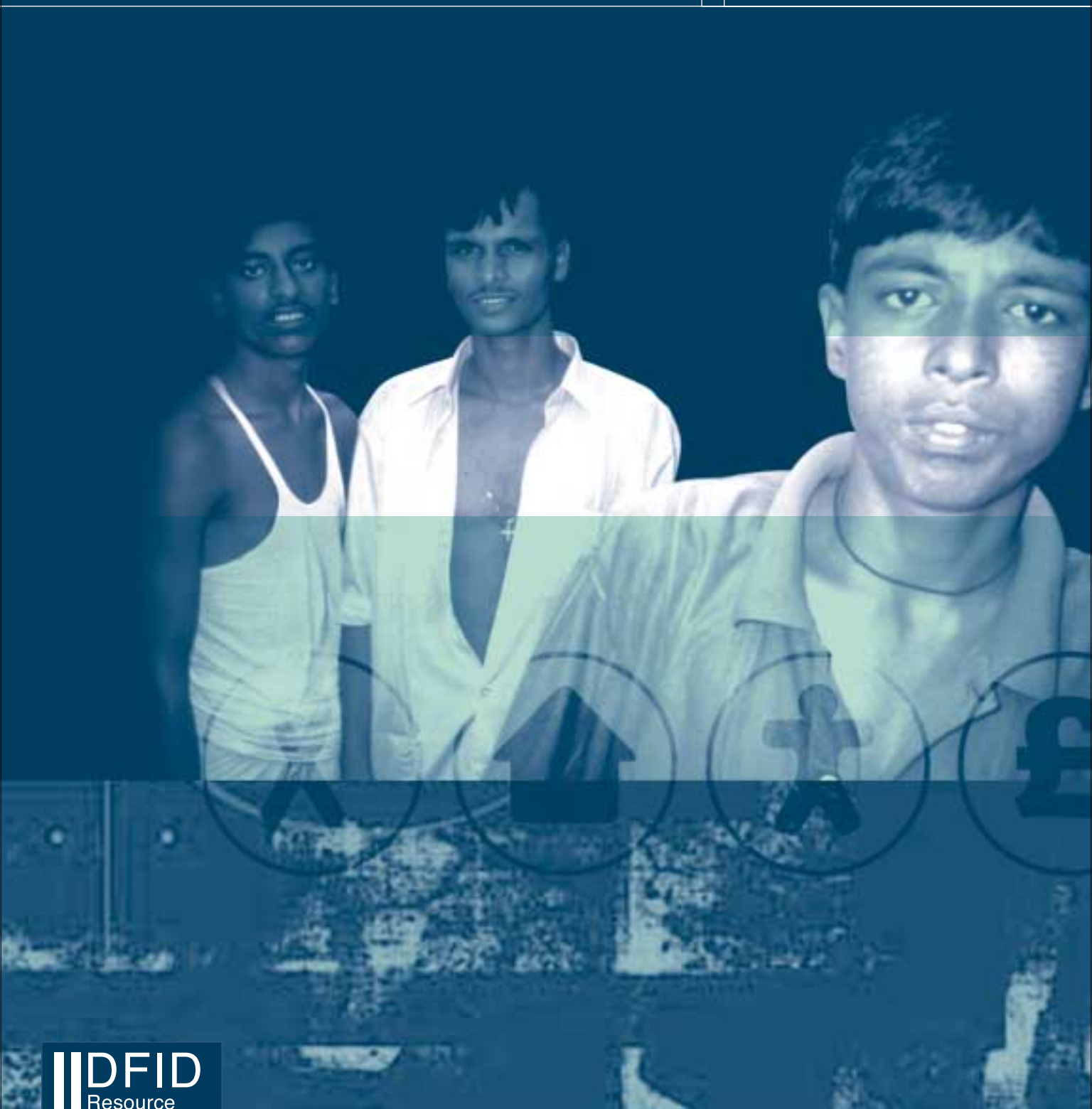


MONITORING SEXUAL AND
REPRODUCTIVE HEALTH PROGRAMMES

Data collection tools



The series on monitoring focuses primarily on Community Based Distribution and Social Marketing*

