Programme Innovation Case Studies: Health and Nutrition

Prepared for World Vision UK by Ethicore

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As part of World Vision UK's DFID Programme Partnership Arrangement (PPA) in 2016, we commissioned Ethicore (www.ethicore.com) to carry out a six month research project mapping innovative programming learning and potential opportunities in our priority thematic areas of Health, Child Protection and Social Accountability. An important component of the project was identifying, summarising and analysing 12 case studies across all 3 themes from within World Vision and other agencies.

Studies were selected with a particular focus on programming for the most vulnerable children (MVC) and in fragile contexts, using the selection criteria listed on the next page. All non WV case studies used material from published reports. This document covers 5 case studies covering health, sanitation and food aid, with two other documents covering Child Protection and Social Accountability respectively. Please note that the analysis and insights below are those of the consultant and do not necessarily reflect those of World Vision.

Cover photo: Parent Support group demonstrating the local production of liquid soap to promote improved sanitation in the community initiated 'Model Household' project supported by World Vision Uganda.

Contents and Index of case studies

CRITERIA FOR CASE STUDY SELECTION (Original)

Title of project	Insert project name / ref here			
Criteria	Description	Essential or optional?	Weighting	Score
Quality	Sufficient evidence (quantitative & / or qualitative data) documented for a case study	Essential		
Sectoral	Applies (or has potential to apply) to a need, or opportunity in 1 or more of the 3 priority programme areas	Essential		
Innovative & Impactful	Evidences a NEW solution able to deliver sustained impact for vulnerable children & their communities	essential		
New model or Transforming?	Innovation is either a new development model OR a transformative 'step change' approach.	1 or other; Optional –	scores 2	
New business or partnering model	Innovation is either a new business model OR partnering approach.	1 or other; Optional –	scores 1	
Most Vulnerable	Innovation that has particular relevance for the most vulnerable children & their house-holds and communities	Optional –	scores 3	
Replicable	The innovation can be adapted to different contexts and cultures	Optional –	scores 2	
Scalability	The innovation has potential to be applied at a large scale e.g. across entire countries and large populations	Optional –	scores 2	
Cost effective	The innovation is impactful at relatively low cost or achieves significant cost savings	Optional –	scores 2	
Fragile or post emergency contexts	The innovation has been applied, or has high potential to be applied in fragile or post emergency contexts	Optional –	scores 3	
Alignment	The innovation is well aligned to a particular WV strength or opportunity (e.g. community base, faith)	Optional –	scores 2	
Organisational	The case study demonstrates increased organisational capability for innovation or agility	Optional –	scores 2	
Marginal urban or rural	The innovation responds to a particular opportunity in a neglected / niche programme area	Optional –	scores 1	

Insights from case studies

1.FOCUS ON THE PROBLEM AS RECOGNISED AND DEFINED BY TARGET AUDIENCES

- Start from the needs of children and their families and communities
- Be adaptive, flex programme development in line with the needs of the community
- Aim to meet participant expectations – not provider expectations

2.INNOVATE WITH PARTICIPATORY PROGRAMME DESIGN

- Put communities at the heart of the design process
- Focus on community to define demand and solve problems
- NGOs as facilitators to convene, facilitate and build capacity

3.EXPERIENCE PROBLEMS AND SOLUTIONS

- Design solutions based on observation and experience
- Understand problems through proximity not just analysis
- Focus on solutions created – not what needs you aim to satisfy

4.CREATE DEMAND FOR THE OUTCOME NOT DEMAND FOR INPUTS

- Focus on endgame e.g. village which is child marriage free
- Provide an excellent service to drive demand
- Provide proof and build trust through tangible experiences

Insights from case studies (CONT.)

5.OUR GOALS, NOT MY GOALS

- Set clear goals for programmes, as expressed by beneficiaries
- Have an intentional aim and evaluate against it
- Put those experiencing a problem in place to evaluate it

6.DESIGN FOR THE MOST VULNERABLE AND MARGINALISED

- Engage most vulnerable and marginalised children in programme analysis and design
- Avoid reinforcing structures that exclude, e.g. focus groups which favour the literate
- Extend approaches to other vulnerable groups, e.g. disabled and illiterate
- Enlist children as advocates and ambassadors

7.WORK WITH 'UNUSUAL PARTNERS' TO REACH BENEFICIARIES.

- Identify new targets reach audiences, e.g. domestic violence -work with perpetrators, not just victims.
- Work with current actors (men's groups) and potential actors (boys), defenders (women's groups) and enablers (e.g. police force).

8.LAYER UP LEVELS OF ACTIVITIES, ISSUES AND RELATIONSHIPS.

- Work with different levels, e.g. national government, local government, community groups, families.
- Consider inter and intra-family relationships, e.g. multi-generation, familial, community, peer-to-peer.
- Integrate new partners to imagine new models, e.g. design firms, government bodies, private sector.

INSIGHTS FROM CASE STUDIES (CONT.)

9.REFRAME AND REPURPOSE APPROACHES FOR CULTURAL RELEVANCE.

- Identify core values of key audiences and influencers, e.g. generational respect.
- Identify new activities which align with their values, e.g. storytelling .
- Reinforce cultural practices to build solutions, e.g. grandmothers as advisers.
- Contextualise for local culture, e.g. drumming in rural Uganda.

10.EXTREME INNOVATION IN CRISIS SITUATIONS.

- Invest in capabilities to enable extreme innovation, e.g. partner with agile tech innovators.
- Focus on access to information for continuity and accountability, e.g. records aggregation and demand identification through mobiles.
- Access through free mobile applications to build participation.
- Innovate with 'anonymous' technology for citizen accountability in fragile states.

11.INNOVATE WITH NEW ECONOMIC MODELS.

- Delivering a service for customers not beneficiaries.
- Develop business/funder/government alliances. Create solution focused programmes for funders and governments. Requires ideological shift and reengineering of NGO model.
- Leverage NGO credibility/access, private sector technical ability/resources, government authority/capability.

