DEPA-MERL- DEVELOPMENTAL EVALUATION CASE STUDIES

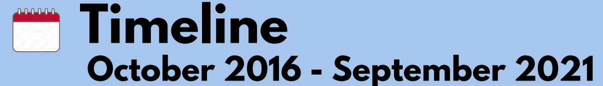
DEVELOPMENTAL EVALUATION

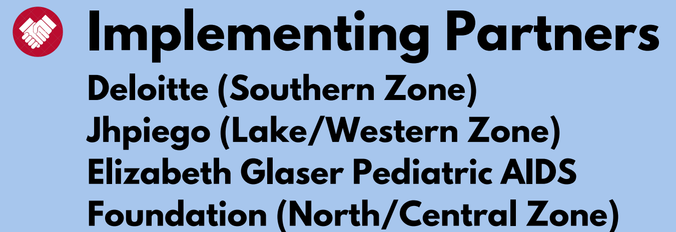
CASE OVERVIEW: USING DE TO ACHIEVE HEALTH SERVICE INTEGRATION IN TANZANIA

Through the Boresha Afya project, launched in October 2016, USAID supports the government of Tanzania to strengthen integrated health services, particularly for women and youth. The Developmental Evaluation (DE)'s period of performance is October 2017 to September 2021, with the majority of DE activities occurring after a February 2018 kick-off workshop.

Boresha Afya

Tanzania





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.

Why DE?

Boresha Afya's complexity makes it a suitable project for DE: it has an undefined theory of change, and its outcomes are difficult to predict and measure because of the dynamic nature of its partners and programming. Through the DE process, USAID is able to generate real-time evidence, support adaptive management practices, and catalyze rapid learning and decision-making to improve the quality, efficiency, utilization, and scalability of integrated health services in Tanzania.

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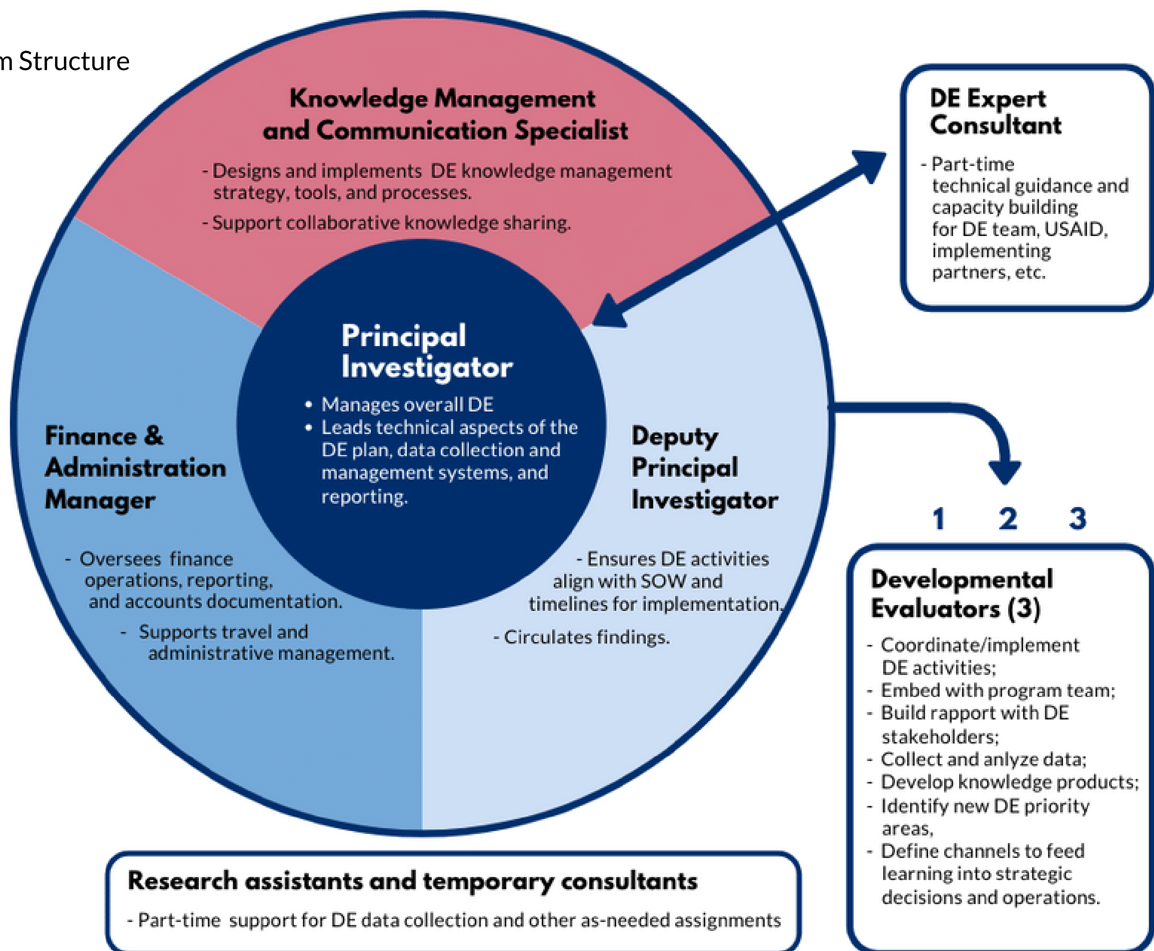
DE Design and Implementation

