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MONITORING AND EVALUATION OF FAMILY PLANNING / REPRODUCTIVE HEALTH PROGRAMS – HEALTH SYSTEM-, PROJECT- & FACILITY-BASED INFORMATION

Training Course in Sexual and Reproductive Health Research Geneva 2012

SOURCES OF INFORMATION TO EVALUATE PROGRAMME PROGRESS / RESULTS

- × HEALTH SYSTEM BASED
- × PROJECT BASED
- × FACILITY BASED
 - + Records
 - + Observations

PFIZER WELCOMES TO NEW YORK THE DELEGATES TO THE GENERAL ASSEMBLY FROM THE 192 MEMBER STATES OF THE UNITED NATIONS

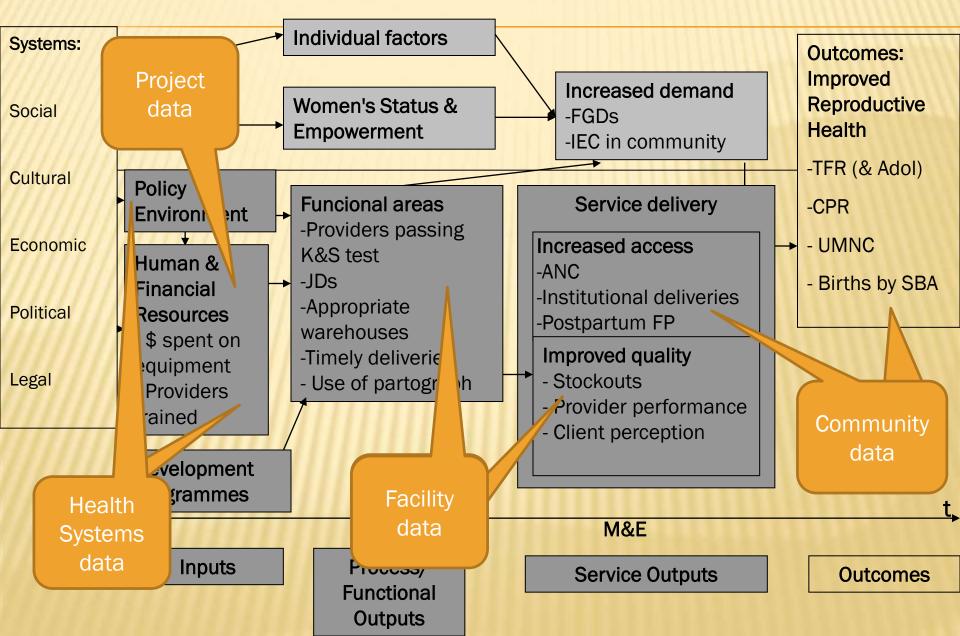


Seven years ago here in New York, 189 world leaders pledged to end extreme poverty and its root causes by 2015. They agreed to do this by achieving the Eight Millennium Development Goals. Together, let's do it.

Planet

- × Infrastructure, equipment, supplies, processes
- × Client-provider interactions, consultations
- + Interviews (clients, providers, programmers)
- + Knowledge tests
- COMMUNITY BASED (quantitative-qualitative)

OUR ILLUSTRATIVE FRAMEWORK (ADAPTED)



HEALTH SYSTEM INFORMATION

- Good for context and background of interventions
- × Policy-makers: priorities, investment, leadership
- Gives picture of <u>inputs</u> and <u>processes</u>, e.g., recruitment, training efforts, updating/distribution of guidelines, supervision, construction/refurbishing, purchase of equipment/maintenance, distribution of medicines/supplies
- Can attempt to look at central-level statistics (e.g., MIS/HIS) – to compare against field-level

PROJECT/PROGRAMME INFORMATION

× Good for inputs and



- processes: resources brought to intervention(s) important for cost-related analyses
- × Vertical vs Integrated; Scale
- × Timing of interventions
- Potential for scaling up/expanding; sustainability

FACILITY - BASED INFORMATION

× RECORDS

- a) Easy, they are available
- b) However, they are often of poor quality
 - i. Under-recording
 - × Purposely (e.g., overburden, no data on abortion, adolescent FP)
 - × Inadvertently (e.g., did not know, forgot)
 - Untimely (esp at higher levels data arrive/are compiled late e.g., two months after)
 - ii. Inconsistent recording
 - × Sometimes OK, sometimes under/untimely
 - × Some fields OK, some left blank (sensitive, «will do later», etc.)



