Behavioral Interventions for the Use of Evaluation Findings
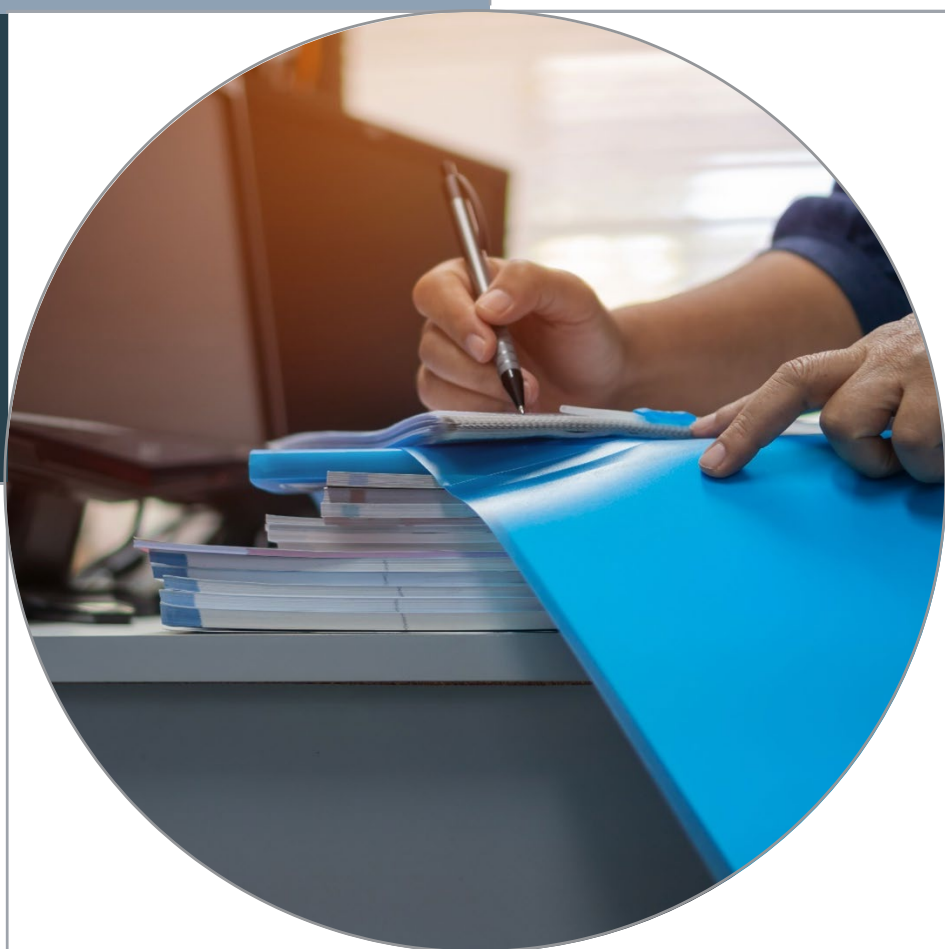
Final Report

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Behavioral Interventions for the Use of Evaluation Findings

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Abbreviations

AEA	American Evaluation Association
ADS	Automated Directives System
AIDS	Acquired immunodeficiency syndrome
CIRCLE	Coordinating Implementation Research to Communication Learning and Evidence
CLA	Collaborating, Learning and Adapting
COM-B	Capacity, Opportunity, Motivation – Behavior
COR	Contracting Officer's Representative
D4I	Data for Impact
DEC	Development Experience Clearinghouse
EAST	Easy Attractive Social and Timely
EBDM	Evidence-based decision making
EIDM	Evidence-informed decision making
EPPI	Evidence for Policy and Practice Information
FP	Family Planning
GAO	Government Accountability Office
GHSC-PSM	Global Health Supply Chain-Procurement and Supply Management
GF	Global Fund
HIV	Human Immunodeficiency virus
JSTOR	Journal Storage
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
MOH	Ministry of Health
NGO	Non-governmental organization
OECD	Organization for Economic Co-operation and Development
PENN SoNG	University of Pennsylvania Social Norms Group
PEPFAR	United States President's Emergency Plan for AIDS Relief
PRISM	Performance of routine information system management

RCT	randomized control trial
RFP	Request for Proposals
SEM	Structural Equation Modeling
SHOPS Plus	Sustaining Health Outcomes through the Private Sector Plus
TB	Tuberculosis
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

To date, significant investments have been made in research studies, evaluations, and collection of routine data to understand successes in global health programs and to identify opportunities for improvement. USAID's 2020 Evaluation Policy, for example, notes that "to fulfill its responsibilities, USAID bases policy and investment decisions on the best available empirical evidence, and uses the opportunities afforded by program implementation to generate new knowledge for the wider community."

While there have been efforts and frameworks to link research and evaluation findings to country-level action and promote the uptake and impact of research findings on health policy and programming, challenges remain in putting that evidence into practice in real-world settings. It is estimated that 85% of health research is not being used internationally (Stewart et al. 2019). More specifically, evaluation findings are not always used to inform decisions on global health programs.

This study applied a behavioral perspective to understanding barriers to, and enablers of, the use of evaluation findings in USAID global health programs. The researchers proposed promising strategies for increasing evaluation findings use that incorporated insights from behavioral sciences.

Methodology

The study consisted of a **literature review, 25 semi-structured key informant interviews, and the design of strategies to improve the use of evaluation findings**.

The literature review covered academic papers, white papers, gray literature, and USAID documents. Documents published between 2016–2022 were searched for select keywords. The review focused on global public health and clinical literature, but also included articles from other sectors as relevant under the assumption that decision makers in different sectors face similar barriers and facilitators to evidence-based as their health practice colleagues.

For the interviews, in consultation with USAID, the study team identified four evaluations to focus on, with representation from both global and bilateral activities and from both midterm and final evaluations. The key informants included:

- Individuals working at USAID missions and headquarters who were involved in funding the evaluations
- Individuals who carried out the evaluations
- USAID staff and staff at implementing partner organizations who were intended to use the evaluation findings
- Individuals not linked to these four evaluations, but who have worked to increase evaluation evidence use

There were 10 men and 15 women interviewed in total. A thematic analysis of the interview transcripts was then carried out using NVivo.

The study team then reviewed evidence from behavioral sciences, such as behavioral economics, psychology, and sociology, and used these findings, as well as evidence from the interviews, to design promising strategies to improve use of evaluation findings. The strategies were newly constructed for this context, but incorporated interventions that had been used effectively previously, either to increase evidence use or to promote behavior change more generally. The Capability, Opportunity, Motivation – Behavior (COM-B) Model of behavior change was applied to ensure strategies responded to identified barriers and built on identified enablers.

Figure 1: Capability, Opportunity, Motivation – Behavior (COM-B) Model
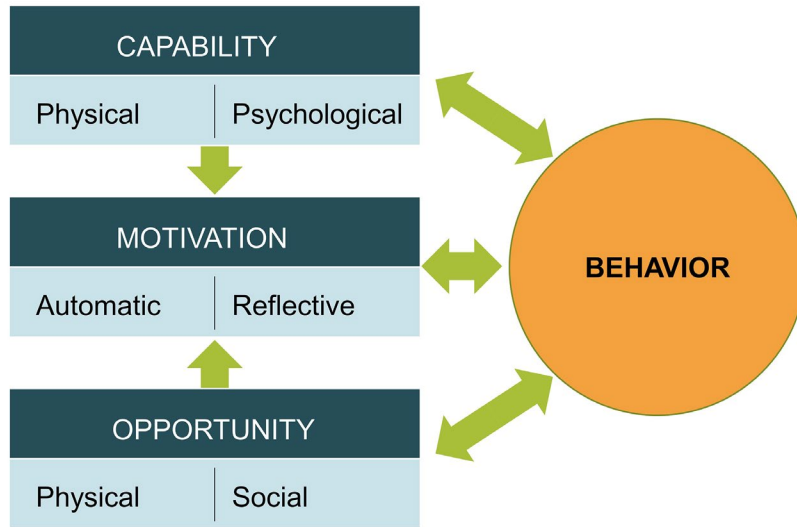
Findings

The findings below are a summary of the analysis from the key informant interviews.

Barriers and Enablers at USAID

Barriers and Enablers That May be Addressed Directly at the Individual Level

One driver of the use of evaluation findings at USAID is **'intrinsic' motivation**—that is, staff derive personal satisfaction from using findings for decision making. For example, interview respondents discussed a desire to build on a body of evidence and to improve programs to strengthen development impact. While the literature frequently points to **capacity as a barrier to evidence use**, the capacity of decision makers to make sense of and use evaluation findings is not a serious barrier at USAID. However, staff's use of findings may be impacted by **cognitive biases**, in particular confirmation and status quo bias. In addition, capability and motivation to use findings is affected by **the way evidence is 'packaged'**—the interviews suggested that evaluation findings are rarely tailored to specific audiences, and are normally only shared as final reports and presentations. Perhaps not surprisingly dissemination formats were frequently cited by respondents, both as a weakness at USAID and as an area that has high potential for increasing evidence use.

Barriers and Enablers That Require Change to the Organizational Context

The **timing of evaluation findings** is a clear barrier at USAID, in terms of findings not coming out in time to be useful for decisions. This, in turn, impacts on whether findings are considered relevant. This is important, as **relevance** was frequently cited as a barrier and as an enabler by interview respondents, demonstrating how important it is to the use of evidence. The perceived **quality and credibility of evidence** can also be impacted by perceptions of the evaluators. For example, when evaluators are not considered subject matter experts in the sector they are evaluating, the credibility of the findings can be negatively affected.

USAID has a **culture of evidence use,** including an **organizational norm supporting evidence use**. This culture and norm are enforced, in part, by leadership. However, there are some challenges to USAID's culture and leadership fully supporting the use of evidence, for example **leaders sometimes not requiring staff to incorporate evaluation findings** in their decisions. Another barrier to evaluation use is a **lack of defined roles** charged with evaluation promotion and a **lack of accountability** when using organizational tools like post-evaluation plans. In addition, staff at USAID have **large workloads** and demanding timelines, and as a result may not always seek out all the available evidence, including evaluation findings, for making a decision.

User engagement throughout the evaluation process—from collaboratively formulating research questions to iteratively verifying findings—is a clear enabler to increasing use, according to interview respondents. This enabler can be built on, as there is room for improvement in this area, with some respondents pointing to a disconnect between the evaluators and the decision makers due to lack of sufficient interaction.

Barriers and Enablers That Require Change to the Systemic Context

According to the literature, societal culture can influence evidence use, as it affects people's decision-making styles. While this was not captured in the interviews, such cultural differences are important to keep in mind when designing evidence use interventions in different contexts. Additionally, **national politics affect whether findings are used** to inform future work, because foreign policy decisions impact on the locations and types of programs USAID implements.

Interventions to Increase the Use of Evaluation Findings

Following the initial literature review and analysis of the interviews, a second, targeted literature review was carried out. The study team sought out additional literature that explored solutions to the specific barriers that had been identified, and that offered evidence on how to build on the identified enablers.

Approaches that Tackle Decision Makers' Evidence Use Directly

Understand Individuals' Decision-Making Cycles and Use Timely Reminders: The right timing of interventions has in multiple domains proven a key determinant of their effectiveness. This includes providing people with information at the time when they need it—that is, at the decision-making point. Similarly, reminders are a useful technique for nudging behaviors at appropriate times. As an example, automatic email reminders can be sent to staff when new evidence relevant to their department is published on an evidence repository.
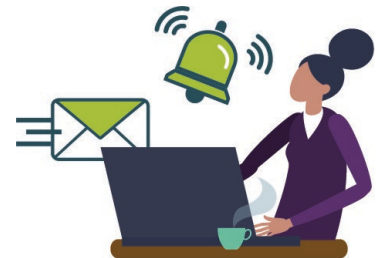
Build Individuals' Professional Identities and Roles: People tend to align their actions with their beliefs about themselves. Reminding staff that their professional identity includes being 'evidence-informed decision makers' can translate into greater evidence use. Leaders can convey such messages in emails and presentations; and language used in organizational policies, codes of conduct, and guiding principles can be updated accordingly.

Strengthen Capacity of Evidence Producers or Disseminators by Using Effective Adult Learning Techniques: Training to increase capacity in specific areas can be effective in increasing evidence use. For example, programs can improve evidence producers' (e.g., evaluators) understanding of how to disseminate evidence effectively. These capacity strengthening programs should use proven adult learning techniques, for example, actively engaging participants in the learning through hands-on workshops with peers and through mentorships where new skills can be applied in real time.

Apply Techniques from Communications and Marketing to Improve Dissemination: Understanding different audience groups' interests and needs and creating targeted communication products for these different audiences increases the likelihood of individuals paying attention to and absorbing information. Tailoring messages to segmented audience groups has proven effective for changing behaviors, including in the health sphere. For example, a tailored product aimed at busy policy makers is a 'Radically Brief' policy brief that captures only the key points from the research, summarizing the findings in less than two pages.

Approaches that Tackle Decision Makers' Evidence Use Directly and/or Via Changes in the Organizational Context

Design User-Friendly Platforms and Resources for Accessing Evidence: Improving how people access evidence has a positive impact on evidence use. For example, online evidence repositories are effective at improving individuals' opportunity to use evidence, and when combined with interventions that impacts motivation, increase evidence use. Well-designed platforms create easy, user-focused ways for decision makers to access information by removing barriers related to limited time and information overload. Strong examples of well-organized evidence on user-friendly platforms include the Education Endowment Foundation's Teaching and Learning Toolkit and the International Initiative for Impact Evaluation's evidence gap maps.

Accredit Individuals Following a Training Program: An accreditation that is valued in an industry can act as an incentive for individuals to receive training on how to present evidence effectively. For example, an organization can offer training that leads to accreditation as an 'Evidence Dissemination Expert.' When such an accreditation is a requirement or looked upon favorably by clients and employers, individuals are more likely to participate in training and apply the techniques learned.

Strengthen Organizational Norms around Evidence Use, and Use the Power of Social Influence: Organizational norms drive evidence use by enforcing the belief that one is expected to use evidence within that environment. Such evidence use norms can be reinforced in multiple ways, including by making people aware of how frequently their colleagues use evaluation findings and how much they approve of using such evidence for decision making, or having leaders publicly recognize and praise people for using evidence, for example through awards. In other words, organizational norms can be strengthened through the use of 'social influence'—the influence of people around us, in particular people who are important to us for a particular behavior. In addition to bolstering norms, leaders are important in promoting the use of evidence, including due to their modeling of evidence-use.

Change Decision-Making Structures and Processes: Changing decision-making structures and processes is effective in increasing evidence use. For example, people's natural propensity to do whatever requires less effort means that they are more likely to select the 'default' option—that is, the option that has been preselected. Changing the decision-making environment to incorporate defaults, for example, by making an online evidence repository the default page in one's browser, can be a way to strengthen use and promote an evidence use habit.

Create Structured Collaborations between Decision Makers and Researchers: While unstructured interaction and collaboration between decision makers and researchers does not appear to be effective at increasing evidence use, more structured and clearly defined approaches to facilitating interaction between researchers and decision makers do increase capability, motivation, and opportunity to increase use. For example, Kothari, Birch, and Charles (2005) found that decision makers who were able to feedback on versions of a report and attend a meeting where the report's preliminary findings were presented were more vocal about the value of the report and had higher expectations about being able to use it. Successful interactions between researchers and evidence users requires establishing and maintaining trust between the groups.

Promising Strategies

The nine recommended strategies address barriers—and build on enablers—identified in the literature and through interviews. They incorporate learning from behavioral science and are summarized in Table 1.

Table 1: Promising Strategies for Increasing the Use of Evaluation Findings

Strategy	Location in report
Systematic Reminders/Prompts	**PAGE: 66**
WHAT: Create reminders or prompts to remind decision makers to access or use evidence.	**WHY:** USAID staff highlight time constraints in their work, which may result in a deprioritizing or only partial review of available evidence when making a decision. In multiple contexts, reminders have proven an effective strategy for behavior change.
Targeted Dissemination and Improved Access	**PAGE: 67**
WHAT: Apply strategic communications, marketing, and behavioral techniques to disseminate findings, thereby increasing motivation to use findings. Simultaneously, increase the opportunity to use findings by providing multiple ways to access the findings.	**WHY:** Little investment is made into creating targeted communications pieces from the findings which pull out the most relevant information for audiences. Increasing access to evidence, including through communications strategies and tailoring, is effective in increasing evidence when this simultaneously addresses opportunity and motivation.
DEC Upgrade	**PAGE: 70**
WHAT: Upgrade the Development Experience Clearinghouse (DEC) by using Human-Centered Design techniques—that is putting the evidence user at the center of the design process when designing the platform—to make it more appealing and user-friendly. This will raise motivation to use the repository and remove barriers to access, increasing opportunity.	**WHY:** USAID staff are busy, with little spare time to 'hunt' for evidence, and easy access to relevant information is considered as an enabler to evidence use by USAID staff and partners. There are clear advantages of easy access to evidence and of making website navigation and search user-friendly.
Accreditation for Evaluators	**PAGE: 72**
WHAT: Create a USAID 'accreditation' for external evaluators based on their ability to promote evidence use and present findings in a way that facilitates use. The accreditation will require evaluators to train in topics such as: audience segmentation and tailored dissemination, behavioral techniques to frame and present information, and data visualization.	**WHY:** Evaluators are often not communicating their research in an effective manner for USAID stakeholders. Organizational incentives, such as accreditations, are effective in creating change. Such an accreditation would provide an incentive to staff at partner organizations to participate in training on evidence use. The accreditation process would build capacity in evaluators to disseminate evidence well, and improve USAID decision makers' trust in the accredited evaluators' research translation.

Designated Evidence Use Champions	PAGE: 73

WHAT: Build a community of USAID staff who are designated 'Evidence-Use Champions,' while also providing a supportive environment for the champions to be able to fulfill their role. Champions would be purposefully selected, would receive initial training, and would be connected to other champions in networking and peer-learning opportunities. They would have clearly defined roles and objectives.

WHY: USAID decision makers would benefit from more leaders to systematically campaign for evidence use. 'Champions' have been successful in creating changes in a variety of settings and sectors (such as health), including improving evidence-based practice. They can also support implementation of Post Evaluation Action Plans.

Social Incentives	PAGE: 75

WHAT: Set up structures for peer praise and recognition for the use of evaluation findings. Such social incentives can be built into existing structures or set up as new standalone interventions, and need to be credible and widely visible to be effective. An example are quarterly awards for staff who demonstrate evidence-use.

WHY: An evidence use norm appears to exist within USAID. This norm can be reinforced, with a focus on evaluations. Norms can be reinforced through positive recognition ('social incentives') from people who are important to individuals in a given context, such as leaders in the workplace.

Structured Interactions between Decision Makers and Evaluators	PAGE: 76

WHAT: Create space for structured interactions between evaluators and decision makers to build trust and ensure findings are relevant for future decisions. This strategy outlines when and how to bring evaluators, projects, and USAID staff together in a way that makes the most of the benefits of interaction without undermining evaluator independence.

WHY: Engagement between evaluators and USAID stakeholders was a consistently reported enabler by respondents. Individuals also raised issues with trusting both the findings and the evaluators themselves. Carefully designed engagements between evaluators and decision makers can build trust, create more room for constructive discussions, and lead to research designs that produce relevant and timely findings.

USAID's Collaborating, Learning and Adapting (CLA) and Evaluation Toolkits Update	PAGE: 78

WHAT: Upgrade targeted parts USAID's CLA and Evaluation Toolkits, inclusive of 'How-To Notes' (e.g., 'How-To Note: Preparing Evaluation Reports') to help USAID and evaluators to use and prioritize behavioral techniques to communicate findings.

WHY: USAID staff perceive that evaluation evidence is often not relevant for their needs, and existing USAID advice does not currently include behavioral insights and marketing approaches to make evidence be more relevant. New and updated guides for evaluators can build off the back off a strong body of evidence documenting the successes of approaches for research communication.

Decision-Making Tool for Selecting the Right Learning Activity or Evidence-Generation Method	PAGE: 80

| **WHAT:** Building upon USAID's existing guidance within the CLA and Evaluation toolkits, develop a tool that evaluation funders would use when commissioning a new evaluation. The tool would guide them through thinking about the intended users, research questions, key decision-making points that the evidence could inform, and other pertinent questions to select a learning activity to answer the research question. In some cases, this would be a type of evaluation, but particularly when the information is needed more quickly, a different learning methodology may be more appropriate. | **WHY:** Respondents argued that evaluations were not always the right tool to gather the information decision makers require, and that evidence was not produced quickly enough to inform key decision-making points. A decision-making tool can help people make more informed, less biased decisions, including on the most appropriate evidence generation or learning activity to be applied to produce the most useful evidence. The tool can be integrated into existing guidance, which is already being used. |

Conclusion

By applying a behavioral lens to understanding barriers and enablers to use of evaluation findings, and employing behavioral insights to strengthen evidence-use interventions, it is hoped that the success of efforts to increase use will increase and that learning from piloted strategies can be shared—and used—more widely.

Introduction

Significant investments have been made over the years in research studies, evaluations, and collection of routine data to understand successes in global health programs and to identify opportunities for improvement. While there have been efforts and frameworks to link research to country-level action and promote the uptake and impact of research findings into health policy and programming, challenges remain. The practice of using research and evaluation findings to inform and guide decisions is referred to as evidence-based decision making (EBDM) and was adapted from the medical field to a multitude of social science fields and management. The assumption is that by using EBDM, social programs will be more effective, leading to improved developmental outcomes. For government agencies looking to justify their expenditures to their own constituents as well as any donors that might be contributing funding, EBDM's promise is attractive. Indeed, according to USAID's 2020 Evaluation Policy, **t**he purpose of evaluation is both to ensure accountability to stakeholders and to learn to improve development outcomes. It notes "to fulfill its responsibilities, **USAID bases policy and investment decisions on the best available empirical evidence**, and uses the opportunities afforded by program implementation to generate new knowledge for the wider community" (Evaluation: Learning from Experience 2020).

There are a number of examples of evidence, including evaluations, leading decision makers to design international programs that deliver improved developmental outcomes. For example, Chupein and Glennerster describe how findings from randomized control trials (RCTs) in health have been used as evidence across contexts (2018). They showed how more than a dozen RCTs evaluating how subsidized pricing, undertaken over 15 years, had affected the uptake and use of various health products. These evaluations suggested that policy makers should subsidize the price of health products whenever possible, which influenced a number of donors to call for free distribution of insecticide-treated bednets. As further detailed in their article, "between 2000 and 2015, when mass distribution of free bednets expanded dramatically, malaria incidence in endemic Africa fell by 40 percent or by 450 million individual cases. During the same period, deaths from malaria in sub-Saharan Africa fell by nearly half, from 764,000 to 395,000." In another example, in 2004, a proof-of-concept RCT run by the Abdul Latif Jameel Poverty Action Lab (J-PAL), a global research center, in partnership with a local Indian NGO found that distributing one kilogram of lentils at each child immunization appointment resulted in a six-fold increase in full child immunization rates and was twice as cost-effective as offering immunization camps. Their findings demonstrated that parents had no ideological opposition to immunization and that a small incentive helped parents overcome barriers such as procrastination. In response, governments in India, Pakistan, and Sierra Leone approached J-PAL, asking whether offering incentives could also increase childhood immunization rates in their country. Since then, all have implemented programs with incentives that are most effective in their contexts.

In spite of a general recognition that evidence use, which includes evaluations use, is important and that it can improve program outcomes, there is often a gap in applying this in real world settings. A study of policy makers in South Africa found that

while 45% of senior managers hoped to use evidence in decision making, only 9% reported being able to translate this intention into practice (Paine, Cronin, and Sadan 2015). It is estimated that 85% of health research is not being used internationally (Stewart et al. 2019) and even in the United States, where evidence use was strongly promoted in policy under the Obama administration, it is estimated that only 1% of government funding went to programs that were informed by evidence during his administration (Bridgeland and Orszag 2013).

