Basic Toolkit

ADAPTIVE LEARNING IN PROJECTS AND PROGRAMS

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TABLE OF CONTENTS

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ABBREVIATIONS

AAR   After action review

ALG   Adaptive Learning Guide (from MOMENTUM Knowledge Accelerator)

CLA   Collaborating, learning, and adapting

CLM   Causal link monitoring

DE   Developmental evaluation

DFID   Department for International Development

FCDO   Foreign, Commonwealth, and Development Office (UK)

HBB   Helping Babies Breathe

KM   Knowledge management

M&E   Monitoring and evaluation

MCHIP   Maternal and Child Health Integrated Program

MCSP   Maternal and Child Survival Program

MEL   Monitoring, evaluation, and learning

MoH   Ministry of Health

MSC   Most Significant Change

PAR   Pause and reflect

PMP   Performance management plan

QI   Quality improvement

ToC   Theory of change

USAID   United States Agency for International Development

VT   Virtual training

WHO   World Health Organization

1. INTRODUCTION

1.1 WHAT IS ADAPTIVE LEARNING?

Adaptive learning is the **intentional adoption of strategies and actions to facilitate critical reflection and analysis of data, information, and knowledge— on a continuous basis and from a wide range of sources—to inform decisions that optimize program implementation and effectiveness in expected, unexpected, and changing circumstances.**[1] The United States Agency for International Development (USAID), Foreign, Commonwealth, and Development Office (UK) (FCDO),[2] and other global development donors and implementing partners have promoted adaptive learning (see first text box), and the closely related concept of adaptive management (see second text box). USAID calls this Collaborating, Learning, and Adapting.[3] Depending on the source cited in this guide, one or the other of these terms will be used; however, in this toolkit, we will preferentially use adaptive learning. These concepts also draw heavily on quality improvement (QI)[4] and developmental evaluation (DE),[5] which employ the same basic ideas of rapid feedback and systematic programming adjustments. For a project or program, the main points that we will highlight in this toolkit are that there should be an iterative cycle. This cycle consists of: 1. Integrating adaptive strategies in program design and documenting programming assumptions; 2. Collecting a variety of quantitative and qualitative monitoring information during implementation, focused on key aspects of those programming assumptions; and 3. Pausing and reflecting with stakeholders to analyze the monitoring information and formulate actions; and then rapidly act to improve the program.

> **Use of adaptive learning in projects and programs forms a cyclical process of:**
>
> **1. Preparing** by integrating adaptive strategies in program design and documenting programming assumptions.
>
> **2. Monitoring:** Collecting a variety of quantitative and qualitative monitoring information during implementation, focused on key aspects of those programming assumptions.
>
> **3. Pausing and reflecting** with stakeholders to analyze the monitoring information and formulate actions to improve the program; and then rapidly acting on them.

> **Adaptive management** is iterative, seeks to maintain a constant flow of information, and designates frequent pauses to consider the implications of that information for the program. Adaptive management requires managers to expand their awareness of data beyond the traditional monitoring of indicators and includes implementers (e.g., frontline workers) in data analysis and decision-making. For this reason, adaptive approaches seek greater, more frequent and routine collaboration. Finally, program leadership anticipates that the original formulation of the plan and even its theory of change is subject to modification as the program learns more about the nature of the problems it is designed to solve. In this way we see that adaptive management is not only concerned with improving the effectiveness of a project, but it is also concerned with generating better understanding about how the project achieves its results so that organizational performance can be improved for future projects.
>
> *Source: Petraglia J and Ricca J. 2020. Case Studies of Jhpiego Projects Using Adaptive Management.*

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[1] Ross, Joey et al. 2021. *Adaptive Learning Guide: A Pathway to Stronger Collaboration, Learning, and Adapting.* Washington, DC: USAID MOMENTUM.

[2] In 2020, the FCDO replaced the Department for International Development (DFID). FCDO/DFID has focused on Adaptive Management for a number of years. See an illustration of their approach at: https://odi.org/en/about/our-work/learnadapt-innovation-and-adaptation-in-dfid/ And some emerging lessons: https://oxfamblogs.org/fp2p/what-have-we-learned-from-a-close-look-at-3-dfid-adaptive-management-programmes/.

[3] USAID Program Cycle guidance (ADS 201.3.5.19) https://usaidlearninglab.org/qrg/understanding-cla-0.

[4] O'Donnell B and Gupta V. 2021. "Continuous Quality Improvement." *StatPearls* Available from: https://www.ncbi.nlm.nih.gov/books/NBK559239/.

[5] Patton MQ. 2011. *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use.* New York, NY: The Guilford Press.

1.2 WHY USE ADAPTIVE LEARNING IN PROJECTS AND PROGRAMS?

The evidence for the usefulness of adaptive learning (which USAID refers to as CLA, as described previously) continues to expand. USAID has done several broad evidence reviews and periodically summarizes its findings. These reviews span various disciplines, including monitoring and evaluation (M&E), implementation science, QI, complexity-aware sciences, leadership and management, and others. USAID has disseminated its findings in a variety of publications.[6][7][8] Listed below are four themes that have emerged from these reviews of programs that have incorporated adaptive approaches. All of these approaches touch on larger organizational issues that are outside the scope of this basic toolkit, but critical to an organization being able to effectively carry out programming in an adaptive manner:

- **Adaptation and continuous QI.** Adapting through improvement efforts contributes to more sustainable development practices, especially when there is leadership support and adequate resources. Organizations that apply adaptive and data-driven practices perform better when compared with organizations that focus less on those practices.

- **Critical role of well-designed monitoring, evaluation, and learning (MEL) and knowledge management (KM) systems.** Good MEL and KM systems have a positive and significant effect on project performance and achieving development objectives. Facilitating access, re-use, and application of lessons from previous experiences can bring cost and efficiency improvements. The use of concrete learning processes helps reduce the time it takes to prepare new staff for their job responsibilities.

- **Meaningful participation and performance**. In the most recent CLA evidence review,[9] collaborative relationships were found to establish an important foundation for innovation, distribution of knowledge, and improvement. Another systematic review[10] examined citizen engagement programs in low- and middle-income countries and found that interventions that promoted direct engagement between service users and service providers improved access to services and quality of those services over time.

- **Open mindset and team trust.** Individuals who are curious, have growth mindsets,[11] and can empathize with their colleagues are generally better able to adapt to changing circumstances. Teams that have high levels of trust and are considered safe for interpersonal risk-taking tend to be better at learning and adapting.

Taking a view that is focused more specifically on the competencies needed to carry out the processes of adaptive learning in projects, a 2020 review[12] conducted by Jhpiego focused on analyzing the adaptive learning approaches used in five projects. This review highlighted several critical features. Table 1 contrasts adaptive versions of three common programming elements with conventional programming.

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[6] Young, S. 2019. "How USAID is building the evidence base for knowledge management and organizational learning." *Knowledge Management for Development Journal.* 14(2):60-82.

[7] *What Difference Does Collaborating, Learning, and Adapting Make to Development? Key Findings from our Literature Review.* Available at: https://usaidlearninglab.org/library/what-difference-does-CLA-make-key-findings.

[8] *Collaborating, Learning, and Adapting (CLA): an analysis of what CLA looks like in development programming* https://www.globalcommunities.org/publications/2017-USAID-CLA.pdf.

[9] *What Difference Does Collaborating, Learning, and Adapting Make to Development? Key Findings from our Literature Review.* Available at: https://usaidlearninglab.org/library/what-difference-does-CLA-make-key-findings.

[10] *Does incorporating participation and accountability improve development outcomes? Meta-analysis and framework synthesis.* Available at: https://www.3ieimpact.org/sites/default/files/2019-06/SR43-PITA-report.pdf.

[11] *Evidence Base for Collaborating, Learning, and Adapting: Summary of the Literature Review*. 2020. Available at: https://usaidlearninglab.org/sites/default/files/resource/files/cla_literature_review_update_march_2020_final.pdf.

[12] Petraglia J and Ricca J. 2020. *Case Studies of Jhpiego Projects Using Adaptive Management.*

TABLE 1. CRITICAL WAYS IN WHICH PROGRAMMING USING ADAPTIVE LEARNING DIFFERS FROM CONVENTIONAL PROGRAMMING[13]

	Developing, reviewing, and revising a theory of change (ToC) and other key program assumptions	Engaging the frontline effectively	Collecting and using real-time information
Adaptive	Those using adaptive learning approaches develop a ToC at the design stage to show how they think key programming strategies will improve outcomes. They make their assumptions explicit and then proactively test them and learn about them during implementation and refine them as needed.	Frontline staff are well placed to observe whether services meet clients' needs and notice unanticipated problems. Those using adaptive learning approaches value frontline staff for the insights they offer and view them as critical information sources for programmatic learning.	Regularly collected information enables managers to respond to changes or unexpected results. There are mechanisms for rapidly gathering quantitative data and qualitative information, so that this information can be considered during pause and reflect (PAR) meetings, embedded at multiple organizational levels, to formulate actions to adjust and improve.
Conventional	Conventional practitioners may not develop a ToC or if they do, they are likely to focus on proving that the ToC is correct, rather than revising and refining it, based on what they are learning from programming.	Conventional practitioners view frontline staff as "pairs of hands" who should simply carry out assigned tasks without deviation and as originally planned.	Conventional practitioners often focus on using data to show success toward achieving program objectives in reports to donors or other stakeholders. They do not feed the information back in a timely manner for program improvement.

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[13] See Appendix A for a full list of how adaptive learning programmatic and organizational approaches differ from conventional, non-adaptive approaches.

1.3 CONTENT AND STRUCTURE OF THIS BASIC TOOLKIT AND HOW IT FITS WITH OTHER RESOURCES

This basic toolkit for adaptive learning in projects and programs includes a minimum set of tools and approaches for designing and implementing a project or program that uses the principles of adaptive learning. It is not meant to be a comprehensive guide for the concept of adaptive learning, or a compendium of available tools and approaches, which are addressed in other resources.

An underlying assumption of this toolkit is that adaptive learning approaches are more effective when they are integrated into program design and used systematically for the purpose of program improvement, rather than thought of as a single tool or strategy to be added to a program that otherwise uses conventional approaches. Adaptive learning is iterative and runs through a cycle in synchrony with the project or program. To help design and implement a program that is built as an adaptive learning program, the tools in the toolkit are grouped into three sections that align with critical points within a program: **integrate** adaptive approaches, **monitor** (as we implement), and **PAR** (and then act and adapt to improve the program). We describe how adaptive learning can be put into practice by using a small set of adaptive learning tools and approaches that correspond to each stage. These are by no means the only tools or approaches that can be used at these program stages, but the tasks that need to happen at each of these points is similar and we have included a sufficient set of tools for carrying out these tasks in an adaptive manner:

Who is this toolkit for?

This toolkit is for project managers and staff working on MEL, from local to top levels. It is also for Ministry of Health (MoH) program managers and data officers.

How can they use the toolkit?

Once managers have made the decision to use adaptive approaches, this toolkit gives step-by-step instructions for a minimum set of tools to use throughout a project or program. It references more comprehensive sets of tools and other resources to help develop organizational competencies for adaptive learning.

Complementary resources
(see Additional Resources section for links)

MOMENTUM Adaptive Learning Guide emphasizes guidance on needed changes to organizational changes and preparations for adaptive learning

MOMENTUM Complexity Aware Monitoring Guide has a broad range of tools; general information about each; links to more information.

USAID Learning Lab has a broad range of tools; use cases; and background reading

- **PREPARE:** During program <u>design and planning,</u> those leading the design need to lay out their assumptions and plan for carrying out mechanisms to regularly gather and review information. The tools and approaches aim to help programmers describe their critical assumptions (which they will revisit again after implementing) and incorporate adaptive learning mechanisms into the fabric of the program.

- **MONITOR:** During <u>implementation,</u> there need to be mechanisms to gather selected information frequently in ways that stretch the concept of conventional performance monitoring. The tools and approaches are intended to monitor both key *quantitative* data and *qualitative* information to give feedback in near real time.

PAR (AND FORMULATE ACTIONS): During the <u>improvement stage</u>, we outline several mechanisms in which staff, managers, and other appropriate stakeholders pause to critically reflect on the monitoring feedback in facilitated exercises to analyze progress and challenges, and then formulate needed actions for program improvement.[14]

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[14] The GUIDE TO COMPLEXITY-AWARE MONITORING APPROACHES FOR MOMENTUM PROJECTS also has information on various PAR mechanisms. https://usaidmomentum.org/wp-content/uploads/2020/12/CAM-Guide-Final-2020_12_16_508.pdf.

FIGURE 1A. ORGANIZATIONAL AND PROGRAMMING CYCLES FOR ITERATIVE IMPROVEMENT USING ADAPTIVE LEARNING[15]
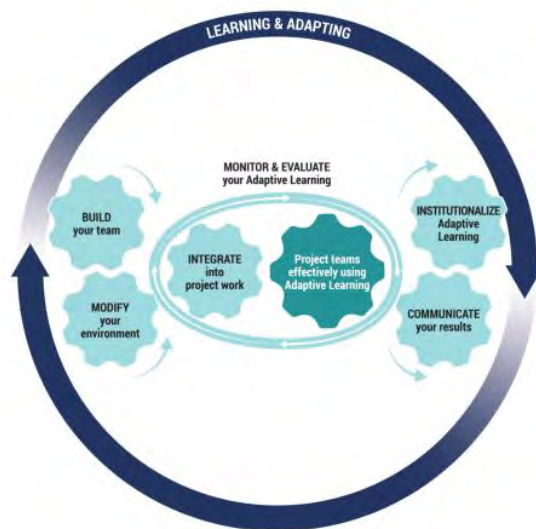
FIGURE 1B. EXPANSION OF INNER CYCLE OF FIGURE 1A, SHOWING HOW ADAPTIVE LEARNING IS USED BY PROJECT TEAMS
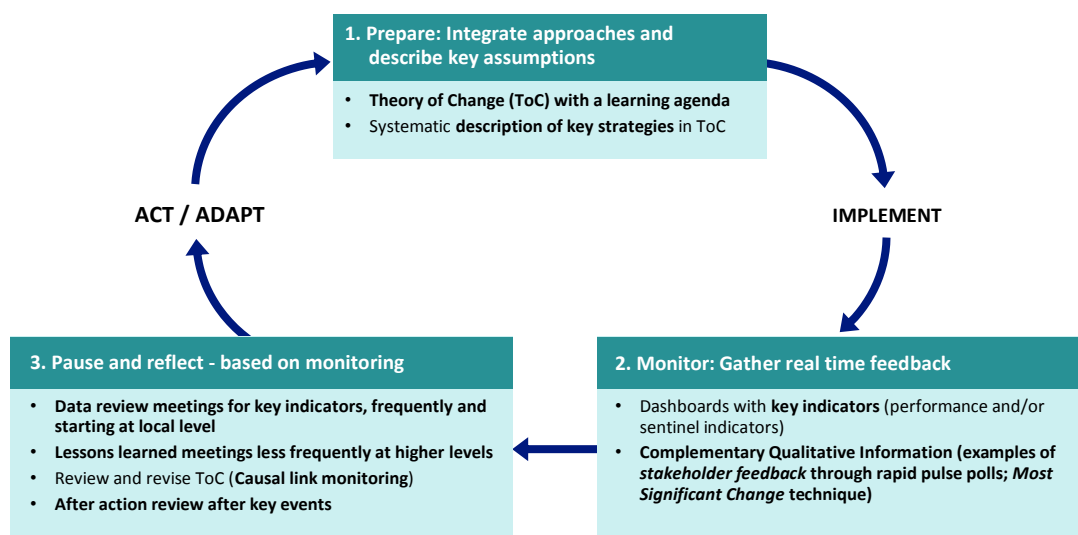
In a project or program, adaptive learning happens in iterative cycles with each iteration helping to improve programming and/or readjust it to changing circumstances. Figure 1A is taken from the MOMENTUM Adaptive Learning Guide and shows how adaptive learning fits within various organizational cycles (i.e., the "gears" on the edges of the diagram on "building a team" and "institutionalizing," etc.). The inner cycle is specifically related to the Adaptive Learning cycle in programming. Figure 1B expands on the operational

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[15] Figure 1A is from Ross, J et al. 2021. *Adaptive Learning Guide: A Pathway to Stronger Collaboration, Learning, and Adapting.* Washington, DC: USAID MOMENTUM. Figure 1B shows how the content of this toolkit expands on the inner circle of Figure 1A.

details of the inner cycle. This cycle starts with the integration stage when program staff describe their critical assumption. When they move through the cycle, appropriate stakeholders ought to review and make any needed updates to those programming components and assumptions, including the ToC, based on what they have learned. This iterative cycle is similar to the "Plan-Do-Study-Act" QI cycle and the cyclical process of DE. Before reviewing the specific tools and approaches in the programming cycle in Chapters 3 through 5, in Chapter 2, we briefly review some preliminary management considerations on hiring and budgeting for adaptive programming.

The tools presented in this guide have been programmatically tested for their relative ease of use. This set of tools is sufficient to put in motion a project or program that is adaptive, but the approaches can be modified and/or supplemented by others. The point is to have mechanisms to systematically describe assumptions; get close to real-time feedback that is both quantitative and qualitative; and consider this feedback at various levels of the program, starting at the local level. A project experienced with this kind of thinking could modify or substitute the tools used to carry out these functions. A more complex and/or better-resourced program might also consider adding tools and approaches that are beyond the scope of this basic toolkit (e.g., network analysis, outcome harvesting, contribution analysis, realist evaluation, ripple effects mapping). The MOMENTUM Adaptive Learning Guide (ALG)[16] and USAID's Learning Lab[17] include not only other tools that can be used in the programming cycle, but also tools and approaches for improving organizational capacities to carry out and strengthen adaptive learning.

TABLE 2. COMPARISON OF CONTENTS OF MOMENTUM ADAPTIVE LEARNING GUIDE AND BASIC TOOLKIT

Contents of Adaptive Learning Guide	Basic Toolkit for Adaptive Learning in Programs/Projects
• Understanding adaptive learning. • Assessing strengths and gaps for adaptive learning. • Modifying your environment to integrate or strengthen adaptive learning. • Building your team. • Integrating adaptive learning into project design, implementation, and improvement. • Ensuring MEL of your adaptive learning. • Institutionalizing adaptive learning as the norm. • Communicating about adaptive learning.	Key considerations for integrating adaptive learning in projects and programs: • Preparing: describe key assumptions and integrate various adaptive learning mechanisms throughout the program. • Monitoring: gather real-time qualitative and quantitative feedback about the progress of key aspects of the program. • PAR: hold various types of meetings and at various frequencies and levels of the program to consider monitoring information and act on it to adjust and adapt the program to rapidly improve.

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[16] https://usaidmomentum.org/resource/adaptive-learning-guide/
[17] https://usaidlearninglab.org/cla-toolkit

2. KEY CONSIDERATIONS FOR INTEGRATING ADAPTIVE LEARNING IN PROJECTS AND PROGRAMS

Putting successful adaptive learning programming strategies into practice requires attention to three principles:

ADAPTIVE LEARNING STRATEGIES ARE ADEQUATELY RESOURCED.
That is, the appropriate human, financial, and capacity development resources are planned for and allocated. In section 2.1, we review the human resource needs, roles, and responsibilities and budget implications under each tool. Leaders need to communicate the value of making adjustments to the conventional approaches.

ADAPTIVE LEARNING STRATEGIES ARE INTEGRATED IN CORE MANAGEMENT SYSTEMS. Adaptive learning approaches should be built into and reinforce existing processes and practices rather than creating new ones. They should be incorporated at several levels of the program, from regular local review of critical data to lessons learned meetings at intermediate and higher levels. These meetings can be components of existing routine platforms and management mechanisms rather than stand-alone meetings. For instance, structured data review can be done during monthly reporting at the facility level and lessons learned sessions can be part of quarterly district management meetings. An after action review (AAR), which is a debriefing mechanism, can be folded into the activities for any major event like work planning.

ADAPTIVE LEARNING TOOLS AND APPROACHES ARE INTENTIONALLY USED AT PREDICTABLE POINTS IN TIME. Agreed-upon learning practices are applied to the appropriate levels of a project or program, with the procedures for making decisions agreed upon at the start. There should be clear protocols and processes for collection and storage of documentation from PAR meetings such as data review meetings, so that it can be accessed when needed for program decision-making. Individuals with the scope of authority to make decisions to modify programming should participate in the most important of these meetings.

