USAID
FROM THE AMERICAN PEOPLE

LESSONS LEARNED
USAID DEVELOPMENTAL EVALUATIONS IN HEALTH

Results from two of USAID's developmental evaluations (DEs) for health programs demonstrate the effectiveness of this approach operationalizing adaptive management and integrated learning, and involving external stakeholders in decision-making. These payoffs increased the likelihood that programs used evaluation recommendations to produce outcomes and generated interest among local governments in implementing additional DEs and adopting DE principles.

DE is a novel evaluation approach that supports complex and innovative programs by embedding evaluators in project teams to provide real time feedback and assist them with managing adaptively. Since DE's public introduction in 2010 with Michael Quinn Patton's book *Developmental Evaluation*, USAID has conducted 14 DEs according to a recent assessment, **10 Years of USAID Developmental Evaluation**. Two have been in the health sector: USAID/Tanzania's DE for the USAID Boresha Afya program by the Coordinating Implementation Research to Communicate Learning and Evidence (CIRCLE) project; and USAID/Indonesia's DE for the USAID Jalin project. USAID made significant investments in these DEs, which ran for a combined eight years, employed over 20 evaluators, and cost over $7 million.

NEW TO DE? A PRIMER

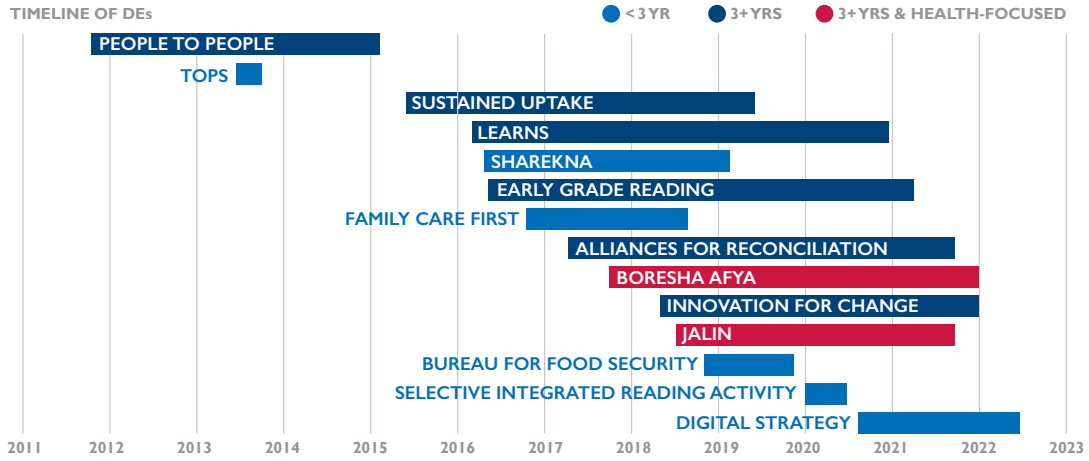
DE focuses on adaptation and flexibility, making it well-suited for complex environments, innovative programs, and untested approaches. It differs from other types of evaluations as:

1. **DEs have a Developmental Evaluator embedded alongside the implementation team;**
2. **DEs emphasize continuous, real-time data collection and regular reflection to support adaptation; and,**
3. **DEs are methodologically agnostic, adjusting methods and analytical techniques as programs evolve.**

Learn more about DE from USAID's Developmental Evaluation Pilot Activity's (DEPA-MERL)'s resources, the Jalin DE guide for conducting DE remotely, and CIRCLE's seven steps to setting up a developmental evaluation.

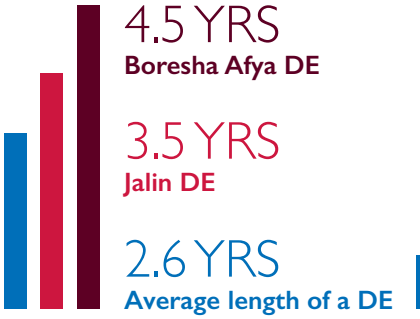
10 YEARS OF USAID DE

In August 2021, the Jalin DE conducted a retrospective study of all DEs since 2010 which found that USAID has conducted 14 DEs[1] in eight sectors through 14 different Missions and Washington-based operating units. While the pace of conducting DE is increasing, DEs remain a small share of USAID's evaluations, as the Agency commissions an average of 200 evaluations per year, totaling more than 1,100 evaluations since 2011.[2]



HOW DO HEALTH DEs DIFFER FROM OTHER DEs?

