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CONCEPT PAPER

Project TRaC: Tracking Results Continuously

PSI Research Division

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Population Services International (PSI) delivers reproductive and other health products, services and information to enable low income and vulnerable people to change their behaviors and lead healthier lives.

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Executive Summary

This concept paper outlines Project TRaC, a systematic four-year effort to develop and diffuse throughout PSI tracking surveys for social marketing. Tracking surveys conducted by international research agencies, such as AC Nielsen, have been used for more than 30 years in social marketing. These surveys measure repeatedly levels and trends of a standard set of indicators – such as exposure to a social marketing intervention and self-reported risk reducing behaviors. Yet, most PSI social marketing projects today do not benefit from tracking surveys, in part due to lack of access to them in many countries. Those that do use them may not be benefiting from them fully due to inconsistencies in the ways that PSI defines and measures indicators of social marketing performance across countries.

Project TRaC aims to expand the use of tracking surveys across PSI and in turn the use of customer-based evidence in social marketing decision making at the national and international level. In doing so, social marketing program performance will increase in terms of impact on behavior change and health, cost-effectiveness, equity, and efficiency.

Project TRaC aims to create the capacity throughout PSI to:

- Segment populations and identify target markets for marketing plans
- Monitor levels and trends in project logical framework indicators
- Monitor levels and trends in exposure to all 4Ps of the social marketing mix
- Monitor levels and trends in standard indicators of behavior and opportunity, ability and motivation to change behavior
- Evaluate social marketing performance in terms of impact, cost-effectiveness, equity, and efficiency

Project TRaC will install an efficient method of data collection and rapid reporting that would replace Knowledge, Attitude and Practice surveys and Consumer Profile Surveys. Tracking surveys would be conducted between one and four times per year in each country, with results delivered on average within three weeks of data collection finishing. Sampling frames will be chosen based on cost-effectiveness considerations; samples are not expected to be nationally representative in the pilot phase. The tracking survey process will be continuously improved to increase its quality, representative-ness, speed and efficiency. In so doing, the tracking survey will become an integral component of social marketing decision making in strategic, project and marketing planning. Internationally, it will feed the development of the Box Score, a set of internationally comparable indicators of social marketing performance designed for decision-making by PSI senior managers.

A number of elements of Project TRaC are already being piloted in Malawi, Tanzania, Uganda, Zambia and Zimbabwe through the AIDSMark Trusted Partner monitoring and evaluation program and current multi-round surveys. In particular, the Trusted Partner campaign is developing the use of multi-item scales within PSI and the linking of programmatic decision making with exposure measures.

Project TRaC will incorporate these activities and undertake a new set of pilot activities in these countries and Kenya through 2004, culminating in a statement of best practice and a training program to replicate Project TRaC in all East and Southern Africa countries by the end of 2005, and all PSI countries by end 2007. The cost per round of the survey is estimated at US$15,000. The start up cost varies per country from a low of $5,000 to a maximum of $30,000.

Project TRaC aims to complement a second initiative, known as Project MAP, now being piloted in West and Central Africa. Project MAP aims to monitor the coverage, quality, equity of access and efficiency of social marketing delivery systems continuously using geographic information systems. Together, these two initiatives aim to provide timely and actionable evidence to PSI decision-makers.

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Concept Paper

Problem Statement

This concept paper introduces Project TRaC, a systematic four-year effort to replace PSI's current population surveys (principally Knowledge Attitudes and Practice surveys and Consumer Profile Surveys) with a tracking survey – a population-based survey conducted repeatedly. PSI now measures social marketing performance at two levels: among populations or customers and among markets or the delivery system; this concept paper, Project TRaC, concerns performance measurements among populations or customers. A separate concept paper, Project MAP, concerns performance measures among markets or the delivery system.

At PSI country program level, population-based surveys are commonly included in PSI project proposals and designs primarily for purposes of monitoring trends in logical framework indicators and establishing the project's impact or effectiveness, cost-effectiveness, equity and efficiency Project proposals typically call for two such surveys, one at baseline, and one at the end of the project. For projects longer than three years, a population-based (or consumer-based) survey is often included at the midway point. Some project plans schedule population-based surveys prior to designing the marketing plan or starting a promotional campaign in order to segment the population and identify the target market. The cost of these surveys is substantial, typically more than US$20,000 and occasionally greater than US$50,000. Sample sizes range from approximately 2,000 to 3,500.

