

Evaluation

Objective

To measure achievement of objectives and to document the impact of interventions.

A systematic evaluation of a program or project objectively measures change—what it has accomplished in terms of process, outcomes, and less commonly, impact. This module on evaluation discusses the following topics:

- Relationship between Assessment and Evaluation
- Evaluation Functions
- Characteristics of Good Evaluation
- Choice of Evaluation Method
- Evaluation Plan Development
- Links to Evaluation Resources

Tools Provided at the End of this Module

- Example Results Framework for an Emergency Contraception Project
- Example Outline of an ECP Program Evaluation Report

Relationship Between Assessment and Evaluation

To measure change, it is necessary to have a starting point, before the program's activities or interventions begin, when specific targets of the program interventions—or indicators—are measured. This starting point, or baseline, can be documented as part of assessment activities. (Please refer to Module E: Assessment and the assessment tools, which are closely tied to this module on evaluation.) The same indicators used for the baseline can be monitored and recorded throughout the evaluation period—making it possible, at the end of the evaluation period, to document the changes that have taken place in the indicators.

Evaluation Functions

Evaluation of emergency contraceptive pill programs fulfills four key functions:

1. It *enables program managers and staff to guide and improve their own work*, by providing systematic and objective feedback on what is and is not working and why, so that systems for providing ECP product and information can be improved.

2. It *demonstrates to others the effectiveness of strategies and approaches of ECP integration*, so that program managers can decide whether and how to adapt or replicate them, expanding the impact and reach of the ECP program.
3. It *demonstrates to decision makers or donors the effective use of their resources* for the intended purposes—a critical element of reports on completed projects, as well as of requests for future support.
4. It *increases the knowledge base about effective interventions and the factors that affect program success*, providing data that will facilitate making ECPs more available in the future.

Characteristics of Good Evaluation

Following is a list of characteristics of a strong evaluation process that should be kept in mind as a new evaluation strategy is developed:

- Project goals (and objectives) are well defined and measurable.
- Data are collected and analyzed in a systematic and unbiased way, with proper regard for the interests and safety of all participants.
- Stakeholders are involved at all stages to enhance relevancy and accuracy.
- Resources are prudently used.
- Results are shared in a timely and understandable manner with appropriate parties.
- Findings are applied to future programs or policies.

Choice of Evaluation Method

The methods used to evaluate a project will depend on:

- **The size of the program.** Small pilot projects may lend themselves to more in-depth evaluation using qualitative approaches. (See qualitative data-collection tools, provided in Module E: Assessment.) Larger programs may allow more effective use of quantitative approaches with more generalizable results such as using contraceptive commodity distribution records to demonstrate the number of ECPs distributed monthly and the number of sites where ECPs are available.
- **The nature of the work that is being evaluated.** For example, if the project is focused on provider training, changes in provider knowledge, attitudes, and practices (KAP) may be central to the evaluation. If the focus of the work is on client information and education, the number of calls to an emergency contraception hotline, or number of women requesting ECPs may be more important.
- **Resources available.** It is important to build evaluation activities into the budgets. Clearly ECP introduction efforts with limited budgets must carefully match evaluation activities to the scope of the project activities. It will be important to determine what other resources are available, such as existing systems for gathering data for indicators. If it is possible to tap into existing data collection systems that collect relevant data, this can significantly reduce the resources required for obtaining information.

Evaluation Plan Development

Build in evaluation from the beginning

It is important to include the evaluation plan as part of the ECP introduction process and to work in collaboration with partners and others who will be interested in the outcome of the evaluation in order to ensure that the evaluation results provide useful, relevant information.

Link your expected results to the planned activities

In developing an evaluation plan, link the expected results of the project to planned activities. To do this, be explicit about goals and objectives of the project and define where, in the process of integrating ECPs, data could be collected to measure whether the project has been successful. Data that are used to measure success can also be called indicators. A results framework can be an effective way of developing an evaluation plan. An example of a results framework is included at the end of this module to demonstrate how a framework like this can apply to an emergency contraception program evaluation.