USAID's two health sector DEs have longer periods of performance and higher costs than the Agency's average DE. The Boresha Afya and Jalin DEs are relatively unique in that they fielded large, multi-year in-country teams of evaluators. However, please note that comparing USAID DE team sizes is challenging because they range from 3 to 86 when fulltime and support staff are considered.



4.5 YRS
Boresha Afya DE

3.5 YRS
Jalin DE

2.6 YRS
Average length of a DE

$4M
Cost of Boresha Afya DE

$3.5M
Cost of Jalin DE

$500,000-$700,000
Average cost of a DE

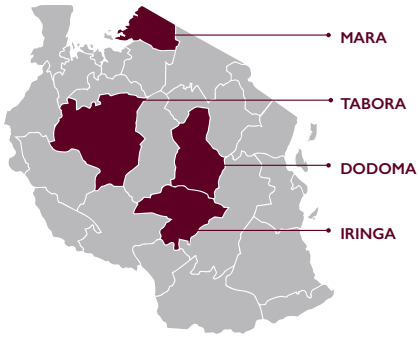
[1]Bureau for Food Security (BFS), Sustained Uptake (SU), Digital Strategy (DS), Selective Integrated Reading Activity (SIRA), Alliances for Reconciliation (PAR), Innovation for Change (I4C), USAID LEARNS Contract (LEARNS), Sharekna Project to Empower Youth and Support Local Communities (Sharekna), Early Grade Reading (EGR), Family Care First (FCF), People-to-People Reconciliation Fund (P2P), Technical and Operational Performance Support Program (TOPS).
[2]See usaid.gov/evaluation.

USAID/Tanzania

BORESHA AFYA PROGRAM

("Improve Health" in Swahili)

Objective: To increase access to quality, comprehensive, and integrated health services among women and children.
Timeline: October 2016 – December 2021
Budget: $145 million



USAID/Indonesia

JALIN PROJECT

("Intertwined" in Bahasa Indonesia)

Objective: To contribute to national goals to reduce maternal and newborn mortality.
Timeline: October 2017 – March 2021
Budget: $23 million

DE FOR BORESHA AFYA

Purpose: Provides real-time evidence and learning about how the project implementers are supporting integrated health service delivery.
Timeline: November 2017 – February 2022
Total Estimated Cost: $4 million
Implementing Partners: Social Solutions International

DE FOR USAID JALIN

Purpose: Present findings and recommendations to USAID, the Ministry of Health (MOH), and Jalin to generate lessons learned and rapid course corrections.
Timeline: June 2018 – September 2021
Total Estimated Cost: $3.5 million
Implementing Partners: Social Impact

WHY DE?

USAID selected a DE for Boresha Afya because of a desire to advance learning on improving the operationalization of integrated service delivery among different models and three implementing partners.

USAID designed Jalin to cocreate solutions with local partners to reduce maternal and newborn mortality and paired it with a DE to learn from this process and improve decision-making and adaptive management.

DE OBJECTIVES

- Evaluate factors that promote, and challenges that arise from, integrated service delivery.
- Assess the fidelity of implementation, including feasibility, acceptability, and sustainability.
- Provide feedback and recommendations to IPs.
- Promote course shifts in implementation.
- Promote optimal learning and improvement among stakeholders from the project zones.

- Assess Jalin's adherence to core operating principles.
- Assess the functionality of project management, relationships with stakeholders, and partnerships.
- Assess the appropriateness of the Jalin approach to the operating context.
- Make observations and recommendations on what is working well, what is not working well and why, and how to improve.

RESEARCH METHODS & FRAMEWORKS

- Outcome harvesting and rapid reconnaissance using observations, interviews, focus group discussions, fact checking, and client shadowing.
- Secondary review of project data, reports, and national guidelines.
- Routine observations, structured facility assessments, and studies of client satisfaction and wait times, as well as provider perspectives about integrated service delivery..

- Qualitative key informant interviews, focus group discussions, literature reviews, and workshops.
- Routine observations and site visits.
- Quantitative surveys of health workers and officials.
- Social network analysis, political economy analysis, systems change, values driven inquiry, and appreciative inquiry.