Some authors argue that the theoretical underpinnings and definitions used in studies of EBDM's effectiveness are too vague to produce any clear conclusions. For example, how does the literature define evidence? Evidence can include many categories, for example, evaluations of individual programs, research synthesis, statistical evidence from surveys, routine information system data, tacit knowledge from stakeholders, ethical evidence in terms of questioning or understanding the ethical implications of a policy, and more (Davies 2011).

Another element that makes EBDM's effectiveness difficult to capture is that **there is no standard definition of what, exactly, we mean by 'evidence use.'** Evidence can be used in many ways that may be more or less easy to publicly observe or measure. According to Johnson et al. (2009), there are four different types of information use—instrumental, conceptual, symbolic, and process:

- **Instrumental use** is when findings are used to inform a specific action.

- **Conceptual use** is when findings change a decision maker's general understanding of an issue and may help them engage in discussions from a more informed position.

- **Symbolic use** is when findings are used to legitimize a decision maker's pre-existing views or decisions or to raise the profile of a particular intervention.

- **Process use** does not focus on the use of particular findings but is defined as "individual changes in thinking and behavior and program or organizational changes in procedures and culture that occur among those involved in evaluation as a result of the learning that occurs during the evaluation process" (Patton 1997).

While it is easier to measure the impact of 'instrumental' evidence use, **the decision-making process that shapes new programs and policies is rarely linear.** For example, new evidence may shape a decision makers' perspective on an issue ('conceptual' use), and this perspective may interact with another piece of evidence to influence a decision sometime later in the future. Similarly, factors such as political concerns make 'conceptual' use of evidence more likely. **This makes studying and measuring evidence use more challenging**, as evidence is more difficult to identify and track through the decision-making process.

When policy makers engage in EBDM, what kind of decisions are being informed by evidence? Oliver and colleagues (2014) show that in terms of decision making within the policy making cycle, **a policy process moves from defining a problem (agenda setting) through to policy formulation, selecting a preferred solution, designing the policy, implementing, and monitoring it, and finally evaluating its outcomes and impacts,** with the results fed back into the next round of the policy cycle. A decision maker may be more

likely to use evidence at one point in the policy-making cycle than another. For example, a 2017 survey of 3,500 global policy makers across 126 developing countries found that they were more likely to use evidence retrospectively to evaluate program results than prospectively to set agendas and design new activities (Custer and Sethi 2017). They also deemed different kinds of evidence (i.e., routine monitoring for adaptive management or evaluation for designing new programs) as more appropriate for each step in the policy process.

Research Questions

This study assumes that using evidence for decision making is desirable and currently not universally implemented, and that it could be more widely done if barriers and enablers to evidence use were better understood and interventions designed to target them. It answers two research questions:

- What are the behavioral drivers and barriers to the use of evaluation findings in USAID global health programs by key stakeholders?

- What are promising strategies for increasing the use of evaluation findings in USAID global health programs by key stakeholders, which address behavioral barriers and enable behavioral drivers?

The primary decision makers who use evaluation findings that the study is concerned with are USAID staff, both at headquarters and overseas. The audiences for the study—that is, those who will be implementing the proposed strategies, are also USAID staff—both evaluators and global health program implementers. Many aspects of the proposed strategies are also applicable to USAID implementing partners—both evaluators and global health program implementers. Some strategies are also likely to be applicable to other organizations.

Conceptual Framework

Under the USAID-funded MEASURE Evaluation project, a number of assessments were implemented to understand barriers to data use and priority interventions to improve the demand for and use of data from health information systems. To conduct these, the program adopted the Performance of Routine Information System Management (PRISM) framework developed by Aqil and colleagues (2009), which breaks down the **determinants of routine health information systems into three components: organizational, technical, and behavioral.** The organizational component refers to the structure and processes of the organizations that use the information, such as clear roles and responsibilities related to evidence use; operating procedures, guidelines, and tools that support data use; and adequate financial support for data use. The technical component refers to systems such as data collection processes, systems, and methods as well as human capacity in terms of interpreting numbers and skill sets. This component is often the focus of interventions to increase EBDM and can include skills-building trainings or attempts to build accessible evidence management systems. **The behavioral component refers to the behaviors of data users and how data are used for problem solving and program improvement. It can include decision makers' attitudes toward EBDM, motivation to use evidence in the decision-making process, and the incentives or disincentives to using data** for making decisions. While all these factors interact in a system to influence whether and how evidence is used, in the context of global health, more focus has been on solutions to address technical and organizational barriers to the use of evidence in decision making than on solutions that address 'behavioral' barriers, as defined by the PRISM framework (Aqil et al. 2009).

This study, therefore, attempts to fill a gap, and focuses on behavioral barriers and enablers of the use of evidence, while being cognizant of how behaviors are influenced by a complex interplay of factors in a wider system. Indeed, behavior is impacted by both 'individual' factors, such as one's cognitive abilities and emotional states, and by the context within which one operates. For the purpose of this study, we consider context at two levels: organizational (USAID and related entities, such as implementing partner organizations) and the wider system. In acknowledging the system-wide impacts on behavior, therefore, **the study does not ignore technical and organizational factors, but approaches them using a behavioral lens.**

To that end, the study uses the Capability, Opportunity, and Motivation – Behavior (COM-B) model of behavior change to document the barriers and enablers of evidence use (Mitchie, Arkins and West 2014).[1] **The COM-B model proposes that there are three components that together determine an individual's behavior– these are capability (physical and psychological), opportunity (physical and social), and motivation (automatic and reflective)**:

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[1] The capability, opportunity and/or motivation mechanisms are listed in parentheses after descriptions of interview findings on the various barriers and enablers.

- **Capability** is defined as the individual's psychological and physical capacity to engage in the subject behavior. While physical capability describes physical strength, skill or stamina, psychological capability refers to the necessary knowledge and skills to engage in a behavior.

- **Opportunity** is defined as all the factors that lie outside the individual that facilitate or inhibit a given behavior. This includes the physical environment (including time), as well as the social interactions and influences within a culture or organization that shape an individual's attitudes, beliefs, and perceptions regarding a given behavior.

- **Motivation** is defined as the conscious and unconscious brain processes that encourage or discourage an individual to undertake a behavior. It includes analytical decision making (reflective motivation) and habitual processes and emotional responses (automatic motivation). (Michie et al. 2011)

Figure 2: Capability, Opportunity, Motivation – Behavior (COM-B) Model
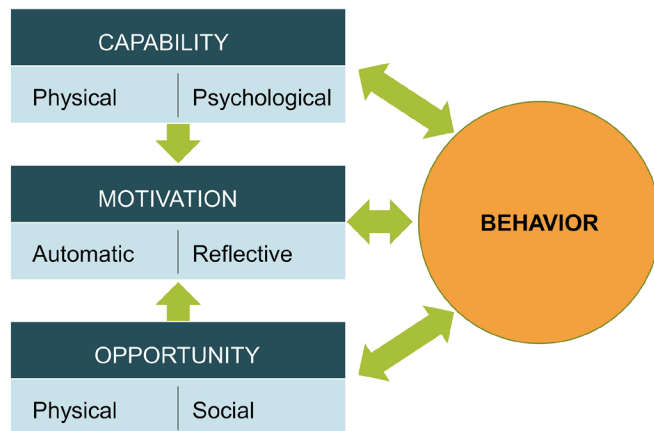
To change capability, opportunity or motivation, interventions may need to change the individual and/or their context (which includes, inter alia, the people around the individual). That is, the interventions may need to act *directly* on the individual, for example, improving a decision maker's capabilities through training, or *indirectly* via a change in the context—for example, changing how leaders in a decision maker's organization behave, in order to, through that channel, influence that decision maker's behavior. It is important to note, however, that this is not always a clearcut distinction due to the interplay of factors at individual, organizational and systemic levels.

The COM-B model offers a holistic and systematic way to assess which determinants are necessary for a behavior to occur. It reduces the chance of making assumptions regarding what will change behavior. For example, by recognizing that the social environment is important for a behavior to occur, we are less likely to ignore factors such as social norms and interpersonal influence and simply assume that providing technical skills training will suffice in increasing the use of evaluation findings.

Methodology

The study consisted of a rapid literature review and key informant interviews, followed by the identification of promising strategies.

Literature Review

First, a literature review was conducted of academic papers, white papers, grey literature, and USAID documents. The primary databases used in the search were Google Scholar, the USAID Development Experience Clearinghouse (DEC), and Journal Storage (JSTOR). Documents published between 2016 and 2022 were searched for the keywords in Table 2 below. One word or phrase in the left column was put in quotes and searched for in combination with one of the words or phrases in the right column, with the word AND to link them in the search bar. This strategy allowed for 36 search combinations (Table 2).

Table 2: Literature review search terms

Evidence-based decision* OR		Motivation OR
Data driven OR		Behavior OR
Data-informed OR	AND	Data culture OR
Evidence-based policy* OR		Incentive OR
Research uptake OR		Norm OR
Data use OR		

If a document published in that time period referenced a particularly salient article (based on reviewer judgment) was published prior to 2016, it was also included in the literature review. In addition, the review focused on global public health and clinical literature, but also included articles from other sectors as relevant under the assumption that decision makers in different sectors (such as management or public policy in general) face similar barriers and facilitators to EBDM as their health practice colleagues. The study also assumed that there are some similarities in how policy makers make decisions regardless of the kind of evidence in question, and so has included articles studying a wide range of evidence types, not just evaluations.

Key Informant Interviews

Next, in consultation with USAID, we identified five evaluations to focus the interviews on, with representation from both global and bilateral activities and from both midterm and final evaluations. These evaluations are all available on the DEC and include:

- The Coordinating Implementation Research to Communicate Learning and Evidence Project (CIRCLE) Tanzania Final Developmental Evaluation, 2022

- The Sustaining Health Outcomes through the Private Sector Plus (SHOPS Plus) Midterm Performance Evaluation, 2019

- The Global Health Supply Chain-Procurement and Supply management (GHSC-PSM) Midterm Evaluation, 2020

- The Challenge Tuberculosis Activity Final Performance Evaluation in Ethiopia, 2019

- The Challenge Tuberculosis Midterm Evaluation in Indonesia, 2017

USAID provided the team with the names and contact details for the people at USAID who had been involved in funding and designing the evaluations, and then these individuals provided the team with names and contact details for people who carried out the evaluation and for people who were intended to use the evaluation findings. The team attempted to contact everyone, but did not interview all these individuals. Sometimes this was because the individuals said that they were not the right people to be interviewed due to their lack of knowledge regarding the evaluations, and at other times because these individuals were no longer at the relevant Mission and could not be reached. Unfortunately, the Indonesia Tuberculosis Challenge Midterm evaluation was dropped from the study due to a lack of institutional memory at the Indonesia Mission.

Basic Facts about the Four Evaluations

- The Ethiopia Final Performance Evaluation of the Challenge Tuberculosis (CTB) was implemented by KNCV Tuberculosis Foundation and evaluated by Social Impact in 2019. The evaluation sought to answer: (1) To what extent did CTB's technical assistance and management approach support CTB cooperative agreement objectives? (2) To what extent did CTB implementation approaches use international standards and proven strategies? (3) Was the information generated by CTB used to help achieve objectives and outcomes and, if so, how? (4) What were CTB's main achievements and challenges? and (5) To what extent did CTB's methodologies, interventions, and management set the stage for sustainability and ownership of project outcomes? The intended evaluation users were USAID and the implementer, with a secondary audience of the Ethiopian Ministry of Health.

- The Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM) project was implemented by Chemonics and evaluated by independent consultants in 2020. The evaluation sought to answer: (1) How has GHSC-PSM progressed across its stated objective and results for global procurement and logistics? (2) How has GHSC-PSM addressed risks, bottlenecks, and/or inefficiencies in the global supply chain system, and throughout the project? (3) Were cost savings and efficiencies realized since the start of the GHSC-PSM Project in January 2016, with the consolidation of procurement services under a single award IDIQ contract? (4) How have in-country supply chains performed in GHSC-PSM–supported countries during the life of the project? What trends are observed? and (5) How has GHSC-PSM coordinated/collaborated with global development partners (such as the Global Fund [GF], United Nations Population Fund [UNFPA]) to mitigate the risk of stock-outs or other supply imbalances in country supply chains, from the central warehouse to facilities now and in the future? The evaluation was primarily intended for use by USAID staff.

- The Sustaining Health Outcomes through the Private Sector Plus (SHOPS Plus) project was implemented by Abt Associates and evaluated by GH Pro in 2019. The evaluation sought to answer: (1) How has SHOPS Plus progressed in activity implementation and

results achievement in family planning (FP)? (2) How has SHOPS Plus applied its four newer areas of focus (public-private engagement, health financing, total market approach, corporate engagement) in activity planning and implementation at the global and country level? and (3) How effectively has the 12-member SHOPS Plus consortium provided the breadth and depth of technical expertise needed, in response to the project's scope of work? The intended evaluation user was USAID, with a secondary audience of the family planning and private sector health development community.

- The Tanzania Final Developmental Evaluation of the Boresha Afya project was implemented by Deloitte, Jhpiego and Elizabeth Glaser Pediatric AIDS Foundation, and evaluated by CIRCLE in 2022. Evaluation questions arose in the course of the evaluation and were not pre-defined. Example questions include whether health service integration strengthened access, use, service quality, and introduced service efficiencies, as well as if family planning and HIV integrated services were strengthened at HIV care and treatment centers and pre-natal care check-ups. The primary intended users were USAID, health service providers at the facilities, the sub-national government, the Tanzanian Ministry of Health, and implementing partners.

Two D4I investigators conducted semi-structured interviews focused on the behavioral drivers and barriers to the use of evaluation findings in USAID global health programs and on strategies to increase evaluation use. Respondents were generally interviewed alone, but in a few cases the interviews were conducted in groups of two or three. These interviews took place virtually on MS Teams in the English language and were auto-recorded and auto-transcribed by the Teams application. Light cleaning of the auto-transcriptions was conducted after the interview by the investigators.

Table 3: Respondent Details

Evaluation/Topic	Total Number of Male Respondents	Total Number of Female Respondents	USAID	Evaluator	Implementing Partner
SHOPS Plus	2	3	3	1	1
GHSC-PSM	2	5	6	1	0
Challenge TB	4	1	2	1	2
TZ Developmental Evaluation	1	3	3	1	0
Evaluation use	0	5	3	0	2

A thematic analysis was then carried out using NVivo. First, a D4I researcher coded five transcripts line by line then adjusted the codes to create a fit-for-purpose codebook. The researcher then coded two transcripts using this codebook, followed by a second researcher coding the same two transcripts to ensure a common understanding of the codes and determine if changes needed to be made. The second researcher also coded another two transcripts and the first researcher recoded these two. Small adjustments were then made to the codebook, and the rest of the transcripts were coded using this codebook. Once the coding was complete, the team further analyzed the findings by comparing the four evaluations (specifically, comparing barriers

and enablers, how findings were disseminated, and how findings were used), as well as reviewing the findings by the gender of the interviewees.

Identifying Promising Strategies

The team then designed promising strategies to improve use of evaluation findings which respond to the barriers and enablers that had been identified in the literature review and key informant interviews. To design these strategies, the study used evidence from behavioral economics and other relevant fields (such as social and cognitive psychology, neuroscience, and sociology). The team carried out a targeted review of the literature, looking specifically for evidence on interventions that would respond to the barriers and enablers at USAID. Evidence from the interviews—in particular the identified enablers— was also used. Finally, the COM-B Model of behavior change was applied to ensure strategies responded to identified barriers.

Study Limitations

One limitation of the study is **that interviews are not likely to capture certain types of behavioral determinants, in particular those underpinned by emotions, habits, intuition, and cognitive biases**. In other words, **motivations are often unclear** (even though people are likely to retrospectively construct a rationale for their behavior). People are also often unaware of how the physical environment in which they make decisions—for example the layout of their office or even the formatting of a document—impacts on their behavior. They may also not be willing to share their true motivations with researchers. However, the literature review addressed this limitation to some extent as it shed light on how these types of determinants could influence the use of evaluation findings at USAID. This is because the literature includes research that used methods that are more effective at capturing such behavioral determinants (such as psychology experiments). But more research would be needed to get a fuller picture.

Another limitation is that behavior is context specific. While the interviews covered multiple evaluations in different locations (the four specified, but also others that respondents discussed in their interviews), each context and each evaluation is different, and so the barriers and enablers are likely to vary somewhat, at least in terms of their relative strength.

A limitation of the literature included in the literature review is that it **does not answer the question of which of the barriers and enablers are most important to EBDM and how they are inter-related.** Bedard, for example, puts forward structural equation modeling (SEM) as one possible method to study how these factors interact (2015). SEM allows us to reflect complex relationships by including indirect effects and mediating variables as well as test hypotheses about these variables' relationships to one another. The method has been used more broadly in other social sciences, but thus far, literature using SEM to describe knowledge mobilization presents few examples (see notably, Cummings, Estabrooks, Midodzi, Wallin, and Hayduk 2007; Wellstead, Stedman, and Howlett 2011).

Another important limitation in the literature is that most evidence relies on decision maker's perceptions of the most important factors affecting EBDM, gathered through surveys or

interviews (Clar et al. 2011; Oliver, Innvar, et al. 2014; Newman 2014). There does not appear to be an objective tool that can identify which barriers and facilitators play the most important role in a given context, nor are there many observational studies describing the role that evidence plays in each part of the decision-making process (Oliver, Lorence, et al. 2014).

Findings: Barriers and Enablers of Evidence Use

This section is organized by the level (individual, organizational, or systemic) at which change would need to occur for a barrier to be removed or an enabler bolstered. This includes whether an intervention can act *directly* on a decision maker or if it will do so *indirectly*, through a change in organizational or systemic context (including the social context of the people around a decision maker). For example, an intervention that focuses on giving evaluators the tools to better communicate findings, in order to influence whether decision makers use them, would *indirectly* influence decision makers' behaviors by changing their context. However, it is important to note that this is not always a clearcut distinction (and thus categorization), due to the interplay of factors at individual, organizational and systemic levels.

The barriers and enablers are also labeled as acting on capability, opportunity and/or motivation components. Some of the barriers and enablers act on more than one component. For example, high workloads and limited time may lead to cognitive overload, making it less likely that decision makers seek out evidence when making a decision. This would be related to both the opportunity (time) and the capability (ability to handle a large amount of information) component.

The literature review's subsections describe the most common barriers and enablers of evidence use gleaned from the literature, focusing on those that are most relevant for behavioral interventions. Each of the sections below summarize the relevant analysis from the key informant interviews regarding evaluation findings.

Overview of Interview Responses

Interview respondents identified a number of potential areas for improvement to factors that impact on evaluation findings use at USAID. **The barriers cited most were: those related to the timing of evaluation findings; findings not being relevant, including due to the content of recommendations; the lack of resources for, or lack of investment in, evidence use; findings being poor quality, unreliable, or not credible; inadequate dissemination or dissemination formats; and challenges with organizational culture or leadership fully supporting the use of findings.**

When respondents discussed what helps with increasing evaluation findings use, **the enablers raised most often were: user engagement throughout the evaluation (although this was highly skewed by a discussion of one evaluation); findings being relevant, including due to the content of recommendations; adequate dissemination or dissemination formats; a supportive organizational culture, including leadership; and findings being high quality, reliable, or credible.** In several cases, these broader

categories of enablers are also listed as barriers to evaluation use. In some cases this is because of the degree of implementation—for example, if there is insufficient stakeholder engagement, users may not use evaluation findings, but on the other hand, concentrated stakeholder engagement enables use. In other cases, there are sub-topics under these broad topics, some of which are classified as barriers and some of which are classified as enablers. While these sub-topics are often closely related, the sub-topics listed as enabler might serve as a direct response to the problems identified under the barrier sub-topics. Finally, an overlap between most cited barriers and most cited enablers, while seemingly contradictory, is actually quite logical as it speaks to the importance of those areas for the use of evaluation findings at USAID.

Barriers and Enablers That May be Addressed Directly at the Individual Level

Intrinsic Motivation to Use Evidence

Literature Review

Motivation is defined as "the brain processes that energize and direct behavior," both conscious (reflective) and unconscious (automatic, including emotional responses and habitual processes) (Michie 2011). Motivation can be categorized as 'extrinsic'—when it is linked to the expectation of external rewards— or '**intrinsic'—when it is linked to the inherent satisfaction of engaging in a behavior** (Ryan and Deci 2000). While the relationship between these two types of motivation is complex, for the purpose of this study, it is important to note that tangible external rewards can, at times, reduce intrinsic motivation for tasks that they were initially motivated to complete (Deci et al. 1999). (MOTIVATION – REFLECTIVE & MOTIVATION – AUTOMATIC)

According to Self-Determination Theory, intrinsic motivation is related to individuals' sense of self-determination (or autonomy), competency, and relatedness (that is, connection to and care for by others) (Graham and Weiner, 2012). Related to competence, self-efficacy—the belief that one is capable of doing a task—can play a large role in evidence use. For example, if a person believes they are capable of using evidence, they are more likely to be intrinsically motivated to do so. The converse is also true and can result in "self-fulfilling prophecies" (Bandura 1977). As per relatedness, if evidence is promoted or valued within an organization, individuals will be more motivated to use evidence themselves, in part to maintain credibility amongst their colleagues (BCURE; Waldman 2014). Similarly, individuals may be motivated by strong organizational collaboration practices, which provide opportunities for networking and individual learning and give them new perspectives on a given challenge (Mindtools 2018; Carr & Walton 2014). Organizational tools and systems may also be linked to creating a sense of relatedness (if they signal what others in the organization are doing or value) or competence (if they assist with evidence use), and thereby may influence motivation. Four intervention studies have found that organizational tools and systems designed to promote evidence-informed decision making (such as guidelines, templates, and procedures for incorporating evidence into programme design) can motivate individuals to use evidence more in their day-to-day work (Yost et al. 2014; Nutley et al. 2013; Peirson et al. 2012; Dobbins, Robeson, et al. 2009). More limited intervention evidence suggests that tools may also increase

the value individuals place on evidence (Yost et al. 2014; Nutley et al. 2013). (MOTIVATION –
REFLECTIVE & MOTIVATION – AUTOMATIC)

Barriers and Enablers at USAID

**Intrinsic motivations to use evaluation findings were evident in a number of
interviews.** Such motivations included **a desire to build on a body of evidence, to make
sure the research conducted with taxpayer dollars was useful, and to improve
projects or programs,** thereby increasing positive impacts. Motivation to use findings
appears to increase if the person has the skills to use the evidence and if the use of findings
impacts positively on their job performance. One respondent also noted that evaluation findings,
like other evidence, can also give people the confidence to try something new (such as a new
approach or activity). (MOTIVATION – REFLECTIVE & MOTIVATION – AUTOMATIC)

Cognitive Biases That Impact Evidence Use

Literature Review

Decision making can be influenced by a number of cognitive biases that impact what
information people consider and use. The 2015 World Development Report lays out several
biases that are applicable to EBDM. One of the most important biases to note is **confirmation
bias, or the well-observed psychological tendency for people to disregard or
disbelieve evidence that does not correspond with existing beliefs** (Nickerson 1998).
This is sometimes known as 'path dependency,' as described in an observational study of the
management of the 2009 swine flu pandemic by the WHO. The WHO emphasized vaccines as a
protective measure, based on its historical achievements with vaccines. This emphasis gave rise
to a particular 'discourse' within the organization in which "it was taken for granted that
vaccines would provide the most effective control measure," despite evidence to the contrary
(Abeysinghe, 2012). (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE and AUTOMATIC)

Status quo bias also impacts on whether information is used to inform decisions (Samuelson
and Zeckhauser, 1988). This bias **refers to a reluctance to change because the expected
risks or costs of a change outweigh the expected benefits.** So when evidence suggests
that a change in course may be a good idea, the fear of the risks materializing may prevent
decision makers from shifting away from the status quo (Kahneman, Knetsch, and Thaler 1991.)
(CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE and AUTOMATIC)

