening. Washington, DC: USAID. https://www.usaid.gov/sites/default/files/documents/1864/LMG_Evidence_Compendium_Introduction_and_Pharm_chapters-508.pdf

⁸ USAID (ND) CLA at USAID – Making Collaboration more Effective. Website. <https://usaidlearninglab.org/lab-notes/were-always-collaborating-how-can-we-make-it-more-effective>

agreements, and that a trained facilitator help the pair explore areas of agreement and potential disagreement.^{9,10,11,12}

Collaboration and partnership behaviors can vary widely and require interpersonal agreement and support. In many ways, the complex interplay of this collaborative partnership is its own SBC effort. BA, BR, and USAID have a great opportunity to apply some of their existing expertise in behavioral and organizational science to better implement and sustain this effort. Interestingly, key informants from BR, BA, and USAID independently shared the same sentiment, aptly put by a BA key informant who remarked, *"It's always a surprise to me that we aren't practicing what we preach."* As noted earlier, for partnerships to be effective, they do require adequate time, trust, and transparency.

⁹ Academy for Educational Development. (2001) Designing and Managing Partnerships Between U.S. and Host Country Entities. Washington, DC: USAID.

https://www.fhi360.org/sites/default/files/media/documents/Designing_and_managing_partnerships.pdf

¹⁰ KPMG International. (2016) Unlocking the Power of Partnership: KPMG Framework for Collaboration. Geneva: KPMG. <https://assets.kpmg/content/dam/kpmg/pdf/2016/01/unlocking-power-of-partnership.pdf>

¹¹ Branstetter R. et al (2006) Successful Partnerships: a Guide. Paris, France: OECD. <https://www.oecd.org/cfe/leed/36279186.pdf>

¹² Gulati, R. et al. (2012) "The Two Facets of Collaboration: Cooperation and Coordination in Strategic Alliances." Academy of Management Annals 6 (2012): 531–583. <https://dash.harvard.edu/handle/1/10996795>

5. CONCLUSIONS

EQ 1: HOW AND TO WHAT EXTENT HAS BR GENERATED EVIDENCE TO INFORM SBC PROGRAMMING IN USAID PRIORITY COUNTRIES?

BR helped create a global RLA for SBC through a participatory process, and then linked this global level work with local research. The project has generated and facilitated the use of important evidence on priority research themes, including integrated SBC and PBC. Key informants are excited about upcoming findings around integrated SBC to help with program planning, including studies in Nigeria assessing the effectiveness of integrated versus malaria-only SBC on various health behaviors and ideations; and in Niger, looking at the effectiveness of integrated SBC programming on priority behaviors and cost-effectiveness in a climate-stressed setting. BR research has informed programs in multiple countries, including findings from an evaluation of an integrated SBC project in Tanzania informing the mission's future investments, and research on respectful maternity care in Zambia leading to changes in the maternal health project's programming and an adaptation of the solutions developed for use by BA in Liberia. BR has also made progress in addressing the identified cross-cutting knowledge gaps. In particular, the costing and cost-effectiveness work is seen as a significant contribution, but it requires time, trust, and transparency among partners. BR's work was limited by the challenges in getting mission buy-ins, a common issue for global research projects. While the lack of field support for research is an ongoing structural issue for USAID, the interest of some missions shows the potential for growth in this area.

EQ 2: TO WHAT EXTENT HAS THE EVIDENCE PRODUCED BY THE PROJECT BEEN TIMELY, PROGRAMMATICALLY RELEVANT, AND RIGOROUS TO INFORM PROGRAMMING AND INVESTMENT?

BR has produced multiple timely and programmatically relevant research outputs to help inform SBC programming across a range of USAID-funded projects and missions, including targeted information to inform BA's implementation in Nigeria and the innovative social media listening to inform the youth-led multi-media MMH campaign. BR has faced challenges, however, in designing, conducting, and disseminating research, particularly in addressing initial differences in expectations of research to be conducted between the project and USAID, and then in overcoming hurdles in conducting research activities that are tied closely to project implementation. BR sees one of its roles as providing an external and objective evaluation of SBC activities, but this sometimes led to tensions with BA, including around data sharing. However, BA staff saw that this role was often valuable in intangible ways by requiring them to think through and explain and document their process much more. Both the challenges identified by project staff, and the key success stories where BR has produced timely, programmatically relevant evidence, demonstrate the need for involving implementers in research and evaluation design from the outset.

EQ 3: HOW HAS BR ADVANCED THE PRACTICE OF SBC GLOBALLY AND IN PRIORITY REGIONS?

There has been increased interest in SBC, in part due to public health emergencies, such as Ebola and COVID-19, as well as stagnating health indicators. In this context, BR has made contributions that can help build on this momentum and continue to push the field forward. Specifically, the costing work and the business case are seen as powerful advocacy tools. The response to the business case for SBC for FP was so positive that, according to key informants, it contributed to PMI's interest in one for malaria. BR's work identifying and synthesizing SBC indicators has also been a useful exercise to improve measurement of SBC activities globally. The RLA built relationships and brought voices together, and more can be done now to continue to bring together and amplify those voices. In sharing lessons from important work on integrated SBC and PBC, BR must now make messages practical, show impact, and continue to show how SBC is different from SBCC. It would be useful for BR and BA to plan joint dissemination and develop

practical guidance for SBC implementers based on BR and other SBC research findings, particularly around indicator work and measurement, and around integrated SBC and PBC.

EQ 4: TO WHAT EXTENT HAS BR SITUATED ITS WORK WITHIN THE LARGER CONTEXT OF SBC AND TECHNICAL AREA-SPECIFIC PROGRAMMING?

BR has engaged with many COPs and other SBC IPs, including BA, but relationships have not been built out to the extent they could have been. There have been missed opportunities to engage with IPs implementing SBC activities to ensure research is formulated in partnership with IPs, and findings are utilized. Moving forward, the most efficient and effective ways BR can situate its work in the larger context of SBC programming is to share its research and evidence through existing platforms, through engaging with collaborative channels, and through working in partnership with interested groups—including building on the networks and relationships built while developing the RLA and during implementation of research. While BR has been doing this, with more evidence and products available now, it will be critical to engage more with SBC IPs to maximize the impact of the work. BR should monitor and evaluate this research utilization and partnerships when it can. This should focus on the dissemination of practical guidance, as noted earlier, to facilitate turning the research into practice.

EQ 5: (FOR BA/BR COLLABORATION) HOW AND TO WHAT EXTENT HAS EACH PROJECT LEVERAGED ITS RELATIONSHIP WITH THE OTHER TO IMPROVE THE SCALE, QUALITY, AND IMPACT OF SBC AT THE COUNTRY, REGIONAL, AND GLOBAL LEVELS?

Since their respective formal awards, BA and BR have worked together as mandated through the assistance mechanism set up by USAID. This funder-initiated partnership (referred to frequently during evaluation interviews as an "arranged marriage") was strategically designed to deliver efficient and successful project results. The intentional efforts in coordination led to multiple successes, working particularly well when roles were clearly defined and each side needs the other—a "codependence" that key informants noted worked well, for example, in the work on Zika prevention behaviors. While BA and BR worked well together overall, challenges in the partnership seemed to arise when expectations and work orders were less defined (including timeline differences), when frequent staffing changes disrupted workflows and team dynamics, and when perceived or actual power imbalances and different corporate cultures hampered staff members' comfort levels.

6. RECOMMENDATIONS

1. **BR should link global priorities and local learning by strengthening the messaging around the RLAs through packaging the country research findings around integrated SBC and PBC.** Where possible, this should include relevant work from BA as well, such as PBC work in Nigeria around malaria.
2. **BR should track research being done by external stakeholders to answer the learning agenda questions and work with these partners to disseminate lessons learned and demonstrate the utility of the learning agenda.**
3. **BR should work closely with BA to develop dissemination materials that offer clear and practical programmatic advice and guidance for the SBC community.**
4. **BR should continue to provide targeted technical assistance to SBC IPs to disseminate particular research innovations, such as social media listening, to incorporate in other SBC activities.**
5. **BR should engage in targeted dissemination around the recommended FP SBC indicators to ensure use by relevant implementers and donors.**
6. **BR should have a thorough KM and dissemination plan for research findings coming out of the evaluation of integrated SBC programming in Nigeria and in the RISE II zones.**
7. **BR should continue to use the business case through online platforms, meetings, and conferences to advocate at global and country levels about the importance of SBC.** This would also provide an opportunity to encourage collection of cost data from the beginning of programs.
8. **In support of USAID's commitment to being a learning organization, BR should integrate more routine KM practices into the project for continuous learning and engagement, in addition to stimulating innovation, fostering better decision-making, and building more collaborative engagement.**
9. **USAID can help facilitate the needed transparency and data sharing among partners for evaluation work, particularly around costing and cost-effectiveness.**
10. **USAID should work with missions to share positive experiences among other missions to increase interest in SBC generally and in co-funding of global research projects.** For example, Nigeria could share its experiences with others. Key informants noted the potential interest by missions in costing work, indicating that this can be one of the selling points for increasing mission buy-ins to research.
11. **For future project design involving linked projects with a research component, USAID should create greater clarity around shared goals and roles, including clear expectations about types of research to be conducted and responsibilities of each partner.**
12. **Future USAID research investments should be sure to develop research questions with IPs to ensure that research being conducted is filling critical gaps in SBC practice and, as part of dissemination efforts, encourage other partners to address the remaining research gaps identified.**

ANNEXES

ANNEX I: SCOPE OF WORK

Assignment #: 002 [assigned by GH EvalS]

Global Health Evaluation and Learning Support Project (GH EvalS) Contract No. GS-10F-154BA

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)

Date of Submission: July 6, 2020

Last update: October 7, 2020

INSTRUCTIONS: Complete this template in MS Word to develop a SOW for an evaluation, assessment, or other analytic activity. Please be as thorough as possible in completing this SOW. Some of the sections below have been pre-populated with information that is common to most analytic activities. Please review these details and edit as needed to fit the needs of your specific analytic activity.

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

I. TITLE: Performance Evaluations of Breakthrough ACTION and Breakthrough RESEARCH

II. Funder/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)

c 3.1.1 HIV

c 3.1.2 TB

c 3.1.3 Malaria

c 3.1.4 PIOET

c 3.1.5 Other public health threats

c 3.1.6 MCH

g 3.1.7 FP/RH

c 3.1.8 WSSH

c 3.1.9 Nutrition

c 3.2.0 Other (specify)

IV. Budget Ceiling: \$431,008.18 (Note: GH EvalS will provide a cost estimate based on this SOW)

V. Performance Period

Expected Start Date (on or about): o/a October 19, 2020

Anticipated End Date (on or about): o/a May 15, 2021

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

Work will be remote from consultants' homes of record. The possibility of travel will be revisited according to the COVID-19 situation.

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

EVALUATION:

g 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.

VIII. BACKGROUND

If an evaluation, Project/Program being evaluated:

Project/Activity Title:	Breakthrough ACTION (BA) and Breakthrough RESEARCH (BR)
Award/Contract Number:	BA: AID-OAA-A-17-00017 BR: AID-OAA-A-17-00018
Award/Contract Dates:	BA: July 21, 2017 – July 20, 2022 BR: August 1, 2017 - July 31, 2022
Project/Activity Funding:	BA: \$300,000,000.00 BR: \$53,979,420.00
Implementing Organization(s):	BA Prime: Johns Hopkins Center for Communication Programs; BA Sub-primes: Save the Children, ThinkPlace, Camber Collective, ideas42, Viamo, International Center for Research on Women (ICRW) BR Prime: Population Council; BR Sub-primes: Avenir Health, ideas 42, Institute for Reproductive Health, Population Reference Bureau, Tulane University
Project/Activity AOR/COR:	Lindsay Swisher

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

The United States Agency for International Development (USAID) invested in five-year cooperative agreements titled Breakthrough ACTION (BA) and Breakthrough RESEARCH (BR) to support countries in achieving desired improvements in health and development outcomes, including increasing the demand for family planning that is satisfied with modern contraception; ending preventable child and maternal deaths; achieving and maintaining an AIDS-free generation; and achieving a malaria-free world.

BA and BR are closely linked and coordinate with one another. The sister projects comprise USAID's flagship investment in social and behavior change (SBC), providing global and country-level technical leadership in SBC advocacy, design, implementation, research, and evaluation. Both projects contribute to the shared purpose of increasing the practice of priority health behaviors and enabling social norms for improved health and development outcomes. Specifically, BA works to increase coverage of, and innovate based on, investments in SBC programming that already have significant evidence, while BR works to disseminate and advance research around SBC technical areas and interventions in which existing evidence is considered insufficient.

The projects build upon USAID's previous investments in SBC research and programming, including both global and bilateral projects, to simultaneously guide new learning and drive broader application of proven practices and tools in SBC. BA aims to fulfill a global leadership function that is desperately needed within SBC, working through a number of new and existing platforms to create opportunities for technical agenda-setting, learning, and collaboration; designing and implementing innovative and strategic SBC programs; and promoting agreed-upon priorities through its own programs and knowledge management efforts. Meanwhile, BR strives to convene and engage a broad range of health and development stakeholders, supporting them in developing, promoting, and operationalizing visionary, consensus-driven agendas for SBC research that contribute to measurable global health impact.

The shared strategic objective of the two Breakthrough projects is increased integration of proven SBC interventions in health and development programs, particularly health service delivery platforms. While focused primarily on health, the projects also occasionally address SBC needs in other sectors, with particular attention to areas of potential complementarity such as environmental conservation, agriculture, food security, and nutrition. Within the health sector, the projects maintain a substantive focus on family planning and reproductive health (FP/RH); HIV/AIDS; malaria; and maternal, neonatal, and child health (MNCH); with attention to emerging pandemic threats and other infectious diseases as needed.

Theory of Change of target project/program/intervention

Breakthrough ACTION (BA)

BA was designed to maintain a clear focus on achieving measurable change in priority health and development behaviors. In health, these behaviors include those posited to offer the greatest impact upon health outcomes. BA is expected to contribute to shifts in several priority behaviors and enabling social norms (with an emphasis on FP/RH, HIV/AIDS, MNCH, and malaria health outcomes), as well as the generation and synthesis of evidence on “gateway behaviors” and social norms. These include, but are not limited to, gender norms that offer potential to impact outcomes in one or more health and development area, including couples' communication and shared decision-making, health-seeking behaviors, etc.

BA strives to engage a broad range of health and development stakeholders, supporting them in developing, promoting, and operationalizing a visionary, consensus-driven agenda for SBC that contributes to measurable global health impact through the use of structural and environmental interventions, drawing upon concepts in behavioral economics, human-centered design, social capital, and social psychology in designing effective solutions to social and behavioral challenges.

BA's country-level behavior change programs are premised on the Social-Ecological Model. Thus, its interventions are implemented across social-ecological levels, as appropriate: at the individual and household levels to address ideational factors; at the community level to respond to access factors and social norms, including gender norms; at the institutional level to enhance provider skills; and at the structural level to advocate for policies and resources that support and enable health practices. In many countries, BA's programs are also informed by the Circle of Care, a model developed under the HC3 project that articulates the role of SBC before, during, and after the time that a client accesses health services. In addition to these broad frameworks, some BA country programs have developed theories of change specific to their program portfolios.

Breakthrough RESEARCH (BR)

BR addresses a clear need for increased study of SBC interventions. Few existing studies examine mechanisms of effect in large, multi-component interventions, raise questions of cost-benefit or cost-effectiveness, or explore challenges in implementation that may negatively affect behavioral impact. There is also limited understanding of the sustained behavioral or health impact of SBC due in part to donor priorities and funding cycles as well as a failure of donors and governments to systematically coordinate their evaluation efforts to allow for longer-term review of intervention impact. Lack of systematic exchange across health areas and development sectors has contributed to all of these challenges. BR was designed to meet this need with a focus on producing, packaging, and disseminating research that may be utilized by SBC implementers in their work. In addition to conducting and disseminating the social science research that has traditionally been the mainstay of USAID's investments in SBC, BR was also designed to develop, test, or disseminate innovative or under-utilized research, monitoring, and evaluation approaches for SBC, with an eye to supporting tactical, real-time application of data in programmatic decision-making.

BR's work is premised on the theory that coordination, collaboration, and consensus-building around SBC research needs would enable the development of effective shared agendas for research, which would in turn support design, implementation, and utilization of relevant evidence that was accessible and useful to SBC practitioners. BR envisioned that the evidence generated by the project would demonstrate "what works" for SBC programs; refine proven interventions to identify "how it can work best" in a given context; and determine "how it can be scaled and sustained," with particular attention to cost efficiencies. BR acknowledged that operationalizing this theory of change requires recognizing relationship dynamics and flows of funding, ideas, and accountability among actors, and addressing interlinkages, feedback loops, and hidden assumptions to expose elements that constrain or highlight opportunities for more effective and efficient policy and programming."

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

Shared Results Framework

The following are BA and BR's shared intermediate results (IRs) detailing the expected results of their work. BA was designed to directly contribute to IRs 1 and 2, as well as their eight sub-intermediate results (SIRs); while BR was designed to contribute to IR 3 and its associated SIRs:

- IR 1: Country-driven, high-quality SBC interventions implemented
 - SIR 1.1: Innovative and effective solutions to high-priority SBC challenges designed and implemented
 - SIR 1.2: Improved SBC capacity demonstrated by host-country governments and local health and development program implementers
 - SIR 1.3: Strategies applied for improved coordination and integration among SBC, service delivery, and development program implementers
 - SIR 1.4: Rigorous monitoring and quality assurance tools and approaches applied to SBC interventions
- IR 2: Coordinated global and country leadership mobilized to address priority SBC challenges
 - SIR 2.1: Multi-institutional platforms at global and regional levels leveraged to share and coordinate around SBC challenges
 - SIR 2.2: Global, regional, and country SBC programming and investment agendas created to address priority gaps and opportunities
 - SIR 2.3: Investment in SBC programming leveraged

- SIR 2.4: SBC priorities and agendas diffused through new and existing platforms at the global, regional, and country levels
- IR 3: Evidence for impact, feasibility, and cost-benefit of SBC intervention applied
 - SIR 3.1: Research agendas developed and disseminated within health and development communities of practice
 - SIR 3.2: Evidence of SBC impact, feasibility, and cost-benefit generated
 - SIR 3.3: Evidence of SBC impact, feasibility, and cost-benefit packaged and shared with priority audiences, including implementers, at global, regional, and country levels
 - SIR 3.4: SBC evidence and learning used in targeted United States Government (USG)-supported country programs

As evidenced by their shared Results Framework, BA and BR are closely related and coordinate with one another. However, because they have experienced distinct successes and challenges since their inception, USAID proposes contracting a single evaluation team to conduct separate evaluations of the projects, thereby measuring their individual performance while exploring relational factors as well.

The Global Health Bureau (GH)'s previous social and behavior change flagship, the Health Communication Capacity Collaborative (HC3), had a mandate to provide technical assistance for design, implementation, and evaluation of social and behavior change communication (SBCC) programs. During the re-design phase, GH staff saw potential advantages to the procurement of two separate SBC mechanisms, one focused on supporting SBC research and evaluation needs, and one focused on providing technical assistance to SBC program delivery. The possible benefits of two mechanisms included: access to specialized skills in SBC research and evaluation, particularly for external performance and impact evaluations of USAID's Mission-level SBC investments; attention to evidence generation, synthesis, and learning within the broader SBC community; and expansion of USAID's SBC partnership base to include less established organizations with potential to support the Agency's steadily growing demand for SBC technical expertise, while continuing to meet an ongoing need for SBC technical assistance from organizations with global leadership experience and deep program design and delivery expertise.

Please refer to the Breakthrough Log Frame and BA and BR's Performance Monitoring Plans (PMPs) for more information on anticipated and actual project outputs.

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

Both projects are global in nature. BA currently works in 35 countries with a range of funding and programming scenarios. BR works in significantly fewer countries. We have proposed a subset of countries for closer examination: Nigeria, West Africa region (potentially Niger), and Côte d'Ivoire.

IX. Purpose, Audience & Application

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

Given that several Breakthrough ACTION (BA) and Breakthrough RESEARCH (BR) activities are still in early stages of implementation, the purpose of these mid-term evaluations is to (1) assess BA and BR's performance thus far in their tenure as benchmarked by the intermediate and sub-intermediate results dictated in their scopes of work; (2) garner evidence for BA and BR's underlying theory of change; and (3) capture emerging results to inform decisions about current and future social and behavior change (SBC) programming. Because BR and BA are closely related but have experienced distinct successes and challenges since their inception, USAID proposes contracting a single evaluation team to conduct separate evaluations of the projects, thereby measuring individual performance while exploring relational factors as well.

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

The primary audiences for these evaluations are the USAID BA and BR management teams, which include USAID SBC advisors across health areas. Secondary audiences include BA; BR; and their sub-partners (i.e. Johns Hopkins Center for Communication Programs, Population Council, Save the Children, ThinkPlace, Camber Collective, ideas42, Avenir Health, Institute for Reproductive Health, Population Reference Bureau, Tulane University); USAID Missions staff implementing BA and BR activities in-country; and other SBC-related projects and their management teams. Sensitive components of these evaluations will be delivered in an internal memo to USAID.

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

Findings of the evaluations will be used to improve ongoing BA and BR interactions (with each other, with USAID), work processes, and activities for the remaining two years of these projects. Additionally, findings will be used to inform future programming in relevant technical areas, including addressing gaps in capacity related to SBC interventions and the benefits and challenges of separating research and implementation mechanisms into separate but related projects. The findings will also contribute to a larger body of evidence regarding the success of SBC interventions across health areas.

