Progress Update: M4C Workshop in Wardha, India

5th and 6th March 2020

The workshop was supported by Porticus

Introduction

In this workshop, we used a series of presentations of real examples to explore together the potential value of the Measurement for Change approach. Measurement for Change has evolved to strengthen the development and implementation of effective interventions in the early childhood space. The trigger for its evolution is the need to broaden the almost exclusive focus on 'endpoints' to ensure that measurement, evaluation and learning is deeply embedded in decision-making throughout the cycle of interventions and programmes. Within this approach the measurement system is integral to a continuous review of implementation intended to build systems that are effective in delivering sustainable programmes at scale.

Measurement for Change outlines a monitoring, evaluation and learning framework to build understanding of the:
- Content of a service or program
- Process, how the intervention is delivered
- Attitudes and behaviours of the network of people involved (the engagement of participants and service delivery personnel)

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- Influence of the intervention on change (impact).

The Workshop

Participants
Participants were drawn from groups delivering a variety of programmes in the early childhood space in India. The presenters represented the following initiatives:
1. Sesame Workshop, Mumbai, working to combat morning hunger using a combination of mass media (TV), A Bright Start interface of *saath-health* (a smart phone-based app), and an at-home engagement approach to reach out to the population in urban slums in Mumbai.
2. Mahatma Gandhi Institute of Medical Sciences, Wardha, where the initiative's goal is to use the national ECD system to deliver nurturing care program to children aged 0–6 years an integrated package of ECD interventions (nutrition, psychosocial stimulation and positive parenting) primary caregivers of children 3-8 years old.
3. Aga Khan Foundation, whose programme in Bahraich, Uttar Pradesh focuses on responsive caregiving and early learning, targeting children under 6-year.
4. Lata Medical Research Foundation, Nagpur, the creators of M-SAKHI a mobile health solution to help community providers promote maternal & infant nutrition & health in rural India.
5. Indian Institute of Public Health, Gujarat, who are expanding their research focus in nutrition to look more broadly at ECD in their participant groups.
6. MAHAN Trust, Melghat, who are designing an ECD focused package to be integrated in their existing maternal and child health programmes.

Other persons participating in the clinics were representatives of School of Epidemiology and Public Health at Datta Meghe Institute of Medical Sciences; Wardha, staff of Steppingstone project, DMIMS (DU); participant representing preschools- Meghe Group of Schools, Nagpur; participant from NGO-Mission Samruddhi, Wardha; and health specialist from UNICEF Madhya Pradesh.

A team of three psychologists facilitated the sessions. The facilitators all have a background in early education, assessment and the development of educational policy and practice.

The list of participants and facilitators appears in Appendix 1

The workshop took place over a day and a half. It began with an overview of the concepts of M4C, and the added value intended by the approach. Information was shared on theoretical frameworks and the advances in knowledge, skills and practice that have stimulated the need for a radical review of implementation systems. The application of this approach was modeled though the experience of Stepping Stones, DMIMS (DU), Wardha. They outlined how they built, and used, a data sharing system to strengthen programme delivery and maintain quality.

Individual group narratives were presented over three separate sessions. Each presentation summarized what the programme is intended to achieve and what

information they have/are collecting to monitor their intervention. They described how that information has been used to review/ make decisions on next steps. They shared the steps taken to achieve quality of service delivery and efficiency in intervention design.

Participants then reflected on each presentation through smaller "clinic" groups, that focused on two groups at a time. Discussion groups considered five principles of effective design and implementation:

1. **Flexibility:** The capacity to adjust Framework/Processes/Methods to be responsive to challenges faced.
2. **Evidence:** The capacity to continuously seek information to guide decision-making.
3. **Inclusion:** The capacity to identify and actively involve those who influence "uptake" in making contributions to, and benefiting from the learning.
4. **Heterogeneity:** The capacity to be responsive to the specific needs of different sub-groups.
5. **Interactions:** The capacity to **observe, track and utilise "**conversations", responses, and the responses to the responses, to strengthen the process of change

The discussions explored how information and data has been used in decision-making and deepened the understanding of how the intervention objectives have been achieved.

