DEVELOP AN APPROACH TO TRACKING AND ADAPTATION

ACTIVITY GUIDE

OVERVIEW

NOTE

This guide assumes that you have finalized your Theory of Change (ToC) and Logframe, and created a workplan and budget for implementation.

All PSI programs should be monitored comprehensively and evaluated selectively at various points to confirm that the activities defined in the workplan are being carried out successfully, on schedule, and producing the expected results.

To develop a full research, monitoring, evaluation and learning (MERL) plan, convene country M&E team(s) and the regional evidence team (regional researchers and regional monitoring advisors). For many projects, the proposal will already contain a MERL plan that has been approved by the donor. The regional and country teams can help you incorporate that proposal plan along with the new requirements that might come up through the design process.

Integrating a deliberate approach to tracking and adaptation allow you to learn from the data and respond appropriately in time to account for new obstacles, new findings or new conditions in the field.
WHEN TO CONDUCT THIS ACTIVITY
All programs are recommended to have a Monitoring and Evaluation plan, although the scope of this will vary depending on the type of program you are implementing.

TIME, RESOURCE AND STAFFING REQUIREMENTS

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<th>Time and resource commitments will vary according to the scope of the project.</th>
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<td>o The Program Analytics (PA) team</td>
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INSTRUCTIONS

GOAL
Comprehensive monitoring and selective evaluation will allow you to track the performance of your program during implementation against the key performance indicators (KPIs) defined in earlier steps, and course-correct as needed to achieve better outcomes.

OUTPUT
You will produce a Data to Action (D2A) plan, linked to your Theory of Change (ToC) and Logframe.

ASSEMBLING A TEAM
Developing an approach to tracking and adaptation will require input from a larger team, including:

- Evidence,
- Program Analytics, and
- Global Business Systems.

Each of these teams has a special set of functions that ensure proper use of ongoing data collection.

- **The Evidence team supports country programs to plan, design and ensure effective use of quality monitoring and research throughout program design and implementation, and where necessary, demonstrate success in the local context.**
  - The Evidence team includes Regional Researchers, Regional Monitoring Advisors, Health Area Research Advisors, and Health Area Monitoring Advisors who provide technical research, monitoring and evaluation support, and who facilitate the use of evidence in decision making and program planning.
  - **Work with your regional and country evidence teams.** Your primary point of contact within Evidence is your Regional Researcher or Regional Monitoring Advisor. These focal points can provide technical support during program planning and connect you to other resources as needed.

- **The Program Analytics (PA) team collects and validates impact data from all of PSI’s country programs. The information is used to track progress towards strategic objectives and inform PSI’s global strategy.**
  - PA can help you find ways to **add greater impact to your activities.** Pull them in for use/need calculations and target setting.

- **The Global Business Systems (GBS) team provides technology to aid in data collection, analysis, and reporting, including the rollout of DHIS2.**
APPLYING THE “DATA TO ACTION FRAMEWORK”
Adaptation and learning happens through a data to action process. D2A Frameworks serve as a job aid for the data user, helping the user understand the value and optimize the use of the information presented. Creating and following a D2A ensures that:

1. We collect data that is relevant and actionable
2. Teams have a plan for how data will be used and how it relates to program performance
3. Guidance is in place on what actions should be taken if benchmarks are met, or even if they are not met
4. Contextual, qualitative information is all in one place for the user to get an enhanced understanding of the context and the reasons behind performance

STEPS IN THE D2A FRAMEWORK
D2A frameworks are a key component of existing program M&E plans. The following are the steps in the Data to Action process:

1. Set - Define your metrics and set clear expectations regarding data
   - For each metric, the D2A framework requires you to identify a(n):
     - Indicator, from the list of indicators defined in your ToC
     - Data source, from which the necessary data for the indicator will be obtained
     - Objective
     - Action plan, which provides guidance on what to do both if the projection is met and if the projection is not met
     - Visualization, meaning a chart, graph, table or some other easily to understand format for presenting the data
DATA SOURCES AND COLLECTION TOOLS

Depending on the intervention, sources of information for learning and adaptation can be collected at multiple levels—individual, provider, and outlet.

