

## FIPR guide-sheet: Group exercise(s) on prioritizing Interventions

### INTRODUCTION:

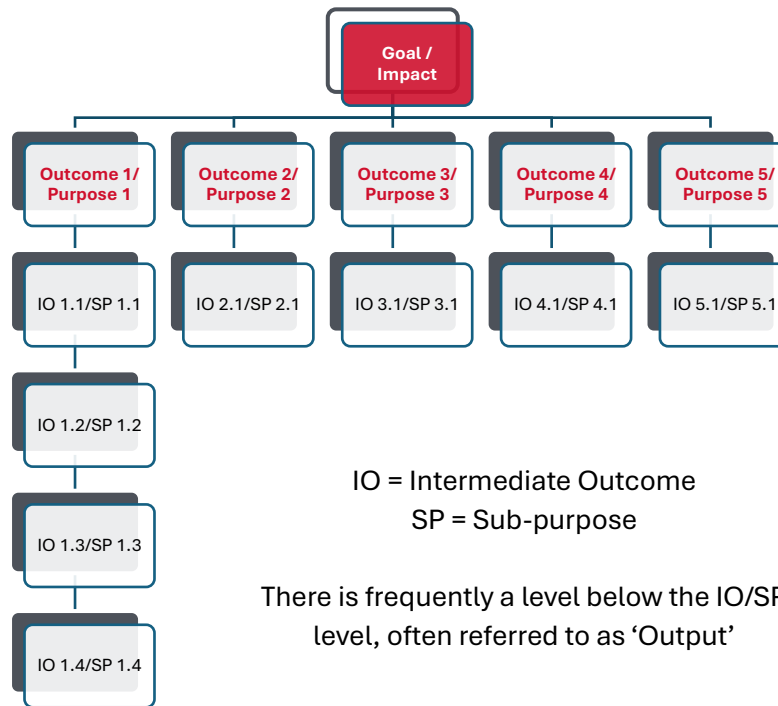
This guide-sheet explains how to facilitate an exercise with a program's Monitoring, Evaluation, and Learning (MEL) staff to prioritize key interventions based on their effectiveness and relative importance to achieving the program's intended outcomes; it taps into the MEL team's operational understanding of the interventions and familiarity with any EVIDENCE collected on the program's achievements (actuals) toward (a) intermediate outcomes (you may have used a different name for this, see infographic on next page to understand exactly what is meant by 'intermediate outcome') that are most directly related to the intervention while (b) considering how those contribute to the higher-level outcomes.

As is the case with all guidance and tools in the FIPR toolkit, we use the generic structure and nomenclature<sup>1</sup> shown in the image below to depict the program's Results Framework (RF).

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<sup>1</sup> This generic RF uses a dual - or alternate - nomenclature to depict variations in actual RFs (e.g. it is either the "Goal" or "Impact" at the top level; we do NOT find both terms used in a real-life RF). It might even be a different word than "Goal" or "Impact".

## Generic Results Framework



If your program has less than 8 key interventions, you can cover all of the interventions in a single exercise. If you have 8 or more key interventions, you should consider how they are aligned with the Outcomes/Purposes within the program's Results Framework (RF) and you might choose to conduct separate exercises for each of the Outcomes/Purposes. If you choose to have an exercise for each Outcome/Purpose, then key interventions that cut across (contribute to achieving) two or more Outcomes/Purposes should be included in each of those exercises. In other words, some key interventions might be included in more than one Outcome/Purpose exercises<sup>2</sup>).

➔ In the accompanying example (10a\_LP\_FIPR\_Prioritizing\_Interventions\_Exercise\_EXAMPLE) of this exercise, the program had 15 Key Interventions and an RF that had three Purposes (P1-P3) under the Goal. The example presents only the results of P2 under which eight of the 15 Key interventions were aligned. Three (3) of these eight were cross-cutting so were also used with the exercise for P1 (not shown).

This exercise might help identify a minimum package of interventions. It can also help identify dependencies or synergies between them (i.e. it helps identify appropriate sequencing, layering and integration)

<sup>2</sup> For example, **if** one of the program's Key Interventions (identified as #5) is related to empowering women with decision-making and management skills for household resources **and** the program has Purpose1 (P1) = increased agricultural yield **and** Purpose 2 (P2) = diversify household income sources **then** Key intervention #5 will be included in the exercises to prioritize both P1 and P2 interventions.

