



What difference are we making?

A Toolkit on Monitoring and
Evaluation for Health Links

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The Tropical Health
and Education Trust

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Annex I. Introducing Audit in Developing Country Contexts

Based on personal experience, I do not myself need much persuasion of the effective contribution made by many international Health Links to international development. As Director General for Health Services in Uganda, I witnessed at first hand the cost effective and sustainable benefits and impact brought by Links with the UK to the capacity building of our health institutions, health systems, and to training and Continuing Professional Development. Later, as Executive Director of the Global Health Workforce Alliance, I saw abundant signs of the major part that international Health Links can and must play in addressing the critical shortage of health workers in developing countries. I also know from first hand experience that the learning and inspiration of north/south Health Links are mutual: these are enriching partnerships between people sharing common goals and values and create bonds which transcend culture and generations.

It is because I believe strongly in the potential of Health Links that I welcome this Toolkit to help them monitor and evaluate their work.

The effectiveness of international development initiatives can never be taken for granted. We know from bitter experience that the best of intentions are not enough. Those who invest time and passion in links owe it to themselves, as well as to their supporters and stakeholders, to check whether they are having the effect they intend, and how they could do it better. Moreover, Links need support if they are to thrive: from policy makers, development partners, the health professions and, of course, donors. To most of these, evidence of impact is more persuasive than subjective opinion, however heartfelt and genuine, and also serves as an accountability mechanism.

Monitoring and evaluation do not have to be clothed in impenetrable jargon, nor entrusted to expensive consultants. This Toolkit demystifies them. It gives lucid step-by-step guidance specially tailored for Health Links. It is not the last word, because, appropriately enough, the Toolkit itself will also be monitored, evaluated and revised in the light of experience.

I congratulate THET and all those involved in producing the Toolkit, and hope it will help Health Links get the international recognition and support that they deserve.

Francis Omaswa,
Executive Director,
African Centre of Global Health and Social Transformation (ACHEST)
Kampala,
August 2008.



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The preparation of this Toolkit has involved many people who have contributed an enormous amount of time, thought, and experience to help turn an idea into a reality.



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Guide to Acronyms

CPD	Continuing Professional Development
DFID	Department for International Development
HMIS	Health Management Information Systems
MCH	Mother and Child Health
MCHA	Mother and Child Health Assistants
MoH	Ministry of Health
NHS	National Health Service (i.e. in Wales, Scotland, Northern Ireland and England)
PCM	Project Cycle Management
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
UN	United Nations



Terms to describe monitoring and evaluation are used differently by different organisations. This glossary provides definitions of key terms used in this Toolkit. The definitions draw on those used by international development agencies.

Monitoring is a continuous process to measure progress of projects against pre-defined objectives, and planned outputs and outcomes.

Evaluation is a thorough review of a project or programme which may consider issues such as process, relevance, effectiveness, efficiency, impact and sustainability.

Outputs are the direct results of a project. For instance, trained health professionals with specified levels of knowledge should be an output of a training project. Completed buildings are an output of construction projects. In a well planned project, the outputs should lead to the achievement of outcomes.

Outcomes are changes that result from an intervention. These often relate to changes in practice by members of a particular 'target' group. For instance, if the target group are nurses, and the project is palliative care training, the desired outcome would be improved practice by nurses delivering palliative care.

Impact refers to the ultimate consequence of a project. For instance, hospital staff trained in infection control (output) may result in improved hand washing (outcome), which may lead to a reduction in the number of infections at a ward level (impact). As with most health interventions, it is very difficult for Links to demonstrate an impact beyond a very local level. For instance, Links may contribute to longer term changes in the health system in a region or country, and/or they may contribute to changes in the health of a population in a region or locality, but many other factors will also have an influence on these. It is therefore usually advisable for Links to focus on the assessment of process and outcomes which make a plausible contribution to long-term changes in health.



Links may contribute to longer term changes in the health system in a region or country, and/or they may contribute to changes in the health of a population in a region or locality, but many other factors will also have an influence on these.

1. About Health Links

Health Links are long-term partnerships between institutions in developing countries and their counterparts in the UK. These include a wide variety of health-related institutions: service providers, professional bodies, university departments and other training institutions.

Health Link partnerships can have a unique role in health care development. Both parties benefit, but Links are created with the primary aim of addressing the capacity building and skills development needs of the institutions in developing countries.

In this Toolkit the terms 'Health Links' and 'Links' are used to refer to these international health partnerships. The terms always refer to both partners - in the developing country and the UK - unless otherwise stated.



TO FIND OUT MORE about Health Links

Please see THET's Links Manual or visit the THET website at www.thet.org.uk

2. About the Toolkit

This Toolkit is a resource for people working with Health Links to guide them in their efforts to monitor and evaluate the process, outcomes and impact of their work. It can be used for self-study, during Link planning meetings, or as an occasional reference guide.

For those new to monitoring or evaluation of Link interventions, it will be useful to read whole chapters in the Toolkit before using any of the tools. Those who are more experienced in monitoring or evaluation may find the Toolkit more useful for occasional reference and for pointers to other guidelines and websites.

3. Overview of the Toolkit

The Toolkit provides guidance on key monitoring and evaluation issues. It is based on current good practice generated by Health Links and other agencies. This overview outlines the key terms used in the Toolkit and provides a guide to the different chapters.



This Toolkit is a resource for people working with Health Links to guide them in their efforts to monitor and evaluate the process, outcomes and impact of their work. It can be used for self-study, during Link planning meetings, or as an occasional reference guide.

Key terms in the Toolkit

In this Toolkit monitoring and evaluation are defined as follows:

Monitoring is a continuous process to measure progress of projects against pre-defined objectives, and planned outputs and outcomes.

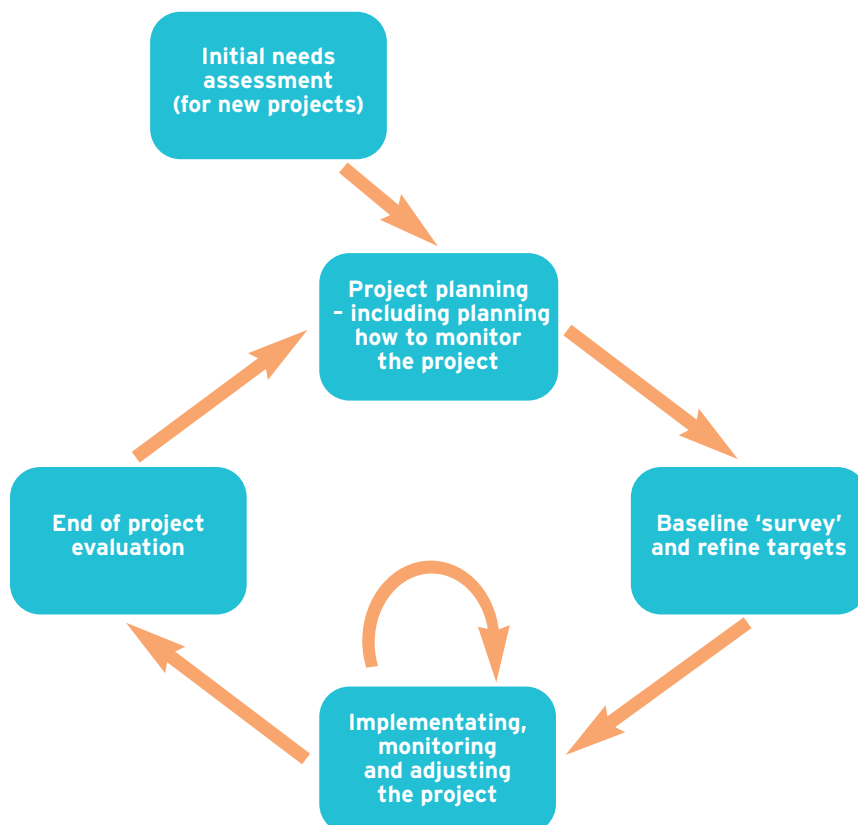
Evaluation is a thorough review of a project or programme which may consider issues such as process, relevance, effectiveness, efficiency, impact and sustainability.

The overall approach to monitoring and evaluation described in the Toolkit is based on the **project cycle** - a framework of learning and action that is widely used by international development agencies, including DFID and the UN agencies.

The project cycle approach can be applied to single interventions - such as running one training course - or it can be useful for Links planning a programme with a number of different interventions.

In addition to the project cycle approach, Annex I provides a brief overview of issues related to the use of audit in evaluation. **Audit** involves comparing practice against an agreed standard, assessing or measuring quality then identifying and implementing the necessary changes.

The Project Cycle



The overall approach to monitoring and evaluation described in the Toolkit is based on the project cycle - a framework of learning and action that is widely used by international development agencies, including DFID and the UN agencies.

Guide to chapters in the Toolkit

The Toolkit provides practical guidance on how to monitor and evaluate the work of Links. This Toolkit has six main chapters:

1. Monitoring and Evaluation in Context
2. Planning to Monitor a Link Project
3. Practical Tools for Collecting Data
4. Tips on Analysing Data and Writing Reports
5. Designing an Evaluation of a Link
6. Follow-up to Evaluations

Chapter 1 highlights some important issues relating to monitoring and evaluation. These include the rationale for monitoring and evaluation, how the relationship between Link partners affects monitoring and evaluation, and the ethical implications of monitoring and evaluation.

Chapter 2 focuses on planning. Sound monitoring is based on sound planning, so the chapter gives a step by step guide on how to plan a Link intervention with clear outcomes and establish a plan to monitor the outcomes. Resource issues are also included.

Chapters 3 and 4 provide practical tips on developing and using different tools for collecting and analysing data. The choice of data collection and analysis tools needs to be based on the monitoring plan. It is useful to look at Chapter 2 before developing any of the tools described in Chapters 3 and 4.

Chapter 3 outlines the following tools for data collection:

- Pre-and post-tests
- Observing practice
- Trainee or student feedback questionnaires
- CPD diaries
- Interviews and focus group discussions
- Using Link visits for data collection and monitoring progress

Chapter 4 outlines some key issues in analysing and presenting data. This chapter includes sections on using spreadsheets and writing progress reports.

Chapters 5 and 6 focus on evaluation. Chapter 5 provides a step by step guide to designing an evaluation of a Link intervention. This includes steps for defining the focus, choosing evaluation questions and selecting the best data collection tools. Issues of staffing and budgeting are also included. Chapter 6 provides guidance on follow-up and considers how to share findings and the need for action plans.



1. Monitoring and Evaluation in Context

In this chapter

Key issues relating to the monitoring and evaluation of Link interventions:

1. Why monitor and evaluate?
2. Who should be involved?
3. Ethical issues

1. Why monitor and evaluate?

Monitoring and evaluation are important for a number of reasons:

- For personal accountability and job satisfaction
- To inform the planning of future Links activities
- To strengthen accountability to stakeholders
- To inform policy makers of the value of Health Links
- To demonstrate achievements in order to secure funding

Personal accountability and job satisfaction

Many people find their involvement in Links extremely rewarding. Carrying out systematic monitoring and evaluation of Link interventions can enhance this sense of achievement. Data from monitoring and evaluation should enable Link participants to find out whether their work is achieving what they expect. Where the findings are positive, this can enhance personal satisfaction. Where the findings show shortfalls, there is an opportunity to improve the work in future. It is a matter of principle for many Link participants to do their best to check that their work is having the effect they intend.

Informing planning and improvements

Monitoring and evaluation enables Links to find out which activities are effective, identify obstacles, and adjust plans to address the challenges. This is illustrated by the following case study from Lesotho, where an evaluation helped identify challenges and gaps, and means for addressing them.



Monitoring and evaluation enables Links to find out which activities are effective, identify obstacles, and adjust plans to address the challenges.





CASE STUDY: evaluation results lead to a change of plans

Dolen Cymru - Wales Lesotho Health Link

The Dolen Cymru - Wales Lesotho Link ran a Training of Trainers (TOT) course with the aim of equipping the Trainers with the skills to train Village Health Workers to improve mental health care.

18 months later a small team, drawn from both Link partner institutions, coordinated an evaluation of their work in mental health in four Health Service Areas in Lesotho. The evaluation included a workshop with the Mental Health Management team and the Trainers who had taken part in the TOT course. During the workshop, the Trainers discussed the effectiveness of the TOT course and related manuals.

The Trainers reported that they had been well equipped to roll out the training but also highlighted a number of gaps in the TOT course and the manual they were given. For instance, they felt the manual should provide more detailed guidance on counselling skills and patient management. They also identified the need for further training to address issues that were being identified in the community including:

- The need for counselling
- Children's problems
- Adolescent conflicts

In the final session of the evaluation workshop, participants decided on priorities for the Link for the coming year, given limited time and resources. They agreed the following priorities for the Link to address:

- To include greater detail in the Trainers' manual and extend the bibliography so the Trainers could research issues in more depth as the need arose
- To provide a workshop in counselling skills



Stakeholders are entitled to information about the progress of Health Links. A strong monitoring and evaluation system should enable Links to meet the information needs of their stakeholders.

