"*So what? I need results*": monitoring and evaluating *impossible* Family Planning / Reproductive Health Programmes: an Introduction

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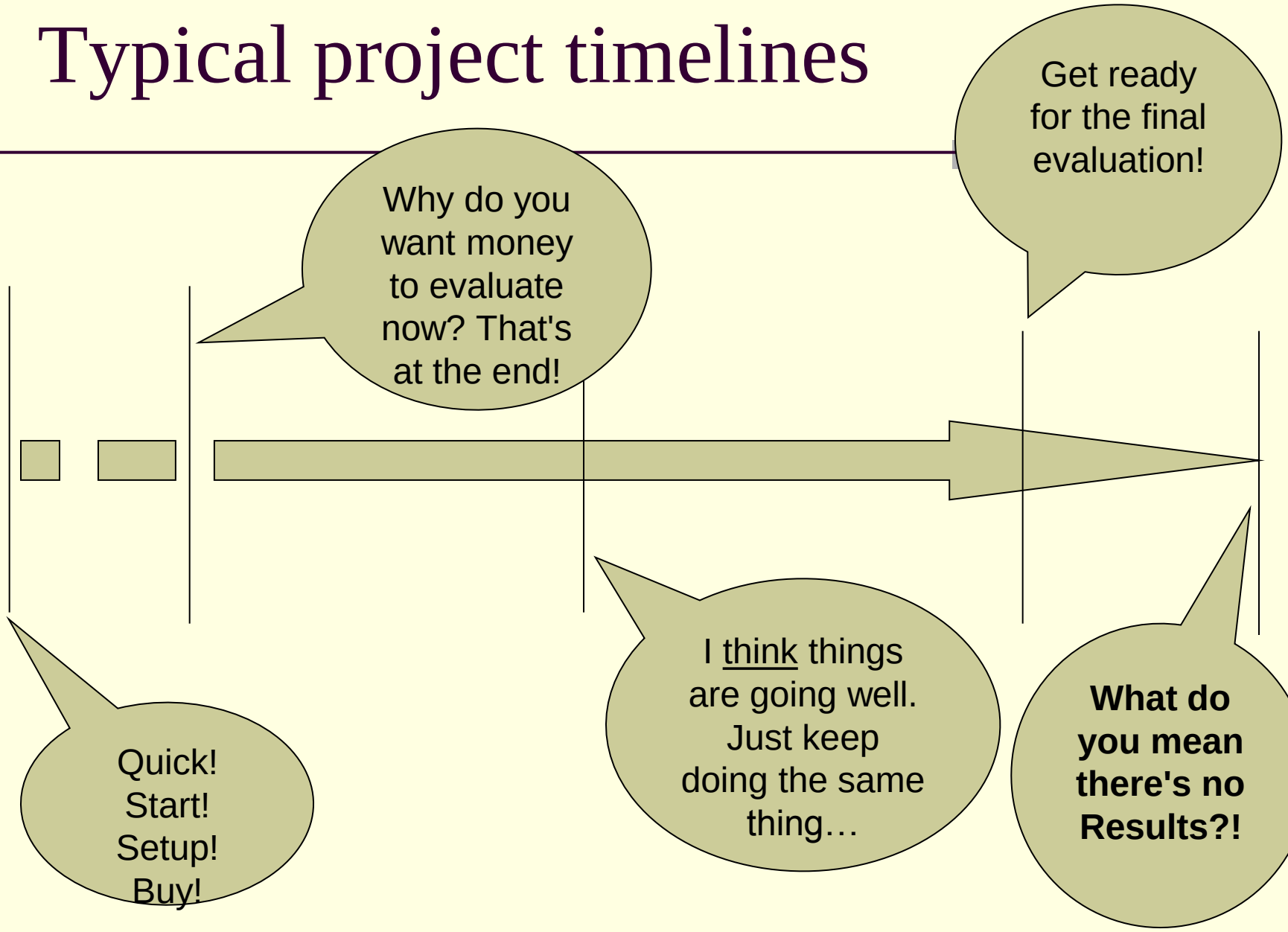
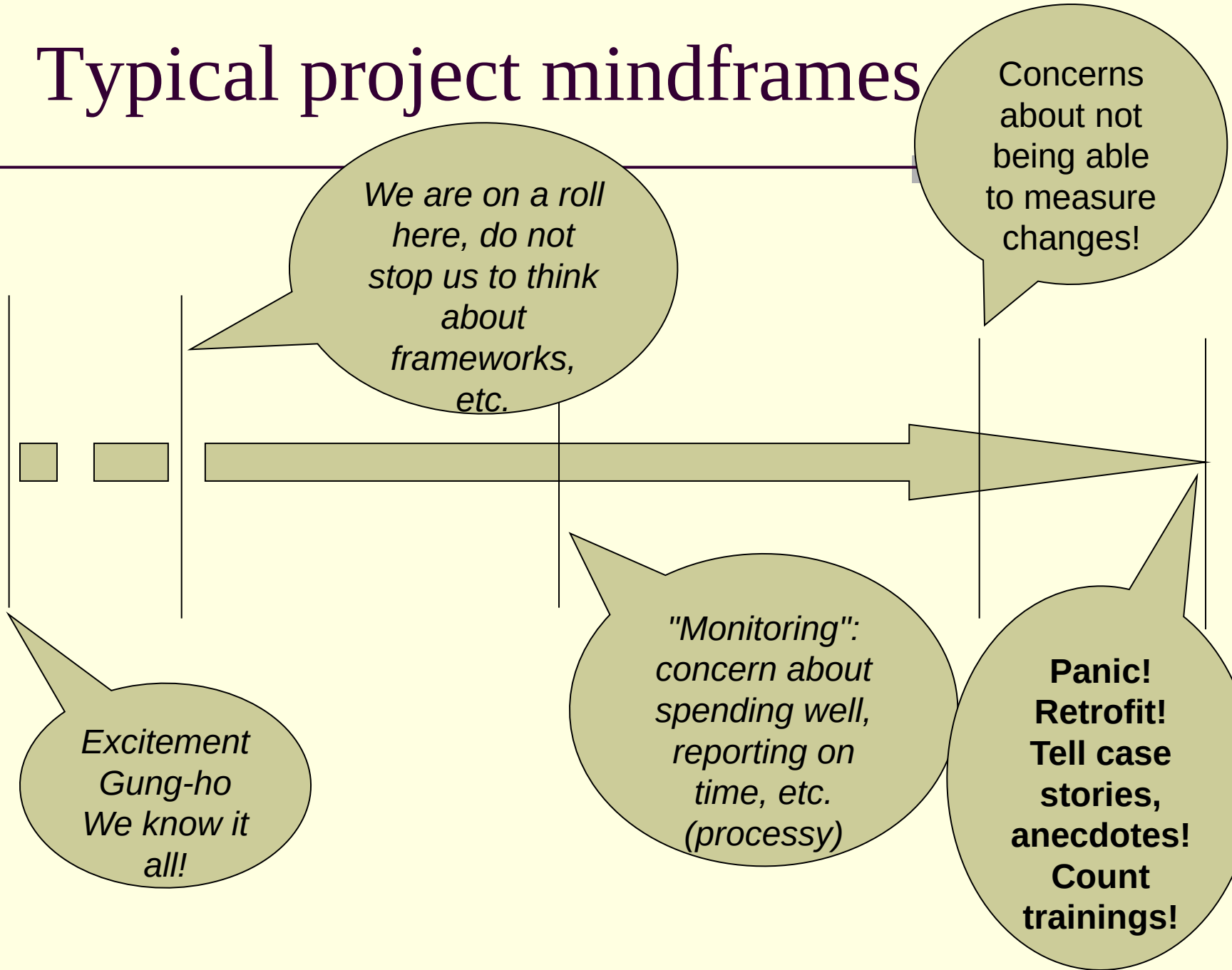
Typical projects / programmes