This exercise can be conducted as early as at the mid-point of the program up to the program's conclusion. For Mercy Corps, it is a required exercise for a Final Internal Performance Review (FIPR) for long-duration programs (but not required for short-duration programs).

Why are the staff that participate in this exercise only full-time MEL team staff? Because they should have no vested interest in prioritizing one intervention over another<sup>3</sup>. That is, there is no conflict of interest in their prioritizing interventions whereas there is with the program staff that were hired to design and implement the interventions.

The duration of each exercise ranges between 45-90 minutes varying with the number of interventions under a given Outcome/Purpose, the complexity of the interventions, amount and type of evidence available, and number of group members. Be sure to have someone to take notes; someone other than the facilitator

- ⇒ At Step #2, it is NOT required that the MEL staff be able to cite the details of evidence they reference for this exercise but the facilitator must continually remind group members they should reflect on EVIDENCE they have seen and be able to describe it (e.g. monitoring indicators 1.2.2 and 1.3.0 both showed increases over the LOP and the mid-term evaluation revealed an improvement as well). Document this.
- ⇒ Step #2 is also a great time for the facilitator to ask the group if one intervention depended on another (e.g. would intervention #3 have been effective if implemented by itself; without any of the others (either through integration or through layering)? Ask also if sequencing is important (i.e. which should come first, then second, etc). Document this.
- ⇒ During Step #3 (sub-steps 3a – 3e), the facilitator should also remind group members to think about dependencies, sequencing, layering as they prioritize the interventions.

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<sup>3</sup> Even though ONLY MEL staff participate in this exercise, the results are shared with all program team members – usually during the workshop when results from the full FIPR are presented - and the discussion around the prioritization might change the prioritization if new evidence is brought to light.

# STEPS

## Step 1: Introducing the group and exercise (10-15 minutes)

1. Each member in the exercise group introduces themselves.
2. Explain the objectives, rationale and process for the exercise
3. Facilitator distributes copies of – or displays – the results from having used the FIPR Actuals vs Targets to be used as one source of evidence during the exercise)
4. Present the key interventions (under the Outcome/Purpose) that are to be prioritized.  
➔ When you invite the members to this exercise, please ask them to carefully read the operational definitions, from the FIPR SOW, before the exercise begins.

## Step 2 (15-30 minutes)

1. The objective of Step 2 is for the group to complete column J of the exercise tool in which you document, **by consensus** the evidence-based effectiveness<sup>4</sup> of each intervention presented. We rate effectiveness on a scale of 1-5 with 1 being very ineffective (not at all effective) and 5 being very/highly effective.
2. The facilitator reminds the group to reflect on evidence they have seen, analyzed, or used. This is NOT just their opinion based on anecdotes or occasional observations. We are asking (a) is there evidence that this intervention has achieved some gains towards its intended outcomes and (b) how effective is this intervention to achieving those outcomes (intermediate and higher-level outcomes)<sup>5</sup>.
3. It is possible that the members cannot identify enough evidence on a particular key intervention to rate it on a scale of 1-5. If this occurs, please just mark “cannot identify evidence” in the cell in column J (see the example).
4. Other times, the team feels that the evidence shows the intervention is not achieving its intended outcomes or doing it much less than expected. If the team is uncomfortable with rating an intervention with 1 or 2 (ineffective), they can enter “3 or lower” as shown in the example.

## Step 3 (20-45 minutes)

1. Step 3 starts with individual work and is then shared with the group for discussion. A consensus is NOT required. That is, there can be disagreement about an intervention's priority.
2. The suggested “maximum” number of sub-steps under Step 3 is five if there are more than five Key interventions. These are labeled as 3a – 3e in this guide sheet and in the example. Sub-steps reflect moments when the parameters to the hypothetical situation presented change (described below).

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<sup>4</sup> We do NOT consider “efficiency” in this exercise; we consider only effectiveness based on the intended outcome(s).

<sup>5</sup> An intervention might – or might not have - reached its targets; one need only be able to reference evidence that the intervention has effected a desirable change toward the intended outcomes and towards its performance targets (because sometimes we set unrealistic targets so an intervention could have been effective but not have reached its (lofty) target!)

