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MONITORING AND EVALUATION

HEALTHY CARIBBEAN CONFERENCE
BARBADOS, OCTOBER 16-18, 2008
**WHAT IS MONITORING**

- Monitoring is the routine process of collecting data to measure progress toward program objectives.
  
  + Monitoring involves routinely looking at the way we implement programs, conduct services etc.
    
    - Examines efficiency
WHAT IS EVALUATION

- Evaluation is the use of research methods to systematically investigate a program’s effectiveness
- Evaluation involves measurements over time
  - Need for baseline
- Sometimes requires a control or comparison group
- Evaluation involves special research studies
WHY MONITOR AND EVALUATE PROGRAMMES?

- To ensure that programs are being implemented as designed (fidelity of programme implementation)
- To ensure the delivery of quality services (continuous quality control - CQI)
- To ensure that the programmes are making a difference (outcomes)
- To ensure that programmes and funds are used appropriately and efficiently (accountability)
FIDELITY OF PROGRAMME IMPLEMENTATION

Are projects and components of projects (i.e., specific activities) being conducted as planned and on schedule?

- Done primarily through programme *monitoring*
  - Examine the implementation of activities relative to a planned schedule

+ Programme *monitoring* ensures that programs are administered and services are delivered in the way they were designed
CONTINUOUS QUALITY IMPROVEMENT

- Use information to modify/improve the configuration and implementation of programmes
- What was learned from implementing the programme that can be improved upon?
  - What went wrong and how can it be corrected next time?
  - What worked especially well and how can those lessons be incorporated into future activities?
  - Did the intervention work? Were the outcomes as expected?
PROGRAMME OUTCOMES

- Are the projects/interventions having the desired effect on the target populations?
  + For example, are health care providers using clinical guidelines as recommended?

- Done primarily through programme **evaluation**
  + Determine whether programme/project made a difference (e.g., does the use of guidelines result in decreased rates of complications in diabetic patients)
PROGRAMME OUTCOMES

- Usually examined through studies designed to collect data on logical outcomes from the project/intervention (e.g., periodic surveys of target groups).

- Did the programs have the expected/desired outcomes? If no, why? Was it a function of implementation challenges or poor project design or a study design that failed to capture outcomes?

- What are the implications for future interventions? Should they be the same or can they be improved in some way?
ACCOUNTABILITY

- Taxpayers, donor agencies and lenders need to know:
  - funds were used as intended
  - programmes made a difference

- Evaluation findings document achievements as well as what remains to be done

  - Findings can be used to demonstrate unmet needs and facilitate requests for additional funds.
BEST PRACTICES FOR M&E SYSTEMS

- funding should be proportional to programme resources
  - ideally about 7% of the program budget
- needed at all levels
  - most useful if performed in a logical sequence
  - first assessing input/process/output data (monitoring/process evaluation),
  - then examining behavioural or immediate outcomes
  - and finally assessing disease and social level impacts.
- minimize data collection burden and maximize limited resources
  - activities should be well coordinated
  - utilize ongoing data collection and analysis as much as possible
BEST PRACTICES FOR M&E SYSTEMS

- To increase the utilization of evaluation results, M&E design planning, analysis, and reporting should actively involve key stakeholders:
  - programme managers, policy makers, community members, and programme participants

- M&E indicators should be comprehensive:
  - should also measure population-based biological, behavioural, and social data to determine "collective effectiveness"
DEVELOPING/SELECTING INDICATORS
INDICATORS

- Specific measures that reflect a larger set of circumstances
- Greater emphasis on transparency globally, people want instant summary information, instant feedback
  - Indicators respond to this need
**INDICATORS – THINGS TO KNOW**

- only **indicate** – will never capture the richness and complexity of a system. Designed to give ‘slices’ of reality.
- encourage **explicitness**: they force us to be clear and explicit.
- usually **rely on numbers & numerical techniques** (rates, ratios, comparisons).
- have specific measurement protocols which must be respected.
Primary Data Sources:
+ Quantitative program data e.g. from coverage of services
+ Surveys: demographic health surveys, epidemiological, behavioral and other studies
+ Research and impact evaluations.
+ Qualitative data from program staff, key informants and direct observation

Secondary Data Sources:
+ National response documentation, expenditures reports and program review reports.
+ Surveillance reports
+ Routine statistics e.g. mortality, hospital admissions
RELATING PROGRAM OBJECTIVES TO INDICATORS

- Program goals and objectives may be vague or overly broad, making indicator selection difficult
  - Indicators should be clearly related to program goals and objectives

- Program objectives may have multiple indicators
  - Indicators are used at all levels of the programme implementation process
    - Process indicators
    - Outcome indicators
    - Impact indicators
TYPES OF INDICATORS

➢ Impact
Indicators are used for national and global reporting e.g. mortality rates

➢ Outcomes
Program indicators are used for reporting to national authorities and donors. Changes at end of intervention/program period e.g. rate of HBP control among targeted patients, hospital admissions et.

➢ Outputs
Selected **Interventions Indicators** (such as approval of a policy, health care professionals trained) are used for programmatic decision making

➢ Inputs
Resource allocation indicators may be included
   Financial, human, material, and technical resources
SOME CONSIDERATIONS

- How can the main focus of the objective best be measured?
- What practical constraints are there to measuring the indicator?
- Are there alternative or complementary measures that should be considered?
- What resources (human and financial) does the indicator require?
- Do standard (validated, internationally recognized) indicators exist?
- How will the results not captured by the selected indicator be measured? (Indicators are imperfect)
GENERAL CRITERIA OF GOOD INDICATORS

- Indicators should be expressed in terms of:
  - Quantity
  - Quality
  - Population
  - Time

- For example, an indicator written for the program objective of “Improving glycemic control in diabetic patients” might specify:
  - “Increase from 30% to 50% (quantity) of glycemic control rates (quality) among diabetic patients (population) by October 2009 (time).”
EXAMPLES OF INDICATORS

- # care providers trained to use clinical guidelines in the past year
- % patients with controlled diabetes in health centres
- % A&E admissions for diabetes related complications
General Criteria of Good Indicators

- Simple, clear and understandable
- Valid – does it measure what it is intended to measure
- Specific – Should measure only the conditions or event under observation and nothing else
- Reliable – should produce the same result when used more than once to measure the same event
**GENERAL CRITERIA OF GOOD INDICATORS**

- **Relevant** – related to your work
- **Sensitive** – will it measure changes over time
- **Operational** – should be measurable or quantifiable using definitions and standards
- **Affordable** – should impose reasonable measurement costs
- **Feasible** – should be able to be carried out using the existing data collection system
SUMMARY

- To ensure that programs are being implemented as designed and funds are used appropriately and efficiently
- To ensure that the programmes are making a difference
- The selection of appropriate indicators (relative to program objectives) is critical to the success
THANK YOU