EVIDENCE TO ACTION (E2A) PROJECT PERFORMANCE EVALUATION REPORT

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ABSTRACT

By design, the Evidence to Action (E2A) Project focuses on strengthening family planning (FP) services by advancing best practices (BPs). As two high-level USAID key informants succinctly summarize, "[E2A is] our flagship on identifying and introducing BPs and family planning" and "the underpinning of this project is doing things that strengthen service delivery." In its winning proposal, Pathfinder summarized E2A as a project that "will increase global support for the use of evidenced-base best practices (BPs) to improve FP/reproductive health (RH) service access and quality." (Technical Approach, AID-OAA-A-11-00024, May 2011: p.1).

This evaluation's scope of work focused on how E2A has performed in four areas: BPs, youth interventions, USAID's gender priorities, and exercising global/regional leadership, influence, and partnership. This report centers on evaluation team responses to these questions. Data analyzed to formulate responses came from reviewing 75 documents, 70 key informant interviews, and visits to Niger, Tanzania, and Togo.

Given the wide range of BPs, E2A focused on just a few to get started, gaining momentum as more Missions learned about the project. It is currently well-positioned, under a three-year extension, to continue making contributions at country, regional, and global levels. Over time, field support funding increased to a level approaching E2A's $230 million ceiling. To date, the project has fielded and generated evidence on BPs in 15 sub-Saharan countries, including expanding method mix in Burundi, Ethiopia, Nigeria, and Tanzania; post-abortion care/FP in Burkina Faso and Togo; youth-friendly services in Ethiopia, Niger, Cameroon, Nigeria, and Tanzania; the Training Resource Package in pre-service midwifery education in Uganda and Tanzania; and population, health, and environment in Uganda and Kenya. In its remaining years, E2A will continue to apply, advance, scale up, and generate and consolidate evidence and share the learning on these and other BPs.

ACKNOWLEDGMENTS

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ACRONYMS

ACHAP	African Christian Health Association Platform
Agir PF	Agir pour la Planification Familiale
APE	Agent Polivalentes Elementare
AYSRH	adolescent and youth sexual and reproductive health
BP	best practice
CHEW	community health extension worker
CHW	community health worker
CIP	costed implementation plan
DRC	Democratic Republic of the Congo
E2A	Evidence to Action
ECSACON	East, Central and Southern Africa College of Nursing
ECSA-HC	East, Central and Southern African Health Community
FP/RH	family planning/reproductive health
FP2020	Family Planning 2020
FTP	first-time parents
GBV	gender-based violence
GIZ	German Agency for International Cooperation
HIP	High-Impact Practice
HoPE/LVB	Health of People and the Environment in the Lake Victoria Basin
HRH 2030	Human Resources for Health in 2030
IBP	Implementing Best Practices
IUD	intrauterine device
LARC	long-acting reversible contraceptive
MOH	Ministry of Health
MSH	Management Sciences for Health
PAC/FP	post-abortion care/family planning
PHE	Population, Health, and Environment
PPFP	post-partum family planning
PROSANI	Projet de Santé Intégrée
PtC	"Pathways to Change"
SMGL	Saving Mothers, Giving Life
SOW	Scope of Work

TRP	Training Resource Package
ULC	University Leadership for Change (also known as LUC, for *Leadership Universitaire pour le Changement*)
UNFPA	United Nations Population Fund
USAID/GH/PRH	USAID/Global Health/Population and Reproductive Health
WAHO	West Africa Health Organization
WHO	World Health Organization

EXECUTIVE SUMMARY

This is an evaluation of the Evidence to Action (E2A) Project. Under a 2011 cooperative agreement with USAID, Pathfinder International, in partnership with ExpandNet, IntraHealth, Management Sciences for Health, and PATH, has implemented E2A. The evaluation scope of work (SOW) specifies that "the aim of the performance evaluation is to assess the extent to which project objectives have thus far been achieved, and to receive recommendations around how to achieve the greatest impact for key project areas during the three-year project extension." To link past accomplishments with future potential, this evaluation focuses on the following recent articulation of what E2A aims to accomplish:

E2A Goal: Reduce both unmet need for family planning (FP) and unintended pregnancies by enabling women and girls to make — and act on — informed decisions that ensure the healthiest outcomes.

E2A Objective: Strengthen quality FP/reproductive health (RH) service delivery (facility- and community-based) and increase FP use.

This evaluation was undertaken between February and June 2017 by two independent consultants, Team Leader/Evaluation Specialist Don Lauro and FP/RH Specialist Elizabeth McDavid. They were joined by two USAID/Global Health/Population and Reproductive Health officials, Communications and Best Practices Advisor Margaret D'Adamo and Youth Advisor Teshome Woldemedhin. Although Mr. Woldemedhin was unable to participate in the field visits to countries due to scheduling difficulties, he did attend and observe an E2A regional youth activity with the Ouagadougou Partnership countries during the same timeframe, to provide supplemental input into the evaluation findings.

To conduct this evaluation, the evaluation team applied three SOW-specified data collection methods: document review, key informant interviews, and visits to selected countries and implementation sites. By the end of the evaluation, the evaluation team had reviewed 75 documents, conducted 70 interviews of more than 80 key informants, and visited Niger, Tanzania, and Togo, including site visits to four best practice (BP) implementation sites. Synthesizing and analyzing data from these three approaches, the team proceeded to address the four SOW questions. Following the order used in this report, the SOW questions and evaluation team summary findings are as follows:

Best Practices SOW Question: "To what extent were best practices defined (e.g. with basic/new evidence), refined (with additional evidence), applied (introduced in new locations), systematically scaled up (with which methodology) and measured in countries?"

Evaluation Findings on BPs: E2A has worked in 15 sub-Saharan countries to define, refine, apply, and/or scale up FP BPs. It identified "Expanding method choice and access to family planning and reproductive health services" as one of three technical focus areas. Accordingly, considerable E2A implementation has added to the contraceptive method mix. For example, the project introduced new methods in several countries, including Implanon Classic and NXT in Ethiopia, Jadelle in Burundi, and cycle beads in Tanzania. In these and other countries, task-sharing with community health workers (CHWs) has proven particularly helpful for expanding the method mix and making methods more readily accessible. In Nigeria, for example, E2A piloted having community health extension workers (CHEWs) provide injectables and implants. The project also made a wide range of methods available or more accessible as part of its rollout of BPs as post-abortion care and family planning (PAC/FP) in Burkina Faso and Togo and postpartum family planning (PPFP) in Cameroon, all currently receiving some scale-up support from other international partners, such as the United Nations Population Fund (UNFPA) and *Agir pour la Planification Familiale* (AgirPF).

E2A locally adapted and applied other established BPs in various settings, such as the World Health Organization's (WHO) Training Resource Package (TRP). E2A technically supported the East, Central, and Southern Africa Council of Nurses (ECSACON) to use the TRP to upgrade its pre-service training curricula in Tanzania and Uganda. It also contributed, largely through implementing partner ExpandNet, to a Population, Health, and Environment (PHE) project within Health of People and the Environment in the Lake Victoria Basin (HoPE/LVB) in Tanzania and Uganda. An ongoing evaluation of HoPE/LBV, which received E2A support to incorporate ExpandNet's scale-up approach, will likely substantiate some contrasts with other PHE projects, namely that FP and other health services are well-integrated to meet community needs and that a solid base has been built for sustainability and scale-up. In most countries where BPs have been shown to be successful, E2A has actively advocated for expanding, sustaining, and scaling up the BPs it has applied. (See Table 2 on the next page for an indication of where BP scale-up is proceeding.)

E2A has implemented and gathered evidence on a range of BPs in different settings. From adding to the method mix to focusing on task-sharing and CHWs in countries across Africa, E2A has advanced understanding of applying and documenting FP BP implementation. It has also brought attention to such finely focused and underutilized BPs as PAC/FP and PPFP. With E2A documentation and ExpandNet's scale-up methodology applied within HoPE/LVB, the project is contributing to establishing PHE as a BP. Similarly, with University Leadership for Change (ULC, also known as LUC for *Leadership Universitaire pour le Changement*) and first-time parents (FTP), E2A has also developed and fielded promising BPs for reaching youth, a subject explored further in the next SOW question.

The following tables summarize E2A-implemented BPs, high-impact practices (HIPs), and promising BPs in relation to USAID's nomenclature of defined, refined, applied, and scale-up.

Table 1. E2A Methods Matrix: BP Implementation to Expand Access to Selected Contraceptives

Contraceptive Method	Country	Method	BP	Principal Provider	Results & Outcomes
Implants	Burundi	Jadelle	Task-sharing	CHWs	Multiple country interventions generated useful evidence toward scaling up access to implants
	Ethiopia	Implanon & NXT	Task-sharing	HEWs*	
	Nigeria	Jadelle & Implanon	Task-sharing	CHEWs	
Injectables	Burundi	DMPA**	Task-sharing	CHWs	Evidence generated toward changing or operationalizing policies to improve access to DMPA
	Democratic Republic of the Congo (DRC)	DMPA	Mobile outreach	Nurses	
	Mozambique	DMPA	Task-sharing	TBAs & APEs†	
	Nigeria	DMPA	Task-sharing	CHEWS	
Long-Acting Reversible Contraceptives (LARCs)	Burundi	Jadelle & IUDs††	Mobile outreach	Nurses	Unemployed nurses were trained and deployed in this successful demonstration
	Ethiopia	IUDs & Implanon	Youth-friendly	Health providers	Well-documented quasi-experimental study

Contraceptive Method	Country	Method	BP	Principal Provider	Results & Outcomes
		NXT	services		provided part of the evidence base that led to the Global Consensus Statement: Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception
Standard Days Method	Tanzania	Cycle beads	Task-sharing	CHWs	Documentation continues; scale up by including in new CHW training curriculum in national procurement

* health extension workers   † traditional birth attendant and *agents polivalentes elementares (APE)*
** depot-medroxyprogesterone acetate   †† intrauterine device

Table 2. E2A Implementation of High-Impact Practices and Promising Practices

Service Delivery (e.g., HIPs): Proven BPs	CHW Integration	E2A has applied CHW integration in DRC, Ethiopia, Nigeria, and Tanzania. In Ethiopia, documentation of CHW integration provided evidence for scale-up. Similarly, in Nigeria, E2A experiences with CHEWs in three states provides a basis for operationalizing existing policy. In DRC, E2A's approach has been scaled up within the country's ongoing bilateral project
	PAC/FP	E2A applied PAC/FP in Togo and Burkina Faso. In Togo, E2A implementation in five facilities demonstrated effectiveness in co-locating PAC/FP services and conducting youth outreach. Though lacking resources, the Ministry of Health is committed to scaling up this approach.
	FP/RH Mobile Outreach Services	E2A has applied mobile outreach to extend services, notably including LARCs, in Burundi and DRC. Mobile outreach has also been applied to inform and generate youth demand for PAC/FP in Togo and PPFP in Cameroon.
	PPFP	E2A applied PPFP, a long-established, evidenced-based BP, in Cameroon, concurrently refining it by introducing to the government the updated WHO medical eligibility criteria for contraceptive use for including immediate post-partum provision of implants and progestin-only methods for breastfeeding mothers. E2A is also introducing PPFP into Saving Mothers, Giving Life sites in Nigeria and may apply PPFP during the extension period in Burkina Faso and Cote d'Ivoire.
Promising Practices	FTP	E2A defined FTP in Burkina Faso; refined it in Shinyanga, Tanzania; and applied it in Nigeria, where it expects to increase efforts for male involvement. Building the evidence base for FTP as a BP and FTP scale-up is in process.
	PHE	Though PHE has several decades of experience, integration of FP has not always been consistent or successful. Within the successful HoPE/LVB project in Uganda and Kenya, E2A has been responsible for monitoring and evaluation and supporting ExpandNet to build in scale-up. An external evaluation of HoPE/LVB that is currently underway should provide additional evidence toward extending this project to other countries and considering PHE as a BP.

TRP	E2A provided technical support to WHO to revise and upgrade TRP and to the East, Central and Southern African Health Community, which has applied TRP toward improving FP training curricula in Tanzania and Uganda. The Human Resources for Health in 2030 program is conducting an assessment on how widely TRP is being applied to improve FP curricula.
Scale-Up Methodology (ExpandNet)	An E2A partner, ExpandNet originated its scale-up methodology with WHO. Within E2A, it has facilitated scale-up in two multi-country settings: Phases I & 2 of the HoPE/LBV Project (Uganda and Kenya) to apply and refine this methodology on-the-ground; and ULC (Niger) to adapt the methodology to serve youth needs. Potential for the methodology to become a BP depends on subsequent PHE scale-up in East Africa and expansion of youth-friendly services in West Africa.
ULC	This university-based project in Niger serves youth RH needs through innovative peer education approaches, including leadership development and interactive communications on gender via groundbreaking board games and videos.

Youth SOW Question: *"Youth are a key population and a high priority within the project. How effective has E2A been at reaching youth?"*

Evaluation Findings on Youth: From the 1990s onward, awareness has increased that youth are often unable to easily access needed FP/RH services. To address this, E2A has identified youth as one of its three technical focus areas. An E2A hallmark on youth has been establishing LARCs for Youth as a BP. This emerged from early work in Ethiopia, where E2A fielded and documented LARCs as methods youth would use. This provided impetus for developing the Global Consensus Statement: Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception (hereinafter "the Global Consensus Statement"), which 53 organizations have signed.

E2A developed and advanced other potentially important approaches to meeting youth needs and addressing gender barriers for FP/RH. For example, to reach young parents, E2A has successfully fielded and documented FTP, a community-based approach based on forming and supporting peer-to-peer groups of first-time mothers, in Burkina Faso, Nigeria, and Tanzania. In Niger, E2A also developed and implemented the ULC project, a university-based peer education approach to improve information and access to sexual and reproductive health services. Toward substantiating FTP and ULC as BPs, these promising approaches are being extended to other settings.

For E2A, addressing youth needs for FP/RH is both a technical focus area and a crosscutting one. For example, an E2A PAC/FP pilot in Togo recognized that young women make up a large percentage of potential clients and ensured that training fully incorporated making these services youth-friendly. The project also ensured that special attention was given to youth within a PPFP project implemented in Cameroon. Similarly, Pathfinder/Tanzania's collaboration with The Nature Conservancy in a PHE project called Tuungane is attracting USAID Mission support for E2A to give youth special attention by implementing FTP, which will provide E2A an added opportunity for generating evidence on this emerging BP. In Akwa Ibom State, Nigeria, as part of task-sharing with CHEWs to make more methods available, E2A also piloted FTP within a subset of communities to test and further build the evidence for this approach. With this and other FTP implementation experiences to be fielded and well documented during the project's extension period, FTP could become an emerging BP.

Whether focused on youth directly, as within LARCs for Youth, FTP, and ULC, or integrated within broader BPs, such as PAC/FP, PPFP, PHE, and task-sharing, E2A has significantly advanced youth-friendly services. Its regional partnership with the West African Health Organization, the Ouagadougou Partnership, and Family Planning 2020 (FP2020) is a promising platform for expanding services for youth in West Africa and other FP2020 countries. In sum, E2A's work in youth-friendly services has been innovative.

Gender SOW Question: "How were USAID's gender priorities (reproductive empowerment, male engagement, gender-based violence) implemented (standalone or integrated within activities) and monitored?"

Evaluation Findings on Gender: USAID's gender priorities emerged from the Fourth World Conference on Women, held in Beijing in 1995, which placed gender equality on the global agenda. Anchored within reproductive empowerment, a mainstay of FP/RH for many decades, USAID's gender priorities also include male involvement and gender-based violence (GBV). To ensure that these gender priorities received attention, E2A has positioned gender as crosscutting. The result is that E2A implementation consistently considers, is informed by, and applies, as appropriate, USAID's gender priorities in its on-the-ground projects. This broad-based approach to implementing gender has been useful. However, as several key informants observed, it has been challenging to implement USAID's gender priorities, including what to monitor and measure. As recorded in E2A's performance monitoring plan for Years 1 – 5, only two of 27 global indicators are specific to gender — and these are equally related to youth. In addition, a critical element of E2A's approach is to work with existing Ministry of Health (and other) service delivery systems. This places significant limits on the data and information that may be collected or accessed. Another challenge is that Missions may not share interest in USAID global priorities or not want to fund collecting data for them.

Overall, E2A has given considerably greater attention to reproductive empowerment and somewhat less to male involvement, and is sensitive to, but not aggressive about, addressing GBV. For example, when adding methods to the existing contraceptive mix, E2A enhances reproductive empowerment, primarily by giving women greater choice and increased access to methods they may consider using. In line with one key informant observation that "gender [is] an important dimension, perhaps particularly when you are dealing with youth," E2A emphasized gender in its youth projects. For example, it promoted gender balance among ULC participants, using the "Pathways to Change" game and videos it developed to expose gender conceptions and misconceptions. Beyond ULC, however, addressing male involvement has been the exception more than the rule for E2A implementation. For example, FTP implementation has largely focused, as a USAID official stated, "on first-time mothers more than fathers." Though E2A did undertake a project addressing female genital mutilation in Ethiopia, for the most part it has not gone beyond sensitizing health care providers to GBV as a relevant issue in their communities.

Several key informants noted that E2A's implementation of USAID's gender priorities has been challenging. Confronting social norms is difficult, and it takes considerable time to see results. Furthermore, it is not always clear how addressing particular gender priorities would relate to strengthening FP service delivery, uptake, and use, which is central to E2A. For example, would more male involvement mean more effective use of contraception (as could be the case for cycle beads introduced in Shinyanga, Tanzania), or could it have adverse effects on overall contraceptive use? The evaluation team suggests that some gender priorities may be better placed in other projects, such as safe motherhood for increased male involvement. Unfortunately, an opportunity to study male involvement in the context of FTP and Saving Mothers, Giving Life (SMGL) did not receive field support to include a control group for research purposes within this part of E2A's work in Cross River State, Nigeria.

For a project focused on applying FP BPs to strengthen services, E2A's implementation of USAID's gender priorities has been more crosscutting as the project tries to "mainstream" gender learning in interventions. Not unlike other global projects implementing USAID's gender priorities, "the project cycle [is] a very short timeframe to show this kind of change. Challenging cultural norms takes time."

Global/Regional Influence/Leadership/Partnership SOW Question: *"To what extent has global and regional influence, partnership, and leadership in FP/RH grown through the efforts of this project?"*

Evaluation Findings on Global/Regional Influence/Leadership/Partnership: Initially, E2A focused on only a few BPs before gaining momentum as Missions learned about the project. Under a three-year extension, it is poised to continue making contributions regionally and globally, as well as at the country level. Though regional and global outcomes are quantitatively difficult to measure, the evaluation team uncovered qualitative evidence that E2A has advanced selected BPs at these levels.

Globally, E2A has exercised leadership, influence, and partnership to advance LARCs for Youth and update the TRP for improving FP training curricula. E2A worked with WHO to consolidate evidence on what is effective in providing youth-friendly services and, building upon experiences in Ethiopia, was instrumental in developing the Global Consensus Statement. The 53 international organizations that have signed on have provided impetus toward the Statement having widespread impact. Similarly, E2A's experience in using and adapting the TRP has potential for worldwide impact. Already used with E2A support to upgrade pre-service FP curricula in Tanzania and Uganda, the Human Resources for Health in 2030 program is planning a broader assessment to determine how widely the TRP has been applied in different countries.

Regionally, E2A has partnered with key organizations in West and East Africa. In West Africa, it has contributed to advancing youth-friendly and PAC/FP services by partnering with West African Health Organization (WAHO), the Ouagadougou Partnership, and FP2020. In East Africa, it has successfully partnered with the Lake Victoria Basin Commission to support the scale-up of the HoPE/LVB PHE project. The Commission hopes to expand HoPE/LVB beyond Kenya and Uganda to other areas in the five countries surrounding Lake Victoria. In both regions, E2A is involved in advocacy for funding and policy support to scale up these two BPs. The project is using regional meetings, communities of practice, and other vehicles to continue forward movement at the regional level.

Not all E2A attempts to have global or regional influence have succeeded. For various reasons, including divergent priorities, E2A partnerships with organizations such as the African Christian Health Association Platform (ACHAP), and Business for Social Responsibility did not come to fruition. Despite promising beginnings, these transnational organizations did not pan out as platforms for extending FP BPs.

ExpandNet is another area where E2A has great potential for global and regional achievement. The project's hallmark approach to scale up ExpandNet's methodology has become crosscutting within E2A. Implemented in youth projects in West Africa and PHE projects in East Africa, "beginning with the end in mind" may end up as an important E2A legacy — perhaps even a BP for others to widely apply. By initiating the Community of Practice on Scale-Up, particularly active since 2014, E2A has taken on a global leadership role for disseminating and discussing evidence related to scale-up. ExpandNet is, however, a work in progress. That it has gained notable traction in HoPE/LVB and with youth in West Africa (as well as being embraced throughout much of E2A) substantiates its "high potential." Furthermore, this scale-up methodology is clearly articulated, straightforward, and doggedly built in from the beginning of a project.