X. Evaluation/Analytic Questions & Matrix:

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

Breakthrough ACTION

	Evaluation Question*	Method & Data Source	Relevant IRs/SIRs
1	To what extent has BA, through its country buy-ins, achieved the Mission's desired objectives in behavior change and capacity strengthening for SBC? <i>Areas to consider:</i> What factors have influenced differences in results among health areas? To what extent was the project able to design and implement strategies to influence social and gender norms that constrain or facilitate practice of targeted behaviors? How did integration across health areas influence or hinder achievement of project objectives? For buy-ins that explicitly name capacity strengthening in their SOWs, has BA affected improvements in country-level capacity to design, implement, and monitor SBC activities? How and to what extent has BA affected improvements in the ability of other USAID partners (e.g., service delivery partners, vector control partners, Food for Peace DFSAs) to design and implement SBC activities? What data are available, (e.g., monitoring & tracking data) to support these claims?	– Key informant interviews – Observation of BA activities – In-depth interviews or focus group discussions with stakeholders involved in the implementation of BA activities, such as state- or district health officials, religious authorities, or community leaders/targeted beneficiaries. – BA activity reports, materials/products developed and monitoring data	IR 1
2	How have BA's country buy-ins reflected Missions' expected timelines, scale, and quality of design and implementation? <i>Areas to consider:</i> How did BA's design process (The Flow Chart) contribute to quality of program designs? To what extent did BA's programming identify and clearly link to key behavioral determinants of targeted behaviors? How well did BA's monitoring systems produce data for program refinement and adaptive management? Were stakeholders satisfied with their involvement in design, implementation, and monitoring of programs? What were some gaps or areas where there could be improvement?	– BA Management Reviews – Key informant interviews – BA Work Plans – BA Annual and Quarterly Reports (for specific buy-ins)	IR 1

	Evaluation Question*	Method & Data Source	Relevant IRs/SIRs
3	How and to what extent has BA advanced the practice of SBC globally and in Ouagadougou Partnership countries? <i>Areas to consider:</i> How and to what extent has BA advanced the practice of new approaches to social and behavior change (including those not grounded in communication) globally? How and to what extent has BA advanced the practice of integrated (multi-health element or cross sectoral) SBC globally? How and to what extent have BA's knowledge management and community building activities contributed to improved understanding of and capacity for SBC among practitioners (including USAID service delivery partners), researchers, governments, and funders? To what extent have shared agendas developed by BA enabled improved coordination or impact in programming? To what extent has BA's work informed investment decisions within and beyond USAID?	– Key informant interviews – BA activity reports and monitoring data – Data analytics: Springboard/Compass https://springboardforsbc.org/ https://www.thecompassforsbc.org – Relevant publications (peer-reviewed journals, white papers, policy briefs)	IR 2

* The evaluation may not answer all sub-questions; sub-questions will be used for probing.

Breakthrough RESEARCH

	Evaluation Question*	Method & Data Source	Relevant IRs/SIRs
1	How and to what extent has BR generated evidence to inform SBC programming in USAID priority countries? <i>Areas to consider:</i> What types of evidence have been or are on track to be produced by the end of the project? How does the evidence complement or expand upon the evidence generated by other mechanisms, including Breakthrough Action, USAID mission bilaterals, and the investments of other donors? To what extent does this evidence address gaps identified by SBC funders, normative bodies, implementers, and communities of practice? What remains that has not been done in this space?	– BR activity reports and monitoring data – Journal articles and other publications from prime and sub-primes – Key informant interviews	SIR 3.2
2	To what extent has the evidence produced by the project been timely, programmatically relevant, and rigorous to inform programming and investment? <i>Areas to consider:</i> How effectively did BR engage stakeholders in the design and implementation of research? What systems and platforms did BR use to engage stakeholders in determining research needs, priorities, and gaps? To what extent have designs been able to produce generalizable findings, including findings to answer questions around implementation and questions around impact (e.g., behavior change)?	– BR Management Reviews – Key informant interviews – BR products, such as briefers and reports	IRs 1, 2, 3

	Evaluation Question*	Method & Data Source	Relevant IRs/SIRs
3	How has BR advanced the practice of SBC globally and in priority regions? <i>Areas to consider:</i> To what extent have shared agendas developed by BR enabled improved coordination or impact in programming? To what extent has BR's work informed investment decisions within USAID, within USAID implementing partners, local governments, and beyond? To what extent has BR advanced the practice of integrated (multi-health element or cross sectoral) SBC globally or at the country level? Has BR influenced the uptake of provider behavior change activities by SBC or health service delivery partners globally or at country level? To what extent has BR influenced the application of SBC costing guidelines? Has BR produced resources that are accessible, comprehensible, relevant, and actionable for its primary audiences, including SBC and service delivery implementers, funders, and government decision-makers? To what extent have they reached and been used by the intended audiences?	– BR activity reports and monitoring data – Journal articles and other publications from prime, sub-primes, and other donors that address SBC research – Key informant interviews – BR research utilization plan and analytics from dissemination and utilization activities, including those conducted via Springboard/Compass.	SIRs 3.1 & 3.2
4	To what extent has BR situated its work within the larger context of SBC and technical area-specific programming? <i>Areas to consider:</i> How effective has BR been in positioning itself as a global leader in SBC research and evaluation? How has this impacted its ability to achieve project objectives? How has BR engaged with existing communities of practice and thought leaders/experts in SBC, priority health technical areas, service delivery, and health systems strengthening? How and to what extent has BR adapted its priorities and programming based on evolving thinking within these communities of practice, governments, and donors?	– Key informant interviews – BR Management Reviews	SIR 3.3

* The evaluation may not answer all sub-question; sub-questions will be used for probing.

Both Breakthrough ACTION and Breakthrough RESEARCH:

The purpose of this question is to inform future project design by assessing the costs and benefits of having BA and BR function as separate SBC mechanisms, as opposed to having only one comprehensive SBC mechanism. This question need not be included in the external evaluation report.

	Evaluation Question*	Method & Data Source	Relevant IRs/SIRs
I	How and to what extent has each project leveraged its relationship with the other to improve the scale, quality, and impact of SBC at the country, regional, and global levels? <i>Areas to consider:</i> How does this collaboration facilitate or impede achievement of project objectives? How has evidence and tools generated by BR been used by BA? What opportunities for collaboration have been missed? What has been the strategic advantage and value-add of separate implementation and research/evaluation mechanisms? What were the unintended consequences of having two mechanisms?	– Key informant interviews – BA and BR Management Reviews – BA and BR activity reports and monitoring data	IRs 1, 2, 3

* The evaluation may not answer all sub-questions; sub-questions will be used for probing.

- XI. Methods:** Check and describe the recommended methods for this analytic activity. Selection of methods should be aligned with the evaluation/assessment 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: This scope of work accounts for two separate performance evaluations of BA and BR. Although the evaluation teams will overlap, the teams will be expected to submit two separate sets of deliverables. USAID requests that the contractor propose the appropriate methodologies and instruments in the evaluation design phase to carry out this requirement.

For purposes of review of BA's country activities, the evaluation team will explore Mission buy-ins from 1) USAID/Nigeria, 2) USAID/West Africa, and 3) USAID/Côte d'Ivoire. It should be noted that USAID/West Africa's buy-in, which focuses exclusively on family planning and reproductive health, includes activities in urban and peri-urban areas of Niger, Burkina Faso, Togo, and Cote d'Ivoire. USAID/Cote d'Ivoire's bilateral buy-in focuses on malaria, HIV/AIDS, and emerging pandemic threats/global health security, and is distinct from the family planning activities funded by USAID/West Africa in Abidjan. The USAID/West Africa-funded work in CDI is located in three intervention areas: Abidjan, Bouake, and Daloa. USAID expects that the evaluation team will conduct site visits in Nigeria, Côte d'Ivoire, and some or all of the additional countries covered by USAID/West Africa's regional buy-in (Niger, Burkina Faso, and Togo).

For purposes of review of BR's country activities, the evaluation team will explore a Mission buy-in from USAID/Nigeria, as well as a large portfolio of USAID/PRH-funded work in urban and peri-urban areas of Niger, Burkina Faso, Togo, and Cote d'Ivoire, which is intended to complement USAID/West Africa's regional investment in BA (described above). USAID expects that local consultant members of the evaluation team will conduct one site visit each in Nigeria, Côte d'Ivoire, and at least one additional country

covered by USAID/PRH's regional investments (Niger, Burkina Faso, and Togo), when local travel regulations and security situations permit. Key informant interviews with country-level stakeholders (USAID and BA/BR to provide) will be conducted on a locally accessible and convenient digital platform, or by phone.

USAID identified the countries above as areas for special consideration in the evaluation as they exemplify different aspects of BA and BR's portfolios. USAID/Nigeria is the single largest funder of both BA and BR outside USAID/Global Health, and the projects' activities there, which are closely linked, reflect the mandate of the projects as envisioned by USAID. The projects' family planning-related work in West Africa, which is jointly funded by USAID/West Africa and USAID/PRH, is of critical strategic importance to both funding units, and exemplifies the projects' mandate to advance health outcomes through a combination of direct implementation, advocacy and agenda-setting, monitoring and evaluation, and research utilization. BA's bilateral program in Côte d'Ivoire illustrates the project's vertical work in HIV/AIDS and emerging pandemic threats/global health security and offers a counterpoint to the Nigeria program, in which interventions across health areas are integrated.

The matrices below detail the current (March 2020) BA and BR buy-ins to provide greater context for the recommended field sites for data collection. (Brand new buy-ins that include only activities related to the COVID-19 pandemic are excluded from these matrices.)

Breakthrough ACTION:

Country/ Region	Health Elements	Approx. Investment Size (\$/year)	Age/Duration of Buy-In	Current Status	Extent of Collaboration with USAID/W (Low/Med/High)
Botswana	HIV	\$1,078,000	1 year/1 year	Closed	N/A
Cameroon	PMI	\$750,000	2 years/ 3.5 years	Active	Low
Côte d'Ivoire	PEPFAR, PMI, FP, MCH, Nut, WASH	\$6,200,000	2.5 years/ 5 years	Active	High
DRC	MCH, TB, FP, TB, PMI, WASH, Nut, Ed, Media	\$5,400,000	2.5 years/ 5 years	Active	High
eSwatini	HIV, DREAMS	2,540,000/+ \$166,667 (Y3- Y5)	2.5 years/ 5 years	Active	High
Ghana	MCH, FP, Nut, PMI, GHSA	\$1,443,050	2 years/3 years	Active	High
Guatemala	Ag	\$500,000/7 months	7 months/ 7 months	Closed	Low
Guinea	GHSA	\$1,250,000 \$800,000	1.5 years/ 2 years; GHSA: 2 years/2 years	Active	High
Guyana	LAC	\$736,770	2.5-3/3 years	Active	Low

Liberia	PMI, MCH, FP, WASH, GHSA	\$4,685,000	0 years/1 year	New	Medium
Malawi	DRG, PMI, Ed (CEFM, upcoming)	\$350,000 (PMI)	0.5 year/1 year	Active	Medium
Mali	GHSA	\$1,326,667	1.5 years/1.5 years	Active	Low
Nepal	FP, MCH, WASH, Ed, PMI	\$1,000,000; 700,000 (CEFM)	1.25 years/1.5 years; NEW/3 years	Active	Medium
Niger	PMI	\$444,444	2 years/4.5 years	Active	Medium
Nigeria*	FP, MCH, Nut, PMI, TB, PIOET	\$11,800,000	2.5 years/5 years	Active	High
Rwanda	PMI, MCH, FP	\$700,000	2 years/2years	Active	N/A
Sahel/Rise	MCH, FP, Nut, TB, WASH	\$4,000,000	1.75 years/4 years	Active	High
Senegal	GHSA	\$750,000	1.5/2 years	Active	High
Sierra Leone	PMI, GHSA	\$1,450,000	2.5/4 years (PMI); 2.5/3 years (GHSA)	Active	High
Tanzania	PMI	\$533,333	0.25 years/1.25 years	Active	Medium
WABA	FP	\$1,000,000	2 years/3 years	Active	Medium
Zambia	PMI, MCH, FP, Nut, HIV	\$3,897,717	2.5 years/3 years	Pending Closure	Medium

* Nigeria has an additional COVID-19 related buy-in not included here.

Breakthrough RESEARCH:

Country/Region	Health Elements	Investment Size (\$/year)	Age/Duration of Buy-In	Current Status (Active/Closing)	Extent of Collaboration with USAID/W
Philippines	TB, FP	\$370,000	1 year/1 year	Closed	Low
Nigeria	MCH, FP/RH, PMI	\$1,500,000	1.5 years/4 years	Active	High
Mali	PD&L	\$870,544	1 yr/1 yr	Closing	Medium
Tanzania	HIV/AIDS, TB, MCH, FP/RH	\$400,000	1 yr/X yrs	Active	High
Sahel	WASH, MCH, Nut, FP/RH	\$400,000	1 yr/X yrs	Active	Medium

In addition to the site visits described above, all other data collection will be performed by other means including, but not limited to, phone, Skype, and email, as well as document retrieval/review. A preliminary

list of interviewees, survey respondents, and/or focus group participants (including Mission staff, USAID Washington staff, and others) will be provided.

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 these evaluations. Documents and data to be reviewed include:

- RFAs;
- Cooperative Agreements;
- Financial tracking documents and financial reports;
- Annual and Quarterly Reports;
- Annual Work Plans;
- MEL Plans;
- Trip reports;
- Performance reports;
- Gender analyses;
- Relevant sections of the Project Appraisal Document;
- Management Reviews;
- Miscellaneous thematic reports from other sources;
- Journal articles and other publications from prime, sub-primes, and other donors that address SBC research
- Field support SOWs, work plans, and performance reports relevant to the selected field sites;
- Project-developed deliverables, including communication products, tools, presentations, reports and publications;
- Other relevant publications and reporting from USAID or other donor projects that address SBC

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

We anticipate interviewing the following groups of Key Informants:

- USAID/Washington-based staff;
- Global Health SBC Technical Advisors involved in those Missions selected for site visits;
- The AOR team managing BR and BA in Washington (in order to gauge BR and BA's performance from USAID's standpoint);
- West Africa, Nigeria, and Côte d'Ivoire BR/BA Mission staff (in order to gauge BR and BA's performance from the projects' standpoints);
- US-based and field-based actors familiar with BR and BA's performance with other partners and their roles in the SBC global landscape.

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

To be determined.

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

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

XII. HUMAN SUBJECT PROTECTION

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the

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

An Informed Consent statement included in all data collection interactions must contain:

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

XIII. ANALYTIC PLAN

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

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

Thematic review of qualitative data will be performed, connecting the data to the evaluation questions, seeking relationships, context, interpretation, nuances, and homogeneity and outliers to better explain what is happening and the perception of those involved. If relevant, qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data do not exist. Further, the contractor is requested to provide disaggregated data (e.g., sex, age, geography, or other relevant aspects of beneficiaries) whenever possible.

The Evaluation Reports will describe analytic methods employed in these evaluations, including the methods used to ensure reliability of coding and identifying themes in qualitative data.

The evaluation team, in collaboration with USAID, will finalize the evaluation methods before fieldwork begins.

USAID expects that, at a minimum, the evaluation team will:

- Upon award, familiarize themselves with documentation about the project and USAID's current assistance for SBC in the health sector as well as other relevant USG health investments in the 3 BA/BR buy-in countries/regions of interest. USAID will ensure that relevant documentation is available to the team.
- Review and assess the existing performance and effectiveness information or data.
- Meet and interview USAID project beneficiaries (as feasible), partners, and host government counterparts at appropriate levels.
- Interview USAID staff and a representative number of experts working in the sector.
- Spend approximately 5-6 weeks total in the specified countries carrying out the field work for evaluation of field support buy-ins identified in this SOW.

XIV. ACTIVITIES

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

A. As suggested by GH EvalS:

Background reading – Several documents are available for review for this analytic activity. These include **Breakthrough ACTION and Breakthrough RESEARCH** proposals, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data as well as survey data reports (i.e., DHS and MICS). This desk review will provide background information for the Evaluation Team and will also be used as data input and evidence for the evaluation.

Team Planning Meeting (TPM) – A three to four-day team planning meeting (TPM) will be held at the initiation of this assignment and before the data collection begins. The TPM will:

- Review and clarify any questions on the evaluation SOW
- Clarify team members' roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
- Review and finalize evaluation questions
- Review and finalize the assignment timeline
- Develop data collection methods, instruments, tools, and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the evaluation work plan for USAID's approval
- Develop a preliminary draft outline of the team's report
- Assign drafting/writing responsibilities for the final report

Briefing and Debriefing Meetings – Throughout the evaluation the Team Lead will provide briefings to USAID. The In-Brief and Debrief are likely to include the all Evaluation Team experts, but will be determined in consultation with the Mission. These briefings are:

- **Evaluation Launch Call**, a call among the USAID, GH EvalS and the Evaluation Team (ET) to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH EvalS will introduce the ET and review the initial schedule and other management issues.
- **In-briefs with USAID**, as part of the Launch Call and the TPM. At the beginning of the Launch Call and the TPM, the Evaluation Team will meet with USAID to discuss expectations, review evaluation questions, and intended plans. The Team will also raise questions that they may have about the project/program and SOW resulting from their background document review. The time for the in-briefs will be determined among USAID, the Team Lead (TL) and EvalS prior to the Launch Call and the TPM.
- **Work plan and methodology review briefing**. Following the TPM, the Evaluation Team will meet with USAID to present an outline of the methods/protocols, timeline and data collection tools. Also, the format and content of the Evaluation report(s) will be discussed.
- **In-brief with project** to review the evaluation plans and timeline, and for the project to give an overview of the project to the Evaluation Team.
- The Team Lead (TL) will brief the USAID POC **weekly** to discuss and document in a brief, bulleted email progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.
- A **final debrief** between the Evaluation Team and USAID will be held at the end of the evaluation to present preliminary findings to USAID. During this meeting a summary of the data

will be presented, along with high level findings and draft recommendations. For the debrief, the Evaluation Team will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The evaluation team shall incorporate comments received from USAID during the debrief in the evaluation report. *(Note: preliminary findings are not final and as more data sources are developed and analyzed these findings may change.)*

- **IPs and Stakeholders** will be shown a separate less detailed **PowerPoint Presentation** (no more than 20 slides, based on key findings, conclusions, and recommendations).

Fieldwork, Site Visits and Data Collection – The local consultant evaluation team members will conduct site visits for data collection. Selection of sites to be visited will be finalized during TPM in consultation with USAID. The evaluation team will outline and schedule key meetings and site visits prior to departing to the field. Consultations with local stakeholders (KIs) in the Mission/project headquarters (USAID staff, MOH staff, etc.) normally will happen virtually. The exception to this norm is for travel to an implementation site(s) to speak with site-based government staff, project staff and/or individuals who are participating in project activities.

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

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

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

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

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

B. As suggested by GH/PRH

Background Reading: Documents are available for review for this evaluation. These include Breakthrough Project-specific documents such as proposals, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data, communication materials,

reports, publications, and other deliverable documentation. Documents are also available that provide relevant background information on topics related to the work conducted by BA and BR. This desk review will provide background information for the evaluation team and will also be used as data input and evidence for the evaluation and for the assessment.

Team Planning Meeting (TPM): Team planning will be held at the initiation of this assignment and before the data collection begins. Ideally, this will consist of 4 days of in-person meetings, but this will not be a requirement. During the initial planning period, team members 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 timeline for deliverables/products detailed below
- Develop data collection methods, instruments, tools and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the evaluation work plan for USAID's approval
- Develop a preliminary draft outline of the team's report
- Assign drafting/writing responsibilities for the final report

Briefing and Debriefing Meetings: Throughout the evaluation, the Team Lead will provide briefings to USAID. The In-Brief and Debrief are likely to include all Evaluation Team experts. These briefings are as follows.

- **Evaluation Launch:** This will be a call/meeting among USAID and the evaluation team to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. The Team Lead will review the initial schedule and review other management issues.
- **In-brief with USAID:** As part of the Launch Call and at the beginning of the Team Planning period, the Evaluation Team (ET) will meet with USAID to discuss expectations, review evaluation questions, and review intended plans. The evaluation team will also raise questions that they may have about the projects and SOW resulting from their background document review. The time and place for this in-brief will be determined between the Team Lead and USAID prior to the Launch Call and the Team Planning period.
- **Work plan and methodology review briefing:** At the end of the Team Planning period, the Evaluation Team will meet with USAID to present the evaluation work plan, including the draft schedule and logistical arrangements, delineated role and responsibilities of the team members, evaluation milestones, anticipated schedule of data collection efforts, locations and dates for data collection efforts, and proposed evaluation methodology. Also, the format and content of the evaluation report(s) will be discussed. The contractor will update the evaluation work plan (the lists of interviewees, survey participants, the schedule, etc.) and submit the updated version to the AOR on a weekly basis.
- **Project In-brief:** The evaluation team will conduct an in-brief with projects to review the evaluation plans and timeline, and for the projects to give an overview of BA and BR to the evaluation team.
- **Biweekly USAID briefings:** The evaluation team will brief USAID biweekly to discuss progress on the evaluation.

- ***In-Brief with Mission Staff:*** An in-brief will be conducted in each country upon the arrival of the evaluation team. The in-briefs will be used to provide the evaluation team with on-the-ground knowledge about local activities and relevant context prior to conducting data collection.
- ***Preliminary Debrief to Mission Staff:*** A preliminary debrief of data collected in each country will be presented to Mission staff and other stakeholders in-country at the end of each site visit. These PowerPoint presentations of key findings from each site visit will also be provided to USAID Washington for review.
- ***Preliminary Debrief to USAID Washington:*** A preliminary debrief with USAID BA and BR Management Team and other USAID colleagues, as determined by the management team, 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 preliminary 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 preliminary debrief into the final debrief and evaluation report, as appropriate. *(Note: Preliminary findings are not final, and as more data sources are developed and analyzed, these findings may change.)*
- ***Final Debrief to USAID Management Teams:*** Following submission of the first draft of the report, the evaluation team will hold a final debrief with the USAID BA and BR management teams, with a PowerPoint presentation, prior to the Final Debrief with USAID/PRH.
- ***Final Debrief to USAID/PRH:*** A final debrief with USAID/PRH will be held at the end of the evaluation following the debrief with the USAID BA and BR management teams. During this meeting, a summary of the evaluation/assessment results will be presented, along with high-level findings and draft recommendations. For the USAID/PRH final 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.
- ***Final Debriefs to IPs:*** A debrief/workshop will be held with each project team. These will occur following the final debrief with USAID BA and BR management teams and will not include any information that may be deemed procurement-sensitive or not suitable by USAID.

