IMPROVEMENTS IN MONITORING AND EVALUATION OF DTWI PROGRAMS: ADDRESSING GIVEWELL'S CONCERNS

The GiveWell review of DtWI published in December 2013 provided a critique of some of the aspects of DtWI's monitoring and evaluation in India. We take these concerns seriously, and worked in 2014 to address the critique, which is falls in three primary actionable areas:

i. *Quality of Monitoring and Monitoring Data Biases/Omissions*: GiveWell was uncertain about the quality of the monitoring, and signaled the possibility of respondent bias, in that they felt that there was a possibility that teachers and headmasters were painting an overly rosy picture of their schools. Thus, they were concerned that matters on the ground were possibly much worse than was reflected in the monitoring data.

ii. *Quality of the training cascade*: GiveWell expressed concerns that the trainings observed in Rajasthan were not necessarily that useful or of high quality. If trainings are being conducted poorly, then it may explain some of process deficits (such as the lack of ticking of attendance registers by teachers).

iii. *Quality of the government reported data*: GiveWell expressed concerns that the coverage data coming back from the governments was difficult to verify. They do however note that there is a trade-off between data quality and cost effectiveness.

In response, DtWI adopted the following strategies to address these concerns.

I. QUALITY OF MONITORING DATA:
   a. A competitive RFP process is now used to identify a professional survey organization to provide independent monitors. There are requirements placed on the experience of these monitors. The requirements for monitors include:
      i. A minimum age of 25 years
      ii. That they be college graduates
      iii. They be resident in the state and have work experience in the state
      iv. Be fluent in the local dialects
      v. Have experience in survey work in the state.
   b. These professional monitors are then trained over two days, with participation in each session by DtWI staff. No training group size exceeds 35 monitors, to ensure that trainees receive sufficient individual attention.
   c. Role plays are used in these training sessions to train the monitors on common situations they may experience in schools and anganwadis.
   d. DtWI staff randomly visit schools and anganwadis during monitoring to observe the monitoring process. Monitors are notified that this might happen.

II. QUALITY OF TRAINING CASCADE:
   a. Training is focused on areas where deficits were identified in prior rounds of monitoring. For example, recording protocols are now focused on in training (in addition to greater focus through SMS reminders on reporting and reporting structures).
   b. Training material has been revised and simplified where appropriate. For example, there is greater use of pictorials in training targeted at anganwadis.
   c. Training quality is assessed at the district level and the block level using training quality assessment instrument. All district level trainings are monitored by DtWI staff, who are trained on using a training quality assessment instrument, which checks the dissemination of key messages and the usage of training material. Block level trainings are randomly assessed using a similar instrument by specially hired staff with experience in training.

d. Training quality is assessed through a pre and post test at both the district level and block level. These questionnaires check key messages about deworming and are developed in conjunction with state teams. All tests are administered by DtWI staff. Any districts and blocks with poor scores on post-tests, are targeted for greater follow-up by telecallers, district level staff, and regional staff. Test scores are shared with senior government officials so that they may consider their own actions to improve the cascade.

III. QUALITY OF GOVERNMENT REPORTED DATA:
a. Reporting forms for schools and anganwadis were modified to make them simpler to fill out, reduce opportunities for error, and allow for verification of coverage reporting at the school and anganwadi level.
b. Greater integration with existing school health reporting structures and forms, to enable institutionalization, speed return of coverage data, and allow for verification of data. For example, reporting in Delhi is now integrated with the Weekly Iron and Folic Acid Supplementation program.
c. Coverage validation was modified to check the veracity of reported numbers in the whole school (and thus check school level aggregation). Every classroom is now visited by monitors at sampled schools, and the school aggregated reported number is compared to the aggregate recorded numbers at the school. In this way, inflation at the school level is checked.

The monitoring and evaluation function is critically important to understanding programmatic outcomes and enabling improvements in program quality. We will continue to update and refine our M&E strategies to ensure that the data we collect and analyze is accurate, timely, and actionable.