Conclusions and Recommendations: Though several factors contributed to E2A's slow start, many key informants echoed this diplomatically expressed sentiment: "The breadth of the project design was a challenge…the lack of having a clear strategy to approach a Mission with what we could do to make a difference to a country program was important." Still, field support funding increased as E2A became more finely focused, eventually identifying three technical focus areas (expanding method choice and access, scaling up BPs, and addressing the sexual and reproductive health needs of youth), and the project is currently approaching its $230 million ceiling. E2A gained traction by implementing and generating evidence on BPs in several countries, including method mix additions in Ethiopia, Burundi, and Tanzania; PAC/FP in Togo and Burkina Faso; youth-friendly services in Niger and Tanzania, and PHE in Uganda and Kenya. Based on this evidence, E2A will, in its remaining years, continue to lead and influence country, regional, and global advances for these and other FP BPs.

The evaluation team recommends that E2A prioritize the following in its remaining years:

- Continue implementing and generating evidence on established BPs, such as expanding the method mix, working with CHWs, task-sharing, PHE, and PAC/FP, particularly in Togo, where the Ministry of Health is poised for scale-up. Where evidence may be especially robust, such as from task-sharing implementation across multiple countries, E2A may consider consolidating and sharing findings with, for example, WHO, to advance recommendations toward scaling up specific BPs.
- Gain more experience with and continue to document FTP and ULC as emerging BPs
- Funding permitting, continue support for ULC in Niger, including ongoing efforts in Niamey and extending ULC in Tahoua, Maradi, and Zinder
- Continue to promulgate ExpandNet's scale-up methodology within E2A, especially for regional work with youth in West Africa and PHE in East Africa, by remaining anchored in solid on-the-ground projects and committed to working within collaborative partnerships
- Identify research opportunities that will lead to published articles about E2A potential areas of interest (e.g., cumulative experience with new methods contributing to overall contraceptive use and documenting the cost and benefits related to CHWs and task-sharing)
- Building on current solid leadership, strong staff, and momentum, leave a published legacy of BP experience and evidence

USAID made the right decision to grant Pathfinder and E2A partners ExpandNet, IntraHealth, Management Sciences for Health (MSH), and PATH a three-year no-cost extension. Though some partners expressed mixed feelings about what they had gained from being part of E2A, all have made outstanding technical contributions. E2A now needs to make judicious use of core and field support funding to continue harvesting lessons from field-level applications of FP BPs.

I. INTRODUCTION

The scope of work (SOW) provides clear direction for this evaluation of the $230 million Evidence to Action (E2A) Project: "The aim of the performance evaluation is to assess the extent to which project objectives have thus far been achieved, and to receive recommendations around how to achieve the greatest impact for key project areas during the three-year project extension." Accordingly, this evaluation links E2A's past accomplishments with its future potential for strengthening family planning (FP)/reproductive health (RH) services.

To announce the 2011 award of a five-year USAID cooperative agreement, E2A presented the following project objectives:

1. Increase global support for the use of FP/RH best practices (BPs) to strengthen service delivery
2. Synthesize and disseminate knowledge about the use of FP/RH BPs to strengthen service delivery
3. Apply and scale up FP/RH BPs in ways that strengthen service delivery

Recently, E2A simplified this early articulation of what it aims to accomplish:

- **E2A Goal:** Reduce both unmet need for FP and unintended pregnancies by enabling women and girls to make — and act on — informed decisions that ensure the healthiest outcomes.

- **E2A Objective:** Strengthen quality FP/RH service delivery (facility- and community-based) and increase FP use.

E2A stems from a long history of USAID investments in FP/RH service delivery and expansion. Like predecessor projects, it is a partnership among several organizations: Pathfinder, as prime contractor, will continue to implement E2A under a three-year no-cost extension, in partnership with ExpandNet, IntraHealth, Management Sciences for Health (MSH), and PATH. All partners provide technical assistance, with IntraHealth, MSH, and PATH also seconding staff.

The evaluation SOW displays deep understanding of the project's potential strengths and weaknesses, reflected in four core questions (listed here in the order presented in this report):

1. To what extent were BPs defined (e.g. with basic/new evidence), refined (with additional evidence), applied (introduced in new locations), systematically scaled up (with which methodology) and measured in countries?

2. Youth are a key population and a high priority within the project. How effective has E2A been at reaching youth?

3. How were USAID's gender priorities (reproductive empowerment, male engagement, GBV) implemented (standalone or integrated within activities) and monitored?

4. To what extent has global and regional influence, partnership, and leadership in FP/RH grown through the efforts of this project?

To conduct this evaluation, GH Pro contracted two external consultants, Don Lauro and Elizabeth McDavid, as team lead/evaluation specialist and FP/RH specialist, respectively. USAID/GH/Population and Reproductive Health (USAID/GH/PRH) official Margaret D'Adamo, who added BPs and communications

expertise, joined for much of the evaluation. USAID Global Health Fellow Teshome Woldemehin, through no fault of his own, ended up having a greatly reduced role in the evaluation than originally envisioned. Team member responsibilities were outlined in the SOW and refined in the evaluation work plan. Summary information about the three evaluation team members is provided in Annex IV.

The evaluation was officially launched on February 22, 2017, with a conference call among USAID/GH/PRH, the evaluation team, and GH Pro. In compliance with the SOW timeline, the Final Report will be submitted in early September. As part of this evaluation, the team reviewed a set of E2A and other relevant documents, totaling 75 documents. Data collection instruments and the evaluation work plan were developed and submitted during the team planning meeting. In-brief meetings with USAID/GH and E2A headquarters staff on March 14 and 15 helped the evaluation team to further develop and refine its methodology, particularly lists of potential key informants and preliminary schedules for country visits. In late March, the team interviewed key informants in Washington, DC; these were followed by visits to Niger, Tanzania, and Togo in April. In all, the team conducted 70 key informant interviews. Following initial data analysis, team members presented preliminary findings to USAID/GH and E2A on May 15 and 16, then drafted this report.

II. E2A EVALUATION METHODOLOGY: RESULTS, LIMITATIONS & RECOMMENDATIONS

INTRODUCTION

The E2A evaluation SOW specified four core questions and 23 associated "areas for consideration." The SOW and USAID/GH/PRH guided the evaluation team to deploy three principal approaches to collect data for the evaluation: document and data review, key informant interviews, and country visits. This combination has been applied in many project evaluations conducted by USAID and other donors. In addition, the SOW listed several ancillary methods for the evaluation team to consider, including secondary analysis of existing data, focus group discussions, group interviews, and client/participant satisfaction or exit interviews. The methodology subsequently developed and applied was included in the work plan. The following sections summarize results from applying this methodology, limitations observed, and recommendations for future evaluations.

A. METHODOLOGICAL APPLICATION: RESULTS ACHIEVED WITHIN DIFFERENT METHODS

Document and Data Review

To launch this evaluation, the team received and reviewed an extensive set of background documents, most produced by E2A (e.g., the project performance monitoring plan, quarterly and annual reports, work plans) and USAID (e.g., cooperative agreement, project management reviews). The team also identified and reviewed other documents related to E2A and FP/RH more broadly, such the 2016 Mid-Term Review of E2A and E2A's 2016 Work Plan, as well as numerous technical briefs and publications. Annex VI lists all documents reviewed for this evaluation.

Key Informant Interviews

The team developed a generic questionnaire based upon the SOW questions and associated areas for consideration. This resulted in an extensive list of open-ended questions (Annex III), a question set from which to extract questionnaires tailored to individual key informants. Building upon USAID's initial suggestions, the team conducted 70 key informant interviews. (See Annex V for the List of Key Informants.) Using individualized questionnaires, the team guided key informants, occasionally in groups of two or three, through interviews that usually lasted 45 to 90 minutes. On the few occasions when face-to-face interviews were not feasible, interviews were by phone or Skype.

Country Visits

The SOW indicated that evaluation team members would visit three countries where E2A had implemented field projects to advance FP BPs. In consultation with USAID/GH and dependent on USAID Mission concurrences, team members visited Niger, Tanzania, and Togo for one to two weeks. During these visits, team members interviewed a range of key informants who have been directly or indirectly engaged with E2A at field-level implementation. In addition, in Tanzania and Togo, team members made site visits to on-the-ground E2A projects in different stages of implementation. Violence in the aftermath of a student strike in Niger caused the team to cancel a site visit to Abdou Moumouni University in Niamey.

Other SOW Methods

The team also considered using other data collection instruments listed in the SOW. Of these, group discussions were appropriately added as part of site visits in Tanzania and Togo. Conducted by Elizabeth McDavid and Margaret D'Adamo in Togo and Don Lauro in Tanzania, these group interviews allowed multiple perspectives to be collected in the time available. The interviews have been documented in country reports, which have not been included with this report to maintain participant confidentiality.

Data Review, Synthesis, and Analysis

Immediately following country visits, the team began synthesizing the wealth of data collected from key informant interviews, including those conducted with USAID/GH/PRH staff; E2A headquarters and field staff; E2A partners; in-country USAID Mission and ministry officials; other USAID Global Health projects; and others working within FP/RH more broadly. These were organized into a searchable file, and team members began to mine this extensive database, complementing the documents reviewed and country visit reports. This surfaced preliminary findings, which were organized in accord with the four SOW questions and presented to USAID/Washington and E2A on March 15 and 16. Feedback from these presentations provided additional valuable input for the team to consider as it completed data analysis and summarized findings for this report.

B. METHODOLOGICAL CONSIDERATIONS AND LIMITATIONS

Project evaluations are necessarily limited by timeframe and level of effort; as a result, they cannot cover or extend to all aspects of project implementation. In addition, sampling — countries visited or key informants interviewed — is necessarily purposive, not random. For E2A, the evaluation team visited only three out of 17 countries worldwide where the project is or has been active. Similarly, lists of suggested key informants, as helpful as they may be, could unintentionally harbor biases for or against a project. While evaluators usually have little input into countries to be visited, they can be vigilant to preserve independence in selecting who to interview as key informants. Furthermore, in document review, evaluators should reach far beyond the materials initially provided.

Document and Data Review

The SOW provided time for document review early in the evaluation. This enabled team members to gain basic understanding of E2A contours and accomplishments. It was an added bonus that this occurred prior to an initial the team meeting in Washington, DC, where the evaluation work plan and methodology were developed. Also, key informant interviews led to identifying additional documents and data to add to the database.

Key Informant Interviews

Using open-ended questionnaires with key informants has proven very useful to extract project-related information in a short timeframe. Furthermore, the fact that key informants occupy various positions with respect to E2A facilitated arriving at findings based upon a range of different perspectives. Interviews typically lasted from 45 to 90 minutes.

Country Visits

The three country visits yielded invaluable information from interviews with key informants close to implementation. Additionally, the evaluation team interviewed a few key informants and reviewed documents pertaining to other E2A countries, such as the Democratic Republic of the Congo, Nigeria, and Ethiopia.

Other Methods

The team considered adding a web-based mini-survey, a data collection method that was not listed in the SOW. This would have enabled collecting information from a wider range of respondents than those interviewed as key informants or during site visits. However, after consideration and in consultation with USAID, the team decided this would be more time-consuming and difficult than its outcome would merit. The low response rates typical of web-based surveys and the limits on the information to be collected were arguments against using this method.

C. METHODOLOGICAL COMMENTS

Many SOW components aligned well with successful conduct of this evaluation. The four SOW questions were well-formulated, clearly articulated within the project's results framework. In addition, SOW Questions 1, 2, and 4 directly aligned with E2A objectives. In terms of time allocated for completing various deliverables, two weeks in Washington, DC, to develop the work plan and methodology, as well as to initiate key informant interviews, was sufficient. The countries selected for visits represented a range of E2A activities, though they perhaps had somewhat lesser expenditures compared with other E2A countries, such as the Democratic Republic of the Congo and Ethiopia, where E2A supported bilateral projects, or Nigeria, where travel restrictions arose at the time of the evaluation.

III. E2A EVALUATION: MAJOR FINDINGS

This presentation of major findings is organized in terms of the four questions in the evaluation scope of work (SOW). However, to facilitate a logical flow, the evaluation team organized responses to the questions as follows: BPs, Youth, Gender, and Global and Regional Leadership/Influence/Partnership.

A. BEST PRACTICES

Family planning (FP) best practices (BPs) have a long history, dating back to field studies in Thailand, Taiwan, and Korea in the 1960s. Community-based distribution and task shifting, for example, were among the earliest BPs for which solid evidence emerged some 50 years ago. Similarly, postpartum family planning (PPFP) was widely introduced into hospital settings, mainly in Asia, in the 1960s; by the mid-1970s, it had become a well-documented BP (see Castadot, Sevin, et al., 1975). In the 1990s and 2000s, USAID brought increased focus to BPs. This occurred within USAID's Maximizing Access and Quality Initiative as well as projects such as Advance Africa, Catalyst Consortium, and Extending Service Delivery, the immediate predecessor to the Evidence to Action (E2A) Project. In 1999, WHO initiated Implementing Best Practices (IBP), which grew from 12 original members to its current 41member organizations. In 2010, to help programs focus resources for greatest impact, USAID launched a new activity called Family Planning High-Impact Practices. All of these efforts have contributed to answering IBP's initial question, "Is there a gap between the knowledge we generate and how it is received, used, and applied in practice?" In 2011, USAID awarded E2A to Pathfinder International and a consortium of partners. The project was designed to continue and strengthen the focus on BPs.

SOW Question on Best Practices
To what extent were best practices defined (e.g. with basic/new evidence), refined (with additional evidence), applied (introduced in new locations), systematically scaled up (with which methodology) and measured in countries?

E2A has worked diligently in 15 countries in sub-Saharan Africa to define, refine, apply, and scale up FP BPs. Much of E2A's implementation has involved strengthening FP/reproductive health (RH) services by expanding the contraceptive method mix, often layered on proven BPs such as community-based distribution, task-sharing, or post-abortion care (PAC)/FP. (Early E2A efforts to scale up worked-based services based on experiences in Haiti and Bangladesh did not come to fruition.) E2A has also worked to strengthen FP training through supporting WHO's Training Resource Package (TRP); integrating FP into ongoing maternal/child health, HIV, and population, health and environment (PHE) projects; and supporting in-country and regional advocacy with the public sector to implement BPs and increase FP budgets through local organizations, communities, and constituencies.

The following section presents responses to the SOW BPs "areas for consideration." Additional details on BPs related to youth are presented in Section 3.B.

SOW Best Practices – Areas for Consideration
a. Best practices by country and level of implementation (defined, refined, applied, scaled up)

The findings below describe where E2A has implemented BPs in accordance with the levels of implementation listed above.

Defined:

- University Leadership for Change (ULC, also known as LUC for *Leadership Universitaire pour le Changement*): Developed and implemented in Niamey, Niger; included unique approaches to addressing youth, gender, and leadership.

- First-time parents (FTP): E2A has piloted this unique approach to reaching youth at a critical life cycle stage in Burkina Faso, Nigeria, and Tanzania, and plans to scale it up in Cross River State, Nigeria, and the Tuungane PHE project in Tanzania.

Refined:

- Integration with community health programming in Ethiopia, Tanzania, and the Democratic Republic of the Congo (DRC).

- Integration into PHE: The Health of People and the Environment in the Lake Victoria Basin (HoPE/LVB) project, implemented in Kenya and Uganda, provided an opportunity to test and refine the ExpandNet methodology for scale-up.

- PAC/FP: In Togo and Burkina Faso, E2A integrated youth-friendly services into a PAC/FP project.

- TRP: E2A engaged early, with extensive support to WHO, to revise and revitalize the TRP, and with the East, Central and Southern African Health Community (ECSA-HC), to adapt and apply it for pre-service training in Uganda and Tanzania.

Applied:

- Task-sharing/shifting to and community-based distribution by community health workers (CHWs): Expanding the existing contraceptive method mix has been a hallmark of E2A implementation. Examples include Burundi (Jadelle), Ethiopia (Implanon), Nigeria (injectables and implants), and Tanzania (cycle beads).

- PAC/FP: Building on a regional workshop in Dakar, Senegal, where four countries emerged with implementation work plans, E2A successfully strengthened PAC/FP in Burkina Faso and Togo.

- PPFP: As implemented in Cameroon, E2A's outreach with *Reseau National des Associations des Tantines* generated demand and produced referrals, particularly of girls and young women in facility catchment areas. The project introduced the newly updated WHO medical eligibility criteria and introduced PPFP, including provision of implants to new mothers before leaving the facility following birth.

- TRP: E2A supported the East, Central, and Southern Africa College of Nursing to update FP pre-service training curricula in Tanzania and Uganda.

- ExpandNet: This scale-up methodology has been directly applied in the HoPE/LBV project in Uganda and Tanzania, ULC in Niger, and PAC/FP in Togo.

- Advocacy for improved policies and increased funding: As part of implementing and building evidence on BPs, E2A also supports in-country advocacy. For example, in Nigeria, Tanzania, and Togo, E2A supports policy change or implementation for task-sharing, CHWs, and PAC/FP respectively. In Tanzania, E2A has supported analyzing recent data to advance demographic dividend in budget decision-making.

Scaled Up:

- HoPE/LVB: E2A embedded ExpandNet's scale-up methodology in PHE implementation in Uganda and Kenya. Developed during Phase I and expanded during Phase II, this project has been embraced by the Lake Victoria Basin Commission, creating good potential for scale-up, including in other countries such as Tanzania.

- ULC: Piloted in Niamey University, the ExpandNet approach of "begin with the end in mind" and E2A's youth-friendly services approach of "thinking outside of the separate space" supported extending ULC to three other universities in Niger — Maradi, Zinder, and Tahoua — with potential for further scale-up in Niger and other countries in West Africa. The ULC methodology was included in the Niger Ministry of Health's (MOH) youth strategy for RH to implement the scale-up plan, which could eventually extend beyond universities into other tertiary educational institutions. In May 2017, the ULC process and results were shared with Ouagadougou Partnership countries during a workshop as part of support for developing action plans and costed implementation plans. A member of the evaluation team attended that workshop.

- PAC/FP in Togo: The MOH recognized and adopted for scale-up with the revision of the technical guidelines for FP, which will be rolled out to all facilities when finalized.

- PPFP Cameroon: This BP was adopted for scale-up by the MOH and taken over with support from the German Agency for International Cooperation (GIZ). The United Nations Population Fund (UNFPA) is also planning to expand this approach into five additional districts.

b. Aspects of service delivery strengthened within each of the BP implementation stages

Defined BPs: Central to FTP is establishment and ongoing support for community-level, peer-to-peer education groups, particularly for first-time mothers. However, the broader context in which implementation occurs is also important. Building on an initial test of FTP in Burkina Faso, Pathfinder's established presence in health service provision in the Shinyanga Region of Tanzania was the context for piloting FTP in that country. This occurred in the broader context of making existing services more youth-friendly, including strengthening the range of methods available, from emergency contraception to long-acting reversible contraceptives (LARCs) to cycle beads. To accomplish this, Shinyanga CHWs and health center staff were trained to establish and support community-level peer-education groups as well as to provide youth-friendly counselling and services within this range of methods.

Refined BPs: By integrating FP into community-level programs (e.g., HIV, broader health, or PHE), E2A has produced positive results by making a range of contraceptives more widely available and accessible. By refining responsibilities and skills of existing community-level providers, new and additional methods, including injectables and implants in some settings, were introduced and integrated in established community-based service systems. In many implementation sites, CHWs were already well established and providing a range of services, to which FP provision was added (e.g., in DRC) or strengthened (e.g., in Tanzania) by broadening or layering new responsibilities upon existing skillsets.

Applied BPs: E2A has produced positive results by expanding the available contraceptive method mix, incorporating CHWs, and promoting task-sharing. The most recent evidence comes from Shinyanga, Tanzania, where an E2A consultant conducted an in-depth study of the available data. The established BP of PPFP has also been applied in Cameroon, where particular attention was given to the refined practice,

promoted by the WHO medical eligibility criteria, to provide appropriate contraceptive methods prior to a client leaving the service site. This included implants and progestin-only injectables.

BPs Scaled Up: Support for advocacy is a time-honored approach to scale up proven BPs. In many countries, perhaps most notably Ethiopia and Nigeria, E2A supports local advocacy to advance government implementation of applied BPs on which it has generated evidence. In Tanzania, the project has also taken a broader approach by supporting demographic dividend analysis to increase public sector consideration of how population structure changes impact development. One aim is to influence budgets and increase support for FP/RH.