Evaluation Designs: The evaluation team must submit evaluation designs to the BA/BR AOR. The design will become an annex to the evaluation report and will include: Detailed evaluation design matrix that links the Evaluation Questions from the SOW (in their finalized form) to data sources, methods, and the data analysis plan; draft questionnaires and other data collection instruments or their main features; list of potential interviewees and sites to be visited and proposed selection criteria and/or sampling plan (must include sampling methodology and methods, including a justification of sample size and any applicable calculations); limitations to the evaluation design; and dissemination plan (designed in collaboration with USAID).

The data analysis plan should clearly describe the evaluation team's approach for analyzing quantitative and qualitative data (as applicable), including proposed sample sizes, specific data analysis tools, and any software proposed to be used, with an explanation of how/why these selections will be useful in answering the evaluation questions for this task. Qualitative data should be coded as part of the analysis approach, and the coding used should be included in the appendix of the final report. Sex, geographic, and role (beneficiary, implementer, government official, NGO, etc.) disaggregation must be included in the data analysis where applicable.

Once the evaluation team receives the consolidated comments on the initial evaluation design and work plan from USAID, they will be expected to return with a revised evaluation design and work plan.

Fieldwork, Site Visits, and Data Collection: The US-based evaluation team members will conduct data collection in the US. Local consultant members of the evaluation team will conduct data collection in several international sites (specified above), with calls, emails, and visits to the field as needed/possible. Selection of key informants will be finalized during the initial planning period in consultation with USAID. The evaluation team will outline and schedule key meetings during the Team Planning period.

Draft Evaluation Reports: The two draft evaluation reports will address each of the questions identified in the SOW and any other issues the team considers having a bearing on the objectives of the evaluation. Any such issues can be included in the report only after consultation with USAID. The submission date for the draft evaluation reports will be determined in the evaluation work plan. Once the initial draft evaluation reports are submitted, USAID will review and comment on the draft, after which point the AOR will submit the consolidated comments to the evaluation team. The evaluation team will then be asked to submit revised final draft reports, and again USAID will review and send comments on these final draft reports.

Final Evaluation Reports: Under the leadership of the Team Lead, the evaluation team will be asked to respond to and incorporate USAID's draft evaluation report comments into the final evaluation report, which will include findings and recommendations. The evaluation team lead will then submit the final reports to the AOR.

The Evaluation Reports exclude any procurement-sensitive and other sensitive but unclassified (SBU) information. Please see the Final Report Format Section below for more details.

Submission of Datasets to the Development Data Library

Per USAID's Open Data policy (see ADS 579, USAID Development Data) the contractor must also submit to the AOR and the Development Data Library (DDL), at www.usaid.gov/data, in a machine-readable, non-proprietary format, a copy of any dataset created or obtained in performance of this award, if applicable. The dataset should be organized and documented for use by those not fully familiar with the intervention or evaluation. 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 USAID.

Please review ADS 579.3.2.2 Types of Data To Be Submitted to the DDL to determine applicability.

Submission of Final Evaluation Report to the Development Experience Clearinghouse

Per USAID policy (ADS 201.3.5.18) the contractor must submit the evaluation final report and its summary or summaries to the Development Experience Clearinghouse (DEC) within three months of final approval by USAID.

XV. DELIVERABLES AND PRODUCTS

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

Deliverable/Product	Timelines & Deadlines (Estimated)
Evaluation Launch/In-brief with USAID	Week 1 (week of October 19, 2020)
Team Planning Meeting (TPM)/In-depth discussion with USAID on workplan and methodology	Week 2 (week of October 26, 2020)
Workplan and methodology review briefing with USAID	Week 3 (week of November 2, 2020)
Submission of workplan to USAID (with methodology, protocol, and data collection instruments, timeline, and evaluation report outlines)	Week 4 (week of November 9, 2020)
In-brief with Breakthrough Projects	Week 4 (week of November 9, 2020)
In-Brief with Mission staff	To be scheduled before in-country interviews begin
Data collection	Weeks 5-12 (November 16-January 8, 2021)
Routine USAID briefings	Biweekly
Preliminary Debrief to Mission staff	To be scheduled soon after in-county interviews/data collection is completed
Data analysis	Weeks 13-14 (January 11-22, 2021)
Preliminary Debrief to USAID Management Teams and select PRH Staff	Week 15 (week of January 25, 2021)
Draft Evaluation Reports	By February 19, 2021 (end of week 18)
Draft Internal USAID Memo	By February 19, 2021 (end of week 18)
Final Debrief to USAID Management Teams	Week 19 (week of February 22, 2021)
Final Debriefs to Breakthrough Projects	Week 19 (week of February 22, 2021)
Final Debrief to USAID/PRH (focusing on results of memo, after having incorporated feedback from various debriefs)	Week 21 (week of March 8, 2021)
Final Evaluation Reports (including USAID review)	Week 25 (by April 9, 2021)
Internal USAID Memo	Week 26 (by April 16, 2021)
Datasets submitted to DDL	May 15, 2021
Reports posted to the DEC	May 15, 2021

Other (specify):	
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Holidays:

USAID holidays that fall within this timeline include:

- October 12, 2020 (Columbus Day, US);
- November 11, 2020 (Veterans Day, US);
- November 26, 2020 (Thanksgiving Day, US);
- December 25, 2020 (Christmas Day, US);
- January 1, 2021 (New Year's Day, US);
- January 18, 2021 (Birthday of Martin Luther King, Jr., US); and
- February 15, 2021 (Washington's Birthday, US)

Estimated USAID review time

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

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

Overall Team requirements: Given that BA and BR are closely related but require separate evaluations to assess their performance, separate but overlapping evaluation teams will allow for team members to benefit from improved collective knowledge across evaluations and will ensure cohesive evaluation deliverables. The intended combined size of both evaluation teams is 4-5 team members: Team Members 1-3, and 5 will work across both evaluations and Team Member 4 (Eval Specialist - Research focused) will work exclusively on BR's evaluation. Given the size and complexity of this activity, the evaluation contractor may specify sub-team leads and/or make other decisions regarding the team composition and distribution of LOE to best carry out this SOW. **French language skills are preferred across all team members.**

The contractor must provide information about evaluation team members, including their curricula vitae, and explain how they meet the requirements in the evaluation SOW. Submissions of writing samples or links to past evaluation reports and related deliverables composed by proposed team members are highly desirable. Per ADS 201.3.5.14, all team members must provide to USAID a signed statement attesting to a lack of conflict of interest or describing an existing conflict of interest relative to the project or activity being evaluated (i.e., a conflict of interest form).

Proposed evaluation team members are expected to be the people who execute the work of this assignment. Any substitutes to the proposed evaluation team members must be approved by the AOR before they begin work. USAID may request an interview with any of the proposed evaluation team members via conference call, Skype, or other means.

Team Lead (BA & BR): This consultant will be selected from among the key staff and will meet the requirements of both this and the second position. The team lead should have significant experience conducting and leading project evaluations and/or assessments.

Roles & Responsibilities: The team leader will be responsible for (1) providing team leadership; (2) managing the team's activities, (3) leading the evaluation team planning meeting, including the development of the evaluation work plan and data collection tools, (4) ensuring that all deliverables are met in a timely manner, (5) leading data analysis and drafting of the evaluation report, and (6) leading briefings and presentations.

Qualifications:

- An advance degree in public health, evaluation, or research or related field
- Significant experience leading evaluations of large scale, integrated (multi-health element or cross sectoral) and/or complex USAID-supported projects using both quantitative and qualitative methods required
- Proficiency in English required
- Proficiency in French preferred
- Experience in social and behavior change design, implementation and/or research and evaluation of SBC interventions/programs preferred.
- Familiarity with USAID and other donor agencies preferred
- Familiarity with USAID policies and practices preferred
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent organizational skills and ability to keep to a timeline
- Excellent writing skills, with extensive report writing experience
- Excellent skills in planning, facilitation, and consensus building

Key Staff 1 Title: SBC Technical Specialist (BA & BR)

Roles & Responsibilities: The SBC Technical Specialist will provide technical input and support the Team Lead in managing the evaluation and key outputs. They will also assist the Team Lead in designing the evaluation plan, conducting the desk review, leading the stakeholder mapping, participating in key informant interviews, conducting data analysis, drafting key sections of the final evaluation report, and in presenting and disseminating findings.

Qualifications:

- An advanced degree in public health, evaluation, or research or related field
- Significant experience designing and implementing national-level behavior change programs in LMICs required
- Experience designing and implementing interventions to address social and gender norms strongly preferred
- Knowledge, skills, and experience in qualitative evaluation tools preferred
- Proficiency in English required
- Proficiency in French preferred
- Familiarity with USAID and other donor agencies preferred
- Familiarity with USAID policies and practices preferred
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent organizational skills and ability to keep to a timeline
- Excellent writing skills, with extensive report writing experience

Key Staff 2 Title: SBC Technical Specialist with capacity strengthening expertise (BA & BR)

Roles & Responsibilities: The SBC Technical Specialist with Capacity Strengthening Expertise will provide technical input and support the Team Lead in managing the evaluation and key outputs. They will help the Team Leads in designing the evaluation plan, interpreting key findings and draft recommendations for the evaluation report, and assisting in the final presentation and dissemination of findings.

Qualifications:

- An advanced degree in public health, evaluation, or research or related field

- Significant experience designing and implementing interventions to improve capacity at the individual, institutional, and systems level required
- Expertise in social and behavior change programming in LMIC required
- Experience measuring capacity strengthening strongly preferred
- Experience in design and implementation of evaluations preferred
- Proficiency in English required
- Proficiency in French preferred
- Familiarity with USAID and other donor agencies preferred
- Familiarity with USAID policies and practices preferred
- Excellent organizational skills and ability to keep to a timeline
- Excellent writing skills, with extensive report writing experience

Key Staff 3 Title: Evaluation Specialist (Research-focused) (BR)

Roles & Responsibilities: The Evaluation Specialist will provide quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management, and data analysis. They will participate in all aspects of the evaluation, from planning, data collection, data analysis to drafting sections of the report.

Qualifications:

- An advanced degree in public health, evaluation, or research or related field
- 10+ years of experience in M&E procedures and implementation
- 5+ years managing M&E, including evaluations
- Experience in design and implementation of evaluations, data analysis, and data management
- Experience implementing and coordinating surveys, key informant interviews, focus groups, observations and other evaluation methods that assure reliability and validity of the data.
- Experience conducting mixed-method performance evaluations of complex USAID-supported research projects
- Strong knowledge, skills, and experience in qualitative and quantitative evaluation tools
- Proficiency in English required
- Proficiency in French preferred
- Excellent writing skills with extensive report writing experience required
- Expertise in social and behavior change preferred
- Familiarity with USAID and other donor agencies preferred
- Familiarity with USAID policies and practices preferred

Key Staff 4 Title: Research Utilization and Knowledge Management Specialist (BA & BR)

Roles & Responsibilities: The Research Utilization and Knowledge Management Specialist will provide expertise in assessing communities of practice, partnerships, etc. as a member of the evaluation team.

Qualifications:

- An advanced degree in public health, evaluation or research or related field
- Experience assessing communities of practice, partnerships, etc.
- Expertise in social and behavior change programming and research in LMICs preferred
- Proficiency in English required
- Proficiency in French preferred
- Familiarity with USAID and other donor agencies preferred
- Familiarity with USAID policies and practices preferred

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

Local Evaluators (one per country) will conduct data collection at the country level, as well as contribute to the data analysis and interpretation. They will have familiarity with health topics, as well as experience conducting surveys, key informant interviews, and focus group discussions, both facilitating and note taking during interviews and group discussions. The Local Evaluators will assist with translation of data collection instruments and transcripts, as needed. They will have a good command of English and the local languages, as necessary. They will report to the Team Lead.

Local Logistics Coordinators (one per country) will support the Evaluation Team with all logistics and administration to allow them to carry out this evaluation. They will have knowledge of key actors in the health sector and their locations including MOH, donors, and other stakeholders. To support the Team, they will be able to efficiently liaise with hotel staff, arrange in-country transportation (ground and air), arrange meeting and workspace as needed, and ensure business center support, e.g. copying, internet, and printing. The Local Logistics Coordinators will work under the guidance of the Team Leader and Local Evaluators to make preparations, arrange meetings, and appointments. They will conduct programmatic administrative and support tasks as assigned and ensure the processes move forward smoothly. They may also be asked to assist in translation of data collection tools and transcripts, if needed.

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

X Full member of the Evaluation Team (including planning, data collection, analysis and report development):

Julianne Weis, Family Planning and Reproductive Health Research Advisor, GH/PRH/RTU, will assist in various aspects of the BR and BA evaluations, including the development of data collection tools, methodology discussions, field work and data collection, and data analysis.

Some Involvement anticipated – If yes, specify who:

[A USAID staff member may join the evaluation team on a part-time basis to perform administrative, logistical, and other tasks as needed. The USAID staff member will not be responsible for flight arrangements and basic logistics but will be responsible for communicating with missions, assisting with administering online surveys and analysis of survey data. The evaluation mechanism is responsible for all travel and other logistics.]

Staffing Level of Effort (LOE) Matrix:

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

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

Level of Effort in **days** for each Evaluation/Analytic Team member

(The following is an Illustrative LOE Chart. Please edit to meet the requirements of this activity.)

Activity/Deliverable		Evaluation Team				
		Team Lead	SBC Technical Specialist	RUKM Specialist	Local Evaluator	Local Logistics Coordinator
Number of persons		1	2	1	3	3
1	Launch Briefing	0.5	0.5	0.5	0.5	
2	Desk review	5	5	4	1	
3	Preparation for Team convening in-country				1	1
4	In-brief with Missions (half a day/Mission)	1.5	1.5	1.5	0.5	
5	Team Planning Meeting	4	4	4	1	
6	Workplan and methodology briefing with USAID	0.5	0.5	0.5	0.5	
7	Evaluation workplan (includes evaluation design matrix and questions, methodology, sampling, data analysis plan, data collection instruments, timeline, and the outline for the final evaluation reports)	2	1.5	1	2	
8	US-based data collection	20	20	10		
9	Prep/Logistics for in-country data collection and site visits				0.5	0.5
10	In-country data collection and site visits (including travel to sites)				10	10
11	Data analysis	3	3	3	3	
12	Out-brief/Debrief with Missions, including preparation time (half a day/Mission)	1.5	1.5	1.5	0.5	
13	Project, Project Management, and PRH final debriefs – workshop, including preparation time	2	2	2		
14	Draft report(s)	4	4	2	1	
15	Revise report(s) per USAID comments, finalize and submit to USAID	8	5	5		
Total LOE per person		52	48.5	35	21.5	11.5
Total LOE		52	97	35	64.5	34.5

A 6-day workweek permitted

☒ Yes

No

6-day workweek approved for travel to/from work locations

☒ Yes

No

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

International travel to each field site (Nigeria, Côte d'Ivoire, and Niger) by US-based members of the evaluation team is not expected. Travel may be required in part for USAID staff members participating on the evaluation team as needed.

Domestic travel to Washington D.C. may be expected for the Team Lead and/or Technical Specialists residing outside the Washington D.C. area depending on the COVID-19 pandemic. Other domestic travel may be approved for team members if deemed necessary, depending on the location of key informants.

Travel is permitted on weekends as needed.

This SOW assumes that, to mitigate the impacts of the current COVID-19 pandemic on the evaluation, local evaluators will be used so as not to delay the evaluations due to travel restrictions or other safety concerns. Travel restrictions or significant delays may merit a change in scope or timeline. The current COVID-19 pandemic may restrict travel at certain points during the evaluation. If travel is prohibited, USAID and the evaluation team will explore alternative means of data collection and communication.

XVII. LOGISTICS

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

Visa Requirements

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

N/A

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

Name of Country	Type of Visa		
N/A	Tourist	Business	No preference
	Tourist	Business	No preference
	Tourist	Business	No preference
	Tourist	Business	No preference

Clearances & Other Requirements

Note: Most Evaluation/Analytic Teams arrange their own work space, often in conference rooms at their hotels. However, if a Security Clearance or Facility Access is preferred, GH Pro can submit an application for it on the consultant's behalf.

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

If **Electronic Country Clearance (eCC)** is required prior to the consultant's travel, the consultant is also required to complete the **High Threat Security Overseas Seminar (HTSOS)**. HTSOS is an interactive e-Learning (online) course designed to provide participants with threat and situational

awareness training against criminal and terrorist attacks while working in high threat regions. There is a small fee required to register for this course. [Note: The course is not required for employees who have taken FACT training within the past five years or have taken HTSOS within the same calendar year.]

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

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

Travel -other than posting (specify): _____

Other (specify): _____

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

XVIII. GH EvaLS ROLES AND RESPONSIBILITIES

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

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

XIX. USAID ROLES AND RESPONSIBILITIES

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

USAID Roles and Responsibilities

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

Before Field Work

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

During Field Work

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

After Field Work

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

XX. ANALYTIC REPORT

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

The **Evaluation/Analytic Final Report** must follow USAID's Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the [USAID Evaluation Policy](#)).

- Each evaluation report must not exceed 25 pages (excluding executive summary, table of contents, acronym list, and annexes).
- The structure of the reports should follow the Evaluation Report template, including branding found [here](#) or [here](#).
- Draft reports must be provided electronically, in English, to GH EvalS who will then submit it to USAID.
- For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found [here](#).

The Evaluation Reports 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 Reports.

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

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

The evaluation methodology and report will be compliant with the [USAID Evaluation Policy](#) and [Checklist for Assessing USAID Evaluation Reports](#)

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

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

not contain identifying or confidential information. Category of respondent is acceptable, but names, addresses and other confidential information that can easily lead to identifying the respondent should not be included in any quantitative or qualitative data submitted.

XXI. USAID CONTACTS

	Primary Contact	Alternate Contact 1	Alternate Contact 2
Name:	Lindsay Swisher	Angela Brasington	Sirisha Bhadriraju
Title:	Public Health Specialist	Senior Social and Behavior Change Advisor	Social and Behavior Change Intern
USAID Office/Mission	PRH	PRH	PRH
Email:	Lswisher@usaid.gov	abrasington@usaid.gov	sbhadriraju@usaid.gov
Telephone:	(202) 916-2154	(202) 915-2142	N/A
Cell Phone:	(202) 550-7748	(571) 242-0717	(972) 352-8421

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

	Technical Support Contact 1	Technical Support Contact 2
Name:	Amani Selim	
Title:	Evaluation Technical Advisor	
USAID Office/Mission	PRH	
Email:	aselim@usaid.gov	
Telephone:	(202) 916-2146	
Cell Phone:	(571) 721-9577	

XXII. OTHER REFERENCE MATERIALS

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

LIST OF ANNEXES

1. Key Terms
2. USAID Priority Regions/Countries
3. Breakthrough Website: <https://breakthroughactionandresearch.org/>
 - a. "Where We Work" map of geographic areas of operation: <https://breakthroughactionandresearch.org/where-we-work/>
4. BA Theory of Change: Social-Ecological Model (Suggs, S.L., & Ratzan, S.C. (2012). Global E-Health Communication. In R. Obregon & S. Waisboard (Eds.), The Handbook of Global Communication (pp. 251-273). West Sussex: John Wiley and Sons.) and Circle of Care Model (<https://breakthroughactionandresearch.org/resources/circle-of-care-model/>)
5. BA Design Process: "The Flow Chart" Diagram
6. Breakthrough 2016 Concept Presentation
7. Breakthrough Log Frame
8. BA and BR years 1, 2, and 3 Work Plans of Core and Relevant Buy-ins
9. BA and BR Monitoring, Evaluation, and Learning (MEL) Plans
10. BA and BR years 1 and 2 country Performance Reports (Semi-annual Reports, Annual Reports, and Performance Monitoring Plans)
11. BA and BR years 1 and 2 Management Reviews

12. BA and BR examples of studies conducted and reports disseminated, including types of BR studies conducted (implementation science studies, impact evaluation studies, and descriptive studies)
 - a. BR Implementation Science Studies (12)
 - b. BR Impact Evaluation Studies (2)
13. Relevant BA and BR financial tracking and reporting documents
14. List of Suggested Evaluation Interviewees

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

1. LOE was adjusted to allow for additional management required by the Team Lead, additional input from the country teams, and additional input from the Research Utilization and Knowledge Management Specialist.
2. The timeline was adjusted both due to delays around the holidays as well as to allow for complete and thorough revision of the report.

ANNEX 2: DATA COLLECTION INSTRUMENT

Breakthrough Action and Breakthrough Research Mid-term Evaluation Combined Question Guide

Respondent type: _____

Respondent country: _____

Intro paragraph: *My name is _____. I am part of USAID's Global Health Evaluation and Learning Support project team conducting an evaluation of two USAID-funded Social and Behavior Change (SBC) projects, Breakthrough Action and Breakthrough Research. We are conducting interviews with a wide range of stakeholders to understand the accomplishments of the projects, as well as the challenges the projects have faced. Your comments and experience will help inform this process and the design of future SBC projects. The interview will take about one hour. All information is confidential. You can refuse to answer any question, and you can decide to stop the interview at any time at no consequence to you. (I would like to record the interview, if you agree to that). Do I have your permission to continue? YES NO*

Intro question: *Please tell me about your experience with Breakthrough Action and Breakthrough Research. Have you interacted directly with the projects and if so, how?*

PART I. Achievements of BA and BR in SBC programming, research, and capacity building

1. What do you see as the main achievements of BA/BR?
[for USAID staff also ask] How well has BA helped USAID Missions achieve their objectives? Please give some specific examples.
2. Do you know about/were you involved with any BA and/or BR activities that cut across multiple health areas or across sectors (e.g., nutrition, agriculture)?
 - a. If yes, what were the enablers to the success of these activities?
 - b. What, if any, were the barriers?
3. To what degree have BA and/or BR collaborations with country partners led to improved local capacity for SBC programming/research? Why/Why not?
 - a. How could efforts to build local capacity be improved?
4. What do you think have been BR's primary contributions to the global evidence-base for SBC programming?
5. How has evidence generated and shared by BR been applied in BA and other USAID SBC programming?
 - a. How can use of BR evidence be increased in BA and other USAID programs?
 - b. Has SBC evidence generated from BR been applied in other SBC programming?
6. Do you know about/Were you involved in BR's process of identifying gaps in evidence?
 - a. If yes, what worked well in this process?
 - b. What were the challenges in this process?
 - c. What, if anything, would you do differently next time?