> ### An emerging consensus
>
> It is not surprising that donors have moved in [the direction of adaptive management and learning], given that complexity theory and systems thinking have had a huge influence on the public health and development field over the last decade. Research and theory in these areas have highlighted the fact that plans for programming rarely, if ever, go as originally expected and that the linearity of top-down management cannot adequately respond to the challenges presented in all but the simplest projects. As the name suggests, adaptive management is an approach to management that seeks to structure a flexible and situationally responsive management style.[12]

2.1 HUMAN AND FINANCIAL RESOURCE NEEDS FOR ADAPTIVE LEARNING

Before using any of the adaptive learning tools and approaches included in this toolkit, programs need to have adequate human and financial resources. Program managers and human resource personnel need to work together to ensure that the project or program team is comprised of staff with the competencies and experiences needed for adaptive learning. Tools such as the *USAID Guide to Hiring Adaptive Employees*[18] can help ensure that core competencies for adaptive learning are represented at all levels of a project or program team. Planners should exercise caution in designating an "Adaptive Learning Manager" too narrowly because this may prevent other team members from seeing how they contribute to adaptive learning. If the project

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[18] https://usaidlearninglab.org/library/hiring-adaptive-employees.

moves forward with existing staff, coaching and mentoring in adaptive learning will be even more important. It is important to identify those in the organization with the relevant competencies and build in opportunities for initial training and mentoring (this toolkit and the additional resources on page 52 may be used). Table 3 shows the responsibilities that different team members may have for planning and implementing adaptive learning tools and approaches. Program managers may want to explore applying a self-assessment tool for adaptive learning to identify and reflect on the competencies they may need to strengthen in their team to carry out an adaptive learning process (see Unit 3 of the Adaptive Learning Guide—Assessing Strengths and Gaps for Adaptive Learning).[19]

TABLE 3. ROLES AND RESPONSIBILITIES OF TEAM MEMBERS CARRYING OUT PROGRAMMING USING ADAPTIVE LEARNING

Role[20]	Responsibilities
Leader/Manager	• Review, communicate (and adjust as needed) the program's ToC and its associated Learning Agenda, and program strategies so that all are aware and working together in an effective way. • Reinforce the value of adaptive learning tools and approaches that are embedded into programming. • Identify opportunities to integrate adaptive learning approaches, especially adjustments to conventional monitoring and incorporation of PAR mechanisms at various levels. • Ensure adequate human and financial resources for adaptive learning strategies. • Design mechanisms for deciding on and implementing program adjustments based on outputs from PAR meetings. • Participate in appropriate PAR meetings during programming to make sure that there are explicit plans for carrying out the agreed-upon actions.
Technical Team Members	• Identify opportunities to integrate real-time data collection to expand the concept of conventional monitoring, as well as incorporate PAR mechanisms into planned activities. • Facilitate and/or participate in PAR meetings to analyze quantitative and qualitative monitoring information and formulate needed actions. • Use the knowledge obtained from PAR meetings to improve implementation.
Data Officer/ Data Manager	• Clarify which key quantitative indicators should be used to drive adaptive improvements of the project or program. *These will not be the entire set of indicators in the* performance management plan (PMP). • Analyze and visualize quantitative data for use by MEL and program staff in PAR meetings. • Participate in gathering complementary qualitative information (most significant change [MSC], stakeholder feedback through rapid pulse polls). • Facilitate and/or participate in PAR meetings in which key quantitative and complementary qualitative data are used. • Assign metadata to documents produced in PAR meetings and ensure proper storage for future retrieval and use.

[19] Adaptive Learning Guide (https://usaidmomentum.org/resource/adaptive-learning-guide). Additional resources can be found in the CLA Toolkit: https://usaidlearninglab.org/library/cla-maturity-tool-facilitator-resources.
[20] Other stakeholders may be considered as well, such as sub-grantees and other global, regional, national, or local partners.

Role[20]	Responsibilities
Coordinator/ Program Officer	• Participate and lead/co-lead PAR activities. • Work with teams to use findings and learning from PAR activities to adjust implementation plans. • Support documentation and share learning from PAR meetings.
MEL Team Leader	• Help programmers develop a ToC for the program, as well as its associated (and brief) learning agenda. • Identify key strategies in ToC that need systematic description. • Identify and operationalize the measurement of key indicators that give rapid signals on the functioning of key strategies in the ToC. • Work closely with country teams to identify which adaptive learning tools might be most appropriate. • Conduct capacity-building and on-the-job coaching activities on data review, and complementary qualitative tools and approaches. • Facilitate and/or participate in meetings where PAR approaches are used. • Review document produced from PAR meetings. • Suggest changes to adaptive learning tools based on implementation experience.

2.2 OPERATIONAL CONSIDERATIONS FOR ADAPTIVE LEARNING APPROACHES

Table 4 illustrates the intensity of the resources needed for the tools and approaches in this toolkit. This is intended to assist designers and managers to ensure that they plan for allocating the necessary resources and time to integrate these tools and approaches in an effective manner throughout the programming cycle and at the needed levels of programming.

TABLE 4. RESOURCE INTENSITY NEEDED FOR THE ADAPTIVE LEARNING TOOLS AND APPROACHES IN THIS TOOLKIT [21]

TOOL OR APPROACH	RESOURCE LEVEL NEEDED	TIME COMMITMENT
PREPARING: Design and plan programming that integrates adaptive learning approaches; describe key assumptions		
ToC with its learning agenda*	LOW	MEDIUM
Systematic description of key strategy(ies)	LOW	LOW

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[21] This is consistent with the matrix on page 15 on resource intensity and time commitment for larger groups of MOMENTUM Complexity Aware Monitoring approaches https://usaidmomentum.org/wp-content/uploads/2020/12/CAM-Guide-Final-2020_12_16_508.pdf.

TOOL OR APPROACH	RESOURCE LEVEL NEEDED	TIME COMMITMENT
MONITORING: Gather real-time qualitative and quantitative feedback		
Key indicators (i.e., performance, sentinel)	LOW	LOW
Stakeholder feedback: Pulse poll	LOW	LOW
MSC	MEDIUM	HIGH
PAR meetings: Review, analyze, and formulate actions based on monitoring feedback		
After action review	LOW	LOW
Data review	LOW	MEDIUM
Lessons learned meeting	LOW	MEDIUM
Review of ToC (causal link monitoring [CLM])	LOW	MEDIUM

* The ToC is not included as a tool in this toolkit but is included in this matrix to stress its central importance to programming that is based on adaptive learning principles and practice.

The tools and approaches in this toolkit are intentionally low in cost but still require being properly resourced to be successfully integrated into existing activities, including budget and staff, which will vary by project. Planners should think about the resource needs for initial orientation and training to employ adaptive learning approaches; ongoing coaching, especially for good facilitation skills to be used in PAR meetings; possibly renting venues for larger meetings; and participant per diems and materials for various types of PAR meetings. These and other associated costs should be included in the program budget. Basic budgetary guidance is included for each tool, but may require additional consultation between program managers and MEL advisors.

2.3 THINKING THROUGH ISSUES OF DECISION-MAKING BASED ON ADAPTIVE LEARNING

When preparing for the use of adaptive learning tools and approaches, program staff and program managers should consider how information and emerging learning from adaptive monitoring and PAR activities will be intentionally and systematically fed back into programming to improve it. Designers and programmers must consider who needs to use the information and how consequential a change to programming might be implied. It is important that in the meetings where more consequential changes might be considered (i.e., lessons learned meetings and meetings considering the ToC [CLM]), decision-makers participate who have the scope of authority to implement (or advocate for) the recommended actions. Listed below are a few

important considerations that participants should work through as they reflect on how adaptive monitoring information, feedback, and learning are translated into action:

- **Consider the completeness and quality of the information gathered.** The first level of review should always be about the quality and completeness of the information. First, how complete is the information from routine sources? Is the sample size appropriate for the kinds of inferences that one wants to draw? Data does not need to be perfect to act on it, but there should be a minimum level of quality. In terms of data quality, consider whether the data are implausible (e.g., coverage rates greater than 100%). In order to provide a fuller picture, it is helpful to have both quantitative and qualitative information. Participants should consider whether information from different sources points toward the same conclusion (i.e., triangulation). Participants should also consider what information they do not have, and what conclusions they may not be able to draw. Some of the needed adaptive actions may be directed at trying to improve the quality of the most critically important data (i.e., the key indicators).

- **Interpret the implications of the information.** Discuss what the information shows about progress or lack of progress for key strategies in the ToC, the state of their implementation, and the results they were meant to produce.

- **Examine experiences more deeply.** Reflect on contextual and contributing factors such as facilitators and barriers that will guide learning and draw actionable recommendations based on the information.

- **Reach a consensus on what was learned, briefly document it, and apply it to program implementation.** Remember to bring discussions toward action (i.e., the micro and macro adjustments needed to improve programming based on what was learned). This can include smaller changes like the emphasis and frequency of supervisory visits, increased attention to certain implementers experiencing challenges, and additional actions to improve completeness and accuracy of data. It can also include larger changes like modifying, adding, or eliminating a program strategy; and considering refinements and adaptations to a key part of the ToC, if necessary. It is important that those with the appropriate scope of authority either participate directly in the meeting or there is an explicit plan to debrief the appropriate decision-maker(s) immediately after so that decisions can be taken and actions implemented.

2.4 OVERVIEW OF BASIC TOOLS AND APPROACHES FOR ADAPTIVE LEARNING APPROACHES FOR PROJECTS AND PROGRAMS

This toolkit focuses on a core set of adaptive learning tools and approaches for program staff to use at three critical points of the program cycle. Table 5 provides a quick reference on basic parameters for the tools and approaches included in this basic toolkit. To explore additional examples of how to integrate adaptive learning approaches throughout the program cycle, visit USAID's CLA Toolkit,[22] which includes a growing set of curated tools and resources collected from across USAID-funded activities.

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[22] https://usaidlearninglab.org/cla-toolkit.

TABLE 5. SUMMARY OF ADAPTIVE LEARNING APPROACHES AND THE ASSOCIATED TOOLS INCLUDED IN THIS TOOLKIT

Approach	Tool description	Outputs and how to use	Ease of use	Who should participate?
PREPARING: Design and plan programming that integrates adaptive learning approaches: describe key programming assumptions				
ToC with associated Learning agenda	**NOTE:** *There is not a tool included in this toolkit, given that there are resources elsewhere.* *It is included here to emphasize its importance for preparing to implement with an adaptive management process.*	**A pictorial representation of the ToC with accompanying narrative.** It should also include a focused and aligned learning agenda, especially for strategies or interventions that are new and innovative or are being applied in new contexts; or those at a scale not previously implemented.	*Moderate.* Most teams have experience developing a ToC, but there is an art to developing one that balances enough detail to show clear links between its levels but enough abstraction that it is not cluttered and difficult to understand.	Program and MEL staff should work together to develop the ToC, with input from key stakeholders. This does not need to happen at a single meeting and typically goes through several rounds of revision.
Systematic description of a critical strategy or intervention	A matrix to help members develop a short systematic description of a key strategy included in the ToC.	**1 to 2-page systematic description of strategy.** This is used throughout implementation to communicate the key elements of the strategy. It is also used to inform MEL staff about what kinds of information to prioritize for adaptive monitoring and during PAR meetings (especially lessons learned and CLM meetings) to help guide discussions about what adaptations have been made and lessons are being learned.	*Moderate.* Filling in the matrix is fairly easy. It follows a structured process. - However, then someone with technical knowledge needs to synthesize this into a short and easily understood description. This will typically take several rounds of revision, with input from key stakeholders.	Program leader/designer with input from various program staff.
MONITORING: Gather real-time qualitative and quantitative feedback				
Key indicators (performance and/or sentinel) *Quantitative data*	A checklist to facilitate discussion to pick key indicators to measure progress on strategies in ToC.	**Short set of indicators.** Once the indicators are agreed upon, they should be collected frequently (preferably through routine mechanisms) and visualized for review.	*Easy.* This is not different from routine monitoring. It is simply a focus on a few of the most important indicators. The main issue is striving for good data completeness and quality.	Indicators collected by MEL staff or data clerks. However, they should be packaged into dashboards for use during data review and other PAR meetings (see below).

Approach	Tool description	Outputs and how to use	Ease of use	Who should participate?
Stakeholder feedback through rapid pulse polls *Ordinal data (Likert scales)*	Short, validated questionnaires with 5–17 questions to assess implementation processes for a key intervention or strategy.	**Summary responses and short narrative interpretation of program implications.** Pulse poll responses can be used to monitor progress on adoption, feasibility/acceptability, etc. of interventions. This information can be used in PAR meetings to assess progress and needs for adaptations to key strategies/interventions.	*Easy.* No training required. Familiarity with online tools for polls. If online tools are used, all participants must have access to the internet.	Key stakeholders. Those who are considered key depends on the subject, but can be managers, providers, or clients.
MSC[23] *Qualitative information*	Structured tool to generate and analyze personal accounts of change and deciding which of these accounts is the most significant and why.	**Stories, themes of stories.** Lessons can be used to adapt program implementation or inform similar programs.	*Moderate.* Training required in MSC methodology, including practicing how to orient and guide storytellers through the MSC process and analysis of findings.	MSC can be used with clients and providers, as well as higher-level stakeholders such as district officials, managers, and other project stakeholders.
PAR meetings: Review and analyze monitoring information; and formulate actions				
After action review	A facilitation guide to review 4 key questions to help team members reflect on practical managerial learning upon the close of an important program activity or event.	**Short (1/2 page) summary report focused on recommendations.** Learning can be applied to future similar activities or events (which can be reviewed in a subsequent before action review for a similar activity).	*Easy.* Minimal skill or preparation needed.	Individuals directly involved in the specific program activity reviewed.

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[23] This is also included in the MOMENTUM Complexity Aware Monitoring Guide.

Approach	Tool description	Outputs and how to use	Ease of use	Who should participate?
Data review meeting	Run chart matrix and facilitation guide to review progress on key indicators, identify root causes, and develop action points to address problems identified.	**Short action matrix, based on the data reviewed.** The version included here focuses on data review at the local level for a small set of key indicators (i.e., may be performance/ service delivery indicators; sentinel indicators).	*Easy.* One-time training required; co-facilitation recommended; some pre-planning required; knowledge of topic required.	Technical team, including MEL advisors.
Lessons learned meeting	A structured facilitation guide used at predetermined times focused on programming strategies and learning questions, identifying positive/negative program experiences, reflecting on contributing factors, and developing practical, actionable recommendations.	**Short standard report on emerging lessons and program implications.** Emerging learning on key programming strategies should be applied to consider needs for adaptations. The learning may contribute to answering a question on the program's learning agenda.	*Moderate.* One-time training required; some pre-planning required; knowledge of technical or cross-cutting areas to be discussed is preferred.	Individuals both directly and indirectly involved in the specific activities or technical areas to be discussed.
Reviewing the ToC (CLM)	A structured, facilitated review of information related to the ToC and, specifically, one or more key programming strategy included in it.	**Revisions to ToC and short narrative explanation.** This includes the information considered; the conclusions drawn and recommendations about any refinements needed to the ToC.	*Moderate.* One-time training required; co-facilitation recommended. Should review monitoring information in preparation for meeting.	Program and MEL staff. Since a possible outcome of the meeting might be revisions to the ToC, it is advisable that the director and other key stakeholders are either directly involved in the meeting or there is an explicit plan to rapidly debrief them after so that any needed high-level action can be taken.

3. INTEGRATE: DESCRIBE KEY ASSUMPTIONS AND INCORPORATE ADAPTIVE LEARNING IN THE PROGRAM

The *integrate* step is critical to a program using adaptive learning. It should happen initially at the design and work planning stage, then be revisited again after running through the cyclical steps of *monitoring* and *PAR*. All global health programs are grounded in a core set of assumptions that are based on learned experiences and available evidence. For adaptive programming, we should make those assumptions explicit so that everyone is aware of them and is working with the same information in the form of a ToC and a short, systematic description for each of the key strategies or interventions. It is also important to note that these assumptions should not be considered permanent. The ToC and intervention description(s) should be seen as living documents that are being tested and refined based on the experience of implementers during programming. For those parts of the ToC that are using novel approaches or are applying known approaches in novel contexts, we should have questions about how things might work or need to be adapted. These kinds of questions form the basis of the program's learning agenda. This step is relevant throughout the program as stakeholders cycle back after gathering monitoring information and using it to engage in various forms of PAR moments.

The Importance of a ToC and an Associated Learning Agenda

Having a ToC is central to an adaptive learning programming approach for the simple reason that many such approaches are tied to having an explicit ToC. The ToC focuses attention on the issues and content that should be priorities for most of the tools and approaches included in this toolkit. First, the ToC should make clear which strategies the program will use and the changes these strategies are expected to cause. These are the strategies that should be systematically described *(we include a tool to do that)*. The ToC and its key strategies point out areas of importance for monitoring adaptively through both quantitative indicators and complementary qualitative information that can be fed into different types of PAR meetings. The short and focused learning agenda is an integral part of the ToC. This also helps to bring focus to the issues about which we might have practical questions, such as the functioning or effectiveness of a new programming strategy or the adaptations needed for a known programming strategy in a new context. The emerging evidence about these questions should be covered in lessons learned meetings. Bringing us full circle, the purpose of one of the PAR meeting types (CLM) is to look critically at the ToC to see what kinds of refinements we might need to make to it, as we learn from initial implementation.

3.1 SYSTEMATIC DESCRIPTION OF A CRITICAL STRATEGY OR INTERVENTION

3.1.1 BACKGROUND

Practical experience has shown that getting stakeholders to agree on a definition of a critical intervention package or strategy is an essential step to ensuring effective communication internally and externally about the nature of the intervention or strategy. This, in turn, is important not only for carrying out plans, but also for learning from adaptations being made to improve its effectiveness and/or feasibility.[24]

This tool is to help stakeholders think through and describe the intervention package in a systematic manner as it has been or is being planned based on information from previous experiences. **The team should use this tool either during work planning or at the beginning of implementation to develop a shared definition and understanding of the intervention package or strategy. It should then be revisited to document changes. In this way, it can form the basis as a change log for adaptations, which is used in both adaptive and QI programming.** The relevant information might be filled out by the program designers and included as an annex to the work plan. This draft can be shown and discussed with other stakeholders to gain consensus. Any changes to the core components of the package during implementation should be documented and described and included as an annex in project reports as a change log, as described above.

The need to reach consensus

The Maternal and Child Health Integrated Program (MCHIP) supported the introduction and scale-up in multiple countries of a key newborn intervention for improved neonatal resuscitation. An evaluation team was asked to look at the experience in two countries 18 months after initial introduction. During his debrief, one of the evaluators said that he'd simply said to multiple key informants at local, district, and national levels in one of the evaluation countries: "You are scaling up this new newborn resuscitation strategy. Can you please describe for me what exactly you are scaling up?" He said that no two people gave the same answer.

Needless to say, the evaluator thought this lack of consensus contributed to the difficult rollout of the intervention in the country.

3.1.2 METHODOLOGY

This tool helps the team think through the two parts to defining the intervention package: 1) the core technical content of the intervention for which there ought to be fidelity during implementation for it to maintain effectiveness; and 2) the critical components that make the intervention package work such as training, technology, managerial processes, or community support. This latter part is our best guess about how to make the core components work well. The tool directs participants to think through the World Health Organization (WHO)'s health system building blocks in defining the intervention package in order to encourage a systems-thinking approach. This is based on the WHO building blocks of a health system.[25] This tool does give a solid starting point for helping the team systematically review various system supports that might be needed to implement the intervention, especially under routine conditions in a country. However, it

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[24] Source of information for text box: Personal communication. 2014. Robert McPherson, lead author of the report on introduction and scale up of Helping Babies Breathe in Malawi and Bangladesh: https://www.mchip.net/sites/default/files/HBB%20PD%20Report_2-Country.pdf.

[25] https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czab062/6300002?searchresult=1.

is not necessary to fill in every box; rather, complete just those boxes corresponding to the building block elements that are most relevant to the core intervention package.

One way to implement this tool is the following:

- MEL staff member conducts a brief orientation meeting on the rationale and introduces technical team members to the template.
- Technical team members complete a draft, using the form either during the meeting or immediately after, and submit for review and feedback from program and MEL staff.
- A team member should be assigned to take the final filled format and summarize it, as in the example on page 19 from Rwanda.
- The Project Director reviews the summary description and gives final feedback.