Within E2A, scale-up has emerged as a crosscutting approach: The project consistently incorporates the ExpandNet methodology as part of its work on BPs. This sequential series of steps for scaling up health services[1] are to be incorporated from the beginning to the end of an innovative project; examples include HoPE/LVB and ULC. As these approaches scale up, it will have a multiplier effect on the range of methods available and the numbers of people accessing them. In Togo, E2A worked to ensure that its PAC/FP pilot was locally owned — a key to sustainability and scale-up — by engaging MOH divisions in project planning and management. It also helped the MOH update its guidance on PAC/FP, which is scheduled to be finalized soon. E2A-supported PAC/FP training included a quality improvement approach to empower provider teams to own and apply local solutions to challenges. This PAC/FP approach is ready for extension to any facility that provides emergency obstetric care. Though other organizations (e.g., UNFPA) and *Agir pour la Planification Familiale* (AgirPF) are providing some ongoing support, scale-up would be greatly facilitated if E2A could provide more resources than are currently available.

Ethiopia was one of the first countries to give E2A field support funding. Some of this came as bridge funding for the bilateral Integrated Family Planning Program. Among several lessons learned about program integration, task-sharing, and method introduction (i.e., Implanon and Nexplanon), one stand-out is that demand generation and counseling result in increased youth uptake of LARCs) stands out. The Global Consensus Statement: Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception (hereinafter "the Global Consensus Statement") promoted a scale-up pathway different from ExpandNet. Starting with ground-level evidence generation, E2A, in collaboration with others, committed to advancing FP/RH for youth by building this platform to document and encourage expanding method accessibility for youth.

With field support to continue *Projet de Santé Intégrée* (PROSANI), a bilateral project in the DRC, E2A led a community-based FP intervention. This was based on a successful model of bringing retired nurses back into practice that was implemented in other regions of the DRC and is now incorporated into the project's broader package of health services. Initially operational via 400 community-based recruits deployed to 15 out of 86 zones, PROSANI has adopted and is scaling up this approach.

c. Networks/organizations that were strengthened in specific areas

E2A strengthened networks and organizations in different ways, sometimes with mixed or still uncertain results. The project has clearly made some progress toward strengthening regional networks in East and West Africa. Working to expand services for youth in West Africa, it has developed a privileged partnership with the West Africa Health Organization (WAHO) and is also working closely with the Ouagadougou Partnership and Family Planning 2020 (FP2020). In May 2017, E2A and partner

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[1] The WHO/ExpandNet publication "Practical Guidance for Scaling Up Health Services Innovations" can be accessed at http://www.expandnet.net/PDFs/ExpandNet-WHO%20Nine%20Step%20Guide%20published.pdf.

organizations convened a youth meeting in Ouagadougou, "Examining progress and planning for further evidence-informed investments in adolescent and youth sexual and reproductive health." This emerging network of regional organizations is poised to elevate needs and services for youth.

E2A's implementation of HoPE/LVB led to a strengthened Lake Victoria Basin Commission, which has taken ownership of the project and is promoting scale-up to other Lake Victoria shoreline countries. E2A is also active within the PHE Community of Practice, whose members include the East Africa Commission. As a key informant familiar with HoPE/LVB sees it, "on the ground [is] service delivery in an integrated way to attend to the needs of the community, and looking towards taking that experience to broaden … that … to East Africa."

d. Expansion of contraceptive methods

With compelling evidence that adding methods increases FP use overall, E2A has applied this USAID strategy in several different countries. In Ethiopia, for example, the expansion of implants and intrauterine devices (IUDs) for youth, done in collaboration with USAID's bilateral Integrated Family Health Project Plus project, contributed to increased contraceptive use. This project included competency-based skills training for service providers on implant and IUD insertion, removal, and infection control; refresher training for peer educators on counseling, safety, and effectiveness of LARCs; and supportive supervision. E2A conducted a study at 20 youth-friendly service sites in Ethiopia to test a model for offering young people contraceptive counseling and services that included LARCs. E2A documentation of this experience provided the basis for the Global Consensus Statement, which 53 international organizations have signed.

Additional examples of method mix expansion include Burundi, where E2A introduced Jadelle, and Tanzania, where cycle beads were added. Shinyanga project health providers, in a context where they had also received refresher training on all methods, including counselling, report that adding cycle beads to the method mix led to an increase in the use of other methods, particularly implants and injectables. E2A's work to strengthen PAC/FP in Togo is another example of how expanding the method mix is a key intervention. Only pills and condoms were available when the project started; the pilot sites subsequently added implants, injectables, and IUDs. In addition, three of the facilities moved from providing no methods at all to providing at least some methods.

E2A has also worked to provide access to contraceptives through community-based distribution and by shifting provision of some methods to less-skilled providers. In Nigeria, the project began by "defining" what needed to be done to expand provision of implants at the community health facility level and conducted a study to identify additional training needed to enable community health extension workers (CHEWs) to provide implants. E2A documented the process and cost of involving CHEWs. This supported implementation of a new government-led policy shift to expand CHEWs' FP provision responsibilities to include implants, contributing to FP uptake by increasing access to new methods at the community level, and sensitizing stakeholders and seeking support for improving underserved populations' access to long-acting methods through culturally sensitive approaches. For example, in Nigeria very early marriage of young women and sometimes girls to older men — often as second or third wives — as well as liaisons between older men (i.e., "sugar daddies") and female students are relevant cultural factors to consider as further iterations are designed, implemented, and documented.

e. Sustainability

Achieving local ownership, which may ultimately result in increases of government budget allocations, is the most direct path to sustainability. In the three countries visited, evaluation team members gathered

direct evidence on how and how well E2A works toward achieving sustainability. In Togo, from the onset of planning for a small pilot of PAC/FP, MOH divisions were involved, including assessing and deciding on five of nine potential sites. MOH trainers then received assistance from E2A to train health providers, and were involved in all steps of implementation, including the critical component of ensuring co-location between PAC and FP services. Local providers were also empowered by the quality improvement training component to make decisions and needed adjustments during implementation. Not only does the MOH view this pilot as the basis upon which PAC/FP may be scaled up, but the providers themselves have been empowered to adapt service provision to better serve local needs. For example, one service site changed its price structure to a flat fee basis, ensuring that all clients would have equal access to all FP methods, including LARCs.

In Niger, ULC similarly involved a wide range of implementing partners as decision-makers. This co-management committee included university leaders and students as well as administrative staff, the MOH, and the Ministry of Higher Education. Their continuous involvement was critical to subsequent decisions to extend ULC to other university campuses in Niger and to consider plans for expanding the approach to other tertiary and secondary educational institutions. These efforts will be sustained because of government interest and continuing efforts by ULC. The Niger ULC program was particularly assiduous about documentation, both to support ongoing involvement of the local management committee and to build evidence for the long-term case for this approach to scale-up. The management committee has benefitted by its participation in this ongoing learning opportunity, and lessons learned about scale-up are being widely shared in West Africa, where E2A is partnering with several organizations to promote meeting youth needs for FP/RH information and services.

In Tanzania, evidence of sustainability emerges from E2A experiences in Shinyanga. At the district level, MOH has ownership of CHW-based health improvement efforts underway since 2008. Starting with home-based health care for HIV-infected clients, sequential Pathfinder funders have supported CHWs to take on maternal health care, use mobile phones for digital data collection, and, with some direct support via E2A, add contraceptives to the method mix, and support FTP groups to engage with young mothers. District-level MOH officials, as well as FP supervisors and trainers, are an integral part of this. A key informant reported that not only were high-level officials involved, but "[we] trained master trainers from the Ministry: they are the ones who trained the community workers, and they are the ones to do supportive supervision. The government was fully involved throughout the project." In addition, with some E2A-provided technical support, a central government initiative to decentralize budget allocations, some project area health centers have applied resources for much-needed facility infrastructure upgrades.

The Togo application of PAC/FP provided a model that the MOH has embraced to sustain and scale up services. As MOH officials stated:

> "The government of Togo already has a roadmap for post-abortion care [dated 2014-2016]. If the MOH were to receive additional resources, its vision would be to extend the services one by one to other sites. … The MOH is also revising its service provision guidance documents, which have been in place since 2009. … E2A had agreed to help with this revision. … Once … revised, the MOH will roll out in-service training that will cover all the changes. Provision of FP services in the same room as post-abortion care will then become the norm [throughout 109 sites that already have emergency obstetrical care and eventually 1,000 sites where delivery services are in place]."

f. Monitoring and measuring scale-up and sustainability

E2A has been attentive to monitoring and systematically applying the inputs for scale-up and increasing the likelihood of sustainability, sometimes to the point of identifying evidence at very early stages of the process. For example, ULC has expanded from one campus to three others. However, this is occurring as support shifts from E2A to other regional projects, *Agir PF* and Resilience in the Sahel Enhanced. With HoPE/LVB, the Lake Victoria Basin Commission appears committed to expand this project. Beyond testimonials such as, "If we walked away, I am sure this project would still go on," ensuring sustainability and scale-up requires more time than a single project time cycle.

One way to address this is to look back at activities that began early in E2A, especially those with significant impact. One key informant makes a compelling case for taking such an approach:

> "I could be sure of the sustainability of activities in Ethiopia: Building on the existing system, working through the government system, USAID [brought] a global project like E2A to work with a bilateral project. All of that led to a lot of visibility for E2A. We would like to go back and document that scale-up, even in provinces where we did not do the initial study. We were more successful in one region than another, and it would be interesting to know why that happened in terms of scale-up. Working with government systems and helping them develop a plan. And while implementation is going on, helping them to make very small changes."

g. Challenges faced and how were they overcome

E2A's biggest challenge occurred during project start-up: finding a project focus that could be clearly explained and readily executed. In this regard, the E2A results framework, and its focus on BPs, proved challenging, as there were so many to choose from.

E2A Project Objective: Quality FP/RH Service Delivery Strengthened		
Result 1	**Result 2**	**Result 3**
Global support increased for the use of FP/RH BPs to strengthen service delivery	Knowledge synthesized and disseminated about the use of FP/RH BPs to strengthen service delivery	FP/RH BPs applied and scaled up in ways that strengthen service delivery

Initially, E2A developed its work plan in alignment with the sub-results in the results framework, which lacked a clear strategy. As the project evolved and consolidated its focus, a clear strategy emerged with which to approach a Mission and explain what they could do to make a difference to a country program.

Summary and Conclusion
E2A has clearly and fully engaged with implementing and gathering evidence on FP BPs. It has worked diligently in many countries to achieve positive results on a wide range of BPs, including task-sharing, particularly with CHWs, to increase the mix of methods available. The project has also focused on particular client subgroups through BPs such as PAC/FP and PPFP. With development and implementation of HoPE/LVB effectively becoming a field-based application of ExpandNet's scale-up methodology, E2A has positioned itself to contribute more broadly to PHE becoming an established BP. Similarly, in developing and fielding unique approaches for reaching youth, notably ULC and FTP, E2A is building the evidence for these as promising BPs.

B. YOUTH

Introduction: Since the 1990s, there has been increasing awareness that youth need FP/RH services but are unable in many settings to have ready access. This is a result of factors such as provider bias; reluctance to provide adolescent and youth sexual and reproductive health (AYSRH) services, especially to unmarried youth; reticence among youth who feel like outsiders among regular maternal and child health/FP clients; lack of separate youth waiting rooms; structural impediments, such as clinic hours and days incompatible with school schedules; and lack of recognition that youth have particular needs.

Growing recognition that youth need FP/RH services coincides with increasing proportions of youth in many countries and disproportionate tolls taken by HIV/AIDs and sexually transmitted diseases. Making services "youth-friendly" includes training, supervision, mentoring, and retraining existing health staff to be aware of and sensitive to the needs of youth and confronting prejudices against providing AYSRH services. In addition, serving youth needs may require particular program efforts, such as peer educators/leaders and youth groups, and special attention to collecting information on what and how to meet youth needs for services. From the 1990s onward, making services youth-friendly has evolved toward an integrated approach where services for youth are not separate and distinct. Youth-friendly services are becoming both integral to and integrated within routine FP/RH service provision.

SOW Question on Youth
Youth are a key population and a high priority within the project. How effective has E2A been at reaching youth?

Overview: For E2A, youth is crosscutting, as well as one of three principal technical focus areas. Not only does E2A address youth directly in projects such as FTP and ULC, but it also consistently considers how youth and related gender issues may be integrated into broader-based BPs, such as PAC/FP, PPFP, and PHE. As such, E2A has had some hallmark achievements within its youth work. Its involvement in establishing LARCs for Youth as a BP, initially in Ethiopia and subsequently by supporting development of the Global Consensus Statement, stands out. E2A has also pioneered FTP as an emerging or promising BP. With ULC in Niger, E2A has undertaken innovative approaches to address gender among youth via the "Pathways to Change" (PtC) game and videos. E2A has developed a decision-making tool called "Thinking outside of the separate space" that has been consistently used in countries to enhance AYSRH and youth-friendly service delivery approaches, as well as in regional initiatives and platforms such as Ouagadougou Partnership, WAHO, and FP2020. Together, these place E2A on the cutting edge of AYSRH.

Youth SOW Question – Areas for Consideration
a. Sub-populations of youth that are the target of E2A's interventions

This evaluation found that E2A successfully reached various youth sub-populations. Early on, E2A conducted a youth assessment in several West African countries that identified different youth subpopulations. E2A also made efforts to involve university students, not only as part of the vulnerable out-of-school youth but also as present and future leaders; young women and their partners who presented for PAC services with abortion or miscarriage complications; and FTP to identify and address the needs of young women with newborns. Some activities, particularly the Niger ULC project and FTP (in Burkina Faso, Tanzania, and Nigeria), explicitly targeted youth. Others included youth as a way of expanding the reach of a broader program not specifically focused on youth, such as PAC/FP in Togo and Burkina Faso, where young women make up a large percentage of presenting clients, or PPFP in Cameroon, where there was outreach to youth in catchment areas.

b. Specific interventions

Several specific E2A interventions targeted youth, including:

LARCs for Youth: Building on WHO's Medical Eligibility Criteria for Contraceptive Use that "age alone does not constitute a medical reason for denying any method to adolescents" and the opportunity provided through the collaboration with Integrated Family Planning Program Plus in Ethiopia, E2A collected and documented experiences with youth and LARCs. Achievements in Ethiopia supported developing the Global Consensus Statement.

ULC in Niger: To begin addressing youth needs for FP/RH regionally, in 2014 USAID/West Africa asked E2A to work with Niamey University. The subsequent design for ULC relied on two important E2A tools: "Thinking Outside the Separate Space," a step-by-step process to develop tailored, youth-friendly interventions, and the ExpandNet methodology "beginning with the end in mind" to plan for scale-up from the very beginning. Two additional innovations were used during implementation: the PtC game, organized by student leaders to facilitate student discussions about sex, sexuality, gender, reproductive health, social norms, and other topics; and based upon PtC experiences, production of three short locally produced gender-sensitive videos, "Binta's Dilemma," "Whose Norms?" and "Hadjo's Dream." Leadership development was also integral to ULC, resulting in an initiative to expand to other universities in Niger. Student leaders quickly took ownership of the program; to ensure sustainability, they created ULC, a separate national organization. Not long after ULC expanded to three other universities, E2A field funding ended. USAID asked E2A to transition ULC to *Agir PF* for Niamey and Maradi, and to Resilience in the Sahel Enhanced (through a buy-in to E2A for Pathfinder) for work in Zinder. These transition arrangements are still in effect. A USAID official aptly summarized the ULC experience:

> "This is a project that is willing to test practices that are not yet proven, then establish evidence, then use the evidence from the implementation to improve implementation or scale-up. It gave us an opportunity to test models, proof of concept."

FTPs: E2A systematically developed FTP by reviewing relevant literature, conducting technical consultations to design culturally specific applications, and then documenting implementation and results. Building on its literature review and previous experience, E2A designed FTP as a unique approach to bring information and services to youth and address some of the age and gender-related barriers that prevent youth from accessing FP/RH services. E2A assessed and documented Pathfinder's FTP project in Burkina Faso, and subsequently applied emerging findings and recommendations to complement CHWs in Shinyanga, Tanzania, and CHEWs in Akwa Ibom State, Nigeria. The project is currently adding FTP to a suite of E2A activities in Cross River State, Nigeria.

With FTP emerging as a promising BP, E2A's commitment to moving from evidence generation to publishable articles may be served well. The idea underlying FTP is that first pregnancy provides a unique opportunity to support and reach young women to help plan or space their next child. An evaluation team member met with two FTP groups in Shinyanga, and even though project support had ended, both groups continue to meet, are evolving toward young mothers' clubs, and are developing micro-credit structures they hope will support local enterprise development. FTP implementation in Nigeria, though not yet receiving support for conducting a control group for research purposes, may likely yield valuable insights about this unique approach, including on involving males. Disseminating lessons learned about FTP, including through published papers, would be a useful contribution.

PAC/FP: Youth has been an important component within E2A application of PAC/FP as a proven BP in Togo and Burkina Faso. To ensure youth accessibility to PAC/FP in Togo, E2A and the MOH trained providers in youth-friendly, gender-sensitive services and contraceptive technology, including the Global Consensus Statement. This led to providers becoming aware of their own biases against adolescent clients. As part of the training, providers modeled appropriate, welcoming, and non-judgmental behavior with young adult and adolescent clients. As part of this evaluation, team members visited three of the five sites in urban, peri-urban, and rural Togo where E2A had piloted PAC/FP. In addition to observing that the key element, co-location of PAC and FP services, team members saw the results of Optimizing Performance Quality training: In the pilot sites, providers led efforts to make services more affordable and accessible, which is particularly important for younger clients.

PPFP: Although it did not exclusively address youth as a target group during the Cameroon experience, PPFP did reach out to youth in the catchment areas of participating clinics. In addition, E2A used this opportunity to also capture data on young women's uptake of FP, including LARCs in particular.

PHE: HoPE/LVB is E2A's flagship project for PHE and ExpandNet. Currently being implemented in selected lake regions in Kenya and Uganda, the project — like many PHE projects —includes youth and FP. In Tanzania, E2A anticipates receiving USAID field support to address youth in an ongoing Tuungane project being implemented by Pathfinder and The Nature Conservancy, specifically to introduce FTP. Should HoPE/LVB expand to Tanzania, similar attention to youth would be included.

c. Outcomes of the youth interventions

Global Consensus Statement: This statement contributes to expanding the method mix by including youth, a previously neglected population, among those who would benefit from increased access to LARCs. Being disseminated worldwide, the statement presents evidence that encourages including LARCs in youth-friendly FP services. As recently as May 2017, it was shared with participants at the workshop in Ouagadougou who were reviewing FP2020 costed implementation plans for inclusion of youth-specific activities. Bringing additional attention to the Global Consensus Statement in West Africa will continue to be important, such as in development of the Ouagadougou Partnership's Youth Think Tank Road Map. E2A has an ongoing role to support the statement, make it more widely known, and encourage that the recommendations be applied on a broader scale.

ULC: ULC reached approximately 8,000 students with its games, films, discussion groups, and youth-friendly services. That ULC expanded to three other universities outside Niamey is a testament to the students' enthusiasm and the commitment of the Ministry of Higher Education and the MOH. Empowered student leaders arose within ULC to form, on their own initiative, an NGO to sustain and expand this approach in Niger and in West Africa more broadly. As one student leader expressed, "Each student can be a leader. In life, each student will touch many people, in their family, in their village, their age group, their mosque, at weddings, baptisms, etc., in their neighborhood."

The students also reached out to youth who were not necessarily in school by using the game and films in their own social circles, including age group cohorts, villages, neighbors, mosques, and at local social events. Expanding this model to out-of-school youth is part of the scale-up plan that ExpandNet helped to introduce. Having witnessed the success of ULC, the MOH is integrating the model into its new five-year Youth Sexual and Reproductive Health Strategy. The ministry intends to expand it to high schools and middle schools. E2A's meticulous documentation of ULC provides a road map for such replications and adaptations.

FTP: FTP contributed to defining a new subset among youth, by addressing the needs and unique circumstances of first-time mothers. E2A showed that this group is one with special needs and characteristics different from usual RH clients. Potential for additional application is shown by USAID/Tanzania's recent decision to support FTP in the Tuungane PHE project. In Nigeria, E2A will expand the model to more actively engage young fathers and promote positive parenting roles.

d. Monitoring and evaluation of youth interventions

The Global Consensus Statement built on field-based pilot activities, principally the extensive documentation of experiences with youth and LARCs in Ethiopia. As one E2A staff member admitted, "[Even though] I did not think it would amount to anything much at all, [not] be successful at first, we trained the [monitoring and evaluation] staff in Ethiopia under the bilateral project." The thorough documentation that resulted provided the underpinning for the Global Consensus Statement.

For ULC in Niger, solid documentation of the process and outcomes supports adaptation and scale-up. While interventions are routinely summarized in E2A's quarterly and annual reports, for ULC, E2A also extensively documented for the co-management committee. The process required constant review, feedback, and adjustments to keep the program relevant and increase the potential for sustainability. A promising prospect to emerge as a BP, FTP, as implemented in Shinyanga and replicated elsewhere in Tanzania and in Nigeria, is being monitored and measured for performance and progress.

e. Approaches used to scale up effective BPs to reach youth and achieve the intended outcomes at the country, regional and global levels

Integrating youth-friendly services into FP training has provided the opportunity to address biases toward young people seeking RH services. For E2A, this comprehensive approach to training addressed the needs of youth, including in country-level implementation activities such as PAC/FP in Togo and PPFP in Cameroon.

