Practical Intervention Logic – The Results Chain "Cheat Sheet"

A Common Framework – The Results Chain

Potential M4P interventions (i.e., action research pilot projects) can be identified through a variety of techniques including economic analysis, value chain mapping, stakeholder mapping, consumer research and root cause analysis. Once identified, individual market actors may then be engaged and specific opportunities explored. Prior to devoting substantial resources to developing and implementing the intervention concept, however, compliance with programme objectives must be assured. Potential interventions must be screened systematically before proceeding.

The DCED Standard establishes a common measurement framework by which donor-funded private sector development programmes can establish and document the logic behind their interventions and then monitor progress. Standardized documentation is necessary because all too frequently in the past, programmes have had no clear logic, and often leapt directly from project activities to impact on beneficiaries – skipping over "how we got there", not showing how changes could be attributed to what the programme actually did on the ground. The self-generated success story has often been a *de facto* measurement standard in the past. Those of us in development all have favourite anecdotes about projects that fit this mould: "Our project impacted the lives of 1.2 million beneficiaries", whereas tangible project activities were but a few trainings, seminars and conferences. How did this come to pass? According to the *2014 Reader On Results Measurement*, "The first step in the DCED Standard is for managers to articulate the 'results chain', a simple yet powerful tool

which maps the activities conducted by the project, and shows how these are expected to contribute to positive development outcomes. This format enables managers to be explicit about the assumptions that they make. Based on this, programmes formulate and monitor indicators which are designed to test these assumptions, assess attribution and broader changes to the market system, and use the results for reporting and programme management."[1]

Not So Easy To Articulate In Practice

On the surface, this sounds like a simple and straightforward solution to ensuring that development interventions are designed with sound logic – first, outline the logical steps from activity to impact and then define how these steps can be measured. However, in practice, not all programmes have intervention managers or monitoring and evaluation (M&E) staff trained and experienced in implementing the Standard, and not all trained staff are practical in their approach to implementation. Results chains can be difficult for field staff to understand and articulate. Unclear and unnecessarily complex results chains that look like a bowl of spaghetti can confuse the partners rather than clarify the intervention logic. And the associated measurement plans can become the "tail wagging the dog"; poorly designed M&E activities can end up costing more than the intervention itself – for example when costly after-the-fact market surveys must be conducted because the measurement plan was not well thought out in advance. This is development money not spent on assisting partners and beneficiaries.

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[1] Kessler, Adam, Editor, The 2014 Reader On Results Measurement: Current Thinking On The DCED Standard, First edition. 9th February 2014, The Donor Committee for Enterprise Development, Oxford.

Results chains are alien to many private sector development practitioners – not to mention those working in the incipient M4P in Health field. In M4P in Health, the human resource pool is being constructed for the first time, with many practitioners entering with a healthcare delivery orientation rather than a private sector development background. Regrettably, there are precious few case studies in private sector healthcare development to fall back on as examples of sound intervention logic and evidence-based implementation.

Turning On the Light Bulb

Experience at PSP4H has been that the 'light bulb' goes on for intervention managers and partners alike when the results chain is reduced to its most essential elements. This experience follows Occam's razor, which guides that the most elegant solution among competing solution is the simplest one. When intervention logic can be explained clearly and simply, we get understanding and buy-in from all stakeholders. Adding a degree of detail can add complexity which obscures rather than enlightens communication of the overall intervention logic.

Following this simplicity principle, planned intervention activities should be reviewed and only those that show clear and significant contribution to the programme's ultimate impact shall be retained. Some planned intervention activities might contribute either to smooth running of the intervention or to the partner's business model, but have questionable connection to impact on beneficiaries. For example, on PSP4H, we have considered many potential intervention activities that would contribute to better business models for healthcare delivery, but would not necessarily be pro-poor; these have been discarded. Similarly, some intervention activities would be 'nice' to do but would not necessarily contribute significantly to ultimate impact, and these have been discarded in order to keep the intervention logic simple and communicable.

Complexity of activities has some obvious downsides, the most obvious negative effect on measurement being the attribution problem. With several simultaneous activities leading to the same impact, to which activity shall we attribute success or failure, or how shall we apportion success or failure between the various activities? This attribution problem makes replication and up-scaling difficult, as we no longer know what to replicate. Complexity also has implementation and management downsides.

The Results Chain "Cheat Sheet"

PSP4H has developed a worksheet called the Results Chain "Cheat Sheet" to help intervention managers conceptualize intervention logic in advance of investing a huge amount of time in a concept; then move to the next step and think through how the logic will be measured. This is a thought process that must be taken from beginning to end, as a clear intervention logic is not always nailed the first time through. Not every proposed intervention concept contains sound logic in the end and some proposed interventions will be discarded. The Cheat Sheet is a tool on which the intervention manager can scratch out intervention logic box-by-box, iteratively, until the logic either works out or fails.

The Cheat Sheet contains four columns, left to right:

- What the Results Chain Says
- What It Means
- Logic For This Intervention
- How to Measure?

And four rows, from the bottom up, that mirror the four levels of a basic results chain:

- Input
- Output
- Outcome
- Impact

First, input, output, outcome, and impact are defined in lay terms. In the third column, beginning at the bottom, the intervention manager can then write out the logic for the proposed intervention at each step up the chain. The input level is the only level at which the programme directly participates and the higher levels occur outside direct program control. The fourth column is for a proposed measurement indicator that corresponds to each step. The worksheet requests a minimum one box per results chain level and one indicator per box.

Two sample Results Chain Cheat Sheets follow; one is completed with sample data and one is blank. Use it as a scratch sheet – it works!

Table I: Sample of Completed Results Chain Cheat Sheet

Intervention: Business skills training

What the Results Chain Says	What It Means	Logic For This Intervention	How to Measure?
Impact Health Care	What is the end result for our target group in terms of: • Better access to health care; and/or • Better quality of health care; and/or • Poverty improvement linked to better health care	Working poor patients have improved access to essential medicines (set numerical outreach target)	Number of patients who leave the clinic with prescribed medicines X number of clinics who participate (base line essential)
Outcomes	What does the partner do because of this increased capacity? What changes are made to the business model and in the marketplace?	Clinicians implement improved inventory control practices in their in-house pharmacies; clinics have fewer stock-outs of essential medicines	Number of clinicians who adopt formal inventory control systems
Outputs	What capacity has the partner gained? What is the partner able to do because of our intervention?	Clinicians now understand how to better manage their stocks of essential medicines	Number of clinicians who pass assessment and complete homework assignment
Inputs (Intervention activities)	What does the project do for the client?	Develop materials for and deliver training on pharmacy inventory control to 50 owner-operators of small clinics	Number of clinicians who attend complete training course

Table II: Blank Results Chain Cheat Sheet

Intervention:

What the Results Chain Says	What It Means	Logic For This Intervention	How to Measure?
Impact Health Care	What is the end result for our target group in terms of: • Better access to health care; and/or • Better quality of health care; and/or • Poverty improvement linked to better health care		
Outcomes	What does the partner do because of this increased capacity? What changes are made to the business model and in the marketplace?		
Outputs	What capacity has the partner gained? What is the partner able to do because of our intervention?		
Inputs (Intervention activities)	What does the project do for the client?		