WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

GUIDELINES FOR THE EVALUATION OF MCH/FAMILY PLANNING PROGRAMMES

Manila, Philippines
November 1975

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REGIONAL SEMINAR ON
EVALUATION OF FAMILY PLANNING PROGRAMMES

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1. Introduction

This document presents an approach to evaluation in the context of programmes for maternal and child health and family planning, an approach which is rigorous and comprehensive and at the same time simple and practical. It is based on the principles and conclusions expressed by the WHO Expert Committee on Evaluation of Family Planning in Health Services (WHO Technical Report Series 569, 1975), as discussed and adapted by the regional seminar on evaluation of family planning programmes, Manila, 2-8 October 1975.

The document is intended primarily for persons who are concerned with maternal and child health and family planning programmes in the Western Pacific Region, as a reference document for evaluation activities and as a teaching tool. Evaluation activities are discussed in the context of the larger management systems of which evaluation properly forms a part. When this context is appreciated, it becomes easier in any given situation to decide on why evaluation should be done, what should be evaluated and how this might be achieved. Some concrete examples of evaluation processes are given for purpose of illustration of approach, but it is recognized that the "best way" to carry out evaluation and the "minimal requirements" for an evaluation system can only be determined with reference to a particular country, for a particular situation, at a particular point of time.

Family planning is seen primarily as an aspect of family health. This reflects the close relationships which exist between fertility patterns and the levels of health, nutrition and family welfare, not only in terms of needs in the populations but also in the provision of services to satisfy those needs. It is recognized that some countries have fertility reduction goals which are not limited to those indicated by health problems, but the same principles of evaluation applies in such situations, although the topics selected for evaluation might be different.

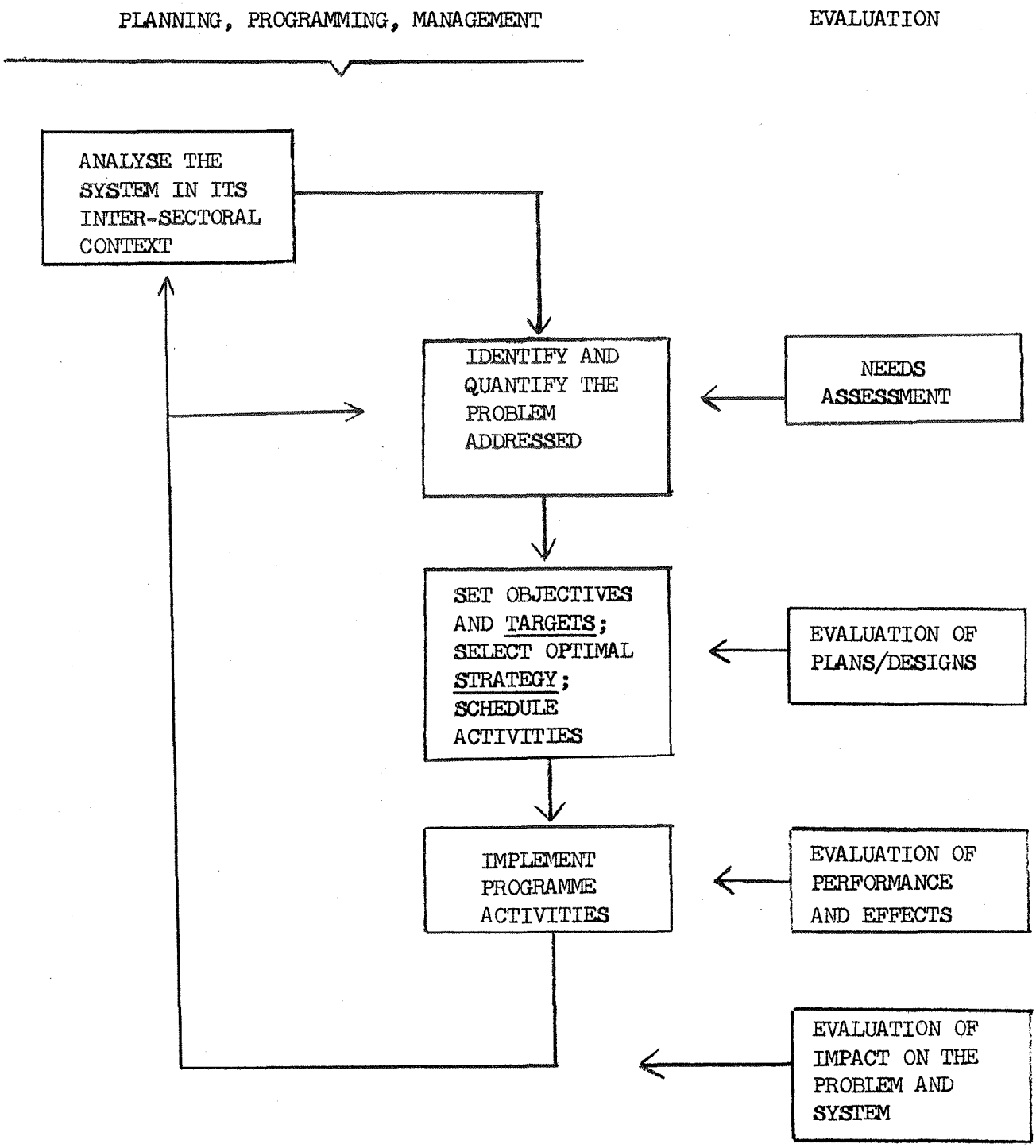
Evaluation is defined as a process for making judgements about selected objects or events by comparing them with specified value standards for the purpose of deciding among alternative courses of action. This definition will be further elaborated and clarified in the chapters below.