Bias may also arise due to **individuals' political views**. Ten studies considered in a
systematic review have suggested that entrenched values and beliefs about emotive topics
(including breastfeeding in the US, male circumcision in Ghana, and the rejection of a link
between HIV and AIDS in South Africa) biased individuals' selection and interpretation of
evidence (Liverani et al. 2013). These decision makers may not have been fully conscious of the
role their political biases played in their interpretation of evidence. For its 2015 World
Development Report, the World Bank conducted a survey of its own staff aiming to show how
biases can skew the ability to interpret data. The survey found that World Bank staff were more
likely to misinterpret data when it related to an issue that they held a strong opinion about

(minimum wage legislation), than when it related to a less emotive issue (skin cream). (CAPABILITY –

PSYCHOLOGICAL and MOTIVATION – REFLECTIVE and AUTOMATIC)

Barriers and Enablers at USAID

While it was difficult to ascertain with certainty the existence of cognitive biases t**hrough the interviews, there were some suggestions of confirmation bias and of status quote bias.** Some respondents argued that at times decision makers may 'cherry-pick' the evaluation findings that enforce what they've been doing already. One respondent specializing in evaluation use said:

> "I also do think that there is a component of…people doing what they have already been doing for the last 20 years and…cherry-pick[ing]. I get cynical here, but maybe cherry picking…findings that just…reinforce what you're already doing. And I see a lot of reluctance for change in terms of, like, hard pivoting away from using a particular approach." (USAID Staff Member)

This type of **'cherry-picking' may be partly unconscious, resulting from confirmation bias, or be more intentional.** (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE and AUTOMATIC)

There were also other suggestions of possible status quo bias. Respondents mentioned that it may be difficult to make changes to projects due to bureaucracy, to change course once a project is being implemented (especially if its nearing its final years), or if there is no major reason to make a change (such as a major problem or implementation challenge). One person directly referred to the preference for the status quo:

> "It is a human behavior to stay in the status quo…. In most cases they don't want to, you know, make changes. OK, they have the activity. It is awarded. They don't want to make change because there is bureaucracy and they don't want to go through that, you know, bureaucratic process." (USAID Staff Member)

The respondents did not discuss their own political views, nor are these known to the research team, and so it is difficult to ascertain the role of individuals' politics in the use of evaluation findings—for example, whether respondents' political leanings biased their selection and interpretation of evidence. The most that can be said is that the suggested 'cherry picking' of evidence may also be influenced by personal politics, in a similar way that political views impacted World Bank staff's interpretation of evidence as in the example noted in the literature review above. (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE and AUTOMATIC)

Capacity to Use Evidence

Literature review

Many past interventions meant to increase EBDM have focused on technical barriers such as people's ability to interpret evidence because of insufficient technical knowledge and skills (for example, an ability to read statistical tables). This is not surprising, as **low capacity to understand and use research evidence has been cited as an important barrier to the use of evidence** (Newman 2014; Orton et. al. 2014; Oliver, Innvar, et. al. 2014). Capacity is generally defined in terms of individual skills, with skills for EBDM including: (1) those for

identifying and critically assessing the evidence, and (2) those for applying evidence to the local context in a way that reflects an awareness and understanding of factors potentially affecting uptake, implementation, or sustainability of the evidence within a complex setting. The Organisation for Economic Cooperation and Development (OECD) adds additional skills that influence the use of evidence—obtaining, interrogating, and assessing, using, and applying evidence, as well as engaging with stakeholders and evaluating success. While capacity is typically thought of at an individual level, Punton points out that capacity development is complex and multi-dimensional and requires interventions at the interpersonal, organizational, and institutional levels as well as the individual (2016). (CAPABILITY – PSYCHOLOGICAL)

But one's 'capacity' does not act in a vacuum. *Low* capacity to interpret and use evidence will affect an individual's self-efficacy as well as their attitude towards the importance of evidence use. Self-efficacy concerns people's beliefs about their capability to perform a particular task or handle a particular situation. The theory is that as an individual's sense of self-efficacy increases, so too will their motivation and performance. This can result in 'self-fulfilling prophecies'—if a person is confident they will do well in something, they are more likely to try harder at it and therefore gain good results (Bandura 1977). **In theory, increasing an individual's technical capacity to understand and use data should also change their attitude towards the importance of EBDM, inspiring increased evidence use** (Ellen 2014). (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE AND AUTOMATIC)

USAID Barriers and Enablers

While a few respondents did mention barriers related to **capability and a lack of evidence use training, this was not framed as a major barrier at USAID.** On the other hand, one interviewee said that USAID sometimes does not consult national stakeholders in evaluation design because USAID staff underestimate national stakeholders' technical capabilities to participate in the design. (CAPABILITY – PSYCHOLOGICAL)

USAID staff also recommended improving USAID data interpretation skills, and other respondents recommended training USAID staff on evaluation methods. These respondents hoped that if implementing partner project teams better understood evaluations as learning tools rather than solely accountability tools, and if they better understood how utilizing certain evaluation methods would result in more impartial and quality findings, then the teams would be more open to constructive critique during evaluation implementation and in the presentation of findings at the conclusion of the evaluation. (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE)

In a similar vein, some respondents felt that their **USAID colleagues and implementing teams did not always understand the role of evaluators and the purpose of conducting evaluations, or were under political pressure to prove successes**. This, in turn, meant that staff may be defensive regarding the findings, limiting their ability to listen, engage and learn. This may also result in the evaluation teams watering down recommendations or for USAID to question some evaluation findings. (MOTIVATION – REFLECTIVE)

In one example of a solution to this issue, an evaluation team worked hard to show to the project team that they were not adversaries, and that they were there to help. One evaluator said that

this process of communication between evaluators and the project team was really important in getting the project team to be more open to engaging with the findings. Once the project team understood that the purpose of the evaluation was learning,

> "there was a real thirst and real hunger for this sort of dialogue to discuss what needs to happen, dialogue for changes that need to happen, listening to what other regions are doing... I think once they felt like they weren't being judged, they were very happy to sort of learn and adapt." (Evaluator) (MOTIVATION – REFLECTIVE)

Dissemination Formats Impacting on Capability and Motivation to Use Evidence

Literature Review

The way that information is synthesized, packaged, and communicated to decision makers may be unclear, impacting how accessible it is (La Vincente, et al. 2013; Malawi Ministry of Health 2016; Naude, et al. 2015). Poor synthesis and packaging of evidence limit a user's ability to understand the message behind the data. Excessive levels of detail and inappropriate presentation formats can constrain the ability to understand the evidence and apply it to decision making. For example, data can be presented in formats that are not synthesized to convey a message (tabular formats, non-machine readable, hardcopy reports, or in formats that do not provide context for the data being presented (e.g., performance graphs that do not include the desired target). There can be a mismatch between the technical level of the information disseminated and the abilities of the target to understand and/or use the information. **An overload of data disseminated to decision makers can also be overwhelming and frustrating** for those trying to use evidence to answer their programmatic questions. For example, Amaro, et al. describes stakeholder forums where decision makers were unable to conceptually process excessively detailed data presentations, thus impairing the group's ability to interpret and discuss data (Amaro, et al. 2005). (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE)

Interview respondents argued that once evaluation findings are disseminated, the formats are not always the most useful to them. In all evaluations studied except for the one, the dissemination formats were limited to a final report and a few briefings. Even on an evaluation where the evaluators had an idea to produce briefs, the activity ultimately did not. (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE)

Respondents argued that evaluation teams should try to make it easier for people to access and absorb information, especially given that the **program staff are often too busy to sift through large amounts of data.** One respondent explained how her team tried to increase the chance that people would learn about evaluation findings:

> "It was an exercise of thinking about who needs [the information] most and then how we make it as easy as possible for, like, they make it basically impossible for them not to know about it. Cause usually we say, OK, we always put it up on the DEC, we'll do our little like dog and pony show and tell everybody about it. But everybody's getting flagged all the time about research. You can easily get lost in everything, even if you know you can just go to a website and click on a link and go read it. How many people actually have a ton of time to go about reading everything? (USAID Staff Member)

Final reports are the primary communications product produced from evaluations. Respondents argued that these can be hard to read, overwhelming, and not easily digestible. One respondent commented, "we know this is a problem because nobody actually reads them, like maybe the person who's in charge of like, signing off…everybody else is going to skim." When asked to hypothesize why USAID colleagues don't use evaluations, one respondent who works to increase the use of evaluation findings claimed evaluation reports "[aren't] packaged well, there's usually an evaluation report that's really hard to get through." (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE)

When writing final reports, evaluators may use academic language and carefully explain research methodologies and how recommendations were formulated. This lends credibility, but long reports that do not bring out key points in a succinct manner make evaluation reports even less accessible for non-research audiences. Describing a usual evaluation report, a USAID staff member noted:

> "I feel like there's a lot of kind of recap of information that we kind of internally already know, umm, in terms of what the project's purpose is and you know the countries it's working in and … that background stuff, and which when you get a report you kind of have to wade through all that stuff" (USAID Staff Member)

There are also few communications products covering the findings that are targeted to different audiences, the interview revealed. In general, **there is not much investment in creating tailored communications products of the findings.** That is, there is little time spent thinking about different audience groups and how findings could be framed so they are of interest and relevance to these different groups. This is due in part to evaluators often not

having the time or expertise to produce such products, in particular because their contracts rarely require these, it was argued. Therefore, as one USAID staff member said:

> "Every evaluation I've had has defaulted to that [final] report format…we try around the edges to make some interesting things, like, let's mix some presentations or workshops or different kinds of handouts or something interactive." (USAID Staff Member)

A respondent who focused on evaluation use commented that when presenting findings:

> "…our practice area is hoping…to provide more guidance to the Agency about, like, other things you can request and communicating your evaluation findings and recommendations that aren't just the report that you're required to do by the ADS. Like, here are some examples, here are some visualizations, here are some other, you know, videos, whatever like web things that just take human centered design into account when thinking about how people are going to use this. And also…should we be translating this into other languages? Are we considering the communities we're working with here and…all the various products we could derive out of this, that can make them more useful? It's not in the [Automated Directives System] ADS right now—it's not a standard part of our typical commissioning [of evaluations]" (USAID Staff Member)

Similarly, a respondent noted, rarely are the most interesting findings pulled out and highlighted as a means of bringing attention to evaluation reports, which could be a lost opportunity for attracting more people to access the findings. (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE)

But there is also good practice in terms of dissemination. For example, a presentation to summarize findings, with reduced background and methodology sections to accommodate the time constraints of presentation audiences, was lauded. Respondents also placed value on discussions with the evaluators about the findings. One decision maker stated:

> "I find the evaluation presentations by the evaluation teams quite helpful because they sort of…summarize the main findings. There's an opportunity for discussion and exchange with the project management team" (USAID Staff Member).

Some USAID teams have also experimented with asking external evaluators to write more conversationally and succinctly. One person interviewed, for example, asked an evaluator:

> "to try writing [the report] more conversationally, try making it a brief report, separate out this tool he developed…as a different handout… And that helped… We actually got a lot of feedback that it was a lot more fun to read than usual" (USAID Staff Member).

Clear action plans from the evaluations were also mentioned as a useful tool for disseminating the findings, as was the use of graphics. (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE)

Respondents also recommended that findings could be transformed into video format or presented at symposiums, as well as for brief knowledge products, good executive summaries, and clear infographics. When evaluation methods cannot be modified to respond to real-time concerns of decision makers, modifying the format of findings to allow for sharing recommendations in shorter formats before the publication of a final evaluation report could also be useful by allowing for timely evaluation use. (CAPABILITY – PSYCHOLOGICAL and MOTIVATION – REFLECTIVE)

Barriers and Enablers That Require Change to the Organizational Context

Timing of Evaluations

Literature Review

Two systematic reviews have identified the timeliness of evidence production as an important aspect of evidence use by policy makers (Oliver et al., 2014; Innvaer et al., 2002). Researchers need to better understand the structural constraints, including timing constraints, under which policy is produced if their research is to find its target (Petticrew, 2004). In a qualitative study of the UK National Health Service's R&D strategy, timing emerged as a major source of conflict between researchers and commissioners. Commissioners felt that research was not meeting its original deadlines and that the scale of the research did not match with the shorter time frame in designing and funding new programs. Commissioners preferred six months to a year for a study, whereas researchers seemed unaware or unconcerned with these constraints and did not feel that their study would detect sufficient change or complete sufficient empirical analysis in that short time frame (Harries 1999). (OPPORTUNITY – PHYSICAL)

Very similar tensions were identified in a secondary analysis of a qualitative study of key organizations and individuals from government and NGO participants involved in tobacco control in Ontario, Canada (Bickford and Kothari 2008). One government official discussed the need for real time information that could be applied to policy decisions. However, **even if research is not produced in a timely enough manner to influence individual policies, it may have a more indirect effect later through conceptual or symbolic use,** though this can be more difficult to track and measure (Bickford and Kothari 2008). On the other hand, in a systematic review of studies on decision making by health care managers and policymakers in the Canada and the UK, one respondent warned that if evidence is not used immediately, the details might be forgotten later or may quickly become outdated (Lavis 2005). (OPPORTUNITY – PHYSICAL)

USAID Barriers and Enablers

One of the most frequently cited barriers to the use of evaluation finding related to the timing of the sharing or dissemination of evaluations findings. **Respondents argued that findings are generally not shared in real time and may be produced too late to be useful.** Two respondents even felt that evaluation recommendations did not present any new information that project managers doing their job would not already know (although it is not clear to what extent the respondents would have known this information if the evaluation process did not bring it out). (OPPORTUNITY – PHYSICAL)

Respondents pointed out that findings are often produced past the halfway point in an activity in the case of midterm evaluations or after an activity has closed in the case of final evaluations. By that time, decisions may have needed to be made without the benefit of the evaluation's findings, or USAID's leadership might have moved on to other priorities, not touched upon by the evaluation. In the case of midterm evaluations, if findings are published when activity implementation in nearing completion, bureaucratic concerns may make it difficult to adapt programming in response to the findings. If an RFP for a follow-on activity has already been published, findings may not be widely disseminated so as not to privilege one bidder over another. In some cases, the follow-on activity may have already begun before evaluation findings from the predecessor project have been published. And if there is no follow-on activity that immediately follows and that can immediately incorporate recommendations, the findings may be forgotten. (OPPORTUNITY – PHYSICAL)

This suggests that **there are points within the project cycle when conducting an evaluation would be more useful than others,** and that the ideal lead time before key decision-making points should be considered when designing a new evaluation:

> "There are small windows of opportunity where the new information or new research or new evidence is gonna make a difference in terms of shaping [the next project...] If the window for decision making is in August and your research findings come out in September...there's not...much incentive for anybody then to do something about it or to change what they've already defined for the year." (OPPORTUNITY – PHYSICAL)

Since respondents generally stated that evaluation findings are used to design new activities, the type of evaluation has implications for the timing of findings. Several interviewees felt that:

> "midterms are more valuable than end of project evaluations. Usually by the end of project...you already have to have something operational because you can't have a break in service...so it would not really inform design of a new mechanism. But the midterm does sort of allow you to course correct." (USAID Staff Member)

In a more specific example, an evaluation's findings were formulated into specific recommendations, and the evaluation was perceived as quality, reliable, and credible, but by the time the findings were released, the activity had ended and the implementing partner staff had dispersed, precluding any opportunity to use the findings to adapt the activity's program. Nevertheless, USAID did instruct applicants to the follow-on project to refer to the evaluation

findings. In addition, the findings were incorporated into a program review under the Global Fund that was used to shape the national strategy. (OPPORTUNITY – PHYSICAL)

While timing in relation to the decision-making cycle was frequently framed as a barrier to evidence use, **respondents also noted good practices on disseminating findings in time, supporting their use.** Firstly, it is useful for evaluators to share evidence regularly over time and for evidence to be brought up again during relevant decision points, and not be shared only in a final report. An interviewee who specialized in promoting evaluation use said:

> "I think if you're able to provide results when they're needed, so going back to the timing issue of you know, when is it gonna be helpful... So, it wasn't gonna be helpful to give them the list of things that didn't go well at the end of the year. What was helpful for them is to tell them how, what was going on as it was happening throughout the year. So that was one of the kind of greatest examples of very actionable data coming in and then kind of taking that on and making decisions along the way..." (Evaluation Use Practitioner)

In another example, respondents discussing an evaluation felt that the timing of the evaluation and the release of findings was good, as USAID was beginning to plan the design of the next project. (OPPORTUNITY – PHYSICAL)

Availability of Time to Use Evidence

Literature Review

Lack of time to access and interpret evidence is a barrier to EBDM. Information collection and use is often imperfect, impacting how an individual formulates a decision. **Decisions may need to be made quickly, either because of the speed of the decision-making process or because a decision maker has too many competing demands on their time** (Milkman, Chugh and Bazerman 2009). As Milkman, Chugh and Bazerman argue, "a knowledge worker's primary deliverable is a good decision," but people are increasingly "being tasked with making decisions that are likely to be biased because of the presence of too much information, time pressure, simultaneous choice, or some other constraint," such as 'cognitive load'—the ability to "maintain a relatively small amount of information in their usable memory" (2009, p. 379).[2] **Cognitive *overload*—that is, when demands placed on people's mental effort are greater than their abilities to handle the work—often means people do not take in all the evidence or sources that could help them make an informed decision, and revert to shortcuts, which can lead to mistakes** (e.g., Danziger et al. 2011; Yang 2015; Iyengar and Lepper 2000; Thakral and To 2018; Neprash and Barnett 2019). Much attention has been devoted to trying to understand the source of these mistakes, whether through a limited ability to process information, incorrect understanding of what information is necessary, inherent errors, or the costs of acquiring new information (Handel and Schwartzstein 2018). (OPPORTUNITY – PHYSICAL and CAPABILITY – PSYCHOLOGICAL)

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[2] While cognitive overload is an individual barrier, addressing how much time staff in an organization have usually requires organizational level changes (such as restructuring or hiring more staff).

Generally, a decision maker short on time is more likely to use an intuitive or automatic decision-making style as opposed to a rational or analytical one. Intuitive or automatic decision making relies on "a vague feeling or sense of feeling of pattern or relationships" (Thorne 1990). Intuitive decision making is also referred to as "holistic thinking, immediate insight, seeing the answer without knowing how it was reached" (Thorne 1990), or as a technique of swiftly retrieving chunks and forms of knowledge molded from previous experience (Seal 1990). Rational or analytical decision making, on the other hand, obliges the decision maker to consider a number of alternative scenarios and probabilities for each alternative before making a decision (Busari and Spicer 2015; Oliveira 2007). Rational decision making incorporates critical evaluation of evidence and is a structured process that requires time and conscious effort (Fitzgerald, Mohammed, and Kramer 2017). (OPPORTUNITY – PHYSICAL and CAPABILITY – PSYCHOLOGICAL)

The decision-making style that an individual uses is not absolute. The broader culture as well as organizational norms can shape an individual's tendency to favor one decision-making style over the other. Moreover, a different style may be used depending on the decision and context in question, or even change over time. For example, as an individual gains more and more experience, they may be able to quickly recognize patterns and employ intuitive decision making (Yates and de Oliveria 2016). Indeed, while often a rational or analytical decision-making style is considered desirable, **intuitive decision making does save time and may be "effective when the decision maker is knowledgeable and experienced within a domain," and when a situation is complex**, because conscious deliberation "can quickly be overwhelmed by large amounts of information" (Salas, Rosen, and DiazGranados 2010, p. 949–950). (OPPORTUNITY – PHYSICAL AND SOCIAL and CAPABILITY – PSYCHOLOGICAL)

Barriers and Enablers at USAID

USAID staff in general have heavy workloads, demanding timelines, and an excess of unsynthesized data that is not stored in easily usable formats, some respondents argued. One person noted, for example:

> "[USAID staff] don't have a ton of extra space to really use all of their abilities to go and find all the evidence they would like to use. So, they have to be quite pragmatic about, OK, what can I pull or what can I find out or what can I use in this time, to rough enough, good enough, move this forward." (USAID Evidence Use Practitioner)

However, two respondents felt that the global health team served as a good example within the broader agency at "finding a way to collate and bring together a lot of evidence and make it about as easy as possible...for staff to be able to access large amounts of evidence," although they did not explain how in any detail. (USAID Evidence Use Practitioner). (OPPORTUNITY – PHYSICAL and CAPABILITY – PSYCHOLOGICAL)

Availability and Perceptions of 'Quality,' Relevance,' and 'Credibility' of Evidence

Literature Review

Whether evidence is used or not will also depend on the availability of 'quality,' 'credible,' or 'relevant' evidence (sometimes these terms are not discussed separately in the

literature but are grouped together, for instance as 'quality' evidence). Quality evidence may be unavailable when an individual needs to make a decision. Such evidence may simply not exist if research or evaluations into the topic have not even been conducted yet, or the decision maker may be physically unable to access the information. For example, evidence may be stored across various departments in hard copy and not consolidated into an organization-wide management information system for all to quickly access. Or, academic journals may store publications containing quality evidence behind paywalls or in scholarly databases that the decision maker's organization does not pay for. (OPPORTUNITY – PHYSICAL and MOTIVATION – REFLECTIVE)

'Quality' evidence is defined as being objective and verifiable and based on methods that are appropriate for the research question that is posed. The arguments are well-founded, plausible, and informed by data that was collected, analyzed, and interpreted systematically and transparently (Davies 2013, Spencer et al. 2003). Ideally, the findings are also externally valid with the potential to be extended to the wider world and not simply the specific context studied. As 'quality' is both an objective and a subjective assessment, if evidence is of high quality, but its presentation does not reflect this quality, this may impact on how individuals perceive the quality of the evidence.[3] Furthermore, people's personal preferences will influence whether they view evidence to be of high quality or not. For example, many decision makers have a narrow definition of 'quality' evidence, valuing quantitative data over qualitative data (Smith and Joyce 2012), and data produced by Western social scientists over that produced by people with local knowledge (Pellini et al. 2013). The availability of quality evidence also affects attitudes towards evidence use (Oliver, Innavar, et al 2014; Orton et al. 2011; Wallace et al. 2012). (OPPORTUNITY – PHYSICAL and MOTIVATION – REFLECTIVE)

Similarly to quality, the relevance of evidence matters. Again, 'relevance' is both an objective assessment—whether the evidence is related directly to someone's interests, duties, or decisions (for example, if a study provides information that is directly applicable to a specific program-related decision), and a matter of perception. Perception of the relevance of evidence depends on timing, context, and actionable recommendations (Johnson, Greenseid, King, and Volkov, 2009; Masaki et al. 2016). For example, a study on the use of governance data found that data was deemed irrelevant to decision makers if it did not highlight important insights or provide a concrete set of recommendations (Masaki, Sethi, and Custer, 2016). (OPPORTUNITY – PHYSICAL and MOTIVATION – REFLECTIVE)

The perception that the evidence is credible—that is, trusted or believed—can also contribute to a negative attitude toward EBDM and ultimately, evidence uptake (Shafaghat). In a study of data sources produced by external actors—international civil society organizations, foreign governments, and multilateral development banks—Masaki et al. (2016) found that perceived credibility (or lack thereof) was one of the major determinants of whether policymakers and

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[3] Perceptions of quality, relevance, and credibility are therefore impacted by dissemination formats. As such if the barrier is perception, and not availability of such evidence, then the barrier could be addressed directly, without changes to the organizational context, for instance by presenting decision makers with evidence products that are more relevant to them.

practitioners in 126 countries used governance data. Generally speaking, data was considered most credible when it was transparent in its methods and assumptions, as well as 'unbiased' in its selection of rigorous methodologies, including analysis that did not allow for evaluator opinion to unduly shape the results. The questioning of data credibility can also suggest a lack of trust in research or decision-making networks (Jones, et al., 2017; Naude, et al., 2015). Indeed, the credibility of the evaluator is commonly cited as important to uptake (Sandison, 2006 Johnson, Greenseid, Toal, King, Lawrenz, and Volkov, 2009; Ryan, 2002; Jones and Walsh). (OPPORTUNITY – SOCIAL and MOTIVATION – REFLECTIVE and AUTOMATIC)

Barriers and Enablers at USAID

Some respondents made comments regarding evaluation findings not being used because they are poor quality, unreliable or not credible. This perception was linked to multiple factors, such as poorly crafted evaluation questions, ill-defined scopes of work for the evaluation, a sense that USAID's evaluation partners do not sufficiently understand the subject or sector, or methodologies that are not considered sufficiently rigorous. (OPPORTUNITY – PHYSICAL and MOTIVATION – REFLECTIVE)

