USAID FROM THE AMERICAN PEOPLE | HEALTH POLICY INITIATIVE

Measuring Success

Presenter's Name

Date

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Session Goals

We will learn the

1. Difference between monitoring and evaluation
2. Data requirements for different measurement purposes
3. Limitations of program evaluation

What Are Our Questions?

What do we mean by <u>success</u>?

- Were activities implemented according to plan?
- Did the desired outcome occur?
- Did the new intervention make a difference?
- Can we attribute the outcome/change in outcome to the program intervention?

Monitoring vs. Evaluation

- Are activities being implemented as planned? (monitoring)
- Are our programs reaching the right people? (monitoring)
- Have we made a difference in health status? (evaluation)

Monitor progress;
Evaluate results

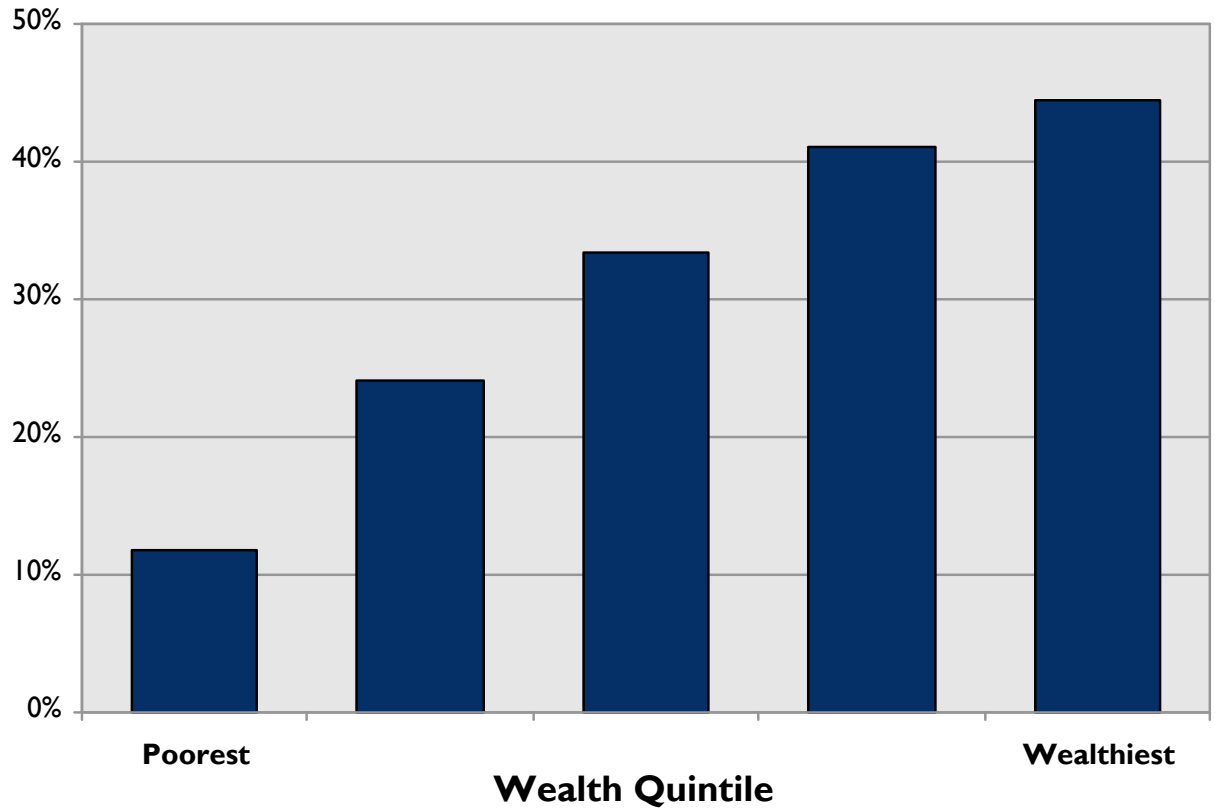
Monitoring Progress: Setting the Stage

- **What program inputs and processes are needed?**
- **Whom does the program <u>seek</u> to serve?**
  - Socioeconomic characteristics (such as poverty status), location (rural/urban), women with a lower educational status, and children
  - How many poor people (or women and children) will the program serve?