2. Determine who needs evaluation findings, when and why

Since the purpose of evaluation is to support those who make decisions about the programmes, the first step in designing a useful evaluation system is to analyze this decision making process. The decisions with which we are concerned form part of an ongoing cycle of activities which comprises policy making, planning, programming and management of implementation, as illustrated in the left hand part of figure 1. In real situations, these activities are often carried out simultaneously, but it simplifies the analysis to consider them as a logically arranged sequence.

FIGURE I

Types of evaluation and their relationship to the cycle of planning, programming, and management.



First we consider the cell in the upper left corner, i.e. to analyze the system in its inter-sectorial context. The system which we are considering is focused on the health of mothers and young children as affected by nutritional problems, by preventable disease and by uncontrolled fertility. This system is closely related to a number of other systems, such as the health of the total population, the socio-economic systems, the educational system, and the boundaries between the maternal and child health and family planning system and these other systems are determined by the situation in each country.

It is recognized that very important interactions exist across these boundaries. For example, the nutritional status of mothers and children obviously depend on such macro-economic factors as food production and income distribution. A programme to improve the nutrition of these vulnerable groups must take these factors into account, whether they are partly "internalized" within the programme action area or whether they are regarded as external to the system. In this document it is assumed that the relevant system has been defined, and analysis and evaluation of interactions across the systems boundaries are discussed only briefly.

The next step is to identify and quantify the specific problem addressed. The type of problems considered here are those affecting the population directly, while administrative problems which might affect the programme and the service delivery system are considered in the subsequent steps.

Box 1, Example of problem*

> The proportion of children of age 1-4 years who are below the stipulated critical level for weight/height/age is 25% in rural areas and 15% in urban areas.
> These proportions are twice as high for children in families with 3 or more children below age 5 and for children with less than 30 months interval to the next younger sibling. These latter children represent 30% of all children under 5 years of age in the population.

Once the specific problem or problems have been clearly expressed, it becomes possible to formulate goals or objectives for this reduction. Ideally, such objectives should be quantified - normally in the same terms as used to quantify the problem(s) - and should be limited in time.

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* As illustration of an evaluative process, a series of examples are given at various points of the document. For easy reference, these examples are shown inside a "box", as shown above.

Box 2. Example of objective

> In five years, the proportion of children of age 1-4 years in the total population who are below the critical level for weight/height/age will be less than 10%. The proportion of these children who belong to families with 3 or more children under 5 years of age will be less than 10%. No more than 15% of births will occur with an interval of less than 30 months.

A number of different potentially possible approaches or strategies will usually be available to achieve the stated objective(s). Perhaps the most important step in the planning process is to identify these strategies and to select those which are most feasible, effective and economical. On this basis, an implementation schedule is elaborated, including specific activity targets whenever possible.