It appears that perceptions of low rigor can also be affected by the latitude that is allowed for the incorporation of evaluator opinions. One respondent detailed their concern about heavy incorporation of evaluator opinions in the findings:

> "They had the expertise, they could have used the project's data analysis and overseed it.... They could have overseen, but instead they just kind of went off on the side and came up with their own calculations. So we found that out, you know, certainly nobody told us this. (USAID Staff Member)

Other root causes cited for the perception of poor quality, reliability, or credibility include the imposition of tight evaluation implementation timelines that do not allow for sufficient data collection, weaknesses in the raw data and poor data interpretation. And in some cases, USAID directs the evaluators to study particular project sites, which may infringe on the perceptions of an evaluator's independence. (OPPORTUNITY – PHYSICAL and MOTIVATION – REFLECTIVE)

The quality of an evaluation report can itself impact perceptions of quality of the findings. When discussing one evaluation, respondents argued that the final report was "messy" and "all over the place" without infographics, targeted recommendations, or an additional budget for dissemination, which affected their perception of evaluation quality and decreased use. (OPPORTUNITY – PHYSICAL and MOTIVATION – REFLECTIVE)

Evaluation findings not being *relevant* to one's work was one of the most commonly noted barriers, including due to timing of the findings but also other reasons, such as recommendations not being usable. The respondents indicated a tension between ensuring that recommendations were specific, targeted, or actionable enough to be useful for a given project and feeling that the data was too specific to draw broader lessons. One respondent argued that because evaluations are often commissioned in response to USAID

requirements and taxpayer accountability rather than out of a need for information, it is difficult to ensure that the resultant evaluation is utilization focused. Another respondent seconded this sentiment, stating:

> "[sometimes], you have to do an evaluation to check a box, but if you can like really get people to pose questions, so then if they have a question they want answered, then I think they're more likely to use the results." (USAID Staff Member) (OPPORTUNITY – PHYSICAL and MOTIVATION – REFLECTIVE)

On the flip side, respondents also spoke of using evaluation findings because they were high quality, reliable, and credible. According to the interviews, such positive perceptions are influenced by things such as the quality and internal consistency of the final report, the rigor of the methodology used, and the quality of the evaluation team, including the perceived depth of their subject matter expertise. One respondent explained what an evaluation report was like:

> "But it has different sections and all the sections were included, including the backgrounding their findings, their major recommendations for the future use, even there was a specific recommendation for future implementation… because it is, it was for end term evaluation recommendation was for future USAID funding mechanisms." (USAID Staff Member)

The neutrality of the evaluator is also an important factor in whether findings are considered reliable or credible, and the respondents noted that there is some tension between closely engaging USAID in the evaluation process as an end user and maintaining evaluator neutrality. (OPPORTUNITY – SOCIAL and MOTIVATION – REFLECTIVE)

Similarly, relevance of findings was discussed by many respondents as an enabler. The perception of relevance can be created by: linking the evaluation to the Agency Learning Agenda, formulating recommendations that respond directly to client needs or future programming, or ensuring that recommendations are specific and tailored to the audience (with relevant examples). When tailoring findings to USAID, for example, respondents felt it should be clear how they could help improve program or portfolio performance or be used in the course of one's job. To increase relevance, evaluation recommendations should be clear and actionable, and supported by post-evaluation action plans. As one evaluator explained:

> "Our recommendations were very specific…the findings were eminently usable. And in fact, we had pointers, I remember, towards… program design, program implementation, even indicators. And so, there were quite a lot of recommendations towards what USAID or any other donor could do in a future sort of programming cycle." (Evaluator)

Evaluators pointed out, however, that they cannot be held responsible for formulating actionable recommendations on their own, as they will never be as familiar with USAID's operations as their own staff. This is particularly the case when recommendations are for changes within USAID or regarding future pieces of work, as opposed to recommendations from

midterm evaluations for the project that the evaluators had examined. (OPPORTUNITY – PHYSICAL and MOTIVATION – REFLECTIVE)

Organizational Culture and Norms

Literature Review

Organizational culture and norms also influence evidence use. Organizational culture is the collection of values, practices and norms that guide and inform the actions of its members. Organizational norms are the social norms that exist within an organization. Norms are shared beliefs of what is common or acceptable behavior in a group. They are created and maintained through sanctions—positive rewards for acting in accordance with the norm, and negative repercussions for not abiding by the norm. For example, an organization might promote norms around the use of evidence by offering rewards such as praise, positive performance reviews, salary increases, opportunities to network or attend trainings, or career advancement (Schleiff 2020). Individuals are shaped by the prevailing organizational norms, especially norms related to transparency, participation, and inclusiveness. **Norms can influence a number of aspects of EBDM, including how people define quality evidence** (Johnson et al. 2009; Bradt, 2009; Knaapen 2013; Davies 2015), **how decisions are made, and who can make decisions within the organizational hierarchy** (Kawonga, et al. 2016). (OPPORTUNITY – SOCIAL and MOTIVATION – REFLECTIVE)

Organizational values are communicated in part through the resourcing of EBDM. This, in turn, impacts on decision makers' motivation to use evidence (Shafaghat 2021). **In addition, resourcing of EBDM signals the norms in the organization, affecting individual behaviors through the social norms channel** (Oliver, Innvar, et. al 2014; Newman 2014; Bradt, 2009; Clar et al. 2011; Armstrong et al 2013; Crewe and Young, 2002; Davies, 2015; Young and Mendizabal, 2009). For instance, several studies have shown that organizations that do not allow decision makers the time to collect and appraise evidence view EBDM as "non work" and an unnecessary job function, and this serves to de-motivate evidence use (Orton et al. 2011; Armstrong et al. 2013). (OPPORTUNITY – PHYSICAL AND SOCIAL and MOTIVATION – REFLECTIVE)

In addition to the resourcing of EBDM, **the existence of guidelines and procedures related to evidence use may signal that there is high value placed on evidence use;** as an extension, it may institutionalize social norms around evidence use by signaling that others in the organization place a value on evidence use (Yost et al 2014; Nutley et al. 2013). Many authors have also noted that organizational guidelines or regulations that mandate staff to use evidence in decision making are rare in lower resource settings (Oliver, et al. 2014; Uneke, et al. 2017), which can negatively impact the perceived importance and value of data (Harrison and Nutley 2010; Shaxson et al. 2016; Qazi and Ali 2011). (OPPORTUNITY – PHYSICAL AND SOCIAL and MOTIVATION – REFLECTIVE)

USAID Barriers and Enablers

USAID appears to have a culture of evidence use. Respondents spoke of evaluation evidence being discussed during portfolio reviews, of the Agency regularly "talking about"

learning and adaptation based on evidence, and of there being a "culture of learning and using data to drive investments." One respondent explained:

> "... when we design new projects, we reflect back. And that is where you might see... where a lot of different eyes in the Agency would see evaluation findings and how they're used to move forward and not to... duplicate, not do the same thing but kind of build and move forward." (USAID Staff Member)

Another respondent noted:

> "I think overall, at least global health, within USAID is a sort of learning environment and also the data, data heavy environment in using data to inform our programming. And so I think that just general culture makes the idea of evaluations, I mean and utilizing them... sort of accepted." (USAID Staff Member)

One respondent also commented that evaluations are expensive, and as they are done using taxpayer money, there is more of a sense that their findings should be used.

As noted above, the Agency's Evaluation Policy clearly lays out the importance of evidence use, and evidence use is required under the ADS. For example, ADS 201.3.1.2 states:

> "USAID uses the Program Cycle to ensure that its policies, strategies, allocations of human and financial resources, budget requests, and award management practices are evidence-based and advance the Agency's development objectives... USAID's decisions about where and how to invest foreign assistance resources must be based on analyses and conclusions supported by evidence."

This signals to USAID staff that evidence use, including evaluation use, is valued, and may promote a norm of evidence use – that is, the expectation that staff use evidence for decision making. (OPPORTUNITY – PHYSICAL AND SOCIAL and MOTIVATION – REFLECTIVE)

Indeed, **there appears to be a norm of evidence use at USAID**. A few respondents commented that the USAID community encourages evidence use, and that using evaluation findings helps individuals convince their colleagues to make decisions in line with evaluation findings. Respondents also spoke of being able to show the evidence behind a decision, including from past experience, as putting people "in a very positive light." In addition, using evaluation findings shows that the individual is learning, while disseminating findings on social media can boost one's professional reputation. In addition, there are non-material rewards that act as peer recognition of evidence use. "This isn't about evaluations, but... in PEPFAR, we're really encouraged to dig into the data and then... submit any findings for publication," one USAID staffer noted. And publishing an article in a journal, or other form of academic dissemination is positively commented on in meetings by USAID colleagues. While awards are occasionally given out for evaluation design and collaboration, learning and adaptation, they are not for evaluation use per se. (OPPORTUNIY – SOCIAL)

However, some respondents did make comments that suggested that USAID's organizational culture does not fully promote evidence use. For example, third-party evaluators are under pressure to be responsive to their stakeholders' concerns, sometimes causing them to water down their findings or compromise on evaluation methods. One third-party evaluator commented that headquarters staff were often "very defensive about why [negative findings were] happening." Another third-party evaluator elaborated that evaluators may need to "flatten" the language to please more stakeholders, describing a hypothetical conversation with USAID: "Well, I can't tell what 'you're saying here anymore… the first draft, it was a great point; we loved it." Then, the third-party evaluator recapped USAID's directives on later results and his perception on how that weakened the findings, "the second draft 'you've been asked to flatten it in such a way that it doesn't jump out anymore. It doesn't really feel like a significant finding anymore because the language is so flat." Some respondents also argued that USAID leadership does not prioritize referring to findings when making new decisions nor require staff to incorporate evaluation findings in their decisions. (OPPORTUNITY – SOCIAL)

Organizational Leadership

Literature review

Decisions to use evidence will also be impacted by organizational leadership (Nutley, Walter, and Davies, 2002; Clar et al. 2011; Jones et al. 2009; Powell et al. 2017). **Leaders can champion EBDM within their spheres of influence by verbally and financially supporting evidence use, setting an example in requesting evidentiary support for decisions, using evidence themselves to formulate new policies and plans, and openly disseminating evidence.** (Baldwin, et al., 2016; Cibulskis and Hiawalyer, 2002; Homer and Abdel-Fattah, 2014). Strong leaders can also promote open environments of neutrality, transparency, ability to dissent, and participation, which enables the role of evidence in decisions (Amaro, et al., 2005). These leadership qualities are associated with more positive employee attitudes toward evidence (Powell et al. 2017). **In addition, leadership will influence the creation and maintenance of organizational norms around the use of evidence**. (OPPORTUNITY – SOCIAL and MOTIVATION – REFLECTIVE)

In addition to the impact on norms and attitudes, supportive supervision and regular feedback mechanisms can affect data use behaviors. Harrison and Nutley detail that regular systemic feedback from supervisors, especially related to performance trends, progress meeting targets, success stories, or comparative results, serves as a motivation for health workers to increase their data usage (2010). (OPPORTUNITY – SOCIAL and MOTIVATION – REFLECTIVE)

USAID Barriers and Enablers

Respondents noted organizational leadership as an important factor that contributes to evidence use. One respondent described a project where evidence was used widely for decision making:

> "The executive director/ chief of party… set the…direction towards… evidence-based decision making … He created opportunities for everyone to consider use and when needed, motivated them to put [evidence] to use…. He was also instrumental in taking the findings

and discussing with the donors and broader expert community as well." (USAID Staff Member)

Speaking directly of USAID leadership, a respondent explained:

"I've also seen a lot of CORs authors who are really committed to…good projects or program design and are… interested in seeing what you know, what we learn… and using that information to apply for, I mean to apply to their designs or, … course correction…. So you do see that quite a bit, and I would also go so far as leadership as well I feel like within GH particularly, you know there is a strong commitment to… evaluation and… to learning, and obviously they make the resources available for us to do so" (USAID Staff Member)

Other respondents suggested that **for leaders to show that they care about evidence, they may need to ask for sources of evidence and "us[e] it in their portfolio reviews or their, any kind of design work."** (OPPORTUNITY – SOCIAL)

Because leaders play an important role in granting funding or resources, they can also use the "power of the purse" to encourage evidence use. As one USAID leader noted:

"I think for me…one of the most important roles I have is around resource allocation and making funding decisions, and so to the extent that I can encourage our management teams to be using data and using evaluation findings, whether they have access to them, to figure out what's working and what's not working and encourage them then to either transition out of things that are not working [sic]." (USAID Staff Member) (OPPORTUNITY – PHYSICAL and OPPORTUNITY – SOCIAL)

But it is not only high-level leaders who can be influential in promoting evidence use. Other potential evidence use 'champions' mentioned including USAID's MEL teams, Contracting Officer's Representatives (CORs), and the Delivery Improvement Division. An interesting role recommended for the champions was to:

"follow-up…with implementation of the findings… If you don't have that kind of person with that energy and then with that will to do it, most likely you may end up having your findings being shelved and not being used." (Evaluator) (OPPORTUNITY – SOCIAL)

Accountability and Resources for Evidence Use

Literature Review

There are a number of ways to understand social accountability, one of which employs spatial metaphors. Vertical accountability refers to political accountability between citizens and their elected officials (Manwaring and Welna 2004) and horizontal accountability refers to the mutual oversight and checks and balances embedded into government institutions (O'Donnell 1998). Hierarchical reporting structures may be more likely to prioritize reporting and compliance over more democratic meetings that regularly convene data users and producers to discuss program issues and results, exchange information, and coordinate actions. (World Bank Document). In these cases, l**ack of clarity on roles and responsibilities to act on evidence at the national and subnational level can limit *evidence* demand and use.**

Devolved decision making authorities can instead allow subnational authorities to ignore local *evidence* and instead make decisions based on political concerns (Baldwin et al. 2016; Murthy 1998). (OPPORTUNITY – PHYSICAL AND SOCIAL and MOTIVATION – REFLECTIVE)

To facilitate a culture of *evidence*-informed decision making, organizational supports are needed to promote the skills, processes, and relationships necessary to use information, as well as to outline the coordination and management practices needed to ensure sharing and information exchange (World Bank Document). In addition, a study conducted in Tanzania found that linking resource allocation to performance against key targets encourages the use of information to set realistic goals and targets in strategic planning, as well as information use for regular monitoring and adaptive learning (Bhatia et al. 2016). (OPPORTUNITY – PHYSICAL)

However, many lower resource counties lack legal support and guidelines to mandate staff to engage in EBDM (Oliver et al. 2014; Uneke et al. 2017). Inadequate standardized processes, guidelines, or clear roles and responsibilities are major barriers to use and can contribute to a perceived lack of importance for data used among management (Malawi Ministry of Health 2016; Qazi and Ali 2011; Shaxon et al. 2016). Staff at lower levels often see themselves as data collectors and aggregators and believe that data analysis and interpretation responsibilities fall to others (Abajebel, Jira, and Beyene, 2011; Homer and Abdel-Fattah, 2014; Baldwin et al 2016). Even if authority is more clearly established, decision makers from individual ministries still must represent their interests in high level government planning and budgeting processes in the face of political pressure and competing agendas (Barasa et al 2016, Qazi, Ali, and Kuroiwa 2008; Custer and Sether 2021). (OPPORTUNITY – PHYSICAL AND SOCIAL and MOTIVATION – REFLECTIVE)

Given this context, capacity building for evidence use needs to happen not only at the individual level, but also at the organizational level, helping build organizational norms or guidelines for decision making, while also ensuring that staff turnover does not lead to a loss of knowledge. (CAPABILITY – PSYCHOLOGICAL and OPPORTUNITY – SOCIAL)

USAID Barriers and Enablers

One important barrier to evaluation use is a lack of defined roles charged with evaluation promotion and a lack of accountability when using organizational tools like post-evaluation plans. There is a requirement at USAID to construct post-evaluation action plans and incorporate evaluation findings into new activity designs, but there is little accountability to ensure these action plans are implemented. As one respondent noted, "Usually, that's just up to whatever staff care enough, and will make the time to make it happen" (Although, there is a broader effort at USAID headquarters to make post-evaluation action plans more systematic and "more formalized.") In addition, recommendations formulated in isolation by the evaluation team may not be actionable within USAID's bureaucratic constraints. (OPPORTUNITY – PHYSICAL)

Similarly, **is it not clear whose responsibility it is to promote findings use.** Third-party evaluators sometimes do not have mandates to disseminate findings. Evaluation contracts also often do not include more than the basics of an evaluation report and a presentation of the

findings, and it is difficult to amend contracts to request additional dissemination activities. One evaluation funder described this problem, stating:

> "contracts, you [USAID] usually have to say up front like what exact deliverables you want from [evaluators] so that they can do them and get paid. And so, if you're not thinking like at the very first stage about what kind of [evaluation communications] products, giving yourself room, at least to have a variety of products, it is very difficult at the end of the contract to then modify and get them." (USAID Staff Member)

One promising way of combating some of these accountability challenges, the interviews suggested, is for evaluators to facilitate a collaborative discussion of recommendations and specific actions that follow from the findings. For example, evaluators and potential users—such as project staff—can spend time together to talk about and refine recommendations and plot a way forward, agreeing on who will take forward each action. Simple tools can be used to ensure that these actions are followed up on. The team on one evaluation, for example, developed a tracker that served both to disseminate the main evaluation findings and to track the actions taken to address the findings. The tracker was a:

> "database spreadsheet where we identified the key question and then you identified...by facility, what was being done in this quarter..., if an action had been prioritized, and if that prioritized action was followed up upon." (Evaluator)

The evaluation team then brought the implementing partners together on a quarterly basis to review the tracking spreadsheet. (OPPORTUNITY PHYSICAL AND SOCIAL)

It is also difficult for individual USAID staff to disseminate evaluation findings publicly, partially due to USAID's limitations on staff social media use. This is due to security concerns and procurement sensitivities, although one interviewee felt that USAID "has used their security concerns to overly diminish and therefore become a little lazy about dissemination generally." They also argued that USAID communications officers are too busy to think creatively about dissemination, including how to get around the constraints stemming from security and procurement concerns, and suggested that communications officers should receive more guidance and training on strategic dissemination within USAID's compliance frameworks. (OPPORTUNITY – PHYSICAL)

A related challenge raised by a number of respondents is that USAID lacks the financial, human, or time resources to promote evidence use, or the decision not to invest resources in evidence use. Ironically, one interviewee mentioned an evidence utilization study that USAID had commissioned but that was not well used because of the lack of human resources to disseminate the findings and implement its recommendations. Based on the interviews, when findings are being produced, USAID often does not set aside funding for evaluation use activities, such as dissemination events or fostering communities of practice. For example, one USAID staff member explained:

> "In global health itself, we don't have that overarching community of practice for learning and sharing. I think that's important to socialize evaluations, to get people excited, to people

discussing, and again … we need resourced communities of practice…" (USAID Staff Member) (OPPORTUNITY – PHYSICAL)

While not a topic of discussion with the interviewees, a review of the four evaluations highlighted another potential barrier to findings being used for learning, whether to inform an ongoing project or future work. **Even though at least one of the stated purposes of evaluations was learning, evaluation questions focused on past performance, and did not specifically require evaluators to focus on learning or use.** None of the evaluations, except for one, which had questions formulated on an ongoing basis, had evaluation questions framed from the perspective of learning. While this may not seem like an issue given that learning should happen based on understanding what has occurred and how, the impact of framing is at least two-fold (see, for example, Cairney and Kwiatkowski, 2014). First, if the language of the questions is on past performance, evaluators are likely to make both small and large decisions regarding the evaluation that will draw focus more to past performance than to learning, and an opportunity may be lost for turning the information about past performance into lessons for the future. For example, to facilitate learning from past performance, it helps to explain how what has happened in the past in a given context is (or is not) applicable in other contexts—this kind of focus may be more likely if evaluation questions are framed directly from a learning perspective. Second, when an evaluation appears to have more of an accountability angle than a learning angle, the evaluated project teams may be less open to honest discussions and to hearing feedback when an evaluation is finalized. (OPPORTUNITY – PHYSICAL and MOTIVATION – REFLECTIVE)

Engaging Users throughout the Evaluation

Literature Review

Lack of interaction between researchers and decision makers and insufficient participatory decision-making processes are commonly cited in literature as major barriers to EBDM (Shafaghat). As Orton et al. found, limited channels exist for policy makers to interact and build trust with researchers (2011; Oliver et al. 2014), which leads to issues with engagement, collaboration, communication, and dissemination of evidence (Clar et al 2011). In a paper on evidence generation partnerships between researchers and policymakers, Williamson et al. (2019) wrote that co-production of research "was considered a worthy goal by all, conferring a range of benefits, but one that was difficult to achieve in practice. Some participants asserted that the increased time and resources required for effective co-production meant it was best suited to evaluation and implementation projects where the tacit, experiential knowledge of policy makers provided critical nuance to underpin study design, implementation, and analysis."

The lack of interaction and trust between researchers and decision makers often leads to decision makers relying on the evidence shared by their trusted social networks. For instance, the majority of the 3,500 leaders surveyed in the 2017 Listening to Leaders survey reported that they used information they discovered from in-person interactions, either via formal meetings or consultations (80 percent) or informal face-to-face communications (68 percent). However, this could also be in response to constraints in accessing evidence published in proprietary

journals or databases, in analyzing findings, or in identifying actionable recommendations (Custer and Sethi 2017). (OPPORTUNITY – SOCIAL and MOTIVATION – REFLECTIVE and AUTOMATIC)

Barriers and Enablers at USAID

The enabler mentioned most often in the interviews in terms of its potential for improving the use of evaluation findings was user engagement throughout the evaluation process—from collaboratively formulating research questions to iteratively validating findings. It is important to note that many of the references on the *success* of engagement strategies were from the one evaluation, which was unlike the other three evaluations studied, as it had at its core objective continual learning and adaptation. Therefore, this example is an interesting case study but somewhat of an outlier in terms of its heavy user engagement. (OPPORTUNITY – SOCIAL)

One of the most interesting aspects differentiating this evaluation from the others studied was that evaluators were embedded with the implementing teams in the three project regions. This helped build trust between evaluators and the project team, allowing for open, constructive conversations, and enabled nearly real-time sharing of findings. Stakeholders also co-developed recommendations from the findings, and the national Ministry of Health led some of the larger dissemination and action-planning sessions to increase the Ministry's ownership of the findings. The evaluation team conducted continuous stakeholder mapping to understand who the champions for findings use could be, and to let new staff know the purpose of the evaluation so that they would remain engaged in the process and open to learning. Increased engagement was, in turn, linked to users' perception of the credibility and relevance of findings. In the case of one of the evaluation projects, the national government was not involved in the evaluation, but significant investment was dedicated to building a relationship between the implementing partner and the government, and several of the activities from the project were later adopted by the government in its national tuberculosis strategy. (OPPORTUNITY – SOCIAL and MOTIVATION – REFLECTIVE AND AUTOMATIC)

While engagement was noted as an enabler, respondents pointed to missed opportunities for interactions between evaluators and decision makers. A few respondents argued that there is a disconnect between the evaluation funders, the evaluation team, and the activity implementers. According to one evaluation funder:

> "we didn't enough integrate the education folks from the beginning. So, like, we ended up with findings that they thought were interesting, but again, were totally disconnected from what [the end users] were looking to know right now." (USAID Staff Member)

Another respondent noted that the evaluation team is often a group of academics that are used to conducting research that does not respond to the reality on the ground, rather than connecting with the intended users to contribute to the evaluation design:

> "I've had this happen where academia has done research and they say, well, this is what you should be doing [...] I'm like, have you ever been out in the field [...] and they're like, well, no. But we've done the research. Well, Ok. I've been out in the field, and I've done that, and it doesn't work for X, Y, and Z reasons." (USAID Staff Member)

While viewed as valuable, co-creation sessions between evaluators and decision makers to formulate evaluation questions was seen as challenging, as this can be a time-consuming and expensive process that the evaluation team does not have the time or funding to undertake. (OPPORTUNITY – PHYSICAL AND SOCIAL and MOTIVATION – REFLECTIVE)

Organizational Politics

Literature Review

Whether decision makers use evidence will also be impacted by political agendas. As Schleiff et al. point out, EBDM does not take place in a depoliticized vacuum. Political alliances and priorities, knowledge brokering, and other contextual factors have a substantial role to play (2020). Indeed, according to one systematic review, political will to use evidence is the second most cited factor in the literature covering barriers and enablers to EBDM (Shafaghat 2021). **Evidence can easily be politicized by the cherry-picking of favored evidence** (White 2019b), and be either included or excluded based on political priorities (Davies 2011; Weatherall et al. 2018). (OPPORTUNITY – SOCIAL and MOTIVATION – REFLECTIVE)

The level of organizational and political centralization can also affect EBDM. Highly bureaucratic, centralized organizations with rigid rules, structures, and processes can make it difficult to coordinate across cadres and between levels to review data as well as limit the time and ability to access, share, analyze, and interpret information (Jones et al. 2017; Kawonga, Blaauw, and Fonn 2016; Oliver et al. 2014). **Several studies have found that while centralization can prevent pluralistic debate and therefore the need to use evidence to support opposing views, decentralization empowers more decision makers who use evidence to defend their decisions** (Liverani et al 2013; Honig and Gulrajani 2017). As far as organizational leadership is concerned, it is one thing for a leader to support evidence-based decision making, and another to be able to execute it. After all, even the most supportive leadership may be limited by broader political systems or prevailing popular opinion of controversial topics (Newman 2014; Liverani et al. 2013). (OPPORTUNITY – PHYSICAL AND SOCIAL and MOTIVATION – REFLECTIVE)

USAID Barriers and Enablers

The role of organizational politics was largely implied in the interviews. However, in one instance an evaluator noted how a major USAID program wanted to maintain its remit and scope, and that when an evaluation recommendation was to make changes that would shift this remit and scope, "they were a group that was not going to be influenced [by the evaluation findings]." (OPPORTUNITY – SOCIAL and MOTIVATION – REFLECTIVE)

Barriers and Enablers That Require Change to the Systemic Context

Societal Culture

Literature Review

Societal culture—the commonly held beliefs or values that exist and are agreed upon in a given population—can influence EBDM as well, including due to its impact on decision-making styles.