Accountability to stakeholders

Stakeholders are entitled to information about the progress of Health Links. A strong monitoring and evaluation system should enable Links to meet the information needs of their stakeholders. Stakeholders may include:

- Patients served by the Link partner in developing countries
- Health professionals and other staff involved in Links
- The managing board of each partner institution
- Ministries of Health and/or Ministries of Education and their equivalents
- Donors - including people who give small donations



The following case study from King's College Hospital NHS Foundation Trust, London - linked to partners in Palestine, Somaliland and Zimbabwe - shows how an evaluation study can help to address the information needs of a major stakeholder, in this case the NHS Trust Board.



CASE STUDY: evaluation and stakeholders' information needs

Health Links at King's College Hospital NHS Foundation Trust

Boards of NHS Trusts in the UK sometimes ask for evidence of how a Health Link can contribute to the development of their own Trust while, at the same time, supporting the Link's major objective to strengthen health systems in developing countries.

Partly in response to this, members of King's College Hospital Link supported two medical students to carry out an evaluation. This evaluation used interviews with staff who had volunteered in different countries, either through official institutional Health Links or on their own initiative. It showed that staff who had volunteered perceived a range of positive effects on their work at King's College Hospital including:

- Greater understanding of patients who originated from the regions where they (the staff) had volunteered
- Improved teaching skills
- Greater inclination to stay at King's College Hospital because of the support they received for their work overseas

Although not the sole purpose of the evaluation, the findings helped to meet the Board's need for information on the effect of the Link on King's College Hospital.



Policy makers tend to demand evidence - including quantified evidence.

Informing policy makers of the value of Health Links

Many professionals involved in Health Links are convinced of their value by their own first-hand experience. This experience is important, but policy makers tend to demand evidence - including quantified evidence.

For example, the Crisp Report¹ - commissioned by the British Government on the potential for UK health institutions to contribute to strengthening health systems in developing countries - highlighted the need for stronger evidence on which types of interventions are effective. By strengthening monitoring and evaluation, Links will help to address this need and help ensure Health Links gain greater recognition by policy makers.

¹Crisp N, 2007, *Global Health Partnerships*

Demonstrating achievements to secure funding

Some Links which have been running for a few years may be able to increase their funding by applying to institutional donors, including government bodies and major trusts.

Donors expect the Link to demonstrate how they have learnt from past experiences - both positive and negative. In addition, they expect proposals to show how the project will be monitored and evaluated. Most donors' proposal formats include sections on monitoring and evaluation.

Individual supporters, too, are generally more likely to continue or increase their charitable donations if they can see the results of the Link's work.

2. Partnership power and involvement

"It is important to consider that stakeholders have different political leverage which may influence the nature of the evaluation," says Gail Louw of the Lusaka-Brighton Link in her exploratory study of attitudes and practice relating to evaluation.²

Considering how power relations might affect monitoring and evaluation can enable Link participants to find ways of minimising their effect.

Although everything should have been done to make Link partners feel equal, there may be a feeling that one organisation is the 'dominant institution'³. This challenge is not uncommon in Links and might result in one partner feeling that any feedback given, for example through an evaluation, must be positive to avoid a risk that the Link will break down.

Positive strategies to address this challenge include:

- Encouraging a few people from each partner in the Link to have joint responsibility for monitoring and evaluation - rather than one partner taking the lead
- Promoting joint writing of reports that meet the information needs of a range of Link participants and stakeholders
- Making use of visits to meet with a range of Link participants and other stakeholders to discuss questions such as: who is the monitoring and evaluation for?
- Being aware of the power dynamics within each Link partner - e.g. between women and men or staff of different status or seniority - and finding ways to ensure that a wide range of people are encouraged to take part in monitoring and evaluation



Considering how power relations might affect monitoring and evaluation can enable Link participants to find ways of minimising their effect.

²Louw G, 2008, Institute of Postgraduate Medicine, Brighton and Sussex Medical School *Evaluation Report: Brighton/Lusaka Link*

³Dyck I, Lynam JM & Anderson JM, 1995, 'Women talking: Creating knowledge through difference in cross-cultural research', *Women's Studies International Forum*, vol. 18, no. 5/6, pp. 611-26



TO FIND OUT MORE about power and partnership in monitoring and evaluation

See page 12 about including a range of stakeholders in an evaluation.

Evaluation Report Brighton/Lusaka Link, Gail Louw, (2008), Institute of Postgraduate Medicine, Brighton and Sussex Medical School.

Available on the THET website: www.thet.org.uk

Whose Reality Counts?: Putting the First Last, Robert Chambers (1997). This text looks at issues of domination and power in the development context. Although not specifically about evaluation, many of the issues are relevant.

3. Ethical issues

It is vital to consider the ethical implications of monitoring and evaluation. The Department for International Development (DFID) recommends the following international ethical standards for evaluators:⁴



SUMMARY of International Evaluator Ethical Standards

Cultural intrusion	Local customs regarding dress, personal interaction, religious beliefs and practices should be respected.
Anonymity / confidentiality	Evaluators must respect people's right to provide information in confidence and must ensure that sensitive information cannot be traced to its source.
Individual responsibilities	All team members should have an opportunity to dissociate themselves from particular findings and recommendations. The report should acknowledge any unresolved differences of opinion within the team.
Participation / privacy	Evaluators should provide maximum notice, minimise demands on time, and respect people's right to privacy or refusal to be involved.
Fundamental values	While evaluators should respect other cultures, they must also be aware of international values regarding minorities, women, children etc.
Omissions and wrong-doing	The evaluation team should consult with the evaluation manager when there is any doubt about if and how issues, such as evidence of wrongdoing, should be reported.



Cultural Intrusion: Local customs regarding dress, personal interaction, religious beliefs and practices should be respected.

Continued...

⁴Department for International Development (DFID) *Guidance on Evaluation and Review for DFID Staff* Evaluation Department July 2005
<http://www.DFID.gov.uk/aboutDFID/performance/files/guidance-evaluation.pdf>



SUMMARY of International Evaluator Ethical Standards

Evaluation of individuals	Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
Disclosure	Briefings and unofficial summaries may be shared, with the permission of the evaluation manager, as part of the transparent evaluation process.
Integrity	Principles of independence, impartiality and accuracy are paramount.

In addition to respecting international standards, it is vital to comply with the relevant policies and standards in both partner institutions and the relevant national standards in both countries.

For instance, for UK partners of university Links, a proposed evaluation should be submitted for approval by the internal College Ethics Committee.

For the hospital-based Links, UK partners should consult their Clinical Effectiveness Unit on ethical issues. The Unit will advise on whether or not the opinion of an Ethics Committee is required. It is unlikely that an Ethics Committee will request information regarding an audit or evaluation where the work is being carried out within an overseas partner organisation, but this should be discussed at an early stage.

Ethical issues should be considered at all stages, from developing monitoring and evaluation plans to carrying out data collection. A practical example of how sound ethical practice can be applied to an interview for an evaluation is given below.



Ethical issues should be considered at all stages, from developing monitoring and evaluation plans to carrying out data collection.



EXAMPLE: good practice in interviews

When interviews are carried out - for instance as part of an evaluation - the following should be clarified at the start of each interview:

- Consent obtained
- Purpose clearly articulated - using an information sheet if appropriate
- If the interview is going to be recorded, what will happen to the information after the interview?
- Will any quotes be used in future reports?
- Will names or other identifying features be removed from quotes?

There may be cultural aspects to be aware of. For instance, will females be happy to be interviewed by a male?





TO FIND OUT MORE about ethics in monitoring and evaluation

www.unfpa.org/monitoring/toolkit.htm

UNFPA's 'The Programme Manager's Planning, Monitoring and Evaluation Toolkit

Of particular relevance is section 5, part VI, on evaluation standards



2. Planning to Monitor Outcomes

In this chapter

A seven step guide to planning outcomes and how to monitor them:

- STEP 1** Discuss with stakeholders
- STEP 2** Set outcomes - agree expected changes
- STEP 3** Set indicators - agree measurable signs of change
- STEP 4** Choose data collection methods
- STEP 5** Collect baseline data and review plan
- STEP 6** Design monitoring plan
- STEP 7** Consider staffing and resources

Introduction

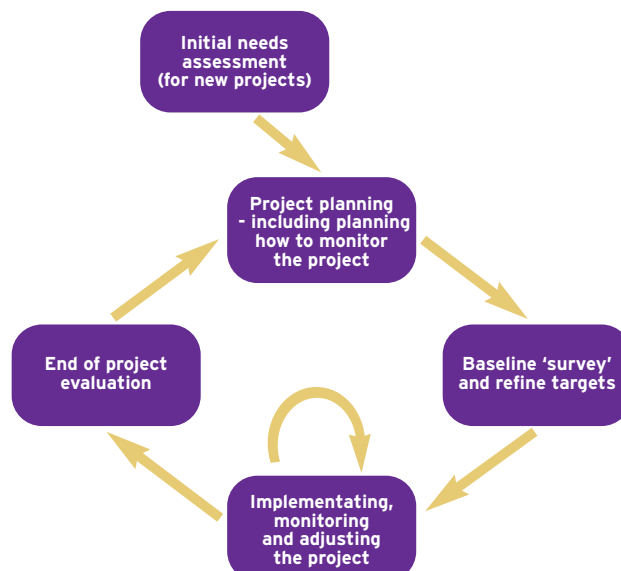
Sound monitoring is based on sound planning. The steps in this chapter provide an outline of how to plan a Link intervention, agree the changes that are expected as a result and select the tools to monitor these changes.

These steps can be applied to both small and large interventions. This chapter uses examples relating to mother and child healthcare (MCH) but the steps can be used in any sector.

Ideally, these steps would be carried out at the start of a Link intervention. However the steps can also be used to review the rationale for ongoing interventions and develop more clearly defined plans for the future.

Planning monitoring as part of the project cycle

The steps explained in this chapter relate to the planning stage in the project cycle - which includes planning how to monitor the project.



The steps in this chapter provide an outline of how to plan a Link intervention, agree the changes that are expected as a result and select the tools to monitor these changes.





KEY TERM

Monitoring is a continuous process to measure progress of projects against pre-defined objectives, and planned outputs and outcomes.

STEP 1. Discuss with stakeholders

It is vital for Health Link partners to work together to develop plans in consultation with relevant stakeholders. For instance, it is important to hold early meetings with the management board of the Link partner in the developing country and the relevant local Ministry representative. Consulting with Ministry representatives helps ensure:

- Link interventions are in line with the relevant district, regional and national plans
- Link interventions are complementary to programmes supported by other organisations
- Monitoring tools are in line with existing information systems required by the relevant Ministry
- Previous needs assessments and learning from other interventions are taken into account



GOOD PRACTICE

Involving stakeholders in planning is vital

Planning is most effective when there is input from a range of people from each Link partner and from other stakeholders.

“Any developments and progress in Bolgatanga Nurse Training College should be conducted collaboratively and in equal partnership. We did not want to ‘tell’ Bolga staff what to do and how to do it.”

Eric Broussine of the University of the West of England commented on a recent planning process with their Link partner, Bolgatanga Nurse Training College, Ghana.

Involving stakeholders in planning can be achieved by:

- Discussions with Link participants before starting the planning
- Sharing draft plans with stakeholders and inviting comments
- Asking stakeholders how they wish to be involved and how much time they can give to the process
- Running a small planning workshop involving key members from each Link partner and stakeholder representatives

The number of people involved in planning and the amount of time and funds spent on the process should be adapted according to the scale of the intervention.



The number of people involved in planning and the amount of time and funds spent on the process should be adapted according to the scale of the intervention.





GOOD PRACTICE

Investing in planning can save time later on

Discussing plans with stakeholders takes time - anything from a few hours to a few weeks - depending on the scale of the intervention and the number of stakeholders involved.

Investing 'up front' can save time later when it comes to carrying out the work. Delays can occur if stakeholders are not on board or if plans are developed which are not realistic to their context.

STEP 2. Decide on outcomes



KEY TERM

Outcomes are changes that result from the outputs. These often relate to changes in practice by members of a particular 'target' group.



Delays can occur if stakeholders are not on board or if plans are developed which are not realistic to their context.

Outcomes can best be described in relation to other concepts in an intervention strategy. The other key concepts are: aim, outputs, activities and inputs.

