



Outcomes measurement

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How to use this resource

Health partnerships face challenges gathering data that demonstrates long-term change in skills, behaviour, and practice –known as Outcomes.

This presentation takes different monitoring challenges in turn to consider a) what the challenge might tell you about the health system; and b) how you might deal with the challenge.

Overview

1. Definition
2. Principles
3. Challenges



I like this definition of outcomes.

“Outcomes are defined as changes in the behaviour, relationships, activities, or actions of the people, groups, and organizations with whom a program works directly.”

S. Earl, F. Carden and T. Smutylo (2001). Outcome mapping: building learning and reflection into development programs. Ottawa: International Development Research Centre.

That is, outcomes are things you can perceive: they are not changes in people’s attitudes or knowledge.

And note the word “**directly**”: if a health partnership trains health workers, you do not need to look at patients for outcomes data.

Health partnership example: Improving infection control on a maternity ward in a rural hospital in Kenya


Project narrative	Indicators	Sources of information	Monitoring responsibility
Goal:			
Outcomes:			
Outputs: Improved skills of maternity staff	Number of staff reaching skills benchmark	Post-training written and practical test	Volunteer trainers
Activities: Infection control training			

In a theory of change or logframe or results chain, we outline how we expect our activities to lead to short and long-term changes (outputs and outcomes respectively) that will contribute to a goal. Here, you can see this in the Project narrative column, reading upwards.

At each level, we identify indicators (column two) – what we will measure in order to find out whether the expected changes have come about. To measure each indicator, we need to collect specific data – our source of information (column three) – and someone needs to be responsible for data collection (column four).

So for instance, see the example in red.

MEL principles

1. Plan
 - a. Simplicity
 - b. Objectives / stakeholders
 2. Collect data: Indicators—Sources—Responsibility
 - a. Precision
 3. Manage—Interpret—Communicate
 4. Resources
 5. Limitations
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1a. When setting out what you hope to accomplish (plan), strive for simplicity but recognise the trade-off: simplicity helps you focus and communicate but it risks the loss of crucial detail and nuance. Logframes force more simplification than theories of change, because they require a standard number of stages. “Make everything as simple as possible, but not simpler.” – Albert Einstein.

1b. Know who you are measuring for, and provide each stakeholder with relevant and accessible information – tailored to their interests and ways of learning.

2. Be as detailed and specific as possible, in particular with your indicators and sources of information – even if you later decide that you’ve been measuring the wrong thing. In this situation, precisely wrong is more helpful than vaguely right. Reduce resistance to data collection by making it quick, simple and easy.

3. Don’t neglect these elements.

4. Make sure you have the necessary resources at each stage. Reduce your focus and invest in skills, time, equipment if necessary.

5. Confounding factors are common in health partnership projects. Expect to show trends, suggest contributions, not to prove causes.

Measurement challenges

“Early” interventions



Some health partnership activities intervene further back in a health system theory of change, eg support for teaching institutions or professional associations, rather than direct support for health workers. It is difficult to measure changes in health worker performance.

What does the challenge tell you about the health system?

Outcomes are defined in the context of the project; we should expect different activities to have different outcomes, even if they relate to the same goal in the long term.

How might you deal with the measurement challenge?

Be realistic about your outcome measurement.

- If your partnership supports a university teaching faculty to deliver a Masters course to health workers, evidence of student learning is an ambitious outcome measure; don't expect to see changes in health worker performance.
- If your partnership supports a professional association to strengthen health worker CPD, evidence of health worker participation in CPD activities is an outcome; don't expect to see changes in health worker performance.

Measurement challenges

Unmotivated data collectors



- Health workers may not like collecting data, if they cannot see how it will make a real difference to patient care.
- UK volunteers may have faith in the value of data but if they find it a struggle to get anything done on their placements, outcomes data collection can be pushed to the backs of their minds.

What does the challenge tell you about the health system?

- Data use and audit may not be a standard part of health care in some developing country institutions, and a health partnership may want to look at capacity in this area.
- Volunteers may need support to maintain a focus on outcomes in parallel with activities.
- Emotional or “political” considerations may influence attitudes to data collection – eg if data may be used as evidence of failure or a reason to sanction.

How might you deal with the measurement challenge?