ENGAGEMENT

720 site visits with stakeholders, 12 special studies/reports, 16 briefs and blogs, 8 workshops with stakeholders, 19 technical presentations, and 2 database/tools.

319 interviews, 34 site visits, 32 workshops, and 11 surveys; along with 38 reports, 13 infographics, 8 maps, 5 videos, 3 database, and 2 posters.

TEAM STRUCTURE

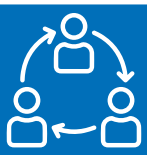
The local team included: a Principal and Deputy Principal Investigator, Knowledge Management Specialist, Finance Manager, and three zonal developmental evaluators (ZDEs). The ZDEs, co-located in each Boresha Afya office, carried out DE activities in their zones and coordinated with the broader team to share lessons. An expatriate consultant further helped design and support the evaluation.

The team included an expatriate Chief of Party (COP), four technical and evaluation specialists, and a finance manager. In its first two years, the team embedded in the Jalin headquarters office in Jakarta with monthly trips to six regional offices. In its final year, the team embedded in the MOH's Directory of Family Health to assist it with assessing and scaling high-profile national initiatives.

WHAT ARE THE PAYOFFS OF A DE IN HEALTH?

The Boresha Afya and Jalin DEs delivered the following payoffs for their programs, especially compared to traditional monitoring, evaluation, and learning (MEL).

An integrated approach to learning. Health programs typically involve stakeholders from several health areas and different sectors. This raises challenges with mandates on how funds can be used and with how effective traditional evaluations are at generating findings and recommendations that resonate with multiple agents. DE facilitates integrated learning because it prioritizes understanding complex operating contexts and brings a variety of stakeholders together in systematic problem solving. For example, the Boresha Afya DE assessed family planning, nutrition, and malaria programs to examine how these were being integrated within facilities' HIV care and treatment and MNH platforms.



Collaborative decision-making with stakeholders. Health programs have a multitude of invested people and organizations. These stakeholders' diverse priorities can overwhelm traditional MEL systems. DE offers an approach to engage numerous stakeholders in decision-making as it regularly gathers information from these stakeholders, converses with them to interpret findings, and designs recommendations with their buy-in for sustainability. The Jalin DE won USAID's 2021 Collaborating, Learning, and Adapting (CLA) Case Competition for establishing a **stakeholder feedback loop for MNH in Indonesia**.

Increased likelihood that recommendations are used. One critique of traditional evaluation is that reports 'sit on the shelf' without audiences implementing recommendations. DE promotes the use of evaluation recommendations because it is involved throughout the utilization process. It sets research priorities collaboratively, delivers positive and negative findings subtly, makes targeted recommendations, and advocates with intend users. The Boresha Afya completed most of the DE's recommended actions, including 79% in Iringa, 78% in Mara, 62% in Tabora, and 53% in Dodoma. USAID and Jalin used 97% and 57% respectively of the DE's recommendations to generate outcomes. Both DEs' recommendation utilization rates likely exceed USAID's averages for traditional evaluations.[3]

Real time, ongoing feedback. Traditional evaluations deliver findings and recommendations at a program's midpoint and end, informing changes at these two decision points. However, DE provides continuous feedback throughout a program's implementation – four years each for Boresha Afya and Jalin – enabling regular, evidence-based adaptations as innovations were tested or operating contexts changed.

Provides a platform for multiple studies. Where traditional evaluations lock in their methods at the start, DEs can switch methods as new research needs arise and conduct many different discrete studies (see Research Methods and Frameworks on Pg. 2).

Operationalizes adaptive management. Using recommendations to adapt programs requires an environment that promotes learning and innovation. Some projects can be slow to apply CLA principles because they entail a shift in organizational culture. DE rapidly operationalizes adaptive management by presenting recommendations for course corrections. These are regular pause and reflect moments that foster a culture of nonjudgmental 'smart failure' by encouraging programs to act on evaluative feedback.