PSI's current approach to planning and using population-based research is limited and problematic in terms of the survey's three primary applications: segmentation/marketing planning, monitoring and evaluation. For segmentation decision-making – the identification of a target market's salient psycho-graphic, access and population characteristics -- the timing of the surveys and reports often undermines the usefulness of them. Most surveys are conducted after primary decision-making about a project's target market and needs, and many reports are simply inactionable due to lengthy delays in the data collection, analysis and reporting process. For monitoring and evaluation, population-based surveys are conducted years apart, frequently obviating any opportunity to provide decision-makers with monitoring information, and any ability to measure exposure to the social marketing intervention and therefore to evaluate project impact.

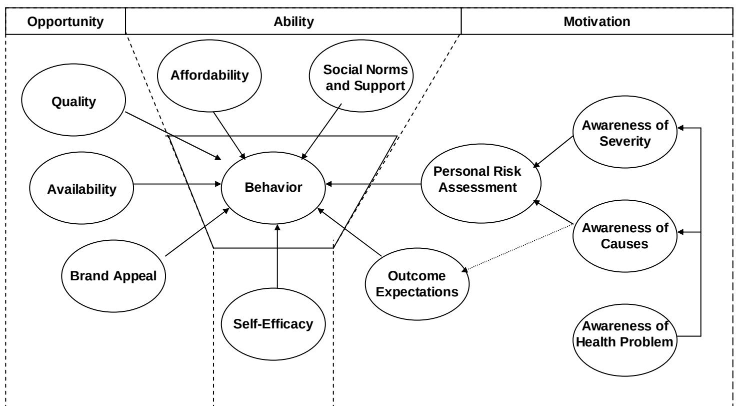
The long time-gap between surveys undermines the PSI program capability to conduct them. Researchers and decision-makers change, knowledge of sampling plans and questionnaires are lost, and the capacity to issue actionable reports and recommendations diminishes over time. Comparable population and social marketing performance information, either over time in one country or across countries, is therefore scarce within PSI. At the international level, this time-gap reduces the value of benchmark performance indicators for prioritization and resource allocation decision-making

Conceptual Framework and Performance Measures

Project TRaC is designed to provide actionable evidence based on the following conceptual framework and set of performance measures. The heart of the conceptual framework is the PSI Behavior Change Framework, which is in general terms a simple combination of multiple theoretical behavior change constructs. The framework is flexible and, from its original base in HIV/AIDS, has been adapted for use in family planning/reproductive health and malaria and other maternal and child health intervention projects. The framework identifies a mix of constructs, such as personal risk assessment, self-efficacy and availability, as primary determinants of behavior change at the individual level. Figure 1 presents one possible configuration of the framework, with constructs summarized as relating to “Opportunity, Ability, and Motivation.”

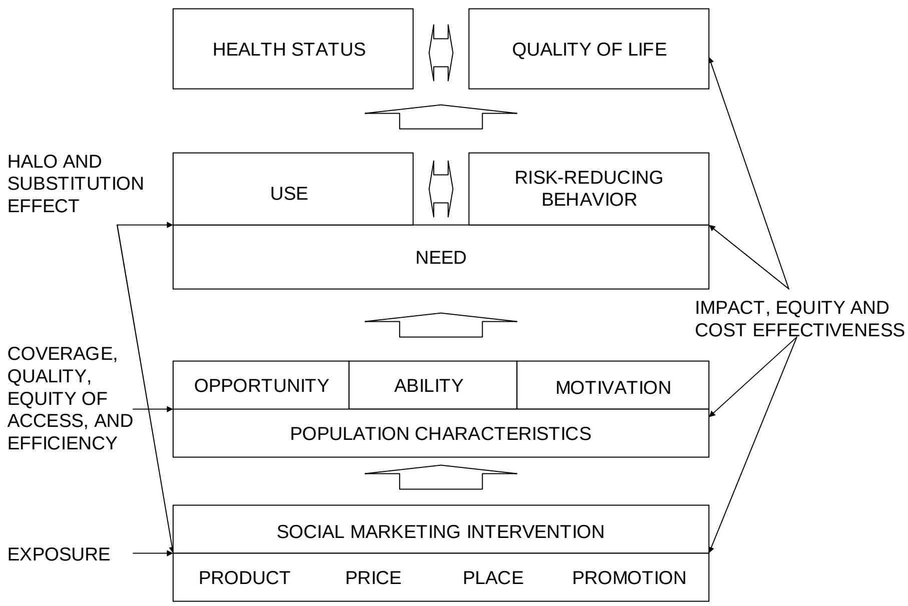
The framework is measured at the individual or population level such that, for example, measures grouped under the heading “opportunity”, namely quality, availability and brand appeal, are measured as perceptions of those surveyed. To illustrate, the construct of availability is measured in terms of the extent to which a person perceives a PSI product or service as being “convenient” or easily available.