- Emphasis on start-up of activities ("quick results")
- Project managers know little of M&E (some couldn't care less!)
- "No research please"
- Consequences: few M&E staff, recruited late a/o insufficiently, scarce resources allocated

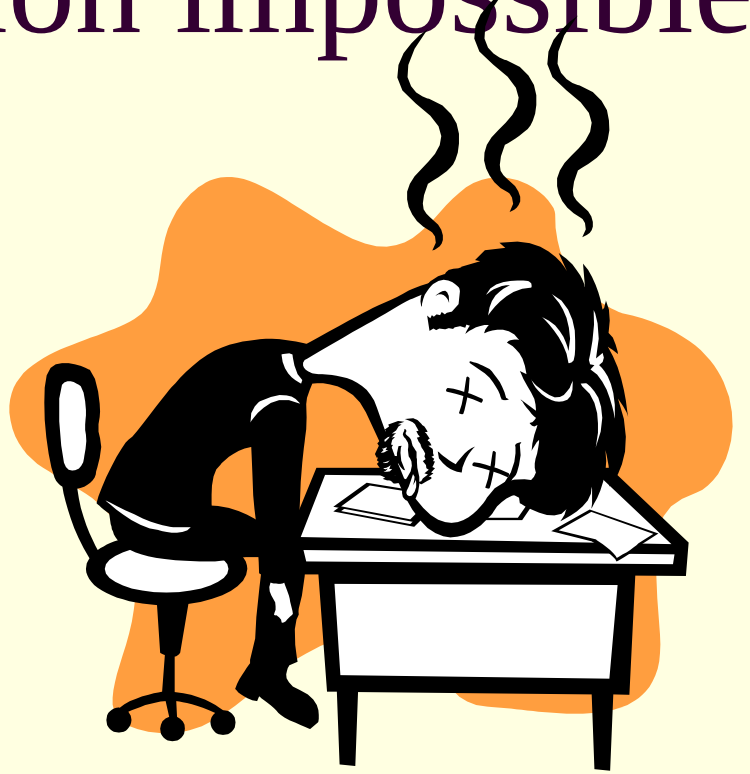
Typical project timelines



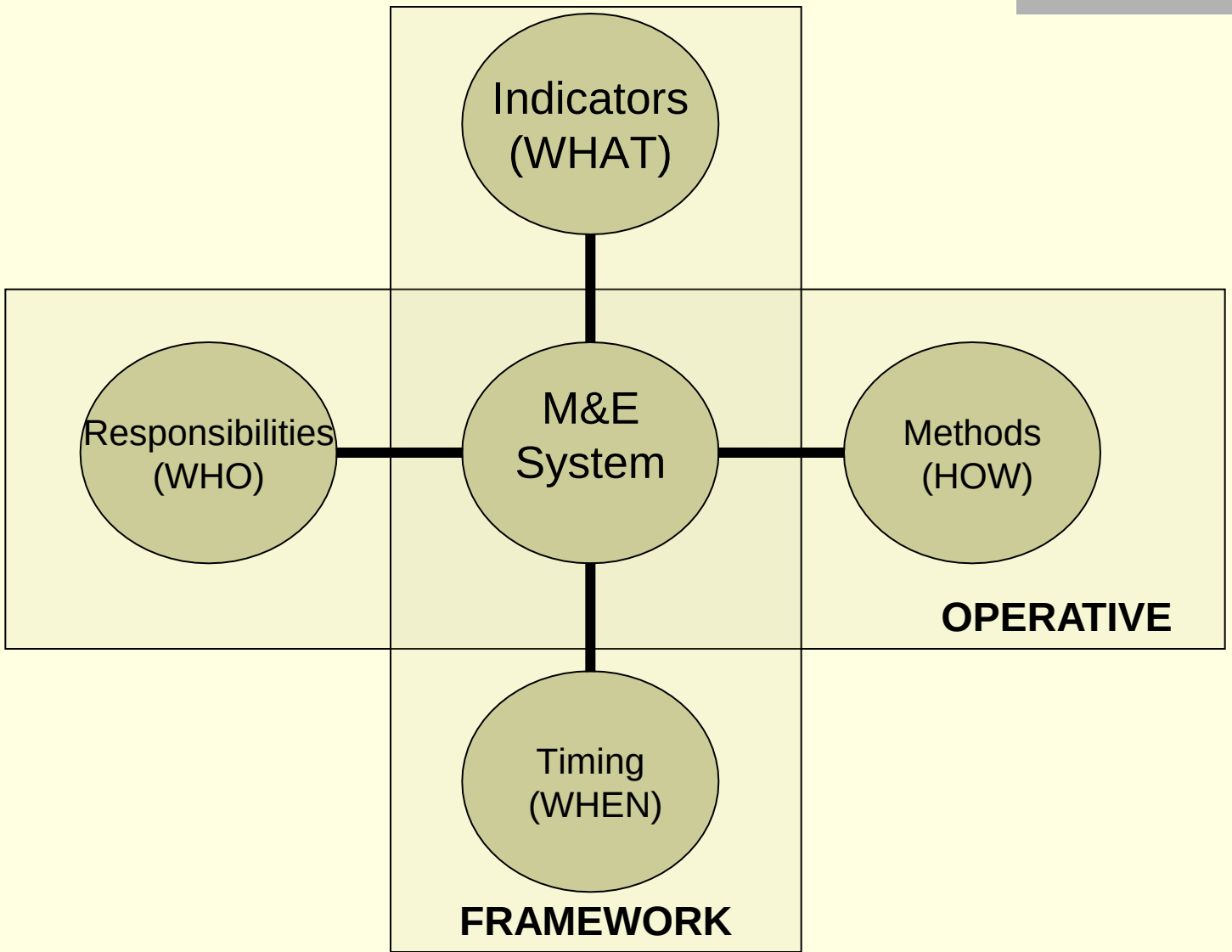
Typical project mindframes



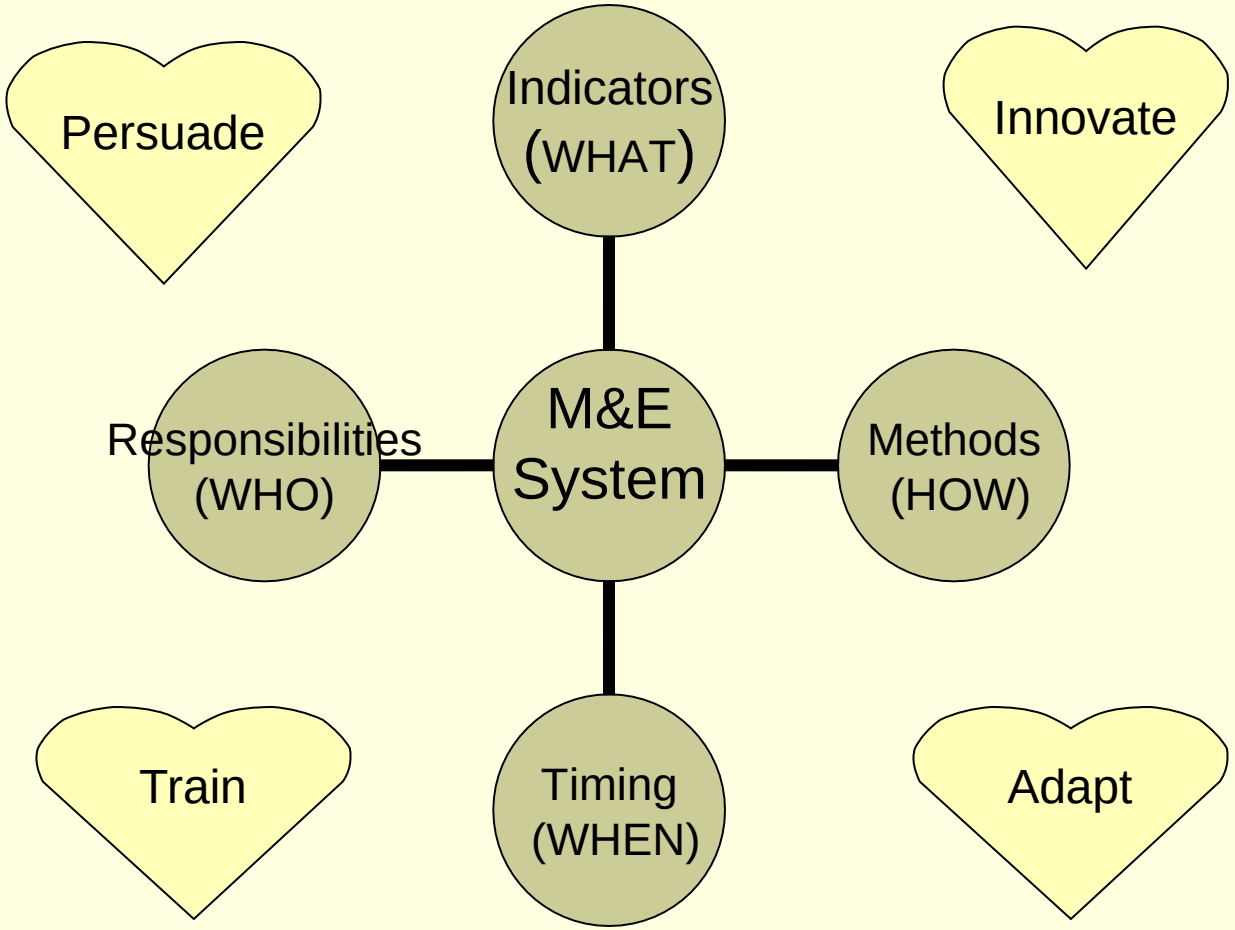
Mission impossible?