The following table gives definitions and examples of these key terms:

Concept	Definition	Example MCH intervention
Aim	The longer term change to which the project will contribute. Other factors will have an influence - including economic and social factors.	- Reduced maternal mortality
Outcomes	The changes which result from the project. These often relate to changes in practice by members of the 'target group'. The outcomes should contribute to the aim.	- Increased antenatal care contacts - Improved practice in antenatal care by MCH Assistants
Outputs	The tangible, direct results of the project. The outputs should lead to the outcomes.	- MCH Assistants trained in antenatal care
Activities	The project activities. The activities should lead to the outputs.	- CPD training for MCH Assistants
Inputs	Key resources needed to support the project.	- Skilled trainer in midwifery - Training materials - Advice on curriculum development



Causal links

There should be a plausible causal link between each level in the table, for instance the outputs should lead to the outcomes.

CAUSAL LINK: inputs to aim

inputs > activities > outputs > outcomes > aim

In the case of the MCH intervention, it is plausible that the output of the 'trained MCH Assistants' should lead to the outcome of 'improved practice in antenatal care'.

It may not be possible to prove a causal link, but it should be possible to give a plausible 'common sense' explanation as to how the output will lead to the outcome. The causal link is considerably weaker at the higher levels of the table where other factors have an important influence.



BE AWARE

Limitations of the causal link framework

This 'inputs' to 'aim' sequence provides a simplified view of a strategy, which will not capture all the complex processes involved in running an intervention or working towards an aim.

However it provides a useful tool for clarifying key elements of a strategy and giving an overview of an intervention to a range of stakeholders.



It may not be possible to prove a causal link, but it should be possible to give a plausible 'common sense' explanation as to how the output will lead to the outcome.

Key tips for setting outcomes

When setting aims and outcomes it is useful to discuss the following key questions:

Key questions in setting aims

- What are key aims in our sector e.g. from national policies?
- Which of these aims are most relevant to what the Link is trying to achieve?

Key questions in setting outcomes

- What changes are needed to help achieve these aims where the Link is working?
- Which of these changes could the Link expect to influence through its work?
- Which of these changes are priorities for the coming period e.g. the next year or next three years?



- How much can *realistically* be achieved, given the available time and resources?
- Are the proposed changes in line with priorities in the region, district and partner institution plans?



GOOD PRACTICE

Outcomes often relate to changes in practice

Outcomes often relate to changes in practice by members of the target group. In the case of Links, this often means changes in the practice of staff who participate in Link activities. MCH examples include:

- Improved practice in antenatal care by MCH Assistants
- Increased number of referrals by MCH Assistants of high risk pregnancies to clinics
- Improved maintenance of MCH equipment and facilities by clinic staff

STEP 3. Set indicators



KEY TERMS

Indicators are signs of change or progress that can be measured.

Outcome indicators are measurable signs of progress towards achieving the outcomes.

Deciding on outcome indicators involves deciding, in precise terms, what needs to be measured in order to determine whether progress is being made towards achieving the outcomes.

Indicators can:

- make it possible to specify achievable targets to judge progress
- orient and motivate actors towards achieving results
- be useful to communicate project progress to stakeholders



Deciding on outcome indicators involves deciding, in precise terms, what needs to be measured in order to determine whether progress is being made towards achieving the outcomes.

SMART Indicators

When developing outcome indicators, it is useful to keep in mind the SMART principles.

Specific	Indicators should specify what needs to be measured in precise terms and should not be open to a wide range of interpretations.
Measurable	It should be possible to quantify the change. Indicators should be measurable with limited resources and staff time.
Achievable	Indicators should be achievable, given the scale of the intervention and the capacity of those involved.
Relevant	Indicators should be directly relevant to the outcomes.
Time-bound	Indicators should specify when the targets in that indicator should be achieved.

Key tips for setting SMART indicators

When applying SMART principles it can be useful to consider:

- The baseline, i.e. the starting point
- The scale and scope of the intervention
- Common challenges

The MCH example below provides some pointers as to how to apply SMART principles when setting indicators. It assumes the Link is planning for a three year period.



Indicators should be achievable, given the scale of the intervention and the capacity of those involved.



EXAMPLE: setting SMART indicators to measure outcomes

Outcome: Improved practice in antenatal care by MCH Assistants

Baseline: The baseline is the starting point, i.e. the number or percentage of MCH assistants who currently demonstrate adequate practice in providing antenatal care e.g. approximately 15 of the 100 MCH Assistants in post, judging from recent visits to the facilities.

Scale and scope of the intervention: Estimate how many MCH Assistants can access CPD training within the planning period considering (a) the time MCH Assistants can take out of their work, (b) other CPD training the MCH Assistants are expected to attend, and (c) the time the Tutors can give to this training e.g. based on this, it might be decided that 50 MCH Assistants can be trained in year one but by year two more time can be devoted to this and all 100 MCH Assistants can be given training.

Continued...





Estimate how many MCH Assistants can access regular follow-up supervision and mentoring. This may depend on the time the supervisors can give to follow-up e.g. it might be that 80 MCH Assistants work in MCH centres which can be reached regularly by a supervising nurse and so will be able to access regular follow-up.

A common challenge in achieving outcomes from CPD interventions is staff turnover. It is often possible to estimate the rate of staff turnover and the capacity of the Link to provide CPD training and follow-up for new staff e.g. taking this into account, it might be decided that even if 80% of MCH Assistants are trained, staff turnover means that only 60% will remain in the same post by the end of the planning period.

Based on all these considerations, it is possible to set the following SMART indicator:

Indicator: Increase from 15% to 60% the proportion of MCH Assistants in the target area who demonstrate adequate practice in providing antenatal care by end of year three



Set milestones or interim targets so people know what they need to achieve in the short-term while keeping work on track for the long-term.

Key tips for setting longer term indicators

To achieve significant outcomes, it is often important to plan for the longer term e.g. for a period of around three years. However, this can lead to challenges including:

- Ensuring everyone knows what the Link plans to achieve in both the short and longer term
- Making a longer term commitment may be daunting, especially if the Link has previously worked on shorter term or even ad hoc interventions

Some ways to address this include:

- Run a pilot phase for six months or a year and then review progress before planning for a longer period
- Set milestones or interim targets so people know what they need to achieve in the short-term while keeping work on track for the long-term



Returning to the MCH example, the three year indicator could be broken down to show milestones each year.



EXAMPLE: MCH Intervention

Setting milestones

Indicator: Increase from 15% to 60% the proportion of MCH Assistants in the target area who demonstrate adequate practice in providing antenatal care by the end of year three

Annual Milestones:

- Increase to 30% by end of year one
- Increase to 45% by end of year two

The annual milestones can be reviewed at the end of each year and the three year target could be adjusted accordingly, i.e. if progress is more or less than expected.



Monitoring does not need to focus exclusively on measuring indicators.

Common challenges and how to address them

SMART indicators have a number of limitations and challenges but, as shown below, these can be addressed to some extent.

Limitations and challenges in using SMART indicators	Ways of addressing them
SMART indicators focus on quantifiable change. Less tangible outcomes can be overlooked.	Monitoring does not need to focus exclusively on measuring indicators. Design additional monitoring activities to track less tangible changes e.g. focus groups with stakeholders.
The data collection tools which measure SMART indicators fail to tell us why progress has/has not been made and how participants experienced the process.	Develop complementary, qualitative tools to provide insights into the reasons why progress has been made or not and to enable participants to discuss the process.
Indicators are simplistic and do not provide detailed guidance on what to measure.	Write notes to accompany the indicators that provide more detailed guidance on what needs to be measured.
Targets can distort practice. If people are too focused on them, they may neglect areas of work which are also important but are not included in the targets.	It is necessary to have effective communication about the need for balance between achieving targets and using professional judgement to prioritise work.

Continued...

Limitations and challenges in using SMART indicators	Ways of addressing them
	Maintain effective communication with stakeholders to discuss the challenges in meeting targets.
Setting indicators for three years implies greater certainty than is possible in many situations.	<p>Revisit indicators on a regular basis and adjust them if circumstances change.</p> <p>Planning a one year pilot phase may be more realistic for a new Link or a new type of intervention.</p>

STEP 4. Choose data collection methods

This involves selecting the methods and designing the data collection and analysis tools that are needed to measure the indicators.

As a starting point, there is need to consider whether existing data collection and analysis tools can be used or adapted to measure the indicators. In some cases it will be necessary to develop new tools to measure an indicator which is not covered in the existing health management information system (HMIS) tools.



Planning a one year pilot phase may be more realistic for a new Link or a new type of intervention.



GOOD PRACTICE

Build on existing systems

For Links based at hospitals or clinics, monitoring should build on existing health management information systems (HMIS). This prevents additional workload and is more sustainable.

As part of the evaluation process the Link could, if needed, help develop the skills of staff using the existing HMIS tools and so support another aspect of health systems strengthening.

The choice of tools will be affected by issues including:

- Staff and volunteer time
- Skills and experience
- Resources
- The scale of the intervention

If, after reviewing these issues, it becomes clear that a data collection tool is too ambitious for the context, it will be necessary to choose a different tool or revise the indicator.





GOOD PRACTICE

Consistent use of tools over time

It is often helpful to use the same data collection tools to collect information for:

- **Baseline** - just before the main activities start
- **Progress tracking** - at regular intervals during the intervention
- **Evaluation** - overview at the end of the intervention

STEP 5. Collect baseline data and review plans

Once the indicators are decided and the data collection and analysis methods agreed, it will be possible to collect accurate baseline data. This data can be used to review plans and revise the draft indicators.



EXAMPLE: using baseline data to review indicators

In the MCH example above the draft indicator was:

Increase from 15% to 60% the proportion of MCH Assistants in the target area who demonstrate adequate practice in providing antenatal care by the end of year three

However, once accurate baseline data is collected it may be found that only 5% of MCH Assistants are demonstrating adequate practice in antenatal care.

It is therefore necessary to amend the baseline figure (from 15% to 5%) and it may be more realistic to reduce the target for the end of the intervention. The new target might instead read:

Increase from **5%** to **50%** the proportion of MCH Assistants in the target area who demonstrate adequate practice in providing antenatal care by the end of year three

It is often useful to plan for the collection, analysis and use of baseline data at the same time as planning the monitoring of an intervention. See Chapter 3 for further information on monitoring.



Once the indicators are decided and the data collection and analysis methods agreed, it will be possible to collect accurate baseline data.

STEP 6. Develop a monitoring plan

Once the tools have been chosen and the indicators reviewed, it will be possible to develop a monitoring plan to show who needs to do what, when and where.

Developing the monitoring plan can help:

- Provide a reality check. If too much time is needed, it may be necessary to reconsider the choice of data collection and analysis tools
- Focus attention on the commitments of different people involved in the monitoring work
- Show how data collected will be used to review progress and suggest changes
- Provide a basis to prepare a realistic monitoring budget
- Keep monitoring activities on track... as long as it is regularly reviewed

On the next page is a section of a monitoring plan for the MCH intervention, focusing on the use of one monitoring tool. It shows how Links meetings in both partner countries can be used to review data and decide on the next steps to address any challenges.



Once the tools have been chosen and the indicators reviewed, it will be possible to develop a monitoring plan to show who needs to do what, when and where.

Example of section from a monitoring plan: CPD for Mother and Child Health Intervention

Outcome: Increase from **5%** to **50%** the proportion of MCH Assistants in the target area who demonstrate adequate practice in providing antenatal care by the end of year three

Data Collection			Data Analysis and review		
What/how	Who/roles	When	What/how	Who/roles	When
Use observation chart to monitor practice of MCH Assistants	MCH Supervisors carry out observation & provide individual feedback	Quarterly following CPD training	Compile scores from observations on a spreadsheet & write brief report	MCH Supervisors	Within 2 weeks of observation visit
	MCHAs take part in feedback		Review report & scores in meeting	MCH Supervisors & Link Coordinators	Quarterly: Apr, July, Oct, Jan
			Include results & institutions information on changes in quarterly report for the partner institutions	Link Coordinator	Quarterly: Apr, July, Oct, Jan
			Review quarterly report in Link meetings & discuss any changes needed	UK Link members meeting	Quarterly: May, Aug, Nov, Feb



STEP 7. Consider resources

Effective monitoring needs to be properly resourced and costs included in the project budget.

The monitoring plan should form the basis for the budget. Depending on the plan, the budget may include costs such as community meetings, transport, stationery, equipment and so on. If the budget is very high, it may be necessary to revise the monitoring plan, the data collection tools and even the indicators.