Box 3. Example of strategy and targets

> The main strategies will be nutrition education and family planning motivation. Nutrition education will focus on breast-feeding, and on supplementary feeding from age xx months. Mothers with 3 or more children under 5 years of age and/or those who deliver with intervals of less than 30 months form a special high risk target group. At least 80% of these will be given intensive nutrition education once a year, as well as intensive motivation for family planning. xx% of these will be continuing family planning users.

The implementation of the plan involves the translation of the agreed strategy into a series of activities by the service delivery system in order to provide the specified services to the population. These service "outputs" are produced by the consumption of a variety of "inputs" or resources, such as personnel and materials, which act together in a manner which is determined by the adopted technologies.

The role of evaluation in this cycle of planning, implementation and re-planning is shown in the right hand side of figure 1. The four main types of evaluation, i.e. of needs; of plans or designs; of operations or performance and immediate effects; and of intermediate and long-term impact are conceptually separate although in practice they will often be mixed to some extent. Whichever type of evaluation is being considered, the corresponding decision making processes should be analysed with regard to:

- a listing of important types of decisions, for example, the annual budget, the strategy of the programme, technologies to be applied, type of staff to be employed and even day-to-day decisions on deployment of staff and resources to best meet the local demands on the project;
- determine the existing decision options or factors which limit the available range of options;
- identify the decision makers at all levels of the programme structure, as well as those outside the programme who make important decisions relevant to the programme;
- clarify the criteria on which the decision are made;
- determine the time-frames for evaluative information.

The study of and answers to these questions will lead to an increased contact and exchange of views between the evaluator and the decision maker or, more generally, the user(s) of the evaluation findings. Experience seems to indicate that a communications gap often exists between the producers and the users of evaluation findings, perhaps especially with regard to the last two items of the list above. The criteria which the decision maker applies to his options are often not clearly spelled out and may even be sub-conscious to some extent. For example, even if a specific high risk group has been identified as a priority target group for family planning, the administrator might still use the total number of family planning acceptors as his sub-conscious criterion for evaluation. But unless the evaluator knows or anticipates these criteria, there is a risk that his findings will be irrelevant to the decision making. The timing of evaluation findings is equally important, and sometimes a very real difficulty. Most decisions are made under very strong time constraints; they cannot wait. The evaluator should thus be prepared to produce and present his findings according to these time constraints, even if occasionally that might involve a compromise with stringent, professional standards.

3. Select the topics for evaluation

Once the system boundaries have been defined and the programme emphasis determined, it becomes possible to select topics for evaluation. It should be stressed at each step of this process that evaluation is a tool for decision making, and that evaluation topics should be selected with the purpose in mind. This approach might exclude from consideration a number of topics which are of more general or academic interest, and which merely satisfy the curiosity and increase the level of knowledge. The question to be answered is "how can the study of this topic help to improve the programme?".

(a) Evaluation of needs and programme priorities

This type of evaluation is usually conducted as a time-limited exercise and addresses the basic rationale for the programme. The objective is to assess the nature and extent of the problem, to identify vulnerable or high-risk groups, and to formulate realistic objectives for the reduction of the problem.

When needs assessment is carried out on several, successive occasions, spanning over the operational period of a programme, it may provide some basic elements for evaluation of the impact of the programme. However, impact evaluation is more than just evaluation of changing needs, as discussed in paragraph (e) below.

Box 4. Example of needs assessment

> The perceived need is substandard growth and development of young children, in particular those with many closely spaced siblings. Evaluation of this topic might led to the more precise problem statement in the example in box 1, and to the objective statement in box 2.

(b) Evaluation of programme or plan

This type of evaluation involves a critical analysis of the question whether the programme design or plan is properly focused on the stated problem and objective(s), whether the approaches and technologies are adequate to achieve the objective(s), and whether they are most feasible and economical options available. This type of evaluation requires expertise from many different fields as well as data from the on-going or similar programmes and sometimes operational research studies.

Box 5. Example of evaluation of plan/designs

> (please refer to example of strategy and targets in box 3)
>
> Objectives: no solid data exist on distribution of birth-intervals in the rural population. It is questionable whether the percentage below 30 months interval can be reduced from 30% to 15% in five years.
>
> Strategy: the resources allocated to develop new IEC materials on breastfeeding and supplementary feeding - and to train all staff in their use - seem insufficient to ensure the specified target of effective yearly education to 80% of mothers. The existing service statistics do not allow for estimation of continuing users of family planning methods.