For those intervention packages or strategies deemed critical to the success of the planned activities (e.g., clean clinic approach, practice bundle for care of the small or sick newborn), a completed template should be included as an annex in the work plan. If this cannot be done by that time, and instead is wrapped into initial rollout, then the completed template should be included with the first project report. It is likely that for a complex project, the team will need to have several key strategies. When defining the intervention package, it is important to first assess the body of knowledge and evidence about successful implementation collected during the pilot phase or other settings to describe the various contributing components. It will also be useful to consult documentation and tools from previous experiences with the intervention package such as supervision checklists, training manuals, and work plans. The team should then engage in critical reflection and learning during implementation, considering adaptations, documenting them, and discussing them with the rest of the team.

3.1.3 USE AND REPORTING

This document is for use during the design stage of the program and should be included as an annex in the initial work plan. This is a critical document to use in later steps of the program cycle. At the step of monitoring adaptively, respondents can be asked about specific pieces of the intervention that might be novel or particularly difficult to implement. Then during certain types of PAR meetings (i.e., those of the CLM and lessons learned meetings), participants can discuss what adaptations they have made or recommend making.

3.1.4 IMPLEMENTATION CONSIDERATIONS

Facilitation	Minimal training is required. The facilitator should be familiar with the format for systematically describing the intervention and its health system supports. They should be able to assist participants with the sections of the form, and then take that information from the matrix and make a brief description of the intervention in paragraph or bullet form.
Time	This does not necessarily need to be done in person. The matrix can be filled out by one person and circulated for comment to the key stakeholders. If done in person, this requires a 60-minute workshop or discussion with key stakeholders. The workshop should include those designing the program, people with relevant technical knowledge, preferably someone from the organization that will be employing the strategy (such as the MoH), and someone from the MEL team).
Budget	Not applicable. This is part of design process for the program.

3.1.5 DATA COLLECTION AND REPORTING FORM

A. Describe the core technical content of the intervention	
Describe the basic intervention directed at beneficiaries. The description should include the following information: • What intervention is delivered to clients or end users? • Who delivers it? • Who receives it (clients or end users)? • Setting: Where do they receive it? • How long does it take to deliver? • How frequently is it delivered?	
B. Define the critical supports needed for effective implementation of the intervention, by health system component	
Leadership/Governance/Policy • Are needed policies in place? If not, what policies need to be changed? • Are there the necessary mechanisms for coordination and accountability? • Is there sufficient support and readiness to implement change?	
Human Resources: Workforce/Training • What cadre(s) deliver the intervention? • What is the organizational and individual capacity for change? • Is task shifting necessary? • What training/coaching is essential? • How is training delivered? • What specific technical materials are needed for training or as job aids?	
Service Delivery: Supervision/QI/Infrastructure • Are there any special tools for supervision? • Any novel method for supervision? • Key content of the supervision? • How frequently is supervision done? • What infrastructure needs are there, if any?	
Products: Supply Chain and Logistics • What medicines or supplies are needed? • Any novel ways to forecast for supply?	
Health Information Systems • Are there existing/routine ways of tracking delivery of the intervention package? • Are there any novel ways for tracking the intervention that are built into it?	

Financing • Are there any existing or novel financial/payment mechanisms—such as performance-based incentives—that influence delivery of the intervention package?	
Demand/Clients • Are there any behavior change needs for clients to raise awareness/increase understanding/generate demand? If so, how is this done?	

C. Once the information is filled out for Sections A and B, the facilitator or primary writer should synthesize the information into brief bullet (or paragraph) form in the space below for review and finalization
Description of the core intervention/strategy
Description of the Critical Supports for the Intervention/Strategy *Note that this information is critical later to help direct discussions during PAR meetings (i.e., specifically for lessons learned and review of ToC [CLM]) to see if these supports are present and what stakeholders are doing to make them effective and feasible.*

Example of Intervention description for improvement of the management of newborn asphyxia in Rwanda (from the Maternal and Child Survival Program [MCSP])

Description of Practice Improvement Package for Birth Asphyxia Prevention and Management
A. Description of core intervention/strategy
Prevention of birth asphyxia through labor management with partograph Use the partograph to manage labor and intervene appropriately when a problem is identified. **Identification and management of birth asphyxia using the Helping Babies Breathe (HBB) protocol, as an integrated component of essential newborn care** For facility-based deliveries, newborns are assessed immediately after birth. For those not breathing immediately, the skilled health care provider gives stimulation during the "Golden Minute." For those who require further assistance, the skilled provider uses an Ambu bag and mask to deliver respiratory support until the newborn is able to breathe on its own.

B. Description of the critical supports for the intervention	
Critical support	**Description**
Low-dose, high-frequency training	Eligible providers are medical doctors, nurses, midwives (those who attend births): • Initial training at district hospital, including baseline knowledge and skills assessment on HBB, essential newborn care, and labor management. • Training of providers using low-dose, high-frequency strategy at health centers—1 visit per week for 3 weeks.
Mentorship	• Training of mentors at the district level (knowledge assessment before and after training). • Post-training follow-up during mentorship process—use mentorship tool. • Mentorship and validation of trainees (providers) using mentorship checklist: monthly for first quarter, then quarterly. • Peer-to-peer mentorship with NeoNatalie anatomic models and all accessories provided to each health center.
QI focused on readiness for delivery	• QI visit by supervisor to observe and assess. • Delivery room and operating room readiness assessment for newborn resuscitation (bag and mask clean, in place, and functional). • Skills assessment of health care providers. • Data quality assessment. • Review use of data for decision-making and QI. • Review and discuss clinical birth asphyxia audit information and experiences.

3.1.6 ROLES AND RESPONSIBILITIES

Role	Responsibility
Design Lead / Program Director	• Act as primary writer and facilitator of the group giving input.
Technical team	• Give major input to the person leading the design.
MEL Lead / MEL team	• Give feedback to help refine the description.

# 4. MONITOR: GATHER REAL-TIME QUALITATIVE AND QUANTITATIVE FEEDBACK

Monitoring in a program designed for adaptive learning[26] implies getting close to real-time feedback on progress on key strategies in the ToC. This information is then provided to managers and other stakeholders to consider and make agile programming decisions during PAR meetings. Adaptive monitoring does not replace conventional performance monitoring, but rather it modifies it. It does not need to be more burdensome. By mixing qualitative and quantitative information, adaptive programmers try to avoid the burden inherent in having many quantitative indicators typical of conventional monitoring systems and are more often for accountability than to give real-time signals for an adaptive management process. Adaptive programmers try to focus on a few key indicators. For simpler programming, these can be focused on key performance indicators and for more complex or innovative programming, these should be supplemented

> ## What is a sentinel indicator?
>
> A sentinel indicator is a type of proxy indicator used not to measure a result, but rather as a bellwether for indicating that greater changes are occurring within a complex system. Sentinel indicators are placed at critical points in a system map to help monitor and inform the mutually influencing relationship between the program and its context. A sentinel indicator:
>
> - Is easily communicated.
> - Signals the need for further analysis and investigation.

with sentinel indicators (see text box for a description of sentinel indicators).[27] [28] On the quantitative side, we first discuss the concept of **key indicators.** The mix of this small set of indicators depends on the nature of the programming. For less complex and well-worn programming, such as routine immunization in a well-functioning health system, we can limit ourselves to key performance indicators. In programming with less clear lines of cause and effect, weak systems, or unstable environments, programmers should consider including sentinel indicators (see Figure 2).[29]

FIGURE 2: NEED FOR AND TYPES OF SENTINEL INDICATORS

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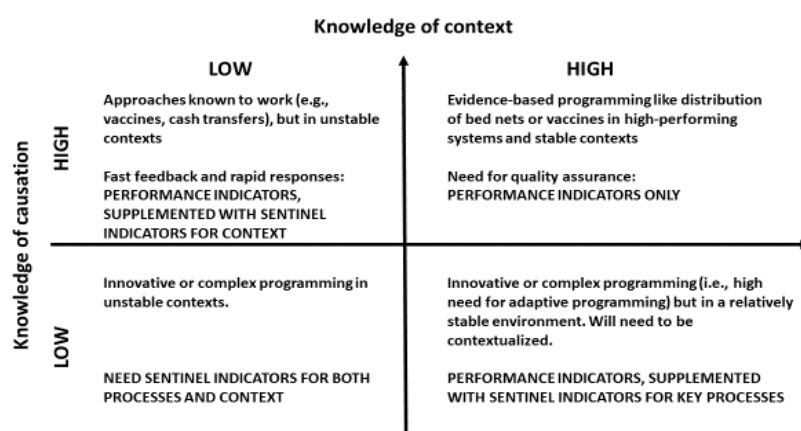
[26] See the MOMENTUM Adaptive Learning Guide for additional resources. Link in "Additional Resources."

[27] Figure adapted from a slide in https://www.fsnnetwork.org/sites/default/files/Results%20from%20a%20Meta-analysis%20of%20Sentinel%20Indicators%20in%20USAID-funded%20Projects.pdf.

[28] See MOMENTUM A GUIDE TO COMPLEXITY-AWARE MONITORING APPROACHES FOR MOMENTUM PROJECTS for more information on sentinel indicators: https://usaidmomentum.org/resource/a-guide-to-complexity-aware-monitoring-approaches-for-momentum-projects/

[29] https://usaidlearninglab.org/complexity-aware-monitoring/approaches.

We also present two different types of information to complement the key indicators. These are stakeholder feedback through rapid pulse polls and the MSC technique. MSC is an open-ended technique that allows for unexpected findings. Stakeholder feedback through pulse polls is more rapid and easily done but is also narrower in scope. Compared to quantitative data alone, combining complementary information gained by employing these techniques can help stakeholders to **deepen** insights. That is, these techniques can help them explore <u>how</u> or <u>why</u> an outcome or process has occurred. It also helps them to **broaden** insights. That is, it can help them to get a range of stakeholder perspectives.

4.1 CHOOSING KEY INDICATORS FOR ADAPTIVE MANAGEMENT (PERFORMANCE AND/OR SENTINEL INDICATORS)

4.1.1 BACKGROUND

MEL staff and programmers who support the design of the M&E system play a critical role in helping to identify key quantitative metrics that will best contribute to driving adaptive learning processes. To be useful for guiding an adaptive management process, an indicator should show **variation over a short time span**. That is, an indicator that measures a key outcome, but will only show significant improvement over a year or more is clearly not an indicator that can drive real-time adaptive management. Ideally, the chosen indicators also have several other characteristics. They should be **reliable** (i.e., the data are fairly complete and of good quality). They should be **valid** in that they measure a desired outcome or a close proxy of it. There are operational considerations as well. They should be **easy to understand** by those who need to act on the information; **not burdensome** to collect; able to be presented in **granular** fashion (i.e., per operating unit) to facilitate comparisons between operating units; and encourage emerging learning about why some are doing better than others.

This is a difficult list of criteria to fulfill and programmers and MEL personnel will need to make tradeoffs. The checklists here help them to systematically think through this for a few candidate indicators. The first checklist helps program and MEL staff think about the possible need for sentinel indicators to supplement performance indicators for different aspects of their programming. The second checklist helps program and MEL staff review the fitness of a candidate key indicator to drive an adaptive process (see section 4.1.2).

> **Examples of sentinel indicators**
>
> - Stock-outs as an indicator for supply chain strength.
> - In-patient deaths as an indicator for health care quality at a facility.
> - Measles immunization rate as an indicator for all immunization coverage.
> - Policy or curriculum change as an indicator for scale-up of an intervention.
> - Positive statement from key decision-maker as an indicator for advocacy process.

Programs or strategies that deliver services and replicate or scale up evidence-based programming strategies should rely more on *key performance indicators* focused on outcomes, such as service delivery. Examples of service delivery indicators suitable as key performance indicators are complete immunization coverage, use of a uterotonic after delivery for maternal health, or number of suspected child pneumonia cases treated with an antibiotic. On the other hand, programs or strategies that need to navigate dynamic contexts, work on complex interactions like social and behavior change, or introduce a new and untried innovation should consider including one or more sentinel indicators among the group of key indicators that will be used for adaptive management and learning. Sentinel indicators measure programming processes or outputs that are further

"upstream" like stock-outs of a critical commodity (see text box for examples).[30] We should also point out that, unlike conventional static monitoring systems, *when we monitor adaptively, we may need to change the mix of indicators over the life of the program, so this tool can be used not just at project design, but again later at, say, a midterm PAR meeting that considers project progress and challenges.*

4.1.2 METHODOLOGY

The results from the two checklists presented here are not meant to be reported formally. Rather, they are for internal purposes and meant to be an aid to help staff choose a small set of the most important (usually quantitative) indicators that can help drive an adaptive management process, as program and MEL staff develop the MEL plan. These points are in addition to MEL best practices like clearly defining indicators with program indicator reference sheets:

- The MEL plan should be explicitly tied to the **ToC**, which facilitates reflection and learning on what assumptions are holding true (or are not).

- Identify those **strategies** that are key to producing the results in the ToC. This may be a technical approach (e.g., integrated care for the small and sick newborn); a multi-functional capacity development or QI approach (e.g., rollout of the Maternal and Perinatal Death Review and Response strategy); or other cross-cutting approaches (e.g., mentorship).

- For each key strategy, program and MEL staff should review its characteristics using **Checklist A** to think through the nature of the key indicators for that strategy. That is, whether only a performance indicator is sufficient or should be supplemented with a sentinel indicator, of either process (e.g., stock-out of a key commodity) or context (e.g., number of supervisory visits canceled because of poor conditions or insecurity).

- As candidate indicators are considered, MEL and program staff should use **Checklist B** to review its characteristics and determine if they think it will be adequate as the sole or one of several key indicators to use for adaptive management. That is, to track progress in real time on the outcome(s), or, if needed, key process(es) or context.

CHECKLIST A: CERTAINTY ABOUT CAUSATIVE LINKS TO DETERMINE IF SENTINEL INDICATOR(S) NEEDED FOR A PROGRAMMING STRATEGY IN THE TOC

The more "No's", the more uncertain the causal chain for the programming, and the greater the need to include at least one *sentinel indicator* to track the rollout of the strategy.

Has the key strategy (in the ToC) been tested and proven?	YES / NO
Has the strategy achieved the desired results in the same (or similar) setting to the current program and at the **same scale**?	
Has the strategy achieved the desired results **at a smaller scale in the same (or similar) setting** to the current program?	

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[30] This text box is copied from page 22 of *A Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects A*, November 2020, https://usaidmomentum.org/resource/a-guide-to-complexity-aware-monitoring-approaches-for-momentum-projects/.

Has the strategy achieved the desired results **at a smaller scale in a different setting** from the current program?	
Has the strategy been tried previously **in a pilot situation** in at least one place?	
Does the strategy **depend on** or need to interact with other strategies to be effective?	

CHECKLIST B: CHARACTERISTICS OF AN IDEAL KEY INDICATOR

Answer each question by marking as green (fits criterion), yellow (partially fits or not sure), red (does not fit). This matrix should not be filled out for all indicators in a PMP, but rather is to be used as a discussion tool among MEL system designers for those indicator(s) that they consider to be candidates for being the drivers of improved actions – that is, those that programmers expect to be collected across many reporting units on a frequent basis and will likely be visualized and reviewed in run charts.

Indicator Characteristic	Rate as Green / Yellow / Red for each criterion
1. THESE CRITERIA SHOULD BOTH BE FULFILLED BEFORE CONSIDERING NEXT CRITERIA	
Expected to **vary in the short term** (the definition of short term depends on the nature of the programming; it could be daily, weekly, monthly, or at the very least quarterly).	
Can be reported **frequently** (again, the exact frequency depends on the nature of the programming; it could be daily, weekly, monthly, quarterly).	
2. THEN CONSIDER HOW GOOD THE DATA ARE LIKELY TO BE	
Valid to measure a critical priority <u>outcome</u> in the ToC (i.e., it is less valid if it is a proxy; however, in the case of a sentinel indicator, we use a proxy for the outcome).	
Reliable (need good data quality; but don't let "perfect be the enemy of the good" because this data does not need to be of research-level rigor).	
Complete–If the data will come from a secondary source, how complete is the reporting likely to be?	
3. FINALLY, CONSIDER HOW PRACTICAL IT WILL BE TO COLLECT AND REPORT DATA	
Can be presented in **granular fashion** to facilitate comparisons between operating units and support learning (i.e., reasonable number of cases during reporting period in each reporting unit).	
Not burdensome to collect (is the indicator in routine systems? If it is not, can It be feasibly collected in some other way? Is there budget in the work plan to collect the data?).	
Simple and easy to understand.	

4.1.3 USE AND REPORTING

The checklists are not meant to be reported formally, but rather are for internal purposes of sorting out which mix of indicators (key performance, sentinel) will be most useful and practical for including in the M&E plan. The M&E team will then include these indicators in the M&E plan. During the monitoring stage, the team will be in charge of collecting, analyzing, and presenting them in visualizations (dashboards) for use in various types of PAR meetings (i.e., data review, lessons learned, review of ToC [CLM]).

4.1.4 IMPLEMENTATION CONSIDERATIONS

Facilitation	Not applicable. Key indicators are usually developed through multiple discussions and rounds of feedback and not in a single meeting. They are developed alongside work plan/proposal development and should be updated when changes are made to directly correspond to activities.
Time	Identification or development of key indicators is an integrated part of the design process; collection is part of the usual monitoring process.
Budget	No additional cost.

4.1.5 REPORTING FORM

There is no need to report the use of these checklists. They are meant for internal discussions.

4.1.6 ROLES AND RESPONSIBILITIES

Role	Responsibility
Technical team	• Members of the technical team need to work with the MEL team to identify areas of the ToC of most need to track and help identify appropriate indicators. Technical team members should also review indicators prior to finalization and contribute to target setting.
Data officer/ MEL team	• At the step of *integrating* (program design), the MEL lead needs to work closely with the technical and management staff to identify the small set of key indicators that will drive the adaptive process.
	• Monitoring: data officers at the local level work with the MEL lead who should compile the information on progress on key indicators; review the trends and any issues with quality (missing and/or unrealistic values) and decide how to deal with them. They then can present the data from appropriate key indicators at PAR meetings (i.e., data review meetings, lessons learned, and Review of the ToC [CLM]). Data officers and MEL leads should help present the data in visualizations and facilitate discussions about its interpretation.

4.2 STAKEHOLDER FEEDBACK THROUGH RAPID PULSE POLLS

4.2.1 BACKGROUND

Stakeholder feedback is a name given to a set of strategies for obtaining information on programmatic processes that complements quantitative, indicator-driven data. This set of strategies can give not just deeper perspectives on the questions of "why" and "how" certain processes are functioning (or not) within a program, but also can give a diversity of perspectives, including from those whose voices might not normally be heard (or heard as much). For instance, it can be used to gather the perspectives of frontline health workers or of clients, of specific groups of underserved clients. USAID says of this set of monitoring strategies:[31] "Stakeholder feedback may involve a one-time measurement or an ongoing system. Examples of stakeholder feedback include citizen report cards, community scorecards, client surveys or other forms of collecting opinions. Feedback systems might track the changes in the beneficiaries and partners that the intervention works with most directly." Collecting stakeholder feedback is critical for improving project performance and health outcomes. There are many useful, conventional tools and approaches for stakeholder feedback (e.g., key informant interviews) ranging from the informal and unstructured to the formal and structured. Additionally, tools and approaches for collecting stakeholder feedback can be participatory or not. For practical reasons, we will discuss one tool (a "pulse poll") that is structured and non-participatory, but useful for gathering data quickly from many stakeholders. It can be lightly supplemented with one or two open-ended questions to elicit more unstructured responses. Use of pulse polls does not preclude using other methods for also gathering stakeholder perspectives such as like community score cards and brief focus groups.