It is common for approximately 10% of a total budget of the intervention to be spent on monitoring and evaluation. However this is a rough guide and there may be good reasons to spend a higher proportion of project costs on monitoring, for example:

- **Capacity building** - The investment in monitoring is helping to develop the capacity of the Link partner in the developing country. As well as strengthening monitoring, investment in this area may have other benefits. For instance, time and money spent on developing record keeping and analysis skills may benefit other areas of work and support an individual's wider professional development.
- **Monitoring strategic interventions** - In some cases Links interventions may be very small, but may contribute to a larger strategy. For example, if a Link is supporting curriculum development but does not have to meet the costs of the subsequent training courses, proportionately (compared to the curricula development costs) the monitoring costs may seem high. However, if viewed in the context of the overall intervention (curricula and on-going training) the costs may be appropriate.
- **Innovative interventions** - Some interventions are developed to test a new idea. If others are to be convinced by innovation, strong evidence may be crucial. This may be the case for Links working on mental health or certain chronic diseases, or on a new approach.
- **View to the longer term** - A high investment for the first two to three years may make monitoring more cost-efficient in future. There may be a strong case for investment in stronger information and communication systems.
- **View to expanding an intervention** - In general, the more ambitious a Link's intervention, the more donor funding will be required. Systematic monitoring and evaluation is needed to attract funding and satisfy the donor that their money will be used effectively. Investing more in monitoring and evaluation may go hand in hand with planning to apply for donor funds.



Effective monitoring needs to be properly resourced and costs included in the project budget.



TO FIND OUT MORE

The steps in this chapter are part of an approach widely used by governments in developing countries and by international donors including DFID and the European Union.

The overall approach is *Project Cycle Management (PCM)*. A key tool within this is the project logframe. These terms are often used in donor guidelines on project planning, monitoring and evaluation. Do not be daunted by the jargon. As just demonstrated, the basic principles are simple and can be adapted realistically to the Links context.

Useful information sources include:

European Union - Europeaid

http://ec.europa.eu/europeaid/infopoint/publications/europeaid/49a_en.htm - especially diagrams and tables on pages 20, 22, 31, 38, 42, 68, 70, 73 and 78

DFID Tools for Development

<http://www.DFID.gov.uk/pubs/files/toolsfordevelopment.pdf>
- especially section 5

BOND

Monitoring and evaluation, Guidance Notes 4.3 (2005)
<http://www.bond.org.uk/pubs/guidance/4monitorandevaluate.pdf>



3. Practical Tools for Collecting Data

In this chapter

Practical examples and tips for data collection.

The tools outlined are:

1. Pre-and post-tests
2. Observing practice
3. Student or trainee feedback questionnaires
4. CPD diaries
5. Interviews and focus group discussions
6. Link partner visits

Introduction

This chapter provides some examples of data collection tools and practical tips for Links' monitoring.

Some of these monitoring tools can also be used in needs assessments or baseline assessments and in evaluations. See Chapter 2 for the place of needs assessments and baselines in the project cycle and page 58 for guidance in selecting data collection tools for evaluation.



GOOD PRACTICE

Use existing tools where possible

Start by finding out which data collection tools are already being used by the Link partners. As far as possible, adopt, adapt and build on the methods already used by partners in developing countries.

Pre-test tools before using them

It is important to pre-test data collection tools before using them - even if the pre-test is on a small scale. This is especially important when working in different contexts. A tool which works in one country, or even in one setting, may not work well in another.

Consider ethical issues when selecting data collection tools

Issues such as confidentiality, informed consent, and power relationships need to be considered when selecting data collection tools. Please see pages 15 to 17 for essential information on ethical issues and sources of further advice.



Issues such as confidentiality, informed consent, and power relationships need to be considered when selecting data collection tools.



1. Pre-and post-tests

Testing knowledge at the start and end of a training course is a common tool used by many Health Links.

Using the test at the start and end of a training course is a basic measure of success - showing whether or not people have understood what has been taught. To assess whether the knowledge has been retained, the test can be used again after a few months.

Pre and post-tests simply assess changes in knowledge but this may not reflect changes in practice. As such, pre-and post-tests can help monitor outputs but they may not be useful for measuring outcome indicators such as improved practice.

As with any monitoring tool, there is need to consider whether or not it is appropriate to use it. *“We did not use a pre-test for one training course as they had no previous exposure to the topic. So carrying out a pre-test would not have told us anything and it would just demoralise the trainees,”* reports Felix Kauye, Chief Psychiatrist, Malawi.



An important advantage of observation is that it can help to overcome the discrepancy between what people say and what they actually do.

2. Observing practice

An important advantage of observation is that it can help to overcome the discrepancy between what people say and what they actually do. For example, a test at the end of a training course might ask participants to respond to questions on wound care. The answers might indicate a good understanding of the issues but this might not be observed in practice, especially if there are competing demands on time and resources.

Questions to ask when deciding who should observe the practice:

- Who has the necessary level of knowledge and skills to assess whether practice is adequate?
- Who has the time to observe practice? Is this part of their existing work or would their workload need to be adjusted to do this?
- How would the observers' status - their age, gender or ethnicity - affect the staff being observed?
- How would the observers' status - their age, gender or ethnicity - affect the experience of those being taught or cared for?

Issues for the observer to consider when planning the observations:

- What biases might the observer have? How will these affect the work? How can they be mitigated?
- Are the times for carrying out your observations (e.g. busy or quiet times) relevant?

- Do you need to devise an observational schedule or set pre-coded categories? If so, it is useful to test these out in a pilot observation before they are finalised.
- If you do not use codes, how are you going to organise your recording?
- Is it important to record everything you see or will you be more selective?
- Might your age, gender, ethnicity, dress or other characteristics affect your observations? How will you counteract these effects?
- How artificial is the setting? How visible are you as the observer? Does this matter?
- Are there any situations to which you cannot get access but where observation may be important?
- If you will participate more directly in the events you are observing, how will you balance the demands of participation and observation?

Recording observation data

As it is impossible to record everything, observing is selective and so it is vital that the observations are systematically recorded. This can be achieved by:

- Writing notes during or immediately after the observation
- Audio recording
- Video recording

Challenges with observing practice

Having a researcher observing actions may stimulate modifications in behaviour or action, i.e. the individual being observed may think “what would be the ‘best’ thing to say here?”

However, in some cases, if people are observed for long enough they will revert to their normal behaviour rather than keeping up a ‘performance’.

3. Student or trainee feedback questionnaires

Student feedback questionnaires are a common tool in monitoring the quality of higher education courses. Questionnaires are used by many Health Links to gather information about the quality of training and are a common way of monitoring CPD programmes.

Feedback questionnaires are also common quantitative data collection tools. Their strengths and limitations are similar to questionnaires used for other purposes. Some of the major issues are given on the following page.



Student feedback questionnaires are a common tool in monitoring the quality of higher education courses. Questionnaires are used by many Health Links to gather information about the quality of training and are a common way of monitoring CPD programmes.



Strengths of feedback questionnaires

- **Results are easy to quantify and analyse** if the questionnaire is well prepared.
- **Timely feedback** is given when the experience is fresh in the minds of trainees.
- **Client centred** - there is a focus on the trainees' experience of the training.
- **Confidential** - a form can be anonymous so trainees may feel free to give constructive criticism of the training, although this is not guaranteed.

Challenges with trainee feedback questionnaires

- **The trainees' experience** is just one perspective. Trainees could report a positive experience for a number of reasons, but this does not necessarily mean they have acquired an adequate level of knowledge as a result of the training.
- **Questionnaires do not inform on retention of knowledge** following the training
- **Questionnaires do not necessarily indicate changes in practice** following the training
- **Limited information** - While the use of closed questions makes the analysis of results easier, the information will not be very detailed or rich in meaning.
- **Cultural issues** - In some cultures trainees may not feel comfortable giving constructive criticism of trainers. Also, questions may be misunderstood when working in cross-cultural contexts.



Keep the form as short and simple as possible. Think about how you will use the information from each question and only include questions that will be really helpful. Short surveys yield better response rates.

Some key points when developing trainee or student feedback questionnaires

- **Keep the form as short and simple as possible.** Think about how you will use the information from each question and only include questions that will be really helpful. Short surveys yield better response rates.
- **Use response scales** rather than yes/no questions. Response scales such as 1 to 5 or 1 to 10 provide more options for analysis.
- **Limit open-ended questions.** In most cases, closed questions are easier to analyse. But a small number of open-ended questions which allow respondents to make their own comments can be useful and provide more detailed feedback.
- **Keep open-ended questions specific.** General open-ended questions such as "Any other comments?" will produce general comments. More specific open-ended questions such as "Suggestions for improvement" will produce more useful comments.



4. CPD Diaries

Continuing Professional Development (CPD) diaries are used by many health professionals in some countries and have been promoted by some Health Links. CPD diaries can:

- Help to empower professionals to monitor their own progress
- Encourage professionals to keep learning fresh in their minds by monitoring how they apply learning in practice
- Enable professionals to stand back from their everyday work and to give time to reflection
- Inform professionals' dialogue with peers, supervisors or mentors about their progress in applying learning in practice

CPD diaries are limited in that they are unlikely to provide an accurate and systematic measure of professionals' improvement of practice - and they are rarely used with this intention.

Key points for recording training in a CPD diary

CPD diaries can be used to reflect on participation in training and on how the training is followed up. CPD diaries should include:

- Date, time and place of the training
- Objectives of the training
- Reflection on the training
- How learning has influenced practice



CPD diaries can be used to reflect on participation in training and on how the training is followed up.

5. Interviews and focus group discussions

Interviews and focus group discussions are common qualitative tools that can be useful for gathering rich information on reasons for change or the experience of a process.

The key features of interviews and focus groups are given below:

Structured interview	An interviewer asks the same questions using an interview schedule that gives the precise wording and ordering of all questions to be asked.
Unstructured interview	The interviewer asks open-ended questions which give the respondent freedom to talk on the topic and to influence the direction of the interview.
Focus group	An interview or discussion with a small group of people (around 5 to 10) to explore their ideas on a particular topic.



Interviews

Most interviews use both structured and unstructured methods - giving a semi-structured approach. The interviewer has a series of questions to work from, but should anything unusual or particularly interesting be raised during the interview they have the freedom to explore this in more detail.

Focus groups

Focus groups need to be well planned in order to yield useful information and reflection. Some tips for planning focus groups and developing the discussion guide are given below.

Issues in planning focus groups

Issue	Points to consider
Selection of participants	This depends on what needs to be found out. Focus groups are useful for gaining subjective insights into an experience. To assess the outcomes of a training programme, focus group participants could include (together or separately) those who have participated in training and those who did not but who worked with people who did.
Different for different categories	Are there cultural issues which might inhibit discussion e.g. between women and men, junior and senior staff, general nurses and midwives, doctors and nurses? If so, it may be necessary to run different discussions for different groups.
Selection of facilitators	Are there issues which might inhibit discussion? Would people be open with someone they know? Would they be open talking to an outsider?
Selection of note-taker	It is useful to have a separate note-taker. There are similar questions to consider in the choice of note-taker as for the facilitator.
Practical arrangements	How much time can the facilitator and participants give to the focus groups?
	Can health professionals arrange cover while they attend the focus group? How much notice do they need?
	What venue would provide a quiet environment for a focus group without distractions?
	Is transport an issue?
	What are the cost implications, e.g. venue, transport, refreshments?
	What can be done to make the venue more accessible?
	Is there a need for translators?
Are visual aids needed and are they accessible?	



Are there cultural issues which might inhibit discussion e.g. between women and men, junior and senior staff, general nurses and midwives, doctors and nurses? If so, it may be necessary to run different discussions for different groups.



Issues in developing the focus group discussion guide

Focus group discussion guides are a list of key headings or questions to help the facilitator guide the discussion. Points to consider when developing focus group discussion guides are given below:

Issue	Points to consider
Choice of questions	<ul style="list-style-type: none"> • Consider the key questions of a study - what needs to be found out? • Develop questions that address this need and that are easily understood by participants • Re-check - do the questions adequately cover what needs to be found out? • Re-check - are all the questions relevant?
Number of questions	<ul style="list-style-type: none"> • Too many questions can inhibit the free flow of discussion or can take up too much of the participants' time • It may be useful to have around five main questions (but there is no set rule on this) • Follow-up questions can be asked if the discussion is not providing sufficient insight
Accessibility of language	<ul style="list-style-type: none"> • It is useful to pilot the guide to check whether the questions are easily understood • Questions should be open and phrased to encourage reflection rather than 'yes' or 'no' answers
Sensitivity of questions	<ul style="list-style-type: none"> • Reconsider the cultural and professional context and check for any sensitive questions, which may need to be rephrased or handled carefully. Piloting the guide will help with this.



Reconsider the cultural and professional context and check for any sensitive questions, which may need to be rephrased or handled carefully.