(c) Evaluation of programme performance and effects

By far the greatest number of actual evaluation activities belong to this type of evaluation. It encompasses the operational aspects of the programme, i.e. the resources used ("inputs"), the processes employed and the services rendered ("outputs") as well as the immediate effects of these services on the patients or clients receiving them.

This type of evaluation is to a large extent based on data produced routinely in service statistics systems, for purposes of administrative and managerial monitoring, but the two functions, i.e. operational evaluation and managerial monitoring, are distinct in several respects. While the latter is constrained by various legal, financial and administrative requirements which to a large extent dictates the generation and processing of data, the former is much more flexible and problem-oriented.

For example, when considering a supply system for vaccine or contraceptives, the administrative monitoring would be concerned with keeping the inventories in order and the supplies moving safely. An operational evaluation of the system, on the other hand, would attempt to identify problem areas in the system, such as unsuitable vial-sizes causing excess waste or imbalance between the contraceptive mix supplied and the demand. Usually, the evaluation effort would also attempt to find alternative solutions to these problems, which might include conduct of special studies.

Box 6. Examples of evaluation of performance and effects

In our working example of a programme against under-nutrition in a high-risk group, the following topics might be selected for evaluation at various levels of the programme structure:

Inputs: production of educational material on breast- and supplementary feeding (quality, amount, distribution).
(Development) production and distribution of feeding supplements (quantity, price, distribution).

Processes: number of personnel (various grades) trained in use/distribution of above materials, and in high-risk approach.
Number of health units having introduced high-risk approach (e.g. by setting up special registers and routines to identify and follow-up high-risk groups).

Outputs: number and percentage of high-risk families (a) contacted, (b) given feeding supplements, (c) accepting family planning (by method).

Effects: number and percentage of high-risk families using effective FP methods (by life-table analysis).
Number of new high-risk families identified , and number of existing ones eliminated (by ageing or deaths of the children).
Number and percentage of children born with less than 30 months interval (to next elder living sibling).
Weight for height (by age) of high-risk children. Samples taken at regular intervals.

(d) Selected topics for integrated health and family planning programmes

The topics listed in table 1 were identified by Seminar participants as areas of common interest in the varied programmes represented. The list includes the type of evaluation, subject areas, measures recommended, and usual sources of data. Many of these items are of recognized importance for all programmes, but the availability of the required data or the resources for collecting them vary greatly from country to country. In some subject areas, the number of topics of possible relevance is very large, and examples have been given, with suggested criteria for choosing specific topics.

Our examples about substandard growth and development of young children are pursued in table 2, which also indicates how the topics selected for evaluation of needs and plans are the same or similar to those selected for evaluation of performance and effect, although the various types of evaluation will usually be carried out at different times.

TABLE 1: SUBJECTS AND TOPICS TO BE EVALUATED AND CORRESPONDING MEASURES AND INDICES

TYPE	SUBJECT	MEASURES	SOURCE(S) OF DATA
NEEDS	Infant health	Mortality rate Morbidity rate Birthweight	Vital statistics special studies Special study
	Growth and development	% children below selected percentile of standard	Special study
	Health of women 15 - 44	Mortality rate Morbidity rate Nutritional level	Vital statistics Special studies Special studies
	Fertility	Age-specific fertility rate Birth intervals	Vital statistics Special study
	High-risk groups	To be defined	
	Unmet demands for service	Waiting lists, waiting time	Special study
DESIGN	Male services	No. IEC activities directed towards males No. clinics offering male services No. personnel trained to perform vasectomies	Programme records - do - - do -

