


DEPA-MERL- DEVELOPMENTAL EVALUATION CASE STUDIES

DEVELOPMENTAL EVALUATION

CASE OVERVIEW: SUPPORTING SCALE-UP OF AN HIV PREVENTION PROGRAM

 **Funder:**
Bill & Melinda
Gates Foundation

 **Timeline:**
July 2016 - June 2021

 **Purpose:**
Model large-scale PrEP
intervention programs in
low-resource settings.

Jilinde
Kenya

 **Implementing Partner:**
Jhpiego

What is Developmental Evaluation?

Developmental evaluation (DE) is an approach that supports continuous adaptation in complex environments, and differs from typical evaluations in a few ways: (1) DEs have a Developmental Evaluator embedded alongside the implementation team; (2) DEs emphasize iterative, real-time data collection and regular reflection to support adaptation; (3) DEs are methodologically agnostic and adjust analytical techniques and evaluation questions as the project changes. For more information on DEs, consider reading *Developmental Evaluation* from Better Evaluation.

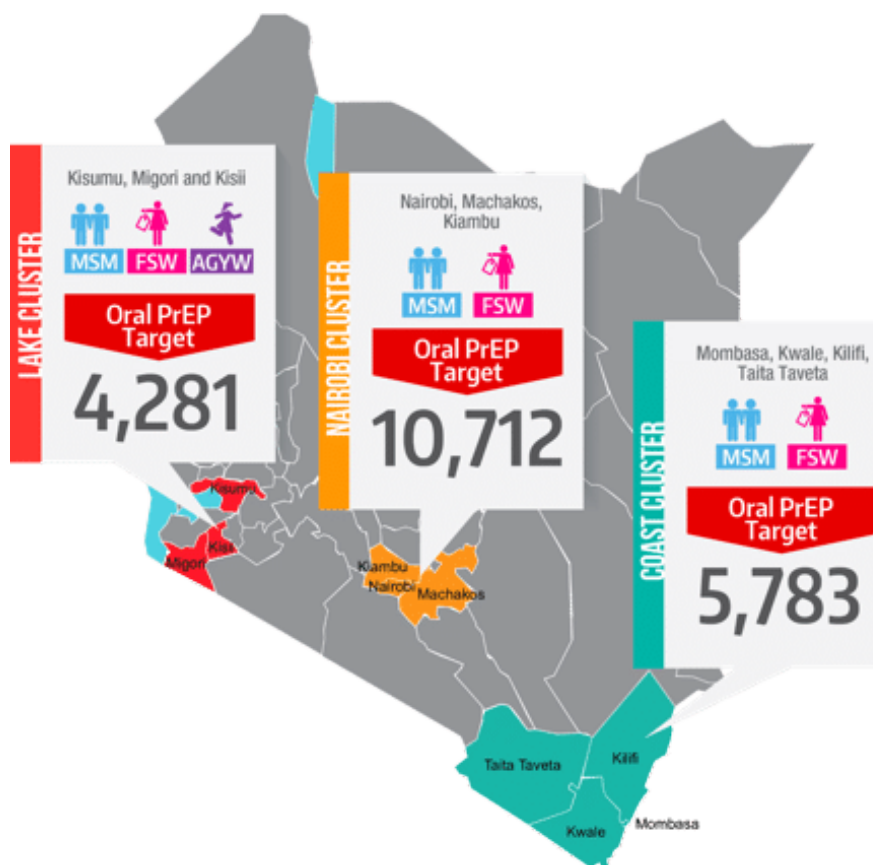


Figure 1. Jilinde PrEP Regions and Targets (Jilinde Inception Report)

Jilinde Program Goals

1. **Scaling up Pre-Exposure Prophylaxis (PrEP) service** in Kenya to the most vulnerable clients (Figure 1);
2. **Identifying enablers and challenges** for reaching and retaining the highest risk people for oral PrEP services at scale.

Why DE?

Jilinde's goal of scale comes with several unknown variables including recruitment and retention of high-risk populations, clinicians' comfort prescribing PrEP, and the capacity of current supply and distribution methods. The Gates Foundation encourages a flexible project structure that can accommodate evidence-based changes as project challenges arise.