Focused Reflections

On the second day teams were asked to share their reflections on the following questions that focus on the key principles of M4C and their application to their specific programmes:

- Using the Measurement for Change principles, which one is least well addressed in your project?
- Describe what you can do to incorporate this principle, and the measurement of it as you move forward with your project.

Each group provided action points that they intend to follow post workshop. We are exploring how to track progress on these points with the teams. These are summarised in **Appendix 2.**

It is intended to follow up these statements over the course of 6 months, to track their application in context, and draw out narratives on the added value/challenges experienced and associated with attending the workshop.

Participant Evaluation

We also reviewed the potential value of the Measurement for Change approach to building effective delivery of ECD interventions. Participants were asked for their

'A'BACHAA' (aha) moments. This was intended to reflect the key "take-aways" from the workshop, to outline the learning made during the course of the 1.5 days.

The A'bachaa Moments are reproduced below in **Appendix 3**. These reflections highlighted the aspiration of _humanising the scientific approach._

In summary participants:
o **Expressed an appreciation of a model of monitoring and evaluation** that:
   ➢ Is Cyclical
   ➢ Is Evolving, through the application of reflective practices
   ➢ Promotes the value of controlled, intentional change (incorporates the possibility of change at any point in the project cycle)
   ➢ Stresses the application and monitoring of "interactions" rather than "transactions". This shift highlights the need for, and feasibility of, applying a process of design, implementation and review that starts with the recipients.
   ➢ Promotes the utilisation of multiple forms of information; illustrates the power of the narrative; and advocates for matching the form of presentation to the message and the audience. Information can be presented in many different ways to enhance clarity, understanding and engagement in the process of sustainable scaling.

o **Valued the opportunity**
   ➢ The time set aside to allow for detailed reflections on their own work and systems.
   ➢ For shared learning (raising awareness of multiple perspectives, and multiple strategies)

o **Made the realisation that**:
   ➢ We don't have to have all the answers whilst developing our concept of 'helping', and can continuously innovate.
   ➢ By reflecting on the principles we developed an awareness of gaps in our approach. 'We are not always right.'
   ➢ We need to develop greater respect for the stakeholders and to share and think about "good practice" together.
   ➢ Planning should address more what the community perceives thay need rather than what we think they need.

o **Identified the challenges of**
   ➢ The potential time burden of a detailed and cyclical M&E system
   ➢ The potential cost burden of maintaining regular data collection, analysis and data sharing processes
   ➢ The potential logistical burden of a complex data system
   ➢ Responding with flexibility to continuous data and evidence.
   ➢ Answering the key question, "When is change enough?"

Conclusions

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While the M4C approach reflects the complexity of ECD, exploring the approach needs a well-considered process to simplify its intentions. Using concrete examples, drawn from participants' own experiences aids in the translation and integration of its multiple components. Participants concurred that the inductive/interactive format followed in the workshop was effective in sharing understanding of the purpose of M4C, and in clarifying the application of the approach. They valued the use made of participants' projects, enabling an adequate modeling of self-reflective practice and experiential learning. Participants reported that they plan to utilise similar participatory methods in their own training and workshops in future.

Discussions and reflections identified important areas to address in future workshops.

1. While projects discussed were at a variety of stages of implementation and development most had yet to address in the detail of sustainability. A specific focus on the need to address sustainability early in project design needs to be highlighted in the M4C approach. Planning for sustainable scaling needs to be embedded into early into project cycles.
2. The issue of respect for others runs at the heart of the M4C concept. While inherent in the current principles it was put forward as important to make this an explicit principle.
3. M4C needs to "practice what it preaches". The validity of its contribution to effective practice needs to be affirmed through intentional measurement and tracking. The approach needs to be trialed across different projects to explore its utility and impact through a systemic review of its applicability in a range of circumstances. This will take it beyond the conceptual level, to an approach that is itself evidence based.