Part II. Design and implementation of activities

7. Were you involved with/Do you know about the design process used for BA activities/BR research?
 - a. If yes, what did you think of this process?
 - b. Do you have suggestions for how it could be improved?
8. Were you involved with/Do you know about the implementation of BA and/or BR activities?
 - a. If yes, how do you think the implementation is going?
 - b. What has contributed to progress or lack of progress in implementation?
 - c. Do you have suggestions for how it could be improved?
9. Do you know about BA and BR's monitoring and evaluation activities? If yes,
 - a. Are the systems/indicators used for monitoring/evaluation adequate for your needs?
 - b. If not, what could be done to improve monitoring/evaluation processes for BA and BR and for SBC more broadly?

Part III. Advancing the practice of SBC

10. Which, if any, BA or BR resources or tools have you used in your SBC activities?
 - a. How useful did you find those resources/tools?
11. From your perspective, has BA programming or BR research increased the level of interest in SBC as an essential component of effective health and development programming?
 - a. If yes, how and among which groups?
 - b. Has it influenced investment in SBC activities within USAID programs and among partner programs (e.g. governments, Ouagadougou Partnership countries, NGO project partners)? If yes, how?
12. On a more personal note, can you tell me about an activity that really seems to be making a difference in people's lives? Or a specific insight that you've had around SBC since working with BA/BR?

Part IV. Collaboration between BA and BR

13. In what ways have BA and BR worked together? Please provide specific examples
 - a. What has worked well in terms of collaboration between BR and BA?
 - b. What have been the main challenges of collaboration between BR and BA?
14. What recommendations do you have for improving collaboration between BA and BR?

Closing: Thank you so much for taking the time to talk with me today. Your insights and contributions will be very valuable to the evaluation and will help inform future SBC programming. If you have any additional questions or comments, please feel free to contact me.

ANNEX 3: SOURCES OF INFORMATION

KEY INFORMANTS FOR THE BREAKTHROUGH ACTION AND BREAKTHROUGH RESEARCH MID-TERM EVALUATION

Name	Organization and Title
US-BASED	
1. Ellen Starbird	USAID
2. Karla Fossand	USAID
3. Angie Brasington	USAID
4. Lindsay Swisher	USAID
5. Kate Howell	USAID
6. Avery Avrakotos	USAID
7. Jacqueline Devine	USAID
8. Kama Garrison	USAID
9. Afeefa Abdur-Rahman	USAID
10. Joan Kraft	USAID
11. Don Dickerson	USAID
12. Anton Schneider	USAID
13. Alex Todd	USAID
14. Laura Itzkowitz	USAID
15. Juanita Rodriguez	ThinkPlace
16. Brooke Cretz	ThinkPlace
17. Janine Kuehlick	Think Place
18. Sarah Burgess	Camber Collective
19. Jessica Vandermark	Camber Collective
20. Stephanie Levy	Ideas42
21. Jana Smith	Ideas42
22. Elizabeth Serlemitsos	BA/CCP
23. Jane Brown	BA/CCP
24. Dominick Shattuck	BA/CCP
25. Mwikali Kioko	BA/CCP
26. Marcela Aguilar	BA/CCP
27. Jarret Cassaniti	BA/CCP
28. Marta Levitt	IHP
29. Beth Schlacter	FP2020
30. Anna Helland	BA/CCP
31. Lynn Van Lith	BA/CCP
32. Joanna Skinner	BA

Name	Organization and Title
33. Claudia Vondrasek	BA
34. Gabrielle Hunter	BA
35. Kirsten Bose	BA
36. Telesphore Kabore	Save the Children
37. Antje Becker-Benton	Save the Children
38. Renuka Bery	Save the Children
39. Laura Reichenbach	BR
40. Paul Hewett	BR
41. Adaku Ejiogu	BR
42. Leanne Dougherty	BR
43. Martha Silva	BR
44. Sanyukta Mathur	BR
45. Rachel Yavinsky	BR
46. Paul Hutchinson	Tulane University
47. Dominique Meekers	Tulane University
48. Lori Bollinger	Avenir
49. Nicole Bellows	Avenir
50. Michelle Hindin	Population Council
51. Kara Tureski	FHI360
52. Sohail Agha	Bill and Melinda Gates Foundation
53. Djenebou Diallo	Ouagadougou Partnership
54. Rebecka Lundgren	University of California/San Diego (UCSD)
WABA (other WABA-related KIs in Niger or Cdl list)	
55. Mohamed Sangare	BA, SBC Advisor for Francophone West Africa
56. Denise Adou	BA, Côte d'Ivoire Program Officer
57. Tenin Traore	Communication Manager, NGO - Mission des Jeunes pour l'Education, la Santé, la Solidarité et l'Inclusion (MESSI), Côte d'Ivoire
58. Rebecca Ezouatchi	Research Consultant, Côte d'Ivoire
59. Anoh Georges	Amplify-FP, Côte d'Ivoire
60. Binta Soumana	Communication Manager, Niger
NIGERIA	
61. Foyeke Adebago	USAID
62. Emma Mtiro	USAID
63. Debby Nongo	USAID
64. Ian Tweedie	Chief of Party, BA
65. Shittu Abdu-Aguye	Deputy Project Director, BA

Name	Organization and Title
66. Bolatito Aiyenigba	Deputy Project Director (Malaria and TB), BA
67. Usman Sabo	Capacity and Coordination advisor, BA
68. Olayinka Umar-Farouk	Senior Technical Advisor RMNCH+N, BA
69. Justin De Normandie	BA
70. Mathew Okoh	Director of Research, Monitoring & Quality Assurance, BA
71. Bolade Oladejo	Documentation & Knowledge Management Officer, BA
72. Dr. Dele Abegunde	Country Director, BR
73. Emily White Johansson	Tulane/BR
74. Udo Anaba	Research Coordinator, BR
75. Chukwu Okoronkwo	Head, ACSM Branch NMEP
76. Dr. Nnena Ogbulafor	Head, Case Management Branch NMEP
77. Dr. Kayode Afolabi	Director/Head Reproductive Health Division, FHD – FMOH
78. Dr. Chris Elemuwa	HOD Health Services Department of Community Health
79. Dr Yahaya Disu	Head Risk Communication Pillar (Covid-19 response)
80. Ladi Bako-Aiyegbusi	Director/Head Health Promotion Division FHD-FMOH
81. Cecilia Abimaje	TB Network
82. Dr. Paul Charles Waibale	Country Director, PMI for States
83. Dr. Mariya Saleh	Technical Director RMNCH, GHSC/PSM
84. Dr. Ifeanyi Okekearu	Chief of Party, SHOPS+
85. Dr. Chijioke Kaduru	Program Manager, Corona MS
86. Paulina Akanet	Quality Improvement Specialist, SHOPS+
87. Uzoma Uwafor	Communication Specialist, IHVN
88. Dr. Lawanson	National Coordinator, National Tuberculosis and Leprosy Control Program (NTBLCP)
89. Dr. Salma Anas-Kolo	Director/Head Family Health Department (FHD) FMOH
90. Dr. Adebimpe Adebisi	Director/Head Hospital Services Department FMOH
91. Dr. Usman Gebi	Deputy Chief of Party, IHP
92. Dr. Mike Egboh	Chief of Party, GHSC/PSM
93. Itohow Uko	Head, ACSM NTBLCP
94. Kenny Otto	Deputy Chief of Party, GHSC/PSM
NIGER	
95. Safiatou Abdoulwabi Louis	USAID/Niger Activity Manager/Development program specialist (Health)

Name	Organization and Title
96. Christina Chappell	USAID/Niger Health Team Leader
97. Zilahatou Bahari-Tohon	USAID/Niger Activity Manager BA / PMI
98. Eric Coulibaly	USAID/Niger PMI Resident Advisor
99. Chaibou Dadi	CAB/ONG/OSC Manager CESAF (Répondant national BR)
100. Lansena Zeinabou	MSP Niger Regional Director & District Medical Officer
101. Dr. Asma Gali	MSP Niger Amplify PF Country Coordinator.
102. Dr. Assoumane Guero Issoufou	Program Office adaptation, Amplify
103. Dr. Basso Omar	Program Officer, Chargé des pratiques à haut impact. Amplify
104. Cheik Bachir	CAB/ONG/OSC Religious Leaders Association
105. Badara Seye	CAB/ONG/OSC Save the Children (Niger COP)
106. M. Mato Saidou	Communicateur district sanitaire commune N°1.
107. Mme Binta Tchiambiano	Communicatrice DPF
108. Dr. Harou Issoufou	WABA Director (DPF)
109. Mme Amadou Halima Hamidou	Communicatrice district sanitaire commune N°3
110. Mme Riba Aïssa	Communicatrice district sanitaire commune N°5
111. Mme Karimou Mariama Mamadou	NMCP IEC unit. PNLP (NMCP)/MOH
112. Ntji Coulibaly	Sr. SBC Advisor. Niamey. Save the Children
113. Rabi Hassane Bako	M&E Officer. Niamey. Save the Children
114. Martha Populin	CAB/ONG/OSC Girma CRS/Strategic Learning Lead
115. Nouri Dini Issoufou	CAB/ONG/OSC Girma CRS/Strategic Learning Lead
116. Koko Daniel	CAB/ONG/OSC COP Impact Malaria project
117. Abdoulaye Seydou Souleymane	WABA Consultant
118. Dr. Mahamidou Illo	MSP Niger Sahel RISE II MOH
119. Dr. Dare Rabiou	DRSP Maradi, MSP Niger
120. Saadou Wonkoye	MSP Niger Communicateur Guidan Roumdji, Maradi
121. Maire Guidan Roumdji	Maire de Guidan Roumdji, Maradi
122. Mme Lantana Oumarou	SG Préfecture Guidan Roumdji, Maradi
123. Oudou Souley	DRSP Maradi. PF Mobilisation Communautaire, Maradi
124. Chafatou Issa	DRSP Maradi. Communicatrice, Maradi
125. Tsayabou M. Laouali	DRSP Maradi Communicateur
126. Abdoukader Boubacar	Save the Children – Maradi
127. Mariam Dodo Boukari	CARE – Hamzari – Maradi
128. Dr. Abdou Daoura	District Medical Officer, Matameye. DRSP Zinder

Name	Organization and Title
I29. Moussa Abdou	Communicateur District sanitaire de Matamèye. DRSP Zinder
I30. Boukari Idi	Communicateur DRSP Zinder.
I31. Amirou Elh Habou	CRS – GIRMA. Resp Cycle actions communautaires, Zinder
I32. Aboubacar Sale	Save The Children Zinder. WADATA
I33. Aboubacar Tahirou	MSP Niger Communicateur District sanitaire de Mirriah, Zinder
I34. Chiwa Ousmane	Field Coordinator, BA, Zinder
CÔTE D'IVOIRE	
I35. Olivier Tondoh N'Guetta	USAID
I36. Blaise Kouadio	USAID
I37. Willibrord Shasha	USAID
I38. Mme Thiam	USAID
I39. Diarra Kamara	BA, Chief of Party
I40. Antoine Kouame	BA, Malaria Technical Advisor
I41. Dr. Bombo Pacome	BA, HIV Technical Advisor
I42. William Benie	BA, GHSA/COVID Technical Advisor
I43. Abdoul Dosso	BA, M&E Manager
I44. Dr. Kallo	Dep. Director, Veterinary Health Directorate, Ministry of Animal and Fisheries Resources
I45. Mme Nebre Jocelyn	Chief of Communication Unit, National Institute of Public Hygiene
I46. Pr. Guessend Natalie	Secretariat GTT RAM, Technical Working Group Antimicrobial Resistance (TWG-AMR)
I47. Silue Alia	Chief of Communication Unit Programme National de Lutte contre le SIDA (PNLS)/ Ministry of Health and Hygiene
I48. Dr. Kouame Blaise	Chief of Testing Unit PNLS/ Ministry of Health and Hygiene
I49. Dr. Memain Helene	Chief of Care and Support Unit PNLS/ Ministry of Health and Hygiene
I50. Dr. Tanoh Mea Antoine	Director Coordinator PNLP / Ministry of Health and Hygiene
I51. Dr. Bleu Bomin Monne Thérèse	Chief of Communication Unit PNLP / Ministry of Health and Hygiene
I52. Dr. Kokrasset Yah Colette	Deputy Director PNLP / Ministry of Health and Hygiene

DOCUMENTS REVIEWED

Documents

Adesina, A; Breakthrough Research Trip Report; 11.2019

Anaba, U; Hutchinson, P; Abegunde, D; White-Johansson, E; Breakthrough Research, 10.11.2019

Avenir Health, Concept Note: Application of the SBC Costing Guidelines for RISE-II in Niger, 2.10.2020

Becker-Benton, A; Daugherty, L; Kabore, T; Rajan, R; Silva, M; October 2019 Workshop Report Annexes

Becker-Benton, A; Daugherty, L; Kabore, T; Rajan, R; Silva, M; RIP REPORT and 3-Day Behavioral Pathways/Strategy Development Workshop REPORT, 2.7.2020

BR Management Review Draft SOW4.19.2018

BR Management Review SOW 7.30.2018

BR Management Review Year 1 Memo

BR Management Review Year 2 Draft SOW 9.19.2019

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ANNEX 4: NIGERIA COUNTRY SUMMARY

INTRODUCTION AND BACKGROUND

The work of USAID's flagship SBC projects—BA and BR—has “*raised up SBC as a mantra in Nigeria*,” according to a key informant from BR. The work has brought home the message that SBC goes beyond communication, with particular praise for innovations like the use of HCD. The projects have also increased their impact by addressing a wider range of health areas, particularly malaria and TB, as well as important work in exploring integrated SBC. BA's established relationships in the country—building off the previous Health Communications Capacity Collaborative (HC3) project—also meant it was well-placed to start up quickly and to effectively help address the COVID-19 emergency. While COVID-19 created challenges in implementation, it also highlighted the importance of SBC. BA is significantly larger than BR, both globally and in Nigeria, with BR providing support in evaluation, including costing and program and cost-effectiveness. The mid-term evaluation team—including two researchers based in Nigeria—reviewed BA and BR project documents and interviewed 34 key informants in Nigeria between January and February 2021 to identify key activities, achievements, and challenges of BA and BR, as well as recommendations moving forward. This section summarizes key findings and recommendations specific to Nigeria.

EVALUATION METHODOLOGY

The global mid-term evaluations of BA and BR include three focus countries: Nigeria, Niger, and Côte d'Ivoire. A question guide (Annex 2) was developed for the global evaluation and was used in Nigeria. The evaluation team conducted 34 interviews with key informants from a wide range of stakeholders in the government, the USAID/Nigeria Mission, and among IPs at the national level. In total, the evaluation team interviewed three USAID staff members, eight key informants from BA, three from BR, 11 from other IPs, and nine key informants from the government. Prior to the interviews, the evaluation team reviewed the BA and BR project documents to better understand the two projects. In addition, the evaluation team had global briefings from BA and BR as well as a Nigeria-specific briefing from BR. The evaluation team had an initial meeting with the USAID/Nigeria Mission and a debrief to obtain feedback on the findings for Nigeria, which has been incorporated into this summary. It is important to note that this is a mid-term evaluation, so much of the work is still in-progress with more findings and results still to come in the next couple of years.

FINDINGS

I. Achievements in SBC Programming, Research, and Capacity Building

A. DEMONSTRATING THAT SBC GOES BEYOND COMMUNICATION

Several key informants noted BA's paradigm shift from SBCC to SBC, going beyond just communications to include approaches in behavioral economics, marketing, and more intensive and strategic community engagement. BA respondents described implementing the approaches and noted how many staff and partners were not conversant with the idea that SBC was not just about IEC materials.

“It took a bit of struggle to cope with the new approach and re-orient staff's thinking using the SBC flow-chart. There was lots of capacity building to bring partners and stakeholders onboard with the new vision of SBC.”

A key informant from the Federal Ministry of Health (FMOH) explained how this shift from a communication-only approach played out in terms of partnership:

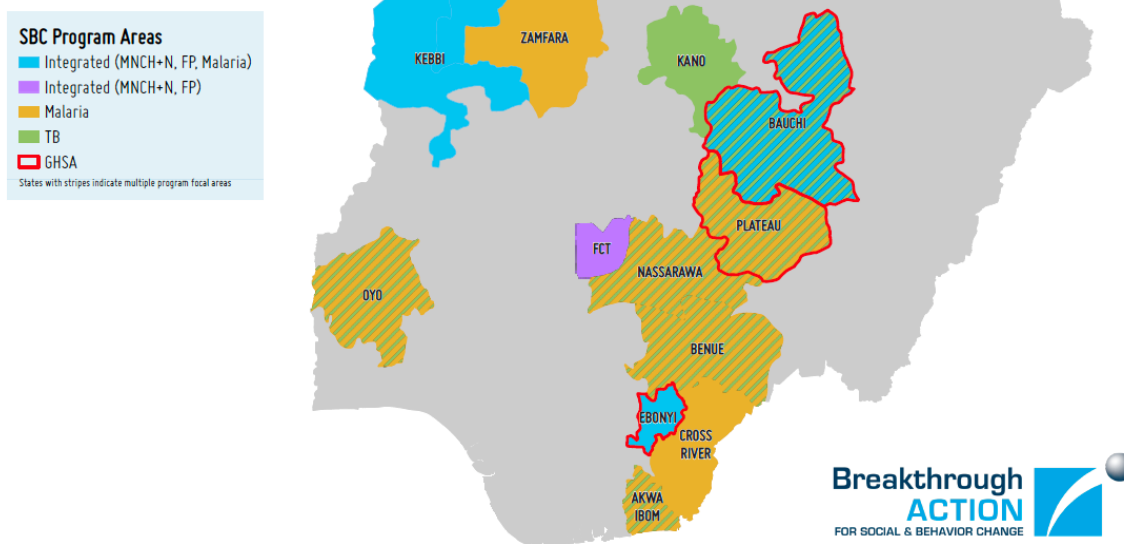
“The Health Promotion division of the FMOH erroneously believed that BA should only work with [that] department since they are concerned with the communication. BA having realized this later helped the department understand that SBC is not only about communication, but that technical officers from other

divisions need to contribute. For example, BA cannot successfully work on RH/FP without collaborating with us.”

B. KEY INFORMANTS HIGHLIGHT SUCCESSES ACROSS A RANGE OF HEALTH AREAS

An important upside to having BA and BR address a wide range of health issues is the opportunity for learning and sharing across health areas, as well as facilitating the testing of integrated approaches. The map below shows areas where BA is working in Nigeria, highlighting the types of programs being carried out in each state. BR’s Behavioral Surveillance Survey and Cost Effectiveness Study are focused in Kebbi, Sokoto, and Zamfara with other qualitative studies in selected states.

Breakthrough ACTION–Nigeria PROJECT MAP (eff. Q2 FY2021)



Below are a number of the successes from the BA and BR work in Nigeria.

A great response to the “Good Tidings!” campaign

“Albishirin Ku!” (“Good Tidings!” in Hausa) is an integrated umbrella campaign in Northern Nigeria promoting 17 behaviors (and counting). The life stages segmentation has helped target interventions to the right people at the right time, with a BA project partner noting:

“The life-stage approach has been the game changer having the most impact among various groups. The referral that emerges from the life- stage approach and the multiplier behavior generated is an achievement.”

In terms of challenges, as one BA staff member shared: “Promoting all these behaviors is a challenge; looking at them through the life stage approach helps.” Key informants from the government to IPs to the donors all praised the campaign:

“Albishirin Ku! has become a household name.” (USAID key informant)

“The Albishirin Ku! project has been very successful and I am proud to be part of it.” (FMOH key informant)

“Albishirin Ku! is a masterpiece. It has really helped IHP and other projects working with BA as they relate with people. It has helped other strategies like the SMS messaging which makes reference to Albishirin Ku.” (IP key informant)

“The radio drama has really touched lives.” (BA key informant)

The Albishirin Ku! campaign is also linked to an educational mobile health game, which is played on mobile phones (by dialing 3-2-1 on the Airtel network) by answering health-related questions. The use of interactive voice response has allowed beneficiaries to listen to the radio drama series when they miss the live broadcast. A key informant from BA described the popularity of this approach: *“The way and manner [in which] people have been accessing it on the 321 platform is quite interesting and I have had direct interviews with some of the radio stations that are airing it and have heard some specific statements, like the radio station manager said that people call them to ask question about the program and at some point, when they were short of funds, Albishirin Ku! the radio drama series, provided an opportunity for advertisers to seek for prime time to place advert before the start of the radio program or end of it. The radio station had to buy fuel to power the generator on one occasion in order to air the Albishirin Ku! radio program.”* The Albishirin Ku! program is broadcast on radio in Hausa-speaking integrated SBC states. According to survey data, exposure has increased between 2019 and 2020 from 50 to 78 percent in these states. This is higher than exposure to the malaria-only radio spots broadcast in the malaria focal states which increased from 33 percent in 2019 to 50 percent in 2020, though both met or exceeded the 2020 targets.