Thus, Jilinde is structured by the Gates Foundation to be a "learning laboratory" through:



Integrating developmental evaluation (DE) approaches at the beneficiary, service provider, and program coordinator levels.



Creating an environment that encourages **regular learning and adaptation of project strategy**, and inspiring confidence to report when things are not going as planned.



Quarterly reporting to the Gates Foundation to document how teams use DE to answer challenges to implementation among beneficiaries, service providers, and program coordinators.

Jilinde seeks the best way to implement oral PrEP services while retaining the highest risk people, at scale, and in the most cost-effective manner—and at scale. To support these goals, the DE seeks to answer the following questions:

1.

What changes make PrEP services more acceptable and easier to use?

2.

What new barriers to service uptake, adherence, and continuation are emerging, and what are the best ways to minimize those barriers?

3.

How is oral PrEP perceived within the community over time and what interventions improve community perceptions of PrEP?

DE Design and Implementation

Jhpiego and its consortium partners implement the Jilinde DE internally. Jhpiego's Nairobi-based Learning Advisor spends approximately 25% of his time as the DE Coordinator to oversee and execute the DE's implementation. Jilinde's full-time monitoring and evaluation staff and field implementers collect data for the DE as a part of their regular duties, and discuss findings in working groups and review teams, respectively. At the strategic level, the DE Technical Working Group makes decisions on how to modify the project based on DE findings. Figure 2 illustrates these different levels of support.

Figure 2: Jilinde DE Implementation Structure



Given the DE’s lean approach of project field staff working only part-time on DE-related activities, Jilinde operationalizes the DE by using standardized facilitation and reporting guide, the “DE Tool.” At the facility, county, country, and project levels, teams are expected to “pause, reflect and document” challenges through monthly and quarterly review sessions using the DE Tool.

“ We had to think of ways to demystify and make it more clear to people.

We developed a simple tool to guide people through the reflection process. We made several revisions and distilled it down to three core areas: What kind of data are we looking at, what are key findings and implications (what can we do about it), and what kind of additional data do we need to respond to our questions?

”

– DE team member (Nairobi office)

The DE Tool includes the following questions to guide the review sessions and standardize documentation processes:

- What data sources were examined? (client exit surveys; client-level clinical data; monthly service delivery data; qualitative data; other)
- What are the main findings of interest?
- What are the implications of the findings?
- Which changes does the group recommend as a result of the findings?
- From today’s discussion what other data would be helpful?
- What additional people should attend next time?
- In what ways were last month’s recommendations acted upon?

The DE coordinator attends most monthly meetings at field sites and health facilities to ensure teams understood how to use the tool. He documents findings from these visits and presents them quarterly to Nairobi and US-based Jhpiego teams. As of June 2019, the Jilinde team has held the following review sessions:



The DE Coordinator documents findings from these visits and presents them at the Jilinde DE Technical Working Group quarterly meetings where Jhpiego and other consortium members discuss challenges and help strategize next steps (Figure 2). The DE Coordinator then works with Jilinde's Nairobi office and field teams to implement those changes. These programmatic changes are communicated to the Gates Foundation through quarterly reports in a section specifically focused on learnings from the DE.

“ **It seemed just watching, there was a real sense of community developing through these meetings [...] failure and success is owned by everyone.** ”

- DE Team Member, Jhpiego HQ

Value of DE

Because service providers and project staff use the DE Tool at monthly review sessions to talk through potential solutions as issues arise, they now frame setbacks as actionable learning events rather than failures.

The review sessions have **normalized candid conversation about challenges** and help staff members and key stakeholders “of all levels” understand how their roles operate within the holistic project context. As they feel more comfortable expressing their opinions and sharing their experiences, staff are also more willing and able to identify and respond to implementation challenges.

“ **The DE process was making it easy... for the team to fail and look at it as a learning opportunity.** ”

To be able to acknowledge failure and see it as useful thing, very helpful. Would have been much harder without the DE. ”

- DE Team Member (Nairobi office)

Using this culture of learning and the data from the DE processes, Jilinde has made several implementation changes including:

- **Restructuring outreach around drop-in centers** rather than public health facilities. Drop-in centers provide more security and comfort to vulnerable populations, giving better continuation over time.
- **Prioritizing recruitment** of clients committed to receiving refills, improving likelihood of PrEP adherence.
- **Developing “continuation indicators”** to provide data on PrEP services continuation and thereby better target people likely to adhere to the PrEP regimen.
- **Better linking young women to services** by designing an alternative service delivery pathway using human-centered design techniques.