Issues to consider when facilitating a focus group

The focus group facilitator will be more effective if well prepared. Below is a list of key points for the facilitator to consider when preparing for the focus group:

Issue	Points to consider
How to introduce the focus group	Recap on a few key points: <ul style="list-style-type: none"> • Introduce yourself and the note-taker • Purpose of the focus groups • Use of information • Use of quotes • Use of any tape recording • Confidentiality • Boundaries • Time when the focus groups will end
Strategy for how and when to intervene	It is useful to focus on the discussion guide and bring people back to the topic if needed A few notes on prompting questions can be useful if the participants are not bringing many issues to the fore
Strategy for difficult situations	It is useful to discuss in advance a range of scenarios with people who are familiar with the context and the participants. Discuss culturally appropriate strategies for handling the following types of scenarios: <ul style="list-style-type: none"> • Dominant group members • Quiet group members • Topics causing distress • Distressing personal accounts from participants • Conflicts between participants
Visual aids	It is useful to test visual aids before holding the focus group discussion



It is useful to focus on the discussion guide and bring people back to the topic if needed.

3. Using Health Link visits to collect data and reflect on progress

Visits to the UK and to developing countries are often an important part of the Health Link and can provide a valuable way of collecting data and monitoring progress. They are likely to be most useful if Links partners jointly collect information and reflect on progress together.

Some pointers on the types of questions to ask during the visit are given below.

Monitoring overall progress

- What is the progress to date against planned outputs and outcomes?
- What are the reasons for any gaps and shortfalls?
- How can the challenges be addressed?

Relationship

- How has the relationship between the partner institutions developed since the last visit?
- What are the challenges?

Learning

- What were the key learning points from the visit for the host and visiting partner?
- What have I learnt from the visit, as an individual?
- What should each Link partner do to put this learning into practice in their work?

Recommendations endorsed by both partners

- What could be improved upon in future visits?
- What overall recommendations can be made to improve the Link's work based on the monitoring during the visit?
- What actions have been agreed by each of the Link partners to address the recommendations?



Visits to the UK and to developing countries are often an important part of the Health Link and can provide a valuable way of collecting data and monitoring progress.



4. Tips on Analysing and Writing Reports

In this chapter

Practical guidance on analysing, presenting and making use of data for decision-making on Health Link interventions.

Topics include:

1. Analysing themes from interviews and focus groups
2. Using spreadsheets
3. Presenting quantitative information
4. Progress reports

Introduction

The last chapter focused on methods for collecting data. However, without analysing, presenting and using data, collection can become simply an expensive ritual.

This chapter provides some pointers on tools for analysing data and presenting it to different people involved in Health Links and to other stakeholders. It looks at how to ensure that data is useful for promoting learning and guiding decisions on Health Link interventions.



When thinking about data analysis, the best starting point is the existing systems used by the Health Link partners.



GOOD PRACTICE

Start with existing systems

When thinking about data analysis, the best starting point is the existing systems used by the Health Link partners. Setting up parallel systems may be costly and counter-productive, especially when it comes to databases. In general building on existing systems is more cost-efficient and sustainable.

1. Analysing themes from focus groups and interviews

A common approach to writing reports is thematic analysis. This requires reading and re-reading the typed transcripts to search for emerging themes. This can involve looking at themes in terms of responses to the questions on the topic guide for the interviews, or looking for emerging themes from the responses of the people interviewed.

Themes can be grouped to form broad categories, which can be included as headings in a report.



Practical points for analysing themes

- **Review notes** from interviews and focus groups as soon as possible. For instance, when carrying out an evaluation using a number of interviews over a week, reviewing notes at the end of each day would be useful.
- **Read and re-read notes** - It is useful to read notes from an interview or focus group once without taking notes, then a second time making notes of key words as themes arise.
- **Review key words** and standardise them, creating an index of key terms.
- **Reduce key words** - Use many key words in the early stage of the analysis and then cut them down as the analysis progresses.
- **Discuss with colleagues** - When working in an evaluation team it is useful to share the 'long list' of key words with other team members and discuss how to group the key words and reduce them.

When writing up findings, the report headings can be based on the major themes or on the main question categories.



When working in an evaluation team it is useful to share the 'long list' of key words with other team members and discuss how to group the key words and reduce them.



CASE STUDY: Headings in a report of a study using interviews **Health Links of King's College Hospital NHS Foundation Trust**

The Link carried out an evaluation study to assess the effects of staff volunteering in developing countries on their work in King's College Hospital. The study used semi-structured interviews with staff who had volunteered with the Links in different countries.

The headings used in the report were based on the broad categories of effects. These broad categories were identified in the literature review at the start of the study and were used to structure the interview questions. The headings were as follows:

- Identified benefits
- Personal benefits
- Professional benefits
- Institutional benefits
- Nationwide benefits

Using computers to analyse themes

There are a number of software packages that can assist with the analysis of qualitative data, such as the transcripts of focus group discussions e.g. Nvivo. These can be useful where large quantities of data are to be analysed. The main issues to consider are:

- Is training needed? How will it be provided?
- Is the cost of the package and the training appropriate e.g. are focus groups and/or interviews carried out often enough to justify this?
- Would the software complement existing information systems used by the partner institution?
- How would investment in the software strengthen the capacity of the Link in line with partner priorities?



BE AWARE

Plan enough time to analyse themes

Interviews and focus groups can generate a large volume of information and the analysis may become very time-consuming. This should be taken into account when deciding how many interviews and focus groups to carry out, and how often. The time needed for analysis should be included in the monitoring or evaluation plan.

2. Using spreadsheets to analyse quantitative data

Computers can be introduced to analyse quantitative data in cases where existing data analysis systems do not facilitate measuring indicators. The following case study from the Southern Ethiopia-Gwent Health Link illustrates how simple excel spreadsheets were introduced to help the Link analyse existing HMIS records.



There are a number of software packages that can assist with the analysis of qualitative data, such as the transcripts of focus group discussions e.g. Nvivo.





CASE STUDY: Introducing spreadsheets to analyse data to measure an outcome

Southern Ethiopia-Gwent Health Link

The members of the Link between the Gwent Healthcare NHS Trust in Wales, the Hawassa University College of Health Sciences, the Regional Health Bureau and its teaching health centres in Southern Ethiopia developed a new plan for future interventions.

The new plan clarified the expected outcomes and the data collection and analysis tools that would be needed to measure them. One of the expected outcomes was:

An increase of at least 30% in antenatal health contacts provided by skilled MCH workers by the end of year two

The Link members discussed the existing data collection and analysis tools with a view to building on these to monitor the outcome. A suitable data collection tool was already in place, i.e. the antenatal care registers which conformed to the health management information system (HMIS) required by the Ministry of Health. However, analysis was limited to hand-written posters which gave the aggregate number of contacts. These did not facilitate analysis or review of trends over time, information which was needed to measure progress against the indicator.

To address this, the Link partners decided to support the Assistant Link Coordinator at Hawassa College to compile the data on ante-natal care contacts onto an excel spreadsheet. The inputs needed to do this included:

- Excel training for the Assistant Coordinator
- Provision of a computer, software and related manuals
- Transport to the health centres to gather the information for inputting to the spreadsheet

While it involved some investment, the plans were realistic and the inputs were in proportion to the scale of the interventions. Moreover, the computer could be used for other purposes (such as interactive training CDs) and contributed to building the capacity of Hawassa College.

Further information on the Southern Ethiopia Gwent Health Link is available at www.ethiopiagwentlink.org



There are many software packages for data analysis and for developing databases. When discussing the pros and cons of using a new software package, it is important to consider how the package will compliment existing information in the partner institutions and whether the package can be easily used by any new staff.



Challenges in introducing computer software for data analysis

- It requires investment in training and supervision, which may not be proportionate for smaller interventions.
- It requires investment in computer equipment and assumes an adequate electricity supply to run the equipment.
- There is a risk of setting up a burdensome system in parallel to established or developing HMIS of the Ministry of Health.
- Data entry is often inaccurate and inconsistent unless it is regularly reviewed and used by colleagues.
- There is a risk of loss or misuse of data unless there are adequate security protocols and a culture of good practice in handling data.



BE AWARE

There is need to be realistic and focused when introducing computer software

Introducing simple spreadsheets to analyse particular indicators is clearly not a scheme to computerise an HMIS system. Such schemes tend to be carried out by specialist consultancy firms contracted to the Ministry of Health. There may be ways that Health Link partners can collaborate with such schemes or contribute to consultation meetings on HMIS development.



Once quantitative information is analysed, it needs to be well presented in reports or presentations for Health Link participants and other stakeholders.

3. Presenting quantitative information

Once quantitative information is analysed, it needs to be well presented in reports or presentations for Health Link participants and other stakeholders. When presenting quantitative data it is useful to consider:

- **What question should the data answer?** For example, is the Link on track to achieve its planned milestones? Were the students satisfied with the quality of the course modules provided by the Link?
- **What is the key message to convey with the data?** For example, the Link is on track for achieving all but one of the milestones; the majority of students were satisfied with the quality of the course modules but they highlighted two major gaps.



GOOD PRACTICE

The data should convey the message at first glance

The major challenge in presenting information in presentations is that the information should be accessible at first glance.



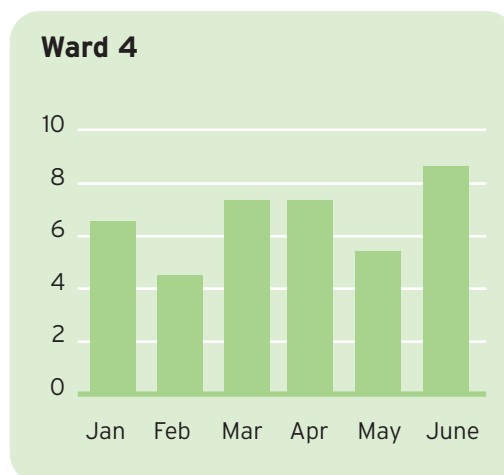
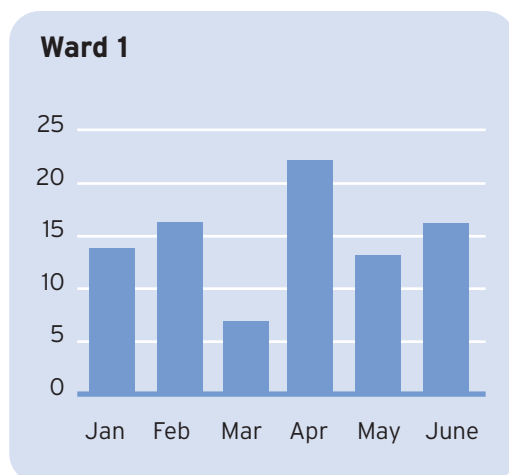
Excel tables, such as the one below, can be used to generate graphs which are often more user-friendly for presentations.

Infection Rates							
	January	February	March	April	May	June	Average
Ward 1	15	17	8	23	14	18	15.8
Ward 2	20	21	30	22	16	14	20.5
Ward 3	12	17	9	17	22	25	17.0
Ward 4	7	5	8	8	6	9	7.2
Ward 5	18	16	19	21	17	20	18.5
Ward 6	13	11	15	10	12	16	12.8

Using graphs - common pitfalls and how to avoid them

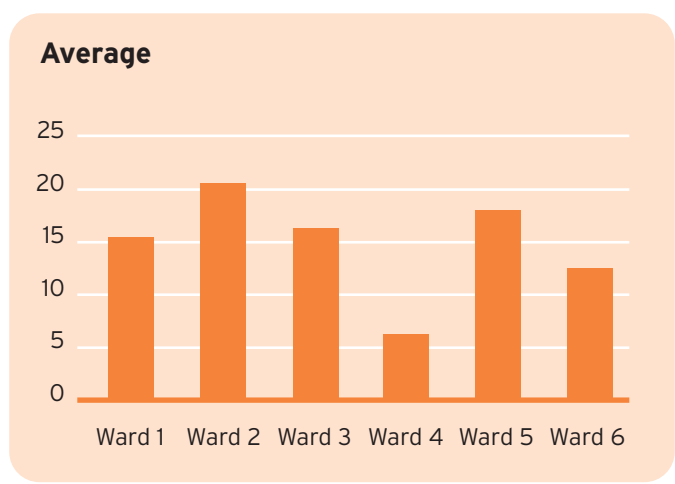
Well-presented data can be very powerful. But as the examples below show, graphs can be very misleading unless common pitfalls are avoided.

Example 1: Avoid different scales



At first glance the graphs look roughly the same, suggesting that infection rates are similar on both wards. However, the scales are different and the infection rates on Ward 4 are in fact significantly lower than Ward 1. This should be avoided in presentations since the information can be misleading at first glance.