Culture can be defined as "The myriad ways of living exhibited by a particular group of people, ways that are transmitted from one generation to the next and which distinguish that group from others" (Smith 1997). One dimension of culture that has received substantial attention is individualism-collectivism (or, similarly, independence-interdependence) (Hofstede 1980; Markus and Kitayama 1991; Oyserman, Coon, and Kemmelmeier 2002; Triandis 2004). This dimension is associated with different conceptualizations of the "self." Individualistic cultures emphasize the importance of self and one's independence, the pursuit of personal goals, and free agency. Collectivistic cultures, by contrast, emphasize the importance of the group, valuing harmony and working toward common goals. **Generally speaking, individualist cultures, particularly Western cultures, value analytical decision making, whereas collectivist cultures are more intuitive, identifying patterns throughout history** (Varnum, Grossmann, Kitayama, and Nisbett 2010; Nisbett, Peng, Choi, Nerezayan 2001; Peng and Nisbett 1999). **In short, in collectivist cultures, there may be less of a focus on using evidence to make a decision.** (OPPORTUNITY – SOCIAL)

Besides decision-making styles, culture affects many other aspects of how an individual evaluates evidence and applies it to decisions. For example, **some cultures may emphasize positive information more than negative information (Higgins 1997) or inspire risk avoidance by overestimating the probability of negative outcomes occurring**. When formulating projections, individualist cultures tend to assume that present trends will continue into the future, whereas collectivist cultures believe that the world is in a constant state of flux and that the continuation of present trends cannot be assumed. Individualist cultures also value thinking creatively to identify alternatives to the available decision-making options and then make a decision independently. Collectivist cultures, on the other hand, prefer to solicit group feedback and value maintaining the status quo over making a decision that would change the current state of affairs. Finally, different cultures attribute different levels of responsibility to individual decision makers for poor decisions. Some are more likely to take situational factors into account rather than assuming that the decision maker will always make poor decisions in the future, whereas others are more likely to view poor decision making as an immutable personality trait (Yates and de Oliveria, 2016). (OPPORTUNITY – SOCIAL)

A related construct that has received relatively less attention is cultural norm strength, which describes how social groups react to those who deviate from these norms. 'Tight' cultures have many social norms that are strictly enforced, whereas 'loose' cultures have fewer norms and these may be violated to some degree without penalty (Gelfand, Nishii, and Raver, 2006; Gelfand et al., 2011). In a 'loose' culture, therefore, the norm to use evidence may not be strongly reinforced through social sanctions. (OPPORTUNITY – SOCIAL)

USAID Barriers and Enablers

The interviews did not delve into societal culture's impact on the use of evaluation findings. However, given that this study targets individuals working in multiple countries, **it is possible that different evidence use strategies should be devised for different cultural contexts.** (OPPORTUNITY – SOCIAL)

The Role of National Politics

Literature Review

Political changes, such as crises, regime changes, democratization, and external events can create new opportunities or barriers for EBDM that filter down to the organizational and individual levels through general changes in social norms, leadership, or resource levels. For instance, some authors have argued that democratization may strengthen EBDM because in a democratic system, external actors such as the private sector and CSOs have a stronger voice and therefore greater power to demand transparent data and hold the government accountable for its progress (Shleiff 2020; Cibulskis and Hiawalyer, 2002). In another example, after the end of conflicts in Nepal, Peru, and Serbia, an evidence vacuum was created as many technocrats associated with the former regime were discredited and removed from leadership positions (Jones and Pellini, 2009). In Sierra Leone, in turn, evidence-based decision making became negatively associated with foreign influence and Western ideas and was therefore discredited in favor of "local knowledge" (Broadbent 2012). (OPPORTUNITY – SOCIAL)

USAID Barriers and Enablers

The role of national politics was noted by a few respondents. This included speaking generally about evidence use:

> "Well, one, lot of decisions at USAID are not made based on evidence, as you know…Even our own government it, it says on one hand they want evidence, and they want evidence when they don't agree with you. But then they don't use evidence to make their decisions." (USAID Staff Member).

But **some respondents also spoke more specifically about evaluation findings use being impacted by national politics**. For example, one USAID staff member explained that findings from an evaluation were not used to design programs because of a change in the US Administration and an ensuing Executive Order regarding the USA's engagement with a particular country. One evaluation that the study looked at was of a project that became the focus of a Congressional inquiry. Some respondents' comments suggested that this spotlight on the project impacted on the evaluation itself, in that one of the aims of the evaluation was to demonstrate, through an independent review, that the project has been improving, which respondents argued it did demonstrate. (OPPORTUNITY – SOCIAL)

Gender and Social Inclusion

Through the literature review and the interviews, the study attempted to capture points relevant to gender and social inclusion—that is, the inclusion of groups that confront barriers which prevent them from fully participating in political, economic, and social life. There was very little of note found on this topic in the literature that would be relevant to evaluation findings use. As per the interviews, a question was included in the interview guides on whether in disseminating evaluation findings, there is consideration of disseminating differently to different genders and marginalized groups. Based on the interviews, during evaluations not much investment is put

into tailoring the dissemination of findings for different audience groups, including groups that may need different information or for information to be presented differently. **While evaluation questions themselves may look at the impact of projects on different genders or marginalized groups, or may examine other gender and social inclusion related issues, the dissemination of findings is not targeted beyond an organizational level (such as USAID, implementing partners, and Ministry of Health).**

In analyzing the interview findings, the researchers compared references to barriers and enablers to evidence use by male and female respondents. No clear differences in perceptions between the two groups were revealed.[4] This does not mean that there are no differences, but that there is no evidence of this in this data.

Targeted Review of Interventions to Increase the Use of Evaluation Findings

Following the initial literature review and analysis of this study's results, a second, targeted literature review was carried out. This focused review sought out additional literature that explored solutions to the specific barriers found in this study and ways to build on the specific enablers.

The most comprehensive review to date of what works to increase the use of evidence comes from research by the Evidence for Policy and Practice Information and Co-ordinating (EPPI) Centre at University College London for the Science of Using Science project (2016). The research was two-part: 1. a systematic review of 36 systematic reviews on the efficacy of 91 interventions to increase the use of research in decision making; and 2. a scoping review of interventions from social science fields such as media and communications, organizational learning and management, psychology, and behavioral science. The review identified interventions that have proven effective, those that have proven ineffective, and those where there is insufficient evidence to conclude one way or the other.

As such, in designing strategies, the study team made sure to align with the review's findings (while also checking that no new reliable evidence has contradicted the main findings since the review). The team applied core principles that emerged from this review alongside specific strategies that the literature implied might be successful in impacting the enables and barriers identified in USAID. For example, a core principle which cut across all identified approaches is that "simpler and more defined interventions" appear to have a higher potential of success than "interventions characterised by a highly intense and complex program design" (Langer, Tripney and Gough 2016, p. 18). Accordingly, although many relevant interventions were identified in the literature, this key principle must be taken when any solution is considered.

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[4] An important note, however, is that self-identification of gender was not included in the study instrument, so this breakdown is based on the evaluators' assumptions of individual's gender identity.

Evidence from broader social science points to interventions that have high potential to be effective to increase evidence use. Interventions that are most relevant to addressing the barriers referenced by respondents, as well as to making the most of the enablers, are described below.

Approaches that Tackle Decision Makers' Evidence Use Directly

Understand Individuals' Decision-Making Cycles and Use Timely Reminders

The right timing of interventions has in multiple domains proven a key determinant of their effectiveness. This includes providing people with information at the time when they need it—that is, at the decision-making point (Breckon and Dodson 2016, p. 18). **Interventions, therefore, should exploit 'windows of opportunity' in the individual's decision-making cycle,** which may be a limited period in which the individual can be influenced (Cairney and Kwiatkowski 2017).

Similarly, **reminders are a useful technique for nudging behaviors at appropriate times**. In multiple settings, simple and timely reminders have been proven an effective strategy for behavior change (Cheung et al. 2012). These have started being tested for the purpose of evidence use. For instance, "sending weekly reminders to Canadian healthcare departments had a positive impact in a randomized controlled trial. The reminders alerted the health workers about new, relevant evidence that had been added to an online repository" (Langer, Tripney and Gough 2016 p. 17). **Checklists too have been an effective tool for behavior change,** and reminders can be added to checklists, including those that form parts of guidelines or templates (Weiser and Haynes 2018). Checklists can also help build routines and over time make behaviors habitual, thereby easier to do (by reducing cognitive load associated with making a decision as to what to do next).

Build Individuals' Professional Identities and Roles

Humans avoid 'cognitive dissonance'—an internal conflict that occurs when our behaviors do not align with our beliefs, including beliefs about ourselves (e.g., Cancino-Montecinos, Björklund and Lindholm 2020). As a result, we try to align our beliefs about ourselves with our actions. **Social Identity Theory (Tajfel, 1982), in turn, explains how people categorize themselves and others into groups based on certain cues and criteria. Accordingly, interventions can seek to engage a variety of behavioral approaches like nudges, priming and cues (Richburg-Hayes et al. 2014) that support an individual to identify as an 'evidence user.'** This could be, for example, "reminding people that their professional identity is about being evidence-informed" (Breckon and Dodson 2016, p. 8). In addition, "interaction among professionals can build a professional identity [around evidence use] with common practices and standards of conduct (through, for example, communities of practice, mentoring, and inter-professional education)" (Langer, Tripney and Gough 2016, p. 3).

Strengthen Capacity of Evidence Producers or Disseminators Using Effective Adult Learning Techniques

Training to increase capacity in specific areas can be effective in the EBDM field (Cunningham-Erves et al. 2021). Programs can improve evidence producers' (such as evaluators') understanding of how to disseminate evidence effectively. For example, the Mentored Training for Dissemination and Implementation Research in Cancer (MT-DIRC) Program successfully developed cancer control researchers' dissemination competencies and skills (Padek et al. 2018). Proven adult learning techniques can be used to maximize the impact of training. One meta-analysis reviewed by Langer, Tripney and Gough (2016) showed the benefits of adult learning using coaching and just-in-time training. Other key features of successful training included at least 20 hours of training, fewer than 40 people in a room, and in locations close to the workplace (Breckon and Dodson 2016 p. 82–83). Interactive learning, hands-on workshops with peers, and learning via a mentor, where people can apply their new skills in real time are also recommended (O'Brien 2001). Online learning, it has been found, can be as effective as traditional classroom formats (Langer, Tripney and Gough 2016).

As far building capacity to use evidence is concerned, it is only effective if it is combined with interventions to increase motivation to use evidence (Langer, Tripney and Gough 2016, p. 22**). In addition, low-intensity skills-building efforts—such as once-off half day workshops—do not appear to be effective.** Additionally, passive approaches to "building EIDM skills (such as seminars and 'communities of practice' *without active educational components*)" are not effective (emphasis added) (Langer, Tripney and Gough 2016, p. 2). While this literature speaks about training for evidence *users*, the principles may also apply when building the capacity of evidence producers, such as evaluators, to disseminate evidence effectively.

Apply Techniques from Communications and Marketing

Understanding different audience groups' interests and needs and creating targeted communication products for these different audiences increases the likelihood of people paying attention to and absorbing information (Newman 2014; Barnard, Carlile, and Ray 2007). Tailoring messages to segmented audience groups has proven effective for changing behaviors, including in the health sphere (Bol, Smit and Lustria 2020, p.1). An example of a tailored communications product aimed at busy policy makers is the ['Radically Brief' policy brief](#) that only highlights the key points from the research, summarizing the findings in less than two pages (Evans, 2015). 'Personalization' of communications too can also be effective in attracting attention. For example, using people's names in emails from organizations known to them can increase email open rates and clicks on links within the emails (e.g., Gesenhues 2014).

How information is presented impacts on how it is understood. This 'framing effect' is well evidenced (Cornelissen and Werner 2014), and there is extensive research on the impact of framing throughout social science (Breckon and Dodson, 2016; Cornelissen and Werner, 2014). **Effective communication relies on evidence to be 'framed' as opposed to expecting the results to speak for themselves** (Cairney and Kwiatkowski, 2017). Framing strategies

present information in a specific manner to elicit desired results. **One framing technique involves understanding people's cognitive biases and adjusting messaging to exploit these biases for positive impact** (Cairney and Kwiatkowski 2017). This could be, for example, engaging Prospect Theory (Kahneman and Tversky 1979), which explores how people are more sensitive to losses than gains. Indeed, loss framing has been shown to be effective to increase evidence use (McCormack, Sheridan, Lewis, et al. 2013)—explaining how one stands to lose from not using evidence may be more effective than explaining how one stands to gain from using it.

Another approach is to use other marketing techniques such as crafting messages around "issues that people care about," for instance pointing out how using evidence can make a positive social impact, such as "reducing maternal deaths" (Breckon and Dodson 2016, p.9). This contrasts with simply making dry appeals for 'evidence-based policy.' **Messages that appeal to emotions, evoking joy, surprise, or concern, for instance, are also more likely to get the audience's attention.** For example, a case study could show how integrating evidence into program design was surprisingly effective, or, on the flip side, how evidence was not properly used and this had an adverse impact on a project team.

Another effective communication technique is the use of narratives or stories. Stories create emotional connections between the storytellers and the audience, helping messages be absorbed and remembered (e.g., Kromka and Goodboy 2019). As Bullock, Shulman and Huskey write (2021), "exposure to narratives leads to attitude change" and to "prosocial behavioral intentions," among other desired outcomes.

Approaches that Tackle Decision Makers' Evidence Use Directly and/or Via Changes in the Organizational Context

Design User-Friendly Platforms and Resources for Accessing Evidence

Research suggests tha**t improving how people access evidence has a positive impact on evidence use** (Langer, Tripney and Gough 2016). Online evidence repositories are effective at improving individuals' opportunity to use evidence, and critically, when combined with interventions that impact motivation, increase evidence use. In addition, Langer, Tripney and Gough specifically recommend "increasing the visual appeal of evidence repositories and linking them to personal mobile devices" (2016, p.48).

Individuals are 'cognitive misers' (Kam 2005), using heuristics and shortcuts to gather the minimum information to make decisions. **A well-designed platform creates an easy, user-focused way for decision makers to access information by removing opportunity barriers related to limited time or information overload** (Langer, Tripney and Gough 2016). Indeed, making a behavior as 'easy' to do as possible is such an effective strategy for behavior change that it is one of the four key principles in the EAST Framework, created by the Behavioral Insights Team, a leading behavioral organization. According to the framework, making a behavior 'easy' includes reducing "the costs or 'friction' associated with acting" (Service et al. 2014, p. 12). For example, the Behavioral Insights Team found that "sending taxpayers directly to a form, rather than a webpage that contains the form,

increases response rates by four percentage points," a significant amount given the simple change (Service et al. p. 12). Focusing on the user experience of evidence of repositories can go a long way to increasing engagement with the platforms and making it easier, and thereby more likely, for people to access the evidence located there (Newman 2014; Barnard, Carlile and Ray 2007).

This improved user experience can be achieved in part through data visualization and infographics, which work to better communicate uncertainties (Breckon and Dodson 2016) and increase engagement and understanding of information (Otten et al. 2015; Lazard and Atkinson 2015): "Data visualization combines principles from psychology, usability, graphic design, and statistics to highlight important data in accessible and appealing formats. Doing so helps bridge knowledge producers with knowledge users, who are often inundated with information and increasingly pressed for time" (Otten et al. 2015, p. 1901). In addition, "uncertainty is often cited as a major reason for decision makers' distaste of evidence," and this can be mitigated in part by making it clear what the uncertainty is (Breckon and Dodson 2016, p.15). "Visual aids, for instance, work well to communicate probabilistic information—such as icon arrays and bar graphs" (Breckon and Dodson 2016, p.15).

Similarly, few people other than full-time have time to search dozens of documents to find answers to their questions, and cognitive burden makes reviewing large amounts of evidence difficult. This is why **knowledge products synthesizing evidence, especially in easy-to-read charts or graphics, are so helpful for decision makers** (Cairney and Kwiatkowski 2017).

Strong examples of well-organized evidence on user-friendly platforms include: the Teaching and Learning Toolkit from the Education Endowment Foundation (Figure 3), the findings summary tables from the Norwegian Knowledge Centre for Health Services (Figure 4, and the evidence gap maps from the International Initiative for Impact Evaluation (Figure 5).
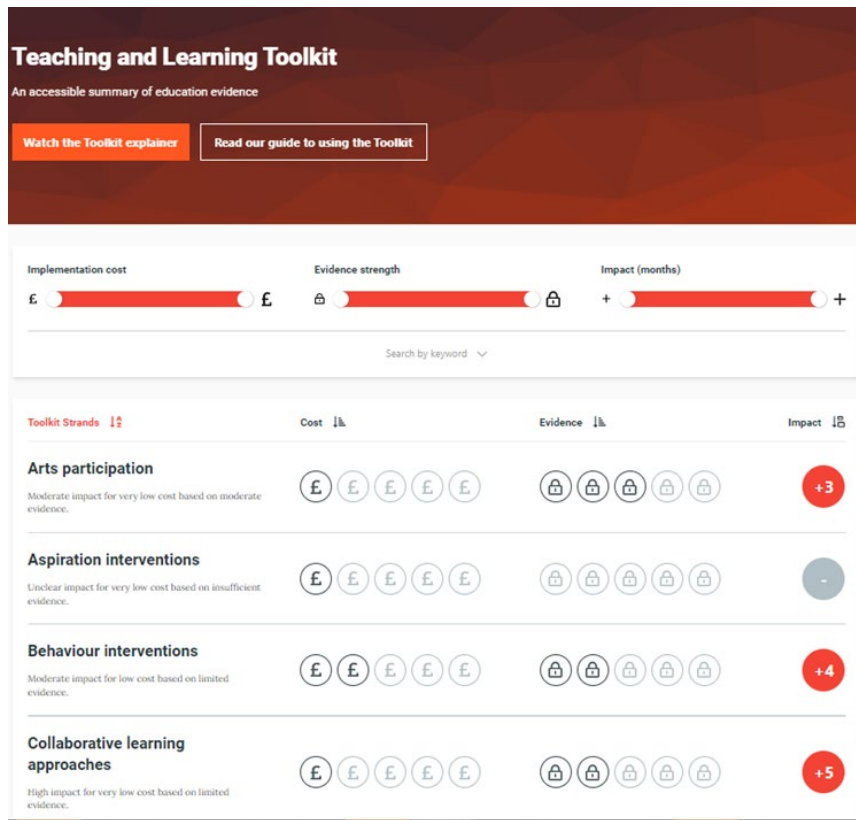
Figure 3: Teaching and Learning Toolkit

Figure 4: Part of a Findings Table

SUMMARY OF FINDINGS

Summary of findings for the main comparison. Antibiotics versus placebo for acute otitis media in children

Antibiotics versus placebo for acute otitis media in children

Patient or population: children with acute otitis media
Settings: primary care and secondary care
Intervention: antibiotics versus placebo

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of partici-pants (studies)	Quality of the evi-dence (GRADE)	Com-ments
	Assumed risk	**Corresponding risk**				
	Control	**Antibiotics versus placebo**				
Pain - pain at 24 hours	**Study population**		**RR 0.89** (0.78 to 1.01)	1394 (5 studies)[1]	⊕⊕⊕⊕ **high**	
	426 per 1000	**379 per 1000** (332 to 431)				
Pain - pain at 2 to 3 days	**Study population**		**RR 0.70** (0.57 to 0.86)	2320 (7 studies)	⊕⊕⊕⊕ **high**	
	159 per 1000	**111 per 1000** (90 to 137)				
Pain - pain at 4 to 7 days	**Study population**		**RR 0.76** (0.63 to 0.91)	1347 (7 studies)[1]	⊕⊕⊕⊕ **high**	
	241 per 1000	**183 per 1000** (152 to 220)				
Pain - pain at 10 to 12 days	**Study population**		**RR 0.33** (0.17 to 0.66)	278 (1 study)	⊕⊕⊕⊝ **moderate** [2]	
	216 per 1000	**71 per 1000** (37 to 142)				

Figure 5: Part of an Evidence Gap Map on Routine Immunization
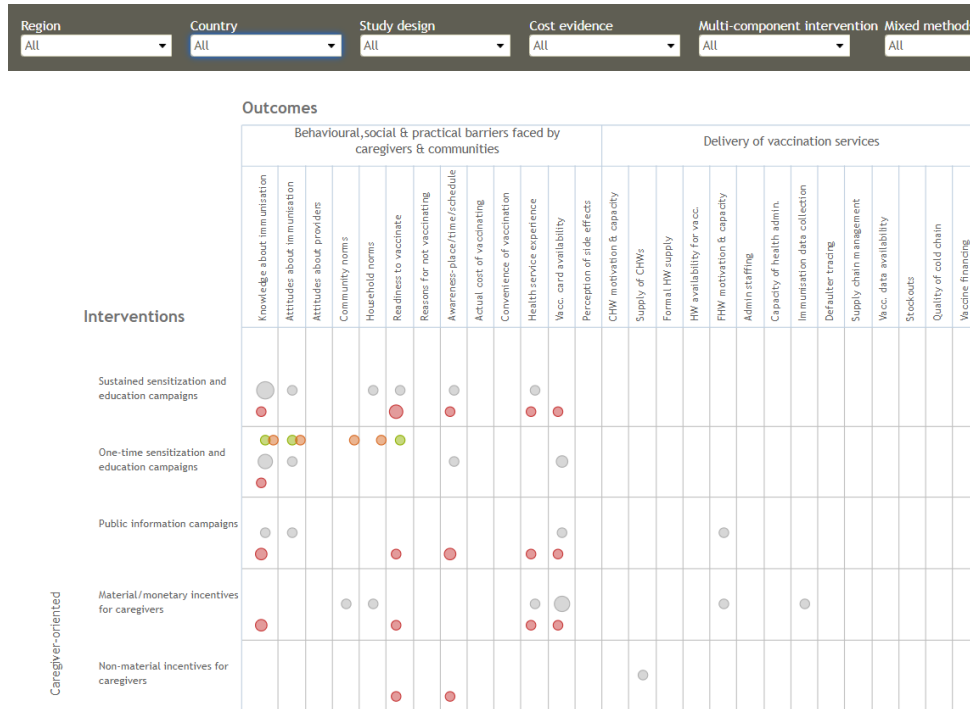
It is important to remember that **improving communication of, and access to, evidence is effective only if the intervention simultaneously increases decision makers' opportunity and motivation to use evidence.** Passive approaches to "communicating evidence that only provide opportunities to use evidence (such as simple dissemination tools)" and that do not increase motivation are not effective (Langer, Tripney and Gough 2016, p. 2).