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MORE ISSUES WITH RECORDS

Consistent errors are better than inconsistent

- One can <u>estimate</u> omissions (e.g., by direct observation, on average, one tenth of all bed usage is for abortion-related complications) – add fraction
- + Inconsistent: omissions may vary
 - × e.g., busy days, rainy days (transport), blackouts, no stationary: 🗸
 - × just back from training, new staff: **↑**
 - × what fraction to add/correct?
- Trends: what happens over time?
 - + Continues pattern of inconsistency, stable recording
 - Improvement? («real» success/failure or measurement issue?) – especially between sites

WHAT DO RECORDS TELL US?

× Numerators: Access, Users, Atypical?

- + Representativity (20% vs 80%) Differentials (who are the «users»?: Distance, socio-economic status, previous users) – Equity – who's not accessing?
- + Careful with double-counting (i.e., new/first vs returning) can you «index» cases?
- > Denominators:
 - + Catchment: Updated? Eligible? Census-based? Real vs assumed
 - + Account for: Self-referrals, by-passing (proximity, sensitive services: e.g., FP, adolescents)
 - + Other [competing] services: private (pharmacies, informal, social security, armed forces). May be <u>differential</u> uses (e.g., for some but not for other services)
- Picture: Coverage, quality of services (structure, equipment, processes, adherence)

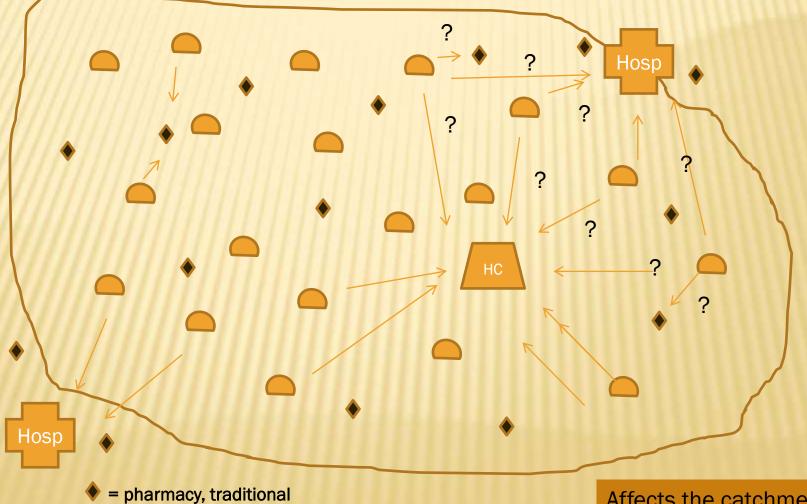
VITAL STATISTICS-2006-CENSUS		
POPULATION		NUMBER
CATCHMENT		31,194
CHILDREN AGED UNDER I YEAR	3	936
CHUDREN AGED UNDER 5 YEARS	153	4773
WOMEN AGED 15-49 YEARS	21.3	6644
PREGNANT WOMEN	4	1248
NON PREGNANT WOMEN		5397
ESTIMATED SURVIVING INFANT	- 1	

- Catchment represents what?
- Census is national or locally-conducted? Updated?
- Children under one year is what percentage over pregnant women? Why?
- What is the [approximate] crude birth rate?

Population of country – 2009: (5,696,000) Under-fives: 964,000 (16.9%)

DIFFERENTIAL USE – BY PASSING

May vary by service!



Affects the catchment area!

WHAT TO DO TO IMPROVE KNOWLEDGE OF CATCHMENT POPULATION?

- × Use current Census figures
- × Conduct own community census, regularly
- Conduct community survey (asking for common usage of facilities, buy type of service needed)
- Estimate from records of higher-level facility the number/% of clients coming from community (e.g., for ANC/delivery)

ADVANTAGES / DISADVANTAGES OF USING FACILITY RECORDS

ADVANTAGES	DISADVANTAGES
Readily available; relatively easy to access	May be unreliable (incomplete, outdated, biased)
Can provide trends over time	Trends may be affected by inconsistent recording
Can provide a picture of quality of services	Can mislead if incomplete or biased
Can provide a picture of coverage of services	Can underestimate if unrepresentative, overestimate if erroneous
Can be a useful monitoring tool	Staff will lose confidence in data if corrections are not made constantly
Can be a useful research tool (e.g., increased quality and utilization)	Needs forums and
Should be revised for simplicity and avoiding duplication	If duplication or unnecessary detail, staff will be discouraged from correct completion

HOW TO IMPROVE RELIABILITY OF RECORDS?