Monitoring Progress: What Is Happening?

- **What program inputs and processes were put into place?**
- **Whom does the program <u>actually</u> serve?**
  - Numbers of people served and/or services provided
  - Client/beneficiary economic characteristics (e.g., poverty status), location (rural/urban), etc.

If this is the program setting …

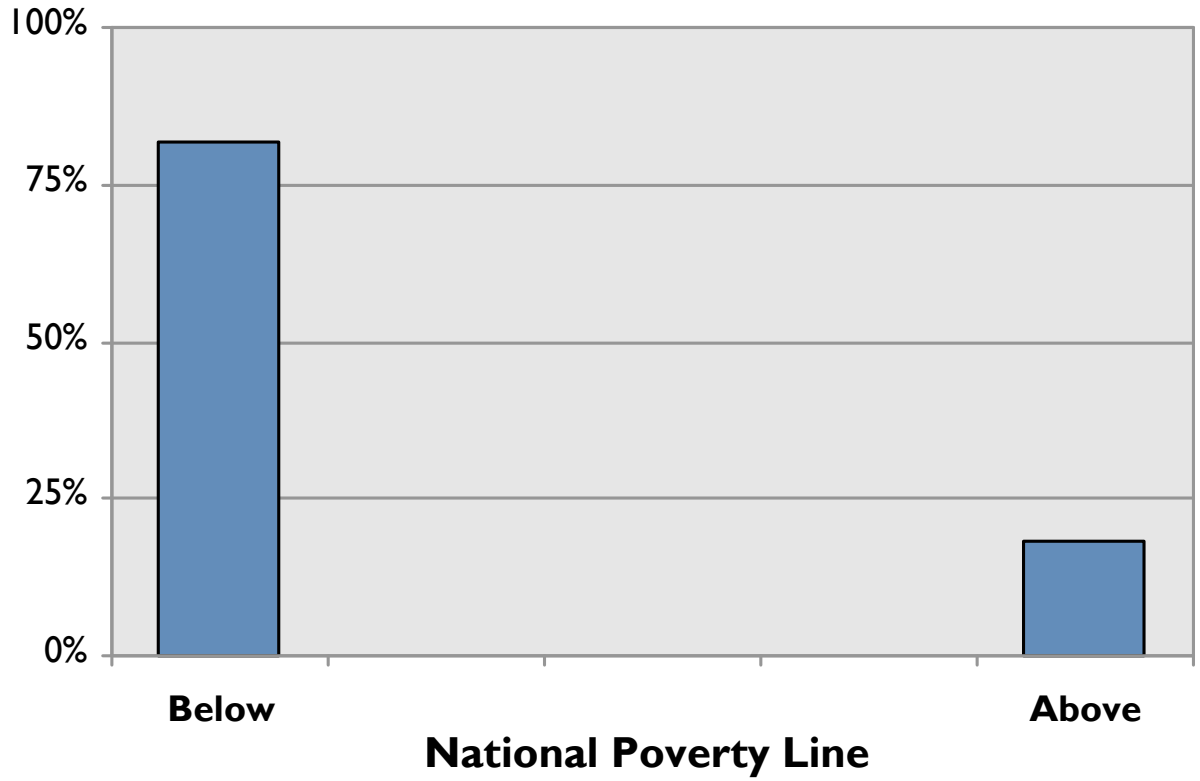


Source: Demographic and Health Survey (DHS) 2003 Kenya.

… is this what we are trying to achieve?