Basics of a good M&E system - Components



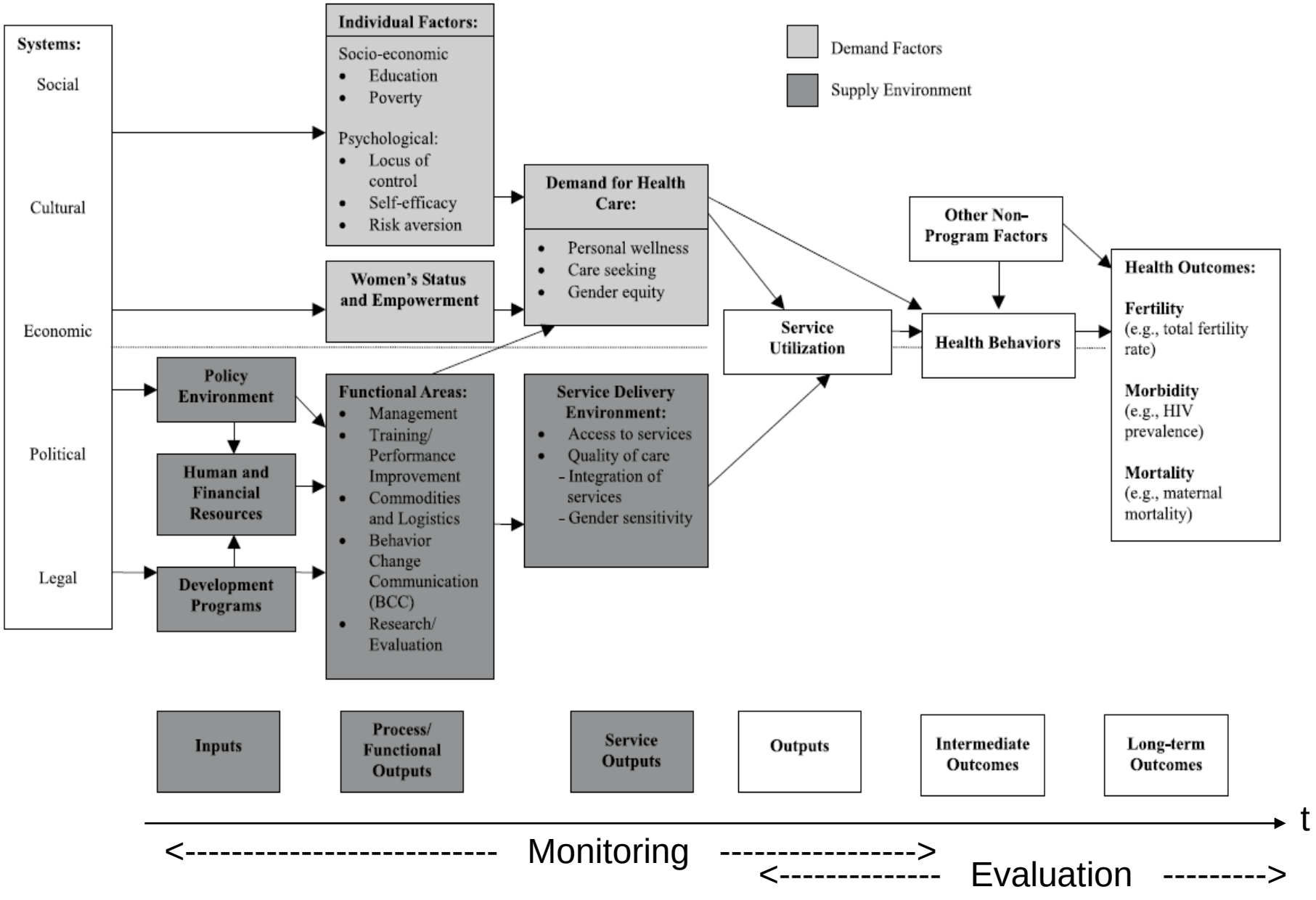
Basics of a good M&E system – Disposition