The Global Consensus Statement has become a critical component contributing to expanding method choice for youth. It has been and continues to be widely shared and implemented.

ULC faithfully and consistently applied the ExpandNet methodology of "beginning with the end in mind." This proved very effective, surpassing expectations. That ULC was implemented transparently helped ensure buy-in and ownership by the co-management committee. As a student leader attested:

> "E2A was in the vanguard … it needs to continue to help us improve … The knowledge that we have gained will help us without a doubt rise to a higher level. The strengthening of the capacity of young people is important. We are happy to have our national association and have it linked to regional and international efforts."

f. Challenges faced and how were they overcome?

E2A has adapted, changed course, and otherwise adjusted to reach goals when faced with challenges. For example, ULC got off to a difficult start when some students were unwelcoming, even hostile, to the visiting USAID/Senegal Mission director. E2A reacted by reinforcing communications, especially within the co-management committee, which became an anchor of the program. Involvement of student groups, together with university representatives and government officials in the co-management committee, facilitated communications to move ULC forward. In the process, student leaders felt empowered. For example, when the traveling caravan to Maradi, Zinder, and Tahoua found the

situations at those universities to be different from Niamey, participants engaged in consultations and made adaptations to the realities they encountered.

In Togo, PAC/FP providers in the small rural facility of Keve reacted to the reality that many women, especially young women, were not getting FP immediately after PAC services largely because of cost. Because these providers had lived in the village many years, were known and respected by the community, and were sufficiently empowered, they initiated discussions and facilitated a community decision to identify alternatives to help people who could not afford FP methods. This was not envisioned in the original program design. However, due to continuous quality improvement and leadership training, providers took initiative to remedy the situation.

g. Amplifying and sustaining E2A's efforts in youth programming

E2A implementation in Ethiopia provided the underpinning for mainstreaming LARCs for Youth. As two E2A staff involved in Ethiopia attest:

> "LARCs to young people, especially in Ethiopia, has been successful: [There are] 450 facilities where we are providing integrated services. [We] wanted to see if giving additional training and long-acting methods would make a difference: [We] started with 10 intervention facilities and 10 control facilities."

> "Sustainable would be, Ethiopia LARCs for Youth will still be there. Taken up by the government, which has seen the benefit … 450 facilities where we are providing integrated services. 150 of them have youth-friendly services."

E2A has shown itself to be a leader in youth-friendly services and related wraparound services and activities. The innovations and adaptations that E2A has introduced provide a solid foundation for building the next generation of successful youth programming. The review of evidence on youth interventions already undertaken with the World Health Organization (WHO) is a testament to the continuing role that E2A will likely have in the youth arena.

Summary and Conclusion
Within E2A, addressing the needs of youth has been both a focused and crosscutting approach. Successful innovations in LARCs for Youth, FTP, and ULC, and use of the "Thinking Outside the Separate Space" decision-making tool have ensured that a focus on youth has become part of all new E2A interventions. For example, USAID/Tanzania field support will enable E2A to apply FTP in a PHE project it has been supporting with The Nature Conservancy since 2011. Similarly, in Nigeria, building on a pilot of FTP in Akwa Ibom State, where task-sharing enabled CHEWs to provide implants and injectables, E2A is anticipating field support funding from USAID/Nigeria to include FTP in ongoing Mission-supported community and maternal health improvement in Cross River State. E2A's work in youth-friendly services has been groundbreaking, whether youth-focused, as ULC and FTP, or youth-integrated, as within PHE and PAC/FP.

C. GENDER

Introduction: Gender, an important USAID priority, has gained prominence in recent years, particularly within global FP/RH projects. The United Nations Decade for Women (1985-1995) culminated in the Fourth World Conference on Women in Beijing, an event that placed gender equality on the global agenda. This gave credence and credibility to reproductive empowerment as an important gender priority, one that USAID had been promoting since the 1980s. Over the last 20 years, USAID's

gender priorities have gradually expanded. From near-exclusive emphasis on reproductive health empowerment, USAID has been bringing attention to other emerging gender priorities, notably male involvement and GBV. The SOW gender question is a straightforward request for the evaluation team to assess how well E2A has done to implement these USAID gender priorities.

SOW Question on Gender
How were USAID's gender priorities (reproductive empowerment, male engagement, gender-based violence) implemented (standalone or integrated within activities) and monitored?

Overview: E2A has dutifully implemented USAID's gender priorities in the 17 countries where it has supported or implemented projects, as well as in the various BPs fielded. For the most part, E2A's implementation of gender has been an integrated, perhaps even integral, approach. Though it has implemented some standalone efforts, such as an early female genital mutilation project in Ethiopia, E2A has primarily integrated gender into its field-level projects.

Project staff attest and the evaluation team concurs that gender has become crosscutting within E2A. Implementation consistently considers, is informed by, and applies, as appropriate, USAID's gender priorities. Of USAID's gender priorities, E2A has given great attention to reproductive empowerment, somewhat lesser attention to male involvement, and is sensitive to but not aggressively active in addressing GBV. For a project focused on applying FP BPs to strengthen services, E2A's crosscutting albeit less-than-innovative approach seems an appropriate balance for implementing USAID's gender priorities. (Innovating on gender would include developing and testing models to substantially reduce practices such as female genital mutilation, female trafficking, or child marriage.) Nevertheless, E2A has largely mainstreamed gender in its interventions. However, as several key informants noted, monitoring gender implementation — let alone measuring results achieved — remains a challenge for E2A and global projects.

E2A's broad-based approach to implementing gender, principally by mainstreaming it in interventions, has been useful. However, monitoring to track specific gender-related indicators has been challenging. In this regard, E2A, like other USAID projects, gives some priority to gender. Only two of 27 indicators tracked in E2A's Year 1–5 Performance Monitoring Plan were specific to gender, and both focused on gender-equitable practices rather than specifying USAID's gender priorities. In addition, as shown below, these two indicators somewhat conflate youth and gender:

- Number of E2A supported FP/RH interventions/service delivery programs in which youth-friendly and/or gender equitable practices are monitored and/or evaluated
- Number of E2A supported FP/RH BPs incorporating youth friendly and/or gender equitable practices

Gender – Areas for Consideration
a. Key findings

E2A has positioned gender as "crosscutting" its three technical focus areas: expanding method choice and access, scaling up BPs, and addressing the sexual and reproductive health needs of youth. This accords with how USAID sees gender in E2A: "[Though] it took a while to get [gender] going within E2A, we want it mainstreamed into all activities that they are doing" and "We are encouraging all of our projects to go beyond notable standalone activities on gender, and rather integrate gender across all their activities." In a related observation, an E2A staff member said, "Initially … on gender, from the very beginning we were working very much in silos [and] needed gender to be a cross-cutting issue." As

USAID's flagship for FP, charged with fielding and building evidence for BPs, gender as crosscutting in E2A is well-positioned to achieve expected results. However, E2A has not been able to give equal weight to the various gender priorities or document where and how results have been achieved. In response to evaluation team questions on E2A implementation of USAID's gender priorities, a USAID key informant reflected, "One of the challenges to being cross-cutting is: How do you know that it is being implemented and what are the results that effort is contributing to?"

In line with a USAID key informant's insight on "gender as an important dimension, perhaps particularly when you are dealing with youth," E2A has with some consistency attempted to integrate gender into its work with youth. For reproductive empowerment, both young women and young men benefit from youth-friendly services. For male involvement, projects such as ULC and FTP have been open to opportunities. Only GBV did not receive a great deal of attention within youth efforts, except for the youth-friendly PAC services in Togo, as was the case throughout the rest of E2A. Though reducing abusive provider attitudes and behavior toward female clients would be a useful step, none of the many key informants questioned specifically about implementing USAID's gender priorities mentioned this as an area of importance or interest in E2A activities.

b. Across the spectrum of similar gender priorities (reproductive empowerment, male engagement, gender-based violence) within E2A's activities, influences and effects of gender on contraceptive use and other FP/RH outcomes

An E2A key informant summarized implementation among the gender priorities as follows: "[Before] last year and into Year 6 … reproductive empowerment received considerably more attention [within E2A] than did male involvement or [GBV]." The global FP projects preceding E2A have worked within reproductive empowerment for many years, with generally positive results. However, broad-based recognition that promoting reproductive empowerment leads to increased FP use or changes in fertility preferences is difficult to study, let alone substantiate.[2] Furthermore, as a noted demographer has observed, the "impact of … family planning programs on fertility and contraceptive use has been discussed extensively in the literature but remains a somewhat unsettled issue" (Bongaarts et al. 2012).

While studying such hypotheses would seem beyond the scope (or capacity) of E2A, implementing particular BPs, such as those that result in increasing the method mix, allows the project to contribute some interesting evidence. In countries where E2A introduced new contraceptive methods, from Ethiopia to Burundi to Tanzania, data are likely to show overall increases in FP usage. Similarly, PAC/FP pilot projects in Burkina Faso and Togo result in increased uptake of FP, including subsequent decreases in the numbers presenting for PAC in Togo. Providing potential users with more options empowers them to exercise greater choice. Although reproductive empowerment may be advanced in many ways, providing easier access to a greater range of options has a proven track record. Apart from condoms and vasectomy, most contraceptives differentially empower women by increasing choice, access, and confidentiality of use.

Though male engagement has received some attention in E2A (e.g., in PHE and some youth interventions), project-wide it has been neither systematic nor extensive. In Shinyanga, where E2A added cycle beads to the method mix, involving male partners has clearly been an essential component for ensuring effective method acceptability and use. Anecdotal evidence as well as some evidence emerging from recently conducted focus groups support this. With ULC, a project focused on youth in Niger, E2A was dedicated to ensuring gender equality through addressing perceptions of gender norms.

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[2] See, for example, the *Studies in Family Planning* article, "Credit Programs, Women's Empowerment, and Contraceptive Use in Rural Bangladesh."

As someone close to ULC observed, "When they train leaders to go out, they really tried to encourage gender equity. They also effectively use the trigger films that had been made for gender issues around youth."

Working with FTPs clearly presents the possibility for engaging males. However, FTP has largely focused, as a USAID official stated, "on first-time mothers more than fathers." An independent consultant who recently conducted focus groups and in-depth interviews about FTP in Shinyanga has documented that some young men have shown interest in participating, and young women have interests and ambitions beyond FP. Lessons learned from the FTP Shinyanga intervention will also influence upcoming opportunities of integrating FTP components in the PHE/FP Tuungane project. Further exploration may reveal that FTP is not only a promising BP, but one likely to evolve and require more nuanced application. For example, though FTP may remain an important early gateway for FP use by young mothers, it may fit equally well within safe motherhood approaches. Nigeria, where deeper study of FTP is being planned in the context of ongoing support through Saving Mothers, Giving Life, may yield interesting findings about male involvement, male gender norms, and the role of men in the family, upon which FTP can continue to develop.

Throughout E2A, GBV received considerably less attention than reproductive empowerment or male involvement. Though GBV was central to one early project in Ethiopia, focused on reducing fistula, E2A has not been systematic or concerted in addressing this gender priority. While efforts are routinely made to alert providers about GBV during training, specific protocols or procedures for dealing with it are not included.

c. Challenges faced and how were they overcome

E2A's implementation of USAID gender priorities mirrored challenges it faced implementing the overall project. Project start-up was very slow. As one long-time E2A staff member attested, "In the beginning, [we] tried different things: some male engagement specific approaches, GBV, etc. I think we succeeded in a way. But struggle[d] with how to capture that information."

As one E2A staff member summarized, it remains "hard to answer" questions on how the project has done with implementing USAID's gender priorities. Another E2A staff member added, "…mainstream gender. We believe that this is the way to go: Gender has to be mainstreamed, but when we do that, [it is] difficult to capture, to tell the story." Two USAID officials summarized this measurement challenge as follows:

> "One of the challenges to being cross-cutting is how do you know that it is being implemented and what are the results that effort is contributing to. I don't know that the project is able to demonstrate that. If the project says that they are implementing gender, how do they demonstrate that — that is the question that still remains."

> "[E2A does] not always come across real strong in terms of technical briefs they write: Where is the gender component? Often gender is missing. Where is the evidence? Define mainstreaming? How is it measured? This continues to be a real issue for all of our projects, not just for this project."

An E2A key informant raises this challenge to a higher level by stating, "We could not address gender issues without realizing it had a net impact on social norms." USAID echoes this and broadens the challenge faced when dealing with gender:

> "I equate [working on gender] more to social norms change. It takes a long time.
> The project cycle, it's a very short timeframe to show this kind of change.
> Challenging cultural norms takes time."

As an FP project expected to implement USAID's gender priorities, E2A faces other challenges. If it is to gather evidence on how gender is being implemented, what are the hypotheses being investigated? Male involvement, for example — is it positively or negatively related to improving FP effectiveness or use? For GBV, even further removed from FP, does it even belong within a project like E2A?

Despite such challenges, E2A has made headway with USAID's gender priorities, particularly in its work with youth. A USAID official sees progress in what E2A has done within ULC in Niger, where the "'Pathways to Change' game, and [the] films, challenge gender norms. They are helpful, but how to measure and know if change has taken place?" It should be noted that ULC developed a dashboard to monitor barriers and facilitators for youth to access sexual health/RH information and services. This is an important tool to track age and gender obstacles that could better inform programs and policies.

USAID has also encouraged E2A to apply life cycle analysis to frame and refine its approach on gender. Despite some reluctance that "this is not really a useful programming framework," E2A has embraced this approach as one of several priorities for Year 6. If this more finely focuses the project's gender lens, it will have been a useful endeavor.

The challenges inherent in implementing USAID's gender priorities will likely remain well beyond the end of E2A. Although it may make some interesting breakthroughs for gender, such as the PtC game, E2A will have difficulty gathering evidence toward establishing these as FP BPs. However, in its remaining time, E2A may make efforts to apply evidence from other projects working on USAID's gender priorities, such as Gender Roles, Equality and Transformations, Real Fathers, and Prachar. In addition, E2A may be able to more carefully implement and examine male engagement approaches in FTP implementations in Nigeria and Tanzania.

d. Recommendations for future work in the years remaining to mainstream gender within activities, and generate evidence of the effectiveness of mainstreaming gender

As one staff member stated, "the most meaningful activities where we have tried to integrate gender are FTP and TRP." Each of these provides opportunities for additional progress. For FTP, gaining additional experience and gathering evidence may well move it from a promising to a proven BP. For TRP, already a proven BP for keeping FP training curricula up to date, how well and widely it is being implemented should be important for E2A. Evidence on this should be forthcoming from the assessment of TRP that Human Resources for Health in 2030 (HRH 2030) will soon conduct.

E2A should continue to pursue its crosscutting approach to implementing gender, but it should do so in the context of addressing some provocative comments offered by one of its staff:

> " … we were opportunistic in implementing gender, which may have hindered us.
> How do we integrate gender across all of our activities? I think we still lack … the
> 'what?' on gender. What are the gender issues that inhibit FP service delivery, or
> method choice or scaling up?"

Beyond how and what to measure to gauge progress being made implementing gender, during its presentation of preliminary findings to USAID and E2A, the evaluation team raised a deeper issue: What are the hypotheses relating USAID's gender priorities to FP? For example, would greater involvement of

males increase or decrease effective use or even use of contraception? The evaluation team further speculates that working on some gender priorities may be equally well placed in other projects, such as safe motherhood, for increased male involvement and women's empowerment. Fortunately, E2A has an interesting opportunity to integrate male involvement in the context of FTP and Saving Mothers, Giving Life as part of E2A's work in Cross River State, Nigeria. To address GBV, which is even further removed from direct impact on FP, projects dedicated to this one issue may be helpful. Though gender as crosscutting within E2A has certainly been useful, it may be unrealistic to expect a project focused on FP BPs to achieve breakthroughs in gender implementation.

Summary and Conclusion
Like other global projects implementing USAID's gender priorities, E2A has been more crosscutting than cutting-edge. Clearly, its BP implementations (e.g., adding to the method mix, task-sharing, youth-friendly services, and PAC/FP) have contributed to increasing reproductive empowerment. Its widespread efforts to expand the method mix are particularly notable. E2A also made a concerted effort to promote male involvement when it added the standard days method and cycle beads to the method mix in Shinyanga, Tanzania, and promoted the PtC game and films that challenged gender conceptions among university students in Niger. E2A's work with GBV includes improving providers' ability to provide unbiased, youth-friendly services, a fistula project in Ethiopia, and some early attention to preventing child marriage. E2A has raised awareness more than addressing GBV directly.

D. GLOBAL AND REGIONAL LEADERSHIP, INFLUENCE, PARTNERSHIP

Introduction: The core of E2A is implementing and generating evidence about BPs. The BPs E2A has focused on to strengthen FP services include promoting task-sharing; working with CHWs; fielding proven BPs such as PPFP and PAC/FP; strengthening FP training guidance, curricula, and training skills; integrating youth-friendly services into existing programs; conducting innovative standalone youth-friendly service projects; advocating for specific BPs and increased FP budgets; and implementing FP BPs within PHE. Building upon this core, E2A is also mandated to expand and scale up proven FP BPs by having both regional and global impact. Though this is quantitatively difficult to measure, the evaluation team found qualitative evidence that E2A has advanced selected BPs at the global and regional levels.

SOW Question on Global/Regional Leadership/Influence/Partnership
To what extent has global and regional influence, partnership, and leadership in FP/RH grown through the efforts of this project?

Overview: E2A has exercised global leadership, influence, and partnership to advance specific BPs, most notably LARCs for Youth and TRP for FP training. In addition, the project has collaborated with WHO, UNFPA, global donors, and partners to support the application of lessons learned from the first generation of scaled-up AYSRH programs to strengthen the sustainability of second-generation programs, in the context of international polices and frameworks. Building upon experiences with and evidence generated while making LARCs available for youth in some 20 selected sites in Ethiopia, E2A worked with WHO on analyzing youth-friendly services. It also brought together other organizations actively programming enhanced contraceptive choices for youth to develop the Global Consensus Statement. The 53 organizations that signed on to this statement, including stakeholders such as UNFPA, WHO, the International Federation of Gynecology and Obstetrics, USAID, and FP2020, as well as many implementing partners, attest to the statement's potential for widespread impact. By convening a series of webinars, meetings, and activities at international conferences, E2A has been instrumental in operationalizing the Global Consensus Statement.

Scale-up is another area in which E2A has exercised global leadership. It established a Community of Practice for Scale-Up, particularly active since 2014, that has provided many forums for disseminating and discussing evidence emerging on scale-up.

Toward similarly extensive impact, E2A's initiative to recognize and act upon the need to revitalize the TRP also exemplifies global leadership and influence. At the global level and in concert with USAID and WHO, E2A provided technical support to update, format, and harmonize sections of the TRP. The revised versions of these FP/RH training materials is being used to update country-level training curricula. An assessment by HRH 2030 is planned to determine how broadly TRP has been applied.

At the regional level, E2A, in partnership with key organizations, has influenced FP BP application in West and East Africa. Partnering with such West African organizations as WAHO and the Ouagadougou Partnership, the project has contributed to advancing youth-friendly diversified and tailored service approaches in the region. As a step forward, E2A recently convened a workshop in Ouagadougou, Burkina Faso, where participants from countries across West Africa learned about and subsequently initiated follow-up to ensure that youth would be well-represented in country implementation plans. In East Africa, E2A is contributing to PHE primarily through project implementation involvement with the Lake Victoria Basin Commission. By supporting monitoring and evaluation as well as scale-up in HoPE/LVB, it is providing a solid base for sustainability and expansion. The Commission hopes to expand HoPE/LVB to the five countries surrounding Lake Victoria; E2A's PHE advocacy E has led to PHE strategies being developed in each of these countries. In the coming years, these efforts on opposite sides of the continent should lead to on-the-ground expansions of these two BPs. The work with ECSA-HC for the dissemination of TRP among its members and with The East, Central and Southern Africa College of Nursing (ECSACON) for the adaptation of TRP to pre-service institutes is also useful. Though E2A has made substantial contributions globally and regionally, much remains to be done in in the remaining two and a half years to further amplify the FP BPs and promising practices the project has advanced.

Global/Regional Leadership/Influence Areas for Consideration
a. Technical areas

At the global level, E2A advanced global learning on what works in programming youth-friendly services and expanding contraceptive choices for youth, as well as supporting the development of the global FP TRP and strengthening FP curricula for pre-service education. The first, LARCs and Youth, emerged from ground-level support that E2A provided in a bilateral project in Ethiopia; the second, TRP, resulted from significant efforts made to cooperate and coordinate with WHO, USAID, and UNFPA to revitalize and update curriculum guidance and materials for pre- and in-service FP training. In addition, E2A has collaborated with WHO, UNFPA, global donors, and partners to support the application of lessons learned from the first generation of scaled-up AYSRH programs to strengthen the sustainability of second-generation programs, in the context of international polices and frameworks.