- x Triangulate for errors (underestimates and biases)
 - + Direct observation (e.g., «forgetfulness», inaccuracies, etc.)
 - + Comparisons (e.g., usage vs reporting, clinic vs community coverage from surveys)
- Highlight improbabilities: e.g., >100% immunization
- Encourage continuous and critical <u>use</u> analyse data (will increase compliance, reduce inaccuracies, bring sense of «pride»)

FACILITY ASSESSMENTS / SURVEYS

- Can complement well the examination of clinic records
- × Has advantage of independent and on-site observation-verification
- More difficult to organize (like any survey): sampling, data collection tools, interviewer training, data collection, supervision, data entry)



FACILITY SURVEYS

- × Units of analysis: facilities, providers, clients
- × Sampling (or Census):
 - + Facilities: same principles (representativity, known probability of appearing in sample; stratification, etc.). Normally: all/majority of hospitals, sample of health centres, dispensaries, posts
 - + Providers: present the day of the survey (all or sample)
 - + Clients: sample (spread during the day!)
- Data collectors: clinical background; trained for 3 weeks (incl mock interviews, pilot testing); teams of 4-5 + leader; complex logistics (vehicles, questionnaires vs PDAs/batteries) for simultaneous spread over country; supervision; rules for presence/absence of items (e.g., office or adjacent room); double-checking of completed records; editing, double data entry and reconciliation

Uganda 2007 Health Facility Survey

Total # of facilities: 3,000 Sample: 491 (16.4%) Table 1.1 Distribution of facilities by background characteristics

Percent distribution of facilities (weighted) and number of facilities (weighted and unweighted), by background characteristics, Uganda SPA 2007

Background characteristic	Percent distribution of facilities (weighted)	Number Weighted	of facilities Unweighted
	(weighted)	weighted	onweighted
Type of facility			
Hospital	4	19	119
HC-IV	6	27	81
HC-III	32	158	127
HC-II	58	287	164
Managing authority			
Government	76	373	351
Private	24	119	140
Region			
Central	20	98	81
Kampala	2	9	40
East Central	16	78	69
Eastern	10	49	50
Northeast	8	41	38
North Central	7	37	39
West Nile	7	37	39
Western	12	60	56
Southwest	17	83	79
Total	100	491	491

Available from: http://www.measuredhs.com/publications/publication-SPA13-SPA-Final-Reports.cfm

Table 1.3 Distribution of interviewed providers

Percent distribution (weighted) of interviewed providers and number of interviewed providers (weighted and unweighted), by background characteristics, Uganda SPA 2007

· •					
	Percent distribution of interviewed		f interviewed viders		
Background characteristic	providers (weighted)		Unweighted		
	0.00				
Type of facility	20	257	600		
Hospital	20	357	689 364		
HC-IV	12	204			
HC-III	34	603	390		
HC-II	34	607	328		
Managing authority					
Government	69	1,219	1,221		
Private	31	552	550		
Region	Region				
Central	21	380	278		
Kampala	4	75	193		
East Central	14	246	256		
Eastern	7	127	130		
Northeast	7	119	135		
North Central	11	196	179		
West Nile	8	148	152		
Western	12	219	188		
Southwest	15	263	260		
Qualification of provider					
Qualification of provider Clinicians ¹	12	221	329		
Nurses/midwives	38	669	835		
Counsellors/social workers	5	88	22		
Lab staff ²	6	113	198		
	1	11	14		
Pharmacy staff ³ Other clinical/technical services ⁴	36	629	370		
Non-clinical/technical services	2	39	3/0		
Non-clinical/technical services	2	39	3		
Total	100	1,771	1,771		

Clinicians include all consultants, physician specialists, medical officers and clinical officers.