The validity of indicators against which to monitor impact and effectiveness in sexual and reproductive health programming is dependent upon the availability of data to verify those indicators and the cost effectiveness of the methods employed to collect such data. The emerging consensus is that no more than 10% of programme budgets should be allocated for research and monitoring. This requires the adoption and use of systematic, simple, small-scale, quick and relatively cheap data collection tools and methods. Such methods contrast with larger-scale population-based surveys, which are used for periodic and/or ex-post evaluations and are often used for assessing impact at goal or health status level.



Quantitative approaches

Numerous types of quantitative methods – notably small-scale sample surveys using structured or semi-structured questionnaires, observation checklists, or open-ended questions – are used for monitoring Community Based Distribution (CBD) and social marketing programmes. Most of the methods discussed below are low-cost, but their cost-effectiveness will clearly depend upon the scale of the programme and the resources available to the implementing agency.

The KAP (Knowledge, Attitudes and Practice) Survey¹

The KAP survey is a population-based sample survey (sometimes large-scale, such as the contraceptive prevalence survey), used to collect information on

- condom use in last intercourse
- number of partners in last year
- type of partners in last year
- awareness of behavioural change communication messages
- use of socially marketed commodities and or CBD services
- knowledge of sources and benefits of condoms/contraception and other services

The Socio-Economic Status (SES) Survey²

The SES survey is a particular type of population-based sample survey used primarily in social marketing to develop a set of proxy socio-economic status indicators, as part of monitoring whether a social marketing programme is reaching its target market (see following box entitled 'A Client Intercept Method'). Social marketing uses the market research classification of five socio-economic classes (A to E), based on characteristics such as income, type of housing, ownership of durables. Classes A and B are assumed to be able to purchase products at prevailing market prices, class E is considered too poor to purchase social marketing commodities at any price; leaving C and D classes (lower-middle and upper-lower income) as the appropriate target market for social marketing.

Social marketers use SES surveys to develop targeting strategies and to refine monitoring indicators. The approach involves identifying neighbourhoods with predominantly C/D class households, based on census information. Interviews are then conducted, using questionnaires designed to elicit information on income, housing, education, access to services, possessions etc. The responses to the survey questions are then analysed to correlate SES with specific household indicators (simple scoring methods are used to convert questionnaire answers into a single composite SES score). The analysis will also indicate which survey questions (or indicators) are most useful in determining SES, and the questions can then be included in client intercept studies to determine user distribution by SES.

¹ See Hauser (1993), Smith (1993) and Warwick (1993) for critiques of KAP surveys

² See Bertrand et al (1989: 337-338) on conducting SES surveys



The Client Intercept (or Exit) Survey³

In this form of survey, a sample of customers/clients is interviewed as they enter or leave an outlet or CBD depot. Such clients are typically difficult to locate in sufficient numbers through standard probability sample surveys. In exit-interviews for socially marketed products, the eligible customers are usually defined as those who purchased a given type of product, irrespective of brand, to allow inferences about differences in consumer profile between social marketing and other brands. Some programmes report that client intercept surveys prove too costly because of low frequency of customers purchasing a particular product. To overcome the problems associated with low frequency of customers, social marketers could interview all clients who leave an outlet, thus generating information on non-users as well as users of different brands. These surveys can provide useful information on:

- percentage of low income people among users of social marketing, commercial, CBD and public sector brands
- percentage of first-time users among users of social marketing brands, commercial brands, and CBD and public sector brands

It should be noted that intercept interviews suffer from a number of methodological deficiencies, stemming in part from the problems encountered when attempting to interview busy and perhaps unwilling subjects in a public place. Because of the constraints listed, the quality of information collected through exit interviews can be compromised, with:

- high rates of non-compliance or at least a sample loss when interviews are not conducted on the spot
- absence of comparison or control groups (i.e. the perspective of those who choose not to seek service is excluded)
- non-representativeness of the sample, meaning that the findings cannot be confidently applied to wider populations
- courtesy bias (a willingness to please the interviewer)
- lack of privacy resulting in a response bias

³ see Green (1988) on designing client intercept studies



A Client Intercept Method⁴

A non-governmental organisation in the Dominican Republic, that implements its social marketing programme through urban pharmacies, conducted a user profile study to assess: whether it was reaching its target audience and attracting new users; clients' reasons for adopting the socially-marketed product; clients' past history of contraceptive use; and whether users were satisfied with the product and using it correctly.