Also at the global level, E2A has exercised leadership by founding and maintaining the Community of Practice on Scale-Up. This provides a pathway not only for disseminating and discussing current scale-up practices, but also for considering the ExpandNet methodology as a promising BP, based on evidence being generated. E2A has also partnered with WHO, IBP, and other global partners and donors on a range of interventions. A leading role for youth activities at the regional level is also evident in E2A's ongoing collaboration with FP2020, WAHO, and the Ouagadougou Partnership Coordinating Unit.

Among other aspects E2A supported with bilateral field support activities, the Ethiopian experience was an early government-supported test to make more methods available to youth. The resulting documentation led to the widely influential Global Consensus Statement. This new standard of practice, an expanded method mix for young people, has been embraced by E2A, Pathfinder, and the statement's 53 international signatories.

Updating, revising, and revitalizing the TRP for FP was a useful investment of E2A technical assistance. While the TRP was initially developed through a cooperative endeavor among WHO, USAID, and UNFPA and with guidance from several international FP organizations, E2A provided the technical input for recent revisions. Furthermore, the project has promoted application of the TRP in two ECSA-HC countries. As a key informant from a training organization based in Africa attested:

> "We were aware of the TRP but did not know the details of what it contained and how it related to what we were doing … E2A helped us understand TRP better, how it related to the original tool that we had deployed, [and the] broader need to switch to a competency-based approach from a content-based approach."

Country-level pre-service curricula in Tanzania and Uganda were updated with E2A technical support. In addition, according to an official of the Tanzanian government, "they may have used the TRP to develop the curriculum [for the new cadre of CHWs]." While the global and regional impact of TRP has yet to be determined, an assessment of the extent of country-level application is reportedly underway, under the auspices of the HRH 2030 project.

b. Organizations that E2A has partnered influenced and/or provided leadership

As stated in Pathfinder's 2016 internal midterm review of E2A:

> "The [E2A] project took on the Technical Resource Package (sic) for Family Planning that had stalled, and acted as an effective catalyst to move the process forward. E2A did not only help with the process but rather developed several sections in the package. The development of the TRP brought together technical and training experts representing multiple agencies and organizations including WHO, UNFPA, and USAID. E2A launched the toolkit at the [International Federation of Gynecology and Obstetrics] Congress in 2013." (E2A Midterm Review: 2016, p. 11)

A wide range of international organizations (e.g., WHO, UNFPA, FP2020) and country-based organizations participate in the communication channels E2A employs to disseminate information about BPs. E2A's website, webinars, and other modes of communication, such as technical briefs, Communities of Practice, and Twitter streams, have been effective platforms to disseminate information and invite other organizations to contribute to advancing BPs. The E2A approach has been to identify a particular FP BP and appropriate settings where it may be implemented; field the BP and gather evidence; use different communication channels to distribute the evidence; and encourage discussions of and expansions upon the BP. Though E2A tracks access to its communication channels, it is difficult to determine the extent to which particular FP BPs have expanded or been scaled up as a result of project communications.

c. Challenges faced and how they were overcome

As many key informants attested, E2A struggled during its early years to identify its focus and how it could be marketed, especially to the USAID Missions. A key informant put it this way:

> "As with every global project, [a] big challenge was getting interest from the Missions … A little bit of a heavy lift in the beginning — getting the project known and buy-ins flowing. The design was quite broad. Could be any kind of BP that they wanted to do related to FP in some way. Finding and focusing on the centerpiece of the project was very challenging."

Over time, E2A refined it technical focus, attracted Mission interest, and field support increased, resulting in a three-year no-cost extension.

There were also challenges at the regional level. E2A identified ECSA-HC as a regional inter-governmental organization to apply TRP to improve pre-service training curricula. With member countries Kenya, Lesotho, Malawi, Mauritius, Swaziland, United Republic of Tanzania, Uganda, Zambia, and Zimbabwe, ECSA-HC emerged during a 2014 IBP meeting as a suitable candidate to upgrade pre-service training curricula in the region. However, to date, only Tanzania and Uganda have benefitted. Key informants shed some light on this partnership:

> "[E2A] started with Tanzania, and [with] the lessons learned, expanded to Uganda … hoping to go further, but [ECSA-HC was] lacking resources. E2A was giving … mostly technical assistance."

> "[E2A is] coordinating with many stakeholders to make sure that [TRP] is up to date. TRP could have fallen by the wayside, worked closely with ECSA to bring it up to speed, and have [TRP] disseminated … [But] ECSA … has been a challenge …"

Institutional strengthening is not easy to accomplish or substantiate. As explained in the 2016 midterm review of E2A, this shortcoming had regional implications:

> "With E2A support and training, ECSA HC became a platform for the dissemination and scale-up of the Training Resource Package. The E2A program trained the ECSA Health Community to be on the modules already developed. ECSA HC was tasked to actively market the TRP to various national health programs in the East and Southern African region. E2A hoped to create a regional best practice platform that would promote the scale-up of FP programming throughout Africa. This work was slowed by divergent interests and priorities between ECSA and E2A." (E2A Midterm Review: 2016, p. 12)

There have been other regional setbacks as well. For example, early on, E2A identified the African Christian Health Association Platform (ACHAP) as a promising Africa-wide network and established a sub-grant mechanism for its members to advance FP BPs. However, as the 2016 Midterm Review found, "ACHAP as a platform did not act as a true coordinating body for its member organizations that received funding. ACHAP itself needed structural capacity building, which proved to be too onerous."

Key informants concurred that E2A could not overcome this challenge. One said, "ACHAP … was not as strong as we had hoped [and] did not pan out as we had hoped." Furthermore, "Grantees within ACHAP did not perform to expectation despite early optimism."

Business for Social Responsibility was another early effort to tap into a transnational opportunity for advancing FP BPs. However, as a key informant attested, this did not come to fruition:

"[E2A tried to partner] with a group called Business for Social Responsibility. We wanted to work with them on an operations research study that looked at the effectiveness of their approach to provide family planning in manufacturing facilities. Tried seriously to include [Latin America and the Caribbean] and Asia, but Missions were reluctant, did not approve concept notes, did not want to deal with so many organizations. Also tried Bangladesh garment industry, Pakistan, Philippines. That moved to a certain extent but finally didn't work out."

d. Achievements

There have been two notable achievements at global level, the Global Consensus Statement and revising/revitalizing WHO's TRP to update FP training. Both built upon leadership and technical support that E2A provided in concert with and to WHO. In addition to its work with WHO on assessing youth programming globally, E2A also leads the Community of Practice on Scale-Up. More broadly, using platforms ranging from international conferences to webinars, E2A has exercised leadership on sharing evidence to extend knowledge and build momentum for various BPs. It has also gained regional-level momentum in West Africa for youth-friendly services and East Africa for PHE. For all but TRP, which the project began by interfacing with WHO at the global level, E2A's global and regional achievements begin with field-level implementation that subsequently expands to broader regional or global impact.

E2A usually follows an arc that begins with in-country implementation of a particular FP BP or testing an innovative approach such as ULC and concludes with broader expansion and scale-up. This is best illustrated by E2A's experience with youth and LARCs. E2A implementation to support an ongoing bilateral project in Ethiopia included a subcomponent to extend LARCs to youth. Initially implemented and documented in some 20 service delivery sites, this effort expanded to 150 sites in Ethiopia offering youth-friendly services and then beyond Ethiopia by providing the evidence base for developing the Global Consensus Statement. An E2A key informant described what has been achieved in Ethiopia as follows:

"You walk into the facility, and if you are less than 25 years old, you are funneled to an area where you will get all your services, whether it is for a knee scrape or FP. All your health needs are taken care of by youth-friendly health providers. The Project trained them to provide LARCs as well as short-term methods. This proved clearly that missed opportunities were addressed and uptake of LARCs was high. This youth work was thoroughly documented."

As two other E2A key informants indicated, "LARCs with adolescents in Ethiopia with IFHP [the Integrated Family Planning Program] [included] extensive documentation, which contributed a lot to the Consensus Statement" and "LARCs consensus statement, we worked a lot on that. We contributed to generating evidence." Though Ethiopia provided underpinning for developing the Global Consensus Statement, what happens next remains important. As a USAID official queried, "A publication comes out of WHO, but what do you do with it?"

e. Potential future achievements

E2A continues to work on LARCs and Youth by promulgating the Global Consensus Statement, most recently in a March webinar. Within these ongoing efforts, as a high-level E2A key informant sees it, "We were able to go beyond the US in terms of dissemination. Need to use [the Global Consensus Statement] as an advocacy tool." As a USAID official indicated, "[For] the Global Consensus Statement … there will be a second phase in which [E2A] will get involved in as well."

Starting with the efforts in Ethiopia on youth-friendly services and expanding to include LARCs in the method mix, E2A has increasingly prioritized youth within broader efforts to implement FP BPs. For example, while piloting PAC/FP in five facilities in Togo, E2A gave special attention to ensuring that providers as well as services provided at facilities would become youth-friendly. Similarly, special focus on youth has become integral in E2A projects focusing on CHWs, PHE, and PPFP. For E2A, this focus on youth has culminated with the FTP, implemented in multiple countries, including Burkina Faso, Cameroon, Tanzania, and Nigeria. Evidence derived from this experiential database enables E2A to make the case for FTP as a BP. Interestingly, emerging from application in different settings will be documentation about life cycle frames and need for adaptation when FTP is applied in different cultural contexts.

Another area where E2A has high potential for future achievement is the ExpandNet approach to scale-up. ExpandNet, which has become E2A's hallmark approach to scale-up, originated with high-level WHO co-authorship. An important legacy for E2A may well be that ExpandNet, which has become crosscutting within the project itself, may emerge as a BP for others to use to build in scale-up from the outset by "beginning with the end in mind." Another related E2A product based on the ExpandNet model is "Thinking Outside the Separate Space," a tool for planning youth-friendly services as part of AYSRH national strategic plans. E2A worked with Agir-PF to support Niger, Togo, and Cote d'Ivoire to review and develop such AYSRH strategies, as well as with WAHO and the Ouagadougou Partnership to support West African countries. Additionally, this served as a foundation for E2A to develop an analytical matrix to analyze the youth component of the nine Ouagadougou Partner countries' costed implementation plans (CIPs) at the recent regional youth meeting in Ouagadougou. Collaboration among E2A, FP2020, WAHO, and the Ouagadougou Partnership to advance services for youth in West Africa is a solid example of partnership that should continue to gain momentum and produce results in the coming years.

The priorities with which one E2A staff ended her interview may well be of highest importance for E2A in its remaining years: "Living in a world where resources are uncertain, we will be forced to even narrow down what we are doing and prioritize. What are the one-two-three things to do in scaling up and in youth? Put all your concentration on that."

Global/Regional: Summary and Conclusion
E2A has had two notable achievements at the global level: promoting production of the Global Consensus Statement and revising/revitalizing WHO's TRP to update pre-service training. Though the far-ranging impact of these successes remains to be documented and assessed, both are positive contributions to having long-term impact on the FP landscape.

Through Communities of Practice and other modes of influencing the broader terrain, E2A also maintains potential for having global and regional impact in other FP-strengthening areas. Among these are the approaches to integration that the project has advanced, from integrating FP in broader health programs, as in the DRC and Nigeria, to promoting PHE as an approach that appears to be reaching "critical mass," particularly in East Africa. Another advance at the regional level where E2A has considerable traction is with youth in West Africa, particularly given the privileged partnership it enjoys with WAHO and the Ouagadougou Partnership Coordinating Unit. In its remaining two and a half years, E2A is positioned to continue leading, influencing, and partnering with key institutions globally and regionally.

IV. CONCLUSIONS

E2A has closely adhered to the project objective specified in the original request for assistance:

> "strengthen quality FP/RH service delivery (facility- and community-based) and increase family planning use … by assisting developing country public and private organizations to identify and apply effective, evidence-based FP/RH interventions and best practices in service delivery, and plan and facilitate their scale-up." (E2A RFA 1-28-2011, p. 2)

Strengthening the quality of community- and facility-based FP services has been E2A's hallmark. With private sector engagement not coming to fruition, E2A implementation has largely focused on working within government health systems. In 15 sub-Saharan countries, the project has focused on applying and gathering evidence on such BPs as method mix expansion, CHWs, task-sharing, PAC/FP, and youth-friendly services.

After a slow start-up, E2A's core focus evolved into applying and building evidence around FP BPs to strengthen services in three technical areas: expanding method choice and access, scaling up BPs, and addressing the sexual and reproductive health needs of youth. Principal among these has been expanding the contraceptive mix.

Whether serving adults or youth, in most countries E2A has added contraceptive methods to those previously available. Introducing LARCs for Youth in the Ethiopia program grounded E2A in this approach. In Burundi and Tanzania, respectively, Jadelle and cycle beads were new methods added to the existing mix. Similarly, pilots for PPFP in Cameroon and PAC/FP in Burkina Faso and Togo focused on giving service-seekers access to LARCs that they previously lacked. This is also an outcome from the FTP pilots conducted in Burkina Faso and Tanzania. More broadly, E2A's work with youth in West Africa and PHE in East Africa also aims to expand the method mix among specific populations.

E2A has also promoted scale-up, particularly via widespread application of the ExpandNet methodology. Starting within HoPE/LVB and continuing through Niger's ULC, scale-up has become crosscutting within the project. With more experience and documentation, scale-up itself could emerge as a BP worthy of replication. To accomplish this, E2A should continue to remain anchored in solid on-the-ground projects and committed to working within collaborative partnerships. Though the ExpandNet scale-up methodology has not been applied with the same intensity in all settings, E2A staff appear to have fully embraced it and consistently incorporate it into project implementation.

In addition to ExpandNet, E2A partners IntraHealth, Management Sciences for Health, and PATH, working with and under the aegis of Pathfinder, have also made substantial technical contributions to E2A. Both the PAC/FP and TRP introduction into pre-service education benefitted from direct assistance from IntraHealth. MSH introduced PPFP and immediate provision of implants in Cameroon, and provided the DRC base into which E2A has integrated community-based FP. PATH, which has supported monitoring and evaluation from the outset of E2A, will continue to support using evidence generated as the basis for publications.

One USAID official gave high marks to E2A, saying, "On a scale of 1 to 10, E2A has been a strong 9." However, based on findings of this evaluation, the team more comfortably aligns with a different key informant's observation that "E2A is a project … that has hit its stride." Poised to achieve outstanding results, E2A overcame a slow start to capably and competently implement USAID's flagship project for FP services. Solid leadership, strong staffing, and implementation momentum position E2A for exceptional achievements by the end of implementation two and a half years from now.

V. EVALUATION RECOMMENDATIONS: PRIORITIES, OPPORTUNITIES & FUTURE DIRECTIONS

INTRODUCTION

Since inception, field support has been E2A's Achilles' heel. As USAID officials indicate, this is not unique to E2A. Mission buy-ins were especially slow in the early years, and most of those extended existing Pathfinder bilateral projects. Over time, E2A proved adept at finding and fitting particular FP BPs to bilateral needs. As E2A matured, field support increased, leading to the current challenge of encroaching on the project's ceiling. Attracting Mission funds to advance project objectives remains challenging, especially if budgets contract in coming years. Nevertheless, E2A has the opportunity to finish strongly. Solid experiences within and extensive evidence from implementing BPs positions E2A to continue making significant contributions at the country, regional, and global levels. In this section, the evaluation team recommends priorities, opportunities, and directions for doing so.

A. RECOMMENDED PRIORITIES

Of the many BPs already implemented, the evaluation team recommends prioritizing the following promising and established BPs:

FTP and ULC: These innovative approaches to FP/RH for youth need more time, additional application, and increased evidence to move from promising to proven BPs. While FTP has such opportunity in Nigeria and Tanzania, ULC in Niger risks being left somewhat on its own. E2A's regional partnership with the West Africa Health Organization (WAHO), Family Planning 2020, and Ouagadougou Partnership, and for advancing youth-friendly services in West Africa gives hope that this may be remedied. E2A staff need to continue monitoring where and how to build additional evidence about the effectiveness and potential of FTP and ULC. For FTP, new iterations in Nigeria and Tanzania appear to offer opportunit for doing so. Without additional resources, it may prove difficult for the project to document, let alone support, expansion of ULC.

PHE in Tanzania and East Africa: A recent and well-attended HoPE/LVB conference, together with an upcoming evaluation of that project, may increase opportunity for expanding this BP, including ExpandNet's scale-up methodology, to other countries in the region. The Lake Victoria Basin Commission's embrace of the HoPE/LVB project and East Africa Commission funds for PHE are key to making this happen. Though Pathfinder/Tanzania and HoPE/LVB have already had some exchanges, PHE interests and coordination need to increase in the near future. The HoPE/LVB evaluation and the burgeoning Community of Practice on PHE in the region will likely provide appropriate opportunity for this to occur.

TRP: An upcoming assessment of TRP applications at the country level to update FP curricula, to be conducted by Human Resources for Health in 2030, should provide evidence substantiating E2A technical investments to date. E2A plans to update an adolescent and youth sexual and reproductive health (AYSRH) module to include sexual and gender-based violence, which should prove to be a useful TPR component. E2A could also conduct a follow up assessment in Togo to learn more about how useful the youth-friendly services and gender components have been for the services the trained providers have given. Core funding would be needed for such an assessment. With timely technical

support, E2A revitalized TRP; depending on outcomes from the ongoing TRP assessment, it may have a new opportunity to provide additional technical assistance to update TRP again and support country-level application. Both would likely depend upon core funding.

PAC/FP: Proximity is key to successful implementation of this proven BP. This has been central to E2A's pilot applications of PAC/FP in Burkina Faso and Togo. With Togo poised to scale up E2A's successful pilot in five facilities, this is an opportune time for E2A to assist a Ministry of Health willing to do so. It could also be useful to re-examine all nine service sites that were originally assessed to document differences over time between the five intervention sites and four non-intervention sites. In addition, PAC/FP could be usefully implemented in other countries, such as Cote d'Ivoire, which have high reported and repeat abortions, especially among young women. Securing funding needed for either of these to move forward should remain a priority for both USAID and E2A.

Method Mix Expansion, CHWs, and Task-Sharing: E2A has worked on these proven BPs in multiple countries for several years. It may be time for project staff, in coordination with USAID managers and technical advisors, to step back, harvest, and publish the results. This is discussed further in the following section.

B. RESEARCH OPPORTUNITIES

Studying Best Practices Well Applied: Building upon BPs that have already been applied, often across multiple countries, may add to E2A accomplishments. For example, expanded method mix, one of E2A's technical focus areas, has been applied directly in at least three countries and indirectly in several others. Documenting how well newly introduced methods have been sustained and the extent to which adding a method increases contraceptive use overall could usefully contribute to the BP literature. Similar follow-up studies on LARCs and Youth, including after E2A activity support has ended, could increase momentum for implementing this breakthrough BP. To accomplish this, a useful starting place could be to establish a task force to map out areas of interest, where useful data may be found, and who is best placed to amass and analyze that data. Though E2A is well-equipped to take the lead in initiating such re-examinations, other data-mining and research-oriented projects, such as MEASURE (Monitoring and Evaluation to Assess and Use Results) and The Evidence Project, would clearly need to be included.

Despite long histories, some FP BPs remain contentious in many countries (e.g., CHWs and task-sharing). Even with many positive results from Asia to Latin America, each country grapples anew when applying these BPs, particularly when considering sustainability and scale-up. Governments tend to concentrate on costs of sustaining an expanded health care workforce rather than savings that result from increased efficiencies. In the DRC, Ethiopia, Nigeria, and Tanzania, E2A has a wide range of experience and achievements upon which to draw. A focused analysis of costs and results in and across these countries could be a useful update for these proven BPs. Technical assistance from a health economist or similar expert would be required to establish, and perhaps also apply, protocols for conducting such country-level studies.

Funding Studies and Research: Conducting such studies as suggested above may be beyond what current E2A staff, core funds, or Mission buy-ins could support. USAID/Nigeria's recent decision to exclude funding for research on FTP from support it will provide to E2A's Cross River State activities is just one example. However, such funding challenges should not lead to discarding these or other interesting research ideas. Using core funds to conduct specific studies of broad interest would require greater coordination within USAID as well as across projects. If USAID, as one key informant stated,

"keep[s] pushing [E2A] to do publications [and] get things into the literature" then it must also find ways to pay for conducting the necessary data collection and analysis. Though E2A webinars, technical briefs, and Communities of Practice usefully disseminate information, as one informant noted, "It is important to get [findings] into peer review journals; it stays, it's never taken off the website. You can always retrieve it." Beyond what could be done within E2A, USAID should promote the participation of other global projects, such as MEASURE, The Evidence Project, or Knowledge for Health, to explore, participate in, and take on these and other critical areas for research.

C. FUTURE DIRECTIONS FOR E2A

The E2A project has been extended by three years and will now end in September 2019.