Framework

- Originates from project / programme objectives
  - Differentiate Goals from objectives and tasks / activities
- Elements:
  - Indicators / variables
  - Sequence
  - Relationships
  - Time (Before – During – After)

A Model Conceptual Framework



Adapted from: J. Bertrand and Escudero, G., Compendium of Indicators for Evaluating Reproductive Health Programs, Volume One. MEASURE *Evaluation* Manual Series, No. 6, August 2002.

Goals and objectives (illustrative)

- Goal: Improve reproductive health in region X
- Objectives
  - Obj 1: Increase couples' access to reproductive health services
  - Obj 2: Improve quality of RH services

Challenge: How to translate from management language to evaluation terms!

Activities and tasks (Illustrative)

Supply

- Improve logistics (contraceptives, medicines)
- Improve equipment (delivery, C-section)
- Train providers
- Strengthen performance system (job descriptions, use of protocols, supervision, recognition, etc.)

Demand

- Formative research (socio-cultural factors for access)
- BCC (social marketing / advertising)

Building the framework I: from the goal to indicators - [Outcome]

Management	Evaluation
Goal: "Improve Reproductive Health"	■Total (& Adolescent) Fertility Rate ■Contraceptive Prevalence Rate ■Unmet need for Contraception ■Births delivered by SBA

Important: Maternal mortality – not possible to measure!

Building the framework II: from objectives to indicators - [Outputs]

Management	Evaluation
Obj 1: "Increase access to RH services"	ANC coverage Institutional deliveries % postpartum FP
Obj 2: "Improve quality of services"	% stockouts (comm, meds) Provider performance (index) Client perception

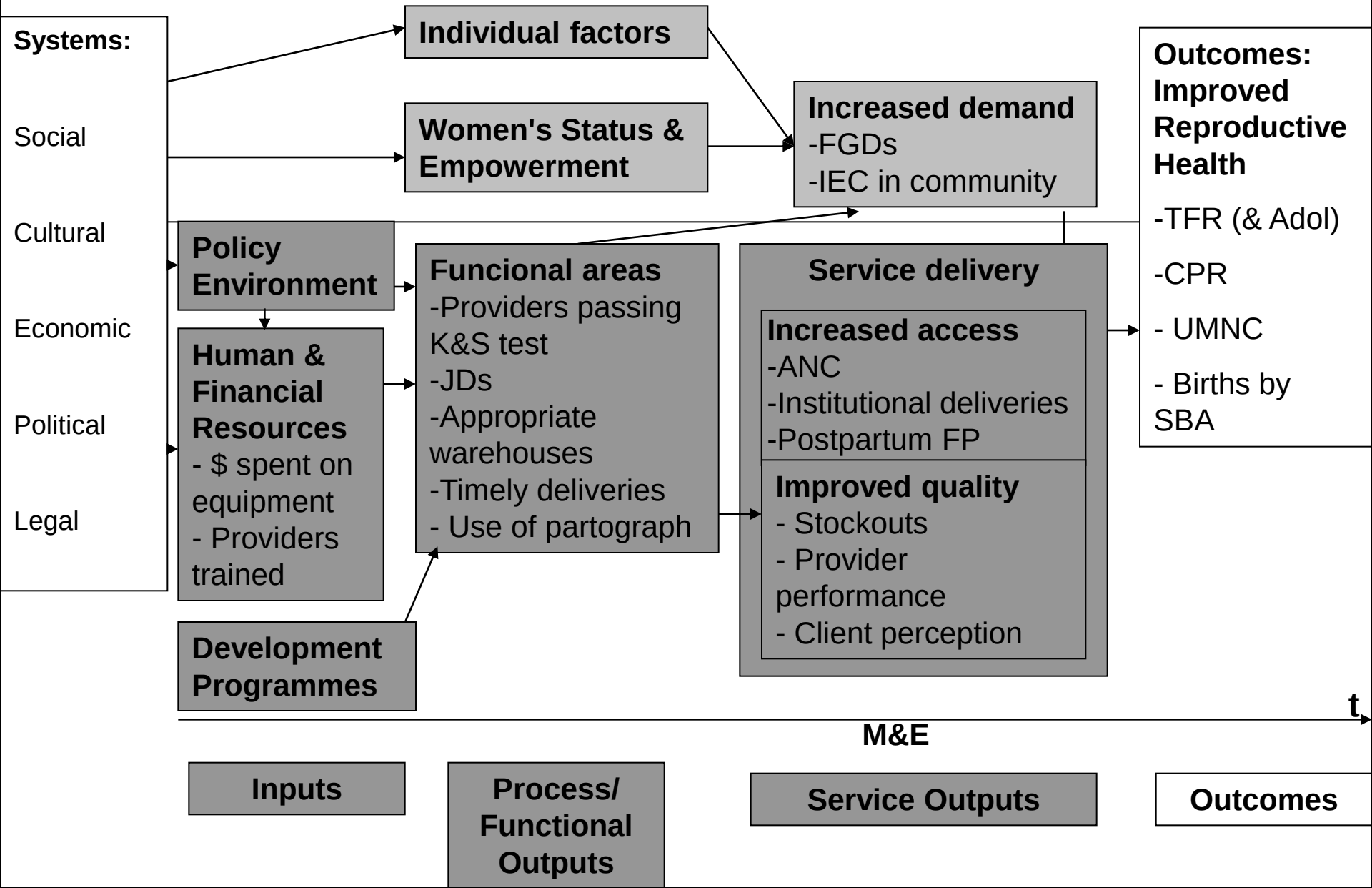
Building the framework III: from activities / tasks to indicators – [Inputs-Processes-Outputs]