Appendix 1 – List of participants & facilitator

sn	Participants	Name of Organization	Clinic Group
1	Shipra Sharma	Aga Khan Foundation	A
2	Nibedita Parida	Aga Khan Foundation	B
3	Anuragini Nagar	Sesame Workshop	C
4	Swati Gupta	Sesame Workshop	A
5	Abhishek Raut	Mahatma Gandhi Institute of Medical Sciences, Wardha	B
6	Sonu Meher	Mahatma Gandhi Institute of Medical Sciences, Wardha	C
7	Priyanka Adware	Lata Mangeshkar Research Foundation, Nagpur	A
			B
9	Kishor Jagtap	Mission Samruddhi, Wardha	C
10	Khushi Kansara	Indian Institute of Public Health, Gujrat	A
11	Jayashree Kalva	MAHAN Trust, Melghat	B
12	Shobharam	MAHAN Trust, Melghat	C
13	Sophie Demon	GMC Nagpur	A
14	Ashish D'Mello	Meghe Group of Schools, Nagpur	C
15	Charushila	Mission Samruddhi, Wardha	B
16	Aliya Ruksar	School of Epidemiology & Public Health; DMIMS	B
17	Shane Dossette	Facilitator	A
18	Penny Holdin	Facilitator	B
19	Minal Shah	Facilitator	C
20	Shital Telrandhe	Workshop Coordinator & Note taker	Floater
21	Abhay Gaidhane	Workshop Coordinator	Floater
22	Manoj Patil	DMIMS, Wardha	Floater

Snapshots of the Workshop: 5th and 6th March 2020 at DMIMS Wardha Maharashtra India

Appendix 2 - Key Reflections and Action Points- Workshop on M4C, Wardha, India - March 2020

Sesame Workshop

The action plan outlined by Sesame Workshop is intended to review their approach to the principle of **Interactions**", with implications also for the application of the principle of **Inclusions"**.

Indicators are required to track how messages shared are actually taken up. Information will be integrated into a regular cycle of information sharing and utilisation to inform potential fine-tuning and re-design.

This broadening of the dialogue could be achieved by including

a) Participant voices/opinions more directly in the impact evaluation.
b) A mapping of who participants have talked to, to track how messages are "rippling out".
c) Visual narratives to create an expansion in the range of indicators that draw in a wider audience of those who contribute to the sustainable of the project.

Mahatma Gandhi Institute of Medical Sciences

This group also focused in on the principles of **Interactions/Inclusion,** as well as **Heterogeneity**".

They identified that while they apply a continuous monitoring system, what is missing is the inclusion of the Anganwadi Workers (AW) directly in the feedback and planning. Their action plan was to focus more directly on processes that:

a) Share information on progress with the AW,
b) Gather information on progress from the AW
c) Include the information gathered from this two way-sharing sessions more directly in decisions on planning.
d) Systematically use other sources of information along with data (e.g. pictures, narrative etc.) along with monitoring data, to understand the reasons behind the gaps and to make decisions.
e) Utilise data collected to support quality control, peer mentoring, and identify those who actively support positive modelling.
f) Develop a motivational strategy by recognising and felicitating those who are actively involved in implementation, quality control and peer mentoring.

The team will test the assumption of heterogeneity more purposively, to answer the question, Is the programme, and its individual components responsive to all sub-groups in the population?".

Aga Khan Foundation

The main focus of their next steps would be to increase the application of the Interactions" principle.

1. They will develop, apply and utilise a structured feedback process based around the narratives of how caregivers plan to use the materials/ideas that have been shared with them. This will provide a means to measure user intentions.

2. The next step in the cycle of behaviour change is to measure what caregivers have/ are doing, the uptake at home. This can be carried out through structured observations in situ, providing home visitors with checklist

3. Also part of the behaviour change shift is then to review the mother s meetings, based upon the data that captures perceptions and actions (1&2 above), and evaluate the need to restructure the mothers meetings, and re-design attributes of the programme to increase the impact on sustainable behaviour change.

Lata Medical Research Foundation

This team also reflected on more than one principle that could be strengthened in their MEL design. Addressing the next steps, however, they felt that they were constrained by the RCT design of their current evaluation process.