> **When could you use a pulse poll?**
>
> Pulse polls are designed to be implemented quickly. They can be used to help "triangulate" information or give more depth of information to explain what you are getting from other monitoring methods. For instance, *how* a result is occurring or *why* a result is not occurring as planned. As such, the intention to use them can be pre-planned, but the exact content of a pulse poll can be based on signals that you are getting in the monitoring system during implementation. The following are some examples of pulse polls to consider:
>
> - You are supporting the rollout of a new on-the-job training strategy and want to know how well providers and mentors are able to incorporate this into their usual duties. C*onsider a pulse poll on feasibility and acceptability of the strategy.*
> - You are supporting the rollout of a new clinical practice bundle for small and sick newborns, but in the health management information system you don't see much change in the coverage of clinical practices being prioritized (or maybe you see a change in some facilities but not others). *Consider a pulse poll on appropriateness and/or adoption of the strategy. If you see a change in some types of facilities and not others, consider keeping the results disaggregated to facilitate comparisons of responses.*

TOOL: PULSE POLLS AS A MECHANISM FOR RAPID AND ONGOING STAKEHOLDER FEEDBACK ON IMPLEMENTATION STRATEGIES

Pulse polls are brief questionnaires that are easy to answer and analyze and can be used to "take the pulse" of a group of participants. We use the term pulse poll to convey the rapid nature of the survey. They can be applied to many different groups including clients, providers, and/or managers. They are short enough that they can be used at various times during implementation and can be wrapped into other activities. For instance, a small group of health workers could take a five-question pulse poll during a supervisory visit, or a group of managers could be polled during a regular meeting (or in preparation for a regular meeting). Because they are rapid, they can also be done repeatedly. Pulse polls can be used to gather various kinds of

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[31] https://www.usaid.gov/sites/default/files/documents/1865/201sad.pdf.

programmatically useful information, though we will focus on using pulse polls to look at key *implementation strategies* (e.g., a new mentorship approach or a new clinical practice bundle).

We encourage the use of pulse polls to monitor progress on implementing key strategies and intervention packages because adaptive programs need midcourse information on how well *implementation* of an intervention is going (see text box on previous page for some examples). This information complements quantitative indicators such as the number of children receiving treatment. These polls can be implemented rapidly and the results can be considered during regularly scheduled PAR meetings (i.e., lessons learned meetings or review of ToC meetings). We present generic questions to include in a pulse poll (see an example and a complete set in section 4.2.5), based on a validated set of questions applied in a global health context.[32] Before using them, the questions need to be adapted to the context in which they will be applied.

Pulse polls can be used to query a convenience or random sample of stakeholders and can be administered remotely or in person. They can be applied more than once to track progress; can be sequenced (e.g., to first track adoption of a strategy and once it is adopted, track its feasibility); and can be applied to different types of stakeholders to probe possible differences in perspective. Results of pulse polls can be rapidly fed back to stakeholders during PAR meetings (along with other information) to give information that can be used to reflect on how a strategy might need to be adapted (i.e., adjusted) so that desired health outcomes are ultimately achieved.

4.2.2 METHODOLOGY

The questions are grouped by implementation outcomes (e.g., adoption, feasibility, acceptability of a strategy), which are useful for measuring success or failure of implementation strategies or activities (see the box below). For each implementation outcome, there is a short (from 5 to 17) set of questions. Responses are mostly given on Likert (1–4) ordinal scales, plus one or several short open-ended questions. A single pulse poll will only ask about one or two implementation outcomes. (That is, one pulse poll would only include the set of questions on adoption or the sets of questions on feasibility and acceptability.) Which outcome(s) are the most useful to examine is often determined by the rollout of the process. For instance, early in the rollout of an intervention, we may want to know the extent to which an intervention is used, and so a pulse poll measuring adoption would be useful. Subsequently, it may be useful to send a poll on reach/access, and after implementation has progressed further still, it may be useful to conduct a pulse poll on feasibility and/or acceptability. To obtain stakeholder feedback using a pulse poll, the following steps should be taken:

1. Select which implementation strategy you want to assess (e.g., a clinical practice bundle for small and sick newborns or mentorship package).

2. Then pick the implementation outcome or outcomes you want to assess (see the text box below for definitions). Outcome selection largely depends on the stage of implementation. For instance, early on, you might be more interested in appropriateness or adoption of the strategy, later its feasibility and acceptability.

3. Identify which types of stakeholders you would like to obtain feedback from. Consider clients, providers, and managers. They could be at public or private institutions.

4. Decide what the most appropriate forum is for obtaining feedback (e.g., sending via email, in person during a supervisory visit). You are most likely to get better feedback if you collect the information

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[32] Haroz, E.E. et al. 2019. "Measuring implementation in global mental health: validation of a pragmatic implementation science measure in eastern Ukraine using an experimental vignette design." *BMC Health Serv Res* **19:** 262. :

anonymously by asking stakeholders to fill out the pulse poll without giving identifying information. In this case, it is useful to have respondents identify themselves by key characteristics (e.g., provider or manager; client or provider) because you may want to see if there are significant differences by type of respondent.

5. Identify how the results of the pulse poll will be immediately fed back and acted upon. For instance, will the results be reviewed at an upcoming lessons learned meeting?

6. Contextualize and adapt the chosen questions:

    a. When adapting the questions within the implementation outcome(s) chosen, the minimum adaptation that will need to be done is to substitute the name of the strategy or intervention everywhere that the questions say [THE STRATEGY].

    b. Strongly consider keeping all the questions within the implementation outcome chosen. They can be a bit repetitive, but that is to help examine consistency of responses.

    c. If there are other parameters within the implementation outcome chosen that you feel would be relevant and are not covered in the questions, you should consider adding a question. For instance, if someone needs to take transportation to a training center on their own and you feel this may affect its acceptability, you could add a question that specifically asks about this.

    d. Translate the questions into the language in which they will be conducted. You can rapidly pre-test the questions to make sure they are comprehensible by applying to three to five people who have a similar profile to your chosen respondents.

    e. Consider adding one or more open-ended question to gain more insight. A short list of suggested open-ended questions is in section 4.2.5. However, consider the fact that the more open-ended questions added, the longer it will take to summarize and present the data.

7. Conduct the poll. If possible, give some immediate preliminary feedback to respondents, even before discussing the results in a PAR meeting such as a lessons learned meeting.

8. Analyze the data:

    a. Each question is ranked on a 1–4 scale (1 = none; 2 = a little; 3 = moderate; 4 = very).

    b. There are several ways to look at the data that can be useful:

        • Calculate average scores for each question to identify any question that is an outlier within the set of questions on implementation outcome. For example, questions on feasibility are generally ranked high, except the question on having time for activities. You may want to focus the discussion during the PAR meeting on this question.

        • You may want to see if there are meaningful differences in average scores (greater than 1 point) for any questions across different types of respondents. For example, did providers in health centers give a different average score for a question than those in hospitals?

- Here is an example from a pulse poll on virtual training as an implementation strategy. This poll gathered data on the feasibility and acceptability of virtual training (VT):

FIGURE 3: FEEDBACK FROM QI COACHES ABOUT VT (N=32)
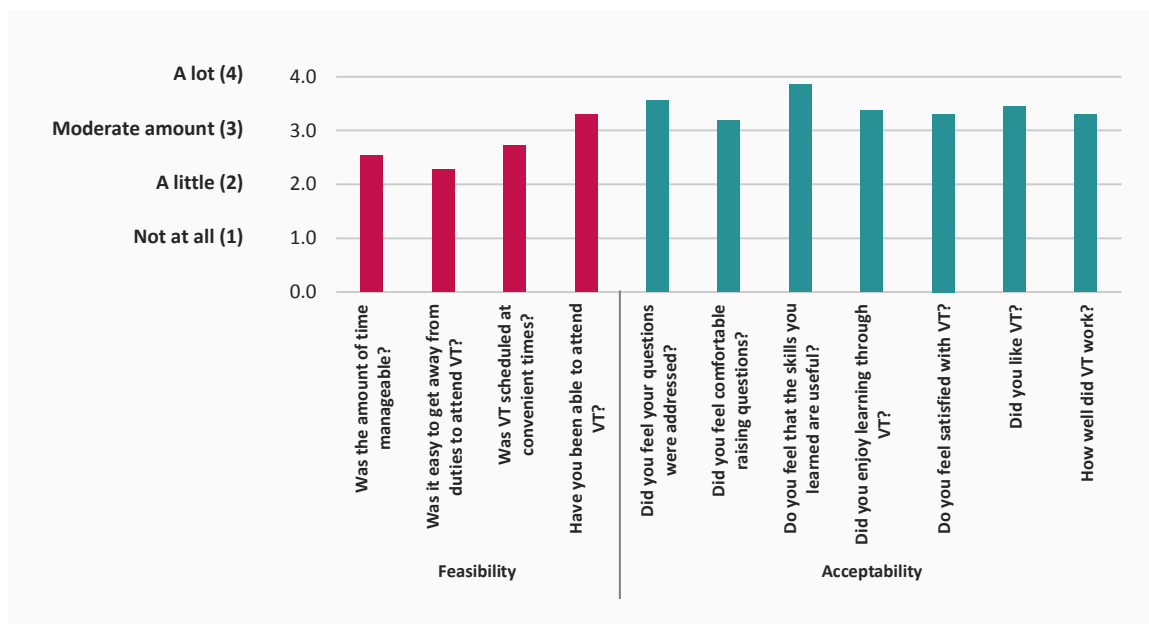
SUMMARY: *Feasibility* metrics generally averaged between "a little" (2) and "moderate" (3). Respondents least agreed with the statement "It was easy to get away from duties to attend VT." All *acceptability* metrics averaged between "moderate" (3) and "a lot" (4). Almost all respondents agreed that the skills they learned were useful.

9. Decide if you want to conduct the same pulse poll more than once and track changes over time, either for all the questions for a single implementation outcome or for one question in which you are particularly interested and/or that gave interesting results the first time you conducted a pulse poll.

Definitions of Selected Implementation Outcomes

Appropriateness: Perceived fit, relevance, or compatibility of an innovation or evidence-based practice for a given practice setting, provider, or consumer; and/or perceived fit of the innovation or evidence-based practice to address a particular issue or problem.

Adoption: Intention, initial decision, or action to try or employ an innovation or evidence-based practice. Adoption may also be called "uptake."

Acceptability: Extent to which stakeholders perceive an innovation or evidence-based practice to be agreeable, palatable, or satisfactory. This concept includes the idea of "perceived effectiveness" (i.e., the extent to which an intervention is thought to be convincing or persuasive).

Feasibility: Extent to which a new innovation or evidence-based practice can be successfully used or carried out within a given agency or setting.

Coverage (reach): Extent to which an innovation or evidence-based practice is integrated within a service setting and its subsystems. This is also sometimes called "penetration."

4.2.3 DATA USE AND REPORTING

The results from using pulse polls should be fed into PAR meetings (especially, lessons learned meetings) for consideration of actions to be taken.

4.2.4 IMPLEMENTATION CONSIDERATIONS

Facilitation	No training required. Pulse polls can easily be created using the set of validated tools presented here. Perhaps some familiarity if using online mediums. When deciding the tools to use for a pulse poll, facilitators will need to make sure that all participants can participate (e.g., use mobile devices, computers, have connectivity, language).
Time	Based on length. 10–15 minutes for participants. Preparation time will vary, but likely to take at least several hours to decide on implementation outcomes, adapt questions, and program into online app (such as Survey Monkey or Google Forms).
Budget	Should not incur any additional expenses.

4.2.5 DATA COLLECTION AND REPORTING FORMS

PULSE POLLS FOR PROVIDERS AND MANAGERS—IMPLEMENTATION OUTCOME SCRIPTS[33]

For all pulse polls, you should apply module 0 (background Information). Then also apply the module(s) that correspond to the implementation outcome(s) of interest. The implementation outcomes are appropriateness, adoption, acceptability, feasibility, and coverage (reach). It is highly unlikely that you will apply all modules at any one time. In fact, it is much more likely that you will apply a single module. The pulse poll modules range in length, but are all short and a respondent can answer all the questions in a module in 5–10 minutes:

- Appropriateness—12 questions

- Adoption—8 questions

- Acceptability—15 questions (includes 3 questions on perceived effectiveness)

- Feasibility—17 questions

- Coverage (reach)—5 questions

All the polls have been adapted from validated modules developed by Paul Bolton and colleagues at Johns Hopkins University to evaluate implementation outcomes of complex mental health interventions in low- and middle-income countries. Almost all questions require a Likert scale response from 1–4, with an additional response category of "Don't Know." Ignore all "Don't Know" responses and do not include them in the average for that question. When choosing a module, you should consider applying all questions as they explore the implementation outcome from various angles. The modules have been validated this way, and scores are presented as averages on a 1–4 scale. The minimum adaptations that a module needs is that where the script reads *[THE STRATEGY,]* the name of the strategy or intervention you are using should be substituted.

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[33] Haroz, E.E. et al. 2019. "Measuring implementation in global mental health: validation of a pragmatic implementation science measure in eastern Ukraine using an experimental vignette design." *BMC Health Serv Res* 19: 262. https://doi.org/10.1186/s12913-019-4097-y. Note that these materials also include scripts that can be used for clients and at the organizational leadership level.

Apply Module 0 first (or a variation of it, depending on the background information relevant to the context. Then apply the other module or modules of interest.

0	BACKGROUND INFORMATION	
0.1	Today's date	
0.2	What is your gender?	□ Male □ Female
0.3	What is your age in years?	
0.4	What is your current position?	□ Member of District Health Management Team □ Director of Health Center / Hospital □ Director of ward or department □ Health care provider–doctor □ Health care provider–nurse □ Health care provider–midwife □ Other professional staff–clerk, secretary □ Other staff–cleaner, guard
0.5	How long have you been working in your current position?	
0.6	How long have you been implementing [THE STRATEGY]?	

Each of the modules ask questions concerning your opinions about *[THE STRATEGY].* When the term organization is used, it is referring to the organization or site in which you work. Please answer the question to the best of your knowledge. If you do not know or do not have an opinion about the question, please indicate that.

1	APPROPRIATENESS					
	Question	Not at all	A little bit	A moderate amount	A lot	Don't know
	SOCIAL/CULTURAL					
1.1	How well does [THE STRATEGY] fit with the cultural values of your clients?	1	2	3	4	8
1.2	How well does [THE STRATEGY] fit with your own personal values?	1	2	3	4	8
1.3	Is [THE STRATEGY] consistent with the male culture in your country?	1	2	3	4	8
1.4	Is [THE STRATEGY] consistent with the female culture in your country?	1	2	3	4	8
	PERCEPTION OF EFFECTIVENESS					
1.5	Is [THE STRATEGY] effective for your clients' problems?	1	2	3	4	8
1.6	Is [THE STRATEGY] likely to be effective for people in other parts of the country?	1	2	3	4	8

	TASK FIT					
1.7	Is providing [THE STRATEGY] something you feel you should be doing as part of your job?	1	2	3	4	8
1.8	Is participating in supervision for [THE STRATEGY] something you feel you should be doing as part of your job?	1	2	3	4	8
1.9	Is tracking client progress through registers/reporting for [THE STRATEGY] something you feel you should be doing as part of your job?	1	2	3	4	8
1.10	Is providing [THE STRATEGY] something that your colleagues support you to do as part of your job?	1	2	3	4	8
1.11	Does provision of [THE STRATEGY] fit with your current job description?	1	2	3	4	8
1.12	Does participating in the supervision for [THE STRATEGY] fit with your current job description?	1	2	3	4	8

2	ADOPTION					
	Question	**Not at all**	**A little bit**	**A moderate amount**	**A lot**	**Don't know**
2.1	Have you discussed with other providers and staff what is needed to continue to provide [THE STRATEGY] in the future?	1	2	3	4	8
2.2	Have you discussed with others (e.g., family, friends, coworkers, or any other people) what [THE STRATEGY] is in general terms?	1	2	3	4	8
2.3	Have you discussed with others (e.g., family, friends, coworkers, or any other people) your experiences as a provider of [THE STRATEGY]?	1	2	3	4	8
2.4	Have you encouraged others outside your organization to become a provider of [THE STRATEGY]?	1	2	3	4	8
2.5	Will you continue to provide [THE STRATEGY] in the future?	1	2	3	4	8
2.6	Will you seek regular supervision for [THE STRATEGY] in the future?	1	2	3	4	8
2.7	Will you continue to track clients' progress using the proper systems (e.g., registers, reporting forms)?	1	2	3	4	8
2.8	Will providing [THE STRATEGY] be a high priority for you in the future?	1	2	3	4	8
2.8a	If you answered "not at all" or "a little bit" can you please say why it would not be a high priority?					

3	ACCEPTABILITY					
	Question	Not at all	A little bit	A moderate amount	A lot	Don't know
3.1	Do you like implementing [THE STRATEGY]?	1	2	3	4	8
3.2	Do you feel good about [THE STRATEGY] as a solution for problems you have encountered in your work?	1	2	3	4	8
3.3	Did you enjoy learning [THE STRATEGY]?	1	2	3	4	8
3.4	Do you feel that the skills you learned by implementing [THE STRATEGY] will be useful in helping you do a better job?	1	2	3	4	8
3.5	Do the components of [THE STRATEGY] make sense to you?	1	2	3	4	8
3.6	How satisfied are you with the training you received in [THE STRATEGY]?	1	2	3	4	8
3.7	How satisfied are you with the supervision you receive when providing [THE STRATEGY]?	1	2	3	4	8
3.8	Is the [THE STRATEGY] material (e.g., manual, reporting forms) clear?	1	2	3	4	8
3.9	Does being an implementer of [THE STRATEGY] help you feel successful in your job?	1	2	3	4	8
3.10	Does being an implementer of [THE STRATEGY] allow you to have job stability?	1	2	3	4	8
3.11	Is implementing [THE STRATEGY] consistent with your professional goals?	1	2	3	4	8
3.12	Does being an implementer of [THE STRATEGY] create more opportunities for your career advancement?	1	2	3	4	8
	PERCEIVED EFFECTIVENESS					
3.13	Is [THE STRATEGY] effective for your clients' problems?	1	2	3	4	8
3.14	Has [THE STRATEGY] produced tangible improvements?	1	2	3	4	8
3.14a	If so, can you please briefly describe the improvements?					
3.15	Has [THE STRATEGY] produced negative outcomes?	1	2	3	4	8
3.15a	If so, can you please briefly describe the negative outcomes?					

4	FEASIBILITY					
	Question	Not at all	A little bit	A moderate amount	A lot	Don't know
	SKILLS					
4.1	Do you believe you are sufficiently skilled at providing [THE STRATEGY] to your clients?	1	2	3	4	8
	TIME					
4.2	Do you have enough time for all the activities that go into providing [THE STRATEGY] (e.g., documentation, handling safety issues)?	1	2	3	4	8
4.3	Do you have enough time to spend in supervision activities related to [THE STRATEGY]?	1	2	3	4	8
4.4	Do you have enough time to regularly provide [THE STRATEGY] to those who need it?	1	2	3	4	8
4.5	Do you have enough time to travel to and from appointments for [THE STRATEGY]?	1	2	3	4	8
	RESOURCES					
4.6	Are you paid enough to provide [THE STRATEGY]?	1	2	3	4	8
4.7	Do you have all the necessary resources you need to support your activities related to providing [THE STRATEGY]?	1	2	3	4	8
4.8	What resources needed to provide [THE STRATEGY] do you lack sufficient access to?	Transportation/Money for transportation Equipment (pens/pencils/notebooks/toys/art supplies) Printed materials (assessment forms, handouts) Computer Internet Phone Talk time Online meeting platform (e.g., Zoom) Private meeting space Space in good condition to meet with clients comfortably (e.g., clean, safe) Other (specify)_____				
4.9	Does your organization have sufficient budget to provide [THE STRATEGY] as needed?	1	2	3	4	8
	PERSONNEL/SUPERVISION					
4.11	Are there enough providers trained in [THE STRATEGY] for those who need it within the population you work with?	1	2	3	4	8
4.12	Are you able to reach your supervisor when needed?	1	2	3	4	8
4.13	Do you have sufficient access to continued support and training to implement [THE STRATEGY]?	1	2	3	4	8
4.14	In general, about how many hours per week do you spend providing [THE STRATEGY] to clients?					
4.15	In general, about how many days per week are you available to provide [THE STRATEGY] to clients?					
4.16	How many hours a week do you spend on other activities, apart from seeing clients and supervision, related to providing [THE STRATEGY]?					
4.17	How many hours per week do you spend in supervision-related meetings?					