Management	Monitoring
Improving logistics, equipment	■$ spent on new equipment ■% orders delivered on time ■Number of warehouses with appropriate storage conditions
Training providers	■Number of providers trained ■% of providers who passed knowledge and skills test

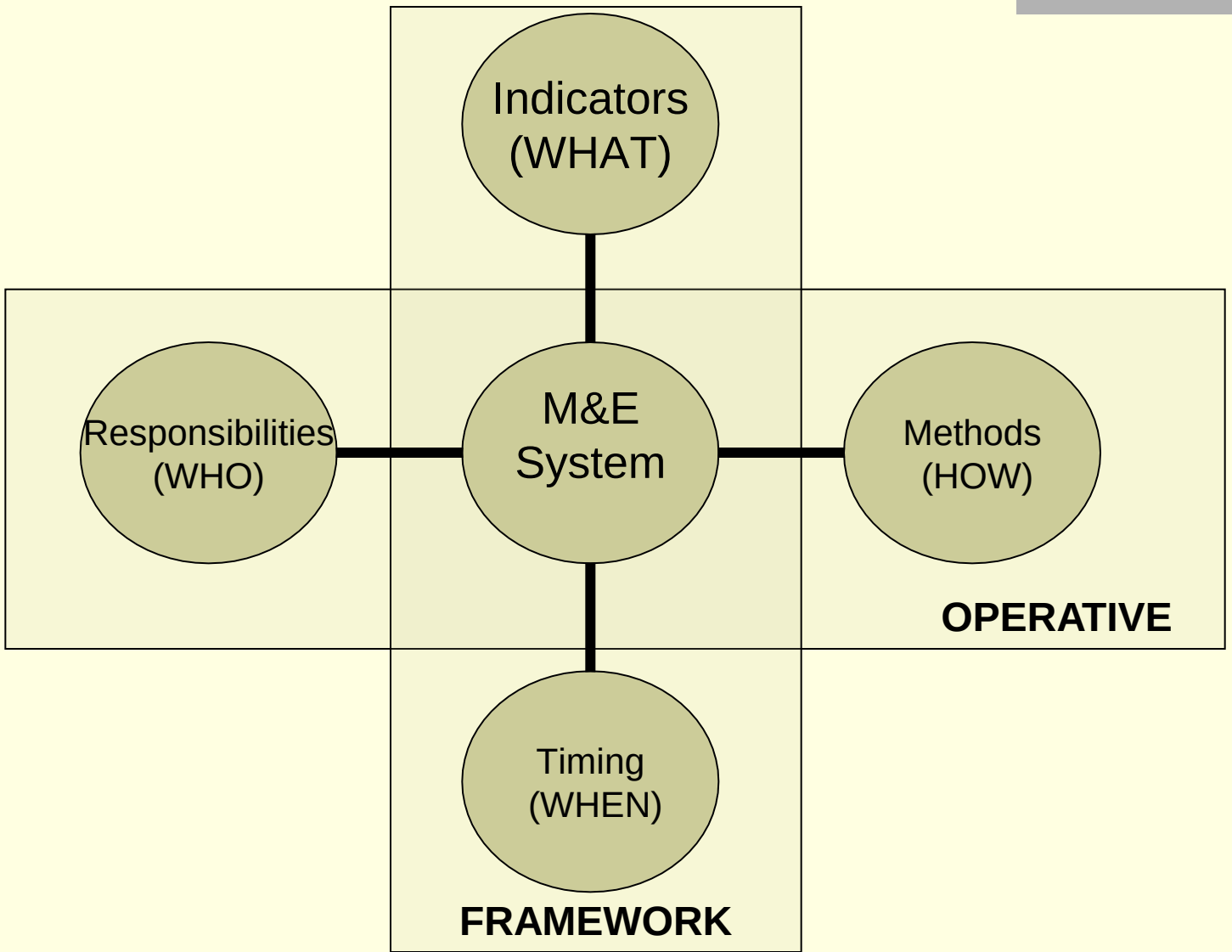
Building the framework III: from activities / tasks to indicators – [Inputs-Processes-Outputs]

Management	Monitoring
Strengthening the performance system	▪% providers with agreed-upon job descriptions ▪% of providers who used the partograph appropriately last month
Enhancing demand	▪FGDs conducted to find out what people need ▪Number of leaflets in local language distributed in community in last quarter

Our illustrative framework (adapted)



Basics of a good M&E system - Components



Operative aspects

- Responsibilities (Who)
  - "Everyone" = Nobody!
  - Hire/Assign M&E persons
  - Write clear JDs, expectations
  - Train and support them (PI: K&S, JD, tools, org'l support, incentives, individual factors)

Methods (How) I: Technical

Use all tools of the trade: quantitative, qualitative, epi, clinical, social sc, etc.