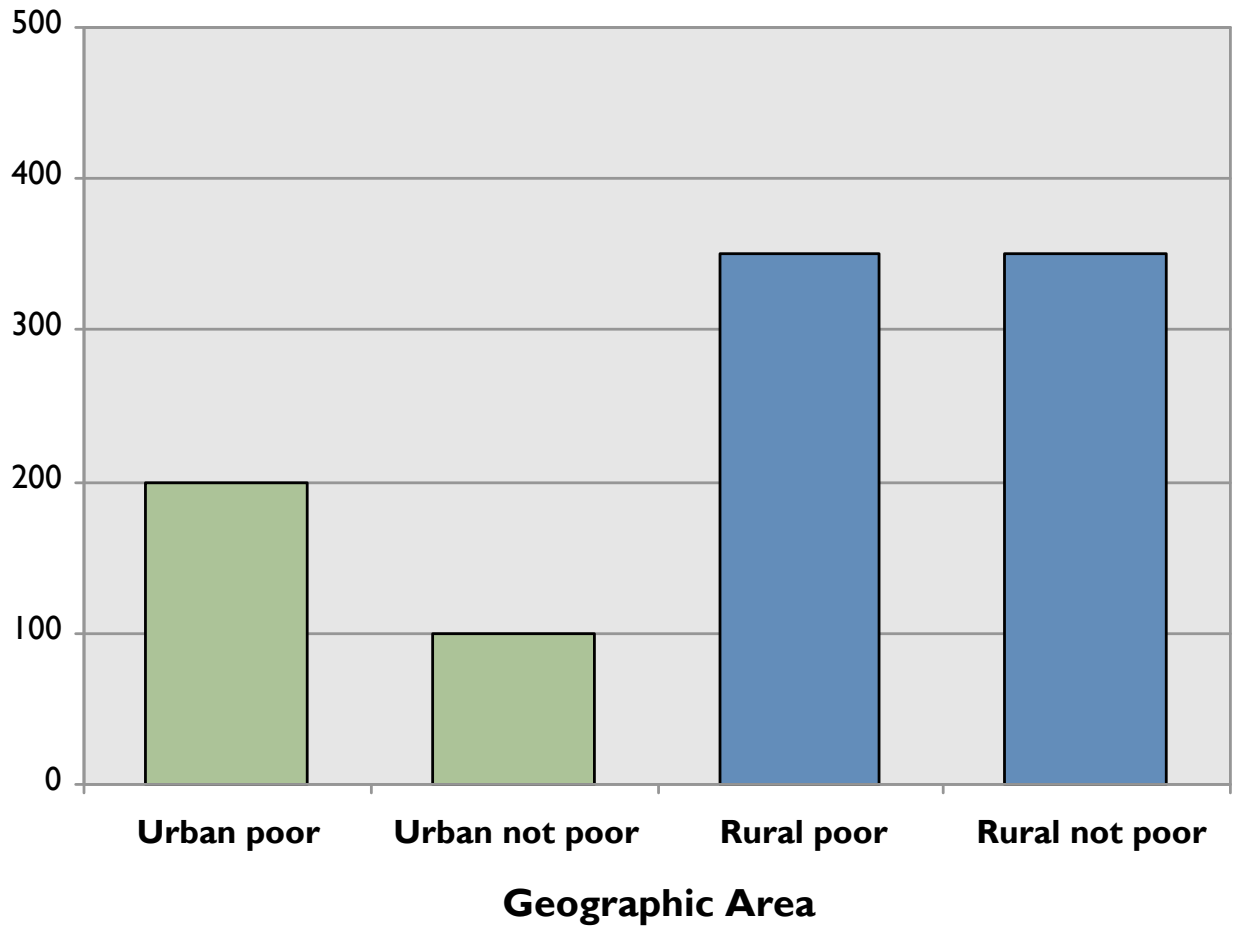
Source: DHS 2003 Kenya.

… or is it this?



Source: DHS 2003 Kenya.

… or this?



Source: DHS 2003 Kenya.

Ghana: Wealth Profile of Purchasers

Source: 1996 Ghana Tracking Survey of Family Planning Health Project.