Select indicators that will indicate change brought about by the project interventions

The indicators should be part of the baseline data, providing a measurement of the status before the project. At the end of the project, later data on the same indicators can be compared with the baseline data to show changes that may have resulted from the project activities. For each indicator, determine where or how the information will be obtained. Data for a single indicator should be collected from more than one source. Cross-checking the data from several sources will increase accuracy and credibility. The following table shows the indicators to include.

| Aspect of ECP Integration | Indicator |
|---------------------------|---|
| Policy level | <ul style="list-style-type: none"> • Stated support for ECPs from ministry of health (for example resources allocated for ECPs or standard of care guidelines) • Stated support from medical association leaders (for example, a published statement or a public announcement in support of ECPs) • Commitment to collaborate by local partner organizations |
| Service delivery | <ul style="list-style-type: none"> • Number of women requesting ECPs • Number of ECPs sold/distributed monthly • Number of personnel authorized to provide ECPs • Number of people trained to provide ECPs • Number of sites where ECPs are available |
| Service quality | <ul style="list-style-type: none"> • Positive change in provider attitudes toward ECPs • Positive change in client experience accessing ECPs • Percentage of ECPs clients also counseled about sexually transmitted infections • Percentage of ECPs clients also referred to source of ongoing contraceptive method |
| Awareness raising | <ul style="list-style-type: none"> • Number of calls to emergency contraception hotline • Percentage of public who know what ECPs are or where to get them |

Choose methods for data collection

Module E: Assessment provides guidance regarding data collection methods that can be used for assessment, including knowledge, attitudes and perceptions (KAP) surveys, in-depth interviews, focus group discussions, and mystery shopper techniques, as well as issues to consider in data collection, entry, and analysis. These methods can all be used as part of an evaluation to verify successful results. For evaluation, however, it is especially important to also consider issues of avoiding bias, controlling quality, and ensuring sample sizes large enough to detect the changes the project hopes to observe. For example, if only a selection of service delivery sites are to be evaluated, it is better to randomly select the sites rather than picking sites that are easy to reach or that are friendly to program organizers, as it is important that the sites selected be representative of all project/program sites. Plans for ensuring the quality of both the data collection and data entry processes should be in place before the data collection begins. This can include providing standardized forms, training the staff that will collect the data on the use of the forms, and including mechanisms for confirming accurate data entry in the computer software developed for entering data forms. If quantitative data is to be collected and the evaluation goal is to show a statistically significant change (for example, in provider attitudes toward ECPs), it is important to consult with a statistician in determining the sample size (in this case, number of providers to include in the study) that will be necessary to demonstrate the change that the project/program hopes to achieve.

Links to Evaluation Resources

The MERLIN Virtual Library is a comprehensive collection of both print and electronic resources to assist in the monitoring and evaluation of health and population services. Developed by the USAID-funded MEASURE *Evaluation* Project, it is available on the Internet at <http://www.cpc.unc.edu/measure/merlin/merlin.html>.

Module I Tools List

- **Example Results Framework for an Emergency Contraception Project**

This is a general overview covering key elements of an introduction strategy. In a real ECP integration effort, each section would need to be fleshed out more fully. This results framework is intended solely to demonstrate how a program can link results, activities, and indicators, as well as specify prospectively how information will be obtained to verify whether results were achieved.

- **Example Outline of an ECP Program Evaluation Report**

This outline provides an example of how a program evaluation report of an ECP program could be structured.