At the individual level:

- **Routine client exit surveys**: We use client exit surveys to understand and improve the quality of the reproductive health service provision experience of the target consumer. These can be conducted as part of routine monitoring or research.

- **Primary data from population-based surveys** can also be collected at the individual level.

**AT THE PROVIDER LEVEL:**

- **Health Network Quality Improvement System (HNQIS) App**: PSI developed the HNQIS app for PSI’s network countries to assess, improve, and monitor the skills and knowledge of health workers including doctors and pharmacists. HNQIS data is collected and analyzed in DHIS2.

  For more information on HNQIS, contact us at Keystone@psi.org.

- **Provider surveys**, which are similar to population-based surveys, can be conducted to gain insights directly from providers.

**AT THE OUTLET LEVEL:**

- **Retail Panels**: A retail panel is a study of a selected panel of retail outlets where information is gathered on key market breadth and depth indicators. Trends from retail audit data provide a pulse on market performance.

- **Sales & Distribution (S&D)**: Optimize sales performance through effective use of S&D data to inform decision making.

**CONSIDERATIONS FOR EVALUATION USING MONITORING DATA**

Regular program monitoring data can also be collected and analyzed across levels. One of the major limitations to research using routine data is that these sources tend to lack a meaningful comparison or control group.

Typically, monitoring data consists of the data collected while implementing a program, and from program areas, and does not include information from non-program areas or non-beneficiaries. This limits the conclusions that such research can draw, including understanding program impact or effectiveness (which are relative measures describing marginal improvements in your outcome compared to some alternative).
Appropriate analytical methods or program design alternatives should be explored before teams commit to investing in research using monitoring data.

ETHICAL CONSIDERATIONS
As systems to collect individual-level data are rolled out across PSI, opportunities to leverage this rich source of information, including opportunities to answer operational and implementation science research questions, are emerging. While these opportunities have the potential to increase the impact and efficiency of PSI's health programs, they are not without risks for our beneficiaries.

Before engaging in analysis of our individual-level program data, Sara’s direct risks (and indirect, or even lack of, benefits) need to be considered. PSI has a responsibility to first “do no harm,” and ensure that the dignity and welfare of our beneficiaries are protected before, during, and after they receive our services. This includes protecting our clients’ private information, collecting only the data that we really need, and maximizing what we learn from the data that we do collect.

PSI teams should ensure that all data collection from Sara follows the principles and guidelines within PSI's Consumer Data Protection Policy (CDPP).
DATA QUALITY
It is critical that PSI be able to demonstrate that decisions about program design and implementation are based on reliable, relevant, high-quality data.

High quality data will:

- Strengthen our external reputation,
- Reduce risk,
- Generate confidence in using data, and
- Accurately represent how we serve the target consumer.

Data Quality Audits (DQAs) are critical program components. Teams should include a DQA, or a plan to monitor data quality on a regular basis, in their program plans.
OUTCOME AND IMPACT EVALUATION

Outcome and impact evaluations should be written into your intervention’s design. These evaluations are particularly relevant when:

- PSI/donors want to be able to attribute program results to PSI.
- We are designing and testing a new intervention (or a new intervention for a different target audience).
- We are interested in determining the cost-effectiveness of programs.
- We are interested in comparing the effectiveness of different interventions within our programs.
- We are piloting an intervention that will be later reproduced on a larger scale, or that will be explored as interventions for future investment.
- We are interested in understanding the mechanism by which our intervention achieves results (testing theory of change or assumptions).
- We require a level of evidence that will allow us to use results to influence government policy and/or advocate for change.