ExpandNet and Scale-Up: E2A identified scale-up as a technical focus area. Within E2A implementation, scale-up has also become crosscutting. Building on experience with ExpandNet in multiple settings, the project will continue to be a scale-up field leader. Supporting efforts in this direction, E2A is already collaborating with the Bill & Melinda Gates Foundation-funded (Re)Solve FP Project, which is assessing and analyzing scale-up in Bangladesh, Burkina Faso, and Ethiopia. Identifying this and other opportunities for documenting, applying, and disseminating information about ExpandNet is a promising direction for continued work.

Youth-Friendly Services: Youth-friendly services have also become cross-cutting within E2A. Building on early successes in Ethiopia, youth-friendly services are consistently integrated into E2A activities, as with FTP in Tanzania, PPFP in Cameroon, ULC in Niger, and PAC/FP in Togo. As part of a regional partnership with several organizations to prioritize youth in francophone Africa, E2A is well-positioned to advance youth-friendly services in a number of countries in the region. Working to serve the next generation is a promising direction to enable countries that have lagged in FP use to quickly catch up. As it has with ULC as a promising BP, continued emphasis on advancing youth-friendly services may also afford the opportunity to address USAID's gender priorities, such as male involvement in refined applications of FTP and reproductive empowerment by early engagement with youth and ongoing efforts to extend LARCs for Youth.

EVIDENCE TO ACTION (E2A) PROJECT PERFORMANCE EVALUATION REPORT

August 2017

USAID Contract No. AID-OAA-C-14-00067; Evaluation Assignment Number: 314

DISCLAIMER

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

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ANNEX I. SCOPE OF WORK

Assignment #: <u>314</u> [*assigned by GH Pro*]

Global Health Program Cycle Improvement Project -- GH Pro

Contract No. AID-OAA-C-14-00067

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)

Date of Submission: <u>10-14-16</u>

Last update: <u>01-31-17</u>

I. TITLE: <u>Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A)</u>

II. Requester / Client

■ USAID/Washington

<u>Population and Reproductive Health</u> / <u>Service Delivery Improvement</u>

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

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

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

V. Performance Period

Expected Start Date (on or about): <u>February 2017</u>

Anticipated End Date (on or about): <u>July 2017</u>

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

Togo, Niger, and Tanzania. (Uganda and Zambia will replace any country missing)

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

<u>EVALUATION:</u>

■ **Performance Evaluation** (Check timing of data collection)
■ Midterm   ☐ Endline   ☐ Other (specify):

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

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

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

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

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

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

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

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

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

VIII. BACKGROUND

If an evaluation, Project/Program being evaluated:

Project/Activity Title:	Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A)
Award Number:	OAA-A-00024
Award Dates:	28 September 2011-27 September 2019
Project/Activity Funding:	$230,000,000

Implementing Organization(s):	Pathfinder International (prime), Management Sciences for Health (MSH), IntraHealth, PATH, African Population and Health Research Center (APHRC), and ExpandNet
Project/Activity AOR:	Patricia MacDonald

Background of project/program/intervention:

E2A's objective is to increase global support for, knowledge of, and scale-up of evidence-based FP/RH best practices to strengthen service delivery for women and girls. At the time that the project was awarded, USAID was focused on the development and implementation of BEST action plans, which represent high impact practices with the greatest potential to impact the drivers of maternal and child health. This has since evolved into Ending Preventable Child and Maternal Deaths (EPCMD). Within the Office of Population and Reproductive Health (PRH), USAID's research division began consolidating evidence around service delivery approaches that yielded high impact, defined as uptake of family planning, and developing these into High Impact Practices (HIPs) briefs. E2A was designed to support the introduction and/or scale up of these FP/RH service delivery HIPs (see FP HIPs website), as well as to generate and consolidate evidence around other service delivery practices, to expand access to greater numbers of women and girls with an unmet need for family planning. Shortly after the award of E2A, the world came together for the launch of FP2020, with its ambitious goal of reaching 120 million of the 225 million women and girls worldwide who are in need of FP/RH services. E2A was designed as USAID's flagship service delivery project to expand evidence-based service delivery approaches intended to help increase global support for the use of FP/RH best practices.

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

If project/program does not have a Strategic/Results Framework, **describe the theory of change of the project/program/intervention (see RFA for notes on theory of change).**

The E2A Project Objective: Quality FP/RH Service Delivery Strengthened		
Result 1:	**Result 2:**	**Result 3:**
Global support increased for the use of FP/RH best practices to strengthen service delivery	Knowledge synthesized and disseminated about the use of FP/RH best practices to strengthen service delivery	FP/RH best practices applied and scaled-up in ways that strengthen service delivery

Sub-Result 1	**Sub-Result 2**	**Sub-Result 3**
1.1. Active global partnerships engaged and providing leadership in use of FP/RH best practices to strengthen service delivery, including gender-equitable best practices	2.1 Approaches and models identified, implemented, evaluated, and documented that apply FP/RH best practices in ways that strengthen service delivery	3.1 Use of evidence-based FP/RH best practices increased

1.2. Global standards and protocols developed for applying FP/RH best practices in ways that strengthen service delivery	2.2 Knowledge generated about gender-equitable best practices that improve the quality of women and girl's–centered service delivery	3.2 Country ownership of FP/RH best practices to strengthen service delivery increased
	2.3 Knowledge generated about key GHI principles and BEST objectives -- including service delivery strengthening, innovation, and integration -- through links with GHI-Plus and BEST countries	3.3 FP/RH best practices linked with other health and non-health activities

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

E2A activities were undertaken in 15 countries, all of which are in Africa: Burkina Faso, Burundi, Cameroon, Democratic Republic of Congo (DRC), Ethiopia, Guinea, Kenya, Malawi, Mozambique, Niger, Nigeria, Senegal, Tanzania, Togo, and Uganda. As a global project, it was envisioned that E2A would operate in all regions, but opportunities did not emerge outside of Africa.

Activities were conducted in:

Burkina Faso, Burundi, Cameroon, Democratic Republic of Congo, Ethiopia, Guinea, Kenya, Malawi, Mozambique, Niger, Nigeria, Senegal, Tanzania, Togo, Uganda.

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IX. SCOPE OF WORK

A. Purpose:

USAID's Office of Global Health/Population and Reproductive Health/Service Delivery Improvement (GH/PRH/SDI) wishes to conduct a performance evaluation of its Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A) project, a five year, centrally-managed cooperative agreement. The current project was scheduled to end in September 2016. The implementing partner requested an extension, and GH/PRH/SDI requested, and received, a three-year extension.

The aim of the performance evaluation is to assess the extent to which project objectives have thus far been achieved, and to receive recommendations around how to achieve the greatest impact for key project areas during the three-year project extension. The bulk of the evaluation team's efforts should be directed toward assessing results achieved in the previous five years, with approximately 20% of their time spent analyzing which specific project area(s) would likely produce the best return on investment during the three-year project extension.

B. Audience:

The evaluation results and report will be used by USAID to inform future project design.

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

This evaluation will be used by USAID to learn whether and to what extent this project met the stated objective of increasing global awareness of, support for, and scale-up of best practices (BPs) for strengthening Family Planning and Reproductive Health (FP/RH) service delivery. In addition, USAID will use this evaluation to inform management of the project during the extension period, to identify activities that warrant continued investment and any additional recommendations to strengthen program implementation. At the conclusion of this evaluation, USAID/PRH/SDI expects a report covering both the assessment of activities to date, as well as recommendations for the project to focus on over the next three years to achieve the greatest impact. The findings will be used by E2A to strengthen its activities in the remaining three years of the project.

D. Evaluation/Analytic Questions & Matrix:

	Evaluation Question	Suggested methods for answering this question *What data sources and data collection and analysis methods will be used to produce the evidence for answering this question?*	Sampling Frame *Who is the best source for this information? What is the sampling criteria?*
I	To what extent has global and regional influence, partnership, and leadership in FP/RH grown through the efforts of this project? *Areas for consideration:* a. technical areas	In depth Key Informant Interviews	USAID Personnel, Government officials, program managers of partner organizations, program staff

	b. organizations that E2A has partnered influenced and/or provided leadership c. challenges faced and how they were overcome d. achievements e. potential future achievements		
2	To what extent were best practices defined (e.g. with basic/new evidence), refined (with additional evidence), applied (introduced in new locations), systematically scaled up (with which methodology) and measured in countries? *Areas for consideration*: a. best practices by country and level of implementation (defined, refined, applied, scaled up) b. aspects of service delivery strengthened within each of the best practice implementation stages c. networks/organizations that were strengthened in specific areas d. expansion of contraceptive methods e. sustainability f. monitoring and measuring scale-up and sustainability g. challenges faced and how were they overcome	In depth Key informant Interviews, Observation, Service Statistics/data	USAID personnel, Program Managers, Program Staff, Health Care Providers,
3	How were USAID's gender priorities (reproductive empowerment, male engagement, gender-based violence) implemented (stand-alone or integrated within activities) and monitored? *Areas for consideration*: a. key findings b. across the spectrum of similar gender priorities (reproductive empowerment, male engagement, gender-based violence) within E2A's	In depth Key Informant Interviews, Focus Group Discussion, exit Interview	USAID Personnel, Program Staff, Health Care providers, Clients (female and male clients)

	activities, influences and effects of gender on contraceptive use and other FP/RH outcomes c. challenges faced and how were they overcome d. recommendations for future work in the years remaining to mainstream gender within activities, and generate evidence of the effectiveness of mainstreaming gender		
4	Youth are a key population and a high priority within the project. How effective has E2A been at reaching youth? *Areas for consideration*: a. sub-populations of youth that are the target of E2A's interventions b. specific interventions c. outcomes of the youth interventions d. monitoring and evaluation of youth interventions, e. approaches used to scale up effective/best practices to reach youth and achieve the intended outcomes at the country, regional and global levels f. challenges faced and how were they overcome? g. amplifying and sustaining E2A's efforts in youth programming	Key Informant, Focus Group Discussions	Young men and Women, program staff, Youth leaders, Program Staff

E. **Methods**:

General Comments related to Methods: Desk/literature review, key informant interviews, country visits, and group interviews, if possible. Informed consent will be received before interviews are conducted.

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

This desk review will be used to provide background information on the project/program, and will also provide data for analysis for this evaluation. Documents and data to be reviewed include: Project reports, service statistics, etc. These drive contains the following documents: Cooperative Agreement, PMP, Quarterly Reports, Workplans, and Management Reviews.
https://drive.google.com/drive/u/0/folders/0B7CoJ5uc1-fGM2FfY0tadVh6UDA

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

Data Source (*existing dataset*)	Description of data	Recommended analysis
Assessments and research data	E2A conducted assessments and research. These data are available for additional analyses, if the Team needs them.	

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

USAID personnel, Project staff (Washington and in-country staff), Country level Ministry of Health, collaborators/partners, donors, and healthcare providers and managers.

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

Focus group discussions (FGD) may be conducted during country visits with beneficiaries who may include clients and/or health care providers. The participants of the FGDs will depend on the country and topic of interest for that country. For example, in a country where E2A works on task sharing, the Team may want to hold a FGD with health care providers who are engaged in task sharing.

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

Optional: Key informants can be grouped and interviewed together, as long as the respondents feel free to express their opinions openly. For example, group interviews can be conducted among healthcare providers and managers.

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

Potentially for youth activities. Youth leaders, clients of YFSRH services

X. HUMAN SUBJECT PROTECTION

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the evaluation, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the evaluation at any time without consequences. Only adults can consent as part of this *evaluation*. Minors cannot be respondents to any interview or survey, and cannot participate in a focus group discussion without going through an IRB. The only time minors can be observed as part of this evaluation is as part of a large community-wide public event, when they are part of family and community in the public setting. During the process of this evaluation if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.
An Informed Consent statement included in all data collection interactions must contain:
- Introduction of facilitator/note-taker
- Purpose of the evaluation/assessment
- Purpose of interview/discussion/survey
- Statement that all information provided is confidential and information provided will not be connected to the individual
- Right to refuse to answer questions or participate in interview/discussion/survey

● Request consent prior to initiating data collection (i.e., interview/discussion/survey)

XI. ANALYTIC PLAN

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

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

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

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

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

XII. ACTIVITIES

Background reading – Several documents are available for review for this analytic activity. These include E2A proposal, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data, as well as survey data reports (i.e., DHS and MICS). This desk review will provide background information for the Evaluation Team, and will also be used as data input and evidence for the evaluation.

Team Planning Meeting (TPM) – A 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, including determining travel agendas for Evaluation Team members
- Develop a data collection plan
- Draft the evaluation work plan for USAID's approval
- Develop a preliminary draft outline of the team's report
- Assign drafting/writing responsibilities for the final report

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

- Evaluation **launch**, a call/meeting among the USAID, GH Pro and the Team Lead to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH Pro will introduce the Team Lead, and review the initial schedule and review other management issues.
- **In-brief with USAID**, as part of the TPM. At the beginning of the TPM, the Evaluation Team will meet with USAID to discuss expectations, review evaluation questions, and intended plans. The Team will also raise questions that they may have about the project/program and SOW resulting from their background document review. The time and place for this in-brief will be determined between the Team Lead and USAID prior to the TPM.
- **Workplan and methodology review briefing**. At the end of the TPM, the Evaluation Team will meet with USAID to present an outline of the methods/protocols, timeline and data collection tools. Also, the format and content of the Evaluation report(s) will be discussed.
- **In-brief with project** to review the evaluation plans and timeline, and for the project to give an overview of the project to the Evaluation Team.
- The Team Lead (TL) will brief the USAID **weekly** to discuss progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.
- **In-country briefings**. The Evaluation Team will meet with the Missions and the in-country E2A IP when they first arrive in each country, and before leaving each country, per request of the Mission health staff.
- A **final debrief** between the Evaluation Team and USAID will be held at the end of the evaluation to present preliminary findings to USAID. During this meeting a summary of the data will be presented, along with high level findings and draft recommendations. For the debrief, the Evaluation Team will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The evaluation team shall incorporate comments received from USAID during the debrief in the evaluation report. (**Note**: *preliminary findings are not final and as more data sources are developed and analyzed these finding may change.*)
- **Stakeholders' debrief/workshop** will be held with the project staff and other stakeholders identified by USAID. This will occur following the final debrief with the Mission, and will not include any information that may be procurement deemed sensitive or not suitable by USAID.

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

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

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

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

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

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

XIII. DELIVERABLES AND PRODUCTS Note: These dates will be adjusted to the actual start of the work and the timeline adjusted accordingly

Deliverable / Product	Timelines & Deadlines (estimated)
■ Launch briefing	On/about February 15, 2017
■ In-brief with USAID	February 21. 2016
■ Workplan and methodology review briefing	February 21, 2017
■ Workplan with timeline	January 22, 2017
■ Analytic protocol with data collection tools	February 22, 2017
■ In-brief with target project / program	February 23, 2017
■ Weekly Updates by email to USAID and GH Pro	Weekly During field work
■ In-brief with Mission upon arrival in country Togo Niger Tanzania	TBD March 2017 March 2017 March 2017
■ Out-brief with USAID with Power Point presentation	March 2017
■ Findings review workshop with stakeholders with Power Point presentation	March 2017
■ Draft report	*Submit to GH Pro*: April 14, 2017 *GH Pro submits to USAID*: April 21, 2017 USAID Comments: May 5, 2017
■ Final report	*Submit to GH Pro*: May 19, 2017 *GH Pro submits to USAID*: May 24, 2017
■ Raw data (cleaned datasets in CSV or XML with data dictionary)	
■ Report Posted to the DEC	July 2017
☐ Other (specify):	

Estimated USAID review time

Average number of business days USAID will need to review deliverables requiring USAID review and/or approval? _____15_____ Business days

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

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

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

Team Qualifications: Please list technical areas of expertise required for this activity:

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

> *Overall Team requirements*:
> This will be a 4-person Evaluation Team comprised of 2 GH Pro consultants and 2 USAID 2 staff. E2A in-country staff help coordinate logistics for country visits.

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

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

Qualifications:

- Minimum of 10 years of experience in public health, which includes experience in implementation of health activities in developing countries
- Demonstrated experience leading health sector project/program evaluation/analytics, utilizing both quantitative and qualitative s methods
- Excellent skills in planning, facilitation, and consensus building
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline
- Good writing skills, with extensive report writing experience

- Experience working in Africa is desirable
- Experience working on multi-country or global projects is desirable
- Familiarity with USAID
- Familiarity with USAID policies and practices
    - Evaluation policy
    - Results frameworks
    - Performance monitoring plans

Key Staff 1 Title: **Evaluation Specialist**

Roles & Responsibilities: Serve as a member of the evaluation team, providing quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. S/He will oversee the training of all engaged in data collection, insuring highest level of reliability and validity of data being collected. S/He is the lead analyst, responsible for all data analysis, and will coordinate the analysis of all data, assuring all quantitative and qualitative data analyses are done to meet the needs for this evaluation. S/He will participate in all aspects of the evaluation, from planning, data collection, data analysis to report writing.

Qualifications:

- At least 10 years of experience in USAID M&E procedures and implementation
- At least 5 years managing M&E, including evaluations
- Experience in design and implementation of evaluations
- Strong knowledge, skills, and experience in qualitative and quantitative evaluation tools
- Experience implementing and coordinating other to implements surveys, key informant interviews, focus groups, observations and other evaluation methods that assure reliability and validity of the data.
- Experience in data management
- Able to analyze quantitative, which will be primarily descriptive statistics
- Able to analyze qualitative data
- Experience using analytic software
- Demonstrated experience using qualitative evaluation methodologies, and triangulating with quantitative data
- Able to review, interpret and reanalyze as needed existing data pertinent to the evaluation
- Strong data interpretation and presentation skills
- An advanced degree in public health, evaluation or research or related field
- Proficient in English
- Good writing skills, including extensive report writing experience
- Familiarity with USAID health programs/projects, primary health care or health systems strengthening preferred
- Familiarity with USAID M&E policies and practices
    - Evaluation policies
    - Results frameworks
    - Performance monitoring plans

Title: **FP/RH Specialist**

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

Qualifications:

- At least 10 years' experience with FP/RH projects; USAID project implementation experience preferred
- Expertise in supply and demand for FP services at the community and clinical level
- Experience working in FH/RH at the national and local level
- Experience working on FH/RH at the global level is desirable
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Proficient in English
- Ability to work in French is desirable
- Good writing skills, specifically technical and evaluation report writing experience
- Experience in conducting USAID evaluations of health programs/activities

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

Program Assistant /Logistics Coordinator (DC based) to work part time with the Evaluation Team to arrange interviews, meetings and logistics, and other support duties as needed by the Evaluation Team.

Local Logistics/Program Assistant (1 per country visited) will support the Evaluation Team for country site visits. The Logistics/Program Assistant support the Team with all logistics and administration to allow them to carry out this evaluation. The Logistics/Program Assistant will have a good command of English and local language(s). S/He will have knowledge of key actors in the health sector and their locations, including MOH, donors and other stakeholders. To support the Team, s/he will be able to efficiently liaise with hotel staff, arrange in-country transportation (ground and air), arrange meeting and workspace as needed, and insure business center support, e.g. copying, internet, and printing. S/he will work under the guidance of the Team Leader to make preparations, arrange meetings and appointments, including assisting booking interviews. S/he will conduct programmatic administrative and support tasks as assigned and ensure the processes moves forward smoothly. S/He may also be asked to assist with note taking at interviews and meetings, as well as with translation of data collection tools and transcripts.

E2A will provide in-country logistics support for Tanzania and Niger. Any conflicts of interest will be mitigated by the team leader, and E2A staff working with the Evaluation Team may be asked to recuse themselves from situations that may be deemed a COI

Will USAID participate as an active team member or designate other key stakeholders to as an active team member? This will require full time commitment during the evaluation or analytic activity.
   ■ Yes – If yes, specify who: USAID/Washington, DC will assign two people as part of the Evaluation Team
   ☐ Significant Involvement anticipated – If yes, specify who:
   ☐ No

Staffing Level of Effort (LOE) Matrix (Optional):

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

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

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

(*See Illustrative LOE Chart on USAID/GH Pro webpage.*)

Activity / Deliverable		Evaluation/Analytic Team				
		Team Lead / Evaluation Specialist	FP/RH Specialist	USAID Staff	Program Assistant (DC)	Researcher/ Logistics Assistant
Number of persons →		1	1	2	1	1**
1	Launch Briefing	1				
2	HTSOS Training	1	1	1		
3	Desk review	5	5	5	1	
4	Travel to DC	1	1	1		
5	In-brief with USAID/PRH	1	0.5	0.5	0.5	0.5
6	Team Planning Meeting	4	4	4	4	2
7	Workplan and methodology briefing with USAID	1	0.5	0.5	0.5	0.5
8	In-brief with E2A	1	0.5	0.5	0.5	0.5
9	Eval planning deliverables: 1) workplan with timeline analytic protocol (methods, sampling & analytic plan); 2) data collection tools					
10	Arrange for interviews and other logistics				2	
11	Preparation for in-country work	1	0.5	0.5	2	2
12	Data Collection DQA Workshop (protocol orientation/training for all data collectors)	2	2	2	2	1

Activity / Deliverable		Evaluation/Analytic Team				
		Team Lead / Evaluation Specialist	FP/RH Specialist	USAID Staff	Program Assistant (DC)	Researcher/ Logistics Assistant
13	US based data collection	5	5	5		
14	Travel to Africa	3	2	2		
15	In-brief & Debrief with Missions	2	2	2		
16	Data collection / Site Visits -includes travel to sites	12	12	12		1
17	Return Travel	2	2	2		6
18	Data analysis	1	5	5	5	
19	Debrief with USAID/PRH with prep	1	1	1	0.5	
20	Stakeholder debrief workshop with prep	1	1	1	0.5	1
21	Depart DC	1		1		
22	Draft report(s)	8	6	6	0.5	1
23	GH Pro Report QC Review & Formatting					
24	Submission of draft report(s) to Mission					
25	USAID Report Review					
26	Revise report(s) per USAID comments	4	2	2		
27	Finalize and submit report to USAID					
28	USAID approves report					
29	Final copy editing and formatting					
30	508 Compliance editing					
31	Eval Report(s) to the DEC					
	Total LOE per person	58	53	54	19	16
	Total LOE	57	52	53	19	16

**E2A will provide the in-country logistics coordinator for Tanzania and Niger.

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

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

Togo, Niger, and Tanzania. (Uganda and Zambia will replace any country missing)
Consultants may travel together to one country and then split up for the second and third country; or they may divide the countries up with one consultant going to 2 countries while the other consultant goes to one country. Travel will be determined during the TPM in consultation with USAID.

