

# **Monitoring and Evaluating of Sexual and Reproductive Health services : Key considerations and Challenges**

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**Population Council**

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# Objectives of the Session

- By the end of this session, participants will be able to:
  - Differentiate between monitoring and evaluation
  - Write goals and smart objectives for gender-based violence (GBV) programs
  - Logic model for a GBV program: Needs and importance
  - Identify criteria for indicator selection and information sources for GBV indicators
  - Discuss factors to consider when choosing an evaluation design

# Common Areas where Interventions are Made to Address GBV

- Community mobilization
- Behavior change communication
- Service delivery
- Laws and public policy

What are M&E Challenges in Documenting GBV Program ?

# M&E Challenges in GBV Program ?

- Hard to separate contribution of multiple strategies
- Limited resources allocation for rigorous evaluation
- Lack of advance planning of M&E
- Non-standardized GBV definitions and indicators
- Enhancing comparability of data
- Expect quick results without appreciating behavior change is long-term process and face many barriers to change

# M&E Challenges

- Sensitive nature of the information and hidden forms of violence– **problems for data collection and methodology**
- Changing violence levels hard to measure and interpret
- Ethical issues

# Purpose of Monitoring and Evaluation

- Measure the **volume and nature** of program inputs and outputs;
- **Determine** whether the program is being implemented **as planned** and understand the processes
- **Assess the outcomes** and impact of the program strategy;
- Identify successes and short-comings and modify implementation strategy as required, and
- Inform donors and decision-makers and potentially influence change.

What is the Difference in Monitoring  
and Evaluation ?



# Monitoring

- Monitoring is the **routine tracking** of program
- Progress using data that are collected on a **regular basis** to **show** that activities are taking place **as planned**.
- Monitoring is the **tracking system** that program managers/ donors use to understand **how well programs are running** at periodic interval

# Evaluation

- Evaluation is used to **demonstrate how effective** programs have been in achieving their targets and results.

# Monitoring versus Evaluation

## MONITORING =

- Tracking changes in program performance over time

## EVALUATION =

- Assessing whether objectives have been met
- Assessing extent to which program is **responsible for observed changes**

# Is It Monitoring or Evaluation?

- The Ministry of Women's Affairs wants to know if programs carried out in Province A are reducing the prevalence of intimate partner violence (IPV).
- USAID wants to know how many villages in Region B have been reached with anti-GBV messages by your program this year.
- A country director is interested in finding out if the care provided to rape victims in public clinics meets national standards of quality.

# Monitoring and Evaluation Questions

- Were resources **made available** to program in the quantities and **at the times specified** by the program plan?
- Were the program activities carried out **as planned**?
- Which program activities were more effective and which were less effective?
- Did the expected **changes occur**? How much change occurred?
- Can improved health outcomes be **attributed** to program efforts?
- Did the target population **benefit** from the program and at **what cost**?

What is the Difference between Goals  
and Objectives?

# Program Goals

A goal is a **broad statement** of a desired, long-term outcome of a program. Goals represent general **big picture** statements of desired results.

## Examples:

- To improve the lives of women who experience gender-based violence
- To decrease injury and mortality due to gender-based violence
- To eliminate gender-based violence

# Program Objectives

Objectives are **statements** of desired, specific, realistic and measurable program results .

It is **statement of problem** and **providing solution** to address those problems

The objective must be SMART

- **Specific:** identifies concrete events or **actions that will take place**
- **Measurable:** quantifies the amount of resources, activity, or change to be expended and achieved
- **Appropriate:** logically relates to the overall problem statement and desired effects of the program
- **Realistic:** provides a realistic dimension that can be achieved with the available resources and plans for implementation
- **Time-bound:** specifies a time within which the objective will be achieved



# How to Write Program Objectives

To	[action]-----to implement a comprehensive BCC strategy
The	(specify what)---- to help adopt healthy behavior knowledge, attitudes, skills, behaviors]
Among	[specific population or segment] among women and men aged 15-34
From-to	[from baseline to desired level]
or by	[ x percent ]      30 percent point
or to	[specific level]      50 percent prevalence
By	[time frame]      during the 12 <sup>th</sup> five year plan

What is Logic Model and what is its  
Need?