Example 2: Avoid averages if they mask important trends



Presenting the 'overall' picture is often useful, but in this case it masks some important trends. For example, it does not show that Ward 1 experienced a large fall in infection levels in March followed by an even bigger increase in April.

Example 3: Avoiding pitfalls

The pitfalls above can be avoided if Link partners discuss their data and what it is telling them, before they work on presenting it. The following example shows how the key issues can be identified and discussed before a presentation.

	January	February	March	April	May	June	Total	Average
Ward 1	15	17	8	23	14	18	95	15.8
Ward 2	20	21	30	22	16	14	123	20.5
Ward 3	12	17	9	17	22	25	102	17.0
Ward 4	7	5	8	8	6	9	43	7.2
Ward 5	18	16	19	21	17	20	111	18.5
Ward 6	13	11	15	10	12	16	77	12.8

It might be worth checking whether this information is correct - has there been a recording error somewhere?

Why are the levels of infection on this ward significantly lower than the others - are there examples of good practice that could be adopted by other wards where infection rates are higher? An audit might help to look at this in more detail.

The levels of infection rate seem to be increasing on Ward 3 - is there something that might explain this i.e. greater patient activity on this ward or a recent change in practice? This could be looked at in more detail through audit.

The graphs to develop from this data should illustrate the key messages, i.e.

- Infection rates on Ward 4 are lower than the other wards. What can be learnt from this?
- The infection rates on Ward 3 are increasing. What is causing this? What can be done to address it?

A graph is useful if it shows the key issues to the stakeholders at first glance.



TO FIND OUT MORE on data collection and analysis tools please see

Social Research Methods Second Ed. Alan Bryman, 2004, Oxford University Press, especially pages 167, 169-170, and chapters 15, 16 and 19.

4. Progress reports

Progress reports pull together a range of monitoring data to show the overall progress that has been made in a defined period - usually three, six or twelve months. Progress reports are distinct from trip or workshop reports, which focus on a single intervention.

The process of writing progress reports may help Links:

- **Reflect on progress** and think about the actions needed to keep to agreed plans.
- **Account to stakeholders** - e.g. the governing boards of each partner institution.
- **Account to each other** - Reports from the UK Link partner to the partner in the developing country and visa-versa are an important aspect of mutual accountability. It may be useful to consolidate each report into an overall Health Link report which is owned by the Link members in both partner institutions.



Account to each other. Reports from the UK Link partner to the partner in the developing country and visa-versa are an important aspect of mutual accountability.



GOOD PRACTICE

Jointly writing a report strengthens dialogue between Health Link partners

If Link partners work together to write a report and agree recommendations, this can strengthen reflection and two-way dialogue about the progress of the Links' work.

Tips for approaching report writing

- **Stakeholder needs** - Some stakeholders, such as large donors, have specific reporting formats that need to be adhered to.
- **Audience-friendly language** - Think about the language appropriate for the audience who will read the report. For instance, should medical or culturally specific terms be explained?
- **Early discussion between Link partners** - Since it is good practice for both Link partners to work on a report, it is useful to discuss in advance who will draft which section and who will review them and when.

Tips on key points to include in progress reports

- **Reporting period** - The period covered by the report should be clearly stated, e.g. January to June 2009.
- **Compare progress against plans** - For greater transparency, the report should restate the planned outputs and outcomes in summarised form and then report what was achieved against these. Reporting on outcomes should consider progress made towards each indicator and related milestones for the period.
- **Reasons for progress falling short of targets** - Stakeholders may be reassured if the report states the reasons and shows what measures are in place to address the challenges and/or to revise the targets.
- **Process** - It is often useful to review process as well as outputs. Issues of inclusiveness - for instance in terms of gender or professionals of different levels of seniority - may be relevant. Issues relating to the relationship between the Links partners may also be discussed in relation to the process.
- **Context** - How have developments in the context affected the progress of Link work during the reporting period - for instance Ministry of Health restructuring, the security situation or inflation?
- **Consistency with financial information** - When financial statements are presented alongside narrative reports, they should be cross-checked to ensure they are consistent.
- **Consistency with earlier reports** - It is useful to check earlier reports before writing the one that is due. For instance, if the earlier report included challenges and suggestions for addressing them, it will be useful for the current report to show progress in these areas.



It is often useful to review process as well as outputs. Issues of inclusiveness - for instance in terms of gender or professionals of different levels of seniority - may be relevant.

5. Designing an Evaluation of a Link

In this chapter

A nine step guide to designing an evaluation:

- STEP 1** Discuss with stakeholders
- STEP 2** Agree the focus of the evaluation
- STEP 3** Define key questions
- STEP 4** Choose data collection methods and analysis tools
- STEP 5** Review good practice and ethical issues
- STEP 6** Decide who will carry out the evaluation
- STEP 7** Agree a work plan for the evaluation
- STEP 8** Produce a budget for the evaluation
- STEP 9** Summarise the design in Terms of Reference

Introduction



KEY TERM

Evaluation is a thorough review of a project or programme considering issues such as process, relevance, effectiveness, efficiency, impact and sustainability.

The evaluation process can be divided into three stages: design, implementation and follow-up. This chapter provides a nine step guide to the design stage of an evaluation.

An evaluation is often carried out at the end of the project cycle (see page 9), providing an overall review of achievements. Depending on the length of the project, an evaluation may also be carried out during the project cycle to gain a better understanding of what is being achieved and to guide improvements in the project.



The evaluation process can be divided into three stages: design, implementation and follow-up.



Please note: the steps described in this chapter are similar to the steps taken to develop a monitoring plan, but the issues to consider at each stage are somewhat different.

STEP 1. Discuss with stakeholders

“Who needs to know what and why?”

The importance of this question was emphasised by Mark Roberts, of the Hampshire Partnership NHS Trust, who was involved in planning an evaluation of the work of the Link with the Rural Health Training School, Kintampo, Ghana. He also stresses the need to talk to stakeholders about what they need to know, i.e. “asking (not second guessing) what is needed” from the evaluation.

Discussions with stakeholders about the evaluation will help ensure they get what they need from the process and will promote greater ownership. Stakeholders might include:

- Patients served by the Link partner in developing countries
- Health professionals and other staff involved in Links activities
- The Managing Board of each Link partner institution
- Ministries of Health, Ministries of Education or their equivalents
- Donors - including people who give small donations

Discussion might vary according to which stakeholders are to be involved. Consultations with some stakeholders may be incorporated into routine meetings or might involve e-mail correspondence in advance of the evaluation. Possibly the greatest challenges will arise from discussions with patients about what they need to know from an evaluation.



BE AWARE

Donor requirements

Some donors require that they are consulted in advance of evaluation; they may want to input into the design or require that the process is carried out by an independent evaluator. If the Link receives donor funding, it is vital to check the contract and funding guidelines before planning an evaluation.



Discussions with stakeholders about the evaluation will help ensure they get what they need from the process and will promote greater ownership.

STEP 2. Agree the focus of the evaluation

Evaluations can examine a range of issues. This section provides guidance on common foci and the challenges associated with each. The final choice made by a Link will depend on the stakeholders' information needs and the time and resources available.



Process, outcomes and impact

- Many evaluations review **process**. They consider whether planned activities were carried out and how participants experienced them. The changes can be viewed in terms of outcomes and impact.
- **Outcomes** are the changes which result from the project. These often relate to changes in practice by members of the target group, such as health professionals (see page 20 for further information on outcomes).
- **Impact** is the longer term change to which the project contributes, including mortality and morbidity, though other factors will also have an influence - including economic and social factors (please refer to the glossary).

A process-focused review is relatively straightforward but will not show whether the Link has achieved the changes it was aiming for. A review focused on outcomes and impact is more difficult but will help the Link assess if it is achieving planned changes. A Link should consider these challenges and then make a realistic choice about the focus of the evaluation.

The following table gives a guide to the challenges involved with carrying out evaluations focused on process, outcomes and impact and gives some suggestions for addressing these challenges.



A review focused on outcomes and impact is more difficult but will help the Link assess if it is achieving planned changes.

Focus	Examples of types of issues	Some common challenges	Addressing the challenges
Process	<ul style="list-style-type: none"> • Were the planned outputs of the Link achieved? • How did the participants experience the activities? • Was the process inclusive, e.g. in terms of gender or staff grades? 	<ul style="list-style-type: none"> • Any gaps in the Links' monitoring data on outputs may limit the evaluation. • Participants may be reluctant to criticise the project process due to cultural issues or power dynamics within the project. • It may be difficult for the evaluation team to talk to groups excluded from the project. 	<ul style="list-style-type: none"> • The evaluation may be an opportunity for 'cleaning' monitoring data. This can take a long time and not all gaps can be filled after the event. • The use of external evaluators may enable more open discussion by different stakeholders. • Consider cultural issues when designing data collection tools.

Continued...

Focus	Examples of types of issues	Some common challenges	Addressing the challenges
Impact	<ul style="list-style-type: none"> Was the planned impact from the Link intervention achieved? To what extent can changes be attributed to the project? 	<ul style="list-style-type: none"> The impact on a health system is often difficult to measure due to constraints in the HMIS. The impact on the health status of a catchment population may be difficult to measure - especially where there are gaps in regional or local data on mortality and morbidity. Attributing changes to Links interventions is very difficult. The causal link between Links interventions and changes in health status is often weak and many outside factors will contribute. Carrying out research on impact using control groups is often beyond Links' resources. 	<ul style="list-style-type: none"> Be very cautious about claiming that impact (as opposed to process and outcomes) is the main focus of an evaluation. Be open about limitations in assessing impact. It may be possible to only make tentative statements about the likely impact of a Link intervention. The Link could consider opportunities for collaborating with other institutions or programmes that may be carrying out relevant impact assessments.
Outcomes	<ul style="list-style-type: none"> What changes in practice have resulted from Link activities? Have the outcomes been achieved? Can the changes be attributed to the Link interventions? 	<ul style="list-style-type: none"> Any gaps in monitoring data on outcomes may limit the evaluation. It may be possible to make a plausible case for attributing the changes to the Link interventions. However sometimes it is hard to demonstrate causality without the use of control groups, which is costly and difficult to arrange. 	<ul style="list-style-type: none"> As above - the evaluation may be an opportunity for 'cleaning' monitoring data and filling gaps. Be open about the limitations on any claims for attributing changes to the Link work. The Link could explore opportunities for collaboration with research bodies, universities or PhD students to carry out research using control groups.



Be very cautious about claiming that impact (as opposed to process and outcomes) is the main focus of an evaluation.





CASE STUDY: Deciding on the focus issues of an evaluation - what do we need to know?

Evaluation of an Educational Intervention

Kilimanjaro-Northumbria Health Link

“We had a rough idea that the work was making a difference in terms of changing practice on the ground, but the evaluation was an opportunity to review this systematically,” says the evaluator – a member of the Northumbria Healthcare NHS Foundation Trust, the English partner of the Health Link.

Discussions took place between the evaluator and Link participants. It was decided that as the project was about the practice of health professionals, outcomes should be one important focus of the evaluation.

“We also wanted to have a better understanding of how the participants experienced the interventions. We wanted to follow their journey of learning and see what it was like for them.”

The evaluator was aware that cross-cultural educational interventions might pose a number of challenges to the learners. During a visit of health professions from Kilimanjaro (Tanzania) to Northumbria, these potential challenges were discussed with participants from both Link partners.

These initial discussions showed that the potential challenges needed to be explored further. So the second focus issue of the evaluation was the Tanzanian professionals’ perceptions of the process of the intervention, especially in terms of learning in a different cultural context.

Therefore the following key focus issues were chosen:

1. **Outcomes** – especially changes in practice of health professionals
2. **Process** – especially the health professionals’ experience of the process of learning and change



Impact evaluations are challenging and costly. The costs of measuring impact may be disproportionate when evaluating small interventions.



BE AWARE

Be realistic about evaluating impact

Impact evaluations are challenging and costly. The costs of measuring impact may be disproportionate when evaluating small interventions. A less ambitious evaluation may be more realistic.



Further focus issues

In addition to process, outcomes and impact, an evaluation may consider relevance, sustainability and cost efficiency. The types of issues to consider, related challenges and suggestions for addressing them are given in the table below.