5	COVERAGE (REACH / ACCESS)					
	Question	Not at all	A little bit	A moderate amount	A lot	Don't know
5.2	Could clients who need [THE STRATEGY] get it if they wanted to?	1	2	3	4	8
5.3	When clients decide to utilize [THE STRATEGY], is the wait time reasonable?	1	2	3	4	8
5.4	Could the poorest people in your community who need [THE STRATEGY] get it if they wanted to?	1	2	3	4	8
5.5	Could other vulnerable groups who need [THE STRATEGY] get it if they wanted to?	1	2	3	4	8

SUGGESTED LIST OF OPEN-ENDED QUESTIONS. ONE OR MORE OF THESE CAN BE ADDED TO A PULSE POLL COVERING THE RELEVANT IMPLEMENTATION OUTCOME

Early: Opinions about the **appropriateness** of programming strategies:

- What are the most important problems in your work that need attention?
- If your team could accomplish just one thing, what would that be?
- Do you think the proposed activities will be a solution to the problems you have identified?
- What do you expect to be different one year after the proposed activities have begun?
- What do you think could go wrong with these strategies?
- What will happen if these problems are not solved?
- How will you know if this project has been successfully completed?

Later: Opinions about the process of carrying out the strategies (**adoption, feasibility, acceptability**):

- Are people able to implement the activities needed to carry out the strategy?
- What are the major obstacles to carrying out the activities in this strategy?
- What concerns you most about the strategies?
- What suggestions do you have regarding how the team should approach its job?

THE REPORT OF THE PULSE POLL

The report of the pulse poll should be short (1–2 pages) and contain the following information:

- The number and types of people polled (e.g., clients, health workers, managers).
- The implementation outcome explored, and the questions asked.
- Average answers for each question, ignoring "Don't Know" answers (which are given a score of 8).
- You should consider looking at differences in the average scores across different types of respondents (e.g., health care providers and managers). If there are any, the reasons for this can be explored to gain insights during a PAR meeting that is reviewing this information, such as a lessons learned meeting.
- If any open-ended questions were included, the report should give a brief summary of the responses.

4.2.6 ROLES AND RESPONSIBILITIES

Role	Responsibility
Technical team	• Decide which stakeholders to obtain information from • Select implementation outcomes to ask about • Adapt questions and finalize pulse poll tool • Facilitate meeting
Data officer / MEL team	• Program poll if electronic • Report and store results

4.3 MOST SIGNIFICANT CHANGE

4.3.1 BACKGROUND

The MSC approach[34] involves generating and analyzing personal accounts of change and deciding which of these accounts is the most significant and why. The stories are meant to be short (100–200 words) and characterize the kinds of changes happening in the project area. MSC allows project stakeholders to identify the most critical changes that have resulted from a project, *regardless of whether the changes are those prioritized by the project team or not.* MSC is most useful when applied to those who are close to the ground, such as clients and providers, but it also can be used with higher-level stakeholders such as district officials, managers, and other project stakeholders. MSC uses open-ended questions that follow a specific structure (see Methodology section).

MSC uses four basic steps:

1. Developing the question that will be used to guide the stories that will be collected (including the time frame and reference event for people to use when thinking about the changes that have happened, and the perspective of change we want to record).
2. Collecting the stories and deciding which stories are the most significant.
3. Categorizing the stories into major domains, or themes, based on the types of changes identified.
4. Sharing the selected stories with the storytellers, stakeholders, and contributors to facilitate learning.

These steps can happen at a single point in time, iteratively with the same storytellers, with progressively higher-level stakeholders, or in some combination of these options.

4.3.2 METHODOLOGY

ILLUSTRATIVE APPROACH TO INCORPORATING MSC IN MONITORING.

The following is an illustrative approach to include MSC, with data collection incorporated in the structure of monitoring and discussion during periodic PAR meetings. For instance, such a PAR meeting in which MSC information is considered could be during a routine quarterly district meeting in which quantitative data are also reviewed. For ease of collection, the stories are expected to be verbally told during a meeting in which potential storytellers are brought together. Each story only lasts about two minutes.

1. Prior to the start of the activity, the project team should determine the MSC question. This question follows the format below. The question should not be so specific that it is leading (e.g., if we reference a project by name, that may lead storytellers to only mention changes that are related to the project, even if they are not the most significant), but not so generic that it will not provide useful stories (e.g., if we ask about the MSC that has occurred for female clients in the last two months, we may get a broad variety of responses that have nothing to do with our intervention).

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[34] See *MOMENTUM A GUIDE TO COMPLEXITY-AWARE MONITORING APPROACHES FOR MOMENTUM PROJECTS* for more information on sentinel indicators at https://usaidmomentum.org/resource/a-guide-to-complexity-aware-monitoring-approaches-for-momentum-projects/.

Question component	Example
Begins by seeking the storyteller's opinion …	"In your opinion …"
Specify that the question is looking for a change …	"In your opinion, what is the most significant change that has occurred …"
Qualify the LOCATION and/or POPULATION that has experienced the change …	"In your opinion, what is the most significant change that has occurred for primary health care providers in Bomet county …"
Qualify the TIME FRAME or SIGNIFICANT event of the change …	"In your opinion, what is the most significant change that has occurred for primary health care providers in Bomet county since they received training in couples counseling?"

2. Prior to the first meeting in which MSC stories will be collected, storytellers should be oriented on MSC, explore the components of a compelling story, and practice storytelling. Let them know that they will be telling stories at their next meeting. This can be included as part of other meetings or trainings. Based on the original materials on *Most Significant Change Technique* by Rick Davies and Jessica Dart,[35] Jhpiego has developed detailed facilitator guidance, which is currently under development.

3. During the meeting, ask participants the MSC question. Give participants a few minutes to think of stories. Ask for volunteers to tell stories. Each story should last no longer than two minutes. This will be difficult at first, but practice will improve over time. The stories can be audio recorded and transcribed later if possible, using an MP4 device or a free mobile phone app such as Voice Record Pro. Ask each storyteller to name their story, and write the titles of each story where everyone can see them, so that they can be referred to later. No more than 10 stories should be told in a given group to make it easier for participants to remember the stories.

4. At the first storytelling meeting only, storytellers work together to group the stories into domains or categories, based on common themes. Normally two or three common themes will be identified (these may have to do with the type of change, such as attitudinal change and behavior change, or the level of change, such as personal change and organizational change). During future storytelling sessions, if stories are told that do not fit into these domains, new domains can be added.

5. After all stories have been told, storytellers work together to prioritize one to three stories that they feel are the most significant. There are no set criteria for this process, and it is important that the storytellers themselves decide which stories are most important and why. The group may choose to develop criteria and score the stories, or discuss them to get to consensus, or conduct open or closed voting, or a different process of their own choosing. A log sheet is kept for all stories with the story narrator's name, title of story, and a checkbox for which stories are selected as most significant. If a secondary level of selection is planned, this sheet is sent with the transcribed selected stories to the next level.

6. At the higher level, all the selected stories from all first-level meetings are compiled and shared at that level's meeting. Meeting participants discuss the stories and use their own process to select one or two best stories from each district. The team should summarize in a short paragraph what they have learned

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from the stories and any actions needed based on them. This should be documented and included as part of the quarterly report.

7. At the end of the MSC cycle (once stories have been shared and selected at the highest level), the report, including the stories and selection processes at each level, should be shared with the district level to give them feedback. That way, each of the district teams can both see how their stories were interpreted and used as well as learn from the stories of other districts.

4.3.3 DATA USE AND REPORTING

Selected stories should be shared with partners and project teams at various levels to facilitate an understanding of how program participants view change within the program:

- At the most basic level, it is good practice to hold a debriefing session with project staff to reflect on the MSC process and findings as part of routine management or other PAR meetings. This could include reflection on story ownership, the possibility of bias within story selection or documentation, and the implications of these issues for the program's use of data.

- Stories may also be shared with MSC participants. For example, if MSC story collection occurs with multiple groups using the same question, each group's selected stories could be shared with all other groups.

- The MSC information should also be fed into PAR meetings of the lessons learned or CLM variety to inform the possible need for adaptations to program work plans or ToCs.

Finally, it should be noted that MSC stories are not meant to be used as success stories. If a program chooses to use an MSC story as a success story or in other project communications, the project must validate the story with the storyteller and the person the story is about as well as seek permission from both parties.

4.3.4 IMPLEMENTATION CONSIDERATIONS

Facilitation	Facilitators should be trained in this methodology and practice to become comfortable orienting and guiding storytellers through the MSC process. Please contact the MEL team for a seasoned facilitator.
Time	Orientation and storytelling can occur as part of other meetings or pre-planned activities. Each MSC storytelling session should not add more than one hour to the activity/meeting.
Budget	There may be costs associated with transcription of the stories, and transport of the stories between levels. The extension of the pre-planned meetings may also require the provision of refreshments or other incentives for participants.

4.3.5 DATA COLLECTIONS AND REPORTING FORM

MOST SIGNIFICANT CHANGE FACILITATOR INSTRUCTIONS AND REPORT FORM

Instructions
A general background and instructions are included here including the data collection form.

Background

The MSC approach involves generating and analyzing personal accounts of change and deciding which of these accounts is the most significant, and why. The stories are meant to be short (100–200 words) and typify the kinds of changes happening in the project area. MOMENTUM expects to use MSC with those who are "close to the ground," that is, clients and providers. The team will use more structured feedback ("stakeholder feedback" consisting of simple key informant interviews with managers, leaders, and other project stakeholders). The questions used to elicit the stories should be open-ended.

MSC consists of four basic steps:

1. Develop the question that will be used to guide the stories (including the time frame and reference event for people to use when thinking about the changes that have happened, and the perspective of change to be recorded, e.g., individual versus community-level change).

2. Collect the stories and determine which are most significant.

3. Categorize the stories into major domains, or themes, based on the types of changes identified.

4. Share the stories and discuss with stakeholders and contributors to promote learning about the changes described (positive or negative).

MSC consists not only of collecting and reporting stories but also having processes to discuss and learn from the stories, including possibly divergent experiences among people from different backgrounds and situations. It provides information about the effects of programming, both intended and unintended, positive and negative. (Because stories tend to be biased toward the positive, it can be useful to explicitly add a process to generate and collect stories from the other extremity, of little or negative change.) MSC can help explain how change occurs and under what circumstances, so can support the development or revision of the ToC.

ILLUSTRATIVE APPROACH TO INCORPORATING MSC IN ROUTINE MONITORING

The following is an illustrative approach to include MSC, with data collection incorporated in the structure of routine monitoring and discussion in routine periodic learning (pause-and-reflect) mechanisms. This approach could be used at the district level during routine quarterly district meetings in which data is reviewed. For ease of collection, the stories are expected to be two minutes long and verbally shared during the meeting. The approach helps to identify MSC stories at the local level. Stories from various districts should be fed to higher levels for review and selection of examples that best typify the changes in the domains of interest (as well as any that are unexpected but considered significant).

- At the beginning of the project, groups that will be called upon to tell MSC stories (district leaders, providers, community members, project staff, etc.) are oriented on the MSC process, explore the components of a compelling story, and practice the storytelling process. This can be included as part of other meetings or trainings.

- Before the regular data review meeting, the district supervisor reminds those who will participate in the meeting that a story is expected from each of the reporting units. MSC questions follow a standard format to elicit stories that are likely to be of interest. (Note that the questions do not mention the project, in order not to be leading, but they do focus on areas of interest to the project.)

  – In your opinion, what is the most significant change that has occurred for pregnant women receiving antenatal care?

  – In your opinion, what is the most significant change you have seen in your own work since you were trained on couples counseling?

- – In your opinion, what is the most significant change you have seen in your community since the initiation of the community-led total sanitation approach?

- At the meeting, those present from the local level (up to a maximum of 12) are asked to share their two-minute story. Storytelling should be timed to ensure adherence to the two-minute time limit. This will be difficult at first, but it will improve over time with practice. The stories can be audio recorded and transcribed later if possible, using an MP4 device or a free mobile phone app such as Voice Record Pro.

- After all stories have been told, the group comes together to prioritize up to three stories that they feel are most significant. There are no set criteria for this process, and it is important that the participants themselves decide which stories are most important and why. The group may choose to develop criteria and score the stories, discuss to reach consensus, conduct open or closed voting, or use a different process of their choosing. A log sheet for the stories should include the story narrator's name, story name, and a checkbox to note the stories selected as most significant. The story domain that those at local level pick is indicated as well. This sheet is sent to the higher level with the monitoring data where the MEL officer chooses domains for the stories as well. This is explained in more detail in the facilitator's guide.

- At the higher level, all stories are compiled (along with the quantitative data) as part of the data to be reviewed at the quarterly meeting. Meeting participants discuss the stories and use their own process to select one or two best stories from each district. The team composes a short paragraph summarizing what they have learned from the stories and any actions needed based on them. This summary should be included in the quarterly report.

- The report, including the stories and analysis at the higher level, should be shared at the district level to provide feedback. This will allow each district team to see how their stories were interpreted and used and to learn from the stories of other districts.

MOST SIGNIFICANT CHANGE STORY REPORTING FORM

Date	
Location	
Transcriber name and title	
MSC question	

Storyteller name	Story name	Initial domain of change	Final domain of change	Selected for first round advancement?	Selected for second round advancement?

In the following boxes, write (no more than 250 words) up to three of the most significant stories shared.

First story:
Second story, if applicable:
Third story, if applicable:

Story selection:

1. Why was this story selected as the most significant story?
2. What process was used to select this story (e.g. did participants vote, did they discuss to reach a consensus…)?
3. Does the selection of this story come with any considerations or disagreements?

4.3.6 ROLES AND RESPONSIBILITIES

Role	Responsibility
Technical team	- Develop MSC question. - Orient participant storytellers on MSC process. - Identify method for transcribing stories. - Facilitate MSC storytelling sessions. - Organize transfer of selected stories between levels. - Reflect on insights gained from participant stories and implications for technical program strategies. - Lead program adaptation process based on story learnings.
MEL team	- Identify location and process for storing all transcribed stories. - Help facilitate analysis of selected stories and implications for programming. - Participate in program adaptations based on story learnings.

5. PAUSE AND REFLECT MEETINGS

PAR meetings[36] use a range of techniques for structured reflection on information gathered through monitoring. PAR is a way of thinking and acting that can be incorporated in larger meetings; however, we present four types of PAR meetings as stand-alone meetings for simplicity. In PAR meetings, participants engage in discussion, conduct participatory analysis, and build consensus for conclusions and recommended actions for program improvements. PAR meetings help managers to think critically about program activities and overcome common biases, such as the tendency to pay more attention to information that confirms their beliefs or the reluctance to discontinue an activity after an initial investment is made. Taking time to PAR encourages teams to identify what is working and what is not, consider alternative solutions and strategies, and choose among them to formulate recommendations for action. It encourages information-informed decision-making and opens the basis of that decision-making to external scrutiny.

This toolkit includes four meeting types. The first three of these (AAR, data review, lessons learned) can be considered to form a basic set of PAR meetings that should be incorporated throughout the program cycle and at various levels (from local to program wide). It is important to emphasize that these meetings are intended to be incorporated into program activities, including routine meetings. The fourth type (CLM) is a way to review and revise the ToC. It requires more facilitation and critical thinking skills and happens least frequently. It can be considered an add-on to the basic set. All these meetings have certain elements in common. They all take monitoring information (with the exception of AAR, which is focused on specific events); they all have a structured process of facilitated reflection and analysis; and they all result in participants formulating a set of recommended actions to be taken to improve programming. Because of this latter characteristic, decision-makers who have the scope of authority to either carry out or advocate the actions decided upon should participate in the meeting. When this is not possible, there should be an expeditious and agreed-upon process for getting that information to the decision-makers so that they can take rapid action.

PAR meeting type	Frequency / level	What is it for?
AAR	Immediately after key event	• This is suited to improving management processes and procedures. • Those involved in a key activity or event (e.g., work-planning, conference), review how it went and what could be done better next time.
Data review	Monthly / local	• Especially important that this include the local level. • Review a small set of key quantitative data regularly, in accordance with management or reporting cycles. • It is helpful to visualize to facilitate analysis (e.g., run charts, dashboards). • First level of review should be for quality; then analysis, conclusions, and formulation of actions.

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[36] See *MOMENTUM A GUIDE TO COMPLEXITY-AWARE MONITORING APPROACHES FOR MOMENTUM PROJECTS* for more information on sentinel indicators at https://usaidmomentum.org/resource/a-guide-to-complexity-aware-monitoring-approaches-for-momentum-projects/.

PAR meeting type	Frequency / level	What is it for?
Lessons learned	Quarterly / higher level	• This is suited for continuous learning about key strategies and can contribute to developing emerging lessons concerning topics in the program's learning agenda. • Review experiences concerning a key programming strategy or learning question. • Analyze key internal and external factors that influenced that experience. • Develop practical recommendations for programming.
ToC review (CLM)	Annually / higher level	• Review of information about a key strategy in the ToC (e.g., key quantitative indicators plus information from complementary qualitative techniques). • Analyze the information and draw conclusions about whether or not the evidence shows that key hypothesized "links" in the ToC are holding true (e.g., those trained are implementing new practices; health outcomes are improving). • If the links are holding, then analyze the mechanism by which this is occurring; if the links are not or are only holding in some cases, then consider the reasons.

5.1 AFTER ACTION REVIEW

5.1.1 BACKGROUND

AAR is a simple tool to help facilitate reflection and learning immediately after the close of an important activity or event, which may include a critical task, such as development of a work plan; an event, such as a conference or stakeholder meeting; or a discrete program activity, such as a training of trainers or initial mentoring activities. AARs are meant to yield information on managerial and organizational processes specific to that event or activity. AARs should be conducted immediately after the activity while the experience is still fresh in participants' minds. It usually lasts 45–60 minutes. Key to a successful AAR is active and constructive participation by all participants. It is important for AARs to be facilitated in a safe and trusting environment where successes and challenges can be jointly discussed, and no individual should feel that they are being specifically criticized.

5.1.2 METHODOLOGY

WHERE TO INTEGRATE. When scheduling an AAR, take advantage of days and/or times that were convenient during the planning phases of the event that just happened and that will be the subject of the AAR. It is important to complete the AAR immediately after the event or activity so participants can better recall the details of what happened.

PARTICIPANTS. An AAR should be completed in a participatory way with a representative group of the involved stakeholders. It should be done with a facilitator as soon after completion of the event as is feasible, and it should be done in an open and honest way. It should take 45–60 minutes.

Optional: Facilitators may consider sending a brief pre-AAR survey to collect initial, anonymous feedback in advance of the AAR using the same questions. A question to recognize staff who did an excellent job can be included to start the AAR and establish a positive and constructive tenor for the AAR. The survey does not replace the AAR session.

GUIDING QUESTIONS. AARs help to structure reflection on the experience of individuals involved in a specific activity. AARs are also useful for establishing a shared narrative about the activity and developing recommendations for how the activity could be improved in the future. Questions may be adapted, or additional questions included. There are four basic questions that an AAR addresses (and in this order):

1. What did we want to happen?
2. What actually happened?
3. What worked well (and why)?
4. What could be improved (and how)?

DOCUMENTATION. The AAR questions should inform how notes are taken from the AAR and how the final AAR is organized and shared with participants to review immediately after the AAR sessions before being finalized and submitted.

PRE-AAR SURVEY (OPTIONAL). AAR facilitators may consider sending a very brief pre-AAR survey and use the results as the starting point for the AAR. Questions to consider are included below (please advise survey respondents to not include any potentially identifying comments):

1. Overall, how would you characterize your satisfaction with this activity [Likert scale]?
2. From your perspective, what worked particularly well?
3. From your perspective, what did not work well?
4. Would you like to send a congratulations or shout-out to someone with whom you worked on this activity? Please include their name and what they did.
5. Is there anything else you would like to discuss during the AAR?

5.1.3 DATA USE AND REPORTING

A brief report should be completed, which should include reflections, learning, and recommendations from the AAR session. The AAR report should be shared with participants of the AAR and other stakeholders for feedback. The final AAR report should be uploaded to the appropriate location with the appropriate metatags so that it can be found and used to inform similar future activities. Documentation from the AAR may also be included as an annex of the project's quarterly report, if appropriate.