# Role of Logic Model

## Conceptual clarity

- The Log Frame guides the program development linking the goals, objectives and indicators to ensure a clear relationship between everything

## Consensus building

- Promotes common understanding about what program is, how it works, and what it is trying to achieve

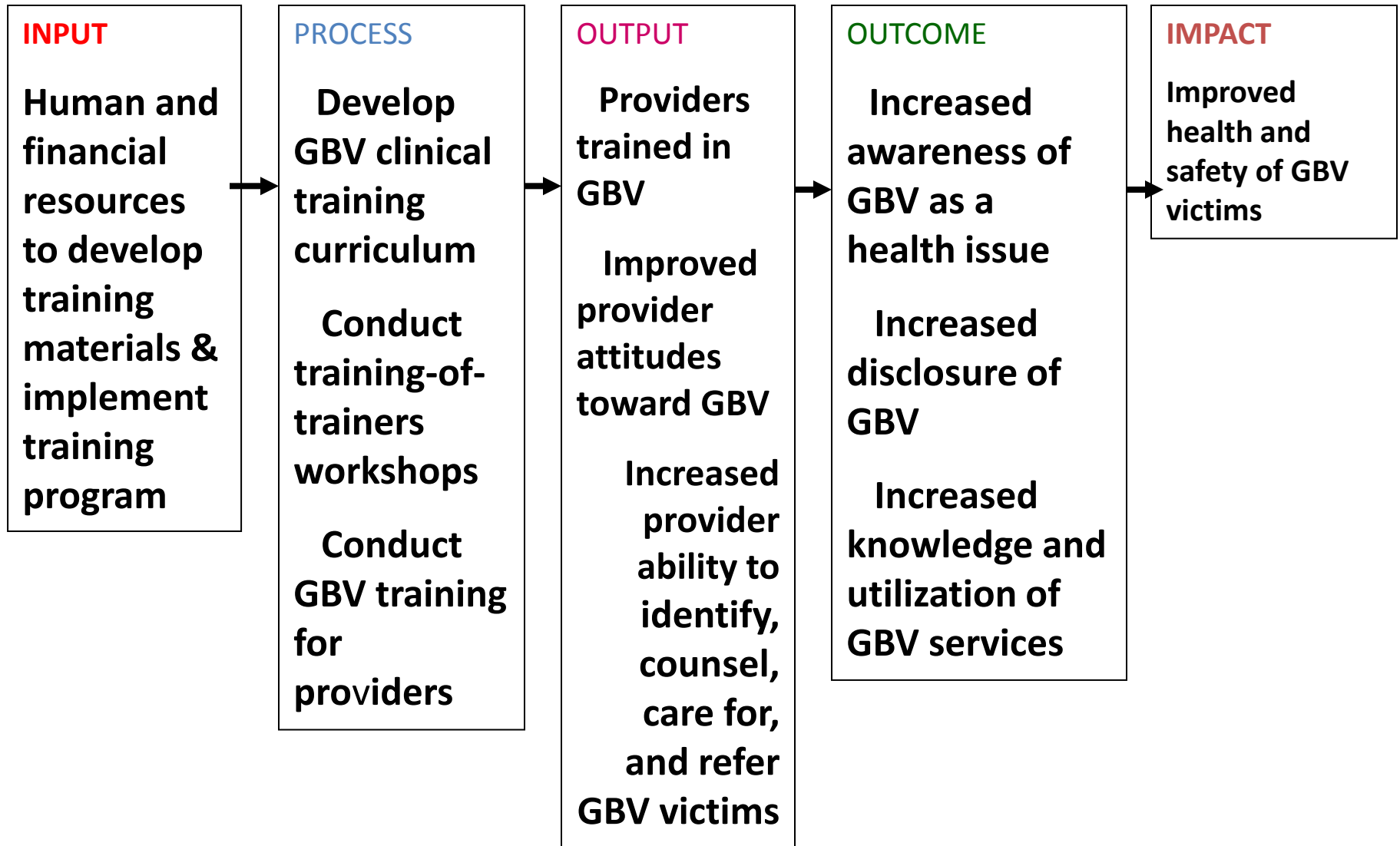
## Fundraising

- Can structure and streamline grant writing

## Monitoring and evaluation

- Provides thorough understanding of what resources a program has to work with, what it is doing, and what it hopes to achieve.