XV.   LOGISTICS
Visa Requirements

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

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

Name of Country	Type of Visa		
Niger	☐ Tourist	☐ Business	☐ No preference
	☐ Tourist	☐ Business	☐ No preference
Tanzania	☐ Tourist	☐ Business	☐ No preference
Togo	☐ 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 Pro can obtain **Secret Security Clearances** and **Facility Access (FA)** for our consultants, but please note these requests processed through USAID/GH (Washington, DC) can take 4-6 months to be granted, with Security Clearance taking approximately 6 months to obtain. If you are in a Mission and the RSO is able to grant a temporary FA locally, this can expedite the process. If Security Clearance or FA is granted through Washington, DC, the consultant must pick up his/her badge in person at the Office of Security in Washington, DC, regardless of where the consultant resides or will work.

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): GH Pro will verify for each country to be visited by GH Pro consultants
 ■ 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): _____

☐ _____

XVI. GH PRO ROLES AND RESPONSIBILITIES

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

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

XVII. USAID ROLES AND RESPONSIBILITIES

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

USAID Roles and Responsibilities

USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:
 	
Before Field Work
● SOW.
    o Develop SOW.
    o Peer Review SOW
    o 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.

XVIII. ANALYTIC REPORT

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

The **Evaluation/Analytic Final Report** must follow USAID's Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the USAID Evaluation Policy).
  a. The report must not exceed 30 pages (excluding executive summary, table of contents, acronym list and annexes).
  b. The structure of the report should follow the Evaluation Report template, including branding found here or here.
  c. Draft reports must be provided electronically, in English, to GH Pro who will then submit it to USAID.
  d. For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found here.

Reporting Guidelines: The draft report should be a comprehensive analytical evidence-based evaluation/analytic report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. ***The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.***

The findings from the evaluation/analytic will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:
- Executive Summary: concisely state the most salient findings, conclusions, and recommendations (not more than 4 pages);
- Table of Contents (1 page);
- Acronyms
- Evaluation/Analytic Purpose and Evaluation/Analytic Questions (1-2 pages)
- Project [or Program] Background (1-3 pages)

- Evaluation/Analytic Methods and Limitations (1-3 pages)
- Findings (organized by Evaluation/Analytic Questions)
- Conclusions
- Recommendations
- Annexes
  - Annex I: Evaluation/Analytic Statement of Work
  - Annex II: Evaluation/Analytic Methods and Limitations
  - Annex III: Data Collection Instruments
  - Annex IV: Sources of Information
    o List of Persons Interviews
    o Bibliography of Documents Reviewed
    o Databases
    o [etc]
  - Annex V: Disclosure of Any Conflicts of Interest
  - Annex VI: Statement of Differences (if applicable)

The evaluation methodology and report will be compliant with the USAID Evaluation Policy and Checklist for Assessing USAID Evaluation Reports
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The Evaluation Report should **exclude** any **potentially procurement-sensitive information**. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USIAD separate from the Evaluation Report.

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

XIX.   USAID CONTACTS

	Primary Contact	**Alternate Contact 1**	**Alternate Contact 2**
Name:	Patricia Macdonald	Teshome Woldmedhin	Christian L. Brewer
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List other contacts who will be supporting the Requesting Team with technical support, such as reviewing SOW and Report (such as USAID/W GH Pro management team staff)

	Technical Support Contact 1	**Technical Support Contact 2**
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ANNEX II. EVALUATION/ANALYTIC METHODS AND LIMITATIONS

As with all evaluations, there is room for improvement. For example, country visits, including site visits within countries, though ultimately very worthwhile, often felt like they were too few and too brief. Similarly, there are always additional documents to review or key informants to interview. However, within the time limits necessarily imposed, the SOW provided useful guidance for undertaking the E2A Evaluation.

Designed as a performance evaluation of an ongoing project, the E2A Evaluation was neither intended nor structured to use representative sampling to collect information on E2A and related activities. Individuals interviewed and countries visited for the E2A Evaluation were not randomly selected. Rather, USAID/W provided the Team with a suggested list of key informants and organizations to include, but the Team freely added or subtracted from these based on relevance and/or location. It is difficult to allow equal latitude with countries to include in the Evaluation, since Mission concurrences are essential and can take considerable time. The combination of purposive and convenience sampling ensured that the Evaluation could within the specified time frame encompass the range outlined in the SOW.

Reflecting on the experience, the E2A Evaluation Team offers the following methodological reflections:

1. Document Review: Document review is a useful means to quickly gain an essential baseline about project origins and how far it has come. The document files provided to initiate this evaluation included foundational documents such as the Cooperative Agreement and the E2A Evaluation SOW, as well as various E2A reports, briefs, and workplans. Also useful were several project management reviews. However, many documents provided were redundant and repetitious. It would be useful in future evaluations to have USAID or the project itself annotate, either in written or oral form, documents provided. Once the E2A Evaluation was underway, the Team asked for, otherwise amassed, and subsequently reviewed many additional documents. For example, missing from the initial documents were Pathfinder's Mid-Term Review of E2A and E2A's most recent workplan, which proved particularly important for an evaluation that would look toward E2A's future as well as its past.

2. Key Informant Interviews: There is inherent tension between the number of interviews conducted and having accurate written records of those interviews, essential for subsequent analysis. Each key informant interview takes considerable time and effort. For the E2A Evaluation, both digital recordings and voice recognition software proved helpful for accurate notetaking. Most key informants, once informed that recordings were confidential and for note-taking purposes only, readily agreed to recorded conversations. In addition to recommending using such technologies to make data collection more efficient, the Team also suggests adding dedicated interview transcribers to alleviate and reduce costs on what is otherwise an incessant burden on Evaluation Team members.

3. Country Visits: Long flights and battling with jetlag seem an unavoidable part of conducting evaluations in relatively short timeframes. However, allowing for individual preferences as to travel schedules and time off would help alleviate this. Such flexibility would partially compensate for the long delays that consultants frequently experience while awaiting Mission approvals for country visits. Building in sufficient time for in-country travel to remote areas is another important consideration.

ANNEX III: PRINCIPAL DATA COLLECTION INSTRUMENT: GENERIC QUESTIONNAIRE FOR KEY INFORMANT INTERVIEWS

GENERIC QUESTIONNAIRE FOR KEY INFORMANT INTERVIEWS

Tailored question sets are to be extracted from the Generic Questionnaire based upon an individual key informant's position and area(s) of expertise in relation to E2A

Introduction

Thank you for making the time to talk with me/us today.

The USAID's Office of Population and Reproductive Health (PRH) has asked us (via GH Pro) to collect information for an evaluation of its (flagship) family planning and reproductive health project: Evidence to Action for Strengthened Reproductive Health or E2A. The purpose of this evaluation is to help USAID to understand and assess both the accomplishments and the shortcomings of the project, including challenges and barriers to extending services to those who want and need them. This evaluation will touch upon a number of areas, including efforts made to implement best practices, extend services, and serve particular population groups, such as youth and women who may lack access to services when they need them.

You were suggested as a key person to interview about E2A activities and we greatly appreciate your perspective, experiences and views on the successes, challenges, barriers and lessons learned from your experience working with E2A.

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

Our interview will take about one hour.

Do I have your permission to begin?

Optional: I would like to record this interview to ensure that I do not miss any important points. Please know that anything you say during the interview will be kept confidential within the GH Pro team, and that in our report we will not be attributing specific comments to any specific individual.

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

[ ] Consent provided _____ [*Interviewer/Recorder initials*]

INTRODUCTORY QUESTIONS

(WARM-UP with 1-2 Questions from Below)

BG1 What are your connections to E2A and how have these come about?

BG2 Please describe what your work or position is – the things you do on a fairly regular basis. Please also talk about any work you do regularly or occasionally in relation to or with E2A?

BG3 How did you come to this point in your career, significant responsibilities over/within strengthening FP/RH and/or health care access?

BG4 Do you yourself have a history of working to strengthen family planning and scale up best practices in FP services delivery? Tell us about that.

GENERAL QUESTIONS BASED UPON USAID's Results Framework, E2A Evaluation SOW, and Broader Development to which USAID Contributes

GQ-1 How well has E2A oriented and directed this project towards having global as well as regional roles and impacts?

- At the global level, what have been the major achievements of this project? (pause for answer) And do you think there have been major shortcomings of the project? If so, please explain.

- At the regional level, where has E2A achieved some success and where could it have done more?

- Looking forward, which global or regional roles should E2A pursue that would contribute to maximizing its potential impact?

*Question GQ-1 relates to both E2A Result One (**Global support increased for the use of FP/RH best practices to strengthen service delivery**) and the Evaluation SOW Question 1. (**To what extent has global and regional influence, partnership, and leadership in FP/RH grown through the efforts of this project?**)*

GQ-2. What are some of the most effective approaches that E2A has used to synthesize and share information about best practices to strengthen FP/RH service delivery. Which should it have used more or should it be employing in the future? Prompt if needed (e.g., Communities of Practice; conference participation and presentations; partnerships with global and/or regional organizations; publications; webinars, website, etc.)

*Question GQ-2 relates to Result Two (**Knowledge synthesized and disseminated about the use of FP/RH best practices to strengthen service delivery**) and Broader Development Context*

GQ-3. In addition to E2A can you give me examples of other projects or programs (funded by USAID and/or other donors) that also work to synthesize/disseminate information or on best practices strengthen services? How has or should E2A connect or interface with these other major programs? What would you say would be the benefit of that interfacing or connecting?

*Question GQ-3 relates to Results 2 and Results 3 (**FPRH best practices applied and scaled-up in ways that strengthen service delivery**)*

GQ-4. How did it come about that E2A, which aims to exercise global influence and leadership for strengthening FP, actually implements on-the-ground only in sub-Saharan Africa (field support projects and other activities)? Is this to the detriment of the project overall? Are there some benefits to this Africa focus?

Question GQ-4 relates to Result 3

GQ-5. Do you envision E2A as a kind of omnibus FPRH project, spanning from knowledge management to on-the-ground service delivery? Would you further elaborate on the spectrum of major components encompassed by this project? Is there a percentage breakdown in terms of effort given to each? Where would you like to see more effort in the future?

Question GQ-5 relates to all three Results and broader development

Key Informant Questions

(Limited number selected to match with interviewee position/location)

SOW 1. To what extent has global and regional influence, partnership, and leadership in FP/RH grown through the efforts of this project? *Areas for consideration: a. technical areas b. organizations that E2A has partnered influenced and/or provided leadership c. challenges faced and how they were overcome d. achievements e. potential future achievements In depth Key Informant Interviews USAID Personnel, Government officials, program managers of partner organizations, program staff* (SOW, p.10)

1-1. How well has E2A oriented and directed this project towards having global as well as regional roles and impacts?

- At the global level, what have been the major achievements or hallmark contributions of this project? (pause for answer) And do you think there have been major shortcomings of the project? Please explain and illustrate by providing specific (positive or negative) examples.

- At the regional level, where has E2A achieved some progress and where could it have done more?

- Looking forward, which global or regional roles should E2A pursue that would contribute to maximizing its potential impact?

1-2. What are some of the most effective approaches that E2A has used to synthesize and share information about best practices to strengthen FP/RH service delivery. Which should it have used more or should it be employing in the future? Probe if needed: e.g., Communities of Practice; conference participation and presentations; partnerships with global and/or regional organizations; publications; webinars, website, etc.

1-a. Technical Areas—Within which technical areas *(*e.g., PPFP, PAC-FP, AYSRH, Gender, Male Engagement, etc.) has E2A worked successfully? In which technical areas could/should E2A do more?

1-b-1. Organizational Partnerships—Would you name one or two organizations at *global level* with which E2A has successfully partnered and/or provided leadership? Please describe how those relationships came about and with what results. Please also provide and describe some examples of potential and promising partnerships with some global organizations that did not or have not yet come to fruition. For these latter examples, what could/should E2A have done differently in the past or do moving forward?

1-b-2. Organizational Partnerships—Would you name one or two organizations at *regional level* with which E2A has successfully partnered and/or provided leadership within? Please describe how those relationships came about and with what results. Please also provide and describe some examples of potential and promising partnerships with some regional organizations that did not or have not yet come to fruition. For these latter examples, what could/should E2A have done differently in the past or do moving forward?

1-c. Project Challenges—What in your view are the major challenges that E2A has faced and how have these been overcome? What challenges continue to impede E2A project implementation? Do you think these are likely to be overcome during the remaining two and a half years?

1-d. Project Achievements—In your opinion, what have been the major achievements of E2A? What would you cite as the evidence for these achievements? Please describe how one or two of these

achievements came about, what E2A's specific contributions were, and what have been or will likely be the ultimate outcome or results.

1-e-1. Future Potential—Particularly at global and/or regional level, what do you envision as key areas where E2A could substantially contribute to strengthening FP in the future?

1-e-2. Future Potential—In what ways and where has E2A demonstrated leadership? In the remaining years, what do you see as the leadership potential for E2A and how should it go about achieving this?

SOW 2 **To what extent were best practices defined (e.g. with basic/new evidence), refined (with additional evidence), applied (introduced in new locations), systematically scaled up (with which methodology) and measured in countries?** *Areas for consideration: a. best practices by country and level of implementation (defined, refined, applied, scaled up). b. aspects of service delivery strengthened within each of the best practice implementation stages c. networks/organizations that were strengthened in specific areas d. expansion of contraceptive methods e. sustainability, 11 f. monitoring and measuring scale-up and sustainability g. challenges faced and how were they overcome.*

2. Name those FP/RH best practices that you believe E2A has been most active in applying (which BPs and applied where?) and most instrumental in scaling up (Which BPs, where, and to what extent?)

2-a-1. Best Practices—Can you share some examples of E2A implementing or making notable contributions to FP best practices? For each example provided, please specify countries where E2A implemented these best practices; the particular role(s) E2A played in implementing these; and at what level implementation occurred (*defined, refined, applied, scaled up*).

2-a-2 Best Practices—Is there one particular FP best practice with which E2A has been identified more than others? Can you describe E2A's role? Did E2A help to define, refine, apply or scale up the best practice? Please describe.

2-a-3. Best Practices—Is there any particular FP best practice for strengthening FP services delivery with which you wish E2A had done or would do more?

2-a-4. Best Practices—Within _____ (i.e., Niger, Tanzania, Togo, etc.), has E2A implemented or provided assistance to implement best practices, such as (e.g., list illustrative BPs)? At what level were each of these implemented (*defined (create new evidence), refined (add evidence), applied (introduce in new places), or scaled up*)?

2-b-1. Best Practice Implementation Stages—Within which of the Best Practices implementation stages of *defined, refined, applied, scaled up* do you consider that E2A has been most and least active? Within which has it been most and least successful?

2-b-2. Best Practice Implementation Stages—Within your country, E2A been actively involved in implementing such FP/RH best practices as postpartum FP, PAC-FP, youth-friendly services, task shifting, etc. For those activities supported or implemented by E2A, implementation occurred at which of the following stages: best practice defined, refined, applied, scaled-up, and/or measured?

2-c. Network/Organizational Strengthening—Are you able to provide examples of networks and organizations (in-country, regional, or global) that have been strengthened as a result of E2A's work? Please specify what E2A did to strengthen such networks and organizations and what were the results?

2-d-1. Contraceptive Method Expansion—Has E2A contributed to expanding the mix of contraceptive methods in your country? Which methods, how, and to what sustainable effect?

2-d-2. Contraceptive Method Expansion—Overall, how and to what extent has E2A contributed to expanding the contraceptive method mix? For which methods has it had some notable impact? Are there other methods for which you wish E2A would have done more or could do more?

2-e. Sustainability—Please cite specific examples of efforts that E2A has made to contribute to the sustainability of implementing a particular best practice. Which Best Practice, where did this occur, with what results, and with what likelihood of continuation or spread beyond the life of the E2A project?

2-f. Monitoring and Measuring Scale-up & Sustainability—To what extent has E2A been successful or not in monitoring and measuring to scale up particular FP/RH best practices?

2-g-1. E2A Challenges—In general, what have been the major challenges that E2A has faced in its first five years? Has the project successfully overcome these challenges and how? Are there challenges still to be faced and overcome in the remaining years?

2-g-2. E2A Challenges—What major challenges has E2A faced within your country? Has it been successful in overcoming these? How did E2A overcome these challenges? What are additional challenges that E2A may still face in the coming years?

SOW3 How were USAID's gender priorities (reproductive empowerment, male engagement, gender-based violence) implemented (standalone or integrated within activities) and monitored? Areas for consideration: a. key findings b. across the spectrum of similar gender priorities (reproductive empowerment, male engagement, gender-based violence) within E2A's activities, influences and effects of gender on contraceptive use and other FP/RH outcomes c. challenges faced and how were they overcome d. recommendations for future work in the years remaining to mainstream gender within activities, and generate evidence of the effectiveness of mainstreaming gender In depth Key Informant Interviews, Focus Group Discussion, exit Interview USAID Personnel, Program Staff, Health Care providers, Clients (female and male clients)

3. Gender: How well, to what extent, and with what results has E2A engaged with and monitored implementation of USAID's gender priorities (reproductive empowerment, male engagement, gender-based violence)? Have E2A efforts in this area met, exceeded your expectations, or fallen short of your expectations? Has E2A been more successful implementing gender priorities into its own on-the-ground activities or integrating them into other projects or programs? In what areas should E2A do more in the future?

3-a-1. Key Findings—What has been E2A's contribution to, in your view, advancing USAID's gender priorities (reproductive empowerment, male engagement, GBV)? Please illustrate by citing E2A's more useful contributions as well as areas where E2A could/should have done more.

3-a-2. Key Findings—What is your overall assessment of E2A's work to advance USAID's gender priorities—reproductive empowerment, male engagement, and GBV? Please give examples of E2A contributions within standalone as well as integrated activities and at different levels (i.e. global, regional, country).

3-a-3. Key Findings—Within _____ (Niger, Togo, or Tanzania) has E2A implemented and monitored activities that support USAID's gender priorities: reproductive empowerment, male engagement, GBV)?

If yes, please provide examples and explain how E2A has been involved? Has E2A involvement been substantial and important or relatively minor and less important?

3-b-1. Gender & FP/RH Outcomes— Can you give an example of E2A gender-focused activities have had an effect on contraceptive use? On access to FP counseling and services? On other FP/RH outcomes?

3-b-2. Gender & FP/RH Outcomes— How has E2A's work in male involvement, GBV, reproductive empowerment been monitored?

3-c-1. Challenges—What are some of the major challenges that E2A has encountered in implementing, integrating or monitoring USAID's gender priorities into its project work? To the extent possible, please cite specific examples of such challenges, how they were met, and whether they were overcome or not.

3-c-2. Challenges—Do you think working on any one of USAID's gender priorities been more difficult than the others for E2A? Please Explain.

3-d. Recommendations for Future—How would you recommend E2A address gender mainstreaming in the future? How can E2A show its effectiveness in mainstreaming gender? What evidence can it/will it be able to show in the coming three years?

SOW4 Youth are a key population and a high priority within the project. How effective has E2A been at reaching youth? Areas for consideration: a. sub-populations of youth that are the target of E2A's interventions b. specific interventions c. outcomes of the youth interventions d. monitoring and evaluation of youth interventions, e. approaches used to scale up effective/best practices to reach youth and achieve the intended outcomes at the country, regional and global levels Key Informant, Focus Group Discussions Young men and Women, program staff, Youth leaders, Program Staff 12 f. challenges faced and how were they overcome? g. amplifying and sustaining E2A's efforts in youth programming

4. YOUTH: What is your overall assessment of how effective E2A has been at reaching youth? Please give evidence and/or examples.

