



Provider Behavior Change Implementation Kit

Acceptable Evidence Worksheet

Purpose – to identify what stakeholders will find satisfactory as an answer to each investigative question. Once the data is collected and analyzed, this content will help you know if the answer is “good enough” for Steering Committee members to feel there are no problems or needs associated with that area. It’s a good idea to clarify acceptable evidence in advance for three reasons: (1) so your data collection instruments collect data in the level of detail that is needed, and (2) so that the Committee can publicly align on minimally acceptable evidence *before* data is in hand and thereby avoid potentially divisive discussions once summarized data is in hand. It’s also a terrific final check across all questions and sub-questions before beginning you plan for data collection.

Process – Assign a Steering Committee to champion each of the four performance factor sections of the *Question Matrix*. Committee sub-groups should form and discuss each question, identifying minimally acceptable evidence, based on stated goals and objectives for the performance. Each sub-group shares their worksheet with the larger Committee for consensus and buy-in.

Investigative Questions	Sub-Questions; Possible Survey Questions (reword as appropriate for different audiences)	Acceptable Evidence
<i>List each major investigative question</i>	<i>List the sub-questions that support the investigative questions</i>	<i>For each question, identify the line between “it’s OK” and “this is a gap”</i>
Are there clear and measurable performance standards?	Are metrics for CHW performance during service collected? Are they shared with individual performers? With their supervisors?	If 90% of CHWs report that performance metrics are collected and are shared with them by their supervisors on a weekly basis, there is no need for intervention. The Steering Committee agrees that if fewer than 90% report this will indicate there is a need to be addressed in this area.

Tips:

- Be sure to note the performance factors that *must* be present in order to allow any level of performance to take place. For example, if the necessary medications are not available, service delivery cannot take place at all. But having the medicines available does not *guarantee* that CHWs will provide good service. Having this notation will be helpful when prioritizing which needs to address first.
- If multiple audiences are involved in determining the answer to a given question, be sure to note if the level of evidence differs from audience to audience. For example, is the Committee



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comfortable if only 50% of CHWs feel their performance measures are clear and measurable? Or is the minimally acceptable number closer to 90%?

- The first time you conduct a needs analysis for any group, the minimally acceptable evidence will be harder to pinpoint. In future cycles you will have the previous cycle's data to rely on as a starting point—with the assumption that things should be improving cycle over cycle.

Don't be surprised if data collected from one audience appears to contradict data from another audience. Supervisors of CHWs may have a very different perspective on what constitutes a motivating reward than CHWs themselves. All perspectives are *valid* for that audience—your goal is to identify those which are most *informative* in answering the investigative questions.