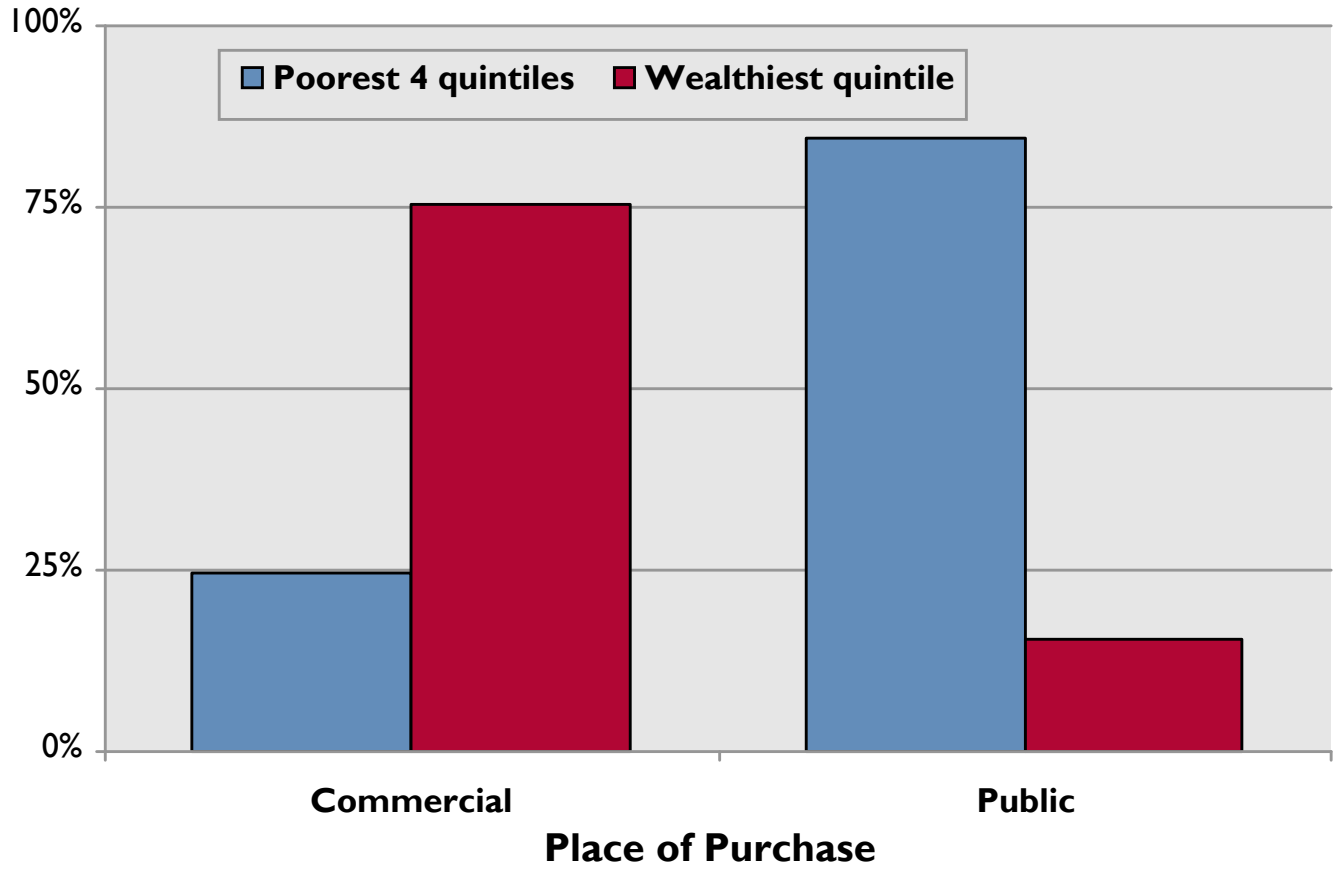
Ghana: Interpreting the Results

So, if nearly 75% of purchasers came from the wealthiest 20% of population,

- Did the program fail to reach its target population?

What about place of purchase?

Ghana: Wealth Profile of Place of Purchase



Source: 1996 Ghana Tracking Survey of Family Planning Health Project.

Ghana: Interpreting the Results

- So, if nearly 75% of purchasers came from the wealthiest 20% of the population, and
- 76% of the purchasers at commercial outlets came from the wealthiest 20% of the population, and
- 84% of the purchasers at public health facilities were poor,

Was the program successful?

Ghana: Data Needed for Monitoring

- Baseline (desirable, but not necessary)
- Time series (repeated measures) (preferable, at least annually)
- Data disaggregated to the geographic level of the intervention (critical)
- Multiple indicators that allow for "triangulation" (necessary)

Data Sources

- Program expenditures
- Household survey
- Census
- Program service records
- Client intercept survey

If different data sources are used, the measurement variables or units of analysis must be comparable.