12.NEW MODELS AND PROCESSES ENABLE GREATER IMPACT AND ADAPTATION.

- Large scale impact through disruptive innovation: visioning new structures and models, e.g. Living Goods.
- Strong brand creation for scale: Use on and offline networks: community advocacy, media and social media, e.g. I Care About Her.
- Modular approach: building different 'blocks' of innovation to allow iterative development, e.g. LMMS.

Health

Internal Case Studies

Case Study 1: Last Mile Mobile Solutions (LMMS)	World Vision and partners
Case Study 2: The Grandmother Solution	World Vision and partners
Case Study 3: M-health	World Vision and partners

Last Mile Mobile Solutions (LMMS)
from World Vision and partners

INNOVATION/ APPROACH	Innovation
FOCUS OF INNOVATION	Product development for improved service delivery
TYPE OF INNOVATION	Transformational

OVERVIEW

World Vision decided to evaluate new and more advanced food distribution management solutions for its operations in Africa. In humanitarian response paperwork is normally used, with manual entry of data. The challenge for World Vision was to find a solution that would shorten the wait times in the field for the actual food distribution, maintain accurate and transparent tracking and ensure delivery of the correct food quantities to every eligible recipient.

The result of this search was a solution World Vision terms the Last Mile Mobile Solutions (LMMS) project that uses software developed by FieldWorker, a Canadian IT company specializing in mobile technology solutions, and ruggedized CN3 handheld computers from Intermec. Last Mile Mobile Solutions was piloted in 2008.

World Vision developed LMMS as a stand-alone digital system with functionalities including beneficiary registration, verification, distribution planning and management, monitoring and reporting. It improves remote data collection, helps manage aid recipients, enables faster and fairer aid distributions and delivers rapid reporting to aid workers.

The innovation has created a successful system that has been widely adopted across WV food programmes since 2008. It has also been adopted and built on by other NGOs operating in the field, and those moving beyond the original scope of the innovation.

As of May 2015, LMMS has registered over 3 million beneficiaries and has been deployed in 26 countries by over a dozen different humanitarian agencies.

FEATURES

Collaboration with the private sector

Collaboration with private IT sector was central to this development and it heavily influenced the approach taken and the resultant solution

Field based research and evaluation

The project aims to research the impact of the technology out in the field

Defined as an innovation project

LMMS was recognised as an innovation project from the beginning, utilising innovation techniques and theories to drive the programme including an assigned team; stakeholder engagement internally and externally throughout the process; formative review process; clear project principles within which to explore ideas, and clear management support

KEY PERFORMANCE INDICATORS

Last Mile Solutions was reviewed throughout the development phase and after the completion of a pilot phase in 2008, a formal evaluation of impact was undertaken.

KPIs included:

- Time spent generating key reports (down 60%)
- Time pre-processing and verifying beneficiaries (down 75%)
- Cost benefit (the costs of software and hardware was less than the expected savings from staff time reductions, suggested a net positive impact over time)
- Decrease in fraudulent claims
- Improvement in real-time analysis – this hasn't been reported on, but was suggested as an outcome

Plus, beneficiary feedback was gathered, including how they judged the quality of service, how involved they felt and other benefits such as increased privacy (due to the fact that monitors did not have to calculate personal information at the time of collection, due to this happening online via the technology).

INSIGHTS

The right partnerships can build capacity within WV

The relationship with a private sector organisation experienced in developing technology brought two key aspects to the project.

1) The first was an agile approach to development

This methodology is very common in IT development, but under utilised outside of the sector. The approach allows a more formative review process, that enables key players to stay involved throughout the development process, shaping the project through regular feedback and review. Tools that are common in agile work, can be useful tools for adoption across WV and the ability to build these skills through this innovation will undoubtedly increase internal capacity with features that support fast feedback, understanding barriers and evolving solutions during development.

2) The second builds an agile approach - the creation of IT modules

The modular system created is good practice in web building and was likely driven by the IT partner who understood the need for a development approach that would allow further investment and scope increase at a later date. Their expertise brought a different approach that will prove highly valuable to the humanitarian sector.

Organisational future-proofing is key to longevity

The innovation was driven by problems with data management in the field, and the acknowledgment that these were likely to increase over time having a detrimental affect on providing services.

The recognition of an increasing problem, and the drive to reduce core costs demonstrates foresight and highlights the potential of organisational reviews to identify areas for innovation.

INSIGHTS

Innovation starts from an open mind

The initial idea of an ID scanning system for managing beneficiaries came from a member of staff seeing check in systems at the airport. This demonstrates how important it is to create a culture where staff are thinking in an open minded way and are receptive to ideas like this.

The idea was also optimised by being identified as an innovation project very early on, meaning that the development process was considered in the context of innovation from the beginning; this means it was shaped around innovation processes and decisions were made based on best practice in innovation. For example, noting the early resistance in the field, early adopters were targeted first before considering the early majority who get involved later.

Adaptability is key to innovative working styles

The adaptability of on the ground workers was key to ensuring the innovation did not fail when first put into action. A delivery process had been outlined in the design phase, but due to conditions on the ground this did not apply - notably that the vast majority of data collection had already taken place manually for food programmes already begun. The workers found ways to still enable the pilot to go ahead by moving paperwork data onto the system and then completed photography checks at the next food distribution. They also sought out other technological solutions to minimise time spent on mass data entry.

The need for better communication during and after pilots

Early stages of implementation were met with polite acknowledgement but a lack of commitment from on the ground field workers. This was noted as being a causality of high numbers of pilots previously. This lack of commitment to new pilots is frequently seen in organisations, but the reasons behind this are commonly misunderstood. It is often not the failure of pilots that cause this, but rather a lack of communication around the pilots. Communicating failure of an idea in a positive way is key to creating a culture that supports innovation. Those involved need to understand what happens after a pilot, and to have the ability to learn from this, as well as feeding into what happened.

WHAT'S UNIQUE ABOUT THE INNOVATION?