Accredit Individuals Following a Training Program

Emerging research suggests that **accreditation can act as a structural framework to motivate individuals to use or communicate evidence well** (Langer, Tripney and Gough 2016). Although yet to be rigorously reviewed, institutions like the South African Department of Planning, Monitoring, and Evaluation (DPME) and the UK's National Institute for Health and Care Excellence (NICE) have accreditation programs that are reported to positively impact evidence use (Langer, Tripney and Gough 2016).

Moreover, **accreditation acts as a 'social incentive' to encourage individuals to act a certain way, in that it signals (through non-monetary or material means) that others consider the behavior to be desirable**. That is, accreditation can motivate researchers to present evidence in a specific manner or motivate decision makers to use evidence in order to receive the 'reward' of recognition by others (Breckon and Dodson, 2016). The Science of Using Science program, in fact, specifically recommends more interventions that

seek "to enhance institutional models enforcing and incentivizing the use of evidence" (Langer, Tripney and Gough 2016, p. 46).[5]

Approaches that Tackle Decision Makers' Evidence Use Via Changes in the Organizational Context

Strengthen Organizational Norms around Evidence Use, and Use the Power of Social Influence

We are highly influenced by what we believe others expect us to do and by what we believe others are doing (e.g., UNICEF and PENN SoNG, 2019). The social norms within an organization—the 'organizational norms'—drive evidence use by enforcing the belief that one is expected to use evidence within that environment. Much **social science research has shown the importance of social norms in maintaining a behavior, and creating an organizational norm of evidence-use is likely to be effective in building and maintaining a work culture where evidence is consistently used** (Langer, Tripney, and Gough 2016).

Norms can be reinforced through a number of techniques, such as making people aware of how frequently others act in accordance with the norms or how much others approve of such behaviors. For example, a message such as: "Four out of five maternal health projects designed this year used this evaluation to inform their activities" would reinforce an evidence use norm. Norms are also reinforced through positive recognition from people who are important to us in a given context (Yamin et al. 2019). **Social incentives, such as leaders' recognition of evidence use during major meetings or recognition from professional bodies, can help create, maintain, and strengthen norms.** In addition, rewards and recognition can strengthen decision makers' existing intrinsic motivation to use evidence as long as the "(i) initial intrinsic task motivation is strong and salient, and (ii) the rewards delivered confirm a person's competence and the value of the person's work, or enable the person to become more deeply engaged in work that was already intrinsically interesting" (Hennessey, Moran, Altringer, et al. 2014, p.1).

Social influence—the influence of people around us, in particular people who are important to us for a given behavior—is important in creating and maintaining norms, but it also drives behavior change in other ways, including in providing a motivating factor. Leaders or 'champions,' for example, provide strong evidence for the role of social influence in changing behaviors (Langer, Tripney and Gough 2016), including in improving the use of evidence (e.g., Wood et al.; Cullen et al. 2020). For instance, Breckon and Dodson (2016) examined 18 randomized control trials which clearly highlighted the influence that opinion leaders can have in healthcare. Similarly, Cullen et al. (2020) showed that the training of evidence-based practice 'nurse leaders' or 'champions' through a series of activities, including role-modelling, knowledge sharing and creation of new materials, improves the quality of nursing care.

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5 If the accreditation is for the decision makers, then it acts directly on their evidence use. If it is for evaluators or other disseminators, then it acts indirectly on evidence user, via changes in the organizational context.

Leaders can create behavioral changes through recognizing others for their use of evidence, as noted above, promoting evidence use with their words, and modelling evidence use through their actions. The seminal Social Learning Theory (Bandura, 1977) explains the critical role that modelling by others plays in people learning new behaviors (so called 'vicarious learning').

Change Decision-Making Structures and Processes

Emerging evidence shows that changing decision-making structures and processes is effective in impacting EBDM (Langer, Tripney and Gough, 2016). As noted above, people are 'cognitive misers.' In the same vein, because decisions-makers are often limited by resources, time, or cognitive capacity, they may rely on multiple heuristics and biases to make decisions (Cairney and Kwiatkowski 2017), such as the 'availability heuristic' where people judge the probability of an event by how easy it is to recall other similar events, or Prospect Theory where potential losses loom disproportionally heavier than the benefits of gains. As such, it is important to make it easy or even habitual to access and use evidence.

This can be done by adjusting organizational processes and structures, including using defaults. Ample evidence points to **the power of defaults in changing behavior, because of people's natural propensity to do whatever requires less effort and thus take the preselected 'default' option** (Cairney and Kwiatkowski 2017). **Having an evidence repository be the default landing page on staff members' laptops, for example, should increase how often they access the repository. Another organizational change can be integrating decision-making tools, such as checklists, into regular decision processes. Such tools improve decisions by helping people consider all options, mitigating bias and reducing cognitive load** (Milkman, Chugh and Bazerman, 2009). These can remind decision makers to access evidence and could be combined with professional identity cues—for example, a checklist of what to consider when making a particular decision could include a reminder that a professional applies the latest evidence to design projects.

In addition, processes can be put in place for audit and feedback, as these are effective in changing behaviors—checking that staff have used evidence to make a decision and providing positive feedback for doing so, for example, can promote more of such behavior (Breckon and Dodson, 2016). This can work particularly well when people are getting feedback regarding specific goals. Indeed, **goal-setting is important for motivation**. One empirical study has found, for example, that "even without financial incentives goal-setting improves worker performance by 12 to 15% compared to the situation where no goals were defined" (Asmus et al., 2015, p. 127).

Finally, the 'intention-implementation' gap is a well-documented phenomenon—people often have intentions that they do not end up acting on. This has led to much research as to how to bridge that gap. A technique that has proven effective in dozens of studies, and which could be embedded in organizational processes, is for staff to create 'if-then' plans (Mieleke, Keller and Gollwitzer, 2021). **'If-then' plans are a simple but effective tool to help people achieve**

their goals. Once a goal is clearly laid out, one identifies the main obstacles that could prevent the attainment of the goal (the 'if') and then identifies mitigation strategies for each obstacle (the 'then'). In some ways, an If-then plan is similar to a risks and mitigations plan, but If-then plans are more focused on what one individual can do to overcome the obstacle and achieve the specific goal. Systematically planning for the obstacles helps an individual move past obstacles when they occur.

Create Structured Collaborations between Decision Makers and Evaluators

Collaborations between decision makers and evaluators should be implemented in ways that make them most effective. "[*U]nstructured* interaction and collaboration between decision makers and researchers" does not appear to be effective at increasing EBDM, but **clearly defined, well-planned approaches to interaction and collaboration do increase capability, motivation, and opportunity to increase use** (emphasis added) (Langer, Tripney and Gough 2016, p. 2). For example, Kothari, Birch, and Charles (2005) found that when decision makers had fed back on a draft report and attended a meeting where the report's findings were presented, they were more vocal about the value (relevance) of the report and had higher expectations (motivations) about being able to use it.

Successful knowledge exchange interactions between evidence users and scientists rely on the presence of trust between the groups (Marshall et al. 2017). **To be effective, such collaborations can establish and maintain trust by ensuring regular contact between parties (preferably face-to-face), creating a space for informal interactions, providing clear outlines of the collaborative process, and co-developing research questions** (Cvitanovic et al. 2021).

In such interactions, it is also crucial to make it clear from the start how transparency and evaluator independence will be maintained (Cvitanovic et al. 2021). This could be done by committing to a Code of Conduct for all stakeholders, agreeing upfront on a clear process for the evaluation methodology and how any changes to the methodology will be approved, or ensuring raw data are open and shared amongst the stakeholders, for example.

Individual identity appears to play a role in successful interactions. Wenzel, Woodyatt, and McLean (2020) report how a perceived threat to an individual's social identity (e.g., professional identity as a Chief of Party) can lead to increased defensiveness and decreased willingness to improve or change. Accordingly, interactions between parties, especially when critique is likely, should be done with care to affirm individuals' values and social identity (Wenzel, Woodyatt, and McLean 2020).

Moreover, **creating a shared identity for decision makers and researchers or evaluators is useful in decreasing defensiveness because members of the same group react less defensively to criticism than from members of a different group** (Thurmer, McCrea and McIntyre 2018). Individuals in a group typically focus time and energy on protecting their group at the expense of performance (Thurmer, McCrea and McIntyre 2018), suggesting that staff members could be less effective if they are feeling critiqued by an evaluator. Group identity can be developed by collaboratively agreeing goals around creating quality

evidence that will be useful to decision makers (Tajfel 1982). The next step is to agree on a clear label of who the group are, using language that creates one identity for all actors (Wenzel, Woodyatt, and McLean 2020).

There are also some specific interventions on building consensus that could be effective in the evaluation findings space. This includes Delphi panels. The Delphi technique entails using "a series of questionnaires, to collect data from a selected panel. These go through a number of versions, and are analyzed and refined, so that the group starts to converge on an agreed decision" (Breckon and Dodson, 2016, p. 12). The benefit is that it is a structured way to reach consensus, mitigating social and cognitive bias.

Promising Strategies

The study team has identified nine strategies aimed at increasing USAID decision makers' use of evaluation findings, which are described below and summarized in Table 12. There are five important points to note. First, strategies need to be realistic about the entire system within which evidence is produced and take a holistic view of how decision makers access, engage with, and use evidence—including the various capability, opportunity, and motivation related determinants of behavior. Second, as was clear in the interviews, barriers and enablers at USAID may require interventions that act *directly* on the individual level or *indirectly* via a change in the context (in this case, the organization). Third, the strategies were devised for USAID to implement, with the target decision makers (or evidence users) being USAID staff, and many of the strategies, or sub-parts thereof, are also applicable to USAID implementing partners. As it is assumed that neither USAID nor the Agency's partners can influence broad systemic changes, such as national politics and societal culture, interventions were not designed at this level (the barriers and enablers that would require system level change were noted in the findings section because systemic factors may impact on the effectiveness of the strategies). Fourth, the strategies often combine a number of approaches described above (for example, integrating building professional identities with techniques from communications and marketing, as in the Targeted Dissemination and Improved Access Strategy).[6] Fifth, the strategies may need to be implemented in conjunction. For example, improving evaluators' abilities to disseminate findings may need to be accompanied by well-structured collaborations between evaluators and decision makers.

Systematic Reminders/Prompts

Overview: Create reminders or prompts to remind decision makers to access or use evidence.

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[6] It is important to note that any approach involves a cost. In the instances where the strategies refer to external parties (such as evaluators or implementing partners) implementing the strategies, this needs to be written into these parties' contracts with USAID so that they not only make the time for implementation but also engage specialists with the right skills for the tasks (for example, communications experts).

Reminders can take a number of formats, and the details will need to be ironed out based on USAID's current communication practices and potentially the different types of decision makers and their needs. Here are three suggestions:

- **Create automated reminders**: This entails setting up **automated emails or pop ups on screen for USAID staff when new evidence is uploaded to the DEC**. The reminders should be short, in a phrase describing the findings (such as "New evidence on increasing access to neonatal care in Ethiopia is available now").

- The email or pop-up reminders can incorporate 'social norms-based cues'—messages that show that a large number of peers have accessed that piece of evidence or that a large number have accessed the DEC that day/week/month. For example, a reminder may have this line incorporated: "104 of your USAID colleagues have already accessed the DEC this week." This acts on the power of social norms—we are more likely to do something if we think others are doing it too, or if we get a signal that that action is expected of us. (What is considered a 'large' enough absolute number, ratio or percentage when using social norms framing depends on the context—there is no hard and fast rule. As such, it would be important to do a pre-test before this intervention is launched, to trial the impact of messages with different absolute numbers, ratios, or percentages.)

- **Send out reminders strategically in a project life-cycle**: Reminders can also be sent at key decision-making points in the project life cycle reminding staff of the existence of evaluation findings (or of these evaluation findings as part of a set of knowledge products on a given topic). For example, staff working on a project to reduce incidence of TB through institutional strengthening could get emails during project inception and at any gate-reviews reminding them about the availability of a relevant evaluation (or the evidence set).

- **Add prompts to activity design guidelines and templates**: **Activity design guidelines, templates and checklists can be updated with simple prompts** reminding people to access evidence. This could be a simple messages such as: "Does this part of your study align with the latest evaluation"? or a line added to a checklist: "Review the three most recent evaluations [hyperlink to the DEC search page]."

Rationale for this Strategy

Table 4: Rationale for Systematic Reminders/Prompts

Barriers at USAID	**Availability of Time to Use Evidence** • USAID staff highlight time restraints to using evidence, which may result in a deprioritizing or only partial review of available evidence when making a decision. **Accountability and Resources for Evidence Use** • Findings are reportedly not widely disseminated, limiting access.

Literature Review	- People experience cognitive overload—excessive information for their working memory—and therefore use mental shortcuts which can result in errors. (e.g., Danziger et al., 2011; Yang, 2015; Iyengar and Lepper, 2000; Thakral and To, 2018; Neprash and Barnett, 2019). - Simple and timely reminders are proven to be effective at creating behavior change (Cheung et al, 2012), including increasing evidence use (Langer, Tripney and Gough 2016, 2016). - Reminders can be added to checklists which help build routine and make behaviors habitual, reducing the cognitive burden of conscious decision making (Weiser and Haynes, 2018).

Targeted Dissemination and Improved Access

Overview: Apply strategic communications, marketing, and behavioral techniques to disseminate findings, thereby increasing motivation to use findings. Simultaneously, increase the opportunity to use findings by providing multiple ways to access the findings.

Audience segmentation: This strategy starts with carrying out audience segmentation for the evaluation findings. This means **identifying the various audiences for the findings, assessing what aspect of the findings would be most relevant and useful to them, and creating tailored communications products.** This stage can use existing USAID tools such as the 'Evaluation Dissemination Plan Template' to help staff think through stakeholder needs. The products should be tailored in terms of formats (such as policy briefs, short videos, emails), messages (for example, pulling out the most relevant findings for that audience and bringing them to the top of a communication product), and language (including more technical to more colloquial). Marketing and behavioral insights techniques can then be used to craft messages that motivate people to access and use the findings.

1: Increase Motivation

The strategy entails using one or more of the following tactics for increasing motivation:

Testing messages: There are a number of types of messages, which have been tested empirically, that may increase people's desire to access and use findings. But every context is different, and experiments have shown that messages that were expected to work have not always been as effective in all contexts. **By modifying one aspect of an email communication, it is possible to test whether a particular message is more effective than others in increasing the number of people who open an email and click on a link.** This can be done using an email marketing platform such as Mailchimp, which can easily carry out 'A/B' testing—where two similar emails, with one variable difference, are sent out to an audience group that has been randomly divided into two, and the opens and click rates for each are tracked. Messages could also be tested on online repositories such as the DEC, where other metrics, such as time spent on a page or link clicks are tracked and compared.

The types of messages to test:

- **Social norms-based:** Social norms-based messages use factual statements regarding the use of evaluation findings or evidence among peers, role models, or influencers. For example, a message may be: "Your colleagues have accessed this evaluation. Have you?" Another social norms technique is to show that evaluation findings are used by sharing specific examples of use—this could be use from a previous evaluation: "The D4I team in Nigeria adapted their approach after discussing the recommendations made in the X Evaluation." Such messages can be communicated by respected leaders in the agency.

- **Professional identity**: A message on professional identity would remind people of their identity as users of evidence for decision making, including building on USAID's stated ethos of being a learning organization. A message could be: "As a USAID team member, you use evidence to strengthen the impact of your work. There is new evidence available now. Click here to access new findings on reducing the incidence of TB among urban workers."

- **Appeal to values**: In the development context, many people are motivated by the desire to make a positive difference in the world, as came out in our interviews. This 'intrinsic motivation' can be built on by drawing a clear line between evidence use and making an impact. This can be strengthened by appealing to emotions, as emotional messages are more likely to capture attention and to be remembered. This messaging requires moving away from staid appeals to 'using evidence' and in concrete terms describing how using the evidence could help, such as: "By using evidence on what works, you will increase the chances of helping reduce child mortality."

- **Narratives**: Here, the 'lead' message in a product would entail having some findings be presented as a story. For example, it could be a short version of one of the case studies done as part of an evaluation, an explanation of a finding in a broader context, or the story of how an evaluator overcame a research challenge. A testimonial or quote, which humanizes the findings can also interest readers to learn more.

- **Loss framing:** We are more sensitive to losses than to gains—that is, potential losses loom larger than potential gains. In our context, a message may be: "If you don't take a look at the latest findings, your project is more likely to deliver sub-optimal results."

- **Personalization**: Emails pointing to findings can include people's names in the greeting. For example, instead of sending out blanket emails (including email newsletters) that start with 'Dear All,' the emails should say 'Dear [Name].'

2: Improve Access

The strategy will also entail creating multiple ways for people to access the findings, to increase physical opportunity. This means that **any one evaluation will be communicated through at least three channels**, which could be: an email newsletter, word of mouth by a point of contact (champion) for that evaluation, a webinar and an online platform (including the DEC).

When the evaluation is uploaded onto the DEC, or a communications piece is published on the Learning Lab or another platform, staff will receive a reminder (that new evidence exists).

Rationale for this Strategy

Table 5: Rationale for Targeted Dissemination

Barriers at USAID	**Availability and Perceptions of 'Quality,' Relevance,' and 'Credibility' of Evidence** ● Little investment is made into creating targeted communications pieces from the findings which pull out the most relevant information for audiences. **Availability of Time to Use Evidence** ● Staff are time-poor, and evidence needs to be clearly relevant to their usage to motivate them to access and engage with it.
Literature Review	● Increasing access to evidence (e.g., through strategic communications) is effective in increasing evidence use if opportunity and motivation are simultaneously addressed (Langer 2016, p. 27). ● Tailoring messages to segmented audience group has proven effective for changing behaviors (Bol, Smit and Lustria 2020). ● Evidence is more successfully communicated using: marketing techniques to communicate social and professional norms; framing messages to increase engagement and recall; using narratives (stories, testimonials, or entertainment education) to communicate, and timely reminders (Langer, Tripney and Gough 2016).

DEC Upgrade

Overview: Upgrade the Development Experience Clearinghouse (DEC) by using Human-Centered Design techniques to make it more appealing and user-friendly. This will raise motivation to use the repository and remove barriers to access, increasing opportunity.

The DEC is a regularly updated, well-known platform for USAID staff and contractors. It therefore offers a strong starting point for building evidence use. This strategy is low to high lift, depending on which changes are implemented. The proposed changes fall into three categories:

1. **Better organization/presentation of the evidence**:

   - **Clear infographics/dashboards**: The findings from the evaluations can be turned into clear infographics or dashboards to make them easier to access. Data visualization is effective for increasing evidence use.

   - **Synthesis of evidence**: Few people other than full-time researchers have time to search dozens of documents to find answers to their questions, and cognitive burden makes reviewing large amounts of evidence difficult. This is why knowledge products synthesizing evidence, especially in easy-to-read charts or graphics, are so helpful for decision makers. The evidence on the DEC can be turned into evidence synthesis materials, potentially accompanied by, or represented through, graphics.

Better user experience:

   - **Human Centered Design- informed update of buttons and search terms:** The website should be assessed from the point of view of the main decision maker groups (for example, different roles within USAID and different contractor roles), and what information they need that can be found on the DEC. The website's buttons and search term should then be optimized based on this assessment. For example, our study team did not see why the main DEC search page, top banner, had the following search categorizations: Recent Evaluations, Advanced Search: Documents, Special Collections, instead of leading with the key topics that would be of interest to decision makers.

   - **Algorithms to bring up relevant findings for viewers**: In a similar way that Google and social media algorithms sort content on a user's feed, to bring up the most relevant content to them, an algorithm could be used for signed-in DEC users, bringing up content that is most likely to be of interest to the user, based on their past interaction on the site.

   - **Mobile App:** A mobile application for the DEC materials would help decision makers access evaluations and evidence in real-time at any moment they needed. The app would create an appealing, user-friendly access point to evidence and would provide notifications and reminders directly to USAID staff when new and relevant evaluations were uploaded. Users could choose to subscribe to notifications of specific tags such as a sector or region of interest.

Nudges:

- **Promote a social norm of use**: A technique to trial is to create automated messages that tell a user how often a resource has been looked at, such as: "This resource has been looked at 51 times." This is similar to online shops that show how many people are viewing an item. The fact that others have looked at a resource inspires people to do what others are doing (i.e. look at that resource as well), and the message reinforces a social norm of evidence use. Such an approach is already being applied on USAID's Development Data Library (DDL). It is important to note that a pre-test would need to be necessary to check that messages showing relatively low numbers of views do not have counterproductive effects.

- **Reminders when new relevant evaluations are added to the DEC:** As noted above, when new evaluations are added to the DEC, automatic reminders could be sent to relevant audiences. For example, when an evaluation on global health gets uploaded, a brief email, with a clear subject line could be sent to USAID's global health staff.

Rationale for this Strategy

Table 6: Rationale for DEC Upgrade

Barriers at USAID	**Availability and Perceptions of 'Quality,' Relevance,' and 'Credibility' of Evidence** ● Easy access to relevant information is considered an enabler by USAID staff. **Time to Use Evidence** ● Staff reported heavy workloads, short timelines, and an overload of data that was not easily accessible. ● The DEC currently has weaknesses in terms of user experience and could be improved to better motivate staff and to remove access barriers.
Literature Review	● Easy access to evidence is advantageous for increasing its use (Langer, Tripney and Gough 2016). ● Making a behavior 'easy' to do is a highly effective and a core strategy for behavior change, and is fundamental to the EAST Framework, created by The Behavioral Insights Team (Service et al. 2014). ● Langer, Tripney and Gough (2016) cite the value of visually appealing evidence repositories to increase motivation to use evidence. ● Data visualization, infographics and dashboards communicate uncertainty well (Langer, Tripney and Gough, 2016) and make data accessible and appealing, increasing evidence use (Otten et al. 2015). ● Synthesis of evidence, which reduces the time that decision makers require to absorb information, is useful for decision makers (Cairney and Kwiatkowski 2017).

Accreditation for Evaluators

Overview: Create a USAID 'accreditation' for external evaluators based on their ability to promote evidence use and present findings in a way that facilitates use. Such an accreditation would provide an incentive to staff at partner organizations to participate in training on evidence use, and equip them with dissemination skills as outlined in USAID's guidance on dissemination (ideally, USAID's Evaluation Toolkit and How-To Note on this topic would be updated).

The accreditation would be given to individuals (versus organizations), but USAID could encourage there being at least one accredited individual on an evaluation. The accreditation could also be for researchers more broadly, not just evaluators. **The necessary training would cover: 1. audience segmentation and tailored dissemination, 2. behavioral techniques to frame and present information, and 3. data visualization.** Some of the training content would be highly USAID specific (for example, on specific findings from this study), other content would be more general and would incorporate available trainings from the American Evaluation Association (AEA) and other USAID trainings. Ideally, the training would occur in evaluators' place of work or at USAID offices, and when needed (for practical or cost reasons) through online modules. It would be at least 20 hours, as shorter trainings are generally found to be ineffective.

To maintain accreditation, evaluators would need to annually or bi-annually provide evidence of an evidence use activity they were involved in (for any client). This would be a way to incentivize recall and continual good practice.

A communications campaign would raise awareness of the accreditation, first within USAID, and then with partner organizations, highlighting the value USAID places on the accreditation and the ensuing benefits for accredited evaluators. The campaign can also integrate a social norm and professional identity building cue—reminding audiences that working towards evidence use is expected and positively recognized.

