Behind the Equity App: How Researchers Were Able to Balance Scientific Rigor with Ease-of-Use

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At PSI <http://www.psi.org/>, our social franchise networks aim to provide equitable health services to individuals in 22 countries. Equity acknowledges that programs must not just provide equal access to health products and services, but also address societal inequalities by making an extra effort to reach people who are poor or otherwise marginalized.

**The challenge, however, is that it can be difficult to tell who is poor.**

In the past, PSI has measured equity by asking clients exiting a franchise clinic about the assets in their household. This information is used to create a wealth index and then compare it to the national wealth distribution.

But programs have found the approach, based on the Demographic and Health Survey (DHS) questionnaire, cumbersome. The number of questions ranges from 25-50, which can make data collection time-consuming, especially in an exit interview context, which takes place away from the home. Several questions are difficult to answer, such as the number of hectares of agricultural land a household owns. And while access to a toilet is a useful indicator of wealth, the typical question about toilets has 13 response options, some of which may seem similar to the respondent (e.g. ventilated improved pit latrines and pit latrines with slabs).

The EquityTool <http://www.equitytool.org/> – developed through a collaboration between experts from PSI, USAID <https://www.usaid.gov/>, Marie Stopes International <https://mariestopes.org/>, Results for Development <http://r4d.org/>, University of California, San Francisco <http://globalhealthsciences.ucsf.edu/global-health-group>, BroadBranch Advisors <http://broadbranchadvisors.com/> and Metrics for Management <http://m4mgmt.org/> – provides an easy-to-use, easy-to-interpret, free mobile app for assessing the wealth of franchise clients. The EquityTool simplifies data collection by using only 6-18 validated questions from the country's DHS. Results are benchmarked against national and urban wealth distribution.
Researchers from PSI led the simplification of the methodology behind the app, a process that has been captured in a new paper published in the peer-reviewed journal *Global Health Science and Practice* <http://www.ghspjournal.org/content/4/1/141.full.pdf>. At first, researchers were challenged to maintain the rigor of the DHS methodology while working toward simplicity. But by collaborating with 15 stakeholders in equity measurement to understand priorities for capturing wealth, they were able to create an abridged index.

PSI researchers then piloted the abridged index in 16 countries and created a shorter wealth assessment that ranged from 6 to 18 questions with only two response options (e.g., yes/no). The group of 15 stakeholders unanimously agreed that the reduced option provides a strong indication of client wealth, and is easier to use in the field. (Check out an example of the simplified EquityTool survey for Bangladesh <https://w7qsa.enketo.kobotoolbox.org/webform>.)

The entire process demonstrates how smart compromises helped us create a tool that is both rigorous and easy to use; data collection is faster and clients can easily answer the questions. The EquityTool is also programmed to calculate results automatically and immediately: it produces a set of easy-to-read graphs that represent clients’ relative wealth. There is no need to enter data from paper questionnaires or spend valuable program resources to analyze results.

Additionally, no special training is needed to interpret results. Having this technology at decision-makers’ fingertips makes it possible for social franchise programs and others working in development to adjust their approach and ensure more equitable service delivery.

**Learn more about the EquityTool in PSI’s interactive Pulse Report** <http://pulse.psi.org/issue-4/#stories> or in Issue 21 of **Impact magazine** <http://psiimpact.com/2016/05/are-your-programs-reaching-the-poor/>. 