TYPE	SUBJECT	MEASURES	SOURCE(S) OF DATA
DESIGN (Cdt.)	Integration of family planning in health facilities	No. of health facilities offering services (by type)	Programme records
	Plans	Existence and content of plan(s) and targets for future operations	Programme documents
	Reports	No. content and distribution of programme report(s) by time period	- do -
INPUTS	Personnel	No. person/days, by training	Programme records
	Materials	No. supplies provided, by type	- do -
	Money	Amount of money released	- do -
PROCESSES (focus on new processes, those given priority or presenting problems or new technologies	Distribution of equipment and supplies	Inventory completeness in programme service units, according to programme policy for stockpiling and method mix	Routine reports and special inventories
	Treatment or service delivery	Quality, technology of treatment for type of visit or consultation, and continuing care	Special studies
		Quantity (coverage)	
	Supportive services - motivation and recruitment - mobile services - information system	) (determined by objectives of the project or sub-programme)	
	Training	Test results before and after training Participants evaluation	Programme records
		Subsequent level of competence	Special study
	Information, education, communication	No. of approaches utilized No. of persons reached No. of community groups leaders involved	- do -

TYPE	SUBJECT	MEASURES	SOURCE(S) OF DATA
OUTPUTS	Services available	No. facilities offering services	Programme records
		No hours clinic open	- do -
	Services provided	No. persons (by target group category) receiving services	- do -
		- Nutrition education - MCH services by type - Family planning services by method - Immunizations by characteristic (age, sex, etc.)	
		No. follow-up visits	- do -
		No. drugs and contraceptives supplies dispensed	- do -
EFFECTS	Awareness, knowledge of health and family planning practices	% target population aware, informed of selected practice(s)	KAP survey
	Use of services	Continuation rates % target group(s) using services	Special study - do -
	Health and fertility related behaviour	% target group with adequate diet, lactating beyond x months, providing supplemental feeding by x months, immunized by age xx, practicing family planning	Special studies
IMPACT	Infant health	Mortality rates Morbidity rates Birthweight	Vital statistics Special studies Special studies
	Growth and development	% children below selected percentile of standard	- do -
	Health of women 15 - 44	Mortality rates Morbidity rates Nutritional level No. & rate of septic abortions No. & rate of complication of delivery	- do - - do - - do - - do - - do -
	Fertility	Age specific fertility rates Birth intervals	Vital statistics, special studies

Table 2. Relationship between criteria, measures and type of evaluation

Sequence from left to right represents evaluation of needs, plans/designs and targets.

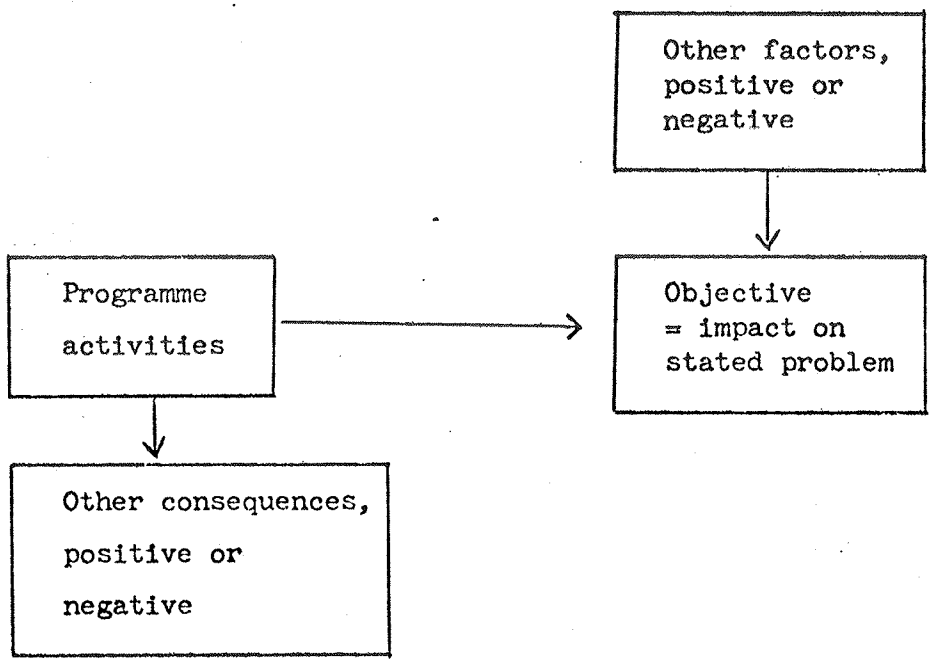
	NEED	EFFECT	OUTPUT	INPUT
Criteria:	Substandard growth and development in young children	1) Improved nutritional practice 2) Extended practice of family planning in high risk families 3) Improved immunization coverage	1) Nutrition education 2) Family planning service provided 3) Provision of immunizations	Personnel Material Money Methods
Measure:	% children below selected percentile of standrad	1) % lactating beyong xx months; 2) provision of clean water to xx%. 3) % supplementary feeding at xx months of age. 4) % practicing family planning among high risk families. 5) xx% immunized at age yy.	1) No. persons (in target category) given nutrition education 2) No. of high risk acceptor of family planning services 3) No. persons (in target category) given immunizations	No. man/days Amount of material by type Cost in US$