Defined scope from the beginning

Innovations can be seen as a chance to break free from constraints but having a sense of scope to be tackled is important in honing an idea. In this innovation, WV set a clear parameter, which was to focus on food programming alone.

The rate of innovation

The scale up of the innovation utilised the IDEA process within WV. This meant that a gap occurred between evaluation and adoption of the idea elsewhere. This meant that the evaluation process was given the time it needed to truly evaluate the programme.

WVs role as a lead implementer of the UN's Food Programme

WV holds the role as the UN's biggest partner for food programmes and therefore has a unique role from which to drive this innovation.

Partnership with the private sector

The recognition that to develop a solution in this space, there would need to be both humanitarian and technological expertise was key to success. The combination of the two skill sets made the innovation unique.

WHAT MAKES IT INNOVATIVE?

Ideas generated from a completely unrelated sector

The initial idea spawned from a completely unrelated sector; this use of an unrelated idea to spark innovation is a core technique of good innovation.

Considering the user experience of the beneficiary

The innovation focused on not just the desired outcomes for the NGO, in terms of efficiency, but also the beneficiaries experience. Elements of social accountability were brought in to the health programme, shaping the way identification was tackled. Fingerprints would have been very much driven and 'owned' by the NGO. An ID card is owned by the beneficiary, meaning they have an active role in using this.

The team took time to focus on potential failure points early on

This approach is not always taken in innovation and offered a unique ability to 'test' the process theoretically before pilot phase on the ground.

The focus on innovation theory

For WV this approach is innovative because of the focus on innovation theory. The Hype Curve, something commonly used in technology based product launches, was utilised to help shape the programme activities and communications plan. The idea was to manage the peaks and troughs seen in response to new technology, and the curve theory helped them to focus on six key areas:

- Managing expectations of stakeholders – to ensure these are in line with expected deliverables
- Providing education and training – to ensure beneficiaries were able to utilise the technology and were not immediately disillusioned
- Leverage and persuasion techniques – to keep beneficiaries and delivery partners on board during tough times
- On going analysis – to provide feedback and respond to problems as they arise
- Negotiation and use of authority when required – again to maintain engagement and delivery of the technology even when facing problems

The Grandmother Approach
from World Vision

INNOVATION/ APPROACH	Approach
FOCUS OF INNOVATION	Change through culture, by engaging the community and strengthening community networks
TYPE OF INNOVATION	Transformational

OVERVIEW

The Grandmother Approach was designed to empower grandmothers, enhancing communication between them and younger women and men, as well as strengthening the role of grandmother groups in the community.

The aim was to increase social cohesion within families and improve wellbeing. There were three key pillars of activity:

Grandmother inclusion – finding ways to ensure grandmothers were included in the local community and not kept separate.

Use of participatory communications – an approach based on adult learning and community development principles.

Intergenerational dialogue – helping to bridge the gap between the youngest and older members of the community who had become increasingly separated by attitudes.

The approach was trialled in Velingara to reduce the number of teenage pregnancies. It has since been trialled elsewhere to tackle different issues.

FEATURES

Family to family interactions

The use of a family member to drive change within the family unit. This idea of 'resource persons' is not always utilised, but involves identifying a resource within the community that is underutilised and supporting them to drive change.

Cultural traditions meeting new attitudes

The project aimed to build on the experience of the grandmothers as girls themselves, mothers and daughters. However, they needed to tackle the disparity, or perceived disparity between the grandmother's attitudes and those the younger generation were experiencing via social media. The challenge was to preserve the respect given to the older generation and to preserve the positive aspects of local culture whilst developing more progressive views on marriage and female education.

Cultural practices reinforced

The project recognised the positive impact many cultural practices can have, and tried to reinforce the positive by bringing more attention back to community activities such as 'under the tree' meetings, dancing and singing sessions to share stories.

Shared learning

A key feature of the approach was that it was designed and tested to enable it to be adopted elsewhere by others in the field. A guide to the approach and the sharing of key learnings means an impact will be seen beyond that of the initial project, and beyond WV programmes.

KEY PERFORMANCE INDICATORS

The project was evaluated through both quantitative measures and qualitative evaluation.

Key measures representing treatment of females were tracked, including but not limited to:

- Average age of marriage for girls – this increased from 15 to 17
- Support of FGM – numbers opposed increased from 41% against to 95% against
- Reduction in teen pregnancies – disappeared in some villages and reduced everywhere

Testimonials were also gathered to assess social change. Discussions with young female groups, GM groups and wider community members looked at:

- How young girl's attitudes towards their grandmothers had changed
- How often grandmothers and the community, especially young women interacted
- How likely girls were to seek advice from their grandmothers and how often they spoke to their grandmothers
- They were asked about the grandmother's role and whether this had changed, and whether these changes were positive or negative

INSIGHTS

The GM approach starts a ripple effect

The elder men in the community groups also reported feeling more actively involved in their communities. The empowerment of their wives made them feel both proud and made them more likely to get involved.

In addition, the building of skills such as critical debate, intergenerational interaction and tackling inequality has led to wider socio-economic impacts as community members are better able to tackle issues as they arise.

Scaling an approach not a project can be more impactful

The approach has been developed to be utilised for multiple programme areas. Because of this the approach guides, training and partnerships established are all designed to be applied to different focus areas. The approach has been widely shared with other NGOs to enable them to utilise the approach, rather than maintaining this as a WV specific programme.

An elongated planning phase presented a useful knowledge base

An 18 month planning phase for the project allowed the team to understand the local behaviours and attitudes, meaning they could develop a culturally sensitive programme. The phase of planning allowed them to gather insights into twelve priority values that were important to the community, and that should be utilised not undermined if they were to successfully challenge certain attitudes.

The programme has shown the approach can be utilised for other programme areas. Success in Southern Senegal was taken and built on with a project in Sierra Leone to examine the role of GMs in improving infant and young child feeding practices. The partnership with Emory and Njala Universities ensured it assessed impacts well, utilising baseline surveys to begin with, rather than relying on testimonials of how it was before and after.