Figure 1: PSI Behavior Change Framework



In Figure 2, the PSI Behavior Change Framework is nested in a health systems framework in order to define social marketing performance measures, namely impact or effectiveness, equity, cost-effectiveness, exposure, coverage, quality, equity of access, efficiency and the halo and substitution effects. The framework shows that exposure to social marketing interventions is organized to create changes in opportunity, ability and motivation across populations with varying characteristics, such as age, sex, and socio-economic status. For example, a social marketing intervention that creates a change in quality, availability or brand appeal – a net overall change in “opportunity” -- among those in need can then result in behavior changes that improve health status and or quality of life. Correlations between, for example, exposure to the intervention and behavior change define performance measures, such as impact.

Figure 2: Social Marketing Evaluation Framework and Performance Measures



The opportunity-based performance measures: namely coverage, quality, equity of access and efficiency are not measured at the individual level – such as impact is – but at an aggregate level. A pilot project, Project MAP, is now underway in West and Central Africa to test the feasibility of measuring these aggregate measures regularly. Project MAP is premised on the assumption that these new measures correlate better with impact, equity, cost-effectiveness and efficiency measures than current measures of "penetration" now produced by the PSI Distribution Survey..

For measures other than the opportunity-based ones above, surveys of individuals are needed. Project TRaC proposes a survey method and program for generating that information in a timely and standardized manner. Project TRaC would

- Enable PSI country programs to conduct a population-based tracking survey between one and four times per year through human and systems capacity improvements

- Result in standardized information based on the Social Marketing Evaluation Framework across all products/diseases in a given country to inform marketing planning and monitoring at country level and prioritization and resource allocation at international level

- Measure levels and trends in logical framework indicators for project monitoring.

- Provide evidence-based guidance for segmentation.

- Monitor and evaluate media and campaign exposure and link this to logical framework indicators and the Social Marketing Evaluation Framework

- Increase the actionability of research by setting up a system whereby tables are generated automatically from the data and delivered within three weeks of the final data collection ending. This will allow programs to

    - modify campaigns/programs during a single marketing planning period

    - specify additional data collection needed in the next round of the tracking survey

- Reduce survey costs so that the questionnaire is as succinct and relevant as possible; each question will meet strict criteria in relation to logical frameworks, and the Social Marketing Evaluation Framework.

- Increase the validity of research by developing multi-item scales to measure elements in the PSI Behavior Change Framework (for example, personal risk perception)

Cost-Effectiveness

On the basis of the conceptual framework and performance measures, the effectiveness of the tracking survey is measured in terms of the managerial and strategic value of answers to the following questions.

Table 1: Concepts, Questions Answered for Managerial and Strategic Decision-Making

Concept	Managerial	Strategic
Impact/Effectiveness	• Is the marketing plan effective at changing indicators of opportunity, ability and motivation? • Is it effective in changing behavior?	• What is the dose-response relationship between social marketing inputs, determinants and behavior change? • How does this differ by setting?
Equity	• What are the population characteristics of social marketing users? • How does that compare to users of other health services? • Is the marketing plan effective at reducing socio-economic differentials in the practice of risk reducing behavior among those	• Does social marketing enhance equity in health service use and other risk-reducing behaviors?

