USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

ACCELERATING EVIDENCE-TO-USE FOR GLOBAL HEALTH AND INCLUSIVE DEVELOPMENT PRIORITIES

OVERVIEW

The Health Evaluation and Applied Research Development (HEARD) Project is a flexible implementation science (IS) and evaluation mechanism that responds to USAID's emerging global health and inclusive development needs. Managed by University Research Co., LLC (URC), HEARD leverages a multi-stakeholder partnership of some 50 organizations—bringing together policymakers, implementers, researchers, advocates and community organizations—to improve policy and program implementation across a range of technical areas. To date, activities have spanned 18 countries (see box) thanks to investments from 11 USAID offices and six missions.

WHAT WE DO

HEARD project partners are mobilized to address needs in the context of both global and country support efforts (in service to USAID missions and local partners). Examples of research and evaluation services include embedded evaluation or implementation research studies; scoping and design of evaluations (at any phase of program implementation); implementation trials, case studies, reviews of literature and analysis of existing data. The deep (and growing) bench of partner expertise, type and location means the capacity to tailor multidisciplinary tools, methods, and approaches to produce relevant and responsive evidence in any context.

Technical focus areas for research and evaluation activities are expandable and (so far) have included evaluations of global and country-based health systems strengthening programs, protecting children from violence, mental health and psychosocial support, disability assistive technologies, respectful maternal care, obstetric emergencies, and urban nutrition and Water, Sanitation and Hygiene (WASH).

WHERE WE WORK

Activities span 18 countries (and counting) across 6 regions:

- Southeast Asia: Bangladesh, Cambodia, Indonesia
- East Africa: Kenya, Uganda, Tanzania, Malawi, Madagascar, Rwanda
- West Africa: Guinea, Burkina Faso, Namibia, Nigeria
- Middle East: Jordan
- Central America: Panama, Honduras
- South America: Colombia, Ecuador

TECHNICAL AREAS

- Evaluations of global and country-based health systems strengthening programs
- Protecting children from violence
- Mental health and psychosocial support
- Disability assistive technologies
- High quality respectful maternal newborn health care
- Urban nutrition and water, sanitation and hygiene

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IMPLEMENTATION SCIENCE COLLABORATIVE: SUSTAINING TECHNICAL PARTNERSHIPS

The HEARD Project leverages its thematic networks in support of the Implementation Science Collaborative (ISC). The HEARD-led ISC is emerging as an incubator for learning across multiple partnership networks and has demonstrated the value of sustaining trusting relationships for rapid response to implementation challenges. The Project's foundational work in the creation of the Implementation Science Collaborative (ISC) continues to develop a more sustainable platform that can be accessed across technical silos and funding streams. The goal of the ISC is to:

1. Strengthen collaborative learning networks required to build and sustain the development of the fields of implementation research and delivery science.

2. Increase demand from decision-makers for better evidence and its more effective use.

3. Enhance capacity of partner institutions – particularly in local settings – to design and implement evaluations and applied research studies, and to manage implementation research processes.

4. Enhance capacity of implementers to weigh and effectively use evidence; and

5. Increase relevance of and accessibility to implementation science and evaluation study findings.

RESULTS HIGHLIGHTS

- Produced more than 20 ongoing or completed research studies, two global evaluations, and four country-specific evaluation activities.

- Supporting the Governments of Colombia, Kenya, and Namibia in their efforts to end violence against children through development and implementation of data-informed national strategies, and connecting learning through our Country Support Collaborative platform.

- Carried out implementation and effectiveness studies of four community-based psychosocial support interventions in five countries, with cross-site learning and analysis support through our MHPSS Learning Collaborative platform.

- Evidence generated from Maternal Health and Urban Health Collaborations in East Africa informed East, Central, and Southern Africa Health Community's (ECSA-HC) Ministerial Resolutions on urban health and respectful maternity care.

PARTNERS

GLOBAL TECHNICAL ANCHORS

University of California, San Francisco and University of California Berkeley CGHDDE

Graduate School of Public Health and Health Policy at the City University of New York

SUB-REGIONAL ANCHOR PARTNERS

East, Central and Southern Africa Health Community

Universidad de los Andes

Infectious Diseases Institute

Ifakara Health Institute

University of Indonesia

West African Health Organization

TECHNICAL RESOURCE PARTNERS

Implementation Assistance Providers

Action Contre La Faim; Americares; Amces; CARE; Elizabeth Glaser Pediatric Aids Foundation; GAPPS; Global Communities; Keeping Children Safe; Pathfinder; World Vision; LifeLine/ChildLine Namibia; LVCT Health; Tanzania Midwives Association; Tanzanian Training Center for International Health Ifakar; Thamini Uhai; TPO Uganda; War Child; Project Hope; Comprehensive Community Based Rehabilitation in Tanzania; Heartland Alliance International; Hebrew Immigrant Aid Society