IMPACT	EFFECTS	OUTPUT	INPUT

Sequence from right to left represents evaluation of performance and effects.

(e) Evaluation of programme impact

When clear programme objectives exist and are stated in terms of a given reduction of a certain problem, as discussed above under (a) needs assessment, the evaluation of impact clearly includes a repetition of the measurement of the stated problem, to ascertain whether the planned reduction has been achieved. But this is not all. The cause-effect relationships surrounding an important social programme, such as an MCH/FP programme, are very complex and extend beyond the narrowly defined system in which the programme is designed. In the first place, there may be factors, other than the programme, which have influenced the problem, for example, an increase in average income, or heavy migrations from rural to urban areas. In the second place, the programme might have had important consequences other than those stated in the objectives, for example, by stimulating better food habits in general and not only for infants, or by spearheading improved delivery systems for health service. This situation may be illustrated graphically as follows:



For these reasons, serious attempts to evaluate the impact of health or population programmes are relatively rare, and usually involve extensive and costly studies.

4. Design the evaluation procedures

Once the topics and subjects to be evaluated have been selected, the most appropriate procedures need to be determined. This is a more technical aspect of evaluation and will normally involve the decision-maker only marginally, except that he should approve of the steps involved, especially as regards to the time and resources required. A detailed discussion of the various technical aspects would also be beyond the scope of this document in view of the existing very extensive literature on the subject. Some general considerations are discussed below.

A particular topic for evaluation can be investigated in many different ways, and it is sometimes quite difficult to select the most appropriate plan for investigation. The most important factors to consider are:

(a) The desired degree of reliability of the findings;

(b) the required time-frame;

(c) the cost of the investigation; and

(d) the available personnel, often a severe constraint on otherwise desirable plans.

(a) The degree of reliability of findings in the systems we are considering, i.e. concerning health status and reproductive behaviour, is often relatively modest, for a number of reasons. It is difficult to observe and measure relatively rare events such as births, deaths or episodes of illness and even more difficult to find out about peoples' attitudes and behaviour towards these events or in their sexual relations. This "softness" of information might be overcome in specific areas of study, but usually only at great cost. However, even very approximate data might be quite adequate as basis for the decisions to be taken.

The crucial consideration here is what are the risks and the costs of making a decision which turns out to be less than perfect. For example, the decision to issue iron tablets to all pregnant women does not require very precise information on the prevalence of anaemia among these women, because there is no risk involved and the cost is negligible. On the other hand, a decision to introduce a certain type of incentive payment would involve important costs, as well as risks of unforeseeable consequences.

(b) A "quick and dirty" evaluation finding which is available when the relevant decision has to be taken may sometimes be preferred to more elaborate and reliable findings, if this latter would require the postponement of the decision. For example, summary totals of budgets spent or personnel employed by clinic might be enough to justify a redistribution of unexpected budgetary savings towards the end of the year, but would not be sufficient to allocate the total budget for the following year.

(c) A large part of the cost of evaluation investigations are often hidden, in the sense that much of the work will be carried out by existing programme personnel as additional tasks, not directly related to their primary duties. This is particularly the case for evaluations based on service records or reports, and the completion of this paper work often takes up as much as 20-40% of the working time of staff in direct contact with the clients and patients. Another problem of determining the cost of evaluation, and especially of service statistics, is that the data processing and information dissemination is carried out as part of a larger enterprise, for example by a national statistical bureau which operates on a separate budget.

Special evaluative studies are easier to cost, since they are usually limited in time and resources required. In general, it is assumed that the cost of evaluation represents a very small fraction of the total programme cost, although few studies of this particular subject exist.