- Clinic-based information (for outputs)
  - From records (e.g., ANC coverage),
    - Numerators: good recording, avoid double-counting
    - Denominators: catchment population, updated
  - From observation
    - E.g., provider performance
      - Create, innovate – e.g., create indices from observation checklists (e.g., see next slide)
    - E.g., stockouts (in last 6 months)
      - By medicine/commodity, type and all meds/commdts
  - From surveys
    - E.g., client perceptions
      - Exit interviews (compare with observations)

105	CLIENT'S PERSONAL INFORMATION AND REPRODUCTIVE HISTORY. INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:					
01	Age of client	1	2	8		
02	Number of living children	1	2	8		
03	Last delivery date or age of youngest child	1	2	8	5	
04	History of complications with pregnancy	1	2	8	5	
05	Last menstrual period (assess if currently pregnant)	1	2	8	5	
06	Desire for a child or more children	1	2	8		
07	Desired timing for birth of next child	1	2	8		
08	Breastfeeding status	1	2	8	5	
09	Regularity of menstrual cycle	1	2	8	5	
106	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS.	YES		NO	DK	
01	Took the client's blood pressure	1		2	8	
02	Weighed the client	1		2	8	
03	Asked the client about smoking	1		2	8	
04	Asked the client about symptoms of STIs (e.g., abnormal discharge)	1		2	8	
05	Asked the client about chronic illnesses (heart disease, diabetes, hypertension, liver or jaundice problem, breast cancer)	1		2	8	
06	Looked at the client's health card (either before beginning the consultation or while collecting information or examining the client)	1		2	8	

From: National Coordinating Agency for Population and Development (NCAPD) [Kenya], Ministry of Medical Services (MOMS) [Kenya], Ministry of Public Health and Sanitation (MOPHS) [Kenya], Kenya National Bureau of Statistics (KNBS) [Kenya], ICF Macro. 2011. *Kenya Service Provision Assessment Survey 2010*. Nairobi, Kenya:

http://www.measuredhs.com/pubs/pdf/SPA17/SPA17.pdf

- Community-based information
  - From household questionnaire surveys (for outcomes)
    - E.g., CPR, deliveries by SBA
      - Sampling from catchment population
      - Use proven questions, methods (e.g., DHS)
  - From in-depth interviews or FGDs (for context, case histories, explanation of results)
    - E.g., traditions favouring and preventing use of services
    - E.g., leaders' perceptions of changes in facilities
    - E.g., providers' initial attitudes and feedback on training