WHAT'S UNIQUE ABOUT THE INNOVATION?

Developing critical thinking and discussion skills that will benefit the community beyond the project

The project aimed to elicit critical thinking by the community rather than dictating which actions to adopt. This building of core skills that go beyond the project and enable GMs, and other community members, to elicit discussion and solve future problems is a unique aim.

Girls were not targeted directly

Development aid programmes aimed at the wellbeing of young girls tend to specifically, and sometimes exclusively, address them. This overlooks the socio-economic context, roles and interactions that can influence their decisions and behaviours. This approach looks first and foremost at using GMs to bring the community together and to identify their own context and therefore their own solutions.

The focus on reinforcing positive cultural practices whilst tackling associated behaviours

A true understanding of core values is important when tackling behaviours, as values are incredibly hard to change. Instead you should focus on developing new behaviours that deliver on those values differently. For example, the notion that grandmothers should be respected is a strong community value. However, due to an increasing separation of the grandmothers from the community, as a result of young people interacting with social media and seeing their GM opinion as outdated, negative behaviours such as corporal punishment were being laid down by grandmothers as a way to maintain their authority. The underlying value of respecting your elders may be positive, but the behaviour is not positive.

WHAT MAKES IT INNOVATIVE?

The use of resource persons

The perceived 'source' of a problem can be your best ally. GMs can be seen as the source of certain behaviours, reinforcing historic social norms rather than challenging them. The Grandmother approach looks to reverse this creation of a negative space between girls and their grandmothers and the view that they are 'out of date' by bringing the GMs on board and empowering them to learn and challenge their own views and become a useful positive driving force for the community. The interception from the approach can help to prevent the GM role being further degraded overtime, which could have increased the need for a feeling of control by the GMs being exerted in increasingly dominant and negative behaviours.

Developing activities in response to the approach

The approach may be fixed, but the activities were not. The schemes put in place came directly from the community discussion groups and in direct response to concerns raised and potential barriers identified. Keeping an open dialogue during the programme is as important as during the development phase, as the dialogue forums brought up further community concerns as members became more confident. Concerns raised, such as lack of confidence amongst parents in their roles as educators, meant that schemes could be co developed with the community to tackle these simultaneously, for example, a school that aimed to bring teachers and parents together to deliver a more cohesive approach to building good values. The loss of traditional events, such as storytelling, was raised as representative of a loss of traditional values. The Community were able to identify that bringing back these activities would immediately make all parties feel more comfortable that traditions were not being lost, even if attitudes changed.

WHAT MAKES IT INNOVATIVE?

The development of horizontal communication lines

As noted, in aid programmes there can be a one way direction for messaging, from the community partner to the community. This also occurs in families, with communications going from the top down only.

The GM approach looks to create horizontal lines of communication within the family, whereby each member receives the same ability to raise concerns and discuss their thoughts. This is a challenging innovation, especially in an environment where a concern raised was around children being given too many rights by foreign groups. The outside approach was challenging traditional, more hierarchical approaches to discipline. This was tackled to some extent by the creation of horizontal lines of communications between WV and the community as well. This enabled families to express their concerns and have them validated, even if they were then challenged with new potential ways of working.

M-health
from World Vision and partners

INNOVATION/ APPROACH	Approach
FOCUS OF INNOVATION	The integration of m-health technology into national programmes
TYPE OF INNOVATION	Incremental

OVERVIEW

The Posyandu project in Indonesia was designed to tackle the lack of evidence of integration of m-health into national nutritional programmes and examine the impact of the mobile phone application m-health on growth monitoring activities. It also aimed to understand the contextual requirements to roll out the technology to other areas in Indonesia and further afield.

The mobile phone application CommCare was integrated into the existing national nutrition service delivery through the Posyandu programme in Indonesia. Three areas – two urban, one rural – were selected to be monitored, and fourteen Posyandus groups were selected for inclusion.

Posyandus are monthly service posts at sub-village level that form the lowest level of the primary health care infrastructure in Indonesia. They monitor growth and child wellbeing through a paper based system delivered through these monthly gatherings.

The aim was to evaluate the potential of the mobile phone application to:

- Improve accuracy
- Improve timeliness
- Use improved data access to drive funding decisions
- Increase health care worker feedback
- Increase at home counseling by health care workers

FEATURES

Integration of existing technology at a greater scale

The m-health technology has been used by WV across a large number of its programmes, but prior to the work in Indonesia, its integration into national programmes was not widely evaluated. The project aimed to evaluate m-health across three areas, in contrast to previous applications of the technology that had remained in small distinct areas.

The programme was designed with evaluation in mind

This meant that the project was shaped around the need to evaluate its success and to learn from its implementation. A set of clear evaluation areas and methods were outlined in the preliminary stage to enable the project to form the basis of future implementation schemes for m-health.

A focus on quality of care

Whilst the project was aimed at evidencing the improvements in accuracy and timeliness of data collection, it was also evaluated regarding wider client education and behaviour change: in particular, contextual elements, such as responsiveness by caregivers, responsiveness by governments, and system dynamics, such as numbers attending clinics, and their impact on successful integration.

KEY PERFORMANCE INDICATORS

Despite the enthusiasm for using mobile phones for nutrition service delivery, a review by the IDS found very few studies that critically assessed their application. A major shortcoming of the existing studies was that they were all based on small, one-off pilot projects and integration into national nutrition strategies or programmes was minimal or non-existent. As a result of this lack of integration, the sustainability of mobile phone-based nutrition systems was generally low and most projects ceased to exist after the pilot. World Vision Indonesia and World Vision Canada aimed to address this by undertaking a significant evaluation of the Indonesian programme using m-health.

Three key areas, each with their own measures of success:

1) Formative phase
- Functionality of the mobile phone application in the nutrition service delivery in the posyandus.
- Acceptability of the mobile application to the cadres and caregivers.
- Feasibility of the different data collection methods that are part of this evaluation study.