# Illustrative Logic Model for Provider Training Program



# Log Frame Template

Description	Objectively Verifiable Indicators (OVIs)	Means of Verification (MOV)	Assumptions
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Objective 2			

**Project Goal:**

**To change health behaviors & improve coverage of health services by activating social platforms for the poor**

**30% increase in key M/NN health behaviors**

**20% increase of M/NN serious complications treated**

**Community mobilization platforms comprising 92,000 SHGs, 6,400 village organizations (VOs) and 160 block level organizations (BOs) across 160 blocks in UP work to improve health behavior among their member households and in their communities**

**Final Evaluation.**

**Rolling Sample Survey;**

**Swasthya Sakhi Register.**

**Interim small formative/ rapid appraisal studies**

**Project report including reports from SHGs, VOs and BOs.**

**Government will continue to strengthen health system**

**Objective 2: INCREASE ADOPTION**

**To increase adoption of evidence based high impact family health behaviours through self-help groups**

**BCM strategy tested in 10 blocks**

**BCM model scaled up to 50 blocks**

**30% increase in high impact health behaviors (State average Cord care 19%, KMC (delayed bathing new born by a day 32%), early breast feeding 19%) by families)**

**20% increase in referral of pregnant women/newborn complications for treatment by SSs and AAAs**

**70% of women (who delivered new baby) visited by SSs and/or AAAs within 48 hrs**

**Project reports**

**Project reports**

**Swasthya Sakhi registers.**

**Periodic sample surveys of SHG members and communities**

**Concurrent assessment**

**Social platforms do not face serious opposition from the established or vested interests**

**Appropriate government policies for use of misoprostol for home deliveries are formulated**

# Results Frameworks



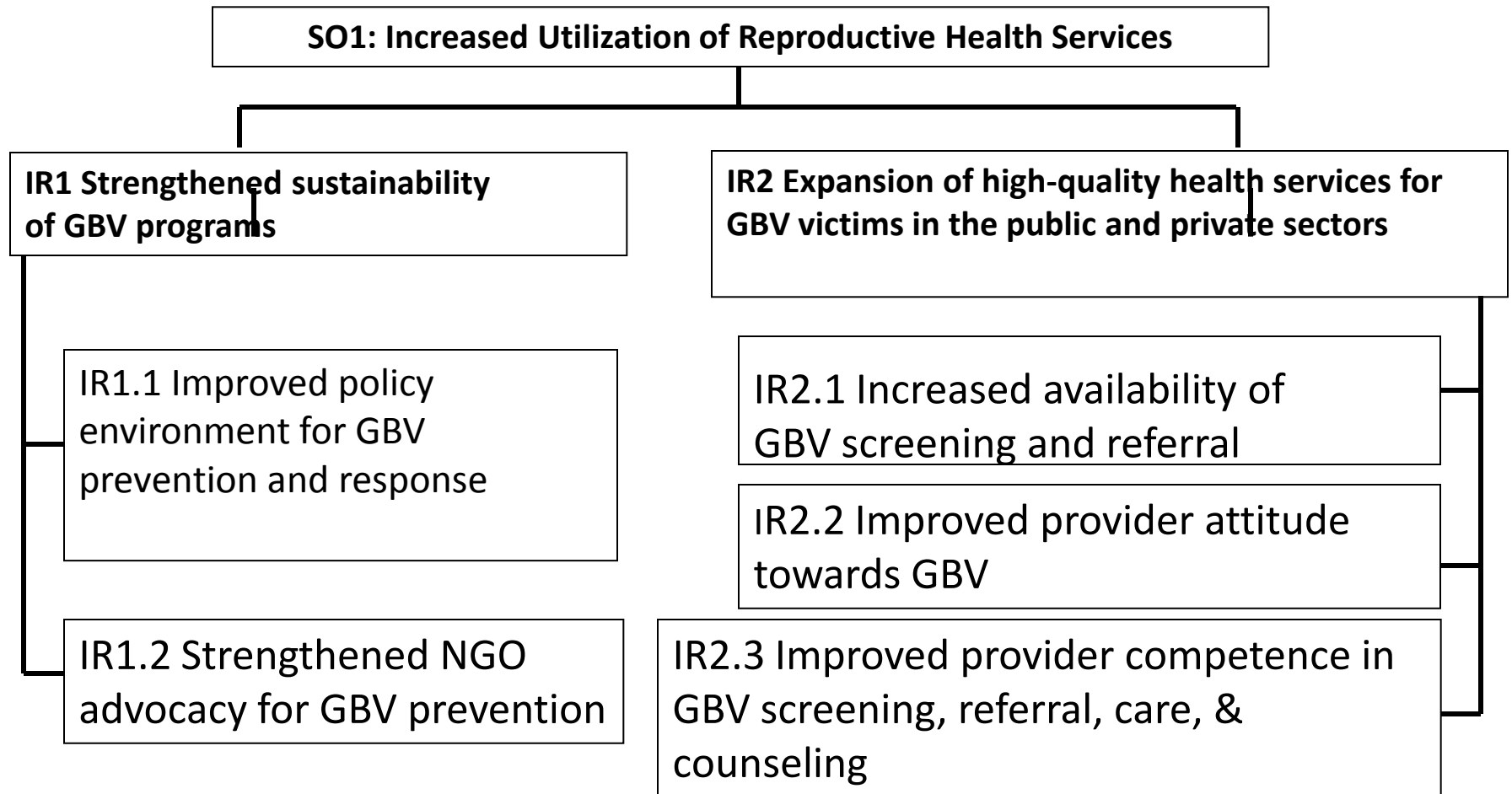
# Results Framework

Diagram that identifies steps or **levels of results** and illustrates the **causal relationships** linking all levels of a program's objectives

## Purposes

- Provides a clarified focus on the causal relationships that connect incremental achievement of results to the comprehensive program impact