1. For the future they felt that Inclusion" could be better addressed by directly including clients and service delivery personnel from the initial planning stages through the stages of review that the program has followed.

2. Building in the principles of Flexibility" into the MEL system would involve intentionally checking how fit for purpose the programs are. They have used data in the past to alter the delivery mechanism, and see clearly the value of the flexibility to do this for other aspects of their program.

3. The data they have collected could be harvested to evaluate the Heterogeneity". What appear to be the different needs and wants, and are they being met equally.

4. Their data systems provide the evidence needed to make decisions based on numbers. They could give greater meaning to the numbers by triangulating these numbers with narratives from the clients and team.

5. They would like to review the link between their ME system with the Theory of Change

Indian Institute of Public Health

The examples provided by other groups stimulated a re-design of their cohort follow up. Initially the conversations had focused on what tests to select, and this was shifted into a conversation around what information would best fill in gaps in knowledge on longer-term outcomes. Especially challenging was the articulation of the" question that could focus their work on how best to learn to change the profile of nutrition in a sustainable way. The potential of re-designing the approach of the follow up to capture narratives of behaviours, perceptions and attitudes, rather than to focus only on measures of children s skills was to be further reflected upon.

MAHAN Trust

The team explored the shift of their program from survival" to thrival". The value to the community of the survival program has built a great deal of trust in the team, and support for their work. This engagement is yet to translate into active participation, observable behavior change, around the intended actions suggested by the thrival" components. The need to clarify an appropriate timeline for sustainable change was identified, as well as how to stimulate faster change. The team also reflected on how to improve the use of data/information with decision making at all levels (from individual parents, to government systems). Especially in the light of the Inclusion" principle, thought was given to the purposive use of data/narratives to stimulate engagement and create permanent change and improvement in the lives of the young children in the marginalized communities served.

A move from a less basic science in approach to a manufacturing model – a cyclical process aimed towards product development that caters for the market.

Potential to evolve our programs. Flip the question technique to be more inclusive and asking about the value add – what do you want to add to the process, systems, to the processes.
Facilitating a session by asking clarification questions – and not questioning what they are doing.

Personal reflection – realization that they are many others putting in a lot of effort to bring and initiate change in ECD. She's going to work even more with passion because of all the stories and presentations she heard. Good learning experiences.

Aha moment - The design of the workshop.
Facilitation
Scope for the change even in the final design – amazing to know

It was really very informative for me because I got so many solutions from others because of they had worked it for themselves.
The best part I am taking with me was 'interaction rather than transaction.'
I also got numbers don't matter if pictures tell the story.

I feel we always talk about bottom up approach, but we do top down. I felt we are somewhere on the path where we miss bottom up approach.
What we as a team will do, we'll sit together and brainstorm on the brainstorm approach 'intentionally.'
She came to know about the importance of photographs, videos which could actually gauge the intelligible change, which our program is doing in the field of ECD at home level.

My aha moment was came out the opportunity to discuss out project in detail. While the questions that were asked at first made me nervous, but when I reached home and thought about what people were asking, I realised that had we made our project evaluation more interactive, we could have changed a few things to better help the end user receive the intervention.

We think we are doing everything right, but when we applied the principles, we realized we had gaps. Because of the application, we could pin down the gaps.

They highlighted that there was an opportunity to discuss their project, both with themselves and with the whole group.

The best part was the interactive session after the presentations – ie, the clinic session, where we could draw insight on our own projects, it triggered us to think more on the mind processes and how the systems & monitoring & many things could be improved. It helped to respect, share and think and promote to take actions in a better way for tomorrow. Thanks a lot!

I learnt how to look at the problem from a different perspective and how that can help us understand what the community wants, and how to address those wants.

Participating in the workshop was like:
1. Parents can stimulate child's playtime and this can have an impact on health
2. It is possible to humanize science in a logical way
3. It was the most different thing that I have learnt in my overall career.

We got a reaffirmation that we are on track so far, but we need to focus more intentionally on certain aspects to strengthen the intervention. I feel it is very helpful to have a model that you can use to reflect, or you might miss something important that you want the program to achieve.