2) The accuracy and timeliness of growth monitoring, as shown by key KPIs, such as accuracy of classification of a child's growth status, feedback quality and occurrence rates of follow up/home based counseling.

3) Impact on responsiveness -
By caregivers: looking at the mothers' and caregivers' awareness of the nutritional status of the child, their level of reassurance, how empowered they feel to track the child's nutritional health, and their ability to take adequate actions to improve in case growth faltering is detected.

By government and stakeholders:
To assess whether more timely or accurate data could lead to more effective decision making around resources and increased accountability. Due to the timeframe (12 month project) this was seen as impossible to accurately assess by IDS, but later evaluations by project staff in Indonesia have reported on this impact.

The above three aspects were collected through a variety of methods, including interviews and focus groups; a formal causal inference study, a realist study, whereby the cadres were observed during the programme, and more.

For the full overview of methods used:
https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4096/ER79%20A%20Mixed-Method%20Impact%20Evaluation%20Design%20of%20a%20Mobile%20Phone%20Application%20for%20Nutrition%20Service%20Delivery%20in%20Indonesia.pdf?sequence=3

INSIGHTS

Context control can be key to success

Three pilot areas were selected for the m-health integration. Whilst these were a mix of urban and rural, essential criteria for selection of the areas, notably, the need to be close to a major road and to have access to electricity, help to set out a clear 'base' context to build on. This enables WV to minimise other factors that may influence the study. It also enables them to select likely 'early adopter' areas for roll out that mimic these features and have the greatest chance of a positive outcome.

In addition, observations and user feedback said a key factor that affected their use of the technology was the size of their clinic. The higher the number of children, the more overwhelmed the volunteer felt and less likely they were to utilise the technology. Also, as groups of people would come together to the clinic, cadres were unable to manage the movement of people through the stations effectively. These observations can help to set a 'standard' for the management of Posyandus elsewhere in order to optimise the chances of success for the m-health project.

The importance of changing/reviewing KPIs in response to activity

The timeliness of both sending data and the Posyandu sessions themselves were seen as KPIs. The latter would have been recorded as a negative impact, as the sessions themselves increased in length. However, this was a result of greater feedback by the cadre and the caregivers responsiveness increasing as a result of the technology. So rather than this being a negative indicator, it was an indicator of an alternative impact.

Potential to adapt learning in different implementation schemes

The project demonstrated key aspects that were already affecting the health programme. Notably, the identification that accuracy rates for recording child growth status were significantly higher in areas where cadres were older, more experienced and had more training. This in itself is useful information to secure funding and resources for those areas where m-health cannot be implemented.

INSIGHTS

Cost benefit analysis has to be used wisely

The comparison between a volunteer based, paperwork system and a high infrastructure, high capital cost system is not favourable. When changing to systems that require initial investment, this is likely to be the case. As such, the study highlights the need for any evaluation to be based on wider social benefits, such as increased social productivity and reduced health intervention costs over time. Longer term evaluation to assess these less immediate benefits is needed to gather evidence.

An incremental progression for an existing technology

m-health technology existed prior to this project. It had the power to be a transformational innovation but it's delivery in small pilot projects that were not sufficiently evaluated, and that were not brought together to evaluate the impact of integration at national level, meant that m-health did not achieve the significant step change it could until the Indonesian project. It highlights the need for pilots to be overseen by a team who is able to pull together learnings and look for ways to scale up pilots to increase the learning potential.

WHAT'S UNIQUE ABOUT THE INNOVATION?

It looks at application across multiple areas

Prior to the Indonesian project with CommCare, pilots using m-health technologies had been delivered and evaluated in isolation. This meant that the context within which success or failure was measured was very specific, and no comparative evaluation of the technology could take place. The Indonesian project looks at rural and urban areas, each with their own unique contextual factors.

It looks at responsiveness of the beneficiary

The project takes an interesting angle, looking not just at how the technology improves the speed of the service and efficiency for the project staff, but also evaluating how the project improves the user experience of those attending the health clinics. This is looked at in terms of quality of service they feel they get, but also on a much deeper level, looking at how much the technology helps to drive their own sense of empowerment, understanding and subsequent responsiveness to the information they are given. It looks at this wider personal development, both in the immediate context during the clinic, and afterwards in their home.

WHAT MAKES IT INNOVATIVE?

Collaborative theory of change

Key stakeholders worked together to create the theory for change for this project. It was refined in a collective and iterative process by the evaluation team during the initial qualitative scoping visit to the pilot sites, with contributions from a wide range of stakeholders, including those involved in programme implementation. The approach is an innovative way to try and overcome the limitations of using a theory of change approach. For example, theories of change require a simplification of the real world and consequently might miss important contextual factors and assumptions that may influence take up. The theory was therefore treated as a developing framework that was tested and revised throughout.

Utilising pre-existing contextual requirements to complete evaluation

Rather than constituting an obstacle to a rigorous evaluation design, the need to continue delivery of a paper based monitoring system in parallel to the m-health project was utilised. The simultaneous application of the two data collection approaches offered a chance to run comparative causal inference design, based on Mill's 'Method of Difference'. These potential limitations actually presented significant benefits when viewed from this angle, as context and individuals involved are the same, and therefore removed two major risk factors for variation in results.

Health

External Case Studies

Case Study 1: Living Goods Community Health Promoters	Living Goods
Case Study 2: Project Sammaan	Gates Foundation and Quicksand

Living Goods Community Health Promoters from Living Goods

INNOVATION/ APPROACH	Innovation
FOCUS OF INNOVATION	A hybrid model for economic development and child health
TYPE OF INNOVATION	Transformational

OVERVIEW

Living Goods supports networks of 'Avon-like' health entrepreneurs who go door to door to teach families how to improve their health and wealth and sell life-changing products such as simple treatments for malaria and diarrhoea, safe delivery kits, fortified foods, clean cook stoves, water filters, and solar lights. By combining the best practices from business and public health, they are dramatically lowering child mortality AND creating livelihoods for thousands of enterprising women.