	with equal need?	
Efficiency	• Is social marketing producing halo and or substitution effects?	• Does social marketing increase health system efficiency?
Cost-Effectiveness	• What is the cost-effectiveness of the social marketing intervention?	• What is the cost-effectiveness of social marketing?
Segmentation	• Among those with need, what opportunity, ability and motivational factors distinguish those who behave and those who don't? • Do these factors differ by population characteristics?	• Does segmentation increase the effectiveness, equity, efficiency and cost-effectiveness of social marketing?
Monitoring	• Is the target market exposed to the intervention? • Does it find the intervention persuasive? • Are measures of opportunity, ability and motivation changing over time?	• Does customer monitoring lead to marketing actions that increase the effectiveness, equity, efficiency and cost-effectiveness of social marketing? • What patterns of opportunity, ability and motivation are present across PSI programs?

Proposed Project

Project TRaC aims to increase health impact among target markets by improving social marketing performance. It will produce meaningful increases in evidence based decision making within PSI by providing actionable information to social marketers at national and international level on standardized measures of social marketing performance. To achieve this, the capacity of social marketing projects to put a tracking survey in place is required.

Figure 3: Project Logical Framework

Narrative Summary	Objectively-Verifiable Indicator	Means of Verification	Assumptions
Goal			
Increased health impact among target groups	DALYs averted	PSI DALY Calculator	Health produces higher Return on Investment than educational or economic interventions in economic development terms.
Objective			
Improved social marketing performance	Behavior change	DHS Morbidity and mortality data	Behavior is a determinant of health status.
	Product Sales	MIS Sales Data	
Outputs			
Increased opportunity	Increased aggregate-measures of coverage, quality, equity of access, and efficiency.	Project MAP	Ability, opportunity and motivation impact on behavior change
	Increased satisfaction with quality, availability and brand	Tracking survey	

	appeal.		
Increased ability	Increased affordability of products by target market Social norms and social support change Self-efficacy improves	Tracking survey	
Increased motivation	Knowledge increases Personal risk assessment is more accurate Outcome expectations are met	Tracking survey	
Increased exposure	Media/campaign reaches target audience Target market understands media/campaign	Tacking survey	
Activity	**Budget**		
In each pilot project, develop the capacity to:			
1. Developing instrument (questionnaire)	US$5-20,000 per country	External question and scale validation	Information is continuously available and actionable
2. Sample		Statistical formulae	
3. Assure quality		Quality management system in place	
4. Collect data			
5. Analyze results		Standard indicators produced	
6. Report			
7. Determine cost-effectiveness		Value output	
8. Repeat and improve tracking survey		Time to data availability	
Internationally:			
9. Produce the box-score	$40,000 per year.		

Activity Plan

- Objective. To develop local, then regional and then international capacity within PSI to conduct tracking surveys and use the information they produce for decision making.

- Pilot Projects:

    - Trusted Partner, 2003-2004. Malawi, Tanzania, Uganda, Zambia, Zimbabwe and potentially other countries. This campaign permits the pre-testing of a number of different Project TRaC elements, from multi-item scale development to speed in data collection and reporting

    - Uganda, Zambia, and Zimbabwe, 2003-2004. These countries have existing tracking surveys. Audits will be conducted in each country to provide recommendations for improving and standardizing elements of these surveys such that they are internationally comparable in terms of measures and performance.

    - Kenya and Malawi, 2004. Using AIDSMark and project funds, PSI in Kenya and Malawi and the Regional Researcher will develop and install a tracking survey system from scratch. This will include instrument development, sampling strategy development, quality assurance system development, standard tables and reports, a cost-effectiveness evaluation relative to a KAP survey, and comparison of information to Uganda, Zambia and Zimbabwe through the Box Score report.

    - Toolkit/Research 2 Action Training Program. December 2004. A statement of best practices in implementing Project TRaC will be elaborated in the Research Toolkit. Research 2 Action training programs for researchers and social marketers in East and Southern Africa will be developed.

- Replication: Implementation of Project TRaC in all PSI programs in East and Southern Africa by end 2005. All PSI programs by end 2007.

- Estimated cost per country:

    - Trusted Partner: AIDSMark funding

  - Uganda, Zambia and Zimbabwe. US$5,000 for technical assistance. US$15,000 per survey round.