(d) The design and conduct of important evaluative studies requires the cooperation of experts in a number of fields, including professional statisticians, specially trained interviewers and data processing staff. In many countries there is a severe shortage of such personnel, so that investigation designs will have to be adjusted accordingly.

As mentioned in Chapter 2 above, the criteria and standards for evaluation are often not very explicit, and there is a real risk that the evaluator may not be aware of them and hence use other criteria and standards than the decision-maker. In the planning phase of an evaluation, it is, therefore, most useful to identify and spell out all of the important criteria by which the programme is going to be judged, as well as the standards which it is intended to use. In programmes which have been going on for some time and in which the emphasis has changed several times, it is not rare to find that the evaluation criteria and standards (as exemplified by targets for individual workers) do not change accordingly. As a result, some of the criteria might be inconsistent with each other or even contradictory.

The data analysis procedures present mostly technical problems which are not discussed here, except for two aspects. One is the need to be extremely clear and precise in the definitions and classification of variables. The concept of parity, for example, may refer to pregnancies, to live births or even sometimes to living children, but in a particular data system it should have only one meaning. (Reference: "Glossary of Family Planning Terminology", WHO document DSI/ISS/75.3.)

When all procedures for the various types and topics of evaluation have been agreed upon, they should be reviewed as a whole, before proceeding to the next step. The purpose of this review is to ensure that all agreed topics have been included and that the entire evaluation procedure is properly coordinated to reflect the emphasis of the evaluation and to avoid overlaps, delays, etc.

5. Decide how to carry out data collection and processing

Once the selection of evaluation procedures has been completed, it must be determined what data are required and whether they are already available.

Existing sources of the data selected in steps (3) and (4) should be investigated and evaluated. Vital statistics in many countries, for example, are not complete enough to indicate the kind of impact to be expected in the short run from health and family planning services.

One area of particular interest in a programme is the existing service statistics system. Following the review of data requirements for evaluation carried out in the earlier steps, it will be clear in most programmes that more information is routinely collected and reported than is actually processed and utilized. After the information requirements for clinical care and supervision are taken into account, serious consideration should be given to removing unused items from the routine recording and reporting burden placed on programme staff. Some types of information, while important to record, need not be reported routinely. Detailed characteristics of family planning acceptors could be reported every three months or every six months, rather than monthly, or could be evaluated by studies of random samples of records.

For requirements which cannot be satisfied with existing data the following questions must be answered:

- What sampling procedures are called for in the population of interest?

- How should the required data be collected?

(a) Select the sampling procedures

The selection of specific evaluation measures will determine the population to be sampled (the word "population" is here understood as the statistical concept as any collection of elements).

Box 7. Example of populations to be sampled

Criteria	Measure	Population to be sampled
Substandard growth	% of children below xx percentile of standard weight for age	Weights of children
Family planning service provided to target group	No. of family planning acceptors with high risk characteristics	Family planning acceptors

Whether a complete enumeration of the population is required, or what type of sample, if any, is called for, depends on the precision of the information needed for decision making. The determination of sample size and sampling procedures may require expert assistance.

(b) Specify the data collection procedures

Plans for data collection should include the sources, methods of collection, instruments used, and timing. The primary source of data is programme service statistics, and in most of these systems there is a great potential for improvement as noted above.

Box 8. Example of data collection

Information	Data source	Collection method and instrument	Timing
Children's weights in target group	Special study	Random sample, using standardized scale and weighing procedures	Annual survey
No. family planning acceptors	Programme service statistics	10% sample of flimsies submitted, identifying the target group	Monthly report

Other major sources of data are special studies of clinic records and surveys of the population. Other agencies which carry out studies of health and fertility should be consulted, not only as a source of data, but for assistance in the design of studies carried out within the programme.

(c) Use of expert assistance

There are a number of areas in data collection in which expert assistance may be required. Consultation with experts in statistics and data processing early in the design phase can help avoid errors and determine the most efficient procedures for meeting data requirements. Some of the areas in which assistance may be helpful are the following:

1. Study design

2. Sampling definitions and procedures

3. Data processing requirements and design

6. Plan the presentation and dissemination of findings

This is one important area in the design of evaluation which is often neglected.