Payoff & Tension Point: Reinforces accountability. DE can systematically verify outcomes while contributing to their impact. Because evaluators are embedded in program teams yet external to them, DE can maintain objective visibility, making recommendations and tracking their use (see pg. 6 on the Boresha Afya and Jalin DEs' trackers). By both monitoring programs in general and following up on whether they apply new learnings, DEs can reinforce accountability to performance management and CLA principles. However, both USAID and implementers need to endorse the DE's role in verifying outcomes and supporting accountability to maintain trust and build relationships between staff and evaluators.

[3] **A 2016 study of Evaluation Utilization at USAID** found 71 percent of evaluations had been used to design or modify a USAID project or activity, and 19 percent triggered complementary actions by implementing partners.

WHAT ARE THE CONSTRAINTS OF A DE IN HEALTH?

Significant investment required. DE is more expensive than traditional evaluations as it embeds one or more evaluators in a program for an extended period. This investment can yield greater payoffs (see pg. 3) and improved outcomes, yet performance evaluations may be more cost-effective for programs aiming only to measure progress toward predetermined objectives.

Unsynchronized timing between program and DE. A DE embeds within an ongoing program either as it starts or after. Because DEs are typically different awards from the programs they evaluate to ensure objectivity, their procurement schedules affect when they are available to embed. The Jalin DE began ten months after the program started and continued six months after it ended, working with the MOH.

Relationship building requires effort. The success of DE depends on whether programs and stakeholders are willing to experiment and trust evaluators. Yet, the perception of evaluation as a judgmental 'check-up' can be misapplied to DE despite its different intentions. DEs and USAID need to dispel this notion through positive communications and relationship building to ensure programs and stakeholders are receptive to findings.

Confused stakeholders. As a new approach, DE and its principles can confuse stakeholders and programs. Part of a DE's relationship building involves educating others on its objectives, methods, and engagement practices and winning them over.

LOCAL GOVERNMENT BUY-IN FOR DE

The Boresha Afya and Jalin DEs spurred their host country governments to adopt DE principles and express a desire to participate in DEs.

Tanzania

The DE's ability to provide decision makers with timely feedback that fit existing processes and structures encouraged the President's Office for Regional Administration and Local Government and council health management teams to express a desire to adapt DE for use in government. With existing health monitoring systems exhibiting data quality issues, these stakeholders placed a high degree of confidence in the DE's real time data.

Indonesia

The DE's nonjudgmental approach, regional knowledge, and support for new innovations complimented the MOH Directorate of Family Health's research agenda, which aimed to test and scale pilot programs in hospital mentoring, digital indicator data entry, and a maternal and perinatal death notification application. As the DE concluded, the MOH approached USAID about potentially using the approach again in the future with Jalin's follow-on programs.

Other Countries

Boresha Afya and Jalin's experiences generally match with other DEs in Cambodia, across several Missions in Africa, and Washington-based operating units, which also received strong stakeholder interest.

A DEPA-MERL study found that 60% of stakeholders preferred DE over traditional evaluation and 80% of stakeholders would recommend DE to other organizations.[4]

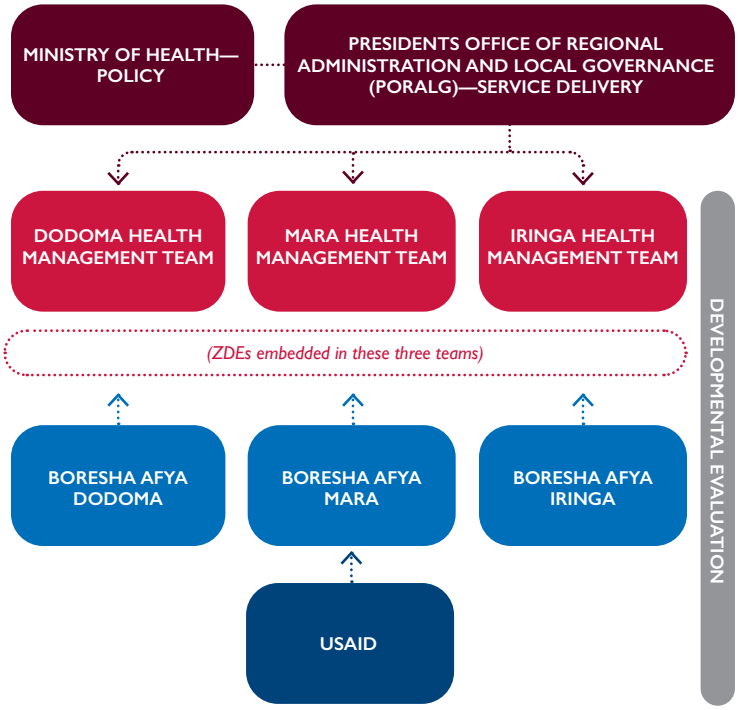
Local government counterparts and stakeholders value DE's ability to provide real time feedback and support programs to take adaptive actions. DEs win local governments over by collaborating with stakeholders when setting research priorities, gathering, and interpreting data, and by reinforcing accountability on donor-funder programs by tracking recommendation use. These successes can then serve as powerful examples of how USAID supports local governments and other partners to achieve their goals while developing local capacity and introducing a unique MEL approach like DE.