- Clarifies project/program mechanics and factors' relationships that suggest ways and means of objectively measuring the achievement of desired ends

# Illustrative Results Frameworks



# Selecting Indicators

**What is an Indicator?**

# What is an Indicator?

An indicator is a **specific, observable, and measurable** characteristic that can be used **to show** changes or progress a program is making toward achieving a specific outcome.

# **What are the Characteristics of Good Indicators?**

# Characteristics of Good Indicators

- **Valid:** accurate measure of a behavior, practice or task
- **Reliable:** consistently measurable in the same way by different observers
- **Precise:** operationally defined in clear terms
- **Measurable:** quantifiable using available tools and methods
- **Timely:** provides a measurement at time intervals relevant and appropriate in terms of program goals and activities
- **Programmatically important:** linked to the program or to achieving the program objectives that are needed for public health impact

# Common Indicator Metrics

## Counts

- no. of legal and service organizations for violence against women and girls (VAW/G) survivors
- no. women and children using VAW/G social welfare services

## Calculations: percentages, rates, ratios

- % of health units with at least one service provider trained to care for and refer survivors
- % of women aged 15-49 who have ever experienced physical violence from an intimate partner

## Index, composite measures

- gender-equitable men (GEM) scale
- sexual relationship power scale

## Thresholds

presence, absence; pre-determined level or standard



# Common Challenges in Indicator Selection

- Choosing an indicator that program activities **cannot affect**
- Choosing an indicator that is **too vague**
- Indicators that do not currently exist and cannot **realistically be collected**
- Selecting an indicator that **does not accurately represent the desired outcome**
- **Too many indicators**

# Challenges to Developing a Common set of Indicators on Violence Against Women

## 1. Enhancing comparability

- How violence is defined
- How is violence measured

## 2. Enhancing disclosure

- Opportunities to disclose, context, skill of interviewers

## 3. Enhancing safety

- privacy, special training for field staff, support for respondents and interviewers