Malaria: addressing both patient and provider behavior

Key informants from various stakeholder groups spoke enthusiastically about BA’s contributions to improving malaria programs in Nigeria. Highlights include the following:

- **Campaigns of Seasonal Malaria Chemoprevention (SMC) and Long-Lasting Insecticide-Treated Nets (LLINs) have been more successful due to the support provided in BA in its focal states.** In Zamfara, SBC activities in 2020 also contributed to high demand for nets, resulting in 2,957,848 LLINs distributed, which represents about 96 percent redemption rate. Demand for SMC medicines was also high with 1,102,226 eligible children receiving the preventative dose of SMC medicine during the first cycle. Redemption rate of LLIN in the October-December 2020 campaign in the Benue State was 99.4 percent.
- **The strengthening of the Advocacy, Communication and Social Mobilization (ACSM) unit of the NMEP.** BA provided TA/capacity strengthening to ACSM on “Guidelines for Malaria ACSM” resulting in this unit’s increased capacity and transition from a low to one of the top performers.
- **BR presented malaria results to the NMEP to help inform its revised national strategic plan as well as the 2021 work plan** and activities.
- **The important focus on behavior change among both patients and health providers,** linked to BA/BR’s global focus on provider behavior change, has helped address major challenges in malaria programs. All respondents involved in malaria work in Nigeria mentioned the success in working to change provider behavior:
 - *“The biggest achievement of BA is the aspect of the design of behavioral economics prototypes. The major challenge we had with malaria is the provider’s behaviors which were not in sync with national guidelines. If not for BA, we [would] not be where we are in terms of level of success. The main problem is that the health care provider did not trust the Rapid Diagnostic Test and if tests are conducted, the health provider did not want to use the results especially if it was negative.” (PMI key informant)*
 - *“Despite BA not covering all states and local government areas in focal states, there are some significant changes in national data meaning there are reflections of BA results outside its focal areas. For example, the Provider’s behavior tool, which comes under behavioral economics and piloted, is one that NMEP has adapted well.” (NMEP key informant)*
- **Strong partnerships are essential, by linking with service delivery and logistics management interventions, spreading the impact beyond BA focus states:**

- “BA works jointly with other stakeholders, for example, PMI trained the health care provider in service delivery aspect while BA handled the SBC aspect including mass media.” (PMI key informant)
- “Until BA came, there was a serious knowledge gap on management of fever. There has been success in this area from the angle of healthcare providers especially... The BA activities are harvested and replicated in non-BA focal states. This is done through experience-sharing in the area of malaria. This is where government agencies come in. NMEP ensures that SBC activities and messages are spread beyond areas where BA has physical presence by inviting other relevant partners, e.g., Global Fund, to make use of some of the approaches.” (NMEP key informant).

TB: SBC at a time when the need was clear

A government respondent noted that “BA came at the time when we needed them most especially with the low case finding/detection.” BA facilitated the HCD process to improve TB detection, including mapping out the client journey, drafting a Creative Brief, and participating in a design workshop. Several respondents reported a visible increase at National Coordinator, National Tuberculosis and Leprosy Control Program in the level of interest in SBC and ownership of the process, and a resulting campaign, “Brother’s Keeper.” This campaign promotes shared responsibility by engaging small medicine stores (patent and proprietary medical vendors), religious leaders, and those in marketplaces and transportation hubs, using people outside of the medical community to improve TB case detection.

“BA has helped service providers sell their products, which is service delivery in TB. Before now, we were not finding TB cases, but the social marketing put up by BA has made the SBC messages (on TB) more acceptable.” (Government key informant)

The participatory/co-design process leads to strong interventions as well as capacity strengthening and ownership. The HCD process is slow but it is also important, as noted by government, IPs, and donors.

“One of the great successes for us has been the ownership by the TB community... I think it’s because of the HCD approach.” (USAID key informant)

The slogan developed by BA with the support of others—“Check Am O” is one brand that is making a difference.

“BA was like a breath of fresh air in SBC. The fact that the project has HCD on TB is an achievement. The very thorough informative assessment on TB in communities really helped. The Institute of Human Virology Nigeria leveraged on the findings of this assessment.” (IP key informant)

“Mobilization for TB testing and treatment is reaching more numbers because BA is working with community-based organizations.” (IP key informant).

“They’ve succeeded in creating a large group of stakeholders drawn from range of partners—not just USG supported—who own the process of demand-creation for TB—and that didn’t exist before. They have a national technical working group, which didn’t exist before—that is due to BA.” (USAID key informant)

Ensuring a culturally-relevant approach to addressing FP & MNCH-NUTRITION

With the understanding of myths and misconceptions, BA approached engagement with religious and community leaders, and government partners to discuss FP from the perspective of health—as a key intervention for saving lives. For example, child spacing allows the mother to breastfeed more and for a longer time, so her child is healthier, the mother will be better prepared for the next delivery having had more time to recover, the family can better provide for their children, etc. Due to mistrust around FP, BA changed the term FP to “childbirth spacing.” Learning from HC3, BA used the term “*Tazaran Haihuwa*”—Hausa for “childbirth spacing”—which laid a good foundation for the project’s FP activities.

Integrated SBC lessons will be important both in Nigeria and for the global SBC community

BA and BR are collaborating on a study to assess the effectiveness of integrated versus malaria-only SBC on malaria, FP, and MNCH+N behaviors and ideations among pregnant women and those with a child under two years. There is a great deal of interest in this topic, but little evidence of whether it works, the cost-effectiveness of different approaches, etc. Implementing integrated programs is challenging, in part due to the vertical nature of donor funding and of government structures. For example, the malaria and nutrition agencies may be in different places and not communicating with each other. But, while funding and management can be siloed, as a USAID key informant said, “*people don’t live siloed lives.*” There is a plan for three rounds of data collection for the study. The first occurred before the COVID-19 pandemic, while the second round has been delayed, due to COVID-19, but all respondents agreed that the findings should be very useful.

BA played a major role in the COVID-19 response through coordination and collaboration, supporting the Nigeria Centre for Disease Control (NCDC) and the Presidential Task Force for COVID-19. NCDC mentioned a number of ways that BA supported their efforts: contributing to the strategy document, jointly developing jingles, upgrading the NCDC website, helping with training, and working together to develop a tool for stakeholder analysis. BA suggested a tool, but NCDC already had one; BA suggested some changes to the tool and they worked together to modify it. BA also supported some states (e.g., the Plateau State) where they are present. They tried to replicate what they are doing at the national level after reviewing their strategy and realizing that there were weaknesses at the sub-national level. Some states needed stakeholder coordination and engagement in order to optimize resources available at the state and the local government level. BA supported that effort by identifying states with critical challenges and assisting them.

As an example of the process for developing the COVID-19 intervention, BA worked closely with NCDC and stakeholders to understand and adapt to the context of COVID-19 (i.e., virtual platforms) what is called “Journey Mapping” to get insights on the way worship is conducted among religious groups. This process highlighted that at some point the religious groups were not adequately engaged. BA built the capacity of 20 individuals from NCDC and other stakeholders to understand why user-experience and co-designing with the target audience (end-user) was necessary. This has led to setting up a new committee on how to get the buy-in and contribution of different religious groups on COVID-19 messages before passing them on to the populace.

To present a unified front and ensure that COVID-19 materials were usable by all, BA obtained an exemption to remove the branding/visual identity of USAID/BA from all their materials. This enabled other IPs and the government counterparts to use all the materials (radio jingles, IEC materials, etc.) produced by BA. This relates to an idea heard from several key informants about the need to clarify how all USAID-funded IPs are collectively contributing to good health instead of trying to emphasize individual presence and importance to the donor.

Another example of an integrated approach was the combined COVID-TB campaign, which was “*brilliant*,” according to USAID/Washington GHSA Advisor. The COVID-19 response was immediate in introducing capacity strengthening in risk communication and community engagement. During these times of COVID-19, BA also worked with the Nigerian government to investigate the relationship between TB and COVID-19 and how to make the COVID-19 message clearer to the masses.

C. RESEARCH TO INFORM PROGRAMS

BR has played an important role as the research partner to BA. One BA staff member expressed support for the idea of having strong research to inform implementation: “We should have evidence before implementation, it will be very good and useful rather than trying to change things when implementation has started already.” It is worth noting that there are often challenges in getting USAID missions to buy into global research projects, and so USAID/Nigeria has been bold in making this investment. USAID staff explained the multiple reasons why it was worthwhile to invest in BR, lessons that can be shared with other USAID missions:

“I would note the value of having both awards running concurrently to facilitate adaptive management and increase the potential that program approaches will better result in the anticipated outcomes/impact.... A ton of rich SBC data is most likely an exciting output from investing in BR, e.g., the BSS [Behavioral Sentinel Surveillance] in Nigeria.... Overall, it’s worth the investment in SBC research as there’s just a great potential to contribute to the evidence base on what works (where, when, with whom etc.), cost and cost effectiveness.”

While there have been challenges in the BA/BR relationship (addressed in detail later), this has improved over time and there have been a number of successes both in terms of informing BA’s programs and also contributing to the global evidence base for SBC. Some examples are shown below:

- **Good collaboration on the BSS Survey with joint development by BA and BR to ensure asking the right questions for programmatic relevance.** The 2019 BSS baseline had a very fast turnaround, with the work plan approved in July, the survey designed from July–September, the fieldwork conducted from September–October, and preliminary results presented to BA and USAID in November, with a full technical report available in December 2019. The BSS baseline findings led to some adjustments in the implementation and monitoring by BA. For example, BSS findings clearly showed that men have an overwhelming influence on decisions around FP uptake and health-seeking. Although there were existing strategies targeting men, BA had to strengthen activities in the SBC advocacy group intervention, e.g., using the “*Adalchi*” (fairness and justice) concept to address social norms that would allow women to also partake in decision-making at home, including income generation. Findings from BR also made it possible to identify wards in some states with specific knowledge gaps, guiding BA to focus interventions in specific areas for these wards.
- **The BSS included new ideational metrics, e.g., for pneumonia, which will inform Nigeria programs and global SBC research.** BR quickly developed a research manuscript on pneumonia, explaining how:

“It is relevant in the sense that Nigeria currently does not have a pediatric or childhood pneumonia plan, so when BR brought out the evidence base from an SBC perspective, it was timely because it was presented at a conference as part of a special issue and it was also included as part of the evidence to generate a childhood pneumonia control plan in Nigeria.”

- **BSS baseline analysis led to USAID requesting additional analysis on breastfeeding and adolescence.**
- **BSS findings were disseminated at national and international level through several well-attended webinars,** adapting to the realities of COVID-19.
- **BR provided evidence that BA can learn from and use** for its SBC needs and the needs of other IPs and government. For example, BA used findings from the BSS to tailor the topics for the radio drama program *Albishirin Kul*, to bridge the knowledge/practice gaps identified.
- **Qualitative analysis of some SBC program components, like the ACG,** will be useful. BA staff noted that the ACG, made up of key-influencers within communities, is also a key factor in success, but it will be useful to have evidence to better understand and adjust this approach as needed. BR staff explained:

“We designed work around ACG in part because they kept saying how valuable it was. There was no basis for that, but such a strong success story. I’m optimistic that they’re right, but we designed the study to assess whether the premises of what they’re talking about actually produce the types of results they’re talking about. Really put it to the test from an external objective point of view.”

- **Application of costing guidelines.** The costing guidelines for SBC that were developed by BR are seen as an important contribution by the SBC community, but making them truly useful requires country application, as is being done in Nigeria. This will also allow for a cost-effectiveness comparison between integrated and vertical SBC approaches.
- **While BR is the research/evaluation partner for the Breakthrough projects, BA also does critical monitoring of activities.** For example, BA’s monitoring of mass media (e.g., radio spots) led to making adjustments to their media strategy based on the findings. For BA monitoring and evaluation system, there is a plan to move data management from paper-based to electronic/digital tools, which needs more funding and capacity for the field team.

D. BA HAS HELPED TO STRENGTHEN BUY-IN, OWNERSHIP, AND CAPACITY, FOR SBC

Seeing SBC as important

A range of key informants spoke about their increased appreciation for SBC, as noted by a government staff member: “BA has converted us and now I am an ambassador of SBC.” Respondents highlighted the ownership and buy-in developed through involvement and in particular the HCD process (discussed more in the next section). As a USAID respondent stated:

“I’ve seen a big shift in recognition of SBC as important. And that’s why in terms of ownership, they’ve done a great job. They’ve become an essential partner to the national TB program. Not seen as Breakthrough. With certain projects it’s not seen as our thing, it’s seen as the program. But everyone owns it, including Global Fund partners. That acceptance is great.”

BA engaged local stakeholders to be part of the process, e.g., religious/traditional leaders, thereby stimulating community participation and ownership.

BA has encouraged buy-in by the government at all levels (Federal, State and Local Government Area), including engaging WDCs in SBC. Government is now getting involved, as SBC activities have started appearing in the budget line of some states, though there is no confirmation that money was released.

As noted earlier, BA worked with NCDC and other stakeholders to promote the behavior change needed to prevent the spread of COVID-19 in focal states and beyond through the support provided in risk communication and intensive community engagement for six months. The concrete nature of this work in an emergency situation helped effectively demonstrate the importance of SBC.

Strengthened capacity among stakeholders, including government, IPs, and media

BA has strengthened the capacity of government officials and IPs in SBC, especially in the space of TB, malaria, MNCH, nutrition, and child spacing. BA has contributed to ongoing efforts in developing some national strategic documents, like the National FP Communication Plan and its implementation in Nigeria. The project has been using the media space effectively by combining appropriate channels and strategies. In collaboration with others, BA has also built the capacity of some media personnel to engage as active partners in SBC.

Important subnational involvement and capacity building, particularly with the WDCs

Community capacity strengthening started in 75 wards working with Ward Development Committees (WDC). Based on performance, all WDC's will "graduate" to Phase 2 after adopting simple and practical steps that supported desired behaviors, and new wards are now starting Phase 1. The capacity of the local people has been improved through the use of SBC, especially during the LLIN campaign. The local people actually do the training for the LLIN campaign themselves, instead of depending on BA, because they now have the capacity to conduct the training by themselves. This capacity strengthening has led to some WDCs being able to raise funds from the community and implement development projects for the community. For example, in FY 2020, all 75 WDCs raised about \$8,047 to implement several activities, including transporting over 1,146 pregnant women for antenatal care, 1,127 pregnant women for delivery at a health facility, as well as 132 under-five children and 128 women for various other illnesses.

Key informants from the Nigerian government spoke of their increased investment and cost-sharing for SBC:

"It has influenced investment by the government. Government is supporting certain activities on SBC on 2020 budgetary allocation being implemented till the end of March 2021. There is an activity on capacity building on SBC and support of a health promotion forum coming up this February this year, funded by the federal government through the FMOH."

In addition, the Department of Health Services and the Department of Community Health of the National Primary Health Care Development Agency have engaged in cost-sharing, especially in LLIN campaigns. The government has also shown its increased interest in SBC by creating SBC units in different departments and divisions of the FMOH and by providing personnel that work with IPs to enhance sustainability.

The focus, starting in FY 2021, is to see more bottom-up approaches/leadership, being deliberate about implementing states taking more responsibilities and making their own decisions in SBC while BA provides technical assistance. The vision of BA is that after closeout, the FMOH can plan and implement key SBC activities using the SBC flow-chart and other resources to facilitate planning and design and reduce assumptions and misperceptions.

Learning goes both ways

"Building local capacity requires deliberate approach. BA has to be patient with the locals in terms of setting goals and what they need. Capacity building also requires continuous learning as BA must also be ready to learn from local partners. There must be mutual trust built for capacity to be more effective." (PMI key informant)

While there is increased capacity, there is still a need for support

A key informant from the government explained the need for continued support:

"Yes, BA has increased the level of interest in SBC. I want to urge BA to continue. If there is anything we need for the Nigerian health system, it is SBC and risk communication. Government cannot do it alone."

In an effort to increase the critical mass of SBC specialists at the national, state and LGA levels, BA has sponsored 20-25 participants per year at the Nigerian Leadership in Strategic Health Communication workshop. Each participant develops an action plan towards applying learnings in their jobs. Nevertheless, another informant discussed the useful "learning by doing" that had happened with BA, but felt that intentional traditional capacity building was lacking:

"That could be an area of possible improvement. Like workshops, for example, would be a good way to go." (USAID key informant)

2. Design and Implementation of Activities

Design and implementation of activities has focused both on creating strong programs and building ownership and capacity along the way.

A. WIDESPREAD APPRECIATION OF NEWER APPROACHES, INCLUDING HCD AND BEHAVIORAL ECONOMICS

As noted earlier, many key informants mentioned BA's paradigm shift in going from SBCC to SBC. BA has been able to draw upon the expertise of its coalition members, including Ideas42, ThinkPlace, and Save the Children, to incorporate these newer approaches into community engagement work. Coalition members report a good working relationship with shared understanding and mutual respect.

There is appreciation for co-design and collaboration, but recognition that it can be slow

BA's work is characterized by and recognized for its collaboration. A key informant noted that from the SBC flow-chart, one will see phrases like "Co-designing" and "Co-development" as key principles with government and IPs. The principles guide effective collaboration with other players.

Experience and established relationships from the previous HC3 project, also implemented by Johns Hopkins University's CCP, made it easy to transition into BA. Government partners praised BA staff for their:

"...teamwork and joint effort. BA is a good team player. We were carried along. The concept and implementation plan were developed jointly at all levels with government officials"; and for their technical expertise "the staff are sound and know what they are doing."

A respondent from an IP appreciated BA's understanding of local context:

"One of the things that I will say I cherish and enjoyed with what they have done is their ability to understand the Nigerian work environment and come up with approaches that make it possible to mobilize people."

This collaborative effort/co-design process, using HCD, for example, has been used across health sectors (malaria, TB, MNCH, etc.) While the process is popular, it is also seen as being slow, but still worthwhile, according to many: *"The process of needs assessment was tedious, but it was worth it."* However, some key informants noted that some service delivery partners are not always patient with SBC and the time needed for behavior change to happen. For example, it is easier to ask a pregnant woman to get insecticide-treated bed nets for free at health facilities than to influence her behavior to purchase them with her own money. It was noted that long-term behavior change requires more time than demand creation in order to identify and address the many barriers.

While the HCD process stresses involvement in design, some key informants talked about the need to find better ways of doing dissemination so that the community or the direct beneficiaries at the grassroots level can see the results of their efforts—not just from the perspective of their gain but also on how their efforts impact their overall life, development, and growth as a group. In addition, there could be more community member involvement in refining the design of the SBC process and having further discussions about analysis and decisions made after the needs-assessment.

Most key informants praised HCD

HCD is a design approach that involves all stakeholders with a feedback mechanism, which has been a critical enabler, bringing innovation into the work, described by some as *"a new way of thinking."* A BA staff member stated: *"I love the HCD because it took us to the beginning and it is very broad."* A BA partner stated that *"HCD was an eye opener for me. Before now we have been using questionnaires."* HCD also contributes to capacity development; for example, one key informant highlighted how HCD had really helped them, in part through capacity development of WDCs, leading to the WDCs investing resources rather than just receiving them

Another key achievement is the design of behavioral economics prototypes, understanding the science that links behavior to attitudes, and how issues are perceived by the people. BA promotes the capacity to understand how people's perception of an issue (or the way they think or view a particular issue) is linked to the way they behave. BA has also utilized technological innovations, including partnering with Viamo for optimization that allows mobile phones to display content like computers so that more people can listen to the radio drama on their phones and then call in to participate in the game.

Mixed feelings about SBC Flow Chart

The SBC flow chart, described by one key informant as “*a re-packaging of best practices*,” is the main tool used by BA to design programs. It maps out different phases (discovery, designing and testing, application) of the project planning and can facilitate collaboration with government partners and other stakeholders. This tool contains various principles and approaches used to build the capacity of stakeholders. It seemed to work well internally to clarify roles among BA coalition members. That said, both globally and in Nigeria, there were some mixed feelings about the flow chart, as expressed in the following comments, with some concerns about how practical and sustainable it is: “*confusing for non-SBC stakeholders*,” “*overly consensual*,” “*slowed process down*.”

B. COLLABORATION WITH SERVICE DELIVERY PARTNERS INCREASES COVERAGE AND IMPACT

A key informant from an IP noted that BA brought about better integration of USAID-funded projects (IHP, SHOPS+, GHSC/PSM, PMI for the state, etc.) and successfully carried along other IPs and government. That is, with the presence of the SBC project in a particular location, interaction between service delivery and logistics management IPs is better in that location and subsequently leads to better programming. A key informant from the government explained that “*BA put through the projects well to other partners and stakeholders. This makes SBC activities rub off in some non-BA states*.” While partners spoke to successes, there were sometimes issues around timing.

- “*For the three years, BA took up all activities on the demand side of all training conducted in SHOPS+. BA has the ability to mobilize clients to health facilities for SHOPS+ implementation to the point that this reflects on the number of clients using health facilities for FP. Ability to do this effectively is a great achievement... Since BA cannot cover the entire states and country, there is a need to work with the FMOH and state to see how what BA has started can be expanded to other non-focal states and sustained generally. It would have been better if USAID had ensured both BA and SHOPS+ projects worked using the same timeline and moved at the same pace. The results of the latter were to a large extent dependent on activities of BA.*” (SHOPS key informant)
- “*GHSC/PSM is responsible for logistic distribution of insecticide-treated bed nets while BA works on the SBC aspect... I will give credit for their contribution in the 11 PMI states where they have been supporting the SBC aspect in LLIN campaigns. Also, for their collaborative effort in designing a human-centered approach that has further informed the design of drug revolving fund in Sokoto and Bauchi by GHSC/PSM... Several stakeholders now have increased interest in SBC. The difference is very clear in the result we are getting from the health facilities since BA started mobilizing.*” (GHSC/PSM key informant)

In terms of supporting the objective of IHP in strengthening RMNCH and nutrition, BA has done fairly well in raising awareness and improving demand for services.

While there has been good collaboration, there is still room for improvement. This could include USAID clearly articulating and communicating its overall vision and how the objectives and expected outcomes of each partner fit together in such a way that IPs are not in competition but rather each has its clear role. As an example, some key informants discussed how the roles and responsibilities for provider behavior change could be better defined since responsibility falls on both sides (clinical-behavioral). The Provider Behavior Change Dashboard has helped to keep track of activities.

C. BARRIERS TO IMPLEMENTATION

Below are some of the barriers faced by BA and BR during their implementation.

- The COVID-19 pandemic and other factors like the #EndSARS protest in year 2020 caused delays in timelines for both BA and BR, has required shifting to virtual interaction rather than face-to-face, and has led to delays in transitioning some wards to the maintenance phase.
- Unhealthy competition between partners sometimes as each partner tries to promote itself more, forgetting that the successes of the USAID-funded projects rely on interdependent activities.
- There were some initial barriers in the way some of the community members saw/perceived BA and other IPs as wanting to impose foreign culture.
- Delays on deliverables from some stakeholders due to bureaucracy with some partners, including the government.
- Staff turnover, both within the project and with partners, e.g., BA explains how new teams had to come on board as some staff that participated in Bauchi, Kebbi, and Sokoto left the project before it expanded.

