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

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Training Course in Sexual and Reproductive Health Research
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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

Quick! Start! Setup! Buy!

Why do you want money to evaluate now? That's at the end!

I think things are going well. Just keep doing the same thing…

Get ready for the final evaluation!

What do you mean there's no Results?!
Typical project mindframes

Excitement
Gung-ho
We know it all!

We are on a roll here, do not stop us to think about frameworks, etc.

"Monitoring": concern about spending well, reporting on time, etc. (processy)

Concerns about not being able to measure changes!

Panic! Retrofit!
Tell case stories, anecdotes!
Count trainings!
Mission impossible?
Basics of a good M&E system - Components

- Responsibilities (WHO)
- Indicators (WHAT)
- Timing (WHEN)
- Methods (HOW)

M&E System

FRAMEWORK

OPERATIVE
Basics of a good M&E system – Disposition

- Persuade
- Responsibilities (WHO)
- Indicators (WHAT)
- Innoverate
- Methods (HOW)
- Train
- Timing (WHEN)
- Adapt
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

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]

<table>
<thead>
<tr>
<th>Management</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: &quot;Improve Reproductive Health&quot;</td>
<td>■ Total (&amp; Adolescent) Fertility Rate</td>
</tr>
<tr>
<td></td>
<td>■ Contraceptive Prevalence Rate</td>
</tr>
<tr>
<td></td>
<td>■ Unmet need for Contraception</td>
</tr>
<tr>
<td></td>
<td>■ Births delivered by SBA</td>
</tr>
</tbody>
</table>

**Important:** Maternal mortality – not possible to measure!
### Building the framework II: from objectives to indicators - [Outputs]

<table>
<thead>
<tr>
<th>Management</th>
<th>Evaluation</th>
</tr>
</thead>
</table>
| **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]

<table>
<thead>
<tr>
<th>Management</th>
<th>Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving logistics, equipment</td>
<td>■ $ spent on new equipment</td>
</tr>
<tr>
<td></td>
<td>■ % orders delivered on time</td>
</tr>
<tr>
<td></td>
<td>■ Number of warehouses with appropriate storage conditions</td>
</tr>
<tr>
<td>Training providers</td>
<td>■ Number of providers trained</td>
</tr>
<tr>
<td></td>
<td>■ % of providers who passed knowledge and skills test</td>
</tr>
</tbody>
</table>
Building the framework III: from activities / tasks to indicators – [Inputs-Processes-Outputs]

<table>
<thead>
<tr>
<th>Management</th>
<th>Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening the performance system</td>
<td>% providers with agreed-upon job descriptions</td>
</tr>
<tr>
<td></td>
<td>% of providers who used the partograph appropriately last month</td>
</tr>
<tr>
<td>Enhancing demand</td>
<td>FGDs conducted to find out what people need</td>
</tr>
<tr>
<td></td>
<td>Number of leaflets in local language distributed in community in last quarter</td>
</tr>
</tbody>
</table>
Our illustrative framework (adapted)

**Systems:**
- Social
- Cultural
- Economic
- Political
- Legal

**Policy Environment**
- Human & Financial Resources
  - $ spent on equipment
  - Providers trained

**Individual factors**
- Women's Status & Empowerment
- Increased demand
  - FGDs
  - IEC in community

**Functional areas**
- Providers passing K&S test
- JDs
- Appropriate warehouses
- Timely deliveries
- Use of partograph

**Service delivery**
- Increased access
  - ANC
  - Institutional deliveries
  - Postpartum FP
- Improved quality
  - Stockouts
  - Provider performance
  - Client perception

**Outcomes:**
- Improved Reproductive Health
  - TFR (& Adol)
  - CPR
  - UMNC
  - Births by SBA

**Development Programmes**

**M&E**
- Inputs
- Process/Functional Outputs
- Service Outputs
- Outcomes
Basics of a good M&E system - Components

- Indicators (WHAT)
- Responsibilities (WHO)
- Methods (HOW)
- Timing (WHEN)

Operative Framework
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)
<table>
<thead>
<tr>
<th>Client’s Personal Information and Reproductive History</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of client</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Number of living children</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Last delivery date or age of youngest child</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>History of complications with pregnancy</td>
<td>1</td>
<td>2</td>
<td>8</td>
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<tr>
<td>Last menstrual period (assess if currently pregnant)</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Desire for a child or more children</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Desired timing for birth of next child</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Breastfeeding status</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Regularity of menstrual cycle</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Evaluation</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
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<tbody>
<tr>
<td>Took the client’s blood pressure</td>
<td>1</td>
<td>2</td>
<td>8</td>
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<tr>
<td>Weighed the client</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Asked the client about smoking</td>
<td>1</td>
<td>2</td>
<td>8</td>
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<tr>
<td>Asked the client about symptoms of STIs (e.g., abnormal discharge)</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Asked the client about chronic illnesses (heart disease, diabetes, hypertension, liver or jaundice problem, breast cancer)</td>
<td>1</td>
<td>2</td>
<td>8</td>
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<tr>
<td>Looked at the client’s health card (either before beginning the consultation or while collecting information or examining the client)</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
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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

Scientific strength of design

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<tr>
<th>A'</th>
<th>A</th>
<th>X</th>
<th>X'</th>
<th>Z</th>
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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 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](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