# How Many Indicators Are Enough?

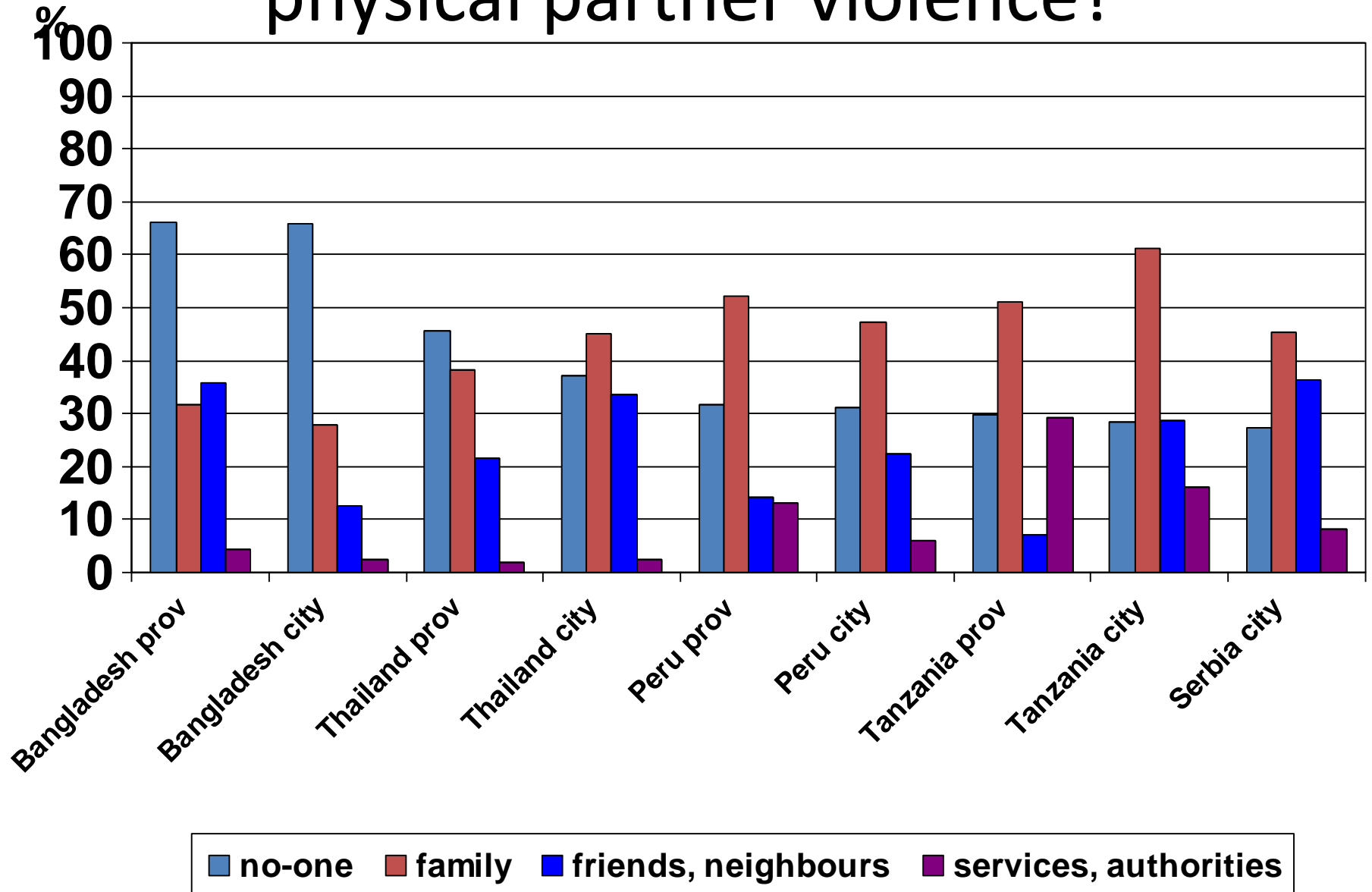
- **At least one or two** indicators per key activity or result (ideally, from different data sources)
- **At least one indicator** for every core activity (e.g., training, BCC)
- **No more than 8-10 indicators** per area of significant program focus
- Use a mix of data collection strategies/source

# Factors to Consider When Selecting Indicators

- Logic/link to framework
- Programmatic needs/information for decision making
- Data availability
- Resources
- External requirements (government, donor, headquarters)
- Standardized indicators (if available)

# Examples and Interpretation of Findings

# To whom do woman talk about physical partner violence?



1. Many women never talked about it before – implications for the interviewers
2. Very few women have talked with "formal services" – implications for value of these services as source of data

# What is the implication of the findings ?

- Interviewer is often the first recipient of this women painful experience
  - Interviewer has huge responsibility normalize her emotion
  - Interviewer could get affected adversely
- Services are rarely mentioned
  - Reveals limitation of service statistics – police/health
  - Service data are good for monitoring but not for measuring prevalence



# Service Based Data Do not Represent the Actual Situation in the Population ...

According to police records in Nicaragua, 3,000 women reported domestic violence in 1995

According to population based surveys 150,000 women suffered domestic violence in 1995

A hospital record shows that as  
more services are provided and quality of care  
improved,

More women came reporting violence

How will you interpretate data?

Now I am going to show a table from a paper comparing prevalence rate of violence in different countries

Country	Year of study	Coverage	Sample Size	Age (years)	Proportion of women physically assaulted by a partner (%)	
					During the previous 12 months	Ever
Albania	2002	National	4049	15-44	5	8
Azerbaijan	2001	National	5533	15-44	8	20
Finland	1997	National	4955	18-74		30
France	2002	National	5908	18+	3	9
Germany	2003	National	10264	16-85		23
Lithuania	1999	National	1010	18-74		42
Netherlands	1986	National	989	20-60		21
Republic of Moldova	1997	National	4790	15-44	8	15
Romania	1999	National	5322	15-44	10	29
Russia	2000	Three provinces	5482	15-44	7	22
Serbia & Montenegro	2003	Belgrade	1189	15-49	3	23
Sweden	2000	National	5868	18-64	4	18
Switzerland	1994-1996	National	1500	20-60	6	21
Turkey	1998	E & SE Anatolia	599	14-75		58
Ukraine	1999	National	5596	15-44	7	19
United Kingdom	2001	National	12226	16-59	3	19

What are Your Observations on this  
Table ?