Focus	Examples of types of issues	Some common challenges	Addressing the challenges
Relevance	<ul style="list-style-type: none"> To what extent was the Link project design based on an analysis of: <ul style="list-style-type: none"> MoH strategies District health plans Stakeholder needs Other work that is taking place. Was the project design adjusted to deal with changes in the context? 	<ul style="list-style-type: none"> Gaps in information on the context may limit the evaluation. Some stakeholders may be reluctant to question the relevance of the project due to cultural issues or power dynamics. 	<ul style="list-style-type: none"> The evaluation may be a useful opportunity to fill information gaps about the context - especially regarding MoH and District plans which do not take long to research. Use of external evaluators can enable more open discussion by stakeholders.
Sustainability	<ul style="list-style-type: none"> Technical e.g. where a Link provided new equipment was this well-maintained? Where a Link enhanced skills, how was this sustained? Financial - where a Link provided financial assistance e.g. transport costs, how were the costs met after Link funding ceased? Institutional - to what extent have the improvements brought about by the Link become embedded in the wider institution or the health system? 	<ul style="list-style-type: none"> Timing is important - it is sometimes difficult to assess whether an intervention is sustainable until some years after it ends. If a particular Link intervention has been funded by a donor, they may require that an evaluation is carried out shortly before the end of the project. 	<ul style="list-style-type: none"> Take advantage of the long term nature of Links to evaluate a particular intervention some years after completion. Look for early signs of sustainability e.g. how many staff were trained to maintain new equipment? What plans does the managing board of the partner institution have to sustain improvements brought about by a Link intervention?



Timing is important - it is sometimes difficult to assess whether an intervention is sustainable until some years after it ends.

Continued...



Focus	Examples of types of issues	Some common challenges	Addressing the challenges
Cost efficiency	<ul style="list-style-type: none"> • Is the cost per beneficiary lower than other comparable projects or other known approaches? • Were resources managed according to sound principles of cost control? 	<ul style="list-style-type: none"> • Finding examples of 'comparable' projects is problematic. • Organisations providing comparable services to a Link may be unwilling to share financial information. • Principles of financial management and cost control vary between different contexts. 	<ul style="list-style-type: none"> • Keep the scope of the evaluation realistic. It may be more feasible to assess whether cost control was effective than to make comparisons with similar projects. • It can be useful for Links running similar interventions to share reports and financial statements and then to ask themselves if they could have achieved similar outputs for a lower cost.



It can be useful for Links running similar interventions to share reports and financial statements and then to ask themselves if they could have achieved similar outputs for a lower cost.



GOOD PRACTICE

The focus of the evaluation should be realistic

Many evaluations focus on only one or two issues. An evaluation will often be stronger if it is not too ambitious in scope.



STEP 3. Define key questions

After deciding on the focus, it is possible to define the key questions of the evaluation. It may be useful to define up to three questions for each focus issue, but this will depend on the nature of the project and the time and funds available for the evaluation.

The case study below gives an example of how key questions can be defined.



CASE STUDY: Defining key questions

Evaluation of an Educational Intervention

Kilimanjaro-Northumbria Health Link

As described on page 54 the Kilimanjaro-Northumbria Link decided to concentrate on two focus issues:

Outcomes: changes in practice of health professionals

Process: health professionals' experience of the process of learning and change

Applying these focus issues to the Links intervention involved two steps:

1. Deciding which particular interventions to focus on
2. Developing key questions based on the focus issues and applying them to the interventions

1. Which interventions to focus on?

The Link decided to focus on the largest component of the project in financial terms, i.e. educational visits to Northumbria Healthcare NHS Foundation Trust by health professionals from the Kilimanjaro Christian Medical Centre in Tanzania.

2. Key questions about the intervention

The Link members developed key questions about the educational visits based on the focus issues.

One of the focus issues was about the health professionals' experience of the process. In particular the Link was aware that culture shock can be a challenge for learning in cross-cultural educational work. Therefore, a key question was defined as:

Does culture shock act as a barrier to learning new skills during the time an individual spends in the UK?



After deciding on the focus, it is possible to define the key questions of the evaluation.



STEP 4. Choose data collection and analysis tools

What methods or data collection tools are needed to find answers to the questions?

The evaluation team can draw on existing monitoring data but they can also employ data collection and analysis tools specifically for the evaluation. Chapter 3 gave an overview of some data collection tools. This section provides guidance on key issues to consider when selecting data collection tools for an evaluation.

Use of monitoring data

In some cases it is useful to draw on existing monitoring data to answer key questions in an evaluation. The evaluation may provide an opportunity to review achievements or gaps in a way that is not always possible from ongoing monitoring.



EXAMPLE: using monitoring data in an evaluation

Student feedback forms may make up part of the monitoring data collected by a Link involved in training. As part of the on-going monitoring process, feedback forms may be reviewed at the end of each module and information used to inform improvements for the next module.

If the module is run three years in succession, the evaluation could include a review of student feedback data over a three year period. This could enable the evaluation team to find out whether the feedback became more positive over time as the module was adapted.



It is often useful to adopt and adapt data collection tools for use specifically for an evaluation.

Adopting and adapting methods for an evaluation

Monitoring data can provide a good starting point, but it is useful to take the evaluation beyond this and research an issue in greater depth. It is often useful to adopt and adapt data collection tools for use specifically for an evaluation. The choice of tool will be based on the key questions.



CASE STUDY: Choosing and adapting a data collection tool for an evaluation

Evaluation of an Educational Intervention

Kilimanjaro-Northumbria Health Link

As detailed above, the evaluator started by defining the focus and key questions. To recap, the second focus issue and related key question were:

Focus issue (process): health professionals' experience of the process of learning and change

Key question (on process): Does culture shock act as a barrier to learning new skills during the time the individual spends in the UK?

As the focus was the health professionals' own experience of the process, the evaluator needed to get first-hand accounts of this experience. The following issues were considered when choosing the actual data collection tool:

- A questionnaire would not give space for health professionals to explain their feelings about the process in any real depth.
- Focus groups would give an opportunity to share experiences and feelings. However there was a risk that more junior professionals might feel inhibited to talk in front of their senior colleagues.
- One to one interviews using open questions and allowing flexibility for the interviewer to explore some issues in depth would be useful. This would enable the professionals to give insights into their experience without being held back by the presence of more senior colleagues.

The interview topic guide was developed along the following lines:

- Open questions were used to encourage the health professionals to talk at some length about their experience.
- The questions were designed to enable the health professionals to talk through their journey of learning from the UK visit.
- A number of questions covered issues of culture shock - both directly and indirectly.
- The topic guide allowed flexibility for the evaluator to ask follow-up questions so as to explore an issue in greater depth.



See Chapter 3 for guidance on data collection and analysis tools - including guidance on interviews, focus groups and tools for analysing key themes arising from them.



STEP 5. Review good practice and ethical issues

Each data collection method should address the key questions in line with the principles of good practice in evaluation (and other) research. The following summary checklist can be used to consider each data collection method:

- **Valid** - it measures what it is supposed to measure
- **Reliable** - it measures it with essentially the same result each time - even where different members of the evaluation team use the data collection tool at different times
- **Practicable** - it is easy to use in terms of cost, time and skills of the evaluators
- **Fair** - to the participants, e.g. for a training project, the differences between learners that are irrelevant to the subject being assessed do not affect the result
- **Useful** - to the evaluation team and the stakeholders in terms of answering key questions
- **Acceptable** - for example, in terms of cultural and gender issues
- **Appropriate** - to what has been taught and learnt on the programme

Ethical issues

Ethical issues should be considered from the outset when designing an evaluation. However, these issues need to be considered in more detail following the choice of focus, key questions and tools. Please see pages 15 to 17 for essential information on ethical issues and sources of further advice.

STEP 6. Decide who will carry out the evaluation

While there is need to discuss, agree upon and involve different stakeholders in the evaluation (Step 1), someone - or a small team - needs to undertake the work.

The evaluation could be undertaken by people involved in the Link, by another Link, by an evaluation consultant, or by a combination of 'insiders' and 'outsiders'. This section looks at some of the issues to consider when choosing who should carry out the evaluation.

An **internal evaluation** or **self-evaluation** is one where those who manage and implement an intervention also design and implement the evaluation in consultation with the stakeholders. Ideally, an internal evaluation team will comprise members of the Link Committees from each partner institution.



Ethical issues should be considered from the outset when designing an evaluation. However, these issues need to be considered in more detail following the choice of focus, key questions and tools.

Strengths of internal evaluations for Health Links

- Ensures the evaluation is well-tailored to the Link's needs
- Ensures evaluation findings are owned by the Link members who can adapt future interventions
- Often cost efficient - no consultancy fees

An **external** evaluation is led by an evaluator or a team who is external to both Link partner organisations. External evaluations are sometimes carried out by evaluation consultants but there may be other ways of bringing in outsiders to lead or assist with an evaluation. These include:

- Members of a different Health Link
- Post-graduate students
- Members of other organisations with which the Link collaborates

Strengths of external evaluations for Health Links

- Less prone to bias
- Better able to make comparisons with interventions run by other organisations
- May bring expertise in evaluation not available to the Link
- Link members may lack the time to carry out the evaluation so may need to bring in others



An external evaluation is led by an evaluator or a team who is external to both Link partner organisations.



GOOD PRACTICE

Active involvement of Link members in external evaluation

Link members play a crucial role in external evaluations. Link members need to be actively involved in the design of the evaluation, overseeing the evaluation team, discussing the draft report and taking forward findings.

Mixed evaluation teams include external evaluators and members of the Link. This provides opportunities to combine strengths of internal and external evaluations, as long as the process is carefully thought through.

Collaborative evaluations involve a range of organisations that work together to evaluate a cluster of projects or progress in a sector, sub-sector, a theme or a broad country programme. This could involve different Links joining together to evaluate their work in a particular sub-sector (e.g. sexual and reproductive health) or Links within in a particular country.



STEP 7. Agree a work plan for the evaluation

Once the other stages have been worked through - i.e. deciding on the focus, the key questions and data collection and analysis methods - it will be possible to develop a detailed plan and budget for the evaluation.

The following example shows how a detailed plan can be developed.



EXAMPLE: Developing an evaluation work plan for a mental health intervention

This example assumes that the following data collection methods were agreed:

- A review of monitoring data
- Interviews with key informants e.g. District Medical Officer
- Focus group discussions with service users (patient support groups)

The **evaluation team** comprises:

- External consultant who is based in the country where the evaluation will take place
- Two staff of the local partner health institution.

The evaluation team will liaise closely with an **advisory group** comprising members of the management board of the developing country Link partner, representatives from patient support groups, and the Link coordinators from both partner organisations.

The work plan sets out who will do what, and when to carry out the evaluation.



The work plan sets out who will do what, and when to carry out the evaluation.

5. Designing an Evaluation of a Link

Example: Evaluation work plan

Note: this is an example only and should be adapted rather than used as a template.

Task	Who	When	No. of consultant days
Provide key documents & monitoring data to evaluation team	Link Coordinators - both countries	By February 28	
Review key monitoring data	Evaluation consultant	By March 7	2
On-site introductory meeting	Evaluation team and members of Advisor group	By March 11	1
Key informant interviews	Evaluation team Evaluation consultant leads	March 13 to 18	2
Focus group discussions	Evaluation team Evaluation consultant leads	March 17 to 21	3
Data analysis	Evaluation team Evaluation consultant leads	By March 25	2
Report write-up draft 1	Evaluation consultant	By March 28	3
Advisory Committee feedback on 1st draft	Advisory Committee - in-country Link Coordinator leads	By 4 April	
Consultant incorporates changes and produces final draft	Evaluation consultant	By 9 April	2
Approve evaluation	Link Coordinators	By 11 April	
Meetings to discuss findings and plan how to address them	Both Link partners and Advisory Committee - Link Coordinators Lead	By end April	
Share Evaluation Report with stakeholders and other interested parties	Link Coordinators	By end April	



STEP 8. Produce a budget for the evaluation

The budget can be developed from the evaluation plan.

The following budget headings are based on the evaluation plan on page 64. The main assumptions are:

- The consultant is based in the country where the evaluation will be carried out so there is no cost for international travel
- Face to face meetings involve only in-country participants so there are only local costs
- Contact with the UK Link Coordinator is by telephone and e-mail
- The evaluation team is already employed by the Link partner so is not paid a separate fee
- The evaluation team is reimbursed for any travel costs incurred as a result of the evaluation



Category	Item	Unit	Unit	Quantity	Frequency	Total
Consultancy	Evaluation consultant's fee	daily fee				
	Consultant's expenses	daily				
Local evaluation team	Local evaluation team - travel expenses	daily rate				
Advisory group meetings	Refreshments	person per day				
Focus group discussions	Participants' transport	local return journeys				
	Refreshments	per person per group				
Stationery	Stationery (data collection and office use)					
Communi-	Phone calls and email					
Report	Printing and postage					
TOTAL						



BE AWARE

Need for realistic plans and budgets for evaluations

If the evaluation work plan and budget are too high compared to the scale of the intervention, it may be necessary to review the tools and even the key questions.

Step 9. Summarise the design in Terms of Reference

Once the above steps have been completed, Terms of Reference can be produced to provide a useful overview of the evaluation design and guide to implementation. Key points to include in the Terms of Reference are given in the suggested format below.