  - Kenya and Malawi: AIDSMark and PSI Malawi funding.

  - Replication: Up to US$30,000 for technical assistance in establishing the tracking survey; US$15,000 per survey round.

- Develop instrument: The questionnaire will be designed to reflect the country program logical framework for all products. It will also utilize the known opportunity, ability and motivation determinants and existing validated scales across all products/diseases and self-reported behaviors. Internationally standard questions will be used where they exist such as those from the Demographic and Health Survey and Multiple Indicator Cluster Survey. Prompted and unprompted recall of all "4Ps" of the social marketing campaign will be measured. In addition program managers and marketers will be provided with the opportunity to specify additional, not-internationally standard questions.

  - Questionnaire field testing: Although where possible existing validated scales and questions will be utilized, there may be some questions which need to be specifically developed for the tracking survey. These will be validated through initial qualitative research followed by pilot testing. For scales factor analysis will be carried out to determine whether the constructs are being measured and internal reliability of scales will also be measure.

- Sampling: Geographic locations targeted by program campaigns will be purposely selected. The age range of the population within these locations will be dependent on the age range of the target markets for different products. The tracking survey will use a proportionate stratified sampling approach. The geographic locations selected will be split into enumeration areas from the sampling frame. Enumerations areas will then be divided into approximately equal segments of a predetermined size (based on an estimate for the average population size within the determined age range that could be expected to be found per household). A number of segments will then be selected randomly, and interviewers try (in up to three visits) to find all households within that segment and to collect a household roster enumerating every eligible person within the age range reported to live in those households. The final respondent who will be interviewed will be selected randomly from the household roster.

- Quota sampling may be considered for some rounds of the tracking survey whereby a particular program or campaign is segmented to a specific group who might not ordinarily make up a big enough sample size within the random sample for the whole tracking survey.

- Quality Assurance: Quality assurance mechanisms with respect to interviewer training, questionnaire translation, data collection, data entry and data cleaning will be set up. These will be standardized across all countries and will include checks and procedures to be made by PSI (especially where these services have been contracted out to a research agency). Contracts and payments to external research agencies will be tied to successful completion of the quality assurance checks.

- Data Analysis: Data analysis will be carried out using SPSS. Syntax command files will be generated in advance of data collection so that the data can be analyzed as soon as the data collection has been completed and the data set has been cleaned, validated and verified. Tables will be automatically generated.
    - External validation: Results from the tracking survey will be compared with national surveys such as the DHS or other reliable national surveys which have met criteria for validity and reliability (to be agreed upon by PSI Research Division). In addition GRP/TRP data will be used to validate media exposure.

- Internal reporting: Analysis will be presented internally in the form of tables and graphs accompanied by a two to five page summary report. Program managers will be trained on how to interpret and use the data.

- Cost-effectiveness: In the pilot phase, feedback will be sought from program managers and country representatives as to the value of the tracking survey and in particular a comparison with ‘old’ methods of research (KAP/CUP).

- Repeat and improve. If found cost-effective, the tracking survey will be repeated and continuously improved.

- International reporting: Data from tracking surveys will be used as an evaluation tool to inform PSI decision-makers and donors. In addition, annual summaries of tracking surveys showing time trends will be developed for international comparison in the PSI Box Score.

- Frequency: A minimum of one round of the tracking survey should be undertaken within a specific year. All countries to work towards quarterly rounds of the tracking survey over time.

Organization

Project TRaC will be organized and managed by the PSI Research Division, which will be responsible for mobilizing resources and diffusing the tracking survey throughout PSI.

Yolande Coombes and William Muhwava will co-manage the pilot phase (2004-2005) in East and Southern Africa and are responsible for proving the concept, documenting and clarifying best practices, and developing necessary Research 2 Action training modules.

Kerry Richter, Hibist Astatke, Virgile Capo-Chichi, and William Muhwava will, in their capacities as principal investigators for HIV/AIDS, Malaria, Reproductive Health, and Maternal and Child Health, produce relevant Behavior Change Frameworks and model questionnaires, including validated multi-item scales.

Andrea Plautz will supervise the development and delivery of Research 2 Action curricula for Project TRaC.

Hibist Astatke will supervise the production of the Box Score and the provision of analysis assistance to countries.