Lessons Learned

1 Start the DE at the Beginning of Project Implementation

The Jilinde team felt that starting the DE a year **after** implementation began was insufficient. Key informants reiterated the importance of starting the habit of data reflection and documentation early on before project duties became too overwhelming, especially because of the time and effort required to onboard project staff and partners to the DE process and get them comfortable with using the DE Tool.

2 Simplify the DE Language

In order to be effective, the DE needed to use simple language that was accessible to stakeholders 1) in workshops where teams learned to use the DE tool; and 2) in the tool itself. For example, Jilinde now refers to the DE as a “pause, reflect, document process,” rather than as a “developmental evaluation.” Developing a tool that reflected these core areas was another way to help guide the stakeholders through systematically “pausing, reflecting and documenting” challenges.

3 Opportunistically Integrate DE into Existing Project Activities and with Early Adaptors

The DE approaches have worked best when integrated into **existing** project activities. For example, health facilities (primary implementers of the PrEP oral services) already held monthly meetings that the Jilinde DE coordinator and field staff then attended to help service providers integrate DE approaches into their meetings through use of the DE tool.

However, where such meetings did not exist, it was difficult to track whether DE processes were being used regularly and effectively. Project teams would then look for “early adaptors” to support and bring into the DE process.

4 Encourage a Culture of Learning from Project Implementers to Project Funders

Historically, few stakeholders had been exposed to projects that encouraged regular program reflection. Most had not worked with projects that valued their qualitative experiences as equally informative to project strategy as quantitative indicators.

Therefore, it was difficult at first to encourage this cultural shift and help stakeholders recognize the value of collecting and reflecting on project data and their day-to-day experiences in a systematic way. The funder and project staff supported documenting learning through regular review sessions and quarterly reports, which helped team members see how their input impacted project strategy choices.

“**There are early signs to see if someone is interested. This is a fragile moment. You need to make them feel supported, give them lots of reflecting opportunities, and a lot of support and encouragement so they can start.**”

-DE Team Member, Jhpiego HQ

DE Case Studies

This case study is part of a series on how developmental evaluation is being conducted within the US Agency for International Development (USAID) and other projects. The case studies were written by the Developmental Pilot Activity (DEPA-MERL) consortium— part of the USAID Global Development Lab’s Monitoring, Evaluation, Research, and Learning Innovations Program. DEPA-MERL seeks to pilot the use of DE, assess its feasibility and effectiveness in the USAID context, and share learnings globally. These case studies and other resources on DE, including [A Practical Guide for Evaluators and Administrators](#), are available on the [DEPA-MERL website](#). The consortium is led by Social Impact, with partners Search for Common Ground and the William Davidson Institute at the University of Michigan.

5 Develop Accountability Measures to Encourage Sustainability of DE Methods

Stakeholders who:

1. were **not heavily integrated** into the project or
2. who were **not held accountable** to the process (such as CSOs)

did not produce consistent work to inform the DE. Jilinde did not have the bandwidth to support these stakeholders to the degree necessary to ensure accountability. Moving forward, the DE coordinator plans on reserving quarterly DE meetings to focus on the DE process itself - not just on how the data from the DE impacts the project outcomes - and more frequently checking in with stakeholders regarding their needs. He mentioned the importance of incorporating accountability measures to encourage consistent use of the DE tool. One key informant suggested having a certificate program in order to encourage the use of the DE tool.

Conclusions

The DE has been a useful tool for allowing the project team to implement changes in the Jilinde program strategy to scale up oral PrEP services in the country. It has been a nimble and responsive mechanism to help document lessons learned for the program staff and the funder; however, given the size of the project, having more than one part-time individual coordinating the DE may increase the reach and comprehensiveness of the DE. As one stakeholder mentioned, if time and budget allowed, the project would have liked to have had a person solely focused on the DE at each of the field offices - not just at the Nairobi office.