Key elements to the model:

- Community Health Promoters (CHP) are the heart and soul of the Living Goods system.
- The Living Goods toolkit, which provides each Health Promoter with all the tools she requires to serve a client's health needs and build a successful business, including a uniform with the Living Goods brand that signifies quality and trust.
- Life changing products that tackle four areas responsible for child deaths, that have solutions which are affordable and deliverable via this model.
- Smart mobile tools are provided, including an Android phone equipped with powerful Living Goods-designed apps. Treatment app makes diagnosing child illnesses easy and accurate; it also sends daily dosage reminders to the patient. The pregnancy app helps flag pregnant women at high risk of complications and sends timed SMS health messages to them every week. These tools enable the tracking of every customer contact. Living Goods also uses this system to broadcast health messages and money-saving promotions to customers via SMS. This drives better health behaviours and increases demand and sustainability.
- Working capital is provided to every Health Promoter to finance her inventory and ensure that she is always in stock on life-saving medicines. To make doing business easy, agents can make their loan payments and purchases using mobile money transfer. Living Goods is also testing novel approaches for extending credit to customers to help them pay for more expensive items—such as solar lights—with easy weekly instalments.

FEATURES

Human connections

The entire model is based on the existing connection between the health promoters and their local communities. It aims to build on this trusted relationship to provide a health care service and drive economic change.

Model for economic development

The model is developed to tackle both economic development and child health. It works in a way that recognises and utilises business forces, such as competition and brand development.

Future-proofed technology

The model relies on technology to provide key services. However, it has also been developed with future developments in technology in mind, utilising new and upcoming technology in advance of it becoming mainstream, as a way to future-proof the model.

KEY PERFORMANCE INDICATORS

Living Goods invest in best in class evaluation and impact reporting. Their reporting covers key areas:

1) Engagement and key indicators for health

They record the number of interactions with community members, key health indicators for those visited, and the treatments and products provided. Living Goods uses a detailed logical model to identify and set targets for key metrics that drive the core goal of reducing child mortality. These measures include the number of children treated, pregnancies supported, newborn visits, follow-ups, and in-stock rates at every branch. All the data is collected via the Smart Heath app.

2) Key business growth indicators

Secondly they record key business indicators including number of customers and product sales. They also track performance of the CHPs against sales targets.

3) Landscape changes

Thirdly, they track impacts on the wider health market, such as the price of drugs in clinics and drug stores, and the prevalence of fake drugs.

4) Investor potential

Lastly, and most innovatively, they track return on investment for funders. They do this in the same way a private company would provide investors with performance data to ensure their continued shareholding. They have utilised their investment reporting to double funding in the programme based on the return on investment they have shown.

INSIGHTS

They have customers not beneficiaries

There is a big focus on the customer in the Living Goods model. Both the customer of distribution centres – the CHP, and the end customer – the householder. For the CHPs, there are helpful opening hours of the distribution centres, a promise of 100% stock at all times, and deliveries available to avoid transportation costs. For the householder, in the same way a consumer brand would map the customer experience and aim to improve this, Living Goods has done so. It has created a consumer experience which is superior to that of receiving free goods, making cheaper better than free.

The model is not reliant on volunteers

The CHPs do not work as volunteers or salaried staff—they are empowered entrepreneurs who earn an income by providing products and services that improve the lives of their customers. They aspire to make a difference AND make a living. Living Goods uses a highly-selective screening process that includes references, tests, and role-playing. They often pick fewer than 20 out of every 100 applicants. The typical CHP is a mother, 25 to 50 years old. They are savvy and connected, with rich social networks that they leverage to spread health education and build their businesses.

INSIGHTS

Impact reporting has to be done with investment approach in mind

The investment in a best in class impact study carried out by leading universities resulted in a doubling of funding for Living Goods. This step change in funding is in part due to the report, which provided significant impact stats, such as a 25% reduction in child deaths at a cost of just under 2 dollars per person reached. It is also a reflection of the Living Goods senior management team's attitude when it comes to directly linking finances to impact and reporting a social return on investment for funders. They focus on retaining and growing current funders as well as using the information they garner to reach out to new funders looking for the biggest impact for their investment.

There are strict targets and performance reviews to ensure quality is maintained

The CHPs have targets in the Living Goods model. If they do not meet these targets they have to undergo further training, and can be replaced. The recruitment process to become a CHP is also very rigid, with only 20% of applicants being accepted. This tight monitoring of performance is not always possible with volunteers, due to the need to retain them and a discomfort in tracking help offered for free. By having entrepreneurs involved, you are able to better drive performance. These targets ensure the quality of delivery is good, and that the financial model works.

WHAT'S UNIQUE ABOUT THE INNOVATION?

The business approach

Living Goods is run like a private sector business, founded in a revenue model. The founder speaks openly about his determination to avoid the 'not for profit' mentality. He says that money in the NGO sector is too patient, noting that investors should be more demanding about the ROI they get and the speed at which they get this. He notes that more NGOs should go out of business or be acquired as companies do in the private sector for failing to perform. Living Goods is an economic model, using economic forces to drive change. For example, the scheme creates competition for the drug stores and clinics, driving down prices. It makes access to drugs cheaper and more convenient, creating additional barriers for fake drugs entering the system.

Not relying on volunteers

The model provides a way to pay for the millions of health care workers needed. The model generates retail revenue which covers the cost of the products, a motivating income for the CHPs and most of the distribution costs.

Utilising private sector demand for emerging market customer acquisition

Living goods has recognised the desire from big companies to gain market share in these emerging markets and built on this with private sector partnerships that support the Living Goods model. The companies have managed to gain a foothold in the middle classes in emerging markets but have yet to find a way to move down the economic ladder. A partnership with Living Goods not only gives them access to these customers, but also helps provide market intelligence about the products needed by these groups.

Brand

Living Goods is a brand. Unlike other NGOs, it is aiming to grow a brand, with loyal customers. Uniforms and branded tools all help to promote the brand to the communities served. The brand is being built to ensure customer loyalty to the products and service, as without customers the model fails. Increasingly, Living Goods is developing and marketing products under its own brand to better meet customer needs and provide agents with exclusive items that earn better margins.