USAID tasked the Coordinating Implementation Research to Communicate Learning and Evidence Project (CIRCLE), led by Social Solutions International, Inc., to implement the DE. The Principal Investigator oversees the team, comprised of six additional full-time staff and several part-time research assistants and consultants (Figure 2). Key to the team are three Developmental Evaluators (hereinafter "Evaluators") that are physically embedded in each zonal office. Each Evaluator works independently to carry out DE activities in their zone, but also coordinates with the broader DE team to share lessons. Also, a part-time DE Expert Consultant helped design and support the DE and was intimately involved in hiring and training the Principal Investigator, who manages the overall DE. These two individuals collaborated to sensitize key stakeholders, such as government officials and Boresha Afya project staff, to the concept of DE. They also organized the DE kick-off workshop and hired the three Evaluators.

Figure 2: DE Team Structure



At the start of the work, very few of those involved had ever heard of the DE approach and none of the three Evaluators had previously engaged in a DE. To engage stakeholders, the DE team organized a three-day inception workshop in February 2018 that brought together implementing partners, USAID, and government officials.

During this workshop, stakeholders identified the DE's priority research areas:

Client and community perception;

Quality of services and fidelity to the integration model; and

Monitoring, evaluation, and learning systems and practices.

Once embedded, the Evaluators worked to secure stakeholder buy-in, a process which took place over the course of several months. Some stakeholders feared DE might duplicate other monitoring and evaluation efforts. Others initially viewed the DE as an audit. Over time, through collaborative discussions on the DE's purpose, the Evaluators developed trust and started working efficiently with stakeholders. "After disseminating our first round of work, that is when we got more acceptance. It took around three-four months."

> **"That experience was not easy,**
> **getting acceptance [for the DE] from the Boresha Afya team [and also] getting recognized by other authorities at the regional and district level."**
>
> **-Developmental Evaluator**

Value of DE

Evaluators used diverse data collection methods including observational research, outcome harvesting[1] and rapid reconnaissance. Boresha Afya made adaptations to improve integration of the project's health services based on the findings from these different sources.

Two key examples were:

Improved Integration of Family Planning Services

In response to demand from health service providers, Evaluators shared different strategies to promote male engagement in prenatal care services offered to women. "With this information we were able to see what we weren't doing well and what we can do to improve and make integration happen," said one implementing partner involved in the DE.

Better Functioning Facilitation and Clinics

Evaluators offered on-site recommendations based on issues identified during site visits . For example, a, Evaluator might say "the floor plan or facility is not very conducive to integrate some of the services, [and] then the team discusses possible solutions with the facility team at that point [in time] ... So, some things were being addressed as they visited the site."