The first stage of the study design involved empirically deriving objective indicators to distinguish social classes and to measure socio-economic status (SES). Neighbourhoods were classified according to predominant social class. As the programme was not targeting the wealthy or the very poor, only upper-middle, middle, and lower-middle class neighbourhoods (classes B, C, and D, respectively) were selected for empirical investigation. A SES household survey was then undertaken in these selected neighbourhoods, in which questions to discriminate between classes were asked (households rather than individuals were selected as the unit of analysis: class relates to factors that transcend the circumstances or background of an individual). Household SES indicators derived from the survey related to car/bicycle ownership, food expenditure, education level of the most-educated household member, material of the roof, and source of drinking water (these are urban indicators, others would be needed for a rural study).

Because of the sensitivity about discussing contraceptive use in public, the conventional intercept study was considered inappropriate. The next stage of the study therefore involved pharmacy sales clerks asking customers of socially marketed oral contraceptives (OCs) three short questions relating to previous use of OCs at the time of purchase. Customers were asked their address in order that they could be visited at home later to answer a more detailed questionnaire. Trained interviewers from a local research firm then visited houses within one week of the pharmacy interview (the questionnaire including the SES indicator questions). Some 252 home interviews were achieved out of 449 pharmacy interviews.

⁴ See Green, 1988, from whom this box is adapted



The Distribution Survey⁵

Distribution surveys are used in social marketing programmes to measure product availability, product advertising and communications material visibility, and sales volume by outlet type and region. They employ observation checklists and analyse sales and marketing data; and are capable of generating useful information for managers on the poverty-focus of their programmes, e.g. percentage of outlets in low-income areas which carry social marketing products, percentage of ‘non-traditional’ outlets⁶ carrying social marketing products etc.

The Inventory of Facilities Survey⁷

The Inventory of Facilities Survey, as developed by Population Services International, is based on the Population Council’s Situation Analysis⁸, and is effectively a sophisticated type of retail audit. The survey collects data using on-site observation of supply-side factors, such as quality of care, staffing levels and capacity, communications materials, choice/availability of products, record-keeping etc.

The Client-Count Survey⁹

This is often undertaken as a supplement to a retail audit, and is conducted on a sample of outlets: surveyors are present from opening time to closure. The survey is repeated on different days of the week to assess whether the outlet sees differential client/customer numbers on certain days, or at specific times. The primary objective of this survey is to determine how a programme can increase the number of clients it is serving. The survey can also collect information on distance travelled, reasons for choosing the outlet/clinic, purpose of the visit (i.e. what product purchased, which service received).

5 See Berman et al, 1997

6 Traditional outlets include pharmacies, clinics, supermarkets etc; non-traditional include bars, kiosks, petrol stations, street

vendors, small shops etc (see Berman et al, 1997)

7 See Agha, S et al (1997) for details of the inventory of facilities

8 See Mensch et al (1994) and Fisher et al (1992) for details of the objectives and techniques of Situation Analysis, developed by Population Council

9 See Sherris (et al 1985: 790)

Operations research¹⁰

Operations research (OR) involves the application of a range of analytical techniques in time-bound, small-scale studies of operational and implementation issues. Many of the rapid assessment procedures (see below) now in use were developed to supply data for OR studies. Most OR studies are concerned with quantitative measurement of programme operations, but many use detailed qualitative information on programme processes, staff and client perceptions. The hallmark of OR is its focus on factors that are under the control of managers and administrators: notably training, logistics, service delivery and Information, Education and Communications, and it is therefore a particularly useful tool for assessing organisational capacity and effectiveness. OR tends to be a one-time study producing results quickly and in a format useful for programme decision-making.