WHAT MAKES IT INNOVATIVE?

The vision came first

The Living Goods founder had a clear vision as a starting point – to create change on a landscape scale. They understood they had to have two things to make that happen – a financial model and partnerships. The innovative model was developed with these aspects in mind from the very beginning. Long term financing of a solution can often be neglected in the development field due to the reliance on securing funding to run pilots, then seeking a new or longer source of funding to deliver a wider programme. The Living Goods model is almost self financing, making the need for external funding significantly reduced, and the funding that is secured can be invested in brand development and reporting.

Using economic models to drive change

Porter's "Five Forces" model is evident though out Livings Goods, utilising competition and barriers to entry to change the wider landscape for the health market. The model disrupts the status quo, rather than trying to solve problems in isolation.

Controlling the scope

Living Goods has identified a problem – child deaths, and designed a solution to help tackle this. However, they have not stated they will eradicate child deaths or even that they will tackle all deaths. They have identified four key areas, that account for 70% of the deaths and focused on these. This reduced scope enables them to achieve greater impact than if they tried to tackle every health problem.

A need to include the most vulnerable

Because the emerging markets for these goods are with a middle class customer base, there is a concern that the most vulnerable households or communities risk being excluded, as CHPs are more likely to target the better off who can afford to buy their products.

Project Sammaan
From The Gates Foundation and Quicksand

INNOVATION/ APPROACH	Innovation
FOCUS OF INNOVATION	Four fold – product development, developing connections for better solutions, behaviour change and engagement activities, and economic models that offer longevity
TYPE OF INNOVATION	Transformational

OVERVIEW

Project Sammaan is the implementation phase of the Potty Project, a human-centered research initiative made possible by funding from The Bill & Melinda Gates Foundation. Findings on adjustments needed to aspects of community sanitation facilities and habits, such as business models, building layout and design, and communications interventions, were incorporated into Project Sammaan. These will ensure that the facility is both functional and a valued commodity in the communities they serve.

The project utilises knowledge gained during the ethnographic research based Potty Project including:

- The end-user experience at community toilet facilities within urban slums in India
- End-user perceptions, attitudes, and mental models around sanitation and hygiene
- The "supply side" aspects of community sanitation in slums including things such as pricing, operations & maintenance, caretaking, and business models

Project Sammaan implemented 92 community toilets and 27 public toilets across Bhubaneswar and Cuttack, two cities in eastern India, with the intention of expanding to other cities once the interventions are validated. An open-source toolkit is one of the key project deliverables, and will allow for easier replication for other practitioners in the sector seeking to address this issue.

The project looked to innovate in four areas, identified as key to driving change:
Maintenance and Operations/Architectural infrastructure/Communications and Brand/Business models. It has taken a transparent approach to reporting on progress, sharing monthly newsletters and maintaining an online blog to chart progress and commit to certain actions. Reporting is ongoing, as facilities were installed from 2014 onwards.

FEATURES

Knowledge building

The learnings from the project are shared via newsletters and a dedicated website. The aim is to disseminate this knowledge to others working in the sector. This level of transparency will culminate in a toolkit available to anyone interested in replicating the project's successful sanitation interventions, whether in India or beyond.

Sustainable long term financial model

The project aims to kick start a roll out by the government, by giving them a model to replicate that fits all tender requirements. They have secured long term match funding from a private source (the Gates Foundation) to ensure the government budget is supplemented and this Samaan solution can be rolled out as part of the national commitment to improve sanitation.

User centered design

The project builds on the ethnographic study carried out as part of the Potty Project. The study helped to shape key underlying theories for each of the four innovation areas. These insights and learnings are the foundation that Project Sammaan is built upon. These conclusions were rigorously tested amongst community members in Bhubaneswar and Cuttack wherever possible to ensure that they are in line with not only what people need, but what people want as well. This user-experience focus will continue throughout the project, including the effectiveness evaluation that will continue for years after the facilities have been built.

Challenging social norms through engagement activities

One of the four pillars of innovation is 'communications and brand'; this is reflective of the user centered approach to the project. Communications help to keep local communities engaged, making them feel part of the project. The concept of creating a brand for the facilities installed demonstrates the commitment to deliver a solution that drives change in not just the physical infrastructure but also in the attitudes towards them.

KEY PERFORMANCE INDICATORS

A clear baseline was key

A rapid assessment of facilities was carried out in Bhubaneswar, an area that would be part of the project to install 100 new facilities.

The assessment provided a clear baseline from which to chart progress which showed:

- no. of people using shared facilities,
- no. of people who managed the facilities and who they were,
- the state of facilities,
- how often they were cleaned,
- how often people resorted to open defecation

The assessment provided more accurate data around open defecation, as previous reports have shown the number to be lower, as they recorded only those who always carried out OD. The assessment here also included those who occasionally resorted to this, making the numbers much higher.

Ongoing evaluation with a mix of quantitative and qualitative assessment from all stakeholders

There is ongoing monitoring of the performance of these improved sanitation facilities on a list of key parameters, these include the above factors, as well as behavioural aspects, such as attitudes towards the facilities and those managing them.

A process evaluation exercise will be implemented in parallel with J-PAL's Randomized Control Trial (RCT) method to gauge effectiveness. The facilities were put in place in 2014/2015 and full evaluation will not be available until later in 2016/2017.

INSIGHTS

The importance of understanding needs

Facilities were designed by focusing on the needs of all users and not by following the standard model of creating symmetrical facilities that provide the same amenities to both males and females and prioritise only privacy and not utility. Design was developed as a result of engaging heavily with the end users, starting with their input.

Understanding attitudes

The project showcased the need to shift from the facilities being seen as merely "zones of filth" to that of hygienic and clean areas to conduct all sanitation-related activities (e.g., bathing, clothes-washing, defecating, etc.) A dedicated work stream looking at communications and brand worked to tackle common perceptions of sanitation, and to change behaviours in parallel to providing new facilities.

