

Intervention Tracking Tool

PURPOSE

The intent of this tool is to document the implementation of the intervention in a given study. In addition to collecting and analyzing data to determine whether an intervention was successful, it is important to document exactly what was done to prepare for and implement the intervention. This is important for several reasons. By tracking the intervention process, the study team will be able to:

- a) pinpoint when and how the intervention differed from the original design;
- b) identify activities which are not always included in final research reports; and most importantly,
- c) articulate what is needed for scale-up if the pilot is successful.

Knowing about all activities that were involved will also help to estimate the resources required for each—and thus estimate the cost of the intervention. All of this information is essential to groups who will be responsible for future expansion and replication of the intervention.

RESPONSIBLE PARTIES

The team working on the study should collectively identify the person who will be responsible for continuously updating the tool (see instructions below). This should be someone closely involved in the implementation of the intervention like the study coordinator or the lead for the implementing organization.

REVIEW PROCESS

Although the person responsible for updating the tool will fill it out as activities occur, the team should establish a schedule to review it—for example, monthly or quarterly (depending on the timeline of the study). This provides an opportunity for the team to monitor the implementation of the intervention and to discuss and reflect upon how implementation is differing from the original plan, including challenges and successes. During review sessions, pay special attention to the questions included in Column D “Considerations for Future Replication or Expansion” and the corresponding notes for each activity, as well as overall comments for the period covered at the bottom of the form. Depending on the frequency of the review sessions, a new tool (i.e. a clean sheet) will be completed either monthly or quarterly.

USE

At the end of the pilot study, the study team will use the information in the Intervention Tracking Tool in conjunction with study results and other study documentation to determine what components of the intervention, if successful, are critical for scale-up. If the study intervention was not successful, this information will also be important to help determine why the results were negative.

Instructions for completing the tool, a blank template and a partially completed sample follow.

INTERVENTION TRACKING TOOL INSTRUCTIONS

Complete the header information. In the section “Description of intervention, components and planned activities,” describe the intervention, its main components such as stakeholder engagement, job aids/IEC, and training, and how it is intended to be implemented (this can be pulled from the study protocol but may need to be explained in more detail). This should be a description of the intervention; it is not necessary to include information about activities that support the research process. For example, **do** note that providers will be trained on a job aid because this is part of the intervention. **Do not** note that baseline data will be collected because that only relates to the research process. This information will feed into Column A. Columns B–D will be filled in based on how the intervention is actually implemented.

Column A. Intervention components and planned activities:

List the intervention components and planned activities related to each component which comprise the intervention, as presented in the description section. Column A will outline the original design of the intervention.

Column B. Activities as actually implemented (brief description):

Make an entry every time an activity that is part of the intervention is completed (regardless of who implements the activity). This should correspond to the activities included in Column A. If you conduct an activity that was not originally planned, insert a row and record it. If a planned activity was not conducted, briefly note why it was not conducted. As noted above, you do not need to record all activities you complete that support the research process. However, some activities may serve both purposes, in which case you should record the activity. For example, record that an orientation was provided to the Ministry of Health’s Family Planning Technical Working Group because that is part of the intervention (even if it was also done for research purposes). If an activity is recurring, such as supervision or monitoring visits, make an entry each time a round is completed. The entry should briefly describe (one or two sentences) how the activity was actually implemented. Since this description should be brief, also attach detailed supporting documents such as trip reports, training reports, meeting minutes, etc. **If you are unsure of whether to include an activity in the log, record it.** At the end of the study, the team will determine which activities to include in the final list of activities that is required to implement the intervention.

Column C. Names of individuals/organizations and their roles:

List all organizations involved. It is not necessary to list the names of all individual participants if many people were involved; give the names of significant participants and the role(s) they played. However, the study team may eventually need a complete list of all participants, so include complete records (e.g. meeting minutes with participant names, list of providers in a training, etc.) as an addendum to the tool.

Column D. Considerations for future replication/expansion:

Consider the questions under the heading of this column as they relate to the particular activity (they may not all apply) and share the information that you think might help another person or organization to implement this intervention in the future. For example, if the team learned that it is important to include a particular stakeholder group in the planning phase, this insight might be important in the future when other groups attempt to expand or replicate the intervention. Likewise, if the team identified a problem or challenge, describe it and, if applicable, the strategy employed to respond to the challenge. Also include information which may not have been part of the planned intervention but which you think strongly impacted—either positively or negatively—the activity and the intervention as a whole. While this may not have been planned, it appears to be critical for the success of the intervention and is the type of information that might help others implement the intervention in the future.