- Ask data collectors what they would be motivated to monitor when planning data collection.
- Be explicit, precise and simple in your data collection requirements.
- Recruit health workers, volunteers or others to undertake, manage or support data collection.

Measurement challenges

Trainees are hard to track



Health workers or community members may travel to an institution for a training course before returning to their base; they may be transferred or rotated elsewhere following training, or leave of their own accord. How can you measure changes in their performance?

What does the challenge tell you about the health system?

If a large fraction of the health workers your partnership has trained are transferred or rotated to other institutions as part of national policy, this is not simply a measurement issue. It potentially undermines the assumed connection between an individual's improved knowledge or skills and their performance, for instance if they are transferred to a unit or institution where there is no call for their improved skills.

How might you deal with the measurement challenge?

- Use social media, especially Facebook, to stay in touch with young health workers and students.
- Try to get a sense of the number transferred;
- Try to follow up a sample of trainees with interviews;
- Offer incentives for trainees to contact you after a specified period.

Measurement challenges

No baseline data



What does the challenge tell you about the health system?

- Data use and audit may not be a standard part of health care in some developing country institutions, and a health partnership may want to look at capacity in this area.

How might you deal with the measurement challenge?

- Acknowledge data collection and management as a capacity issue itself. Invest in systems and training;
- Look for small-scale changes after collecting baseline data as early as you can, eg using “mini-audits”;
- Look for evidence that things have changed, eg qualitative data, eg new practices or new resources (where baseline was effectively zero).

Measurement challenges

Aggregating data



- Aggregating data from a multi-stranded health partnership project is necessary when summarising your achievements for donors and others. THET asks health partnerships to do it, THET does it for DFID, and DFID aggregates data from all its health projects...
- Aggregating activities – let alone outcomes – entails some loss of meaning. For instance, THET reports the number of health workers trained by the HPS, aggregating data from day-long sessions, month-long courses, long-term informal mentoring and more. The aggregate figure has little meaning and we use illustrations from individual projects to bring this data back to life. It's even harder with aggregation of outcome data.

What does the challenge tell you about the health system?

- Building capacity, strengthening the health workforce or health systems are not simple. Find the right balance when measuring and communicating.

How might you deal with the measurement challenge?

- We must recognise that everyone working in global health (and other fields) is under pressure to justify complex work in simple terms, and respond as best we can while trying to educate people that the real world cannot be expressed in these terms.

Measurement challenges

Confounding factors



Explaining outcomes quantitatively in terms of activities (or, more broadly, relating any points of a theory of change / logframe to each other) is difficult, because other factors can complicate (or even overwhelm) the relationship and confound simple explanation.

What does the challenge tell you about the health system?

Your simple picture (and to some extent your whole health partnership project) ignores details and even entire sets of influences, such as the way that changes in government policy can affect behaviour locally, of health workers, patients, managers, etc. You should not expect that a simple health partnership intervention will solve a complex problem.

How might you deal with the measurement challenge?

Recognise the limits of your influence and the assumptions you are making in anticipating changes.

Don't attempt to explain changes too far down the theory of change.

Expect to show trends, suggest contributions, not to prove causes.

MEL trade-offs

- Scope
- Focus
- Communication



It seems to me that there is no such thing as The Right Approach to monitoring, evaluation and learning: there are approaches that are appropriate to the context and objective, and approaches that are not. MEL systems entail trade-offs:

- Scope is a trade-off between rigour and affordability: the more rigorously you want to demonstrate that a health partnership project has led to a change in performance, the more resources you need to put into your study (or trial).
- Focus is a trade-off between detail and completeness: the more precisely you want to examine and present the relationships between health partnership activities, context and results, the less you will be able to examine and present the big picture.
- Communication is a trade-off between simplicity and meaning: the more simply you need to communicate your work, the less meaning you can convey. A few numbers cannot convey how a health institution works or changes.

Other Resources

See how health partnerships are doing their M&E by visiting our Resources page

<http://www.thet.org/health-partnership-scheme/resources/tools-guidance>



The Ghana-Wessex Stroke partnership describes their approach to data collection, management, and analysis.

<http://www.thet.org/health-partnership-scheme/resources/tools-guidance/monitoring-change-...>

The Kambia Appeal describes how it monitors change in its projects.

<http://www.thet.org/health-partnership-scheme/resources/tools-guidance/monitoring-change-in-a-health-partnership-project>