Reflecting the local community is important

Whilst the design was based on creating a replicable model that Government could adopt elsewhere, materials used for the construction were adapted to match local supply. The aim being to both capitalise on locally available material to reduce costs and support the local economy, but also to provide a resource that is reflective of the community that houses it.

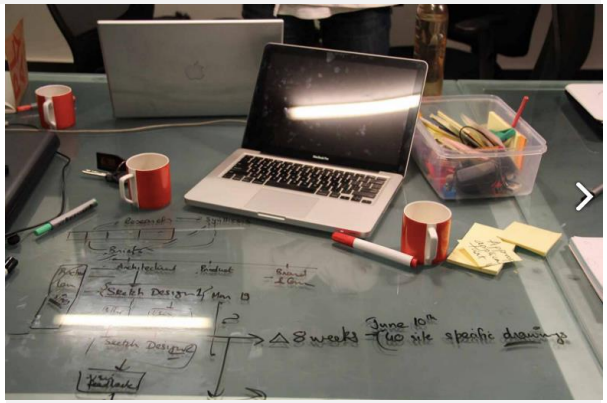
INSIGHTS

Branding the solution helps change perceptions

The project highlights the need to consider how your end users will perceive the intervention. The right branding can ensure optimal adoption rates amongst end users in the communities, a feeling of professionalism in the people who run these facilities, and brand recall amongst stakeholders in the government.

Branding was developed based on insights from Potty Project and group-based role-playing activities were used to chalk out possible end-user sanitation facility experiences. Four strong themes emerged that drive the facility brand: Community, health and wellbeing, convenience and dignity and respect.

The creation of a trusted brand for the facilities, also enables the project team to drive messages through that same brand. They can help to create awareness about the invisible link between diseases and improper sanitation, seed behavior change through emulation and build an aspirational image around sanitation.



Focusing on the common failure points

A key failure point in previous sanitation projects is the lack of long term care giving to the facilities. There was a focus on understanding the current models that are employed, while exploring practical changes that can be made to operating and maintaining these facilities. In tandem, the programme looked at improving the quality of life of the caretakers themselves, both through their perceived value and position within the communities they serve and by addressing unfair business practices that put an undue financial strain on them.

Government should be an active participant not just a stakeholder

The active participation of the local municipal corporations in Bhubaneswar and Cuttack provided the opportunity to overcome hurdles during the project, such as expediting the identification of potential sites. It also allowed the project team to put in place structures that would remove hurdles for future roll out. For example, the creation of a model that meets all tender requirements and the creation of a Project Management Office (PMO) to oversee the facilities going forward.

Without active participation these changes would not have been put in place. It is likely that the proposed business model to deliver this project elsewhere – supplementing of government investment into sanitation by the Gates Foundation - would have been a key leverage in securing this active participation.

WHAT'S UNIQUE ABOUT THE INNOVATION?

Challenging cultural perceptions

Existing models fail due not only to the lack of long-term sustainability in the operations and maintenance practices, but also because of a user perception of toilet facilities as "zones of filth" and, correspondingly, defecating in the open as a safe, viable, and preferred alternative. This disparity between epidemiological fact and conventional wisdom requires an approach that is not just "more" but "better"; simply providing toilets is a half-measure that is doomed to fail.

Active participation of all parties involved in the eco-system

The project is a unique innovation initiative due to the diversity of the organizations working on it: design firms, government bodies, empirical researchers, architectural firms, waste management experts, community engagement specialists, and an interface management team. This amalgamation of seemingly disparate entities provides a robust and exhaustive approach that ensures community members' needs are designed for, the facilities are both functional and valued, and the effectiveness of the engagement is thoroughly evaluated. These groups are united by a shared goal of re-imagining current models and practices to have a more significant impact on sanitation and hygiene issues in India.

Government buy in

Governments: buy-in at the national and state level is needed to ensure alternative, sustainable sanitation models are considered, and valued in future national plans. The partnership between public and private entities is rare, and the BMC and CMC should be considered precedent setters in this innovation. The support and participation of the municipal corporations streamlines many processes (e.g., site selection, land tenders, access to communities, etc.), validates the project to the citizenry it seeks to help, and ensures that the facilities will be valued commodities in the cities for years to come.

WHAT MAKES IT INNOVATIVE?

Tackling both hardware and software in one innovation project

The hardware, or physical construction is just one aspect of sanitation, but is often the focus of funding directed towards this space. The software – the systems in place to run these facilities and the attitudes around them is often cited as an area where projects fail. Project Sammaan tackled both.

Four pillars of innovation

The project team divided the sanitation challenge into its two parts:

1) designing + building facilities that people would like to use — Infrastructure or Hardware
2) implementing new business models to ensure appropriate services, pricing and maintenance - institutions, or software

They then looked at each challenge through four work streams/innovation areas they believed were most important to delivering a step change in sanitation – Operations and Maintenance/Architectural infrastructure/communications and brand/business models. Innovation in each area helped to explore and overcome barriers.

User centered design

The project applies user-centered design principles to ensure that the end-beneficiaries' inputs are taken into consideration so that the various interventions are in line with user needs and to ensure that the facilities are not only used, but valued as well. Co-creation sessions, feedback meetings, end-user testing of prototypes (e.g., the Potty Lab), and general conversations with individuals and families while visiting the communities Project Sammaan will work with have all helped direct the project thus far.

Innovation scope determined by Government tender process

The project seeks to innovate within the framework and constraints of the government's urban policy and planning processes. While this poses several challenges for the project's innovation mandates, it also ensures that the facilities that are built do not become only 'models' of innovation, but truly replicable models.

Innovate scope drives business model

The budgets for the toilet facilities are primarily from government funds already set aside to build toilet facilities, with supplementary financial support from The Bill & Melinda Gates Foundation, thus also making it a more sustainable financial model for scale. This can only be achieved because the innovation scope has been set around the tender requirements.