3. Advancing the Practice of SBC

One of the goals of the Breakthrough projects is to advance the practice of SBC, in part through encouraging increased integration of proven SBC interventions into health and development programs. As noted earlier, the experience in Nigeria shows how SBC approaches are needed and can be applied to many health areas to improve impact. It will be important to fully document this impact and share it broadly. A USAID key informant noted that *“better reporting of results would make it easier to convince people that it’s worth investing in.”*

The work in Nigeria represents the practical application of a number of global priorities. For example, BR led a participatory process to identify a global research and learning agenda for SBC, and the two priority areas—provider behavior change and integrated SBC—are both important parts of the work in Nigeria, again showing how the work will not only benefit Nigeria but will also help advance SBC practice globally.

4. Collaboration between BA and BR

The design of the Breakthrough projects—dividing implementation and research into two separate but connected pieces—requires collaboration. Initially, the relationship presented challenges, with BR starting a year later than BA with less funding, far fewer staff, and less experience in SBC. Overall, there is a sense that BR needs BA more than BA needs BR. Both projects report closer collaboration and understanding now with joint planning and dissemination activities.

Collaboration between BA and BR has included designing studies (protocols and tools), workshops, planning meetings, and holding coordination meetings. During the COVID-19 lockdown, several webinars were organized on each health domain, where both BA and BR made presentations through national and global webinars. BR discussed how studies were conducted, what was being investigated, and main findings while BA focused on the importance of the research study to the project’s programming. BA and BR work closely together. For example, they collaborated on the protocol of the BSS study, including the questionnaires to confirm that the questions cover all areas of intervention.

Collaboration takes time so it is important to understand the benefits, particularly having objectivity in evaluation

Some key informants from BA pointed out that while that BR’s needs for data can put pressure on BA, it has also *“helped BA to be a bit more specific and categorical in the way BA interventions are described or viewed.”* In addition, some respondents saw the important value in having an external evaluation of activities, noting that BR is in a unique position to show evidence of the value added of new SBC approaches. However, sometimes this role created tensions: *“there were initial teething problems when sometimes BR was perceived*

to be there as police.” According to a number of key informants, the amount of time necessary to forge an effective relationship with BA was underestimated by BR, but now things have changed. Some key informants from BA and BR noted that USAID should include in the agreement clause that BA should work closely with BR and the funding agency should collect performance indicators on collaboration, something that is being done at the global level.

BA/BR RECOMMENDATIONS FOR NIGERIA

- 1. Continue use of newer participatory approaches, such as HCD and behavioral economics, and create shared expectations on timeframes.** While HCD can be a slow process, it is highly appreciated and regarded and appears to have a positive impact on capacity and ownership.
- 2. Explore streamlining the flow-chart process to be more practical to use.**
- 3. Dependent upon results of the effectiveness study, anecdotal evidence suggests to continue the application of the life stages segmentation approach when implementing integrated programs.**
- 4. Improve measurement and reporting of the impact of SBC.** Globally, BR and BA have developed a business case that helps with this, and it will be important to communicate these results that show impact on health outcomes at the country level.
- 5. Encourage a sense of collective contribution to improving health rather than a sense of competition among implementing partners.** A good example of this was the lack of branding on BA COVID-19 messages and materials to encourage broader use.
- 6. Expand engagement of communities and beneficiaries beyond initial needs assessments to also include sharing and discussion of analysis, decisions, and results.**
- 7. Be more deliberate, intentional, and strategic with capacity building** by putting all activities in the work plan, building capacity regularly through more structured processes, and articulating clearly how it fits into the overall SBC strategy.
- 8. Increase involvement of BR in various aspects of implementation,** such as training and field visits, to enhance understanding and strengthen relationships among all partners and better enable BR to track implementation challenges and progress towards greater government ownership.
- 9. To improve BA/BR collaboration, missions should aim to align the timing of buy-ins.**
- 10. In order to sustain innovative SBC approaches, include local private sector marketing, creative, and academic partners in capacity strengthening activities.**

ANNEX 5: NIGER COUNTRY SUMMARY

INTRODUCTION AND BACKGROUND

BA has been active in Niger through buy-ins from the President's Malaria Initiative (PMI) and regional buy-ins from the Sahel and West Africa Regional Offices. BR has a buy-in through the Sahel Regional Office to conduct an evaluation in the RISE II zones of Niger and Burkina Faso. BA has focused heavily on capacity strengthening activities with both the Niger Ministry of Health (MOH) and resilience and food security (RFSA) partners, while also designing demand-side activities to complement the work of AmplifyFP and other service delivery family planning programming in the country. BR has focused primarily on an evaluation of integrated SBC programming in the RISE II zones of Niger and Burkina Faso, while also conducting monitoring and evaluation of the *Merci Mon Héros* digital campaign. BA has been very successful in improving SBC capacity and implementation in the areas of malaria and family planning, but there have been numerous challenges in executing activities alongside RFSA partners in the RISE II zones. Misaligned timelines, confusion over project objectives, and initial limitations in BA staff presence in Niger all contributed to delays and limitations in the impact of RISE II activities. BA and BR project staff have pushed through these challenges, however, and come to a place of shared understanding between partners for improved collaboration moving forward.

EVALUATION METHODOLOGY

The global mid-term evaluations of BA and BR include three focus countries: Nigeria, Niger, and Cote d'Ivoire. A question guide (Annex 2) was developed for the global evaluation and was used in Niger. The evaluation team conducted 40 interviews with key informants representing a wide range of stakeholders in the government, the USAID/Niger Mission, and among Implementing Partners (IPs) at the national and district levels. In total, the evaluation team interviewed four USAID staff members, 26 respondents from IPs, and ten respondents from the government. Prior to the interviews, the evaluation team reviewed relevant BA and BR project documents to better understand the two projects. In addition, the evaluation team had global briefings from BA and BR as well as a Niger-specific briefing from both projects. The evaluation team had an initial meeting with USAID/Niger before beginning fieldwork. It is important to note that this is a mid-term evaluation, so much of the work is still in-progress with more findings and results still to come in the next couple of years.

FINDINGS

I. Achievements in SBC Programming, Research and Capacity Building

a. Malaria

PMI in Niger planned to invest \$2 million in BA across five years (2018-2022) to improve priority malaria behaviors in the country. This was aligned with Niger's recent addition as a new PMI focus country as part of a five-country expansion.

BA's work on malaria has focused on local capacity strengthening, including working with the National Malaria Control Program's (NMCP) Information Education and Communication (IEC) division to improve SBC interventions led by the government of Niger. BA has also participated in the planning of Malaria Operational Plans and is launching a pilot community engagement activity in two districts in Dosso and Tahoua regions, supporting multisectoral community mobilization teams to design and implement SBC activities through community dialogue.

Key informants from Niger's MOH expressed sincere appreciation for the work of BA, noting that this was *"the first time a bed net program has benefited from exceptional communication media that attracts and motivates the target audience."* Partners noted that BA has helped bring a real harmonization of messages on malaria, and an operational framework for action for stakeholders in Niger.

b. Family planning

USAID's West Africa regional office planned to invest \$3 million into BA over a three-year period (2019-2021) to direct SBC activities "to support increased adoption of positive behaviors pertaining to family planning and reproductive health (FP/RH) among individuals in Burkina Faso, Côte d'Ivoire, Niger, and Togo." The West Africa buy-in to BA, WABA, has worked in close collaboration with the government of Niger, in addition to regional and local partners to strengthen local capacity to design and implement SBC activities alongside health service delivery. USAID/Niger expressed an appreciation for WABA's work, noting that they've completed really "*interesting activities*" that "*can be shared globally.*"

AmplifyFP, the West Africa regional office's four-country service delivery program for FP, has been a crucial partner to WABA throughout this process. Staff from AmplifyFP noted that WABA's work has been critical in driving demand for FP services, while AmplifyFP focuses on supply. WABA has been conducting community dialogues and site walk-throughs which promote FP use, in addition to mounting the digital campaigns *Merci Mon Héros* and *Confiance Totale*.

There was a widespread appreciation for the community dialogues from service delivery partners, who noted that "*working with community members this dialogue then improves communication with patients and providers/community and clinics – improves service quality, service delivery.*" Other partners in Niger noted their appreciation for WABA's community dialogues, stating that they "*really allow for discussion of all the community's problems.*" Further, "*based on the problems identified, the community goes to the service delivery points, and it's a dialogue between providers and communities to see what the problems are, how to solve them.*" Initial data from BA indicates that a high percentage of participants in community dialogues report being willing to recommend using FP to their communities following participating in the events (median 89.5 percent), with a similar percentage noting that they themselves report an intention to use FP services in the future (median 88 percent).

In addition to community activities, WABA has mounted two digital campaigns to improve knowledge and increase demand for FP methods and services, *Merci Mon Héros*, which is aimed at youth, and *Confiance Totale*, which has seamlessly integrated COVID-19 messages within its radio programming. *Merci Mon Héros* has created videos and content to be shared on social media, radio, and television, targeting youth and their caregivers for improved dialogue around sexual and reproductive health. *Confiance Totale* produced radio spots, communication leaflets, and counseling cue cards with detailed information about FP methods, their effectiveness, and side effects. Both digital campaigns were widely praised in country and global interviews for their efficacy in communicating key FP/RH messages and information, particularly to youth and their caregivers in the *Merci Mon Héros* campaign.

c. RISE II activities

BA's biggest challenges in Niger have been in working with RFSA partners in the RISE II zones. USAID's Sahel Regional Office (SRO) has invested \$3 million annually into BA for a four-year activity (2019-2022) to conduct 1) capacity strengthening activities on SBC with RFSA IPs in the RISE II zones of Niger and Burkina Faso and 2) capacity strengthening activities with the two countries' MOHs. Key informants from the Sahel Regional Office noted that while SBC programming aimed at improving behaviors linked to persistent development challenges in the region has been ongoing for over ten years, these efforts were overly fragmented and ineffectual, and it was hoped that BA could work as a "*single, specialized mechanism*" to "*shape and streamline SBC activities across RISE II, reducing redundancy and enhancing impact.*"

In practice however, it took considerable time for the RFSA partners and BA staff to understand their complementary roles in SBC design and implementation. USAID/SRO hosted multiple meetings between the partners to get to a place of shared understanding, but BA's capacity to perform their scope from the outset has been limited, particularly in having relevant staff in place in Niger and Burkina Faso to work directly with RFSA partners on project activities. This has delayed project activities from BA, potentially blunting the impact of BA's activities in the RISE II zones. USAID/Niger and SRO expressed sincere worry

that BA would not achieve its objectives in the Sahel buy-in, due to protracted miscommunication between partners and continued delays in implementation.

From the outset, RFSA partners seemed unclear on what BA's role was in supporting RISE II activities. BA conducted multiple individual and group workshops to explain their role as a "support" to RFSA partners, working with each partner in a "learning by doing" capacity strengthening approach, jointly conducting small scale activities to pilot innovative approaches the RFSA partners would then use moving forward in routine project implementation. BA was there to provide technical assistance and guidance to improve RFSA partners' SBC activities, working on formative research protocols, strategic design process, refinement of strategies, and sharing new concepts like behavioral ideation and human-centered design (HCD).

Some RFSA partners expressed frustration with this approach. Confusion on BA's role was ongoing, despite multiple workshops and presentations. It was eventually decided that BA would send project staff to the field to work together with RFSA in a "coaching" role. This has also proved challenging however, as hiring and retaining staff from BA in the RISE II zones has not been straightforward. BA staff have also continued to emphasize that many of the RFSA partners' SBC plans are actually IEC plans, and they do not go further than IEC to address social and normative barriers to behavior change.

USAID's Bureau for Humanitarian Assistance (BHA) has been supportive of BA and RFSA's collaboration throughout, and appreciates that RFSA staff have attended all of BA's trainings and meetings. However, key informants from BA and RFSA partners explained that the initial level of miscommunication and confusion between partners in the outset of collaboration has sincerely limited both the impact and timeliness of outputs from BA in the RISE II zones.

d. Capacity strengthening

In all of BA's work in Niger, capacity strengthening has been at the forefront of the design of activities to ensure long term sustainability of efforts. BA has engaged the following partners in capacity strengthening workshops and activities:

- MOH (central and department levels)
- Ministry of Water and Sanitation (central and department levels)
- Ministry of Community Development
- Districts and Mayoral offices
- DFSA partners (Girma-Catholic Relief Services, Hamzari-CARE, Wadata-Save The Children)

BA held multiple workshops and trainings in 2019, in both Niamey and outer provinces of the country, including a Workshop on Leadership and Innovative Approaches to Strategic Public Health Communication in Dosso, training of MOH staff on SBC for malaria, and an orientation workshop for actors on the NetMap process in Maradi.

BA also led the establishment of a Technical Working Group for the Promotion of Social and Behavioral Change Interventions which was then merged with the National Communication Committee. A key informant from a partner involved in this work noted that the *"two groups with their strengthened capacities now serve as bodies for validation of strategies, approaches, messages and SBC tools at the national level."* BA has also created a National Innovation Team to design prototypes on SBC interventions, which can then be tested and validated. BA staff noted that these prototypes are then integrated into ongoing activities conducted by RFSA partners, but some RFSA partners expressed hesitation about the relevance and feasibility of the tools being developed.

BA staff noted that capacity strengthening efforts have focused primarily on moving beyond IEC approaches:

“The first challenge we faced was to get people to accept and understand the concept of SBC. They just talked about information, education, and communication, which really had no impact on behavior. So we introduced this notion and this concept of SBC, and through a series of workshops, and also hands-on behavior change strategy sessions, we were able to get people to adopt this notion, this concept of SBC [that goes beyond IEC].”

While some BA staff noted their satisfaction with this approach, saying it’s been “a major success,” USAID/Niger has expressed reservations that some of the working groups formed have been very limited in participation and engagement. One USAID/Niger staff noted that the technical working group “does not take into account the other partners who are not USAID.”

e. Research

BR has also been active in Niger, primarily through the Sahel Regional Office’s buy-in to support the RISE II projects with an evaluation of the integrated SBC program implemented by RFSA partners. This has involved considerable coordination among RFSA implementing partners to agree on key indicators to answer overarching research questions including: is integrated SBC programming more effective compared to control group areas without RISE II SBC interventions? BR has completed a literature review, developed the study protocol, received IRB approval, and completed qualitative data collection to assess study questions related to gender and social norms and household decision making. Quantitative data collection was delayed because of COVID-19. Local stakeholders have been engaged throughout this process: BA conducted and BR participated in two workshops in Sadore and another in Niamey to share and validate initial findings.

In addition to activities in the RISE II zones, BR also conducted a mapping of relevant SBC indicators across Francophone West Africa, including in Niger, and has been leading the evaluation of the *Merci Mon Héros* digital campaign in four West African countries.

Overall, while research activities have been met with some delays due to COVID-19 and the tenuous security situation limiting travel and engagement between BR staff and local stakeholders, BR has still managed to collaborate with a number of local actors to initiate substantial research activities. While getting all RFSA partners to agree on a set of measurement indicators was not straightforward, it was apparent that there were not the same tensions between BR and RFSA IPs as those faced by BA. This could speak to the advantage BR had in completing very specific, discrete research activities to accompany ongoing activities to BA’s more complex task to provide technical assistance and share innovation with partners already engaged in implementation plans.

2. Challenges in the Design and Implementation of Activities

a. Misaligned timelines in RFSA support

Challenges in supporting the RFSA projects have been rooted in the perception that activities are duplicative, and timelines between BA and RFSA remain misaligned. A key informant from an RFSA partner noted:

“Our projects started at the same time. We already have our strategies, our activities for behavior change. Because, basically, the [RFSA] projects are almost solely behavior change plus a few stand-alone water stations. But other than that, it’s behavior change. So, we already have a whole battery of activities and all that. They’re starting at the same time. Their mandate is to innovate and inspire us with their innovations. The problem is that if we start at the same time, it’s extremely difficult because we already have our action plans, we have planned things, we have our internal experts. In all honesty, those who are at BA don’t necessarily know much more than we do.”

BA’s engagement with RFSA partners after they had already been active in implementation, with set work plans and objectives, frustrated RFSA IPs. RFSA felt that BA was merely duplicating efforts and coming too late into the process of implementation. RFSA partners then questioned the value-added of BA and felt that BA’s request for information and engagement interfered with their ongoing work plans.

This has been mitigated in developing a more common roadmap between partners, noting when BA can provide special support for a specified activity at a specified period. Creating this roadmap took considerable time and negotiation, however, as one BA partner noted. They stated that getting all partners to “eliminate any idea of suspicion” of each other was achieved by grounding everyone in a shared understanding that “it is one and the same team, promoting social and behavioral change.”

b. Delayed implementation

Other activities in Niger have also been delayed by the COVID-19 pandemic. Because of physical distancing guidelines, community engagement activities were delayed and not implemented according to initial work plans. This is especially relevant for implementation of the “community action cycle,” an innovative approach BA is introducing in Niger where communities identify barriers to healthy behaviors and collectively work on strategies to overcome them. While the community action cycle has been much discussed in workshops and trainings, the actual implementation at scale across RFSA IPs has been much slower than anticipated, first because RFSA partners were not ready to implement, and then due to COVID. One partner key informant explained frustrations with the delays:

“our field teams have gone around and around and around without being able to do it. Because the key steps in this community action cycle are to identify the problems at the community level, prioritize the problems, and then have a plan for the priority problems, a plan for solving these problems at the community level, so it’s been a long time coming, it’s only last week that we were able to have the community groups, the teams with whom we will discuss, identify these problems.”

The delays have also frustrated some USAID staff in the Niger Mission, who note skepticism with the community action cycle (CAC) approach and activity. One USAID/Niger staff lamented that it “involves a lot of stakeholders, but for the moment I can’t speak about what I’ve seen – I don’t have any information, I don’t have a report that tells me here is what they did, here are the results.”

c. Need for a more operational BA

Multiple key informants from the partners in Niger and USAID/SRO noted that BA’s approach in the country has been overly top-down, and not responsive to actual gaps in resources and capacity among stakeholders. USAID/SRO noted that BA has been overly “theoretical” in Niger, and they would prefer if they had more staff on the ground to assist in actual community-level implementation. RFSA partners also expressed their need for a more operational BA. One noted,

“we want support and capacity building. One does not exclude the other. If we have the capacity building, it is not only to give knowledge to someone but also to follow him at the operational level to see if he is using what you have taught him.” Another RFSA partner stated, “we want to have BA here with us in terms of planning activities, in terms of documentation: We need information on how to evaluate behavior change.”

Partners also expressed frustration that many of the approaches taught by BA are not relevant to the country context. One RFSA partner noted that

“Especially in the beginning, we didn’t like that kind of relationship [with BA], quite honestly. Their suggestions could be interesting in some cases and in that case we adopted them, but if they didn’t seem relevant to us, then we could have the freedom to drop them.”

Another RFSA partner key informant explained that BA would develop SBC approaches for dissemination without sufficient input from implementing partners on the ground in Niger. The partner felt that they had little flexibility to push-back against the project:

“They said, ‘after two years, you’ll take over the pilot phase for the community action cycle.’ We accepted it because the donor required it, but we were really out of step with the planning and even with the approaches. And then they decided to conduct this approach on the community action cycle, they did not involve us. It’s a concept that came from BA, which was not discussed with the programs. Because if they had discussed it with

us, we were going to explain to them that this is something that we are doing except that it's the terminology that's changing. So, it came out of the blue, we took it that way, we're under pressure, the donor wants us to work with them."

3. Advancing the Practice of SBC: Appreciation among Stakeholders

Among MOH partners, there has been a true recognition of BA's work and achievement in improving the understanding and practice of SBC in Niger. MOH staff especially noted BA's establishment of the digital SBC catalog as a *"major achievement."* The repository of SBC tools is held virtually and housed on the MOH's website as a reference tool for stakeholders to design and implement SBC activities in Niger moving forward.

Ministry of Water and Sanitation partners did note that while they appreciated BA's involvement with the Ministry, they would like BA to be more involved in existing networks and policies, including providing input to the national strategy on access to clean water and hygiene, and take part in the common fund for water and sanitation that was created in 2018. The fund is a source for collaboration between UNICEF, Water Aid and other NGOs, and representatives from the Ministry expressed interest in BA becoming more engaged at these levels.

Both malaria and FP partners noted appreciation for how BA has advanced their work in Niger in terms of capacity strengthening and centering HCD in implementation strategies. One partner key informant noted that *"they have helped us in capacity building: they really helped us upgrade our communication strategy, really helped us to be up to date, to innovate in our communication strategies through training and capacity building. They also helped us to have harmonized messages."* Another noted the novelty of not just the "terminology" BA has used, but also *"this way of organizing, of fully involving the community, informing them, letting them do it themselves and following them. And that was what BA was doing."*

BA staff also remarked seeing this shift among stakeholders in Niger: *"they know that SBC requires a much more rigorous approach, focused on the analysis of behavior and how to remove barriers to the adoption of these behaviors."* They noted how capacity strengthening workshops have *"motivated"* stakeholders to learn more and refine traditional IEC approaches to include more social determinants of behavior in the design and implementation of SBC activities.

4. Collaboration between BA and BR

There has been less direct collaboration between BA and BR in Niger as in other countries with more significant buy-ins and joint activities, but notable areas of collaboration include the RISE II evaluation of integrated SBC and monitoring of the *Merci Mon Héros* campaign. In both areas, projects have worked together to ensure evaluation activities reflect implementation, and monitoring indicators are agreed on across a wide range of partners. BR's work in monitoring *Merci Mon Héros* has helped refine the implementation, and the forthcoming results of the integrated evaluation in RISE II zones will help improve the understanding of how to execute integrated SBC in an effective manner.