(a) Decide who the audience is: if there is more than one audience (decision maker) be sure the following questions are answered clearly for each audience.

(b) Specify what decisions are supposed to be influenced by the findings. This should have been decided earlier, but needs to be clearly spelled out for each audience.

(c) Find out how the decision maker wants the information:

- written report;
- graphical presentation;
- verbal report;
- slides, charts.

Box 9. Example of presentation of findings

There may be more than one audience for information on improvement of growth and development of children. The following is an illustration of possible needs:

Audience	Decisions requiring information	Data needed	How presented
Officer in charge of family planning	Setting of priorities for follow-up visits	Continuation rates by method and acceptor characteristic	Summary analysis of continuation rate, survey findings
Administrative officer	Quantity of contraceptive supplies to distribute	No. supplies dispensed by month and clinic; no. of new acceptors by method, month and clinic	Simple table monthly

What is important is what the decision maker wants and will use. If a simple report of the needs for supplies in each clinic is what he wants, then a more comprehensive report will just make it harder for him to find the critical information. If the decision maker chooses the format for the report of evaluation findings it is more likely that he will use them.

(d) Decide when the information is needed. Most important, the report must be provided before the decision is made. A brief preliminary report on the number of family planning acceptors may be required for setting targets while a more time-consuming analysis of a change in characteristics of acceptors could be presented later for modifying the training of field workers.

(e) Plan for feedback to the evaluators of the use of the reports. Was this what they expected? How useful was it? Was the information presented in the correct form? Was it on time? Should this type of reporting be continued? How can it be improved?

7. Carry out the evaluation

So far, the guidelines have described a plan for evaluation. Now the focus is shifted to the practical problems of carrying out the plans. In this step, a realistic understanding of the local situation is very important, and the differences between the countries and programmes in the region will require - even more than in evaluation design - an approach for each programme that is specifically developed to use available resources and meet local needs.

(a) Review the whole design to see if it fits the situation

Is it reasonable? Can it be done with available resources? If it is carried out, will the findings be used as planned? Do all of the staff involved - decision-makers and evaluators - know, and agree on, the design.

Box 10. Example of review of evaluation design

The evaluation of the effects of a programme aimed at the improvement of growth and development in young children calls for the following measures:

(1) % lactating beyond xx months

(2) % of newborn with less than 30 months birth interval

(3) % practising family planning among high risk families

(4) xx% immunized at age yy

It must be determined that (a) the programme has the resources to carry out a sample survey of the population to measure these items, or that (b) another agency is able and willing to do so, or other measures must be chosen.

(b) Place the design in the organizational structure of the programme.

(1) Identify the resources and constraints of the programme for carrying out evaluation. Are there staff available for full time evaluation work? Does the budget permit the addition of staff, facilities and supplies? Are the responsibilities for decision making and for evaluation within the organization fixed or flexible.

(2) Group the evaluation tasks and assign responsibilities. If for example a number of special studies or a lot of data processing are required, and resources exist to carry out these procedures, a separate unit may be added and its responsibilities and relationships specified.

(3) Make sure everyone involved - decision-makers and evaluators - is informed of his responsibilities and of the relationships; and personnel trained for new roles as required.

In a large programme with an evaluation unit capable of carrying out these surveys, the decision-makers and evaluators must agree on what data will be provided at what time, and how it is to be used. If a central data processing unit is involved the timing of reports must be carefully scheduled and priorities agreed on.

In a small programme, on the other hand, the same three or four people will be involved in planning the programme, determining evaluation needs, and designing the procedures. If they do not have the resources to carry out even a small-scale survey, they will have to find another agency such as a university which may undertake a study or modify one already planned to collect the data. In this case, it is essential that the decision-makers specify very clearly what data they need and when, because the objectives and priorities of an outside agency are likely to be quite different from those of a health department.

(c) Implement the evaluation procedures.

This step involves the actual collection of data from available sources, and the carrying out of special studies, including the pretesting and refinement of procedures and instruments, to meet programme requirements.

(d) Evaluate the evaluation.

This is a final step which should be reported to decision-makers so that the evaluation process can be improved.

Were the evaluation procedures carried out as planned? Were the findings useful to decision-makers? Were they used?

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