EXAMPLE: key points for evaluation Terms of Reference

1. **Background on the history and work of the Link**
2. **Focus of the evaluation** e.g. process, outcomes, sustainability
3. **Key questions**
 - a. Key questions on process - may include planned outputs and targets
 - b. Key questions on outcomes - or list the outcome indicators and related targets
 - c. Key questions on sustainability

Note: preferably no more than three questions on each focus issue.

4. Methods

Key pointers on methods

Note: An external evaluator will often be asked develop the choice of methods and tools.

5. Outputs of the evaluation

- Evaluation report - specify length, structure and key audiences
- Evaluation workshop/feedback to stakeholders

6. Roles

Specify who should be involved in the evaluation. Outline the role of the external evaluator, Link members, hospital management boards etc.

7. Workplan - summarised

- Key dates for field visits
- Deadline for report draft 1
- Deadline for feedback from Links members

8. Budget - summarised



Terms of Reference can be produced to provide a useful overview of the evaluation design and guide to implementation.



6. Follow-up to Evaluations

In this chapter

Tips on follow-up to evaluations:

1. Sharing evaluation findings
2. Acting on findings

1. Sharing evaluation findings

Sharing the findings of an evaluation is important in terms of follow-up, accountability to stakeholders and sharing learning with other agencies. A few key points on presenting and sharing findings are given below.

Stakeholder information needs

Any presentation or report should be tailored to the needs of the stakeholders. The information required by a donor is likely to be different to the information required by the managing board of the partner organisation in a developing country or an NHS Trust Board.

Sharing evaluation findings with patient groups may require different means of communication. For instance, a workshop to discuss key findings may be more relevant than a long formal report.

Wider dissemination

Any documents that are produced from an evaluation should be disseminated as widely as possible.

There are major benefits to sharing 'good practice' or challenges. Others who are just starting a new Link will benefit by learning from them. Other Links that are planning to carry out their own evaluation may find it useful to draw on previous evaluation reports.

Means for sharing learning from evaluations include the following:

- Circulating evaluation reports
- Uploading the evaluation report onto the Link's website
- Uploading the evaluation report onto the THET website
- Holding workshops to share findings at local or national levels
- Developing articles from evaluations for inclusion in newsletters and journals
- Developing papers based on evaluation findings for submission at international workshops



There are major benefits to sharing 'good practice' or challenges. Others who are just starting a new Link will benefit by learning from them.



6. Follow-up to Evaluations

Sharing learning from positive and critical findings

Health Links are based on long-term relationships that take time to develop. Along the way, there may be unexpected disappointments or initiatives that do not come to fruition for a variety of reasons. The important lesson to take from any critical findings from evaluations is to continue dialogue between the partners and the stakeholders and decide how best to continue.



GOOD PRACTICE

Evaluation reports should avoid issues of individual performance

Issues of *individual* performance should not be included in evaluation reports. The emphasis of evaluation reports should be collective accountability and learning.

STEP 2. Acting on findings

It is often useful for members of the Link to develop action plans to address key points in the evaluation. This can be informed by discussions with stakeholders when findings are being shared.



GOOD PRACTICE

Recommendations should not be ignored, but it is acceptable for Link members to engage with them critically based on their understanding of the challenges in bringing about change.

An example of an evaluation follow-up action plan for a CPD intervention is given on the following page.



It is often useful for members of the Link to develop action plans to address key points in the evaluation. This can be informed by discussions with stakeholders when findings are being shared.



Example: Evaluation Follow-up Action Plan

Evaluation key recommendations	Link Coordinators' response/views	Action	Who to lead	By when / Progress review
1. Enhance relevance of Link interventions through stronger collaboration with the District Medical Officer (DMO).	Useful to establish regular meetings with the DMO and share draft plans. Further strategies may arise from initial meeting with the DMO.	<p>a) Establish regular meetings between the Link and the DMO.</p> <p>b) Use first meeting to agree dates for sharing Link draft plan for 2010.</p>	<p>a) In-country Link Coordinator to arrange appointment with DMO during next visit by UK Link Coordinator.</p> <p>b) In-country Link Coordinator to share 2010 Link plan.</p>	<p>a) By October 2009 in time for UK Link Coordinator visit in November 2009. Review collaboration quarterly.</p> <p>b) Date for sharing 2010 plan to be decided.</p>
2. CPD course for Clinical Officers should be extended from one to two weeks if the course is to enable the Officers to strengthen their practice.	<p>This is beyond current financial capacity if the same number of Clinical Officers are to be trained. Recommend extending to 1.5 weeks and seek funding for increased costs.</p> <p>Extending time is not the only way to enable the Clinical Officers to put learning into practice. Also need to include individual planning at the end of the course.</p>	<p>a) Extend course to approx 1.5 weeks plus use of Saturday.</p> <p>b) Seek additional funding to expand the budget to accommodate this.</p> <p>c) Adjust curriculum so it includes time for Clinical Officers to prepare individual plans to strengthen their practice.</p>	<p>a) In-country Link Coordinator in consultation with trainer from the UK Link.</p> <p>b) UK Link Coordinator to lead on seeking additional funding; In-country Link Coordinator to negotiate extended use of venue.</p> <p>c) In-country trainer from the Link to adjust curricula and consult with UK trainer.</p>	<p>a) and b) By next quarterly Link meeting, i.e. June 2009.</p> <p>b) Identify fundraising possibilities by next quarterly Link meeting, i.e. June 2009.</p> <p>c) Two months before next CPD training i.e. e-mails in September 2009.</p>





TO FIND OUT MORE on evaluation

The approaches to evaluation described above are based on those used by international donors such as DFID, the European Union and UNAIDS. Their approaches are based on Project Cycle Management and simplified social research methods.

To find out more about these approaches to evaluation, see:

Guidance on Evaluation and Review for DFID Staff (2005)

<http://www.dfid.gov.uk/aboutdfid/performance/files/guidance-evaluation.pdf>

DFID Tools for Development - Especially Section 12

<http://www.DFID.gov.uk/pubs/files/toolsfordevelopment.pdf>

Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries, Family Health International, edited by Thomas Rehle, Tobi Saidel, Stephen Mills, and Robert Magnani with the assistance of Anne Brown Rodgers

<http://www.fhi.org/en/hivaids/pub/archive/evalchap/index.htm> - includes sections on impact assessment and use of control groups.

The following link from Europeaid:

http://ec.europa.eu/europeaid/infopoint/publications/europeaid/49a_en.htm

especially diagrams and tables on pages 48, 64, 65, 126, 128-133, 147

UNAIDS et al Monitoring and Evaluation Toolkit HIV/AIDS, Tuberculosis and Malaria

<http://www.eldis.org/go/topics/resource-guides/manuals-and-toolkits/research-methods&id=16818&type=Document>

Monitoring and Evaluation of Mental Health Policies and Plans
WHO, 2007



Audit involves comparing practice against an agreed standard, assessing or measuring quality then identifying and implementing the necessary changes.

This annex does not provide guidance on how to carry out an audit, but simply provides a case study of how audit has been used by one Health Link. This highlights some of the benefits of introducing audit as well as some of the challenges.

Any hospital-based Health Links considering adopting audit should collaborate closely with the Clinical Audit or Clinical Excellence Team within the NHS Trust of the UK partner.



CASE STUDY: One year audit of Surgical Admissions at Gondar University Medical College, Ethiopia

The objectives of the audit study were to introduce a new concept, to review the surgical experience of the Department, to support organisational change, to integrate audit into postgraduate training, and to measure and improve the quality of the service.

Data was collected on overnight stay patients admitted to the surgical department of Gondar University Medical College (GUMC) over a twelve month period from 1st October 2003 to 30th September 2004. The information collected included personal details of name, age, sex and address; medical details of diagnosis, immunological and nutritional status, surgical management, postoperative complications, and outcome; and administrative details of identification, date of admission, and duration of stay.

The audit format was adapted from that used by the surgical unit of the Leicester Royal Infirmary, modified for local conditions. Admission details were recorded by junior staff on a duplicated summary sheet on the day of discharge. One copy of the summary sheet remained in the clinical notes and a second was returned to the audit office. Details were then coded by a junior surgeon supervised by a named consultant, using a descriptive six letter code for diagnosis, operative procedure and complications.

A total of 2500 operations were recorded during the period of the study. From these records, 1900 inpatients admitted for a minimum of one night were eligible for the audit study. Of those eligible, adequate clinical detail was available for 1096 patients (58%) to be included in the study.

Challenges On reflection, different reasons for the shortfall of data are evident. The database was too ambitious, complex and wide-ranging. There were gaps in the clinical notes; the original coding of pathology and operative procedures proved difficult to adapt to local surgical practice, and has since been substantially modified.



Audit involves comparing practice against an agreed standard, assessing or measuring quality then identifying and implementing the necessary changes.

Continued...



Annex I. Introducing audit in developing country contexts



Although data were collected at intervals, encoding and entry to a database was left to the end of the year. Difficulties could have been recognised and rectified early on, if data had been entered at frequent intervals. Finally, motivation of staff faced with a new project cannot be assumed, and the need for a named consultant to support junior staff should be emphasised.

Findings The data has confirmed that the surgical experience available for training purposes was more than adequate, reinforced the need for organisational change and highlighted issues of quality. Organisational change has been made, consultant numbers have been increased and sub-specialisation has been introduced.

Full article published in: East and Central African Journal of Surgery Vol 12, No. 1, 2007, pp 12-18



TO FIND OUT MORE about audit

There are a number of different frameworks that exist to help with audit, in any setting - whether it is healthcare or education.

For information on clinical audit see <http://www.cgsupport.nhs.uk/> (Please note that since April 2008 this website is no longer updated. UK partners can consult their Clinical Audit or Clinical Excellence teams for up to date sources of information as they become available.)

For information on audit of an educational intervention see Ruth Chambers, Demonstrating your Competence 1



Motivation of staff faced with a new project cannot be assumed, and the need for a named consultant to support junior staff should be emphasised.



"I am pleased to welcome this Toolkit as a valuable resource for both individuals and organisations in ensuring that their links are effective and meet the needs of all those involved. I believe this is essential if Health Links are to make their full contribution to building capacity in developing countries."

Sir Liam Donaldson,
Chief Medical Officer, Department of Health, England and the Chief Medical Adviser to the UK Government

"In Wales, we recognise the great mutual benefit which Health Links between North and South can bring to both partners. It is always important to try to ensure that we work as effectively and efficiently as possible, and this Toolkit, which is based on hard won experience, will be of great value to Health Links, both in sustaining and improving existing partnerships, and in developing new ones. I am pleased to welcome and support this useful publication."

Dr Tony Jewell,
Chief Medical Officer, Wales

"This Toolkit is a comprehensive and pragmatic resource, important to developing and sustaining capacity building initiatives in developing countries. I welcome its publication and encourage all partners to capitalise on the benefits of using this resource effectively."

Dr Harry Burns,
Chief Medical Officer, Scotland

"An excellent 'hands-on' guide to the whys and hows of monitoring and evaluation. The Links-specific examples and case studies are good at showing different ways of measuring progress and impact and how this feeds back into planning and implementation. Most monitoring and evaluation guides are very general, designing one for a specific type of intervention makes the processes much clearer and meaningful - I can see this Toolkit being adapted for other purposes."

Sarah Lock,
Commonwealth Programme Co-ordinator, The Nuffield Foundation

"This is a comprehensive guide to a vital but sometimes neglected aspect of international health partnerships. Mya Gordon and Caroline Potts have clearly worked very hard on this project; combining their experiences to create the Toolkit which every Link should use as a guide to facilitate the effective monitoring and evaluation of their work. We are already applying it to our intercollegiate strategy for development of surgical education in East, Central and Southern Africa."

Kirsty Muir,
Educational Development Facilitator, The Royal College of Surgeons of Edinburgh

"A really valuable, practical guide for users with a range of backgrounds; the guide shares good practice and can help avoid much waste and re-inventing of wheels."

Mark Goldring,
Chief Executive, VSO

"This Toolkit on Monitoring and Evaluation for Health Links is an essential resource. It should be required reading for any health care partnership at the beginning of the relationship. It is extremely readable, clear and concise. It is also wonderfully peppered with case studies which bring to life what might be considered to be a rather dry, academic exercise. It clearly states why monitoring and evaluation are so important if we are genuinely concerned about quality in our links. The Toolkit raises the essential questions that all links should consider. It potentially has a much wider application than simply in the context of health and there are many lessons that could be learnt from it e.g. within an educational link. Those of us working with links of all kinds should be grateful to THET for commissioning and making this resource available to us."

Dr Nick Maurice M.B., B. Chair, OBE,
Director, BUILD (Building Understanding through International Links for Development)



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