BA/BR Recommendations for Niger

- Continue to work on a common roadmap between BA and RFSA IPs to ensure work between partners is most collaborative and effective: local BA and RFSA staff in RISE II zones should collectively identify what the actual gaps in RFSA capacity are, and how BA can help fill them.
- USAID should continue regular check in meetings to coordinate BA and RFSA's to improve collaboration among partners.
- Improve and reinforce BA staff presence in Niger, especially in Maradi and Zinder.
- Improve coordination between buy-ins, share successes from WABA and malaria work with staff working with RISE II partners: the SRO/PMI COP and WABA COP should have regular communication to share lessons learnt, particularly on overcoming challenges in the RISE II zones (WABA has also provided TA on FP to DFSA partners).
- Expand Technical Working Group engagement to include BR, and with other partners outside USAID.
- Establish a more formal collaboration between BA and the Ministry of Water and Sanitation (e.g., signing a Memorandum of Understanding), ensuring BA's actions are included in the national strategy for access to drinking water and sanitation.
- Formalize and structure the collaboration with the central level (design) for a better implementation of actions in the field (operational level in communities).
- Have a clear dissemination and utilization plan for the results of BR's evaluation of integrated SBC in the RISE II zones.
- Improve the documentation around implementation and impact of the WABA work- including community dialogues, site walk-throughs, and digital campaigns- on FP behaviors.
- Improve the documentation on social and behavioral outcomes achieved through the implementation of innovative SBC approaches implemented in Niger, including HCD and the CAC, and the benefits of these approaches beyond traditional IEC.
- Disseminate key lessons learned and outcomes of capacity strengthening successes with malaria partners in Niger.

ANNEX 6: CÔTE D'IVOIRE COUNTRY SUMMARY

INTRODUCTION AND BACKGROUND

BA started its activities in Côte d'Ivoire in July 2017 and is currently implementing four programs in the country, addressing a range of health areas. Total funding for these activities is \$6.2 million/year and the funding sources are: PEPFAR, PMI, FP, MCH, Nutrition, and WASH. The activity areas are:

a. Malaria

- Awareness raising/behavior change promotion through the development and production of materials (posters, kakemono, audio, video)
- Implementation of a BCC strategy through the development of a National Strategic Plan for SBCC and BCC, the development of an SBC message guide based on the Malaria Behavior Survey study
- Capacity building of national partners through SBC training of 25 staff members from different state government structures

b. HIV/AIDS

- SBC sensitization, especially of vulnerable and hard-to-reach segments of the population, in order to improve their knowledge of HIV and promote adherence to HIV testing
- Promotion of self-testing as a means of screening this segment of the population
- Care and support for people living with HIV

c. The Global Health Security Agenda (GHSA)¹³/COVID-19—BA interventions addressing diseases with epidemic risk and the response to COVID-19 were made at the institutional level and revolved around five pillars:

- Systems and planning
- Coordination
- Public communication campaigns
- Community engagement
- Perception and misconceptions management

d. FP with WABA to support the Ouagadougou Partnership through three areas of intervention:

- Coordinating and building local capacity for SBC
- Improving communication and fostering community involvement
- Reducing social barriers and encouraging parent/child communication on FP

BR's interventions aimed to support BA in certain studies (e.g., MBS, BE Survey on healthcare providers, baseline study for the HIV self-testing pilot project) and also to ensure the M&E of certain activities, such as the [Confiance Totale campaign](#).

EVALUATION METHODOLOGY

The global mid-term evaluations of BA and BR include three focus countries: Nigeria, Niger, and Côte d'Ivoire. The evaluation team reviewed project documents and developed a question guide (Annex 2) for the global evaluation that was also used in Côte d'Ivoire. Two local evaluation consultants familiar with in-country USAID programs and processes carried out the data collection in Côte d'Ivoire. Prior to the active data collection phase, the evaluation team scheduled a BA briefing meeting on January 6, 2021 via videoconference. The two local evaluation consultants then set up an initial briefing with USAID in Abidjan on January 19, 2021 via videoconference with various USAID/Côte d'Ivoire staff members. The evaluation

¹³ The GHSA is a group of 60 countries, international organizations, NGOs, and private sector companies working together to achieve the vision of “a world safe and secure from global health threat posed by infectious diseases.” www.ghsagenda.org

consultants interviewed a total of 19 people out of 21 scheduled key informants: four from USAID/Côte d'Ivoire, six from BA, three from the National Malaria Program of the Ministry of Health and Hygiene (Programme National de Lutte Contre le Paludisme or PNLP,) three from the national HIV/AIDS program of the Ministry of Health and Hygiene (PNLS,) one from Antimicrobial Resistance Technical Working Group (TWG), one from the Ministry of Animal and Fisheries Resources, and one from the National Institute of Public Hygiene. US-based evaluators also interviewed WABA staff who were familiar with BA/BR's work in Côte d'Ivoire (see Annex 3). This annex presents a summary analysis of the information from the key informant interviews conducted in Côte d'Ivoire and some relevant data from interviews conducted outside the country.

FINDINGS

I. Achievements in SBC Programming, Research, and Capacity Building

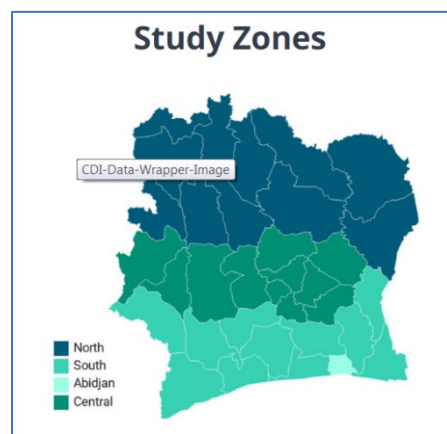
BA and BR's achievements in programming, research, and capacity building in Côte d'Ivoire fall within the following four sectors or main intervention areas:

- a. **Malaria**—through PMI and PNLP
- b. **HIV/AIDS**—through PEPFAR and PNLS
- c. **Global Health**—through GHSA, focused on global health security across the intersection of human and animal health to prevent infectious disease outbreaks and combat the growing threat of antimicrobial resistance
- d. **FP with WABA**—to support the Ouagadougou Partnership

a. Malaria

BA's work in malaria was reported as one of its strongest successes. The project developed numerous communication tools and media products for a mass media campaign on malaria that reached almost 650,000 people in the listening area of 22 community radio stations (approximately 22 percent of overall audience of nearly 3 million listeners.) The project's three major achievements on using SBC approaches to address the high burden of malaria in Côte d'Ivoire were: (1) Carrying out the Malaria Behavior Survey (MBS), (2) Using Behavioral Economics Strategies for Provider Behavior Change, and (3) Supporting the CAC and Women's Groups.

MBS. BA implemented a benchmark MBS on malaria-related behaviors in Côte d'Ivoire. The project fielded the survey during the 2018 rainy season (September through November) in four zones across the country (North, South/Forest, Abidjan, and Central; see map). The project analyzed the results in coordination with the National Malaria Control Program. The survey goal was two-fold: to better understand the sociodemographic characteristics associated with malaria-related behavioral outcomes, and to determine what the appropriate focus on SBC program activities should be. The MBS survey made it possible to understand the determinants of malaria-related behaviors, what drives or inhibits them, and the non-use of LLINs and intermittent preventive treatment for pregnant women.



The effort was a significant success for BA in-country. After the successful pilot in Côte d'Ivoire, BA is now implementing the MBS in additional countries. The MBS allowed the PMI to share experiences with other countries and supported Côte d'Ivoire's stakeholders to make improved, evidence-based decisions for SBC activities to combat this endemic disease across the country. The BA-piloted survey proved to be a useful decision-support tool helping the Ivorian government's fight against malaria, which infects over

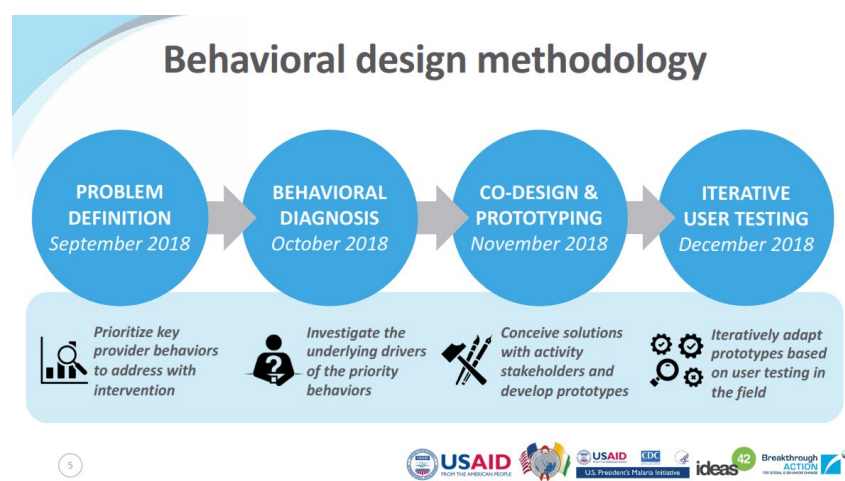
3.5 million Ivorians every year.¹⁴ The data from the MBS also made it possible for BA to design the **SBC key messages guides for malaria** prevention in Côte d'Ivoire. These guides helped partners produce targeted, evidence-based communication media (e.g., posters, kakemono, video, radio messages, etc.) on malaria prevention and recommended behaviors.

A BA key informant described how useful their MBS capacity development and collaboration with the government has been as follows:

“Within BA, we’ve conducted studies and we use the findings to better orient our [SBC] strategies to improve our interventions. BA also organizes training workshops for government staff within the Ministry of Health and Public Hygiene. In particular, the MBS was very impactful in Côte d’Ivoire. This study has enabled us to provide the government with several SBC tools.”

Overall, the MBS enabled the development of communication materials for the mass LLIN distribution campaign in Côte d'Ivoire. Finally, it is noteworthy to mention the success of BA’s malaria support to PNLP by the National Strategic Communication Plan for Social and Behavioral Change 2021–2025. For additional information, see: <https://malariabehaviorsurvey.org/countries/Côte-divoire/>.

Using Behavioral Economics Strategies for Provider Behavior Change. The objective of this activity was to use a behavioral economics approach to design strategies that would help providers systematically counsel and administer three doses of preventative malaria treatment (sulfadoxine-pyrimethamine or SP) during antenatal care (ANC).¹⁵ As the following illustration suggests, the BA team started by examining the quality of services by providers to pregnant women in five health districts in Côte d'Ivoire. With PMI, the project identified the following priority behaviors at five health centers in varied settings:



Note:

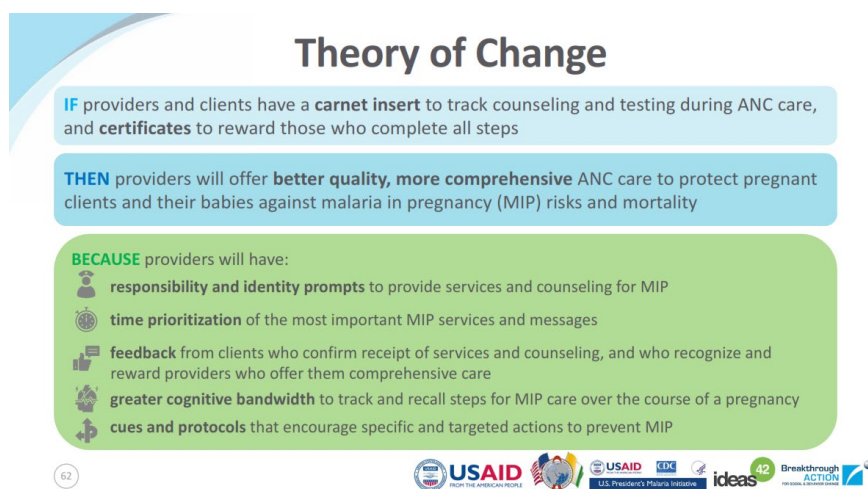
- a. Midwives do not systematically initiate preventative malaria treatment with pregnant women during ANC visits

¹⁴ USAID (2017) U.S. President’s Malaria Initiative Cote d’Ivoire Malaria Operational Plan FY2018 and FY2019. Washington, DC: USADI. <https://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy19/fy-2019-cote-d-ivoire-malaria-operational-plan.pdf?sfvrsn=5>

¹⁵ The WHO and the MOH require all pregnant clients receive at least one mosquito net to prevent malaria, three SP doses to prevent malaria infection and transmission from mother to baby, two HIV tests, as HIV exacerbates malaria mortality, and four touchpoints with a facility-based health provider, who can prescribe folic acid and iron supplements. (BARCI Design Strategy Deck, JHU CCP & USAID, 2019)

- b. Midwives do not systematically offer counselling on the importance of multiple preventative malaria treatments to pregnant women during ANC visits

BA then looked at the underlying drivers of these behaviors, clustering them into five categories (time scarcity, responsibility and identity, lack of feedback, cognitive scarcity, and choice architecture) that were cross-validated by extensive research in similar health settings. The drivers were then subdivided into **intention barriers** (providers do not intend to offer testing, treatment, or counseling in the first place) and **action barriers** (providers intend to offer testing, treatment, or counseling but do not follow through on that intention). The project developed a theory of change (see figure) for the intervention and subsequently produced provider-client carnet inserts and certificates to promote adherence to WHO and MOH guidelines for prevention of malaria in pregnancy during ANC visits. A BA key informant noted how significant it was that this activity helped identify 223 women (out of a total of 263) that had not gotten the needed SP because they had missed their follow-up ANC visits.



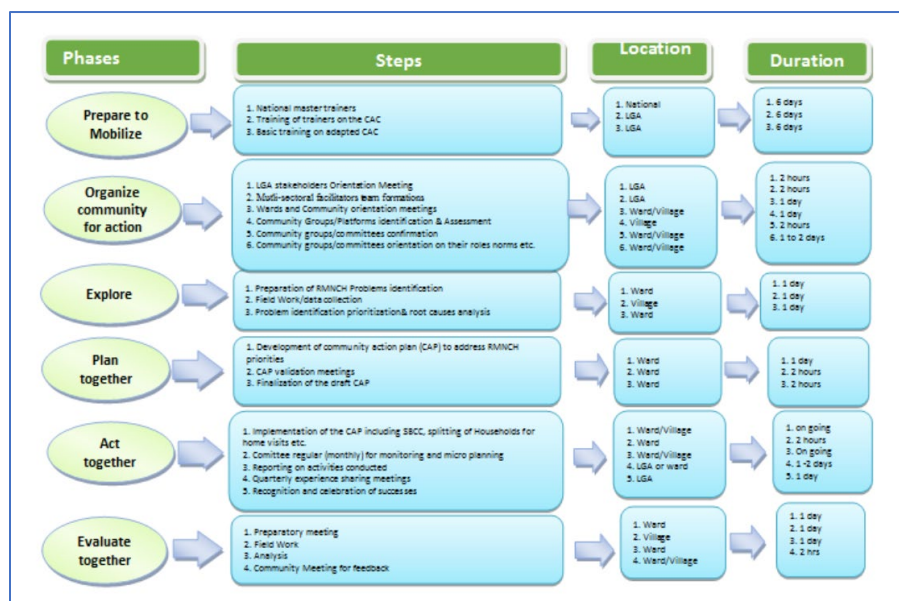
According to several key informants across BA and USAID, the project's use of behavioral economics strategies provided a better understanding of the significant behavioral and social factors associated with case management and the use of SP. The research has made it possible to develop communication strategies that allow health workers to improve and administer high quality care for their patients, and for pregnant women to understand their own client rights and the quality of care they should benefit from at health facilities/service centers, as well as how they can adhere as closely as possible to the correct follow-up. An important component of the activity involved participatory design, which contributes to local capacity development. The project included key stakeholders in analyzing the study data as well as in developing the strategies and messages and building capacity for coordinated, evidence-based decision-making. Key informants from all stakeholder groups noted the importance of the involvement and participation of community members around malaria issues and the partnerships with Impact Malaria and the PNLP that were strengthened through this process. A key informant from PMI who had praised BA for its "excellent collaboration experience" stressed how important it is that these excellent advances be sustained,

*"It is important that we talk about the sustainability of these actions and to do this, we must strengthen the capacities of national actors to ensure sustainability. Therefore, we need to **make a capacity building plan with the PNLP agents**, so that if the consultant is not there, we can do the work as it should be done."*

Supporting the CAC and the establishment of community action groups and women's groups. The CAC is an innovative approach developed by the BA implementing partner, Save the Children. Using CAC, BA supported communities in Côte d'Ivoire to develop culturally-relevant action plans to improve health-seeking behavior. BA facilitated the creation and expansion of various community action committees and women's groups to ensure local uptake of the behaviors of interest.

The CAC approach (illustrated below) is based on the recognition that people do not change their behavior on the basis of information alone. Behavior change requires a combination of having relevant

information as well as the confidence and an enabling environment for making positive choices, collectively and individually, “while addressing underlying social norms that ultimately leads to changed behaviors.”¹⁶



b. HIV/AIDS

BA's HIV/AIDS prevention work using various SBC approaches began under its predecessor project, HC3, which aimed to strengthen the capacity of local groups to implement SBCC programs supporting HIV/AIDS prevention, care, and treatment. HC3 improved the effectiveness of SBCC in promoting HIV service uptake, ART adherence, community-based care and support, as well as healthy social norms.

Building on HC3's work preventing HIV/AIDS in Côte d'Ivoire, BA has developed various learning platforms and targeted BCC strategies. They have also expanded support for HIV/AIDS prevention and [awareness programs](#) started under HC3, including "Super Go"—an SBC campaign targeting young females 15-29 years old and "Super TaTa"—a community-based SBC campaign designed to engage Ivorian adult women in community-based prevention and healthcare-seeking activities. BA worked in partnership with USAID and the Government of Côte d'Ivoire to prepare a community engagement guide to support the implementation of both programs. BA also supported the successful expansion of the “Brothers for Life” HIV/AIDS behavior change campaign for the population segment of males 25 years and older.

A BA key informant noted the importance of the Super Go and Super TaTa SBC campaigns to effectively reach young people and adult women: “We used segmentation in those programs. We have to work with youth



¹⁶ The Communication Initiative Network, March 2, 2020: <https://www.comminet.com/global/content/save-childrens-community-action-cycle-cac>

and 40-year-old women. It must be said that the two populations do not have the same needs, so we used the community action cycle to [prepare relevant SBC approaches.]”

Within the current award’s HIV/AIDS prevention programming, BA has been particularly successful at identifying positive cases among the three population segments and increasing community interest in HIV/AIDS screening (to identify positive cases) and utilization of a self-administered test.

Identifying positive cases and increasing community interest in HIV/AIDS screening and self-testing. In 2018, BA developed and implemented its strategy to apply SBC to identify people living with HIV/AIDS. At the time, there were still major challenges in identifying HIV positive cases in Côte d'Ivoire, especially in vulnerable segments of the population (i.e., men aged 25 and older, adolescent girls, and young women). As a result, the BA SBC strategy aimed to “promote HIV prevention behaviors [and foster] positive social norms that encourage healthy behaviors” for the identification of positive cases of HIV/AIDS and for searching for those lost to follow-up.

Specifically, the strategy aimed to seek out people living with HIV wherever needed (in camps, prayer camps, large companies, etc.), distribute self-tests, search for those lost to follow-up, and then support community distribution of antiretrovirals (ARVs) by BA-trained peer leaders. The distribution of the HIV/AIDS self-administered tests was based on a pilot study conducted by BA, which provided an understanding of how to better approach the distribution of self-administered tests in the community. By the beginning of 2021, the project had distributed more than 6,000 self-testing kits.

Overall, BA carried out various SBC interventions on sensitization and screening for HIV/AIDS, treatment initiation, and treatment retention focused on searching for those lost to follow up. According to data provided by the BA team from January 2021, since the beginning of the project, BA has supported HIV testing for 119,570 people, and helped 5,566 people living with HIV to know their status and get linked to treatment, as well as getting 7,730 people lost to follow-up back into treatment. These activities were carried out to help the government of Côte d'Ivoire achieve the country’s 90-90-90 objectives of:

- 90 percent of people living with HIV know their status
- 90 percent of all people tested for HIV receive sustained ARV therapy
- 90 percent of people receiving ARV treatment have a permanently suppressed viral load

A USAID key informant cited that “the quality of the services offered, the community distribution of ARVs and awareness-raising are [BA] actions that impact the lives of clients.” In addition to the testing and treatment efforts, the project developed a related mass media campaign that sent out more than 1,200 radio spots/commercials, 40 radio programs, and 128 social media posts.

c. Global Health Security Agenda

BA achievements in programming, research, and capacity building for global health have yielded positive results in terms of a “One Health” approach (human health, animal health, and the environment) and the creation of the TWG for Communication on Health Risks.

BA’s first global health success concerned Côte d'Ivoire’s joining the GHSA and helping the country develop its first National Health Security Plan, in accordance with the WHO’s International Health Regulations. The next phase of GHSA focuses on GHSA 2024, the overarching framework that lays out a strategic approach for addressing gaps and priorities in global health security, including international human and animal health standards. This is particularly important and timely given the current concerns over the COVID-19 pandemic. BA’s technical assistance for GHSA is primarily at the national level.

Other successes for BA’s GHSA work in Côte d'Ivoire include:



- Facilitating collaboration across all the technical ministries,
- Developing a public SBC communication axis and communication guide for journalists,
- Carrying out a study on priority zoonoses under the One Health” approach, and
- Developing a rumor and misconceptions management/tracking system using DHIS-2.

Previously, with support from the US headquarters, the BA Côte d'Ivoire team had developed a training module on strategic communications for journalists on One Health and Risk Communication with focus on Ebola in order to illustrate the larger concepts. This module that aimed to provide support for journalists to cover the Ebola epidemic accurately and without bias, has now been adapted for use in journalistic reporting for COVID-19. An IP key informant involved with BA's journalistic efforts repeatedly mentioned their appreciation for the project's support and noted that, *“We are one of the TWGs that has really started and has had convincing results and the BA project has contributed to the achievement of these results.”*

As part of GHSA's work, BA/Côte d'Ivoire developed a highly successful **rumor and misconceptions management tracking system** using DHIS-2 software. This was set up prior to COVID-19 as part of the GHSA work, and BA was able to pivot successfully and rapidly to address COVID-19. This novel approach makes it possible to capture all rumors or false narratives across the country and address them directly. With this rumor tracking system, the team collects and then uses the misinformation from the general public to adapt and strengthen evidence-based communication during public health crises. For this effort, BA works in collaboration with the *143 Hotline* and the risk communication TWG of the National Institute of Public Hygiene. For more information, see <https://ccp.jhu.edu/2020/06/29/Côte-divoire-call-center-tackles-rumors/>



Operators answering calls on one of Cote d'Ivoire's helplines through which officials are collecting and addressing COVID-19-related rumors.

d. FP with WABA

WABA is implemented in Côte d'Ivoire in five health districts. Its successes in both institutional and community-based areas are included in three lines of intervention.