AAR REPORT FORM

Team/Project Name:

Project/Event Reviewed:

Date of AAR:

Participants:

Facilitator:

Discussion Questions:

1. **What was supposed to happen?**
   [*What was the purpose and objectives? Who was the audience? What was the initial timeline? Who was involved? What outcomes and outputs were intended? What products were to be produced? What facilitators and barriers were expected?*]
2. **What actually happened?**

3. **What went well and why?** [*What were the successful steps taken toward achieving your objective? What went really well in the project?*]

4. **What can be improved and how?** [*What could have been done better? What can we do differently in similar situations in the future to ensure success? What would be your advice to future project teams?*]

EXAMPLE AFTER ACTION REVIEW REPORT:

MOMENTUM COUNTRY AND GLOBAL LEADERSHIP FIRST YEAR WORK PLAN DEVELOPMENT
(Note: this is the shortened report produced from bulleted points on the note-taking template)

Date of Review: April 23, 2020
Facilitator: xxxxxx

SUMMARY OF FINDINGS

What was supposed to happen?
We wanted to develop an integrated plan. This was a new process for everyone, even for those involved in the last project ("this is not MCSP"), including USAID. We wanted to explain how core work will support country plans. We tried to emphasize how we will make progress toward Sustainable Development.

What actually happened?
The Project Director gave an overview of the project (ToC, Results, Accelerators).There was good alignment between our objectives and reality. We tried to embrace innovation. The process was not clear to many at first, but became more apparent over time. There were a lot of meetings with various USAID counterparts and we organized in some cases around cross-cutting areas. In trying to consolidate, some activities were subsumed and later disappeared.

What went well and why?
- The initial partner meeting was helpful.
- Brainstorming ideas at the outset should be continued to foster innovative thinking.
- Having meetings with USAID early in the process was helpful.
- The overall coordination depended a lot on a few people, but the coordination and sequencing generally worked well.
- Even small partners were heard.

What can be improved and how?
- Allow more time for review of a full draft by a wide range of people across the project.
- The five-year visioning exercise should happen first.
- USAID should provide a list of countries to help guide thinking.
- There was a delay in adding the layer of integration across technical teams: Organize the work planning around Results/Intermediate Results/KM first and then technical teams later.
- Have a group that is also specifically looking for integration across Results/Intermediate Results.
- In terms of cross-cutting areas, digital health needs to be better integrated in the plan (how?).

5.1.4 IMPLEMENTATION CONSIDERATIONS

Facilitation	Individuals with limited facilitation skills can review guidance and facilitate the AAR. Designate a notetaker. Do not record in order to encourage openness among participants. It is helpful to identify a facilitator who is neutral and communicates in a non-blaming, neutral tone.
Time	Minimal preparation, pre-AAR survey (optional). AARs usually are held for 45–60 minutes.
Budget	Limited facilitation resources such as markers, flip charts. Depending on the AAR format, the specifications for the venue will vary (virtual or in person) which would influence costs.

5.1.5 DATA COLLECTION AND REPORTING FORM

AFTER ACTION REVIEW REPORT FORM

Executive Summary & Recommendations:
- *Write 3-5 high level summary recommendations or themes that emerged from the AAR*
- *Frame the bullets as recommendations for someone implementing a similar activity in the future.*

Team or Project Name:	[Insert text here]
Project or Event Reviewed:	[Insert text here]
Date of AAR:	[Insert text here]
Facilitator(s):	[Insert text here]
Participants:	[Insert text here]

What was expected to happen?
- [Insert bulleted list here]

What actually occurred?
- [Insert bulleted list here]

What went well and why?
- [Insert bulleted list here]

What can be improved and how?
- [Insert bulleted list here]

KEYWORDS
[Include any relevant keywords for this AAR, such as health areas, accelerators, cross-cutting topics, and/or learning agenda.]

5.1.6 ROLES AND RESPONSIBILITIES

Role	Responsibility
Meeting facilitator[37]	• Select a date and time, invite participants, develop an agenda. Optional: conduct pre-AAR survey. • Welcome participants to the AAR, remind them that this is a positive and constructive environment, ask probing questions, clarify responses, take notes. • Facilitator should share the AAR notes with participants. It should be saved and tagged so it can be linked to the data analytics platform.
MEL team	• Ensure that next steps include reporting that the AAR was conducted and post the report in the appropriate location.
Technical team	• Participate fully in the AAR and commit to use lessons identified to modify technical approaches.
Project director	• Encourages active participation in AARs both during the AAR and by reviewing AAR documentation. • Reinforce the importance of staff participating in the AAR.

5.2 DATA REVIEW MEETING

5.2.1 BACKGROUND

Setting time aside to reflect on the implications of the latest data promotes a culture of data use and enables evidence-informed decision-making for program activities. Data review meetings are key to improving project or program implementation and making progress against targets. Regular data review meetings are an essential type of PAR activity. Regular data review meetings also encourage a bi-directional flow of information and creative thinking. For example, when frontline workers respond to trends in performance indicators with their own observations, ideas, and suggestions, this provides a rich source of feedback for program managers. The guidance in this toolkit focuses on data review at local levels (health facility and district). Although review of critical quantitative data is also important at higher levels, such as the national level, the less frequent PAR meetings that happen at these higher levels ought to not just review quantitative data, but additionally encourage stakeholders to draw deeper conclusions and take more consequential actions based on triangulating various types of information. That is, these PAR meetings are more likely to be of the lessons learned variety.

In many cases, partners at local levels are already engaged in data reviews. In these situations, we should work with current mechanisms and look for opportunities to strengthen them. This might be through the following mechanisms:

- systematizing the procedures for the data review meetings;

- expanding participation for more productive discussion;

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[37] Facilitators for AARs may include any individual who has had previous experience with AARs or who has completed a basic AAR training. The facilitator will vary from one context to another.

- ensuring meetings are taking place regularly and with the necessary pre-meeting preparations;
- focusing on the indicators for the most impactful strategies;
- improving visualizations to facilitate insights; and
- ensuring that appropriate actions are taken to improve data quality and make needed program adjustments based on what the data show.

At the health facility level, data may be graphed using wall charts and discussed routinely during weekly health facility management meetings. Some health facilities also involve the community in data review meetings by presenting data, discussing barriers, and brainstorming solutions. At the district level, data review meetings may take the form of a dedicated data review or be embedded in other routine meetings. Where there are too many indicators to visit in a single meeting, meetings may be split up, or a select indicator can be further analyzed. However, in such a case, staff should think about whether they have chosen too many indicators and might need to further prioritize.

5.2.2 METHODOLOGY

There are other guides that are more comprehensive for conducting data review meetings.[38] In this toolkit, we focus on the basics of data review meetings at the local level. Data review meetings should be participatory meetings focused on:

- Reviewing progress on indicators by reviewing changes over time against targets.
- Discussing areas that need to be strengthened to improve progress, helping identify common barriers.
- Sharing and reflecting on where strategies/innovations are working well, and the possible reasons for this.

When possible, data review meetings should consider other contextual factors that may explain findings.

PRE-PREPARATION

Before conducting a data review meeting, it is important that the stakeholders who will be collecting and using the data have basic data literacy. Thus, it may be necessary to offer some training in data literacy covering information such as how to read, understand, and create tables and charts and how to correctly interpret data. WHO has comprehensive data use guides for the facility level.[39] These are excellent for reference. For a practical and focused set of materials at the facility level, the MCSP[40] developed a data use guide. At this link[41], you can find an overview of the guide, a brief, a supportive supervision module, and customizable facility monitoring wall charts with instructions.

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[38] https://www.data4impactproject.org/wp-content/uploads/2021/09/D4I-Uganda-Data-Review-Guide_MS-21-202-D4I.pdf

[39] https://www.who.int/data/data-collection-tools/analysis-use-health-facility-data.

[40] https://www.mcsprogram.org/resource/visualizing-and-using-routine-rmnch-data-at-health-facilities-a-resource-package-for-health-providers-and-district-managers/.

[41] https://www.who.int/data/data-collection-tools/analysis-use-health-facility-data

PREPARATION:

1. Ensure data are shared and accessible. The best way for people to access data will vary by site. For example, at the facility level, this may be using printouts of graphs and tables, posters, or flip charts that can be posted on the wall, rather than trying to display electronic dashboards on computer screens.

2. Identify key stakeholders that need to be present at the data review meeting. When meetings include high-level decision-makers, it is recommended to also include direct implementers who can share what is happening on the ground. Stakeholders with diverse viewpoints should be included to encourage debate of the meaning of data and offer different interpretations.

3. For a formal, stand-alone data review meeting, schedule a two-hour meeting on everyone's calendars in advance. Set this as a recurring quarterly meeting. Ensure the meeting room selected has presentation capabilities. For data review meetings that are included as part of routine activities, as little as 15 minutes of an agenda item can be dedicated to reviewing one indicator.

4. **Analyze data in __advance,__** creating easy to interpret charts and tables and highlighting where there are drastic changes, interesting trends, or standouts among the data. If data are missing, it is ideal to fill in the gaps before the meeting. Though, in some cases, missing data may need to be discussed as part of the data review. To the extent possible, also include contextual information that could be helpful to consider when interpreting the performance indicators being reviewed. If presenting data to a new group, include a description of the strengths and limitations of each data source.

ON THE DAY OF:

1. Assign a notetaker for the meeting to record key pieces discussed and action points.

2. Review progress against previous action points.

3. For formal meetings: facilitate the meeting by first presenting all the information in less than 30 minutes. Ask participants to jot down key comments. By going through the full presentation first, participants will understand the big picture, given that some results in some indicators may relate to others. Where data reviews are incorporated into routine activities, adjust to the amount of time allotted for data review, ensuring that there is time for discussing and presenting data. It is better to review less data and have a rich discussion, rather than trying to review a lot of data with no time for discussion. This may mean selecting a subset of indicators to review and cycling through different indicators during each meeting.

4. The below steps should be applied for all formal meetings. For data reviews incorporated into routine meetings, a subset of these steps should be considered. For each indicator/set of indicators, work with the team to identify:

    a. What were the main findings? (During this process, weigh the strengths consistently of data and consider how insufficient data may affect conclusions.)

    b. Possible reasons for progress or lack of progress observed—you can use tools such as the "Five Whys" –asking why multiple times until a root cause is identified.

    c. Strategies to address barriers identified. Consider what we can learn from areas where things have worked well.

    d. What other data would be useful?

5. Spend the last few minutes to go over the action points and create a plan to follow up on them. For data reviews incorporated into routine meetings, this step may be combined with action points from the entire meeting.

AFTER:

1. Notetaker should share notes and action steps with everyone. Results can be stored in a database or common drive where applicable/available.

2. Action points can be shared via monthly reminders and should be revisited at the start of the next data review meeting.

5.2.3 DATA USE AND REPORTING

Data from data review meetings should be used to realign implementation activities and resources to better meet targets/goals. Facilitators summarize the notes from the data review meetings, complete the data review meeting worksheet, and share the report with all. The data review meeting notes and action points should inform adaptive management and performance improvement, project or program documentation (periodic reports, technical publications), event messaging, and relevant knowledge products.

5.2.4 IMPLEMENTATION CONSIDERATIONS

Facilitation	Data reviews require basic-level facilitation skills, so this method is considered easy to implement.
Time	When data reviews are incorporated into routine activities and focus on one or a few key indicators, as we recommend at local or district levels, they can be done in 30 minutes or less. More complex programs will have a larger set of indicators to review, and it may be fruitful to run through a cycle, selecting one or a few at each meeting. Preparation for a data review meeting consists of collection and analysis of the key indicators. This may take a few hours to conduct but can be distributed among several team members.
Budget	A meeting room with presentation capabilities are necessary. Where data reviews are incorporated into routine meetings, there are no extra cost implications. For larger data review meetings that encompass multiple reporting units, meeting room reservations, refreshments, and per diems may need to be considered.

5.2.5 DATA COLLECTION AND REPORTING FORM

Documentation from a data review should be simple and not burdensome, focused on the sheet to document key findings during data reviews and action steps. The format below is an illustrative one from the set produced by MCSP. The complete set is in the link in the footnote.[42] It has the visualizations on the left and a short matrix for action items based on the discussions of the data. This is specifically for a facility level. It can be adapted for data reviews at other levels.

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[42] https://www.mcsprogram.org/resource/visualizing-and-using-routine-rmnch-data-at-health-facilities-a-resource-package-for-health-providers-and-district-managers/
https://www.mcsprogram.org/wp-content/uploads/2018/07/Customizable-Health-Facility-Monitoring-Wall-Chart-template-instructions-and-examples-June-2018.ppt

FIGURE 5: EXAMPLE OF FACILITY WALL CHART TO VISUALIZE AND TRACK KEY INDICATORS

Labor and Delivery Service Utilization, Quality and Outcomes

5.2.6 ROLES AND RESPONSIBILITIES

Role	Responsibility
Data officer / MEL team	• Analyzes data prior to meeting, consulting with technical team on issues of interest/concern to highlight in presentation. • Co-facilitates meetings including organization and follow-up. • Implements action points, when appropriate.
Health care providers and managers	• Co-facilitates meetings including organization and follow-up. • Actively participates in all meetings. • Usually responsible for implementing several action points, which may include advocacy or requests for support from higher levels.
Health facility manager / District or regional manager	• Ensures adequate budgeting for data review meetings. • Prioritizes data review meetings and ensures they are occurring. • Implements action points, when appropriate.

5.3 LESSONS LEARNED MEETING

5.3.1 BACKGROUND

Lessons learned reviews are structured PAR discussions at predetermined points in time (e.g., quarterly, semi-annually) intended to identify, reflect on, and inform recommendations for program improvement. Lessons learned reviews may take different forms; the model included as part of this toolkit helps draw out emerging lessons in a relatively short meeting format. During the lessons learned review, it is important to bring together program staff and other stakeholders with diverse perspectives about the technical or programmatic topics to be discussed. Following a structured format, this tool can be implemented systematically to review and analyze available quantitative data and qualitative information, reflect on important contextual factors, and make concrete and practical recommendations. Such meetings can also focus on adaptations being made to programming strategies to make them more feasible and/or more effective.

The lessons learned model included in the figure below divides a lesson into three components:
1) identification of positive and negative program experiences related to key program strategies or learning questions; 2) critical reflection and analysis of internal and external factors that contributed; and 3) the development of specific, actionable recommendations to be used for continuous learning and improvement.

FIGURE 6: COMPONENTS OF A LESSONS LEARNED REVIEW MEETING

LESSONS LEARNED REFLECTION

Identify positive and negative program experiences + Analysis of contributing factors + Develop specific and actionable recommendations
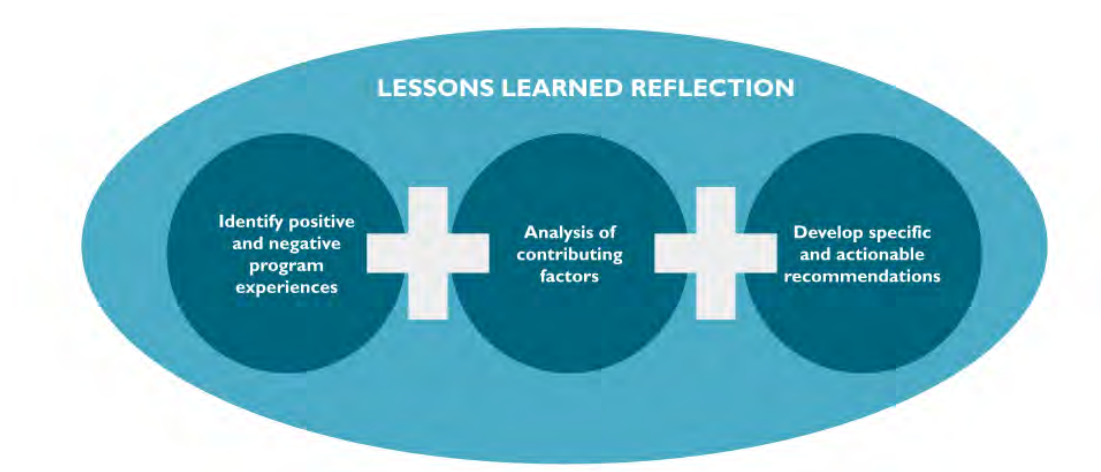
5.3.2 METHODOLOGY

WHERE TO INTEGRATE. The lessons learned review can be adapted to examine emerging lessons about a learning question or to look at a key programming strategy or intervention, or possibly just an aspect of a learning question or strategy. Lessons learned discussions can be incorporated into existing program activities and meetings, such as quarterly meetings in a single district or group of districts, QI group meetings, or preparation for annual work-planning meetings. Deciding on the exact format to use depends on the size of the team, as well as the time and resources available.

Review guidance and training materials	After a facilitator is identified (i.e., from technical, MEL, or KM staff), the facilitator reviews guidance materials, which include guiding questions, how to choose thematic areas for learning, and a menu of formats based on the number of participants, time frame and resources available, and any other parameters. Lessons learned meetings are generally used to examine key strategies in the program's ToC or a question in its learning agenda.
Preparations, guiding questions, and supporting data and documentation	Predetermine the 2 to 3 technical areas, program activities, or questions from the learning agenda that will be the focus of the lessons learned meeting. The facilitator can adapt the agenda and invite participants to join the reflection. It is critical that the individuals invited include a mix of those who were directly or indirectly involved with the activity or themes explored—and does not have to be limited to internal participants. To get readers started, there is list of a few **guiding questions** to consider. Facilitators are not expected or encouraged to use all of them. They should be customized to meet the specific goals of the meeting. It is critical to remind participants that information from other sources should feed into this meeting and discussion. This likely will include the relevant routine performance data (especially from key indicators) and information from pulse polls, MSC, AARs, or any other qualitative information gathering relevant to the strategies and/or learning questions chosen for the lessons learned reflection. Throughout the reflection, remember to maintain a positive and constructive atmosphere.
Collate notes and feedback	Use the lessons learned collection worksheet to organize notes from the lessons learned reflection before sharing with relevant technical staff and program managers for feedback. Make sure to point out any pending questions or comments that may require additional reflection.

Tagging and storage	Once feedback is incorporated, tag the worksheet with the appropriate keywords (including technical areas, components of ToC or learning agenda) and upload for storage. This will make it possible to search for lessons from across the program.
Using outputs	Outputs from the lessons learned reflection should be integrated into work planning, project documentation (periodic reports, technical publications), event messaging, and communications products.

GUIDING QUESTIONS

The lessons learned meeting is structured in two ways:

1. Themes or learning questions to be covered are <u>determined in advance of the meeting</u>. The meeting is not intended as an open-ended reflection on any topic. Rather, it is focused on specific learning question(s), which may change from one lessons learned meeting to the next.

2. Each round of a lessons learned meeting addresses a specific aspect of the themes or learning questions— results and other information; contributing factors; and recommendations.

Round 1. In this round, participants list and describe intended, unintended, positive, or negative experiences as they relate to the strategy or learning question chosen for the meeting. Most participants should be familiar with the programming strategy and activities. This is an important step to ensure that all participants are on the same page.

- What quantitative and/or qualitative data are available that can inform the themes or learning questions of this meeting?
- What are the program experiences (positive or negative) that specifically relate to the strategy or learning questions covered in this meeting?
- What parts of the strategy have worked well? What has not worked well? What adaptations have implementers made (and why)? Please refer to the description of key strategies, found in section 3.1 in the adaptive learning basic toolkit.

Round 2. Reflection on the internal and external (contextual) factors that significantly affected programming. See the matrix below for external factors outside the program's control. Such factors may include disruptions caused by epidemic diseases; the political, social, and/or economic situation; or environmental disasters.

- What obstacles or unanticipated circumstances made it difficult to accomplish project goals or objectives?
- How well were issues resolved?
- How do we know that this is a lesson? What data are available to support our experiences? What is missing?

Round 3. Discuss potential recommendations that could be put into action to address the information discussed in the first two rounds. Make sure to link recommendations with the outputs from the lessons learned meeting.

- Based on what has been discussed, what specific actions or changes would you recommend to improve the program?
- Based on what we know now, what should have been done differently?
- What is worth replicating?
- Is the recommendation for action clearly linked to what was learned?

MATRIX FOR SYSTEMATIC CONTEXT SCAN
(can be used before or during lessons learned meeting)

Contextual factor	Examples of possible relevant factors	List any factors that might have affected programming	In what way do you think any factor listed affected programming?
Disease context	• Epidemic disease that either disrupts or overwhelms service delivery • Seasonal disease patterns that call for adjustments to service delivery		
Political context	• Political stability, including upcoming elections • Changes in commitment of government resources to health sector		
Security context	• Threat of civil unrest • Internal displacement		
Health system context	• Level of external support for the policy/program • Other policies/programs that conflict with, help, or are at odds with programming • Construction (or destruction) of facilities or other assets		
Development context	• Collaboration between development partners • Presence of other programs that help, hinder, or compete with programming		
Economic context	• Economic conditions (e.g., recession) • Devaluation of currency		
Physical environment context	• Weather patterns that influence service delivery or demand • Drought • Famine		
Other contextual factors	• Any contextual factors not included in the above categories		

5.3.3 DATA USE AND REPORTING

A lessons learned review can generate a rich set of information, both as part of the discussion process and documentation. These can be in flip charts, presentations, and during report out. It can be overwhelming to facilitators and notetakers. The lessons learned collection worksheet provides a minimum of what should be documented after the lessons learned meeting. It can be used to document key recommendations and the background regarding those recommendations. The worksheet should also be used to engage critical stakeholders who were unable to attend the meeting. It may also highlight some areas for further exploration—either in a follow-up lessons learned meeting or as an input for other adaptive learning strategies. Using a standardized information collection worksheet across program activities helps identify

similarities in challenges, learning, and solutions across similar types of programming. For this reason, applying appropriate keywords and storing in the appropriate location is important.