Evaluation designs vary greatly according to their scope, rigor, cost, resources required, and level of control required during implementation of an intervention. They can be quantitative, qualitative, or use routine monitoring data.
Examples

Qualitative Evaluation

The Most Significant Change in “Chicas en connexion”:

PROBLEM
Over a period of four years, the PASMO Honduras team implemented Chicas en Conexión, an empowerment and family planning program targeting young girls, based on Population Council’s rigorously evaluated Abriendo Oportunidades mentor-based model. To evaluate the participant’s experience with the program and provide stakeholders and communities with information, tools and resources for advocacy, the team conducted a qualitative evaluation study using the Most Significant Change (MSC) technique.

ACTION
The MSC approach involves collecting personal accounts of change and establishing a process to learn from the stories—what changes occurred, how they occurred and when (in what situations or contexts) they occurred. The PASMO evidence team conducted 6 discussion groups and 12 individual interviews with people who were directly and indirectly involved in the program: adolescents and young women, program personnel (mentors and educators), community leaders, teachers and health care providers from within the 11 communities where the program was implemented. From these activities, the team drafted 32 most significant change stories (one page each), which were read, analyzed, and prioritized through 3 participatory workshops with different teams (i.e., field mentors, field supervisors, program management).

RESULTS
Ten stories were selected as most significant by the analysis team: 4 relating to empowerment, 3 relating to social outcomes and 3 relating to health outcomes. These initial stories will be drafted and shared as advocacy tools and used to request further funding.

Quantitative Evaluation

The Effectiveness of Social Marketing for Improving Condom Supply and Demand in Zimbabwe:

PROBLEM
The uncertainty in future funding facing Zimbabwe’s historically strong condom program has created a need for a more self-sustaining condom market, reflected in a lower cost-of-entry for commercial sector players, a condom social marketing (CSM) brand operating at cost recovery, and improved targeting of free condoms based on need. In the context of a nationwide price increase for CSM brand condoms, PSI Zimbabwe conducted a study to evaluate whether repositioning the brand, changing packaging, and improving trade relations would increase demand and sales for CSM branded condoms.

ACTION
The quantitative evaluation was designed as a randomized control trial comparing experimental and control districts. Ten districts (n=10) in 10 provinces were randomized and assigned to each study arm. The experimental districts received interventions to increase product visibility in stores, special brand promotional activities, community-level interventions in high-risk venues and
improvements in relationships with the trade. Both experimental and control areas received the same price increase, mass media promotions, and distribution strategy.

Baseline and follow-up trader and consumer surveys were conducted, with the baseline taking place before the intervention began. Routine sales and distribution figures were also collected and analyzed for the public and social marketing sector.

RESULTS
After the price increase and repositioning, CSM branded condom sales rebounded and remained strong in both the experimental and control areas, which may indicate that the extra activities undertaken in the experimental arm did not increase purchasing behavior among consumers.

However, interventions in the experimental group were successful in creating greater emotional attachment to the CSM brand and improved beliefs about condom efficacy. In addition, there was a decrease in consumer preference for the CSM brand in the poorest quintile and an increase in preference among all other quintiles in the experimental areas, which reflects the repositioning strategy for the brand. Overall, the CSM branded condom nearly doubled in market volume, and the CSM intervention activities demonstrated significant contributions on both supply and demand side outcomes.

Routine Monitoring Data Evaluation

Social network methods for HIV case-finding among people who inject drugs in Tajikistan:

PROBLEM
Traditional HIV testing programs have had difficulty reaching marginalized populations who are also at risk for HIV. Through the USAID Central Asia HIV Flagship Project, PSI proposed using two social network methods, respondent-driven sampling (RDS) and peer-based active case-finding (ACF), to increase case finding among people who inject drugs (PWID). To better understand how to optimize implementation of these approaches, the team integrated an evaluation strategy into the first nine months of program implementation.