[4]Baylor, R., Fatehi Y. K., & Esper, H. (2020). Advancing the use of developmental evaluation: Key questions answered during a multiyear study of developmental evaluations implemented with USAID. DEPA-MERL Consortium. USAID.

WHERE DO YOU EMBED IN A HEALTH SYSTEM?

The Boresha Afya and Jalin DEs demonstrate that having a full-time, embedded evaluator is critical for the DE approach to succeed, with the embedding location and process dependent on the evaluated program's structure and scope. However, health systems are complex entities with huge numbers of private and public stakeholders. This complexity may provide USAID with further options for where a DE embeds and focuses its evaluative activities:

Subnational focus: The Boresha Afya DE embedded ZDE's in regional health teams horizontally with a central principal investigator, deputy principal investigator, and knowledge management specialist to coordinate the team and share learning more broadly with USAID, the program, and stakeholders. While this approach helped the DE rapidly engage and collaborate at the regional level, ZDEs experienced obstacles communicating with Boresha Afya's headquarters which flowed through the central DE staff. While this approach helped the DE rapidly engage and collaborate at the regional level, ZDEs experienced obstacles communicating with Boresha Afya's headquarters which flowed through the central DE staff. This approach to embedding also facilitated changes at the implementation level, but experienced challenges in addressing the upstream drivers affecting service delivery which required buy-in from policy-level change agents.



"Where you embed can also be evolving… you need that flexibility to change where the evaluators are embedded based on emerging needs." –USAID

Sequential shift from the subnational to national level. The Jalin DE embedded in the program's headquarters and made monthly trips to its six regional offices and provincial and district health offices. This approach allowed the DE to generate knowledge with subnational partners and then share it with USAID, the MOH, the program's headquarters, and national stakeholders. While appreciated by Jalin's regional offices and local partners, the DE's subnational focus at times challenged communications with the program's headquarters. In its final year, as Jalin concluded, the DE re-embedded with the MOH applying its knowledge of local health systems to support developing national initiatives and promote their regional buy-in and implementation.