5.3.4 IMPLEMENTATION CONSIDERATIONS

Facilitation	• Before leading a PAR discussion on lessons learned, facilitators should review guidance and training materials and complete a brief orientation. • Identify moderators and notetakers. • Identify issues to be discussed and adapt questions. • Identify a date and an appropriate venue/space, invite participants, and ensure that participants have everything they will need for a productive discussion.
Time	• Depending on the number of issues addressed, a lessons learned meeting can take between 2 to 3 hours and/or can be implemented over two separate sessions.
Budget	• For in-person meetings, basic meeting supplies will be needed, such as flip charts, markers, and handouts. • There may be costs associated with logistics, room reservations, refreshments, and per diem. These costs can be reduced depending on the timing of the activity and the number of participants invited.

5.3.5 DATA COLLECTION AND REPORTING FORM

LESSONS LEARNED MEETING REPORT FORM

Executive Summary & Recommendations:
Include a few sentences about the Lessons Learned meeting – including the date it was held, participants including their project functions, learning questions and/or program strategies addressed. The summary may also include any suggestions for conducting a LL session in the future.

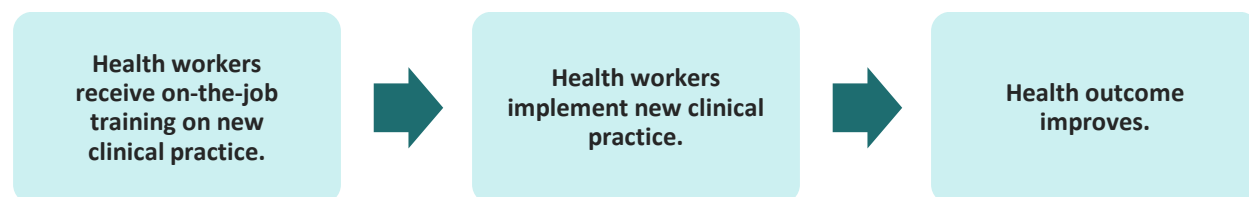| Program Strategy / Learning Question	Results and programming information reviewed	Contributing factors, internal and external factors	Actionable recommendations
[Insert theme]	*[Insert text here]*	*[Insert text here]*	*[Insert text here]*
[Insert theme]	*[Insert text here]*	*[Insert text here]*	*[Insert text here]*
[Insert theme]	*[Insert text here]*	*[Insert text here]*	*[Insert text here]*
KEYWORDS *[Include any relevant keywords for this lessons learned session, such as health areas, accelerators, cross-cutting topics, and/or learning agenda.]*			

5.3.6 ROLES AND RESPONSIBILITIES

Role	Responsibility
MEL team	• Provide guidance or co-facilitate, as needed, regarding the planning of the lessons learned meeting
Technical team	• Contribute to the selection of issues to be discussed at the meeting and help to select participants.
Project director	• Participate in the lessons learned meeting as needed, provide inputs, and ensure that there is adequate time and resources. • Ensure that lessons are used in other similar activities.

5.4 REVIEWING AND REFINING THE THEORY OF CHANGE: CAUSAL LINK MONITORING

5.4.1 BACKGROUND

When participants convene in a PAR meeting and use CLM, they are trying to determine if the hypothesized causal links in the ToC are holding or not. If they are not holding, then it's necessary to determine how the program (and therefore the ToC) needs to be refined to achieve the desired results. [43] CLM is useful for examining those areas in the ToC where the causal links between components need further clarity or detail. We include CLM under the PAR stage because we are emphasizing the reflection aspects of the technique, but effective use of CLM depends on having a ToC, systematically describing the key interventions/strategies, and then collecting monitoring data to examine the relevant areas of the ToC. Although CLM requires critical thinking among participants about whether programming assumptions are holding true and the reasons why or why not, it does not need to be overly complicated or address the entire ToC at any one meeting. It can look at a key piece of the ToC to see if hypothesized linkages are holding. For instance, many programs train people. A logic chain that can be examined using CLM might be something like that shown in Figure 1.

FIGURE 7: SIMPLE HYPOTHESIZED SERIES OF LINKS THAT CAN BE EXAMINED IN A CLM MEETING

Health workers receive on-the-job training on new clinical practice. → Health workers implement new clinical practice. → Health outcome improves.

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[43] Britt H, Hummelbrunner R, and Greene J. 2017. *Causal Link Monitoring,* located at:
https://www.betterevaluation.org/sites/default/files/CLM%20Brief_20170615_1528%20FINAL.pdf
As stated in the document on page 1: CLM is an iteration of *Process Monitoring of Impacts*, which was developed as an approach for monitoring EU Structural Fund programs. *Process Monitoring of Impacts* addressed monitoring challenges associated with multiple objectives, a broad range of implementing agents, and a large number of projects associated with Structural Fund programs. It was inspired by Outcome Mapping, especially the focus on intended behavioral change and their performance and contribution toward expected results (Williams, B., and R. Hummelbrunner, 2011. Systems Concepts in Action: A Practitioner's Toolkit. Palo Alto, CA: Stanford University Press, pp. 92–107).

In order to most fruitfully employ CLM, the program should have quantitative data that can be used to examine whether there is a correlation between each of these steps in the logic chain. Having granular quantitative data from various reporting units facilitates the reflection (but is not necessary) to see if the logic chain is holding in various contexts. It is also crucial to gather qualitative information about the context and the points of view of clients, providers, and managers. This might explain bottlenecks in the causal chain or why some reporting units are doing better than others. For this, information from MSC and/or stakeholder feedback (pulse polls) can be useful, as well as other qualitative information (e.g., from key informant interviews).

In a recently published paper, a slightly more complex set of causal links was hypothesized and the quantitative data to examine those links were drawn from the health management information system and project data (see Figure 3). CLM could also be used to test if the assumptions in this program ToC are holding. For instance, in Figure 3, we can bring information to help us answer questions such as the following:

- Are increases in inputs (initial training; focused QI) associated with improvements in knowledge and skills?

- Are increased skill levels associated with improved outcomes (percentage of live newborns not breathing who were successfully resuscitated)?

- Are improvements in outcomes associated with any or all of the impacts (e.g., asphyxia admissions)?

If the data are not showing that these links are holding, then participants can consider first if the data are trustworthy enough to draw this conclusion. Then, if so, to think about what the reasons might be for these links to be weak (e.g., is the dose of training/mentorship too low? Is it a well-designed QI strategy?). Finally, participants can then consider how the strategies might need to be modified to improve the links. Consider, though, that even before any quantitative information is available, qualitative information could be used to probe the assumptions inherent in links:

- Is the training adequate at providing essential knowledge, skills, and attitudes?

- This assumption could be examined early in a project through observation and interviews with a purposive sample of trainees.

- Are trainees implementing the practices the way they were taught?

- This could be probed through direct observations by supervisors. Pulse polls could also examine concerns about feasibility or acceptability and could probe about self-efficacy at the work site.

FIGURE 8: MORE COMPLEX SERIES OF LINKS IN A TOC THAT COULD BE EXAMINED BY CLM[44]
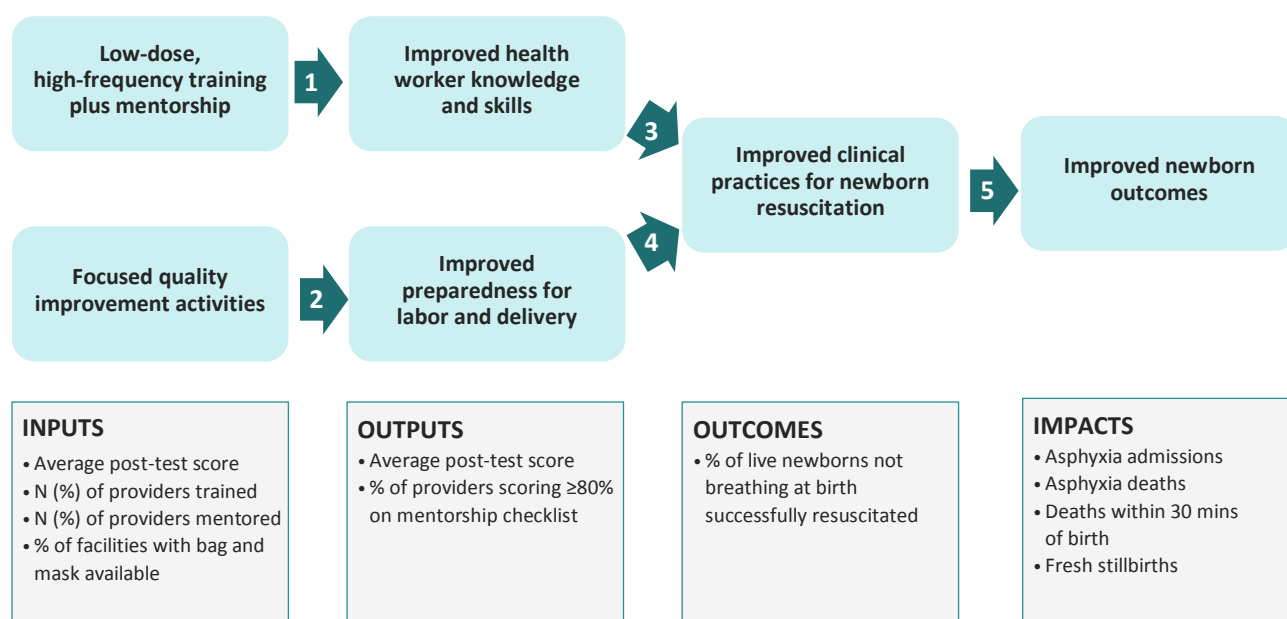
There are various hypothesized casual links in the ToC shown in Figure 2, represented by the five numbered arrows. The assumptions behind these links should be explicitly described at the start of the program, either in the ToC itself or in the description of the key strategy relevant to that arrow. As examples, we present a couple of fruitful lines of inquiry about the assumptions implied in several of the numbered causal links. We invite the reader to think about others:

- For instance, arrow #1 involves a link between health worker training and improved knowledge and skills. The assumption is that this training is conducted with high quality and aimed at the appropriate level for the learners.

  The accuracy of this assumption can be checked by the quantitative post-test scores; but also through qualitative information gathered immediately in training evaluation forms from learners.

- Arrows #2 and #4 are both hypothesized to link to improved clinical practices for newborn resuscitation.

  Again, the accuracy of this assumption can be checked by looking at the quantitative outcome data coming from health facilities. But collection and analysis of these data implies a time lag. There can be even earlier supervisory observations of care and/or pulse polls on adoption or feasibility of the required practices.

5.4.2 METHODOLOGY

This tool is best suited for national and program levels, but with input and participation from those working at the local level where the key activities are occurring. For these examinations of relationships, having granular data at the level of facilities or districts and seeing if the relationship holds only in some of them can be helpful in gaining insights into possible contextual factors that may affect results. In order to fruitfully use

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[44] Based on Figure 1 from Umunyana, J., Sayinzoga, F., Ricca, J. et al. 2020. "A practice improvement package at scale to improve management of birth asphyxia in Rwanda: a before-after mixed methods evaluation." *BMC Pregnancy Childbirth* **20:** 583.

CLM in a PAR meeting, the following steps are outlined that should happen at each of the stages in an adaptive learning project cycle:

PREPARE:
Integrate needed elements for CLM at the design stage of the program

- Develop a ToC with clear links between parts of it.
- Identify assumptions about the causal links (these can be included in the Description of a Key Strategy shown in the ToC).
- Think about how you will enhance information on progress on the ToC with diverse perspectives and contextual factors (e.g., think about how stakeholder feedback through rapid pulse polls might be useful).
- Prioritize areas of observation (i.e., develop plan to collect quantitative and qualitative monitoring information).

MONITOR:
Get relevant real-time feedback needed for CLM reflection

- Collect monitoring information (qualitative information may be the most available option early; later on, there should be quantitative data about outcomes and implementation of key strategies, as well as complementary qualitative information on stakeholder perspectives).

PAR:
Engage in a discussion during a meeting structured around two objectives

- Interpret and use monitoring information in a structured meeting with relevant stakeholders.
- Revise or refine the ToC, as needed (and consider programming implications; updating assumptions).

It is critical that those who participate in the PAR meeting engaging in use of the CLM technique represent a variety of perspectives—technical staff, project management, MoH, and local partners.

5.4.3 DATA USE AND REPORTING

Facilitators summarize the notes from the CLM session and complete the CLM report for review. The CLM report should be shared with participants of the CLM PAR meeting and other relevant staff/leaders for feedback. There should be an agreed mechanism for implementing decisions based on the conclusions of the analysis (i.e., if the program's ToC needs to be modified and, if so, what the programming implications are of that conclusion). **Annex E shows an example of a two-page report that the CLM PAR meeting can generate, which can be included as an annex in an annual report.**

The final CLM meeting report should be uploaded to the appropriate location with the appropriate tags. The CLM report should inform adaptive management and performance improvement, and be included in project documentation (periodic reports, technical publications), event messaging, and relevant knowledge products.

5.4.4 IMPLEMENTATION CONSIDERATIONS

Facilitation	• Using CLM requires intermediate facilitation skills. Training includes an overview of CLM framework, how to manage various CLM formats, and review of the data collection tool. • Preparations include reviewing guidance; identifying facilitator(s) and notetakers; identifying themes and adapting questions; and finding a date and appropriate venue/space for the lessons learned session. • Notetakers ensure that comments and discussions are captured and documented. They should have some familiarity with the topic but will not necessarily be technical experts.
Time	• Depending on the amount of information to be considered, this can take as little as one hour, but can take more time. It can be wrapped into other routine meetings that might be occurring.
Budget	• A meeting room with presentation capabilities is necessary. There may be costs associated with logistics, room reservations, refreshments, and per diem. These costs can be reduced depending on the timing of the activity and the number of participants invited.

5.4.5 REPORTING FORM

The CLM report consists of an annotated ToC and a short narrative explaining the refinements or modifications. See Annex E for an example of an analysis and refinement of a ToC using CLM.

5.4.6 ROLES AND RESPONSIBILITIES

Role	Responsibility
MEL team	• Provide guidance or co-facilitate, as needed, regarding the planning of a CLM PAR meeting.
Technical team	• Help select participants.
Project director	• Participate in the CLM session, provide inputs, and ensure there is adequate time and resources. • Act on the recommendations from the session to modify the ToC as needed and consider the implications for the next round of work planning in terms of any revision of planned activities.

ADDITIONAL RESOURCES

MOMENTUM Adaptive Learning Guide: A pathway to stronger collaboration, learning, and adapting

https://usaidmomentum.org/resource/adaptive-learning-guide/

A Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects

https://usaidmomentum.org/resource/a-guide-to-complexity-aware-monitoring-approaches-for-momentum-projects/

USAID CLA (Collaboration, Learning, and Adaptation) Toolkit

https://usaidlearninglab.org/cla-toolkit

USAID Guide for Hiring Staff with Adaptive Management Competencies

https://usaidlearninglab.org/library/hiring-adaptive-employees

Better Evaluation website
This site has a wide variety of evaluation approaches relevant to Adaptive Management and Learning

https://www.betterevaluation.org/

ANNEX A. CRITICAL ELEMENTS OF ADAPTIVE MANAGEMENT

Elements of adaptive practice and how they differ from conventional organizational practices
(from Petraglia J and Ricca J. 2020. Jhpiego Adaptive Management Case Studies).

Element	Conventional practices for this element	Adaptive practices for this element
Describing, reviewing, and revising ToC and key assumptions	Some projects do not make clear or explicit their assumptions or ToC. Even more frequently, when such assumptions or ToCs are made explicit, they are thought of as static and unchanging foundations on which a predetermined program can be built. Because of this, projects usually don't proactively seek to review, reflect, and consider the need to revise their assumptions or ToC so much as prove their initial assumptions and ToC are correct. Although the project may have a research or learning component, the purpose is not so much to reflect on prior thinking as it is to ensure fidelity to implementation of predetermined activities to prove its ToC.	Initial assumptions and ToCs are just that— assumptions and theories about how to reach program objectives and ultimate goals. As program implementation takes place over the course of months and years, we should learn more about how accurate those assumptions and ToCs were and be prepared to revise them in light of new information. This is why we now speak of a learning agenda for our project.
Engaging the frontline effectively	Usually, the frontline worker is assumed to be the "hands" of the project. At the bottom of a hierarchy that has project managers at the top, they are typically the people that are assigned tasks and supervised to ensure that they are doing those tasks correctly, such as filling out service provision and registry information. In a non-adaptive system, they are simply asked to "do their assigned tasks."	Frontline staff—those who typically are the point of contact with the clients and populations we serve— are well-placed to observe and report on the needs for local adaptation or unanticipated changes to context that all interventions experience. As they are closer to the community than supervisors often are, they see first-hand how well services are meeting the needs of clients. This enables them to know better than most others in a project what adaptations are needed to meet changing circumstances. Engaging the frontline effectively, therefore, is an important aspect of any adaptive management approach and an important source of information for any project and organizational learning agenda.
Collecting and using real-time data	Typically, we collect very specific information on project indicators intended to tell us if we are meeting our targets. This data provides a basis for quarterly and yearly reports to donors. While data may be reviewed to improve the project, the instruments used to gather them are not designed to flag problems as much as they are to show success at meeting targets and accountability to the donor. We typically have no mechanisms like PAR mechanisms/events built in to consider data. Even if we do, for more frequently collected data, we often only look at "upstream" aspects of a project like the outputs (e.g., number of providers trained) because this is easier to measure in the short term, while this is good as far as it goes, this level of data still doesn't tell us if we are having the intended effect (in this case, improvement in provider practices).	Given that actual practice turns out to be different than imagined at the planning stage or realities on the ground shift—for instance, unexpected issues are coming up or new variables are influencing the uptake of a service—it is important to observe and react to those issues in something close to real time. Of course, different techniques and mechanisms can be used to both collect and apply this incoming data (one of which is PAR moments, as promoted by USAID), but the important thing is that information is frequently collected and presented in a way that makes it easy to use. Real-time data can also quickly identify unexpected trends in data so that we can think about whether or not we are having the intended effects and achieving the intended results.

Element	Conventional practices for this element	Adaptive practices for this element
Working with implementing partners flexibly	When designing a proposal, the organization that is acting as the lead or prime typically expends significant effort developing teaming agreements with other partners that clearly set out each partner's roles and responsibilities. Re-imagining these roles and responsibilities in light of project realities is not considered or modification is considered too burdensome.	Partner organizations frequently exhibit strengths (and sometimes weaknesses) when confronting shifts in local realities once project implementation begins. For this reason, lead or prime organizations should have the latitude to allow flexibility in asking partners to work in different ways if initial assumptions need modification to maximize the consortium's effectiveness.
Working with donors and stakeholders in a context-sensitive way	When organizations approach governments and donors for support and funding (usually in response to a donor's request for proposals), they make clear what the outcomes and deliverables will be, the specific activities that they think need to be funded to achieve those outcomes, and the indicators that will signify success in achieving those key deliverables. This arrangement is not intended to deviate from the original logical framework or program plan.	When seeking to create an adaptive program, key stakeholders—including donors—should recognize that the goal of the project is to meet the needs of the target population(s) as they evolve, as contextual variables become clearer as a result of learning, and as program effects take hold. This should be reflected in proposals for funding in terms of creating PAR mechanisms, revising indicators, raising the possibility of enhancing or restricting activities as events warrant, and even modifying program objectives in line with what is being learned or what is changing in the context.
Creating an adaptive organizational culture (i.e., becoming a learning organization)	Many organizations place an emphasis on their expertise and understanding of how programs should be run. In fact, this is what they think they have to do to market to donors. Sometimes this leads to a culture of expertise in which flexibility is not valued so much as control over processes. In fact, adaptability and openness to new learning may even be seen as undesirable if it undercuts a self-image of technical mastery. Some non-learning organizations may have repeated failures using a strategy to which they are committed because people feel that if "we just do the same thing better," the organization will get better results, without creatively thinking about other alternatives. At other times a non-learning or non-adaptive organization will continue to employ the same strategies that have worked in the past even when new evidence or strategies have come along.	Organizations often employ many thoughtful, curious, and flexible individuals who, we might say, have a good adaptive capacity. Such staff are able to spot or anticipate where projects need to make adjustments and they may even have a clear sense of how to make those adjustments. Working in an organization that actively nurtures this adaptive capacity by creating an environment that encourages reflection and has systems in which new ideas for improvement can flow from the bottom to the top, as easily as they flow from the top to the bottom, can unleash creativity and responsiveness to local realities and changes in operating conditions.