Rationale for this Strategy

Table 7: Rationale for Accreditation for Evaluators

Barriers at USAID	**Availability and Perceptions of 'Quality,' Relevance,' and 'Credibility' of Evidence** ● USAID staff do not always consider evaluation evidence to be quality, credible or relevant, which is partly due to how information is communicated (report format, writing style, recommendations). ● USAID staff's perception of the evaluators (for example, their level of subject-matter expertise) impacted how they perceived the evaluation results and how likely were to use them. **Dissemination Formats Impacting on Capability and Motivation to Use Evidence** ● Poor quality dissemination (such as formats that were not appropriate) was reported by many respondents as a barrier to thoroughly absorbing evaluation findings.
Literature Review	● Emerging evidence suggests structural incentives within organizations, such as accreditation programs, can be effective motivators to increase the uptake of evidence (Langer, Tripney and Gough 2016), e.g., the UK's National Institute for Health and Care Excellence (NICE) accreditation program. ● Accreditation builds capability of researchers to disseminate evidence and provide motivation to learn and apply the learnings (Cunningham-Erves et al. 2021).

Designated Evidence Use Champions

Overview: Build a community of USAID staff who are designated 'Evidence-Use Champions,' while also providing a supportive environment for the champions to be able to fulfill their role.

Champions would be purposively selected. They would receive training in skills such as advocacy, persuasion, and even how to encourage follow-through on actions (e.g., through commitment devices). This training would involve both interactive teacher-led sessions and hands-on workshops with their peers and if possible be provided in their place of work, leading to a USAID evidence use champion designation. Once they started acting as champions, learning opportunities would continue being available. Additionally, there would be networking/connecting opportunities at champion meets to offer additional learning opportunities and social support. Champions would need to have a clear description of the role and set goals with their lines managers and/or the USAID lead leading on the Evidence-Use Champion project, as goal-setting is important for motivation.

As a basis, **champions would be responsible and accountable for: (1) Following up on Post Evaluation Action Plans (chasing the 'individual responsible for completing the action'), and (2) Informing and engaging more senior staff members when new evaluation findings are available**, including highlighting the key points that would be of most relevance to these staff (as senior leaders have little time to sift through new research, and may not even be aware of some of it existing).

Peer recognition would also be provided to champions to help incentivize their work in this role—for example, this can be a 'kudos' in a standard USAID communication. To lend further social support to champions, a communication strategy would be developed for USAID leadership (ideally, senior leaders within different units where the champions operate), so that the leaders could share messages on the role and importance of the champions. Clear talking points and a few recommended channels for conveying the message would be provided to the leaders, so that it is very easy for a variety of leaders to take on.

To help ensure post evaluation action plans are followed, Evidence Use Champions could also be trained in guiding teams on how to create 'if-then' plans, whether for Post-Evaluation Action Plans or other actions agreed upon from an evaluation (such as findings relevant to mid-course activity adaptation). If-then plans could be used for the individuals responsible for implementing an action or recommendation from an evaluation. They would offer precise next steps for that person should an obstacle arise. Ideally, a recommendation to use 'If-then' plans would also be embedded within USAID's [Post Evaluation Action Plans guidance and templates](#).

By setting up a community of Evidence Use Champions and investing in it, **USAID would also be signaling the importance placed on evidence use, and reinforcing the evidence-use norm.**

Rationale for this Strategy

Table 8: Rationale for Designated Evidence Use Champions

	Organizational Culture and Norms ● USAID's culture is supportive of evidence use as is evidenced in multiple guidelines and policies, but USAID does not appear to have a standardized process or expectation to encourage its leadership to promote evaluation use.
Barriers at USAID	**Accountability and Resources for Evidence Use** ● Although officially Post Evaluation Action Plans have 'Individual Responsible for Completing Actions,' there does not appear to be a system or culture of following up with these. One of the reasons is lack of clear accountability for these, but. given the time and resource constraints of USAID and contractor staff, even small obstacles to the implementation of actions or recommendations may be derailing best laid plans of well-intentioned individuals. **Organizational Leadership** ● USAID does not appear to have a standardized process or expectation to encourage its leadership to promote evaluation use, and social influence appears to be a tool that can be used more to promote EBDM at the agency.

Literature Review	• Champions are a well-evidenced, effective approach to encourage behavior change across the social sciences, and within EBDM as a way to model good behavior and educate colleagues (Wood et al. 2020; Cullen et al. 2020).
	• Institutional incentives, such as designations, provide an organization-level, systemic approach to motivate evidence-use (Langer, Tripney and Gough, 2016).
	• Social influence is a demonstrated tool that can change behaviors and encourage EBDM (Langer, Tripney and Gough 2016).
	• Bridging the 'intention-action' gap using tools like 'If-then' plans (Mieleke, Keller and Gollwitzer 2021) can support accountability of action.

Social Incentives

Overview: Set up structures for peer praise and recognition for the use of evaluation findings. Such social incentives can be built into existing structures or set up as standalone interventions, and need to be credible and widely visible to be effective.

Some options include:

- **Employee of the Month/Quarter** (as relevant): Working within a unit or Mission, create an Employee of the Month/Quarter recognition, where one person or team is profiled, with an example of how they used an evaluation finding in their work. Leaders can be engaged to announce this recognition.

- **Build on the Collaborating Learning and Adapting case competition:** Explicitly draw out evaluation evidence use as a key theme from the competition. Once the winners for that theme are announced, communicate broadly about these wins using existing communication channels. Consider also developing a catchy award 'title' and simple logo. Projects and/or teams can 'stamp' their project or team materials with this award title or logo.

- **Build recognition into managers' performance review process**: One of USAID managers' performance targets can be a clear requirement to show how they used evaluation evidence in their work over the performance period. This can be a standard key performance indicator (KPI), or it can be an additional indicator with its own separate reward—for example a 'shout out' by USAID leaders in the course of an annual USAID event.

Rationale for this Strategy

Table 9: Rationale for Social Incentives

Barriers at USAID	**Organizational Culture and Norms** ● Interviews indicated that using evidence is expected at USAID. One way to reinforce this evidence use norm is through the use of social incentives—that is social rewards for using evidence. ● Social influence, specifically in the form of leadership, is an important enabler of evidence use, and there is space for this to be reinforced, e.g., through social rewards.
Literature Review	● There is strong, reliable evidence that social norms are reinforced through recognition from key influencers (Yamin et al. 2019), such a senior leaders. ● Social rewards and recognition can strengthen existing intrinsic motivation to use evidence (Hennessey, Moran, Altringer, et al. 2014, p.1). The social incentives proposed can also be useful for helping to build or to enforce professional identities—the sense that being a USAID employee means using evidence for decision making.

Structured Interactions between Decision Makers and Evaluators

Overview: Create space for structured interactions between evaluators and decision makers to build trust and ensure findings are useful and relevant for future decisions. This strategy outlines when and how to bring evaluators, project implementers and USAID together throughout an evaluation in a way that makes the most of the benefits of interaction without compromising evaluators' independence.

The kick-off of the evaluation is an important moment for starting to build trust, understand information needs of the different stakeholders, and set up Standard Operating Procedures for the interaction between the project, evaluators, and USAID. Throughout the evaluation, there should be smaller check-ins to provide space for two- or three-way knowledge exchange—including of preliminary findings if possible—and feedback—in order to help build trust. In addition, there should be space for informal interactions, for example on an MS Teams page or another online platform.

These interactions should adhere to the following principles:

- **Provide a clear process to ensure transparency and evaluator independence:** Interactions between clients, projects and evaluators can erode perceptions of evaluator neutrality, which in turn impacts on how credible evaluation findings are perceived. It is crucial, therefore, to make it clear from the start how transparency and evaluator independence will be maintained. There are multiple ways to do this, such as: 1. Commit to a Code of Conduct for all stakeholders; 2. Agree upfront on a clear process for the evaluation methodology and how any changes to the methodology will be approved; 3.

Ensure raw data are open and shared amongst the stakeholders (while adhering to good ethical practice, such as ensuring the anonymity of respondents).

- **Ensure thoughtful facilitation to mitigate unequal power dynamics that can lead to evaluators appearing to, or in reality, deferring on decisions regarding the evaluation methodology or findings to clients or project teams in a way that undermines their independence**: Interactions should be facilitated carefully to counteract (formal and informal) power imbalances, including those that arise from differences in roles, seniority levels, gender, minority status and communication styles. During meetings, this should be done by using techniques such as rotating who gets to speak first at each meeting or breaking the groups up into smaller groups before ideas are shared. There should also be different opportunities for participants to provide feedback and raise questions, instead of just verbally during meetings (such as an MS Teams page or an email after the meeting).

- **Spend time in the kick-off meeting framing the interactions to set up professional and group identities**: The aim of this is to build trust but also to reduce defensiveness and allow for open, constructive exchanges. This entails first brainstorming individuals' goals and motivations for engaging in the evaluation, as well as their core values, and based on this identifying similar goals, motivations, and values across the stakeholders**.** The focus should be on goals that are around creating quality evidence that will be useful to decision makers. The next step is to agree on a clear mutual goal for the group, as well as a clear label of who the group are. The language should create one identity for all actors (for instance, for USAID, the evaluation team, and the project team), such as: "We are evidence-based practitioners. Our goal is to create learning that will prevent future programs from being unsuccessful."

- **Co-develop evaluation questions and recommendations**: Co-creation of evaluation questions, including throughout an evaluation, helps ensure that findings are useful to ultimate users, and the co-creation of recommendations means that these are more likely to be relevant and feasible.

Rationale for this Strategy

Table 10: Rationale for Structured Interactions between Decision Makers and Evaluators

Barriers at USAID	**Engaging Users throughout the Evaluation** ● Engagement between stakeholders in an evaluation (e.g., collaborating on designing evaluation questions, verifying findings, coming up with recommendations) was frequently reported to be an enabler. ● The interviews also pointed to the importance of building trust between evaluators and projects as a way to reduce defensiveness and allow for more constructive conversations, thereby creating greater opportunities for the best use of the discoveries being made during the evaluation. **Availability and Perceptions of 'Quality,' Relevance,' and 'Credibility' of Evidence** ● Engagement between evaluators and USAID staff was reported to increase decision makers' trust in evaluators as well as improve their perceptions of the relevance and credibility of evaluators' findings. **Timing of Evaluations** ● USAID staff argued that findings are typically not shared in real time or are shared too late to be useful. Allowing for structured interactions between evaluators and decision makers throughout the evaluation process, where results are shared as they are emerging, can be part of the mitigation to this problem.
Literature Review	● Structured and well-designed interactions (i.e., interactions with a clear objective, and a theory of change or plan for achieving that objective) between evidence users and researchers affect capability, opportunity, and motivation to use evidence (Langer, Tripney and Gough 2016). ● A key predictor of success in knowledge exchange between scientists and decision makers is trust (Marshall et al. 2017). ● Trust is built on core tenants such as transparency, collaboration, and regular contact (Cvitanovic et al. 2021). ● Defensiveness increases in reaction to threats against social/moral identity but can be reduced by tools such as affirming people's values (Wenzel, Woodyatt, and McLean 2020). ● Social identity can be built and developed by goal setting and other cues that establish group parameters (Tajfel 1982).

Collaborating, Learning and Adapting (CLA) and Evaluation Toolkits Update

Overview: Upgrade parts of USAID's CLA and Evaluation Toolkits, inclusive of 'How-To Notes' (e.g., 'How-To Note: Preparing Evaluation Reports') to help USAID and evaluators to use behavioral techniques to communicate findings.

The current CLA and Evaluation Toolkits contains guidance on topics such as developing evaluation dissemination plans and evaluation reports. For example, the How-To Note: Preparing Evaluation Reports focuses on making the reports "clear, credible, and useful." However, the sole focus appears to be on what content to include and formatting based on brand guidelines. There is no guidance, for example, on how to effectively disseminate tailored information to different audiences or how to use proven behavioral techniques for grabbing people's attention or encouraging them to truly engage with the findings. The existing guidance can be amended, or a series of short how-to guides can be created to focus on the following areas:

- **Identifying audience groups and preparing tailored knowledge products**: This easy-to-follow guidance would explain what characteristics to consider when doing audience segmentation, as well as low-cost, easy methods for getting information about audiences. It would also provide information on easy ways to produce various products, including through free resources.

- **Framing research findings**: This guidance would cover key insights on the framing effect, including aligning evidence use with a person's existing norms and professional identity, bolstering the salience of particular messages or images, responding to loss aversion, and communicating uncertainty. Evaluators could also make a greater attempt to frame their findings in relation to the Agency Learning Agenda, staff's portfolios, and individuals' job responsibilities to increase the perception of relevance. Framing will always be context specific and different audiences will be more receptive to different frames. Evaluators may need to test different frames or be given context-specific guidance on framing where this information already exists.

- **Data visualization**: This would include key points on visualizing information, not for communication experts or designers but basic ways to use visuals to convey ideas. It would also include techniques for conveying uncertainty through visuals.

Ensure dissemination products are included in evaluation contracts: Evaluators will carry out the work laid out in their contract, and as such any dissemination strategies and communication products need to be written into the evaluation contract. This is not only to ensure the evaluators build in time to create such materials, but also so they can hire specialists—for example, research communication experts—to produce the materials. This is something already mentioned briefly in USAID's Evaluation Toolkit, however it is not systematized or emphasized across the toolkit and accompanying 'How-To Note: Evaluation Statements Of Work.'

Recognize evaluations that successfully employ techniques from the how-to-guides in their communication materials. During the review and approval stage in the production of evaluation reports and materials, USAID might consider accrediting certain evaluations as especially strong in their dissemination products. For example, an evaluation paper uploaded onto the DEC might by tagged as a "High Quality Communications" or a report might be recognized in the executive summary or an acknowledgements section as an "Excellent Evidence Use" document.

Communicate about the guides: When the guides are developed, a communication campaign should be carried out within USAID and to USAID partners, to raise awareness of the guides.

Rationale for this Strategy

Table 11: Rationale for CLA and Evaluation Toolkits Update

Barriers at USAID	**Dissemination Formats Impacting on Capability and Motivation to Use Evidence** ● There is little investment is made in creating tailored dissemination products, and existing USAID guides on evaluation formats do not embed behavioral approaches to motivate readers. ● By having formal science-based guidance, USAID decision makers will have increased confidence and trust in the usability and ease of understanding the findings materials. **Availability and Perceptions of 'Quality,' Relevance,' and 'Credibility' of Evidence** ● The perceived lack of relevance of some findings may be due in part to evidence not being packaged in a way that seems useful to decision makers.
Literature Review	● There are a number of techniques to make findings more relevant to users, starting with audience segmentation (Newman 2014; Barnard, Carlile, and Ray 2007). ● How information is presented and packaged (known as the 'framing effect') impacts how the information is interpreted (Cornelissen and Werner 2014). ● Successful communication relies on evidence to be 'framed' rather than expecting the results to be clear in themselves (Cairney and Kwiatkowski 2017). ● Data visualization, infographics and dashboards help to make data accessible and appealing, increasing evidence us (Otten et al. 2015). Data visualization also plays a critical role in communicating complex information and uncertainty (Langer, Tripney and Gough 2016). This is a feature of many evaluation findings, for example due to the uncertainty of how well the findings will transfer into other contexts or due to the use of qualitative data with small sample sizes. ● Recognition for evaluators when they have successfully used the How-To-Guides can act as a simple motivator for them to integrate these approaches into their work. Accordingly, formal acknowledgement can act as an organizational incentive, which has been shown to be effective at increasing motivation to use evidence (Langer, Tripney and Gough 2016).

Decision-Making Tool for Selecting the Right Learning Activity or Evidence-Generating Method

Overview: Design a decision-making tool that evaluation funders can use when considering whether to commission an evaluation or instead a different learning or evidence-generating activity.

USAID's Evaluation Toolkit currently provides information on different approaches to generate evidence from projects. Similarly, the 'Different Ways to Address Learning Questions Tool' provides a strong basis for evaluation teams to compare options. The recommended tool, however, would provide additional detail and structure to guide staff **through thinking about the intended users, research questions, key decision-making points that the evidence could inform, and other pertinent questions to select an activity to answer the research question**. In some cases, this activity would be a type of evaluation, but particularly when the information is needed more quickly, a different research or learning methodology could be more appropriate. For example, instead of an evaluation, they may choose to carry out a rapid assessment.

The tool would incorporate one or more strategies that have been proven to improve decisions by reducing bias, such as encouraging people to "consider the opposite" of whatever decision they are about to make.

Rationale for this Strategy

Table 12: Rationale for Decision-Making Tool for Selecting the Right Learning Activity or Evidence-Generating Method

	Timing of Evaluations
Barriers at USAID	● Respondents felt some findings were not useful because an evaluation was not the right tool for meeting their specific information needs, and commented that other evidence-generating or learning activities might have been more appropriate (especially mid-project to allow for adaptive management). Sometimes this was because an evaluation was undertaken solely as an accountability tool or to fulfill USAID's evaluation requirements under the ADS and was not aimed at providing learning. ● Due to the way evaluations are carried out and how long they take, findings are often not shared in real-time or come out too late, making them irrelevant to potential users.
Literature Review	● Because of too much information, time pressure and cognitive overload, people often make decisions that are subject to bias, and are therefore sub-optimal (Milkman, Chugh and Bazerman 2009). ● Decision-making tools can help people make more informed, less biased, and more optimal decisions. Decision-making tools can incorporate techniques that reduce biases (for example, "encouraging people to 'consider the opposite' of whatever decision they are about to make") (Milkman, Chugh and Bazerman 2009, p. 381).

Table 13: Promising Strategies to Increase the Use of Evaluation Findings

Strategy	Key COM-B components that strategy impacts for decision makers	Strategy acts directly on individual or through changes in organizational context	Location in report
Systematic Reminders/Prompts	**Opportunity + motivation**	**Individual**	**PAGE: 66**
WHAT: Create reminders or prompts to remind decision makers to access or use evidence.	**WHY:** USAID staff highlight time restraints to using evidence which may result in a deprioritizing or only partial review of available evidence when making a decision. In multiple contexts, reminders have proven an effective strategy for behavior change.		
Targeted Dissemination and Improved Access	**Opportunity + motivation**	**Individual + organizational**	**PAGE: 67**
WHAT: Apply strategic communications, marketing, and behavioral techniques to disseminate findings, thereby increasing motivation to use findings. Simultaneously, increase the opportunity to use findings by providing multiple ways to access the findings.	**WHY:** Little investment is made into creating targeted communications pieces from the findings which pull out the most relevant information for audiences. Increasing access to evidence, including through communications strategies and tailoring, is effective in increasing evidence when this simultaneously addresses opportunity and motivation.		
DEC Upgrade	**Opportunity + motivation**	**Individual + organizational**	**PAGE: 70**
WHAT: Upgrade the Development Experience Clearinghouse (DEC) by using Human-Centered Design techniques—that is putting the evidence user at the center of the design process when designing the platform—to make it more appealing and user-friendly. This will raise motivation to use the repository and remove barriers to access, increasing opportunity.	**WHY:** Easy access to relevant information was noted as an enabler to evidence use. USAID staff are busy, with little spare time to 'hunt' for evidence. There are clear advantages of easy organizational access to evidence and of making website navigation and search easy.		
Accreditation for Evaluators	**Motivation**	**Organizational**	**PAGE: 72**
WHAT: Create a USAID 'accreditation' for external evaluators based on their ability to promote evidence use and present findings in a way that facilitates use. The accreditation would require evaluators to undertake training in topics such as: audience segmentation and tailored dissemination, behavioral techniques to frame and present information, and data visualization.	**WHY:** Evaluators are often not communicating their research in an effective manner for USAID stakeholders. Organizational incentives, such as accreditations, are effective in creating change. Such an accreditation would provide an incentive to staff at partner organizations to participate in training on evidence use. The accreditation process would build capacity in evaluators to disseminate evidence well, and improve USAID decision makers' trust in the accredited evaluators' research translation.		

Designated Evidence Use Champions	Capability + motivation	Individual + organizational	**PAGE: 73**
WHAT: Build a community of USAID staff who are designated 'Evidence-Use Champions,' while also providing a supportive environment for the champions to be able to fulfill their role. Champions would be purposefully selected, would receive initial training, and would be connected to other champions in networking and peer-learning opportunities. They would have clearly defined roles and objectives.	**WHY:** USAID decision makers would benefit from more leaders to systematically campaign for evidence use. 'Champions' have been successful in creating changes in a variety of settings and sectors (such as health), including improving evidence-based practice. Such 'champions' can also support implementation of Post Evaluation Action Plans.		

Social Incentives	Opportunity + motivation	Organizational	**PAGE: 75**
WHAT: Set up structures for peer praise and recognition for the use of evaluation findings. Such social incentives can be built into existing structures or set up as new standalone interventions, and need to be credible and widely visible to be effective. An example are quarterly awards for staff who demonstrate evidence-use.	**WHY:** An evidence use norm appears to exist within USAID. This norm can be reinforced, with a focus on evaluations. Norms can be reinforced through positive recognition ('social incentives') from people who are important to individuals in a given context, such as leaders in the workplace.		

Structured Interactions between Decision Makers and Evaluators	Opportunity + motivation	Organizational	**PAGE: 76**
WHAT: Create space for structured interactions between evaluators and decision makers to build trust and ensure findings are relevant for future decisions. This strategy outlines when and how to bring evaluators, projects, and USAID together in a way that makes the most of the benefits of interaction without undermining evaluator independence.	**WHY:** Engagement between evaluators and USAID stakeholders was a consistently reported enabler by respondents. Individuals also raised issues with trusting both the findings and the evaluators themselves. Carefully designed engagements between evaluators and decision makers can build trust, create more room for constructive discussions, and lead to research designs that produce relevant and timely findings.		

USAID's Collaborating, Learning and Adapting (CLA) and Evaluation Toolkits Update	Opportunity + motivation	Organizational	**PAGE: 78**
WHAT: Upgrade targeted parts USAID's CLA and Evaluation Toolkits, inclusive of 'How-To Notes' (e.g., 'How-To Note: Preparing Evaluation Reports') to help USAID and evaluators to use and prioritize behavioral techniques to communicate findings.	**WHY:** USAID staff perceive that evaluation evidence is often not relevant for their needs, and existing USAID advice does not currently include behavioral insights and marketing approaches to make evidence be more relevant. New and updated guides for evaluators can build off the back off a strong body of evidence documenting the successes of such approaches in evidence communication.		

Decision-making tool for selecting the right learning activity or evidence-generation method	Opportunity	Organizational	PAGE: 80
WHAT: Building upon USAID's existing guidance within the CLA and Evaluation toolkits, develop a tool that evaluation funders would use when commissioning a new evaluation. The tool would guide them through thinking about the intended users, research questions, key decision-making points that the evidence could inform, and other pertinent questions to select a learning activity to answer the research question. In some cases, this would be a type of evaluation, but particularly when the information is needed more quickly, a different learning methodology may be more appropriate.	**WHY:** Respondents argued that evaluations were not always the right tool to gather the information decision makers require, and that evidence was not produced quickly enough to inform key decision-making points. A decision-making tool can help people make more informed, less biased decisions, including on the most appropriate evidence generation or learning activity to be applied to produce the most useful evidence. The tool can be integrated into existing guidance, which is already being used.		

Conclusions

This study used a behavioral lens to assess why evaluation findings are not always used for decision making in USAID global health programs, and proposed strategies to increase findings use. Because of the unpredictability of behavior in different contexts, these strategies, and even sub-parts of strategies (such as different messages), should be tested before being widely rolled out. **When fleshing out the details of a strategy to be tested, a clear theory of change should be laid out to explain how it is expected to work, via its impact on capability, opportunity, and/or motivation to use findings.** It is important to bear in mind that in testing the strategies it may only be possible to measure change at the sub-behavior level (for example, change in capability, opportunity, or motivation, or in intended behaviors) or behavioral intentions (that is, what individuals claim they will do) as evidence 'use'—in particular non-instrumental use—can be difficult to capture.