# Observations

- Different sample size
- Different years
- Different age group
- Different coverage
  
- Could be different in definition
- Could differ in asking question
- Different ethical standard and safety

# Population-based data on Prevalence of Violence

- Prevalence figures on violence are highly sensitive to methodological issues
- Population-based research on violence raises major issues of safety and ethics
- Results useful for understanding the magnitude and characteristics of violence

# Challenges When Measuring Violence in Population Based Studies

- Study population (age, regional vs. national)
- Operational definition of violence (who defines, types, frequency, severity, timeframe, perpetrators)
- Ethical and safety measures
- Type and training of interviewers



Effect of “study population” on reported prevalence estimates in Nicaragua

	<b>Current physical violence</b>
All women 15-49	20%
Ever married women 15-49	27%
Currently married women 15-49	30%
Formally married women 15-49	17%

# Researcher vs. Self-Defined Rates of Past Year Abuse (Japan)

<u>Type of Violence</u>	<u>Researcher</u>	<u>Self</u>
	(percent)	
Any violence	45.0	27
Physical	14.7	11.4
Emotional	42.0	23.2
Sexual	8.5	4.7

# Evidence of the value of training

- 13 inexperienced, carefully selected interviewers, trained for 3 weeks
- 21 professional interviewers, selected because of their interest in the topic, trained during one day
- Who will provide better answer?
- What difference you expect?

# Special training vs professional interviewers

	<b>Inexperienced, 3 week training</b>	<b>Professional, 1 day training</b>
<b>Response rate</b>	<b>93%</b>	<b>86%</b>
<b>Disclosure rate</b>	<b>26%</b>	<b>21%</b>
<b>Respondent satisfaction – with violence</b>	<b>46%</b>	<b>29%</b>
<b>Respondent satisfaction – without violence</b>	<b>46%</b>	<b>38%</b>

# What factors could affect disclosure Of violence?

- How the questions are phrased
- Number of opportunities to disclose
  - Avoid gateway or filter questions
- Context in which questions are asked
  - Be careful about preceding question
- Characteristics and skill of interviewers
  - Carefull selection of Interviewer : empathic, non-judgmental, good listener
- Social stigma attached to issue

# Illustrative Indicators: Community Mobilization

- Proportion of people who would assist a woman being beaten by her husband or partner
- Proportion of people who say that wife beating is an acceptable way for husbands to discipline their wives
- Proportion of people who agree that rape can take place between a man and woman who are married
- Proportion of youth-serving organizations that include training for beneficiaries on sexual and physical VAW/G

# Illustrative Indicators: Behavior Change Communication

- Proportion of people who have been exposed to VAW/G prevention messages
- Proportion of girls who say that they would be willing to report any experience of unwanted sexual activity
- Proportion of girls that feel able to say no to sexual activity
- Proportion of individuals who know any of the legal sanctions for VAW/G

# Illustrative Indicators: Service Delivery

- Proportion of health units that have documented and adopted a protocol for the clinical management of VAW/G survivors
- Proportion of health units with at least one service provider trained to care for and refer VAW/G survivors
- Proportion of women who were asked about physical and sexual violence during a visit to the health unit
- Proportion of rape survivors who received comprehensive care



# Illustrative Indicators: Law and Public Policy

- Proportion of law enforcement units following a nationally established protocol for VAW/G complaints
- No. of law enforcement professionals trained to respond to incidents of VAW/G according to an established protocol
- No. of VAW/G complaints reported to the police
- Proportion of VAW/G cases that were investigated by the police

# Measuring Composite Indicators

- Example: How to measure “attitudes toward GBV”?
- What question do you ask?
- How do you know any one question is a good representation of general attitude?
- How do you scale each question (agree/disagree; strongly disagree to strongly agree; yes/no)?
- How do you combine answers to the questions to come up with one indicator?
- What value or weight do you assign to any one question on GBV attitude in the survey?

# Example of Measuring Attitudes Toward Wife Beating

Sometimes a man is annoyed or angered by things that his wife does. In your opinion, is a man justified in hitting or beating his wife in the following situations:

- she goes out without telling him
- she neglects the children
- she argues with him
- she refuses to have sex with him
- she burns the food