ANNEX B. RESOURCE NEEDS FOR TOOLS AND APPROACHES

The table below contains information about level of effort and budget requirements. Additional details are included in the section on each method.

	PREPARE	MONITOR			PAR MEETINGS			
	Description of critical strategy	Key indicators	Stakeholder feedback (pulse poll)	MSC	AAR	Data Review Meeting	Review of ToC (CLM)	Lessons learned meeting
FACILITATION TEAM	Not necessarily done in in-person group. But, if so, Main Facilitator Notetaker	None. This is part of project design, with assist from MEL advisor	Main Facilitator Notetaker (if done in person)	Main Facilitator Notetaker	Main Facilitator Notetaker	Main Facilitator Notetaker	Main Facilitator Notetaker	Main Facilitator Moderators Notetakers
RESOURCES	If in person, marker, flip charts	No additional resources required	If virtual, programmed poll If in person, sticky notes, printed pulse polls	Physical venue, transportation costs, per diem, transcription of the stories, meeting materials, as needed	Markers, flip charts, physical or virtual venue	Projector, markers, flip charts, chart template with analyzed data	Projector, marker flip charts	Markers, flip charts, physical or virtual venue including breakout rooms
FACILITATOR TRAINING	½–1 HOUR Does not need to be done in person. But if done in person, appropriate for individuals with limited facilitation skills, but familiarity with program data.	NONE Key indicators should be packaged into dashboards Someone with basic data visualization training	½ HOUR Appropriate for individuals with limited facilitation skills	6 HOURS Facilitators require formal MSC orientation and training	½ HOUR Appropriate for any individual.	30–60 MINUTES Appropriate for individuals with limited facilitation skills, but familiarity with program data	1 HOUR Appropriate for individuals with limited to intermediate facilitation skills	1 HOUR Appropriate for individuals with limited to intermediate facilitation skills
ACTIVITY PLANNING	<1 HOUR If done in person, identifying facilitator, scheduling	MINIMAL The planning at design stage is to determine the key indicators that will help programmers track key strategies During step of monitoring adaptively, it is putting these indicators in visualizations	< 1 HOUR Designing and scheduling pulse polls	1–2 HOURS Planning to integrate orientation and storytelling as part of other meetings or pre-planned activities Prior to the story collection, storytellers must attend an orientation of 1–2 hours	< 1 HOUR Scheduling and pre-AAR survey (optional)	1–3 HOURS Based on level of data review meeting Analysis of data, preparing charts and tables in advance	2 HOURS Identifying co-facilitators, identifying themes and guiding questions, scheduling activity and dry run	2 HOURS Identifying co-facilitators, identifying themes and guiding questions, scheduling activity and dry run

	PREPARE	MONITOR			PAR MEETINGS			
	Description of critical strategy	Key indicators	Stakeholder feedback (pulse poll)	MSC	AAR	Data Review Meeting	Review of ToC (CLM)	Lessons learned meeting
ACTIVITY DELIVERY	1 HOUR If done in person Otherwise, one person develops draft and shares with others on the design team	VARIABLE At stage of monitoring adaptively: incorporate in dashboards At PAR meetings, MEL person presents data during meeting	½ HOUR To conduct the poll(s)	1–2 HOURS MSC storytelling can be conducted as part of other meetings or pre-planned activities where possible The storytelling activity should not add more than 1 hour to an activity, or take more than 2 hours as a stand-alone activity	1 HOUR AARs usually are held for 45–60 minutes	½ - 2 HOURS Depending on the level, data review meetings can be integrated into existing activities If a stand-alone data review meeting is planned, a longer time frame is recommended	1 HOUR Review of quantitative and qualitative monitoring information; discussion about relevant parts of ToC; decide if it needs revision or refinement	2–3 HOURS Split large group into smaller ones Done in three rounds
DEBRIEF	NONE There is no need for a debrief However, the strategy description should be widely shared and discussed to make sure all relevant stakeholders are on the same page	NONE During PAR meetings, consider whether key indicators are continuing to give useful information	1 HOUR Meet with team to review data from pulse polls to adjust program implementation	1 HOUR (optional) AAR recommended	NONE	NONE	1 HOUR (optional) Debrief and discussion may be needed if change to ToC or other major programming assumptions, and all appropriate decision-makers not present at meeting	1 HOUR (optional) AAR recommended
DOCUMENT	1 HOUR After the matrix is filled out, one person should take responsibility for synthesizing into the final strategy description to be included with the program plan	MINIMAL The documentation is in the form of the final list of indicators to be incorporated in the monitoring system During stage of monitoring adaptively, it is in the form of a dashboard. If this is electronic, this is rapid and facilitates storage and sharing	< 1 HOUR Calculating composite scores and recording them in a stored database Communicating scores to implementation team	VARIABLE Stories will be recorded or transcribed during the storytelling activity Transcribed stories should be reviewed and cleaned after the session ends Recorded stories should be transcribed as soon as possible after the sessions end Story selection forms may be completed during the session or immediately after	< 1 HOUR Limit documentation to key lessons and recommendations	< ½ HOUR Action points with timeline and person responsible is required for the documentation	1 HOUR Consolidate and incorporate notes into reporting form, and request feedback	1½ HOURS Consolidate and incorporate notes into reporting form, and request feedback (optional)

ANNEX C. PRACTICAL TIPS FOR FACILITATING VIRTUAL LEARNING SESSIONS[45]

Facilitating a good webinar, virtual meeting, or remote workshop is a special skill. Engaging an audience through technology is not the same as connecting with real people in a live audience. Transitioning from live to virtual sessions can be challenging. As participants, we know what it's like to tune into a webinar and then find ourselves drifting off to catch up on email or the news. As virtual facilitators, we worry when we aren't getting real-time feedback from participants and wonder, "Are they even interested?" And, for all of us, as more and more in-person activities go virtual, we're experiencing a new condition: "Zoom fatigue." On video, we need to work harder to process participants' non-verbal cues—facial expressions and tone of voice, we have to contend with disruptions in connectivity or sound, and we see our own faces while we're trying to focus on what we're saying or hearing. So how do we manage all of this to make the most of virtual learning opportunities? In transitioning from live to online sessions, we can anticipate certain differences and prepare ourselves with techniques to manage them. The tips below can help.

ADJUST THE SESSION STRUCTURE:

- **BREAK UP THE WEBINAR OR SESSION INTO DIGESTIBLE SECTIONS:** Following a 60- or 90-minute lesson is difficult in person. It's even harder in a digital format. Break larger sessions up into smaller units of 10 to 15 minutes each, and provide micro-breaks in between. Focus on one topic or concept at a time, and insert Q&A, or a quiz, or a stretch break in between.

- **LIMIT THE OVERALL LENGTH OF TIME:** It's important to recognize that your audience may have already attended a number of virtual calls or meetings on the day or week of your online event. And because being on video calls or webinars requires more focus than face-to-face meetings, these sessions can be tiring. By capping the overall length of the session to less than 90 minutes, you increase the likelihood that participants' attendance and engagement will be sustained.

- **MANAGE EXPECTATIONS:** It can be helpful to establish some norms before or at the beginning of virtual sessions. You may want to establish expectations around the muting (encouraging all non-speaking participants to mute can be an effective way to manage disruptive background noise) and video functions (introverts in particular may appreciate not needing to be on camera the whole time). Clarify how you want participants to contribute—by speaking, using the raising hand function, or the chat box. If people are taking the call from home, unexpected intrusions from children, pets, neighbors, etc. can happen. Maintain your sense of humor and empathy, and move on.

RETHINK PRESENTATIONS:

- **PREPARE INTERESTING SLIDES:** With virtual sessions, your slides are your anchor, your main tool (along with your voice) to connect with your audience. So, make them great. Vary your slides. Use graphics, photos, and images, and color (within reason—you don't want to give people a headache). But most importantly, use fewer words, and expand on your points, don't read the slides.

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[45] For further resources, see MOMENTUM Distance Learning Guide https://usaidmomentum.org/resources/.

- **REPLACE VISUAL CUES WITH VOICE CUES:** As a virtual facilitator, you will need your voice to communicate all the things you could convey during an in-person setting: excitement, curiosity, interest, connection. To improve our ability to do this, it can be helpful to practice the presentation in advance, and to get feedback from others.

- **INCREASE THE NUMBER OF SLIDES:** Because a virtual facilitator cannot physically move around a room to keep things lively and interesting, having more slides, with more limited content will allow you to increase the pacing of the presentation.

- **USE YOUR SLIDES TO DRAW PEOPLE INTO THE CONVERSATION:** Keep your audience's attention by designing slides that are not just visually interesting, but also engaging. Insert jokes or questions as appropriate.

- **USE VIDEOS APPROPRIATELY:** Identify and include relevant instructional videos, as appropriate, to demonstrate key skills, reinforce important points, or spark discussions.

MAXIMIZE PARTICIPANT ENGAGEMENT:

- **DON'T SKIP THE WARM-UP:** Depending on your purpose, build in virtual warm-ups, ask participants to chat in or contribute to a virtual warm-up-sharing their superpower, one interesting fact about themselves, etc. Just like an in-person meeting, introductions, warm-ups, and establishing group norms help set the right tone.

- **ASK QUESTIONS …OR ENGAGE THE AUDIENCE OFTEN:** Have multiple, designated breaks for Q&A, about every three to four slides, if delivering a presentation. Also, actively call for feedback, repeatedly, more often than you would in a live session. Ask participants to share personal experiences or examples. Check comprehension or attention by asking for relevant takeaways.

- **ENCOURAGE USE OF VIDEO:** Turning on video increases active engagement of participants; always turn on video if internet bandwidth allows.

- **USE BREAKOUT ROOMS:** Most video conferencing software platforms have the option for breakout rooms for small group discussions. You can pre-assign groups before the event, assign during, or randomly assign people to small groups. Keep small groups to under 15–20 people to encourage active engagement.

- **EXPECT SILENCE:** Without a live audience, it may be more difficult to "read" participants, even if they are on video. Try to relax the need for visual cues of engagement, and look to other expressions of interest (i.e., chat comments/questions). Become comfortable with some silence, ask participants to chat in and periodically pause to moderate and respond to the chat.

- **CALL ON PEOPLE, OR CONSIDER "PLANTS:"** Be prepared to call on people by name to increase engagement. However, you don't want to put anyone on the spot or embarrass them. One way to manage this, if you have groups of people joining for the session, is to call a *team* (rather than an individual) by name and ask for their thoughts. You could also prepare a "plant," a participant who you have talked to in advance, who is ready to jump into the conversation if interaction is slow.

- **CONDUCT A POLL OR SURVEY:** Utilizing a poll feature can be a useful way to get people engaged without making them nervous about speaking up directly. Using a poll to solicit experiences, for example, could provide very useful information for you as a facilitator. It could also serve as a great jumping off point for additional discussion and commentary.

OTHER RESOURCES

- Transition from live to remote facilitation—it's a different skill set! https://www.idealware.org/tips-and-techniques-making-good-webinars-transitioning-live-sessions-leading-webinars/

- Useful tips on how to keep participants engaged: https://www.idealware.org/tips-and-techniques-making-good-webinars-facilitating-participant-interaction/

- Suggestions on keeping audience engaged—I like to build in a question, poll, or activity every three to four slides or so: https://www.idealware.org/tips-and-techniques-making-good-webinars-engaging-your-audience/

ANNEX D. EXAMPLE OF USE OF CAUSAL LINK MONITORING

This is a specific example from the 2017 CLM facilitator's guide by Britt et. al.[46] Figure 1 shows the ToC for the entire project, all of whose links were reviewed using CLM. This example focuses on just the part of the ToC that is concerned with training. That part of the ToC is circled in red. Figure 2 shows how the ToC was refined and expanded based on this analysis. This example shows how qualitative information (like the pulse polls in this toolkit) gave crucial information for exploring the links. This example also shows how the quantitative and qualitative monitoring information was fed back into a moment for PAR.

FROM THE CLM FACILITATOR'S GUIDE (UNDERLINING ADDED FOR EMPHASIS):

Project staff collaboratively reviewed the data provided by the monitoring officer and discussed ways to adapt and improve project implementation based on the data. The monitoring officer reported both performance monitoring and CLM data related to training. Performance monitoring data indicated that training attendance was quite low. Performance monitoring data related to the activity "Training of male and female smallholder farmers using gender-sensitive approaches" included feedback from female farmers. These data revealed that, although trainers paid attention to the specific needs of female farmers, few women had heard about the training. In addition, several female trainees mentioned that the training was "not practical."

The manager asked the monitoring officer to review this feedback further before the start of the next training course. Working with very little time, she reviewed the evaluations of training for both men and women, conducted a quick poll, and convened two focus groups (one with male participants and one with female participants) to explore training solutions. The new data showed that male farmers echoed the complaints of their female counterparts—they did not find the trainers credible, and they considered their newly acquired knowledge impractical. Both male and female farmers suggested that farmer organizations should be involved in the trainings.

When the IIPA team reviewed these findings, they concluded that the project's training component needed a significant modification. They scratched their current approach, in which the project staff designed and provided the training directly. Instead, staff decided that the project partners developing the new technologies and practices should take the main role in designing the content and delivering the training. Farmer organizations would conduct outreach to encourage their members to attend the training … IIPA staff modified the project design to reflect these changes (see Figure 2 for changes in the training paradigm, written into a reworked ToC).

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[46] https://www.betterevaluation.org/sites/default/files/CLM%20Brief_20170615_1528%20FINAL.pdf.x

FIGURE 1: ORIGINAL TOC

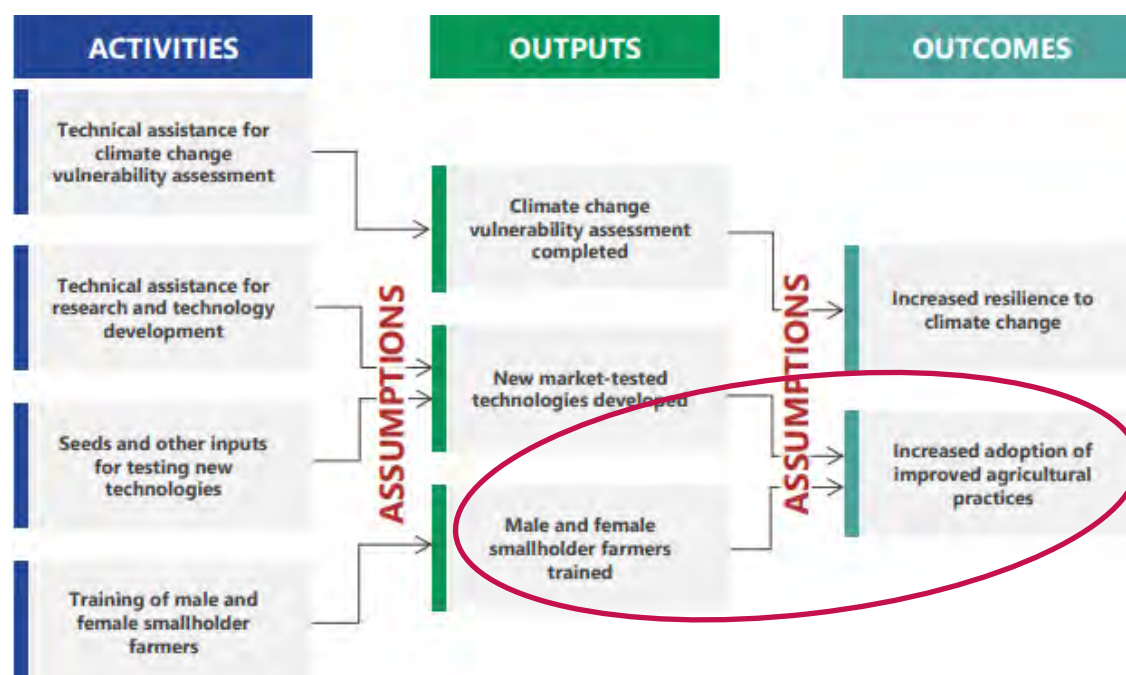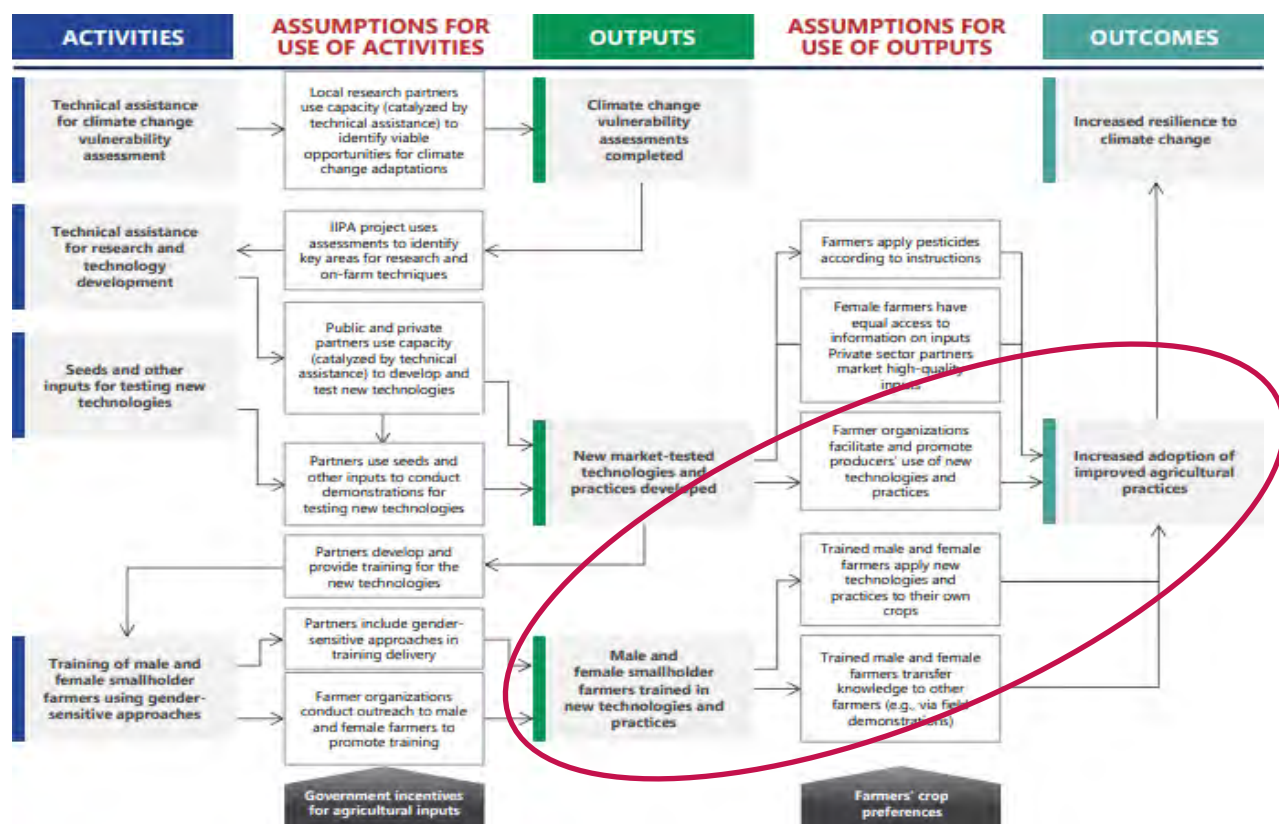**FIGURE 2: MODIFICATION OF THE TOC, BASED ON CLM ANALYSIS**