

Intervention Screening – The R – I – E – D Model

The Need for Screening

Potential M4P interventions (i.e., action research pilot projects) can be identified through a variety of techniques including economic analysis, value chain mapping, stakeholder mapping, consumer research and root cause analysis. Once identified, individual market actors may then be engaged and specific opportunities explored. Prior to devoting substantial resources to developing and implementing the intervention concept, however, compliance with programme objectives must be assured. Potential interventions must be screened systematically before proceeding.

The R-I-E-D Model

PSP4H has developed a formal screening model which is used by the programme to verify each potential intervention, called the “R-I-E-D model” for its major steps:

- **Relevance**
- **Impact**
- **Engagement**
- **Do No Harm**

The R-I-E-D model is depicted in Figure 1. The Intervention Manager must enumerate a logical, well-evidenced case for the intervention at each step of the screen, in sequence. Failure at any step leads to rejection of the potential intervention.

PSP4H uses an Excel-based tool to document the screening process (Figure 2). In the tool, each major step is broken down into a series of minor steps which are evaluated one-by-one and assigned a pass/fail score. A written justification or explanation must be entered for the pass/fail decision at each step, which is essential to the proper functioning of the model. Each step must pass before moving on to the next.

The Steps

The first screen is for **Relevance**. Is the potential intervention:

- In the health sector (preferably in a priority sub-sector)?
- Pro-poor?
- Private sector driven?
- For-profit?
- Innovative?
- Addressing a systemic constraint?

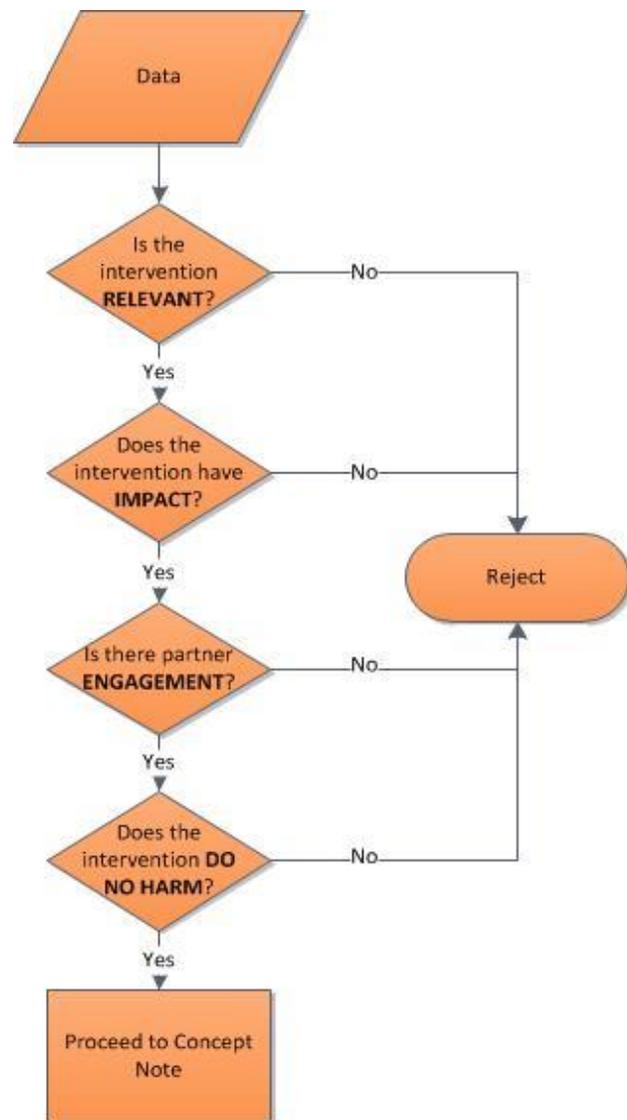


Figure 1: Flow Chart of the R-I-E-D Intervention Screening Model

All five of these basic criteria must be met before moving on to the next screening level. In the PSP4H programme, sub-sectors that have been identified through analysis will be given priority; however, potential interventions that have been brought forth by market players will not be excluded at this stage if they fall outside a priority subsector.

Consideration is then given to **Impact**; is there adequate:

- Scale (significant number of beneficiaries)?
- Depth (change at root cause level)?
- Likelihood of making a positive change (a feasible business case)?
- Space to grow (not crowded out by subsidies and/or other donor projects)?
- Attribution (can change be logically credited to programme assistance)?

M4P begins with analysis but ends with stakeholder engagement. As the methodology is market based, implementation of interventions is fully dependent upon identifying and reaching agreement with partners in the marketplace,

most often private sector partners.

Great analysis without partner engagement cannot possibly lead to a successful outcome. There must be a market player willing to engage with the programme, and the R-I-E-D tool explicitly recognizes this.

Should the potential intervention be relevant and show significant impact, the next screening level is **Engagement**. Is there an identified private sector partner (or partners) who can be named and:

- Has mutual objectives?
- Is willing to invest in the intervention?
- Will share data with PSP4H?

If so, there is one final screen, **Do No Harm**. Has the impact of the potential intervention on all stakeholders been considered so there will be no adverse unintended consequences? For example, job displacement or crowding out?

Should the potential intervention pass all four screens, it is acceptable and may be passed on to concept development stage. This is where deeper problem definition and gap analysis are conducted with the partner and a concept note elaborated.

Figure 2: The R-I-E-D Screening Tool

Intervention:			
Area:			
IM:			
Step	Evaluation	Comments	
1. Relevance			
Is the proposed intervention:			
In the health sector (preferably in a priority sub-sector)?			
Pro-poor?			
Private sector driven?			
For profit?			
Innovative?			
Addressing a systemic constraint?			
Overall Relevance			
2. Impact			
Does the proposed intervention have:			
Scale (significant number of beneficiaries)?			
Depth (change at root cause level)?			
Likelihood of making a positive change (feasible business case)?			
Space to grow (not crowded out by subsidies and/or other donor projects)?			
Attribution (can change be attributed to programme assistance)?			
Overall Impact			
3. Engagement			
Is there an identified private sector partner (or partners) who:		Name:	
Has mutual objectives?			
Is willing to invest in the intervention?			
Will share data with PSP4H?			
Overall Engagement			
4. Do No Harm			
Has the impact of the potential intervention on all stakeholders been considered so there will be no adverse unintended consequences?			
Overall Do No Harm			
Overall Evaluation		REJECT	



Implemented by Cardno in partnership with Insight Health Advisors, Oxford Policy Management and Mannion Daniels.

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