Evidence Advocates

Africa Academy for Public Health; CHESTRAD; Global Alliance for Clean Cookstoves; International Society for Wheelchair Professionals; International Society for Prosthetics and Orthotics; Partners for Population and Development; White Ribbon Alliance; Together for Girls

Evaluation and Research Institutions

Maestral International; Barcelona Institute for Global Health; Columbia University/AMDD; Consultus; CNF RSR; Harvard TH Chan SPH; Indiana University/AMPATH; Johns Hopkins Bloomberg School of Public Health; London School of Hygiene & Tropical Medicine; Makerere University; Muhimbili University of Health and Allied Sciences; Population Council; University of Bordeaux ISPED; University of Oslo; Universitas Gadjah Mada; James P Grant SPH, BRAC University; Africa Population and Health Research Center; TANDEM; University of Pittsburgh; PRONTO; Kamuzu College of Health Sciences; The University of Edinburgh; University of Virginia School of Education and Human Development; University of Copenhagen; Washington University in St. Louis / Brown School; Wi-Her; VillageReach

RESEARCH SYSTEMS INTEGRATOR & PROJECT MANAGER

University Research Co., LLC

HOW WE DO IT: COLLABORATIVE STRATEGIES

Serving in the role of partnership secretariat, URC functions as the **Research Systems Integrator (RSI)**—facilitating inputs from the complex set of actors required to identify and address evidence gaps. The RSI function involves providing strategic guidance, managing complex partnership dynamics, ensuring quality and timely outputs, and advancing sustainability of thematic area collaborations. When an evidence need arises, URC:
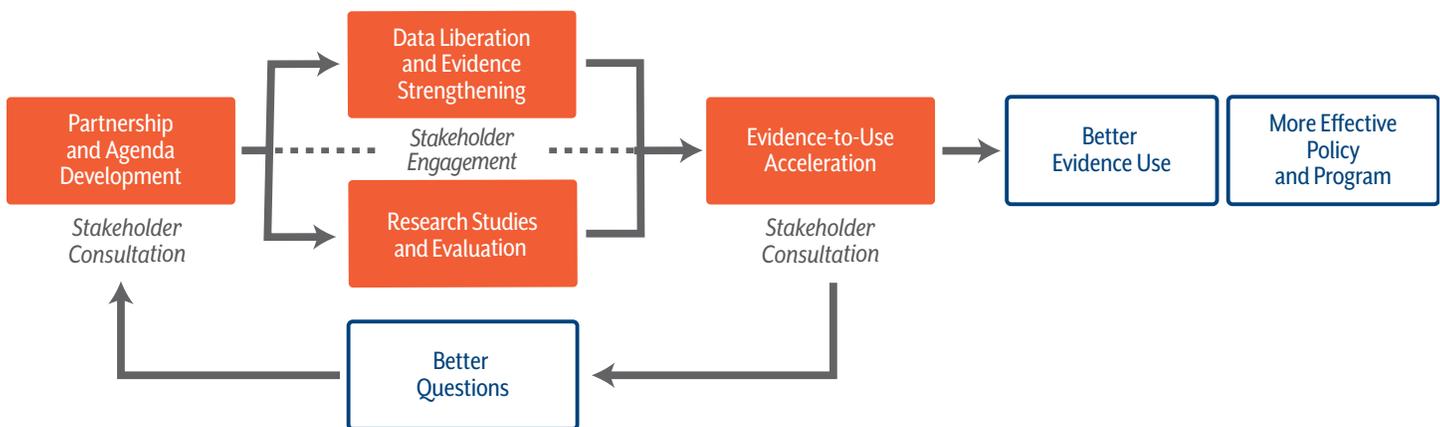
◗ Either leverages one of our existing technical collaborations or draws from within and beyond HEARD's partner networks to assemble an appropriate technical collaboration. Technical collaborations possess the strategic, methodologic, technical, and managerial capacities required to address an evidence need in a particular context.

◗ Guides technical collaborations in the development and implementation of "fit-for-purpose" implementation science and evaluation activity designs.

◗ Supports collaborations to position results for uptake from the start. This includes strategies that leverage policy and program decision-making pathways along with connecting learning across technical areas.

The orange boxes in Figure 1 highlight the strategies that form the basis of our "fit-for-purpose" approaches. **Partnership and Agenda Development** involves stakeholder consultation to identify and build consensus around the questions/evidence gaps to be addressed. This strategy engages end-users (e.g., policy and program implementers) from the start. To address identified priorities, **Data Liberation and Evidence Strengthening** (i.e., use of data and evidence that already exists) and new **Research Studies and Evaluations** may be used in combination or independently. **Process Development for Evidence-to-Use Acceleration** is about leveraging stakeholder platforms for communication and dissemination of new information along decision-maker pathways at national, regional and global levels.

Figure 1.