Example Results Framework for an Emergency Contraception Project

Overall Goal: To improve women's awareness of and access to emergency contraception through public-sector programs so that women can make informed choices regarding emergency contraceptive use.

| Aspect of ECP integration | Desired result | Activities aiming to achieve this result | Indicators | Means of verification |
|---------------------------|---|---|---|---|
| Policy level | Support from ministry of health (MOH), medical associations, and local partner organizations for integrating ECPs into public-sector systems. | <ul style="list-style-type: none"> Meetings with key representatives from MOH, medical associations, and local partner organizations | <ul style="list-style-type: none"> Stated support from MOH Stated support from medical association leaders Commitment to collaborate by local partner organizations Development of action plan | <ul style="list-style-type: none"> Meeting minutes Letter of commitment Implementation of action plan |
| Service delivery | Increased capacity of public-sector clinicians to provide ECP information and prescriptions to clients. Increased provision of ECPs through public-sector systems | <ul style="list-style-type: none"> Public-sector clinician training Regular meetings with providers to learn from one another and openly discuss concerns and problems Distribution of ECPs through public-sector programs | <ul style="list-style-type: none"> Number of public-sector clinicians who are trained to provide ECPs Positive change in provider attitudes toward ECPs Number of ECPs distributed monthly Number of sites where ECPs available | <ul style="list-style-type: none"> Training records Pre- and post-training provider KAP survey Mystery client surveys Client satisfaction surveys Contraceptive commodity distribution records |
| Service quality | ECPs provided to clients as part of an integrated response to unprotected sex. | <ul style="list-style-type: none"> Public-sector clinician training includes information about ongoing family planning methods and sexually transmitted infections | <ul style="list-style-type: none"> Percentage of clients provided with ECPs counseled on sexually transmitted infection Percentage of clients provided with ECPs referred to ongoing contraceptive methods | <ul style="list-style-type: none"> Pre- and post-training provider KAP survey Mystery client surveys ECP clients' clinical records |
| Awareness raising | Increased awareness of ECPs for women of reproductive age. | <ul style="list-style-type: none"> Background workshop for journalists Development of hotline with information about ECPs Develop IEC materials such as brochures, posters, and radio spots | <ul style="list-style-type: none"> Number of articles about ECPs in mainstream media Number of calls to ECP hotline Number of women requesting ECPs | <ul style="list-style-type: none"> Media tracking Hotline tracking Sentinel clinic tracking of ECP requests |

Example Outline of an ECP Program Evaluation Report

I. Introduction

- A. Background on emergency contraceptive pills (ECPs)
 - 1. ECPs as a unique form of contraception that can be used after sex to prevent pregnancy
 - 2. Ideally ECPs should be used within 120 hours of unprotected sex and are significantly more effective the sooner they are taken
- B. Description of local advocacy framework
 - 1. Rates of unintended pregnancy
 - 2. Negative consequences of unintended pregnancy for both family and child
 - 3. ECPs can help prevent unintended pregnancy, reduce abortion rates, and reduce maternal mortality
- C. Description of the program's integration of ECPs into the public-sector systems
 - 1. Program goals and objectives
 - 2. Program implementation
 - 3. Collaborating partners

II. Evaluation Methods: Overview of Evaluation Strategy

- A. Description of methods (for example, KAP survey, in-depth interview, focus group discussion) and participants (policy makers, providers, clients) used to evaluate program success
 - 1. Study populations, setting, and locations where data collected
 - 2. Participant recruitment
 - 3. Sampling: how participants were selected, rationale for number of participants, analysis methods used, including statistical tests (if applicable)

III. Description of evaluation results

- A. Policy level
 - 1. Indications of support at the policy level
 - 2. Service delivery
 - a. Capacity of providers to provide ECP information and prescription
 - b. Provision of ECPs through public-sector system
 - c. Providers' satisfaction
 - 3. Service quality
 - a. ECP provision as part of an integrated response to unprotected sex
 - b. Client satisfaction
 - 4. ECP Awareness raising
 - a. Increase in level of awareness about ECPs
 - b. Media reports on ECPs

IV. Discussion of the evaluation findings and their implications

- A. Summarize central findings
- B. Discuss effectiveness of strategies and approach

V. Provision of recommendations, based on evaluation results, for improvement and next steps possible