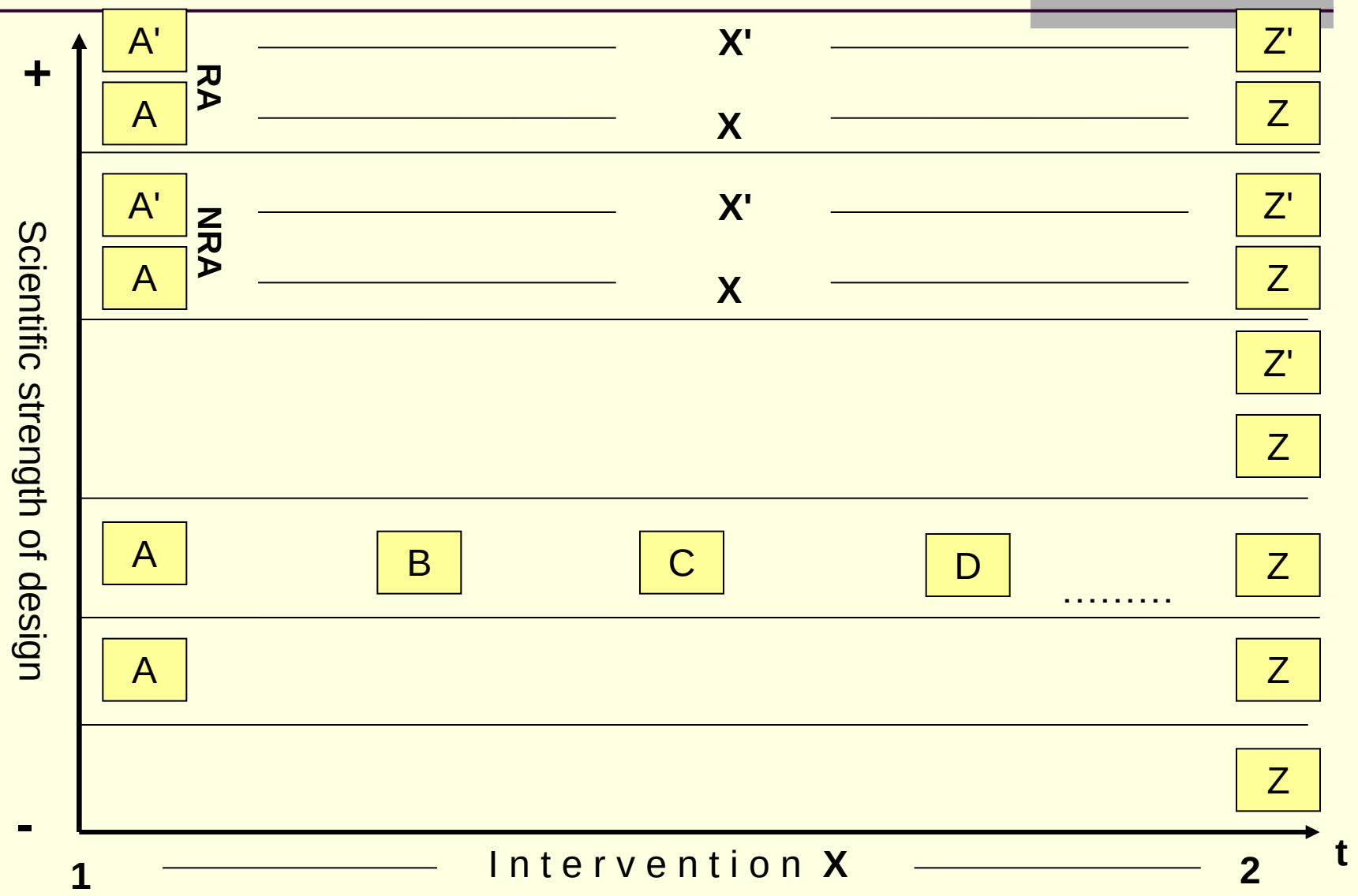
More on methods

- Measurements: quality or nothing
- Mantra: compare, compare, compare (like-with-like)
- Before-and-after (Baseline – Endline)
- A vs B (Intervention vs Control): quasi-experimental if not random allocation; also cluster random if not unit random
- Why control? Because *things naturally change*, or because *there are other influences* in a place
- Avoid contamination, esp with community interventions (e.g., social marketing)
- Ensure ethical considerations (e.g., training vs no training or different approaches?)

More on methods

- Sampling size: if baseline is quite low and intervention will increase substantially (e.g., level of performance), and population is homogeneous (e.g, physicians using partograph), sample size need not be too large.
- Baseline: 50%, Expected result: 80%, 95% confidence level, 80% power → need 45 physicians in each group
- Survey: if in a population of 50,000 you expect 60% delivering at a health facility (and accept a 10% margin of error) = need to interview 260 WRA

Evaluation designs: from weaker to stronger



Methods (How) II: Managerial

How will this *brilliant* system work?

- Early on, convene managers, explain framework in simple terms, and needs
- Do not start with the $, but with a warning: you want results at the end of the project? – start now!
- EXTREMELY IMPORTANT: "increase", "improve" means change, thus need BASELINE!
- **NO BASELINE, BYE BYE RESULTS!** (only options: "retrofit", assume, anecdotal, qualitative, case stories, etc.)
- Train, refresh, insist, persuade, bug…

More management of M&E

- Setup framework as early as possible, but be ready to adjust portions as required (e.g., new elements in programme)
- Develop orientation & training materials for managers and M&E colleagues
- Report frequently (but concisely!) to senior managers – e.g., baseline results: *"How we found the place"*
- Develop and have budgets ready for M&E activities – e.g., "*How much is it going to cost to run this workshop on setting up a database, collecting and analysing data?*"

Tips ("The *perfect* is enemy of the *feasible*")

- Go for results, but do not forget processes and individual/anecdotal material (in the end, everyone loves them!)
- Do not fall in the trap! It is not research, it's a "review," you are not doing a survey, it's an "assessment," we are "checking on the progress…" → Adapt
- Being flexible is not being lousy – keep necessary rigor
- Be aware of lack of generalizability: either from qualitative methods, or from small pilot interventions ("validity"; scaling-up)
- Be honest in what can and cannot be achieved – e.g., though management would like to see changes in maternal mortality rates in a small area or in a short time, they have to know that such is not possible (however, you can demonstrate changes in "proxy" indicators, e.g., more women attended and better care)

References – further reading

- **For a framework and construction of indicators**: J. Bertrand and Escudero, G., Compendium of Indicators for Evaluating Reproductive Health Programs, Volume One. MEASURE *Evaluation* Manual Series, No. 6, August 2002
- **For discussion on what can be accomplished with different assessments and evaluation designs**: JP Habicht, CG Victora and JP Vaughan, Evaluation designs for adequacy, plausibility and probability of public health programme performance and impact, *International Journal of Epidemiology*, 1999; 28: 10-18
- **For presentation of different types of research and evaluation designs**: AA Fisher, JR Foreit, J Laing, J Stoeckel and J Townsend, HIV/AIDS Intervention Studies: An Operations Research Handbook, The Population Council, 2002
- **For a Monitoring and Evaluation Toolkit, with tips on how to build a framework and indicators**: http://www.rhrc.org/resources/general_fieldtools/toolkit/causal.html
- **For how to assess quality of care in facilities, including instruments**: Quick Investigation of Quality (QIQ) A User's Guide for Monitoring Quality of Care in Family Planning, MEASURE Evaluation Manual Series, No. 2, Carolina Population Center, University of North Carolina at Chapel Hill, 2001
- **For M&E plans for Adolescent SRH programs**: S Adamchak, K Bond, L MacLaren et al, A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs, FOCUS on Young Adults, Tool Series 5, June 2000