3. Each member individually ranks the interventions – sub-step by sub-step -in their order of priority<sup>6</sup> without showing or discussing it with other members. Only after all members have signaled to the facilitator that they completed their prioritization - at each sub-step - does the facilitator ask each member to share their results and explain why they selected that key intervention.

### **Sub-step 3a**

1. Present the hypothetical situation. The donor – and only possible donor – tells your program team just before closing the program, that it will finance one and only one intervention. You must pick the (single) intervention that they will finance. There is no hope of finding additional money from this donor or any other donor to add interventions to complement that which this donor will finance.
2. Each group member takes time to select the one intervention they wish to be financed; the intervention that is their highest priority.
3. When everyone finishes, the facilitator initiates a discussion; each person must justify their choice. The facilitator prompts them to consider evidence of effectiveness – how that intervention brought about change for 1+ intermediate outcomes and how this contributed to achieving higher outcomes. The facilitator also prompts members to discuss dependencies of other interventions on the one they chose and vice versa. NOTE: it is possible that members change their initial choice (highest priority) based on this discussion but it is NOT required that there be a consensus (i.e. there can be disagreement).

### **Sub-step 3b**

1. Present this change to the hypothetical situation → The donor who will finance the intervention given highest priority now tells your program team that they found some money and will finance a second intervention to accompany the first. Each member must pick the second intervention that they wish be financed. Again, there is no hope of finding additional money from this donor or any other donor; you can now continue to implement only TWO interventions.

→ Now follow steps 2 & 3 described in Sub-step 3a

### **Sub-step 3c (if there are three or more key interventions)**

1. Present this change to the hypothetical situation → The donor who will finance the first and second priority interventions now tells your program team that they found some more money and will finance a third intervention to accompany the first and second. Each member must pick the third intervention that they wish be financed.

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<sup>6</sup> This ranking (prioritization) might not coincide, exactly, with the effectiveness rating (e.g. an intervention rated as being 4 on effectiveness might be prioritized higher than an intervention with a 5 effectiveness rating. This could be due to dependencies (e.g. intervention #3 was rated as highly effective but only after intervention #6 is implemented which is effective but not highly effective). In other words, intervention #3 is only highly effective IF it is layered with – but sequenced with or after – intervention #6.

→ Now follow steps 2 & 3 described in sub-step 3a

#### ***Sub-step 3d (if there are 4 or more key interventions)***

1. Present this change to the hypothetical situation → The donor who will finance the first, second and third priority interventions now tells your program team that they found some more money and will finance a fourth intervention to accompany the first, second and third. Each member must pick the fourth intervention that they wish be financed.

→ Now follow steps 2& 3 described in sub-step 3a

#### ***Sub-step 3e (if there are 5 or more key interventions)***

1. Present this change to the hypothetical situation → The donor who will finance the first through fourth priority interventions now tells your program team that they found some more money and will finance a fifth intervention to accompany the first through fourth. Each member must pick the fifth intervention that they wish be financed.

→ Now follow steps 2 & 3 described in sub-step 3a

This usually concludes Step 3 of this exercise - and we are ready to summarize results (Step 4) - because it is usually not worth the time to try to identify and prioritize any remaining interventions. However, if your program has been very good at collecting evidence, disseminating and discussing it throughout the life of the program, you are welcome to continue (to try to prioritize all the interventions), but it is not the objective of this exercise to put all of the key interventions in order of priority; the objective is to identify those that should receive priority over the others based on evidence.

### **Step 4 (Summary of results)**

Each exercise will yield different results. Sometimes there will be no agreement on which interventions to prioritize (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) but this is OK; remember that you will share these results with all program team members – usually during the workshop when results from the full FIPR are presented - and have a discussion around the results and this might bring new/more evidence to light and you can change the prioritization accordingly. Remember that you might have summary statements such as “there is no clear single intervention that is higher priority than all others but that there are two interventions seem to be tied for highest priority”. However, there are times a minimum package will be revealed, as is the case in our example. You need only summarize what was revealed through this exercise including the gaps in evidence - or strengths of having evidence – that influenced these results.