4-a. YOUTH: Subgroups—Within which specific youth sub-populations (e.g. adolescents (under 18), young adults, young women with first time pregnancies, young couples, university students, etc.) has E2A been most actively engaged and with what results?

4-b. YOUTH: Interventions—What specific approaches or best practices has E2A used in its youth-oriented projects or activities? Have these been effective? Are there other approaches that could have been more effectively deployed by E2A?

4-c-1. YOUTH: Outcomes—Which of E2As activities have concretely benefitted youth? What were the most important outcomes that resulted?

4-c-2. YOUTH: Outcomes—Are there ongoing youth-oriented activities or projects in your country that have high potential for producing significant outcomes in the future? What outcomes would you like to see? Has E2A had a role in these projects? Could E2A play a bigger role in these activities in the future?

4-d-1. YOUTH: M&E—What kind of monitoring and evaluation has E2A done to measure the effect and outcomes of the youth projects and activities it supports?

4-d-2. YOUTH: M&E—Overall, has E2A given sufficient or insufficient attention to measuring, monitoring, and evaluating its youth-oriented portfolio? Which projects or activities would you cite as evidence of this?

4-e. YOUTH: Scale-Up—Have the approaches used by E2A to scale up effective/best practices to reach youth had impact at the country, regional and/or global levels? Please provide examples and/or state what more E2A should be doing to scale-up services for youth.

4-f. YOUTH: Challenges— Identify challenges that FP programmers face in supporting and implementing best practices for young populations at country, regional, or global level. How did E2A face these challenges and have these been overcome? What additional efforts should E2A make to overcome such challenges in the future?

4-g. YOUTH: Amplifying and Sustaining Programming—Please provide specific examples of E2A efforts to expand and/or sustain particular youth programs. What else could or should E2A do to amplify or sustain such programs in the future?

CLOSING QUESTION: Before we end this discussion, is there anything else that we haven't covered that you would like to say something about?

ANNEX IV: SUMMARY INFORMATION ABOUT EVALUATION TEAM MEMBERS, INCLUDING QUALIFICATIONS, EXPERIENCE, AND ROLE ON THE TEAM

Don Lauro, PhD, Team Lead and Evaluation Specialist: Don Lauro has more than 25 years as senior-level manager for international FP/RH and related health programs. Since 2008, he has been an independent consultant and served as the Team Leader on several external evaluations of programs and projects funded by USAID (DELIVER, PRISM, BALANCED, E2A); UNFPA (AccessRH); and the Bill and Melinda Gates Foundation (Reproductive Health Supplies Coalition). He is an expert in qualitative and quantitative research methodologies; program design; strategic planning; leadership development; meeting facilitation; institutional and donor collaboration; and team building. He has conducted research on population, health, and development within a variety of countries in Asia and Africa. For the E2A Evaluation, he developed the methodological approach, oversaw as well as participated in its application, and led data analysis as well as drafting of the report. He also conducted the country visit to Tanzania, including a site visit to Shinyanga.

Elizabeth McDavid, FP/RH Specialist: With over 25 years of experience in international development, Elizabeth McDavid has worked in such challenging environments as Guinea, Senegal, DRC, Indonesia, Niger, Haiti, and Cameroon. She has designed and managed USAID, AFD, Hewlett Foundation, and DFAT projects, including USAID/Cameroon's first Family Health project (1992), USAID/Haiti's Civil Society Strengthening and Local Governance Projects (1997), and DFAT's HIV Cooperation Program for Indonesia (HCPI 2013-2015). She creates opportunities for dialog and consensus, business development, and individual capacity building. Respected for her field office support, staff management, and capacity building skills, she has overseen multiple field offices with technical and operational staff. Within the E2A Evaluation, she brought to the Team programmatic understanding of several family planning best practices, including working with youth, PAC/FP, and PPFP. She participated in all aspects of the evaluation, from developing data collection tools to conducting key informant interviews to making clinic site visits in Togo to reviewing the draft Report. Her fluency in French and Hausa was particularly useful during the country visit to Niger.

Peggy D'Adamo is Health and Knowledge Management Advisor at USAID in the Office of Population and Reproductive Health. She has worked at USAID for eight years and is one of the USAID staff working with the Implementing Best Practices Initiative. She also manages the Office's knowledge management project, Knowledge for Health, which supports initiatives like the Family Planning Handbook, the FP/RH High Impact Practices briefs and website, the Family Planning Training Resources Package, USAID's online eLearning platform, and USAID's journal, Global Health Science and Practice. Though a late addition to the Evaluation Team, her expertise and energy enabled her to quickly get on board. She was particularly helpful during the country visits to Niger and Togo, initial data analysis, and presentation of preliminary findings.

ANNEX V. KEY INFORMANTS INTERVIEWED

Place	Name	Position/Title
Washington, DC	Michal Avni	USAID, Senior Gender Advisor, Office of population and reproductive health
	Rita Badiani	E2A Project Director
	Regina Benevides	E2A Dir. Of Service Delivery Strengthening/Senior Youth Advisor
	Claudia Conlon	USAID, PRH (571) Senior Maternal and Newborn Health MCHN Office) US Government Lead for Saving Mothers Giving Lives (SMGL)
	Carolyn Curtis	USAID, PAC FP and champion for PAC
	Fariyal Fikree	E2A Senior Research Advisor, seconded by PATH
	Papa Fall	Senior Director, Finance and Operations
	Nancy Harris	Vice President, JSI
	Elham Hassan	E2A Field Country Support/Program Manager
	Anjala Kanesathasan	E2A, Sr. Gender Advisor
	Anne Hirschey	USAID, Division Chief, Service Delivery Improvement Division, Office of Population and RH
	Patricia MacDonald	USAID PRH and E2A AOR
	Murtala Mai	E2A Director of Field Support
	Rashad Massoud	ASSIST, Project Director, Chief Medical and Quality Officer/Senior Vice President, University Research Corporation
	Erin Mielke	USAID PRH and former E2ATechnical Advisor
	Gwen Morgan	E2A Deputy Director and M&E Director
	Stemble (Tembe) Mugore	E2A Senior Advisor, Clinic Performance Improvement, E2A, Seconded by IntraHealth
	Jennifer Parker	E2A Communications Manager
	Ellen Starbird	USAID, Director of the Office of Population and Reproductive Health PRH
Others, US-Based	Sono Aibe	Pathfinder, Senior Advisor for Strategic Initiatives
	Maureen Corbett	IntraHealth
	Laura Ghiron	Expand/Net
	Cate Lane	Youth Advisor, Office of Population/USAID
	Lynn Gaffikin	Earth Link, HoPE-LVB
	Ruth Simmons	Expand/Net
	Kate Stratten	IntraHealth
Niger	Aminatou Bahak Abdou	Responsible Communication, ANBEF
	Dr. Sani Aliou	Pathfinder/Niger Country Director
	Ibrahim Boubacar	Executive Director, ANBEF
	Sayo Djibo	Secretary General, REMAO
	Mms. Zeinabou Illa Foumakoye	In Charge of Health Portfolio
	Dr. Ousmane Guero	Senior Program Officer, AGIR, PF (EngenderHealth)

Place	Name	Position/Title
	Innocent Raphael Ibrahim	Student Supervisor, LUC, Niger
	Dr. Ali Halima	Chief of the Division for Adolescents, MOH
	Aminou Manirou Mahaman	Director of Work with Youth and Adolescents
	Kangudie Mbayi	AOR Agir PF and Activity Manager, USAID/West Africa
	Ibrahim Mounkaila	Student leader, Supervisor, President of LUC Niger
	Mariama Moussa	Senior Program Officer, AGIR PF (EngenderHealth)
	Abdoulaye Ousseni	Coordinator, LUC, E2A
	Mme. Sabo Haouna Seini	Secretary General of REMAO
	Bakabe Mama Siradge	Director, B@K Techno
	Mme. Binta Tchiombiano	Communicatrice, DSME, MOH
	Safiatou Wahi	Development Program Specialist (Health) USAID/Niger
Togo	Mme Esther Adjivon	Sage-femme, CHR Tsévié
	Abra Jeanne Afeli	UNFPA Togo
	Dr. Yawo Agbigbi	National Program Officer, RH, UNFPA, Togo
	Louise Akpadza	Point Focal Fistule Obstetrical, MOH
	Dr. Agossou	Directeur de la Santé Maternelle et Infantile
	Clementine Molley Ama	Midwife in charge of maternity and FP, Tsevie
	Reine Ameyibor	Sage Femme (midwife), Keve
	Mme. Louise Akpadza	Point Focal Fistule Obstéricale, MOH
	Degbevi Akua	Retired, former midwife at DSMI, MOH
	Mme. Clementine Molley Ama	Midwife in charge of maternity and FP, Tsevie
	Mme Deganu S Ayele	Midwife, Responsable du Centre, Noepe
	Odu-Djeriwo Ayede Cherita	Medical Assistant In charge and QI Team leader, Keve
	Mme Jeanne Eklou	Midwife, Tsevie
	Saturnin Epie	UNFPA Rep
	Dr Amegan Ayamenou Eloi	Country Manager for Togo, AGIR-PF
	Dr. Andre Koalaga	Technical Director and Acting COP, AgirPF
	Mme. Anita Kouvahey	Responsible de Community health and learning center, ATBEF
	Mme Atia Kponton	Midwife, Tsevie
	Issafa Lawou	Nurse, Keve
	Mme Layibo	Midwife at Aneho
	Dr. Simtokina N'Gani	Chef Section Planification Familiale, MOH
	Jeanne Mginmibe	Midwife at Tsevie
	Dr. Ayessou Akouete Victor	Division de la Sante Maternelle, seconded by UNFPA
Tanzania	Dr. Wilhelm Angasa	University of Dar es Salaam, Department of Economics
	Katie Chau	E2A Senior Youth Advisor
	Dolorosa Duncan (by phone)	Pathfinder/Shinyanga, Regional Manager
	Simon Edward	Pathfinder/Sninyanga, Regional Manager

Place	Name	Position/Title
	Estheria Gutenda	Shinyanga District Reproductive Health Coordinator
	Catherine Kahabuka	Enhance Tanzania Foundation and Independent Consultant
	Alphonce Kalula (by skype)	ECSA/Tanzania
	Dr. Ntuli Kapologwe	Director of Health, Social Affairs and Nutrition, President's Office of Regional and Local Government
	Ibrahim Kedengo	Chief Statistician; Acting Deputy Director of Social Services; Planning Commission
	Mustafa Kudrati	Pathfinder Representative/Tanzania & E2A Field Support
	Hadija Kweka (by skype)	Pathfinder/Shinyanga, M&E/Program Officer
	Lucy Magembe	The Nature Conservancy
	Hellen Magige	Pathfinder/Tanzania, M&E Director
	Zuhura Mbuguni	Ministry of Health FP coordinator
	Rev. James Mlali	Abundant Life Communication and Development Network
	Greysmo Mutashobya	Health Promotion Tanzania, Program Officer/Advocacy
	Dr Joel Lincoln	University of Dar es Salaam, Department of Economics
	Grace Lusiola	EngenderHealth, PAC/FP Project Director
	Josephat M.	Pathfinder/Tanzania, PHE & Advocacy
	Dr. Moshe	ASSIST Project/Tanzania
	Josia Otege	Pathfinder/Tanzania, E2A Advocacy
	Evodia Paschal	Master Trainer Shinyanga District
	Jane Shueller	USAID/Tanzania, Senior Family Planning/Reproductive Health Advisor, Office of Health
Others Outside US	Farouk Jega	Pathfinder, Country Representative, Pathfinder/Nigeria
	Modibo Maiga	Health Policy Plus (HP+); Regional Representative/Palladium
	Dr. Mongbo, Medessi Yves Armand	WAHO, Child, Adolescent and Youth Professional Officer

ANNEX VI. DOCUMENTS REVIEWED FOR E2A EVALUATION

	File Type	File Name	Date
E2A Background Documents	Cooperative Agreement	E2A One-Page Announcement	
		Pathfinder International E2A Award	
	EPIC SOW Guidelines and Templates	EPIC SOW Review Form	12/15/2015
		Evaluation SOW Template	
	Examples Eval SOWs_LMG_Fistula Care	DraftFCMidTermEvalScopeofwork-as.wm.te.kc	
		LMG Project End of Project Evaluation SOW updated	
	Management Reviews	Copy of E2A Mgmt Review June 2013	
		E2A Management Review Memo	07/17/2012
		E2A Management Review Questions with Mgmt Team Answers Final	06/2013
		E2A Management Review	07/16/2012
	PMP	Approved E2A PMP Indicator Matrix	
		E2A PMP Indicator Matrix_USAID_Updated 021412-TM Track Changes	
	Quarterly Project Reports	Year 1 • E2A 1st Quarterly Report • E2A 2nd Quarterly Report • E2A 3rd Quarterly Report • E2A 4th Quarterly Report	1. 10-12/2011) 2. 01/01-03/31/12 3. 04/01-06/30/12 4. 07/1-09/30/12
		Year 2 • E2A 1st Quarterly Report • E2A 2nd Quarterly Report • E2A 3rd Quarterly Report • E2A 4th Quarterly Report	1. 06-09/2012 2. 01/01-03/31/12 3. 01/01-03/31/12 4. 04/1-06/30/12
		Year 3 • E2A 1st Quarterly Report • E2A 2nd Quarterly Report • E2A 3rd Quarterly Report • E2A 4th Quarterly Report	1. 06/01-09/30/2013 2. 10/01-12/31/13

	File Type	File Name	Date
			3. 01/01-03/31/14 4. 04/1-06/30/14
		Year 4 • E2A 1st Quarterly Report • E2A Y4 Q5 Quarterly and Annual Report • IFHIP-Quarterly Report 04-06/15) • Q3 E2A DRC Report	1. 10/01-12/31/2014 2. 07/1-09/30/15 3. 10/01-12/31/13 4. 04-06/15
	Workplans	Y1 Workplan	09/11-06/12
		Y2 Workplan	07/12-06/13
		Y3 Workplan	07/14-09/15
		Y5 Workplan	10/01-09/16
		E2A RFA Final	02/17/2011
		E2A Results Framework	
		Nigeria Operating Principles email	

	File Type	File Name	Date
Other E2A Documents	E2A Review Reports	Mid-Term Review – Program Findings from Pathfinder Internal Review	March-May 2016
		E2A PMP Results Reporting Form: Years 1-5	
		E2A Overview: Where is it now, where it hopes to go	March 23, 2017
		E2A Country Mapping	April 2013
		Year 6 Workplan October 1, 2016 – September 30, 2017	October 20, 2016
	Technical Briefs	Report of the Second Regional Francophone West Africa Post-abortion Care Meeting: Strengthening Post-abortion Family Planning	July 2014
		Assessment of Post-abortion Care Services in Four Francophone West Africa Countries	April 2014
		Strengthening Post-abortion FP in Burkina Faso: Pre-Service and In-Service Training on Post-abortion Care	2012

	First Time Parents	Literature Review: Reaching Young First Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies	July 2014
		Increasing Access to Contraceptive Information and Services in Shinyanga District, Tanzania	April 2017
		Increasing Access to Contraceptive Information and Services for First-Time Mothers in Akwa Ibom, Nigeria	April 2017
		Reaching Young Married Women and First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies in Burkina Faso	September 2015
	Country Activity Briefs	E2A in Nigeria	March 2017
		Togo: Quality Improvement of PAC to Expand Contraceptive Choice, Focus on Youth	March 2007
		E2A in Tanzania: Community-based family planning interventions	March 2017
		University Leadership for Change in Sexual and Reproductive Health	February 2017
		Ethiopia: Integrated Family Health Program (IFHP+/E2A)	April-June 2015
	Policy Briefs	Testing a Service-Delivery Model for Offering Long-Acting Reversible Contraceptive Methods to Youth in Ethiopia	January 2017
		Assessment of Postabortion Care Services in Four Francophone West Africa Countries	September 2014
		Generating Evidence to Meet the Sexual and Reproductive Health Needs of Students at Kenyatta University and Beyond	
		Prospects and Challenges of Harnessing Demographic Dividend in Tanzania	2014
	Youth Friendly Services	Effect of training youth-friendly service providers in Ethiopia to provide LARCs	2017 (in press Journal of Adolescent Health)
		Evaluation of Youth-Friendly Health Services in Malawi	2014

		Introduction of provision of long-acting reversible contraceptives in youth- friendly clinics, Ethiopia	December 2016
		Thinking Outside the Separate Space Youth-Friendly Services Decision Making Tool	2015
		ULC behavior-change films (3)	2015-2016
	PAC/FP	"Improving the Quality of Postabortion Care Services in Togo Increased Uptake of Contraception" Stembile Mugore, et al.	Global Health: Science and Practice 2016 | Volume 4 | Number 3
		Strengthening PostAbortion Family Planning in Togo	
		Togo: Debriefing US Embassy (PowerPoint)	July 24, 2014
		What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices (Cate Lane with others)	Global Health: Science and Practice 2015 | Volume 3 | Number 3

	File Type	File Name	Date
Other Related Documents	Relevant FP/RH Publications	The international postpartum family planning program: eight years of experience (Castadot et al.)	1975, Report on Population and Family Planning 1975 Nov;(18):1-53
		Impact of Family Planning Programs on Unmet Need and Demand for Contraception (Bongaarts, et al.)	2014 Studies in Family Planning, 2014 (45[2]: 247– 262)
		Credit Programs, Women's Empowerment, and Contraceptive use in Rural Bangladesh (Schuler and Hashemi)	1994 Studies in Family Planning, Vol. 25, No. 2 (Mar-Apr, 1994), pp. 65-76
		Accelerating reproductive and child health programme impact with community-based services: the Navrongo experiment in Ghana (Phillips, et al.)	2006 WHO Bulletin
		Postabortion Care: 20 Years of Strong Evidence on Emergency Treatment, Family Planning, and Other Programming Components (Huber, et al.)	2016 Global Health: Science and Practice, September 28, 2016 vol. 4 no. 3 p. 481-494
		The Global Family Planning Revolution: Three Decades of Population Policies (Warren Robinson ed, et al.)	2007, World Bank Publications

	File Type	File Name	Date
		Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception	2015, FP2020
		Extending Service Delivery (ESD) Participatory Assessment	2009, GHTech
		Family Planning High Impact Practices List (Revised)	2017

ANNEX VI: DISCLOSURE OF ANY CONFLICTS OF INTEREST

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT
PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

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

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

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

1. I have been given access to USAID Sensitive Data to facilitate the performance of duties assigned to me for compensation, monetary or otherwise. By being granted access to such Sensitive Data, special confidence and trust has been placed in me by the United States Government, and as such it is my responsibility to safeguard Sensitive Data disclosed to me, and to refrain from disclosing Sensitive Data to persons not requiring access for performance of official USAID duties.
2. Before disclosing Sensitive Data, I must determine the recipient's "need to know" or "need to access" Sensitive Data for USAID purposes.
3. I agree to abide in all respects by 41, U.S.C. 2101 - 2107, The Procurement Integrity Act, and specifically agree not to disclose source selection information or contractor bid proposal information to any person or entity not authorized by agency regulations to receive such information.
4. I have reviewed my employment (past, present and under consideration) and financial interests, as well as those of my household family members, and certify that, to the best of my knowledge and belief, I have no actual or potential conflict of interest that could diminish my capacity to perform my assigned duties in an impartial and objective manner.
5. Any breach of this Agreement may result in the termination of my access to Sensitive Data, which, if such termination effectively negates my ability to perform my assigned duties, may lead to the termination of my employment or other relationships with the Departments or Agencies that granted my access.
6. I will not use Sensitive Data, while working at USAID or thereafter, for personal gain or detrimentally to USAID, or disclose or make available all or any part of the Sensitive Data to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, except as may be required for the benefit USAID.
7. Misuse of government Sensitive Data could constitute a violation, or violations, of United States criminal law, and Federally-affiliated workers (including some contract employees) who violate privacy safeguards may be subject to disciplinary actions, a fine of up to $5,000, or both. In particular, U.S. criminal law (18 USC § 1905) protects confidential information from unauthorized disclosure by government employees. There is also an exemption from the Freedom of Information Act (FOIA) protecting such information from disclosure to the public. Finally, the ethical standards that bind each government employee also prohibit unauthorized disclosure (5 CFR 2635.703).
8. All Sensitive Data to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of, the United States Government. I agree that I must return all Sensitive Data which has or may come into my possession (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me access to

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Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

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

ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

Signature _____   Date _14/02/2017._

Name _KPEGIO Kokou_   Title _Géographe, Consultant Indépendant._

Page **114** of **131**

Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

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

ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

Signature _Donald Lauro_ Date _11/15/2016_

Name _DONALD LAURO_ Title _CONSULTANT_

Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

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

ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

Elizabeth McDavid	Dec 12, 2016
Signature	Date
Elizabeth McDavid	Consultant
Name	Title

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