INTERVENTION TRACKING TOOL TEMPLATE

Name(s) of person(s) reporting: _____

Name of study: _____

Reporting Month/Quarter: _____ Date completed: _____

Description of intervention, components and planned activities (use as much space as needed):

A	B	C	D
Intervention components and planned activities	Activities as actually implemented	Names of Individuals/Organizations Involved and their Role	Considerations for Future Replication or Expansion <ul style="list-style-type: none"> • What successes occurred during this reporting period? • What challenges were encountered and what strategies employed to address them? • If the intervention was not implemented as planned, briefly describe why. • What else occurred which was not originally anticipated as part of the intervention but proved to be important (either positive or negative)?

Comments: Use this section to reiterate or expand upon anything that the team feels is particularly important from the month's/quarter's review.

Provide any attachments for additional detail (training or site visit reports, meeting minutes, etc.).

INTERVENTION TRACKING TOOL SAMPLE

Name(s) of person(s) reporting: *Laurent Hakiba, FHI 360*

Name of study: *Integrating FP and HIV services using Systematic Screening*

Reporting Month/Quarter: *September-December 2008* Date completed: *January 15, 2009*

Description of intervention, components and planned activities (use as much space as needed):

A brief description of the intervention would be included here.

The partially completed tool which follows is intended to provide examples of the type of information which could be recorded. It is certainly not exhaustive. Keep in mind that for some activities, you may be able to respond to all of the questions in Column D while for other activities, only some questions may be relevant.

A	B	C	D
Intervention components and planned activities	Activities as actually implemented	Names of Individuals/Organizations Involved and their Role	Considerations for Future Replication or Expansion <ul style="list-style-type: none"> • What successes occurred during this reporting period? • What challenges were encountered and what strategies employed to address them? • If the intervention was not implemented as planned, briefly describe why. • What else occurred which was not originally anticipated as part of the intervention but proved to be important (either positive or negative)?
Stakeholder engagement			
<i>Present intervention to FPTWG</i>	<i>Orientation provided to FPTWG to generate interest and get buy-in</i>	<i>F. Shabangu from FHI 360 facilitated meeting; JHPIEGO hosted and sent 3 representatives; 12 MOH representatives attended including W. Mtembo, National FP Coordinator.</i>	<i>For the integration intervention, it was important to invite MCH stakeholders. These individuals wouldn't usually attend a FP meeting, but their presence was essential.</i>
Job aids/IEC			
<i>Translate job aid from local language to English</i>	<i>Translated job aid</i>	<i>Translate job aid from local language to English.</i>	<i>Challenge: Providers had difficulty reading the job aid when translated into local dialect. It's important to give providers the job aid in English as well.</i>
Training			
<i>Train providers in Bumkei clinic on job aid</i>	<i>Providers trained on job aid</i> <ul style="list-style-type: none"> • 20 providers at Bumkei Clinic 	<i>F. Shabangu from FHI 360 led trainings; B. Masilela, the nurse-in-charge, facilitated the session.</i>	<i>The training took longer than anticipated. We'd scheduled 2 hours but it actually took 5 hours. Also, the Nurse-in-Charge is a strong advocate and "champion." Without her support, the training would not have been successful.</i>

A	B	C	D
Intervention components and planned activities	Activities as actually implemented	Names of Individuals/Organizations Involved and their Role	Considerations for Future Replication or Expansion <ul style="list-style-type: none"> • What successes occurred during this reporting period? • What challenges were encountered and what strategies employed to address them? • If the intervention was not implemented as planned, briefly describe why. • What else occurred which was not originally anticipated as part of the intervention but proved to be important (either positive or negative)?
Supervision/monitoring			
<i>Conduct supervision visit to sites in Eastern District</i>	<i>Supervision visit to study sites</i> <ul style="list-style-type: none"> • 20 providers from 10 clinics in Eastern District from April 12-19, 2009. • Used the “Facilitative Supervision Form.” 	<i>F. Shabangu from FHI 360 and M. Balibuno from DRH, Eastern District, conducted visits together.</i>	<i>A majority of providers were having difficulty understanding how to count the 13-week grace period for the DMPA reinjection. The supervisors provided on-sight reinforcement. They subsequently met with Violet Solomon from the National DRH when they returned and discussed the possibility of conducting a refresher training in the next two months to address this weakness.</i>