[1] Outcome Harvesting collects ("harvests") evidence of what has changed ("outcomes") and, then, working backwards, determines whether and how an intervention has contributed to these changes. For more information, see this page on BetterEvaluation.org.

According to a USAID Tanzania stakeholder, one positive aspect of DE is that:

> **"You get real feedback on time compared to when you do a mid-term evaluation, once the Developmental Evaluators notice anything at a facility he or she can share that with the Project Manager and he can see how he can incorporate [a change] into the program."**

Lessons Learned

1 For Large Programs, Hire Multiple Developmental Evaluators and Share Learnings Across DE sites

DE stakeholders noted that having three Evaluators allowed for timely identification of challenges, priorities, and solutions responsive to context. However, having a geographically diffuse DE team also requires communication and planning. The DE team uses many formal and informal communication channels to share information. Open issues are discussed on weekly Skype calls with the whole DE team in Tanzania and the U.S., whereas individual calls and a shared WhatsApp group are used to share findings or to understand what is going on in other zones. In addition, the DE's Knowledge Management and Communications Specialist disseminates information about what is working (or not working) across the zones.

2 Use DE Experts to Build Local Capacity for DE

Having an Expert Consultant was invaluable, according to one DE team member, because **"it was important to have someone who had done DE before to get people on board."** With time, the DE Expert's role has decreased. At more than one year into the DE, the Consultant tries to "lead from behind" while providing technical support.

> **"Technical support is quite important because we have just finished a year of implementation and we aren't at the point where we can say we are DE experts."**
>
> **-DE Expert Consultant**

3 Broad DE Evaluation Questions May Disrupt Data Utilization at the Local Level

In the first year, the Boresha Afya DE applied the same evaluation questions across all three zonal offices **despite differences in implementation focus between the zones**: some focus heavily on family planning, while others place stronger emphasis on HIV or other health services. Consequently, questions that focused on specific services - such as integration of family planning services, a priority for the DE - proved less relevant in some zones than in others.

One implementing partner suggested, **"it might have been better to focus on different issues in different zones"** so that the evaluation questions better aligned with each zone's primary intervention areas. DE findings then would have focused on identifying program improvements that directly affected the largest number of beneficiaries in their zone.

4 Use Traditional Rather Than Rapid Reporting Mechanisms if Required by Program Context

USAID/Tanzania expected the DE findings to be communicated through traditional deliverables such as annual reports, rather than the shorter, more "real-time" deliverables that DEs often use such as memos or working group meetings. Because donor feedback and assent to project adjustments came following review of these traditional deliverables, Boresha Afya's implementation of DE results--especially those affecting the strategic level--would sometimes happen on a longer timescale than the archetypical DE model envisions. While this meant not all adaptations were rapidly implemented, it was a practical way to adapt the DE model to the constraints of the project context.

5 Embed the Developmental Evaluators As Collaborative Team Members, But Give Them Independence and Autonomy

Both Boresha Afya staff and the DE team thought that, ideally, the Evaluators should be interconnected with, and invested in, the project team's success and day-to-day operations, while still maintaining enough independence to objectively direct the course of evaluation activities based on program needs.

"I am not independent, per se, because I am part of Boresha Afya," said one Evaluator.

At the same time, Boresha Afya staff still saw the Evaluators as objective in their ability to collect data they considered important without interference from the project. "The Developmental Evaluator is independent. She goes on without interference ... to collect, analyze, and disseminate [data]."

In general, the Boresha Afya team felt that the DE was helping inform useful program adaptations because "DE does not wait until things get worse."

Conclusion

The DE of Boresha Afya has enabled the complex, multi-partner design to share lessons learned across three implementation sites and implement adaptations in response to findings. While some stakeholders wish the DE had started earlier to help inform project design during the initial stages, the consensus has been that the DE has been an invaluable resource for Boresha Afya.

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.