

HOUSEHOLD ECONOMIC STRENGTHENING INTERVENTIONS: GUIDELINES FOR IMPLEMENTATION PROCEDURE REPORTING

HES Research Dialogues: Methods Brief II

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Introduction

This brief proposes **standardized guidelines for reporting implementation procedures** so that researchers can better evaluate household economic strengthening (HES) interventions and practitioners can better implement them. Although there is a growing evidence base on the effectiveness of HES interventions, studies most often provide little information on how these interventions were actually implemented. This limitation is not unique to the field of HES intervention research. Nonetheless, it is crucial for HES program developers and implementers to improve the level of reporting on program context, implementation procedures, and any problems that might have occurred on the ground and how they were resolved. It is essential to know, for example, how many sessions were provided, what content was

covered, how long the sessions lasted, whether and how community buy-in was assured, how well the sessions were attended, and how facilitators were trained. Detailed, systematic records about the implementation process for any HES intervention are essential in order for organizations and impact evaluators to understand why the intervention was successful or unsuccessful.

If information on implementation procedures is missing or was never recorded, this can lead to errors in drawing conclusions from the research results. Hence, otherwise successful interventions could be mistaken as unsuccessful because of major flaws in the implementation process and quality of delivery that were never recorded (Durlak & DuPre 2008; Steckler & Linnan 2002). For example, crucial program components might not have been delivered according to protocol. Therefore, if an intervention results in no effects or adverse effects, detailed accounts on implementation procedures can help to distinguish between problems in *program design* versus problems in *program implementation* (Plummer et al. 2007). On the other hand, interventions that follow the original protocol too strictly may be poorly attended or adopted because they were not adapted to the cultural context, or to the needs and preferences of participants. Detailed reports of implementation procedures, which document participant responsiveness and satisfaction, could contribute to a better understanding of how an intervention should be culturally adapted.

Alternatively, one could conclude that a program is successful; however, a lack of

information on implementation procedures could limit the understanding of which program elements contributed to the successful outcome. It is therefore crucial to understand the specific components of the program, as each individual component could contribute to positive impact. For example, programs delivered by the 'International Center for Child Health and Asset Development (ICHAD)' include multiple components spanning financial literacy, asset accumulation, access to saving accounts and financial incentives to promote saving among participants (Ssewamala et al. 2009, 2010a, 2010b). Ssewamala and colleagues report on program components in a detailed and transparent way, which is essential for future researchers and program developers. In order to successfully replicate this program, it will be essential to implement all of its components according to the program manual. Hence, without understanding the multi-faceted nature of the program, replications may be ineffective and accumulation of assets might fail, for instance if the incentivization aspect was left out.

Checklist aims

This brief provides a set of recommendations and a checklist to support accurate and detailed reporting of HES programs' implementation processes. We recommend its use for two main purposes:

1. For those implementing HES programs in the context of research studies or interested in providing data for rigorous monitoring and evaluation, this tool will help to ensure that detailed records of implementation procedures and

obstacles during program delivery are kept. If the research results are reported, it will be essential to provide this information and refer readers to a source where they can access full details on the implementation process, which will support the accurate interpretation of program results.

2. For those aiming to replicate an existing program, this tool will help to contextualize how the program was implemented and understand what information may be missing. This will also guide program developers on which components may be adapted. It will also help when making projections about personnel, logistic, and material requirements and overall program costs.

Implementation reporting

Researchers are increasingly recording and reporting how the interventions they study were implemented to ensure that program outcomes can be adequately interpreted, adapted or replicated by future researchers and practitioners (Moore et al. 2010; Oakley et al. 2006). The recommended checklist builds on three key components of program implementation: a) program delivery, b) program dosage, and c) participant responsiveness (Carroll et al. 2007; Montgomery et al. 2013). Each of these factors can have considerable impact on the effectiveness of HES programs (*Figure 1*).

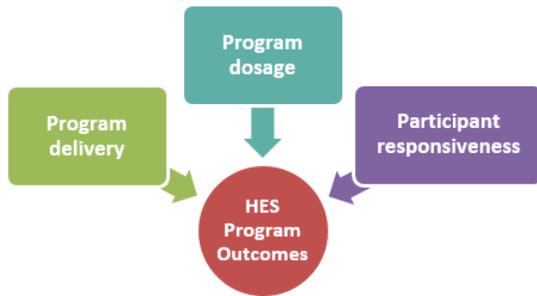


Figure 1. Key components of program implementation
 Sources: adapted from Carroll et al. 2007; Montgomery et al. 2013

Delivery refers to the overall quality and setup of the implementation: What were the individual components of the intervention and what content was covered? To what extent did the implementation match the original intervention design? To what extent and how was it culturally adapted (see Breitenstein et al. 2010; Castro et al. 2004; Kreuter et al. 2003)? Was the mode of delivery deemed culturally and politically acceptable? **Dosage** refers to the frequency and duration of intervention delivery.

Participant responsiveness refers to how well the intervention was received by participants: What were the attendance rates? How many people dropped out of the program before completion? To what extent were participants engaged during the program? What were the barriers to participation and attendance? In some cases, engagement and participation might vary by population characteristics (i.e., gender, age, employment, etc.). Records and reports can account for this by noting differences between different groups in participation levels (Oakley et al. 2006).

Program implementation should ideally be monitored by external research assistants, for instance through independent observations of program sessions or focus

group discussions with program participants. It is important, however, that monitoring of the implementation process and program implementation and delivery remain strictly separated and that roles, responsibilities, and boundaries are clearly outlined a priori.

