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MONITORING AND EVALUATION

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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

SOURCES OF DATA

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 glycaemic 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