Poverty-Disaggregated Monitoring

Illustrative Indicators	Potential for Targeting and/or Linking to Inequity
Couple-years of protection (CYP) in U.S. Government (USG) programs	▪ Classify outlets by location (poor/not poor) and disaggregate CYP by locations
Number of counseling visits in FP/RH supported by USG-supported assistance	▪ Classify outlets by location (poor/not poor) and disaggregate FP/RH visits by location ▪ Exit interviews with clients to determine poverty status
Number of policies drafted with USG support	▪ Policies or guidelines that focus resources or other attention on the poor
Number of people covered by health financing arrangements	▪ Surveys of clients to determine poverty status

Evaluating Results

- Did program functioning or health status of the population/target group improve?
- If yes, can we attribute changes in program functioning or health status to the program intervention?

Data Needed for Evaluation

- Baseline necessary
- Time series helpful
- Data disaggregated to the geographic level of the intervention or the target group essential

Attribution

- Attributing changes in program functioning or health status to the program intervention makes the argument that the intervention (A) caused the observed change (B).
- Attribution analysis is conducted only if the expected change actually happened.

Demonstrating Causality

To conclude that A caused B,

- A must have happened before B
- B is present only when A is present
- We can rule out other possible causes of B

Attribution argues that,
if the intervention had not happened,
the observed change
would not have happened.

Data Needed for Causal Attribution

- **Baseline necessary**
- **Time series helpful**
- **Data disaggregated to the geographic level of the intervention essential**
- **Experimental design preferred**
  - The intervention is the only difference between two groups.
  - "Gold standard" evaluation design.

Case Study: Brazil CBD Program

Community-based distribution (CBD) program in Piauí, poorest state in Brazil:

- Launched in 1978
- Provided free oral contraceptives (pills), later added condoms and referral for intrauterine devices
- Placed CBD distributors in public health facilities or community centers or they worked out of their own homes, primarily outside the capital city

Brazil: Measuring of Policy Effectiveness

Data collected:

- Program service statistics
- Baseline population survey in 1979 (3 months after program launch)
- Follow-up population survey in 1982

Brazil: CBD Results

Use of Contraception among Women in Union Living Outside Capital City

Survey Year	Contraceptive Method Use				
	Pill	Sterilization	Other modern	Other	No method
1979	9.8%	13.5%	0.3%	5.3%	71.2%
1982	9.3%	16.3%	0.8%	4.0%	69.6%

Source: Arruda, J.M., A.M. Thomé, and L. Morris. 1983. "Pesquisa Sobre Saúde Materno. Infantil e Planejamento Familiar: Piauí 1982 (Maternal Child Health and Family Planning Survey)." BEMFAM. Rio de Janeiro, Brazil .

Brazil: CBD Results

Use of Oral Contraceptives by Family Monthly Income*

Survey Year	Oral contraceptive use			
	<1 minimum salary	1 minimum salary	2–4 minimum salaries	5+ minimum salaries
1979	9.3%	10.5%	12.7%	17.1%
1982	8.8%	10.4%	11.7%	10.9%

* official government scale

Source: Arruda, J.M., M. Gorosh, L. Morris, and W. Rodrigues. 1980. "Pesquisa Sobre Saúde Materno. Infantil e Planejamento Familiar: Piauí 1979 (Maternal Child Health and Family Planning Survey)." BEMFAM. Rio de Janeiro, Brazil .

Brazil: CBD Results

Source of Oral Contraception

Survey Year	Source of pills		
	Public or CBD	Pharmacy	Others
1979	35.9%	55.8%	8.3%
1982	63.6%	33.7%	2.7%

Brazil: CBD Outcomes

What happened?

- Did contraceptive use increase?
- Did the program reach its intended users?
- Were there any unintended consequences? Why might these have occurred?

Measuring Success: Closing Thoughts

- A plan for monitoring and evaluation should be developed <u>before</u> launching the intervention.
  - Define indicators, data sources
  - Set the evaluation design
  - Collect baseline data
- Client intercept/exit surveys should be used to monitor program uptake by the poor.
- National surveys may not be suitable to measure success of targeted interventions (sample sizes are too small).
- Evaluation and attribution of change to program interventions may not always be feasible.