ACTION
The three approaches tested were: 1) RDS1, where each PWID tested received additional coupons to recruit others from the social network indefinitely; 2) RDS2, where the number of coupons was capped when two successive recruits tested HIV-negative; and 3) ACF, which used “Peer Navigators” (PN) to recruit peers through direct outreach. Using data collected as part of project’s routine monitoring information system (MIS), the team evaluated the three approaches to case finding by examining yield, number of new HIV cases found, and the demographic characteristics (age, sex, HIV testing history, etc.) of those tested under each approach.

RESULTS
Yield across the three case-finding strategies ranged from 1.5% (ACF and RDS1) to 2.6% (RDS2). Across most groups, yield was higher under RDS2 conditions, as compared to RDS1 conditions. Demographic analysis suggests that RDS recruits differ in important ways from the peer-led ACF recruits on factors such as age, HIV testing history, and sex. ACF also reached PWID clients more quickly than RDS1 and reached a higher proportion of new testers. The study concluded that social network-based methods can contribute to HIV case-finding among PWID in Tajikistan, and
that the optimal strategy to achieve testing goals may require multiple case-finding approaches. Similar programs are currently being implemented in the Kyrgyz Republic, suggesting the scalability of this approach.
COST-EFFECTIVENESS RATIO

Value for Money

Cost effectiveness is a subset of Value for Money. The Department for International Development (DFID)’s value for money framework is the 4 E’s – economy, efficiency, effectiveness, and cost-effectiveness.

When an intervention has been proven to be beneficial from a health standpoint, one important question must be answered in the intervention’s final evaluation: How much did it cost to create these benefits? Were they created efficiently?

Often in the past the development sector has had difficulty answering this question.

The most straightforward answer can be provided by creating a simple mathematical ratio.

- The first step to creating the ratio is to estimate the **numerator**—the benefits that can be reasonably attributed to the intervention.
- The next step is to estimate the **denominator**—the costs that were incurred in implementing the intervention.
- The numerator divided by the denominator is your estimated cost ratio.

To fairly estimate the numerator, set up your monitoring systems such that the benefits of the project are quantified. This will work well with commodity distributed, or services provided. But it will work less well with behavior change campaigns, advocacy, or other benefits that are difficult to quantify. Therefore, before attributing benefits to your program, acknowledge this difficulty, and clearly state the assumptions that you will use in quantifying your data.

Estimating the cost ratio denominator at PSI requires planning, teamwork, and groundwork from the beginning steps of the project.

- The project’s budget should be broken down in sufficient detail to allow each expense to be accurately categorized, using finely disaggregated activity codes.
- Getting the data requires you to communicate effectively with the HQ finance team and your finance teams at the project intervention sites. Contact these colleagues at the beginning of the project.
- Your own team may require training to properly gather the data as well.
- Along with the detailed benefit and cost breakdowns, you will need information on geographical zones (such as a region, district, or a site) where costs are likely to be incurred.

Once you have the numerator and denominator, the cost effectiveness analysis is fairly simple. It allows you to collect interesting metrics on trends over time. It also helps the organization recognize regions/sites that have found ways to curb waste, and offers lessons for improvement.
THOUGHTFUL IMPLEMENTATION TO ENABLE LEARNING

To maximize opportunities for learning, program teams should integrate evaluation design to the Keystone process. Thoughtful implementation will allow teams to take advantage of opportunities to control where and how to place interventions as to create control/comparison groups, phased evaluation designs, natural experiments or take advantage of existing baseline data. Using this approach, PSI programs contribute to our organizational learning by capturing and documenting what works, what gets traction and what has the potential for impact at scale. Please reach out to your regional Evidence team (regional researcher and regional monitoring adviser) or Health Area Research Advisor to discuss further.

CONCLUSION

By the end of this activity, you should have a detailed set of plans for tracking and monitoring the success of your program.

Summarize these in the ‘Keystone Project Summary’ template, with a short explanation based on the metrics you set during this Deliver phase. Then return to the Keystone Manual and continue with the next phase.