Before piloting a strategy in a new setting within USAID, it is also recommended to first carry out a rapid, low-cost assessment of barriers and enablers in that setting. This assessment can be a self-evaluation questionnaire for staff, assessing their perceived capability, opportunity and motivation as related to findings use. Alternatively, a structured discussion with stakeholders can shed light on the local barriers and enablers, helping with the selection of the strategy (Mitchie et al. 2014). The findings will help with the selection or design of the strategy to test in that context. They can also be used to fine-tune a broader strategy that has been selected—for example, to determine what kinds of messages to test in a strategy that is focused on targeted dissemination.

By applying a behavioral lens to understanding barriers and enablers to the use of evaluation findings and employing behavioral insights to strengthen evidence-use interventions, it is hoped that the success of efforts to increase use will increase and that learning from piloted strategies can be shared, and used, more widely.

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Appendix 1: Interview guide for people funding the evaluation

Purpose of interview: to identify behavioral drivers and barriers to the use of evaluation findings in USAID global health programs and to get initial ideas for potential strategies.

- Duration: 1 hour
- Consent: Consent form to be emailed ahead of time for signature.

Introduction

We are conducting a study to identify behavioral drivers and barriers to using evaluation findings in USAID global health programs. The aim is to propose promising strategies for increasing the use of evaluation findings, which address these behavioral barriers and enablers.

By 'findings use' we mean that the 'user' has engaged with the findings and acted upon them in some way. In this context, this may include the use of findings to inform the design of interventions, projects, programs, or policies, to inform future funding, or to adjust existing projects or programs. The users we are interested in are USAID staff (at headquarters and at Missions) and national governments (for example, Ministries of Health).

We are focusing on *behavioral* barriers and drivers of evidence use. The includes things such as attitudes, motivations, habits, incentives, social influences, and skills and knowledge. But we understand that there is a lot of overlap between behavioral and other factors constraining and enabling evidence use, such as organizational, technical, and systemic factors. So we would like to hear your ideas and examples even if you're not sure if they refer to behavioral barriers, drivers, or solutions.

Today we will discuss a specific evaluation—[enter evaluation name] as well as the use of evaluation findings in USAID global health programs more generally.

Warm up question

Can you briefly tell me about your role and to what extent making decisions about evaluations falls into it? How long have you been in the role and in the organization?

Questions about this evaluation

First, let's discuss [evaluation name].

1. What was the main reason for doing this evaluation, according to you?

   a. How did you come up with the evaluation questions?

      i. Probe: Was this in concert with those intended to use the findings?

2. In what ways did you expect the findings to be used?

   b. Who did you intend to use the findings?

i. Probe: Did you intend the findings to be used by different groups? For example, women, minority groups? If so, what kinds of plans, if any, were there for disseminating findings in different ways depending on the intended users?

3.   In what way, if any, did you or others in your department at USAID support or encourage the intended users to access and use these findings?

   a.   Probe: What were the plans, if any, for intended users to be involved in the validation and interpretation of findings?

4. How much did you budget for activities that would help improve the use of findings?

   a.   Why?

5.   How have the findings been used?

   a.   Probe: 'Use' could mean that the findings informed specific decision or actions, informed thinking about a topic, or confirmed previous ideas or beliefs

6.   If they haven't been used, why do you think that is?

7.   What, if anything, would you do differently next time to help promote the use of findings?

   a.   Probe: Please consider things that can be done to impact people's capabilities, incentives, the social influences (including from line managers and peers), their decision-making environment (including time and timing), their attitudes, values, and motivations?

Broader questions about evaluation finding use

Now, let's discuss evaluation findings from USAID global health programs more generally.

   1.   Can you tell me about an example where evaluation findings were used to inform decisions or debates/discussions regarding USAID global health programs?

      a.   What was the evaluation(s)? What kind of evaluation was it (final, midterm, performance, impact, etc.)

      b.   Who were the intended users of the findings?

      c.   What was its purpose? That is, what was the intended use of the findings?

d.   What was the decision (or set of decisions) where the findings were used?

    i.What was the decision-making point? For example, was it at a particular point in the policy or program cycle?

    ii.Who was the decision or decisions made by?

    iii.How did using evaluation findings help with the decision(s)?

e.   What kinds of things were done by USAID to encourage the use of these findings?

f.   In addition to these:

    i.What, if anything, was done to increase people's capability?

        1.   Probe: For example, what efforts were made to improve the users' skills regarding interpreting the findings?

    ii.What, if anything, was changed in people's environment to make the use of data easier or more habitual?

        1.   Probe: For example, through the use of timely reminders/prompts to access findings sources during decision-making moments (for example, when submitting a project proposal)?

        2.   Probe: For example, was there a change in how the findings could be accessed, to make this easier for the users to engage with the findings?

    iii.In what way, if any, was the importance of the findings being used signaled?

        1.   Probe: For example, did any leaders reach out to intended users to make them aware of the findings? Were learning sessions chaired by a senior leader organized?

    iv.What, if anything, was done to increase people's motivation to access or use the findings?

1. Probe: For example, was there positive communication regarding findings use, such as articles about the benefits of using data sent to their inbox?

v. What incentives, if any, were created to encourage the use of findings?

1. Probe: Were there material incentives—for example, earning points for accessing a dashboard before regular project delivery meetings on, where the points can be redeemed for gifts?

2. Probe: Were there social incentives—such as praise during staff meetings, formal office awards? Or peer criticism for not using findings—for example, during personal performance reviews or project reviews?

3. Probe: Were there professional incentives—such as KPIs for findings use?

2. From your experience, are there any individual actors in the USAID HQ program office or in Missions who tend to use the evaluation findings more than others?

a. Why do you think that is? For example, is it more about their individual characteristics? Their supervisors or leaders? Policy in their unit? Are they mandated to use findings? And/or does it have something to do with the evaluation and findings?

Lower priority question:

3. What do you think can be done to promote the use of evaluation findings in USAID global health programs? Please consider people's capabilities, incentives, the social influences (including from line managers and peers), their decision-making environment (including time and timing), their attitudes, values, and motivations?

a. What would be the tools or resources you would need to make that happen (ex. money, leadership support, etc.)?

Questions regarding who to interview next

We are also going to be speaking to two other groups about this evaluation. First, we will speak to someone from the implementing organization. Can you please provide a contact? Could you also introduce us?

After that, we will be speaking to people intended to use the evaluation findings. Who would you recommend I reach out to in that department/unit? [For evaluations where the intended users were at Ministries of Health, mention this and ask if they have a contact at that department/unit.] If I have trouble getting a response from them, could I contact you for help in making the connection?

Appendix 2: Interview guide for people implementing the evaluation

Purpose of interview: to identify behavioral drivers and barriers to the use of evaluation findings in USAID global health programs and to get initial ideas for potential strategies.

- Duration: 1–1.5 hours
- Consent: Consent form to be emailed ahead of time for signature.

Introduction

We are conducting a study to identify behavioral drivers and barriers to using evaluation findings in USAID global health programs. The aim is to propose promising strategies for increasing the use of evaluation findings, which address these behavioral barriers and enablers.

By 'findings use' we mean that the 'user' has engaged with the findings and acted upon them in some way. In this context, this may include the use of findings to inform the design of interventions, projects, programs, or policies, to inform future funding, or to make adjustments to existing projects or programs. The users were interested in are USAID staff (at headquarters and at Missions) and national governments (for example, Ministries of Health).

We are focusing on behavioral barriers and drivers of evidence use. The includes things such as attitudes, motivations, habits, incentives, social influences, and skills and knowledge. But we understand that there is a lot of overlap between behavioral and other factors constraining and enabling evidence use, such as organizational, technical, and systemic factors. So we would like to hear your ideas and examples even if you're not sure if they refer to behavioral barriers, drivers, or solutions.

Warm up question

Can you tell me about your role, including how often you work on evaluations of USAID global health programs and what your role is within an evaluation team? What other funders have you worked on evaluations for?

Questions about this evaluation

First, let's discuss [evaluation name].

1. What was the purpose of this evaluation?

   a. Who were the findings intended for? For what kinds of decisions?

      i.Probe: Intended for different groups—women/men? members of minority groups?

2. How were the findings disseminated?

   a. In what format were they disseminated (for example, report, brief, etc.)?

b. Who disseminated and presented the findings?

c. To what extent was the timing of the dissemination linked to any decisions the intended users were meant to make?

d. To what extent was the dissemination targeted to different groups (for example, women, members of minority groups, etc.)? How was this done?

3. What kinds of things did you do to increase evaluation finding use by the various intended users, whether inside or outside of your organization? Why did you do these things (probe to understand what barriers and drivers they were trying to address)?

a. What, if anything, was done to increase intended users' capability to use the findings? (For example, did you do any trainings or run meetings with the intended end users?)

i. Probe: How about soft skills (not just technical capabilities)?

b. What, if anything, was done to make the findings attractive to the intended users? (For example, did you use strong imagery?)

c. What, if anything, was done to make it easy for people to access, engage with or use the findings? (For example, did you produce a findings brief with clear recommendations? Were the evaluation reports filed in an easily accessible location? Were the findings shared on a user-friendly website that was not the DEC? Etc.?)

d. What, if anything, was done to use social influence to encourage findings use? (For example, did you suggest that a senior leader share the findings report with the users?)

i. Probes: Social influence could be from peers as well, not just leaders or more senior people; Social influence could happen through various channels—in-person, by direct email, through an organizational newsletter, etc.

e. What kinds of interactions, if any, did you have with the intended end users while doing the evaluation? (For example, did the intended users take part in the planning phases for the evaluation?)

i. Probe: Continuously engaged throughout the evaluation, including for the validation and interpretation of findings?

f. What, if anything, was done to increase people's motivation to access, engage with, or use the findings? (For example, did you share the benefits of using the findings or of evidence-based decision making?)

g. What, if any, incentives were created for potential users to access, engage with, or use findings?

> i.Probe: incentives can be material/financial, professional, social (like recognition by peers or leader)

h. What was done to change people's attitudes towards accessing, engaging with, or using the findings?? (For, example, did you highlight the credibility of the evaluation authors?)

Broader questions about evaluation finding use

Now, let's discuss evaluation findings from USAID global health programs more generally.

1. Beyond this evaluation, what kinds of things have you done to increase the use of findings of evaluations you've done of USAID global health programs, whether inside or outside of your organization? If you haven't done this for findings of evaluations you've done of USAID global health programs, what have you done on other funders' evaluations or on USAID evaluations in other sectors?

2. Why did you do these things (probe to understand what barriers and drivers they were trying to address)?

a. What, if anything, was done to increase people's capability to use findings? (For example, did you do any trainings or run meetings with the intended end users?)

> i.Probe: How about soft skills (not just technical capabilities)

b. What, if anything, was done to make the findings attractive to the intended users? (For example, did you use strong imagery?)

c. What, if anything, was done to make it easy for people to access, engage with or use the findings? (For example, did you produce a findings brief with clear recommendations? Were the evaluation reports filed in an easily accessible location? Were the findings shared on a user-friendly website? Etc.?)

d. What, if anything, was done to use social influence to encourage findings use? (For example, did you suggest that a senior leader share the findings report with the users?)

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i. What kinds of interactions, if any, were there with the intended end users while doing the evaluation? (For example, did the intended users take part in the planning phases for the evaluation?)

　　i. Probe: Continuously engaged throughout the evaluation, including for the validation and interpretation of findings?

e. What, if anything, was done to increase people's motivation to access, engage with, or use the findings? (For example, did you share the benefits of using the findings or of evidence-based decision making?)

f. What, if any, incentives were created for accessing or using findings?

　　i. Probe: incentives can be material/financial, professional, social (like recognition by peers or leader)

g. What was done to change people's attitudes towards accessing, engaging with, or using the findings? (For, example, did you highlight the credibility of the evaluation authors?)

3. In your opinion, what can evaluators do to improve the use of evaluation findings in USAID global health programs? Please consider people's capabilities, the social influences (including from line managers and peers), incentives, the decision-making environment (including time and timing), their attitudes, values, and motivations.

4. In your opinion, what else can be done to improve the use of evaluation findings in USAID global health programs? Please consider people's capabilities, the social influences (including from line managers and peers), incentives, the decision-making environment (including time and timing), their attitudes, values, and motivations.

Appendix 3: Interview guide for people intended to use the evaluation

Purpose of interview: to identify behavioral drivers and barriers to the use of evaluation findings in USAID global health programs and to get initial ideas for potential strategies.

- Duration: 1.5 hours
- Consent: Consent form to be emailed ahead of time for signature.

Introduction

We are conducting a study to identify behavioral drivers and barriers to using evaluation findings in USAID global health programs. The aim is to propose promising strategies for increasing the use of evaluation findings, which address these behavioral barriers and enablers.

By 'findings use' we mean that the 'user' has engaged with the findings and acted upon them in some way. In this context, this may include the use of findings to inform the design of interventions, projects, programs, or policies, to inform future funding, or to make adjustments to existing projects or programs. The users were interested in are USAID staff (at headquarters and at Missions) and national governments (for example, Ministries of Health).

We are focusing on behavioral barriers and drivers of evidence use. The includes things such as attitudes, motivations, habits, incentives, social influences, and skills and knowledge. But we understand that there is a lot of overlap between behavioral and other factors constraining and enabling evidence use, such as organizational, technical, and systemic factors. So we would like to hear your ideas and examples even if you're not sure if they refer to behavioral barriers, drivers, or solutions.

Today we will discuss a specific evaluation—[enter evaluation name]—as well as evaluation findings more generally.

Warm up question

Can you please tell me about your role? How long have you been in the role and the organization?

Questions about this evaluation

First, let's discuss [evaluation name].

1. Do you remember this evaluation? [Interviewers—add information about the particular evaluation to this in case you need to remind them]

2. How did you learn about this evaluation?

    a. Through which channel? (For example, in an email, online, in a meeting)

    b. From whom? (For example, from a team member, from a leader in your organization)

c. In what format? (For example, as the evaluation report, a presentation, etc.)

3. How did you access the evaluation findings?

a. Did you read the evaluation findings? In what format (full report, exec summary, brief, etc.)?

b. Have you had access to the findings in another format? For example, in a webinar, meeting?

c. Which format did you find most useful? Why?

4. To what extent were you able to understand and use the evaluation findings? That is, to what extent did you have the skills and knowledge to understand and use the findings?

5. How accessible and clearly presented did you find the findings? Why?

6. How relevant did you find the findings? That is, how connected to or appropriate to the matter at hand, in this case to your work, did you find the findings? Why?

7. How reliable did you find the findings? That is, how trustworthy or accurate did you find the findings? Why?

8. How credible or trustworthy do you think [the producer of the evaluation] was? Why?

9. How much time have you had to review the findings and determine how they apply to your work?

10. What opportunities have you had to use the findings? For example, were there decisions to be made about upcoming interventions or programs since these findings came out?

a. Were you in the position to make decisions based on the findings? That is, were you in a role in the organization where you could make decisions based on the findings?

11. In what ways have the evaluation findings been used by yourself or your colleagues?

    a.   Probe: As a reminder, by 'use' I mean when people engaged with the findings and acted upon them in some way. This may include using the findings to inform a specific decision or to inform a discussion or debate.

    b.   What kinds of decisions or activities were informed by the findings?

    c.   If they haven't been used, why do you think that is?

12. If you've used the findings to make a decision, to what extent has using these findings made you feel more confident about the decision you made? Why?

13. If you've used the findings, to what extent did referring to the findings make you feel more comfortable in presenting your view on a decision or issue to others? Why?

14. How supportive or encouraging do you think the leadership in your organization and unit has been, with regards to using these evaluation findings? Why?

15. What has your line manager or other colleagues done to support or encourage the use of these evaluation findings?

16. What kinds of 'external' benefits have there been, or will be, to you for accessing or using the findings? For example, will this impact on your performance review? Your career progression? Your supervisor's recognition, etc.?

    a.   How would you evidence that you did engage with or use the findings in order to gain those benefits? (For example, bringing up the findings in a meeting or citing the findings in a report or proposal.

17. What other things were done to encourage you to access and use the findings? For example, was there positive communication regarding the findings, for instance by email, in a staff meeting, or in another format?

Broader questions about evaluation findings access and use

Now, let's discuss evaluation findings from USAID global health programs more generally.

1. At what decision-making points would it be useful for you to use evaluation findings? Are there specific times during the year or during a decision-making cycle?

2. Are there times during the year or the decision-making cycle when you are particularly overwhelmed, limiting how much time you have to draw on evidence for making decisions?

3. When you need to access evidence for decision making, how easy is it for you to access evaluation findings of USAID global health programs?

4. To what extent do you think your colleagues use evaluation findings to inform their decisions? Why?

5. Whose opinion would matter to you regarding whether you use evaluation findings or not? Why?

6. To what extent do you think your colleagues care whether you use evaluations findings to inform your decisions? Why?

7. What organizational policies, values, guidelines, or procedures are in place to support or encourage the use of evaluation findings?

8. What are the existing incentives for you to use evidence from evaluations? These could be social (such as recognition or praise by your boss or peers), material (such as bonuses), or professional (such as KPIs linked to career progression)?

9. What kinds of additional incentives do you think would encourage you to access and use evaluation findings for? Again, these could be social (such as recognition or praise by your boss or peers), material (such as bonuses), or professional (such as KPIs linked to career progression)?

10. In what situations, if any, do you think it is *less* important to access evaluation or research findings and instead to use one's intuition or past experience to make a decision? By 'intuition' I mean "a vague feeling or sense of feeling of pattern or relationship, where you have the answer without knowing how it was reached. Why?

11. To what extent do you think a person in your role should use evaluation findings to inform decisions? Why?

Appendix 4: Interview guide for people who have designed or implemented strategies to increase the use of evaluation findings in USAID global health programs; or people who designed/conducted evaluations that included a component for the use of evaluation findings.

Purpose of the interview: to understand what has worked and what has not worked to increase the use of evaluation findings, in order to inform the strategies we propose.

- Duration: 1–1.5 hours
- Consent: Consent form to be emailed ahead of time for signature.

Introduction

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By 'findings use' we mean that the 'user' has engaged with the findings and acted upon them in some way. In this context, this may include the use of findings to inform the design of interventions, projects, programs, or policies, to inform future funding, or to make adjustments to existing projects or programs. The users we are interested in are USAID staff (at headquarters and at Missions) and national governments (for example, Ministries of Health).

We are focusing on behavioral barriers and drivers of evidence use. The includes things such as attitudes, motivations, habits, incentives, social influences, and skills and knowledge. But we understand that there is a lot of overlap between behavioral and other factors constraining and enabling evidence use, such as organizational, technical, and systemic factors. So we would like to hear your ideas and examples even if you're not sure if they refer to behavioral barriers, drivers, or solutions.

Warm up question

Can you briefly tell me about your role at [organization]?

Questions

1. I understand you've designed or implemented activities aimed at improving the use of findings from evaluations of USAID global health programs. I'd like to know more about these activities.

Activity A

a. Can you please briefly describe the activity?

i.Where was the activity implemented, in terms of geography?

ii.Who was implementing the activity?

    1.   Who was involved in the activity? Who were the organizations, the departments, and the roles (for ex CEO, HR Director, etc.)?

iii.Who was the activity aimed at?

    1.   Probe: For example, was it aimed at all employees in an organization or a specific group of people?

    2.   Probe: Were the findings intended to be used by different groups? For example, women or minority groups? If so, what kinds of plans, if any, were there to tailor the activity or part of it to different groups?

b.   What problem did the activity aim to address?

    i.Which barriers to the use of evaluation findings did the activity aim to address? Or which enablers or drivers to findings use did it leverage?

    ii.What was the intended outcome?

c.   How did the activity attempt to address these barriers or enable the drivers?

    1.   What, if anything, was done to increase people's capability?

        a.   Probe: For example, an improvement in their skills regarding interpreting the findings?

    2.   What, if anything, was changed in people's environment to make the use of findings easier or more habitual?

        a.   Probe: For example, timely reminders/prompts to access findings sources during decision-making moments (for example, when submitting a project proposal)?

        b.   Probe: For example, a change in how the findings could be accessed, to make this easier for the intended users?

3. What, if anything, was done to use social influence to increase access or use of findings?

4. What, if anything, was done to signal the importance of findings being used?

> a. Probe: For example, were organizational values on evidence promoted by leaders?

5. What, if anything, was done to increase people's motivation?

> a. Probe: For example, was there positive communication regarding data use, such as articles about the benefits of using evidence sent to their inbox?

6. What were the incentives for findings use, if any?

> a. Probe: Were there material incentives—for example, earning points for accessing a dashboard before regular project delivery meetings on, where the points can be redeemed for gifts?

> b. Probe: Were there social incentives—such as praise during staff meetings, formal office awards? Or peer criticism for not using findings—for example, during personal performance reviews or project reviews?

> c. Probe: Were there professional incentives—such as KPIs for findings use?

d. What were the challenges to implementing this activity?

e. How successful do you think the activity was in increasing the use of findings for decision making? How do you know?

> i.Please provide an example of an action that was implemented and its outcome.

f. Was there a different impact on different groups? For example, were women and men impacted differently? Were members of minority groups impacted differently?

g. If you were to improve this activity in the future, what would you do?

h. What were the unexpected outcomes or side-effects of this activity, if any?

i. How long did the activity take? How sufficient did you think this amount of time was?

j. What were the risks to this activity, if any? This includes political, security, ethical, reputational, and operational risks. How were they mitigated?

k. How well do you think this activity would work in different settings? Why?

l. How sustainable do you think the activity is? Why?

m. Are there any more resources we could consult to learn more about this activity? Anyone else we could speak to?

2. Are you aware of any other activity aimed at improving the use of evaluation findings in?

[If yes -> Q1. If no -> Q4]

3. Activity B (if applicable) – Same sub questions as in Q1

Lower priority questions:

4. In your opinion, what can **evaluators** do to improve the use of evaluation findings? Please consider people's capabilities, the social influences (including from line managers and peers), the decision-making environment (including time and timing), their attitudes, values, and motivations.

5. In your opinion, what can **evaluation funders** do to improve the use of evaluation findings? Please consider people's capabilities, the social influences (including from line managers and peers), the decision-making environment (including time and timing), their attitudes, values, and motivations.

6. In your opinion, what can **organizations that are intended to use evaluation findings**—and specifically USAID staff and national governments—do to improve the use of evaluation findings? Please consider people's capabilities, the social influences (including from line managers and peers), the decision-making environment (including time and timing), their attitudes, values, and motivations.

Appendix 5: Consent Form

We are conducting a study to identify behavioral drivers and barriers to using evaluation findings in USAID global health programs, and to propose promising strategies for increasing the use of findings. 'Behavioral' includes aspects such as attitudes, incentives, motivations, habits, social influence, and skills and knowledge.

By 'findings use' we mean that the 'user' has engaged with the findings and acted upon them in some way. In this context, this may include the use of findings to inform the design of interventions, projects, programs, or policies, to inform future funding, or to make adjustments to existing projects or programs. The 'users' we are interested in are USAID staff (at headquarters and at Missions) and national governments' staff (in particular, at Ministries of Health).

The purpose of the interview you are invited to is to help us identify behavioral drivers and barriers to the use of evaluation findings in USAID global health programs and to get initial ideas for potential strategies. The assessment information will be used in conjunction with other materials to propose promising strategies to increase the use of evaluation findings in USAID global health programs.

The interview is voluntary. It will take between an hour and an hour and a half. You can stop participation at any time, and you do not need to answer any question(s) that you would prefer to skip. The information that is collected during the interview will be kept confidential and securely stored. We will audio-record the interview and use the automated transcription (if available using the platform) so we can capture everything you said and go back and listen to it again to help us understand your answers. Your responses will be treated as confidential, and we will ensure that any statements or comments you make cannot be linked to you as an individual in any of the materials produced.

At any point before or after the interview, you are welcome to contact the individuals running this study to get further clarification and information.

Name of Interviewee: ………………………………………………………………

Do you agree to participate in the interview? Yes ☐ No ☐

Do you agree for the interview to be audio-recorded? Yes ☐ No ☐

Signature of Interviewee: ………………………………………………………………

Date: ………………………………………………………………

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