Population Services International has developed an OR tool for conducting comprehensive, participatory assessments of local social marketing capacity and effectiveness, called PRISSM (Promoting Improvements in Sustainable Social Marketing). PRISSM collects information and recommends appropriate action on marketing processes, management information systems and use of data, planning, human resource management, leadership, external relations, legal status, accounting, inventory management and other internal controls.



¹⁰ See Fisher et al (1991) who present a handbook on how to conduct operations research

Qualitative Approaches

Many of the above methods, including OR, combine qualitative with quantitative approaches. Qualitative monitoring has significant advantages over questionnaire-based surveys. For instance, survey-based research on social services and health services in Europe and North America has shown high levels of client/patient satisfaction, whereas in-depth qualitative research provides evidence of dissatisfaction. Direct questioning about services, which produce high levels of service satisfaction even when services are of poor or marginal quality, are likely to be the result of:

- lack of awareness by clients of what constitutes good service (as defined by professionals), leading to a competency gap
- clients having low initial expectations (any service is better than none)
- courtesy bias (clients want to please the interviewer)

Participatory Monitoring¹¹

Advocates of participatory techniques, such as Participatory Rural Appraisal (PRA) and Participatory Learning and Action (PLA) argue that the strengths of this generic approach derive from the use of quasi-anthropological fieldwork techniques, such as participant observation, open-ended interviewing, discussion groups, and direct observation, through which clients' perceptions and practices can be assessed. Although used as monitoring and evaluation tools, PRA and PLA are more effective as appraisal tools to assess the viability of proposed interventions/strategies from the target population's perspective, and to build consensus. However, it is by no means clear that rapid qualitative methods such as participatory appraisal actually inform about culture as constructed and experienced by the subject.

While participatory methods are useful in enabling community problem-solving, it can be argued that they elicit normative statements about behaviour, rather than opening up discourse as it is uttered between actors in every-day life.

Q-sort Techniques¹²

In this approach clients are asked to sort cards containing statements (or pictures) about a key programme issue into three piles. For example, cards containing statements about the quality of care provided and nature of provider interaction with clients are given to clients who are asked to assess how providers performed into good/bad/in-between. The responses are used to evaluate the validity of provider statements about their interaction with clients.

Another example of Q-sort involves clients sorting cards, which carry statements about cultural expectations or about health beliefs into agree/disagree/ indifferent. The responses allow a programme to pick up on the latent dimensions of interaction. Q-sort techniques have also been used to explore the extent to which CBD programmes are meeting needs. A client group produces pictures showing 'reproductive health problems'. Each client is then asked to sort the pictures into three piles, according to problems, which they consider the CBD agent can directly help/indirectly help/not help at all. These responses are then used in group discussions to assess the extent to which agents are meeting reproductive health needs of their clients, and what further help the group would like these agents to give. A further exercise using the cards involves getting clients to rank the pictures to show which reproductive problems they want their CBD agent to help them with first.

¹¹ See Buckner et al (1995: 55-57), Manderson and Aaby (1992) for overviews and critiques of the many different types of participatory techniques



Focus Group Discussions¹³

Focus groups are widely used to gain insights into attitudes, opinions, motivations and concerns. The approach was developed in the context of market research, aimed at investigating consumer reaction to new products. In sexual and reproductive health programmes, the method involves a small number of respondents brought together for discussions under the guidance of a moderator or facilitator. Advocates argue that the success of the method depends on discussion group homogeneity, and the reduction of individual inhibitions, as a result of which respondents are expected to be able to express freely views and experiences that would not be revealed in individual interviews. The approach is used at programme appraisal for testing behaviour change communications messages (and mass media adverts in social marketing programmes) for appropriateness of language, message content etc. As a monitoring tool to assess attitudes, awareness, satisfaction with products or services, and whether needs are being met, the approach has limitations. Like PRA and PLA, focus groups tend to elicit normative statements about behaviour, rather than opening up everyday discourse.