Axis 1 level: Coordinate and empower actors at the government level

BA has also established a TWG on FP at this level, which meets quarterly to take stock. According to key informants from all stakeholder groups, BA has strengthened the SBC capacities of the district management teams in the targeted districts and improved the quality of the FP services across the country.

Axis 2 level: Improve communication and encourage community involvement

BA used community dialogue to identify the problems of low utilization of MCH services in Côte d'Ivoire. This activity is coupled with an engagement tour of health centers for influential members of the community who participated in the community dialogue, to improve understanding of and interest in maternal and child health services. This interaction between providers and communities aims to create local demand for and improve the use of maternal and child health services. A WABA key informant remarked that

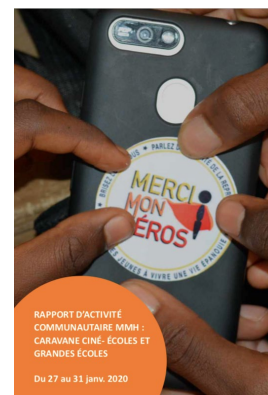
“Community dialogues have been wonderful activities to really see shifts in community and providers' attitudes and behaviors—and really seeing what the real needs are in the community, what is important to them—this has been extremely important to me.”

According to several key informants, an example of the success of these actions is the establishment of a community mobilization committee at the Bouaké Nord-Ouest health district, specifically in the locality of Abokouamékro, for the rehabilitation of their health center.

Axis 3 level: Reduce social barriers and the adoption of FP by young people through the digital campaign *Merci Mon Héros* (MMH), which makes it possible to break down social barriers (taboos) and encourages communication about RH/FP between parents and children.

A BA key informant mentioned the importance of the MMH activity to build community with the young people and also that the tailored MMH activity helped overcome “challenges by really listening and understanding what misconceptions the youth had. We continued to educate them about FP/RH, myths and misconceptions.”

A WABA key informant said that MMH seems to really be making a difference, that they have “really seen a real change in behavior, attitudes among youth—seeing the impact immediately with communication between parents and youth has been really remarkable! Facebook really facilitated this, and it’s been incredible to see.”



While noting the success of the MMH activity, another IP key informant mentioned the importance of “continuing the financing of MMH, especially a caravan in rural areas, to cover all the zones in areas where digital access isn’t available. There is a true need, and we need to continue this kind of work.” Many key informants noted the challenges of accessing rural youth for these activities and the “immense challenges” and “true need” to continue this kind of intervention.

While the MMH campaign received many accolades, key informants were concerned about its sustainability. As one BA participant said,

“MMH was a great activity, loved the approach and how close it was with the community, but we need a longer term tool that can be sustainable. Sustainability is a huge problem! The dialogue was really, really helpful in getting new attitudes, new questions and ideas around sexual and reproductive health, but what now? We have to think about what comes next. We think about FP/RH work for married women, and not for youth, and really investing in FP/RH for services for youth—this is a problem for them. They already have children! They have many questions. We need to work with them further—we need to make sustainable, long term solutions... perhaps the free HIV hotline... I really see the change in this group and the impact it [MMH] had on their lives.”

2. Design and Implementation of Activities

BA conducted project mapping with the staff in three major projects: the malaria component with the PMI, the HIV/AIDS component with PEPFAR, and the Global Health component with the GHSA/COVID-19.

For each project, BA involved the relevant national representatives. For the malaria component, BA worked in conjunction with PNLP. Several key informants from the government and USAID/Côte D’Ivoire mentioned that BA was very inclusive of relevant government counterparts and that there was “very good collaboration” during the development of different BA SBC plans and strategies. One IP participant said, “We participate, so that our activities are in their plan and that they can be funded [by BA].” So, while BA got very high marks across key informants from all stakeholder group and levels for the design and implementation of project activities, several key informants had concerns about funding for sustainability. A national government key informant said,

“We need a public health communicator, so that they can transfer their skills to the actors who intervene in the field in order to boost behavior change in the community. In Côte d’Ivoire, there are not enough public health communicators to build the capacity of community health workers, Women’s Groups, and

Community Action Groups. And it is necessary to strengthen the financial resources in communication because communication is necessary, and it is expensive.”

As for HIV/AIDS, BA's interventions are linked to PNLS, BA's country institutional partner.

At the level of the GHSA project, BA's intervention is primarily strategic. Support is limited to the institutional level and does not extend to the community level. While noting the strength of BA's GHSA activities, a key informant from an IP reiterated what other participants had expressed about concern for funding, saying,

“The problem is that our activities are not programmed in their action plan and this makes BA unable to finance our activities. During the elaboration of BA's action plan, we have to participate, we have to be together so that our activities are in their plan so that they can be financed.”

BA also worked closely with WABA on FP program design and implementation, which many key informants deemed a success. A BA key informant shared the following related to that effort:

“...the strategy of really doing deep community work—to really see the real needs and impressions of FP users and healthcare providers—this is really quite new, to work at this very local level and to hear the community—this is a huge success for BA... The point of view of the community was central, and their input did influence service provision for FP—the perceptions as well as the community members changed—about FP/RH—the barriers between clinic/population started to go away! They had so many bad ideas and attitudes about FP/RH, but that really changed and changed the behaviors of care-seeking—even saying ‘no! the clinic is not like that!’...”

In short, there is **effective stakeholder participation and involvement in the implementation of all BA projects in Côte d'Ivoire.**

3. Advancing the Practice of SBC

The appreciation of the practice of SBC is a reality in Côte d'Ivoire in the fight against malaria and in the prevention, screening, and treatment of HIV/AIDS. It allowed the different programs to determine their real communication needs, to adjust communication strategies in the fight against these diseases for a better impact of interventions in the communities.

Today, thanks to BA, SBC has generated real interest among national partners (e.g., the FP consortium's request for capacity building in SBC, and more consultants being hired by the MOH to help with the SBC work) and communication resources and/or budgets of the stakeholders involved have increased due to the innovative strategies developed over time. A government key informant noted that

“For SBC, BA has increased interest because there was the installation of the Community Action Groups in health districts where there were none before. And this now allows the community itself to deal with its health problems.”

According to a few key informants, a “boost in interest” for SBC was also attributed to the work with the *Alliance des Religieux contre le Sida et les autres pandémies* (the Religious Alliance against AIDS and other pandemics).

A WABA key informant noted that the SBC work in Côte d'Ivoire included a TWG on SBC for FP that:

“improved the communication and quality of FP services in the country” noting that “the MOH has integrated SBC in its programming and materials and tools—and all Côte d'Ivoire districts have integrated SBC activities in their health action plans...”

Such high-level attention and programming are significant factors for advancing the practice of SBC in the region.

Unfortunately, while SBC is gaining attention, several key informants felt that the country lacks the technical capacity to do the relative communication component effectively. An IP key informant said,

“As far as communication is concerned, we are the last. We don’t know how to do it. We do a lot of things, but we do it badly; this is a weakness that Côte d’Ivoire has. So, let BA support us to get out of our shame.”

4. Collaboration between BA and BR

The collaboration between BA and BR is ongoing and strong, but coordination between them could be improved. Key informants noted that many BA activities begin with a study or research initiated in connection with BR. BA’s research team develops effective communication strategies such as the MBS survey for malaria and the pilot study on the self-test for HIV screening. BR does the monitoring of the MMH campaign and WABA through social listening, which provides regular data allowing a good implementation of the digital campaign.

A WABA key informant explained:

“BR helped with the evaluation and sharing of lessons from MMH—BA developed the campaign and put it out through Facebook, Instagram—and BR monitored how the campaign was received among youth, and helped clarify and improve BA’s implementation strategy. The social media listening has been wonderful, and so helpful—we changed the logo, made improvements to the implementation based on BR’s findings.”

In general, key informants were far more familiar with BA than BR, and praised BA for their “flexibility” and “highly responsive” efforts. For example, an MOH key informant said, “When we have needs and call on BA, they respond favorably... We have a great collaboration with BA.... It is in the collaboration that the procedures have been understood.” When asked what they thought contributed to the implementation’s progress, the MOH participant replied, “On both sides, I think it was trust.”

In the context of COVID-19, BR is helping BA and the government institutions to ensure they have up-to-date data and information on the pandemic and can effectively address the rumors that have developed around the pandemic.

BA/BR RECOMMENDATIONS FOR COTE D'IVOIRE

These recommendations for future SBC interventions, like BA, come from direct feedback from key informants.

- Continue and increase community-led initiatives for HIV/AIDS self-administered testing
- Support the HIV/AIDS hotline in Côte d’Ivoire so youth can continue to have their needs addressed
- Support the development of SBC strategies of national partners (from the development of SBC approaches and media to the dissemination)
- Continue and strengthen BA's interventions in the area of GHSA
- Maintain and strengthen collaboration with the Ivorian national party in the fight against malaria
- Develop an advocacy plan so that business leaders are included in the fight against malaria
- Maintain and strengthen the interest of national partners for SBC
- Focus on capacity building and continue to transfer skills to the national counterparts
- Support national BA partners to use of the "Flow Chart" in their interventions
- Make sure communication messages are produced in local languages

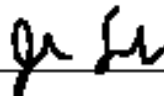
Further, national partners could be better supported to:

- Integrate SBC into the different programs
- Build their capacity so they feel they “own” the SBC approaches
- Encourage user feedback of the “Flow Chart” for its improvement

ANNEX 7: DISCLOSURE OF ANY CONFLICTS OF INTEREST

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

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

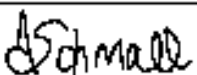
CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name: LYNDA BARDFIELD	LYNDA BARDFIELD
Title: SBC	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvalS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	Nepal SBC Project, Uganda SBC Project
I have real or potential conflict of interest to disclose:	YES NO NOT APPLICABLE
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature: LYNDA BARDFIELD	<i>L. Bardfield</i>
Date: 10/21/20	

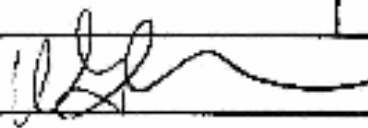
CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvaLS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☐ YES ☐ NO ☐ NOT APPLICABLE
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Name and Signature:	
Date:	

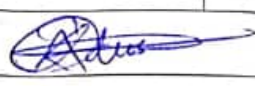
CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	WILLOW GERBER
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvalS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☒ YES NO NOT APPLICABLE
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation	Previous experience with previous iterations of the project.
Name and Signature:	Willow GERBER 
Date:	Apr. 17, 2020

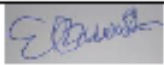
CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	Dr Opeyemi A. Adeosun
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvaLS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	BA & BR
I have real or potential conflict of interest to disclose:	☐ ☐ ☐ YES ☒ NO ☐ NOT APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature: Opeyemi A. Adeosun 	
Date: 20/11/2020	

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	Emmanuel Ogbudu
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	Evaluation Coordinator
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvalS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☐ YES ☐ NO ☒ ☐ NOT ☐ APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature: Emmanuel Ogbudu	
Date: October 13, 2020	

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	Souley Aboubacar
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	
Evaluation Award Number: (or RI TOP or other appropriate instrument number)	GII EvalS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementor name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☐ YES ☒ NO ☐ NOT APPLICABLE
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature:	Souley Aboubacar 
Date:	20-10-14

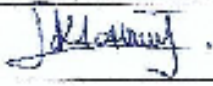
CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	ALI BAKO Mahamane Tahirou
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvalS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☐ YES ☒ NO ☐ NOT APPLICABLE
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature: ALI BAKO Mahamane Tahirou 	
Date: le 20 Octobre 2020	

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	TOKOU Kacou Armand
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	Local
Evaluation Award Number: (or RI-TOP or other appropriate instrument number)	GH Eval S GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	Mid-term performance eval of BA and BR.
I have real or potential conflict of interest to disclose:	☐ YES ☒ NO ☐ NOT APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature: TOKOU Kacou Armand	
Date: 21/10/2020	

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name: <u>AMALAMAN DJEDOU MARTIN</u>	
Title:	Consultant
Organization: <u>FEMOSCI/ASAPSL</u>	ME&A, Inc.
Evaluation Position: <u>LOCAL Evaluation Coordinator</u>	
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvalS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☐ YES ☒ NO ☐ NOT APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature: <u>AMALAMAN DJEDOU MARTIN</u> 	
Date: <u>October, 16, 2020</u>	

ANNEX 8: EVALUATION TEAM MEMBERS

Julie Solo, MPH – Team Lead

With more than 25 years of experience in global reproductive health, Julie Solo has been working as an independent consultant for 20 years on a wide range of assignments, including conducting evaluations, developing strategies, and writing documents for donors and implementing agencies. She served as the team leader for the Breakthrough ACTION and Breakthrough RESEARCH evaluation team.

After getting her MPH in Population Planning and International Health at the University of Michigan School of Public Health, Julie worked with the Population Council in Kenya for several years, conducting operations research on many topics in reproductive health, including family planning services, postabortion care, and integration of STI/HIV services with family planning. As a consultant, Julie has extensive experience as a team leader, including leading evaluations for USAID for global projects, such as: USAID's flagship implementation science project; a research project on transforming social norms; and an assessment of research utilization efforts. She has also led multiple evaluations for the Bill and Melinda Gates Foundation, including Advance Family Planning, a global family planning advocacy project and the International Conference on Family Planning.

Julianne Weis, MSc, PhD – Evaluation Specialist

Julianne Weis holds an MSc and PhD from Oxford University, where she studied the history of global reproductive, maternal, and child health policy in the context of local norms and community practices in African countries. She has worked for 15 years in researching and evaluating reproductive, maternal, newborn and child health programs in Africa and South America and is now a Senior Social Science Advisor in the Office of Population and Reproductive Health at USAID. For the evaluation, Julianne worked as the Evaluation Specialist, building on her background in operations research and M&E. As a French speaker, she also assisted with data collection and translation of tools into French and worked closely with the Niger evaluation team to complete analysis for the Niger country summary.

Lynda Bardfield – Social and Behavior Change (SBC) Specialist

Lynda Bardfield, SBC Technical Specialist on the Breakthrough Action-Breakthrough Research mid-term evaluation team, brings more than two decades of award-winning creative, SBC, social marketing, and international development experience. After leaving a career in the private sector as a senior creative executive for a number of multinational advertising firms, Lynda crossed over from commercial to social marketing and dedicated herself to applying private sector marketing principles to SBC. Lynda has held leadership positions at AED, the American Institutes for Research, and FHI360, where she was Associate Director for SBC, leading a global team of behavioral scientists and communication professionals to address infectious and chronic disease challenges.

A native English speaker and fluent in Spanish and Portuguese, this former Peace Corps volunteer's career has taken her to more than 40 countries. When she is not working with clients to translate audience research into creative strategy, or directing radio, TV, and social media, Lynda is an Adjunct Professor at Tufts University School of Medicine where she teaches MPH students. Team Lead on two previous USAID evaluations—the Health Communication Capacity Collaborative (HC3) Nepal Project and Uganda's Communication for Healthy Communities (CHC), an integrated Social and Behavior Change Communication (SBCC) Project—she enjoys collaborating with evaluation professionals to take a closer look at SBCC project performance. She continues to keep one foot in domestic social marketing and another in SBC internationally, enabling her to apply lessons learned across projects and understand the big picture and the many tools available to influence social and behavior change.

Alexandria Schmall, MDPH – SBC Specialist with Capacity Strengthening Expertise

Within the GH-EvaLS Breakthrough Action/Breakthrough Research evaluation team, Alexandria Schmall is the SBC Specialist (Capacity Strengthening). Alexandria is a trained public health nutritionist and behavioral scientist with over a decade of program, policy, and mixed-methods research experience in areas including international and maternal-child nutrition; food systems; SBC approaches; food security; capacity strengthening, inclusive development; and diversity, equity, and inclusion. Having worked in more than 30 countries across diverse global development and humanitarian contexts, Alexandria focuses her work on multi-sectoral approaches to improve nutrition and health outcomes among vulnerable populations, including women, youth, and young children. She received her dual Bachelor's degrees in International Agriculture and Rural Development and Development Sociology from Cornell University, her MPH degree in International Health and Human Nutrition from the Johns Hopkins Bloomberg School of Public Health, and holds doctoral candidacy in Nutrition Science and Food Policy at the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University. Throughout her career, Alexandria has held various positions with the United Nations World Food Programme, Cultivating New Frontiers in Agriculture, USAID Bureau for Food Security, UNICEF, and other nutrition and food security-focused organizations. She is fluent in Spanish and French.

Willow Gerber, MSc – Research Utilization and Knowledge Management Specialist

Willow Gerber has over 25 years of experience in global health and development, including technical and administrative management of reproductive health and family planning programs. She is also an expert trainer who has designed and carried out learning activities and workshops around the world. She has specialized experience in social and behavior change; gender and equity; research utilization; knowledge management (KM) and learning; leadership, management, and governance; and digital health. She has worked extensively in organizational capacity building and proposal development and was the Chair of the USAID-supported Global Health Knowledge Collaborative for many years. Her graduate work in sociology at the University of Wisconsin, Madison, focused on access to reproductive health in rural settings. She has worked for a number of development organizations, as well as the National Academy of Sciences and The Aspen Institute. Willow was born in Papua New Guinea and grew up in Quebec, Canada. For the Breakthrough ACTION and Breakthrough RESEARCH mid-term evaluation, she brought her experience and skill set in research utilization, KM, and leadership and governance to bear. She also provided translation support for the team and helped lead the Côte d'Ivoire data collection and analysis.

Opeyemi Adeosun, DVM, MPH – Nigeria Evaluation Specialist

Dr. Opeyemi Aanuoluwapo Adeosun brings 11 years of experience in project management, monitoring development programs, impact assessment, and conducting qualitative and quantitative research. His expertise includes design and management of large-scale health, nutrition, MNCH and water, sanitation, and hygiene (WASH) programs, data management, governance, strategic planning, supply chain, and Knowledge Management Systems. He has conducted key informant interviews with top government and civil society officials and focus group discussions with key influencers and community leaders. His expertise includes coordination and analysis of qualitative research. He has worked across the six geopolitical zones of Nigeria interfacing with state actors in development and community members. He is experienced in Health Management Information System, Operations Research, and detailed report-writing. He has worked closely with the Government of Nigeria and other implementing partners, including the Global Alliance for Improved Nutrition and UNICEF.

Dr. Adeosun has received a Doctor of Veterinary Medicine degree and MPH in Field Epidemiology from the University of Ibadan in Nigeria. He contributed to this evaluation and report as the Evaluation Specialists for Nigeria. He reviewed project documents and interviewed a wide range of stakeholders—project team, government officials, and other implementing partners. Dr. Adeosun wrote the summary

report on the key informant interviews and joined other members of the team to finalize the evaluation report.

Emmanuel Ogbudu, MSc – Nigeria Evaluation Coordinator

Emmanuel Ogbudu is a monitoring & evaluation expert with eight years of experience providing technical expertise to donor-funded projects. He has Bachelor's and Master's degrees in psychology, and certification in project management with APMG.

He has experience leading and supporting the design and implementation of program evaluation and Monitoring, Evaluation, Accountability and Learning (MEAL) systems that incorporated multiple sectors such as developing sustainable programs designed to improve health, nutrition, agriculture/livelihood; WASH; gender and protection; maternal and child healthcare service delivery; and governance and peace-building projects at international, national, state, and local level. He has both worked in Nigeria and Ethiopia on a variety of projects funded by the United Kingdom Department for International Development (DFID), USAID, Ford Foundation, Global Fund, European Union, and Global Affairs Canada.

Aboubacar Souley, DEA – Niger Evaluation Specialist

Aboubacar Souley is an independent consultant and researcher. He is a socio-anthropologist, with a degree in administrative management techniques, and also trained in results-based management, gender, and WASH. His skills cover MEAL processes (including project identification and formulation, baseline, and impact studies), communication, and local development action research. Working for 20 years on development issues, he has a perfect mastery of social dynamics and local development in Niger and in the sub-region. He has a long experience built on the basis of studies and research but also as a development operator. Through his studies and research, he has specialized in two fields of work: resilience in the face of social and environmental change and conflicts and security challenges in a vulnerable economic, political, and social context.

Mahamane Tahirou Ali Bako, DEA, PhD – Niger Evaluation Coordinator

Kacou Armand Tokou, MD – Côte d'Ivoire Evaluation Specialist

Kacou Armand Tokou, Local Evaluator of Breakthrough Action and Breakthrough Research performance evaluation in Côte d'Ivoire, is a medical doctor by training and international public health specialist. Kacou Armand Tokou is Deputy Director of multi-sectoral and health promotion at the Community Health Department in Abidjan. He has 10 years of experience in supervision, coordination, and evaluation in health projects at ASAPSU NGO, FENOSCI, and in the public service.

Djedou Martin Amalaman, PhD – Côte d'Ivoire Evaluation Coordinator

Dr. Amalaman is the Local Evaluation Coordinator of Breakthrough Action and Breakthrough Research Performance Evaluation in Côte d'Ivoire. A socio-anthropologist by training, Dr. Amalaman is a research professor at the Peleforo GON Coulibaly University of Korhogo. He is also the Director of the Research Unit of the NGO ASAPSU in Côte d'Ivoire. A specialist in cultural and public health issues (HIV/AIDS, Ebola, rabies, etc.), he has nearly 15 years of experience in research, management, and operational and logistical assistance.

As part of this performance evaluation study of Breakthrough Action and Research projects in Côte d'Ivoire, he prepared the ground and facilitated the data collection from around 20 participants from the following institutions: USAID-Côte d'Ivoire, BA-Ivory Coast, PMI/PNLP, PEPFAR/PNLS, GHSA-COVID-19/ (DSV, INHP, RAM).