² Lab staff include: lab technologists, lab technicians and lab assistants

 ^a Pharmacy staff include: pharmacists and pharmacy dispensers
 ⁴ Other clinical/technical service providers include: nursing assistants and nursing aides, nutritionists, health educators and any other client service providers.

Non-clinical/technical service providers include: statisticians, records clerks and hospital administrators

Available from:

http://www.measured hs.com/publications/ publication-SPA13-SPA-Final-Reports.cfm

INFORMATION FROM FACILITY SURVEYS

× Personnel, structure and equipment / supplies

- + E.g., staff present on day of survey, by type; existence of protocols/guidelines
- Waiting rooms, rehydration rooms, labs, electricity, sterilization, sanitation facilities, privacy of examination rooms, beds, incinerator, cold chain, ambulance (& fuel!), pharmacy and storage rooms
- Fees signs, expiry dates of medicines & stock-outs, whether oxytocin/vaccines in refrigerator (& temperature charts), gloves, specula, rapid tests, etc.











INFORMATION FROM FACILITY SURVEYS

× Observation of processes

- + Services provided (e.g., PMTCT, ART, outreach)
- + E.g., waiting times to services
- + Actual consultations
 - × Third-person observation
 - × Mistery [simulated] client (skills and competence, attitudes and courtesy)
- Client perception
 - Client exit interviews (medications/contraceptives & instructions, side effects discussed, knowledge of danger signs, satisfaction, payments, etc.)

INFORMATION FROM FACILITY SURVEYS

- × Provider knowledge, attitudes and competence
 - + Interviews (e.g., training, supervision received, working conditions, incentives, satisfaction, attitudes, perception of stigma, etc.)
 - + Knowledge tests (procedures conducted, diagnosis & treatment, management of complications (simulated scenarios)

From: Kenya HIV/MCH SPA, 2010, available at http://www.measuredhs.com/p ublications/publication-SPA17-SPA-Final-Reports.cfm

Please give me some examples of stigma in the health facility PROBE BY ASKING: Any other examples?	USING LATEX GLOVES FOR NON-INVASIVE PROCEDURE ON SUSPECT/HIV+ CLIENTS A EXTRA PRECAUTION IN THE sterilisation OF EQUIP USED ON HIV+ CLIENTS B PROVIDERS GOSSIPING ABOUT A CLIENTS HIV STATUS C LESS CARE/ ATTENTION GIVEN TO HIV+ CLIENTS D SENIOR STAFF PUSHING HIV+ CLIENT TO JUNIOR STAFF E STAFF UNWILLING TO SHAKE HANDS WITH HIV+ CLIENTS F OTHERX	
Does stigma occur outside health facilities?	YES 1 NO 2 UNCERTAINDON'T KNOW 8	→ 911 → 911
Where have you observed or heard stigma occur? PROBE: Anything else?	HOUSEHOLD/FAMILY A COMMUNITY B WORKPLACE C PLACES OF WORSHIP D PLACES OF ENTERTAINMENT E	
Please give me some examples of stigma that occur outside health facility	SEPARATION/DIVORCE WHEN ONE PARTNER BECOMES HIV+ A NEIGHBORS/FAMILY GOSSIPING ABOUT CLIENT'S HIV STATUS B NOT BUYING FROM OR PATRONIZING HIV+ PERSON'S BUSINESS C FAMILIES/NEIGHBORS C FAMILIES/NEIGHBORS C FAMILY PERSONS D FAMILY MEMBERS UNWILLING TO SHARE BED/UTENSILS WITH HIV+ PERSONS E OTHER X	
If you over saw any of the above types of stigma happening to a person because she is a PLWHA, would you be willing to inform to authorities or relevant groups if they existed?	YES 1 NO 2 DONT KNOW 8	
I don't want to know the result, but have you ever had an HIV test?	YES	+ 913
The last time you had an HIV test, fid you yourself ask for the test, were you encouraged to take it, was it offered to you and you accepted, or was it required?	ASK SELF 1 ENCOURAGED TO TAKE IT 2 WAS OFFERED 3 WAS REQUIRED 4	
Finally, please tell me: In your opinion, how effective are condoms in preventing HIV inflections when used correctly? Are they completely effective (100 percent) or not at all effective (0 percent) or somewhere in between? HELP THE RESPONDENT TO ESTIMATE A PERCENTAGE.	CONDOM EFFECTIVENESS	
	health facility PROBE BY ASKING: Any other examples? Does stigma occur outside health facilities? Where have you observed or heard stigma occur? PROBE: Anything else? Please give me some examples of stigma that occur outside health facility Please give me some examples of stigma that occur outside health facility If you over saw any of the above types of stigma happening to a person because s/he is a PLWHA, would you be willing to inform to authorities or relevant groups if they existed? I don't want to know the result, but have you over had an HIV test? The last time you had an HIV test, fid you yoursell ask for the test, were you encouraged to take it, was it offered to you and you accepted, or was it required? Finally, please tell me: In your opinion, how effective are condoms in preventing HIV infections whon used correct/? Are they completely effective (100 percent) or not at all effective (0 percent) or not at all effective (0 percent) or somewhere in between?	health facility NON-NWASIVE PROCEEDURE ON SUPSECTIHW- CLIENTS A EXTRA PRECAUTION IN THE sterilisation OF EQUIP USED ON NV+ CLIENTS B PROVIDERS COSSIPING ABOUT ACUENTS HY STATUS C LESS CARE / ATTENTION GIVEN TO HIV+ CLIENTS D PROBE BY ASKING: Any other examples? CLIENT TO JUNIOR STAFF E Does stigma occur outside health facilities? YES 1 NO 2 UNCERTAINMO HIV- UNCERTAINDONT KNOW B Where have you observed or heard stigma occur? YES 1 PROBE: Anything else? YES 1 PROBE: Anything else? HOUSEHOLDFAMLY A COMMUNITY B OTHER Z PROBE: Anything else? YES 1 D PROBE: Anything else? YES 1 D Places of the mean stagma occur? HOUSEHOLDFAMLY A OCUL or outside health facility SEPARATION/DIVORCE WHEN ONE PARTNER BECOMES HIV- NEIGHBORS/RAMLY GOSSIPHING ABOUT CLIENTS HIV STATUS NO Please give me some examples of stigma that occur outside health facility SEPARATION/DIVORCE WHEN ONE PARTNER BECOMES NO BUSINESS C FAMLIT TO PROVIDE MONEY TOWARDS CARE FOR HIV+ PERSONS D Business C C FAMLE VESSIONS D BUSIN