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The Mystery Client (or Simulated Client) Survey¹⁴

Despite its title, this approach relies on qualitative methods, notably observation. The “surveyor”, disguised as a client, uses an observation and interaction checklist to collect information on a provider’s or a retailer’s counselling skills during an actual client-provider interaction. The approach also allows observation of the availability of information and behavioural change materials, the choice of products available/ offered, and is best used longitudinally, i.e. early in the programme to serve as a baseline, and then at agreed intervals following inputs (such as training, supply of materials and commodities). Some have argued that the mystery/simulated client approach is destructive to the research community and to those being studied, as it is so covert that it undermines the goal and ethics of research.

Mass Media Content Analysis¹⁵

In those social marketing programmes which have policy reform/advocacy objectives, data on coverage in the mass media (newspapers, magazines, radio, TV) of advocacy campaigns, or of changing attitudes to the reforms being advocated, provide important insight into the effectiveness and impact of activities.

¹² See Simmons and Elias (1994) for use of these techniques in studying client-provider interactions

¹³ There is a vast literature on focus group discussions: see Health Transition Review (1994); Bender and Ewbank (1994); Khan and Manderson (1992); Khan et al (1993).

¹⁴ See Huntington and Schuler (1993)

¹⁵ See Parker (1997)

Routine data collection for monitoring CBD



CBD agents and their supervisors should routinely record numerical and narrative information. A programme in Zambia¹⁶ has developed a participatory monitoring system for a CBD programme, which they term an 'internal learning system', with stakeholders at all levels – CBD agents, their clinic and field supervisors, and regional programme staff – actively involved in collecting and analysing information, and using that information to improve the services provided by the programme. The information is held by those collecting it, and shared with stakeholders up and down the system. The five tasks of the internal learning system are to:

- collect data
- assess change and reveal impact
- analyse patterns or causes of change and troubleshoot problems
- plan and feedback information
- document results to reinforce programme values and celebrate achievements

The monitoring system uses a mix of qualitative and quantitative methods (with the emphasis on narrative accounts), with data collected through diaries, client registers and monthly client records, contraceptive stock records, daily and monthly activity reports, and narrative notebooks.



Routine data collection for monitoring social marketing

Social marketing programmes use a number of routine sources of marketing and sales data to track progress.

Sales targets reports. Distributors, wholesalers and/or sales teams have sales targets. Programmes have in-built reporting mechanisms to track sales against targets (and where appropriate to establish sales incentive components). Where in-built feedback from wholesalers and salespeople cannot be achieved the social marketer needs to be responsible for tracking this information, either across the whole distribution system or, if this is impractical, through periodic, random checks.

Commodity procurement and logistics information systems. Sales tracking and forecasting ensure adequate stock ordering and the maintenance of optimum levels of stocks in the distribution pipeline. Where routine reporting mechanisms are not available, regular warehouse stock-checks are conducted to ensure stocks are moving out of the pipeline and to assess speed and volume of stock movement. Periodic retail stock audits (usually combined with pricing studies) ensure that stocks are adequate at the retail level and to assess the speed and level of stock movement to end consumers.

Sales representatives and distributor/wholesaler surveys/interviews. Where problems surface within the distribution system timely inputs are required in order to rectify them. Although an in-built management information system may identify a problem, it rarely gives insights into a cause. Timely interviews with wholesalers and sales representatives are useful mechanisms to identify problem causes and to find ways to rectify them.

Audited accounts. All social marketing agencies have sales, income and expenditures independently audited annually.

MONITORING SEXUAL AND REPRODUCTIVE HEALTH PROGRAMME PAPERS:

- Paper 1** **Key concepts and issues**
- Paper 2** **Indicators**
- Paper 3** **Data collection tools**
- Paper 4** **References and key readings**



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