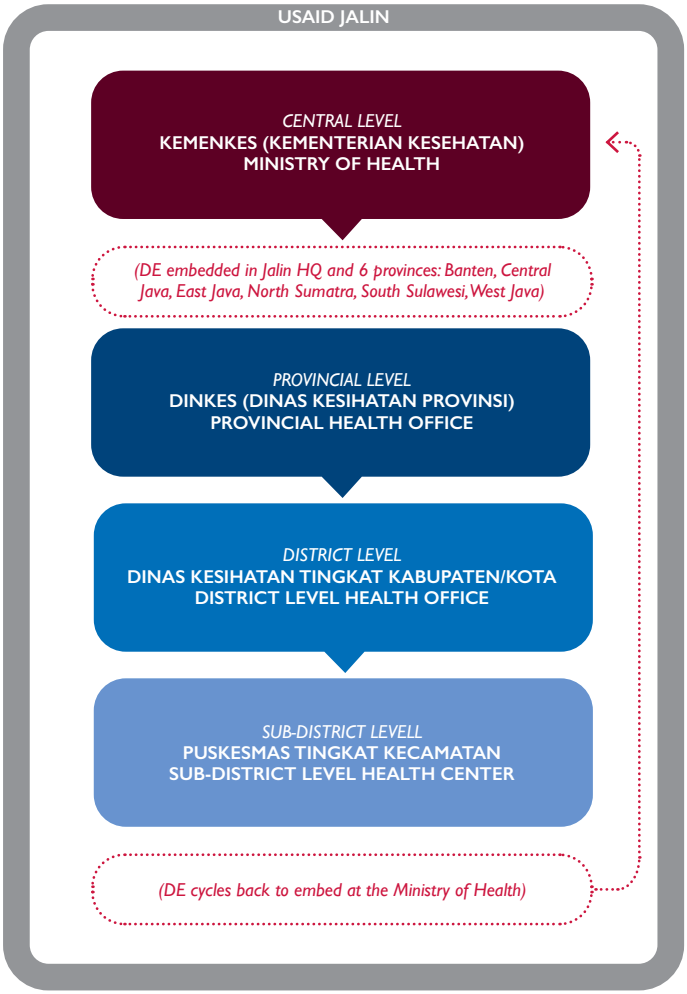


PHOTO CAPTIONS FROM PAGE 4 (FROM LEFT TO RIGHT)
1) Ms. Gloria Mwanjali, Zonal Developmental Evaluator of the USAID CIRCLE (left) discussing challenges related to Family planning integration in HIV clinics with health service providers in health facility in Tabora region, Tanzania, 2019
2) Medical staff discussing SiMatNeo, Indonesia, 2020
3) The DEPA-MERL Acculturation Workshop of the Family Care First in Cambodia DE, January 2017

MANAGING AND MONITORING A DE

How USAID manages and monitors a DE helps ensure its smooth implementation. The Boresha Afya and Jalin DEs' experiences offer the following tips for providing oversight and maintaining awareness of an evaluation's progress. More general guidance on managing DEs can be found in **DEPA-MERL's materials for funders**.

DEs should maintain a tracker. Trackers are useful performance management tools to organize data on progress against targets and identify successes and shortcoming. The Boresha Afya DE utilized a tracker as its platform for sharing evidence and action planning with USAID and in feedback learning meetings at the national and subnational levels. Its ability to track adaptive management actions and accountability proved useful to USAID staff managing not only the DE but also Boresha Afya. The Jalin DE used a tracker to analyze the utilization of its recommendations and their outcomes over time. It provided USAID with regular updates on the DE's impact disaggregated by regional and national levels and by USAID, MOH, Jalin, and stakeholders.

Prioritize DE recruitment. Getting the right team of evaluators in place from the start eases USAID's program management throughout evaluation. However, recruiting such evaluators can be difficult because DE is unique, and few have direct experience with it. To the extent possible given the evaluation's award type, USAID should compose a team that balances local, contextual knowledge with industry mixed-methods and CLA expertise.

Regular meetings, reports, and site visits. DE operates at a rapid pace to provide programs with just-in-time information they need to make decisions. USAID staff should stay closely engaged by setting regular meetings (weekly or monthly) and requiring frequent, accessible, and visually appealing reports at least monthly. USAID staff should also incorporate periodic visits to the field so the DE process is visible and tangible.

> "The recommendations from DEs are easier for us to understand and actually use. Sometimes other evaluations are less aware of the constraints or our government's policy, so we cannot do some of what they say."
>
> —GOVERNMENT COUNTERPART

BUILDING DE READINESS

Planning for a DE involves assessing if it is appropriate for a program's context and design, and if the program is organizationally and culturally prepared for a DE. The latter is rarely a binary, "yes or no" decision, as implementing a DE itself is an option for USAID to help programs shift their culture toward continuous learning and adaptive management. The Boresha Afya and Jalin DEs' experiences suggest that to help programs prepare for a DE and mitigate the constraints around stakeholder socialization and acculturation (as noted by DEPA-MERL), USAID can introduce CLA and complexity-aware monitoring (CAM) principles and set the stage for later capacity building. A positive first step is recognizing that all programs and stakeholders inherently conduct CLA and to an extent CAM, intentionally or not, and then identifying a few ways DE can support. For more information on the overall benefits of the DE approach, please see **here**. These then become early entry points for a DE once it begins.

METHODOLOGY

Social Solutions International and Social Impact conducted this study drawing on their experience implementing the Boresha Afya and Jalin DEs. They used a desk review and 12 interviews with USAID, IP staff, developmental evaluators, and stakeholders in Tanzania and Indonesia and USAID DEs in different sectors.

ACKNOWLEDGMENTS

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