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	es upper abdominal pain or decreased u	rine output, and fetal movement is normal.	
Further information:			
• BP	160/120 mm Hg		
Pulse	84/minute		
• Temp	37.2°C		
 Respirations 	18/minute		
 Fetal Heart Tones 	140 beats per minute		
 Fundal Height 	Appropriate for gestational age		
Abdomen	Non-tender		
 Patellar reflexes 	Normal		
• Urine	3+ protein		
 Contractions 	Two in ten minutes lasting 20 second	s by palpation	
120 Given the information presented above, what is your working diagnosis?		KIDNEY INFECTION 1 SEVERE PRE-ECLAMPSIA	
		MALARIA 3	
		ECLAMPSIA	
		IN LABOUR 5	
21 What action do you believe is appropriate in managing the MOST urgent presenting condition?		PROVIDE ANTIMALARIAL 1	
		SEND HOME ON STRICT BED REST 2	
		IF AVAILABLE, STABILIZE WITH	
		MAGNESIUM SULFATE AND ANTI-	
		HYPERTENSIVES	
		DOCUMENT FINDINGS AND IMMEDIATELY	
		REFER MRS. C TO A HIGHER LEVEL 4	
	to the clinic. She denie Further information: • BP • Pulse • Temp • Respirations • Fetal Heart Tones • Fundal Height • Abdomen • Patellar reflexes • Urine • Contractions Given the information p working diagnosis?	Mrs. C. reports onset of severe headache and blurred vision site to the clinic. She denies upper abdominal pain or decreased upper abdominal pain	

From: Kenya HIV/MCH SPA, 2010, available at http://www.measuredhs.com/publications/publication-SPA17-SPA-Final-Reports.cfm

HEALTH-SYSTEM, PROJECT & FACILITY-BASED DATA HAVE A GREAT POTENTIAL TO INFORM PROGRAMME PROGRESS & RESULTS: LET'S USE THEM MORE!