Based on these three components, we recommend the following 10-item checklist for transparent reporting of the implementation of HES interventions (Table 1). The checklist may be used by program developers and practitioners to: a) allow for interpreting program outcomes in the context of delivery, uptake, and setting as well as, b) facilitate the replication of successful programs. Peer-reviewed journals often provide strict word limits and might not be the ideal space to publish this level of detail. However, it is often possible to include this information in supplementary documents, and/or publish this information online and provide a link in the manuscript.

Table 1. Checklist for Reporting the HES Implementation Process		✓
Delivery		
1.	<p>Is there a manual detailing the components and process for program delivery?</p> <p><i>The manual should contain information on the aim of the intervention, the objectives of each session and method of delivery and describe in detail which topics are covered, which materials were used (including sample materials), by whom, for how long (see dosage) and where. A good manual should provide enough information for someone who has never attended the program to be able to replicate it independently. HES programs should consider creating a website onto which they upload the program manual; reports, papers and journal articles should link to the manual when available online.</i></p>	<input type="checkbox"/>
2.	<p>To what extent was the intervention adapted to the local context?</p> <p><i>When transporting interventions across different cultures and contexts, cultural adaptation informed by participatory research involving the local community is recommended. However, this can become problematic if the adaptations are not explicitly recorded. HES programs should consider noting in the program manual which elements should be adapted to each new context. Subsequently, when adaptations are made, program developers should develop a new manual for their particular setting and population, explicitly noting the adaptations that were made for the context.</i></p>	<input type="checkbox"/>
3.	<p>Were adaptations throughout program implementation documented?</p> <p><i>Whether the implementers followed the original manual or their own adapted manual, delivery is very unlikely to completely match the manual. Unforeseen circumstances and problems are common. It is essential to keep detailed record of these and note how the program delivery was adapted to respond to such circumstances.</i></p>	<input type="checkbox"/>
4.	<p>How were the facilitators trained?</p> <p><i>There should be a detailed training manual providing all of the training materials and describing required facilitator techniques and skills. If no training was delivered or detailed, this is likely to negatively impact the quality of delivery.</i></p>	<input type="checkbox"/>
5.	<p>How did the facilitators perform?</p> <p><i>There should be a record of how facilitators performed, how much they adhered to the training manual or diverted from it. Their work should ideally be observed by an independent researcher who systematically takes notes on facilitator engagement, skills, and fidelity to the program manual.</i></p>	<input type="checkbox"/>

Program dosage		
6.	<p>How long did the program last?</p> <p><i>Given the structural nature of HES interventions, duration may be a key factor in whether or not the intervention was able to influence certain outcomes. Moreover, this basic information is crucial for program developers to be able to make sound projections of overall program costs. It is also important for planning staffing, resources and facilities. In addition, it should be documented at what time of the year a program was implemented so as to interpret program outcomes in light of contextual factors such as agricultural cycle, weather/climate, and overall economic situation.</i></p>	<input type="checkbox"/>
7.	<p>How frequently was it delivered?</p> <p><i>Program frequency might have important implications for the learning process of program participants and will likely affect program costs. If the program was delivered less frequently than originally envisioned, then this has important implications for how the resulting data informs future implementation.</i></p>	<input type="checkbox"/>
8.	<p>How long did each session last?</p> <p><i>If sessions are longer than envisioned, this may impact participant engagement. On the other hand, if rushed, participants may miss important information. In either case, it is important to report how long sessions lasted to be able to infer whether this factor might have contributed to program outcomes.</i></p>	<input type="checkbox"/>
Participant responsiveness		
9.	<p>What were the attendance and retention rates?</p> <p><i>An attendance sheet should be kept at every session. Basic socio-demographic information should be collected prior to the start of the intervention so that attendance and retention rates can be reported and compared by subgroup. Known factors that may have positively or negatively affected participation should be discussed.</i></p>	<input type="checkbox"/>
10.	<p>How engaged were the participants?</p> <p><i>How much did they participate? This can be noted by the facilitators or, ideally, independent observers. Equally important, the participants should be given an opportunity to anonymously comment on their satisfaction with program content and delivery. This information is critical as it can explain the success or failure of the program as well as offer insights useful for assessing dropout rates.</i></p>	<input type="checkbox"/>

Conclusions and implications

The above 10-item checklist summarizes some of the main factors to take into account when producing a report on the implementation of an HES program that will allow readers to contextualize and better interpret program outcomes. This checklist can be used for two purposes. First, program implementers may use this checklist to inform the replication or scale-up of existing programs. If they find that some of this information is missing from reports or papers which they use to guide them, the primary authors or program managers should be contacted to supplement as much detail as possible.

Second, whenever practitioners are implementing or evaluating an HES program, whether it is a new or replicated intervention, this same set of information should be recorded and transparently reported in accessible documents. By doing so, HES program implementers will contribute to a more nuanced understanding of how HES interventions are affecting the populations they serve and promote the efforts of future colleagues who might replicate the work in other contexts.

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About the HES Research Dialogues:

In 2014, FHI 360's ASPIRES Project and the SEEP Network recognized that, while HES was a growing area of practice and research, gaps in HES research and evidence remained. To respond to this evidence gap, SEEP facilitated an HES Research Dialogues initiative, bringing together HES researchers and practitioners to define a collaborative learning agenda. Through a series of collaborative activities, the initiative aimed to identify key research questions within HES, as well as draw on existing experience related to appropriate research methods and tools.

This document is complemented by a series of research methods and evidence briefs developed out of the HES Research Dialogues initiative. Access them on FHI 360's ASPIRES Project web page on Microlinks at: <http://bit.ly/1rwRue3>

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