

# M&E Governance and Health Outcomes: Guidelines

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Fighting poverty.



# Objectives of the session

- To present CIUK Governance M&E
- To discuss the best ways to measure different level of outcomes within CSC process

# Session outline

- Overview of GPF pack, including M&E Guidelines
- Governance M&E: Challenges and debates
- Challenges of CSC M&E: some reflections from CARE  
Tanzania and Ethiopia
- Example from Malawi
- Group Exercise

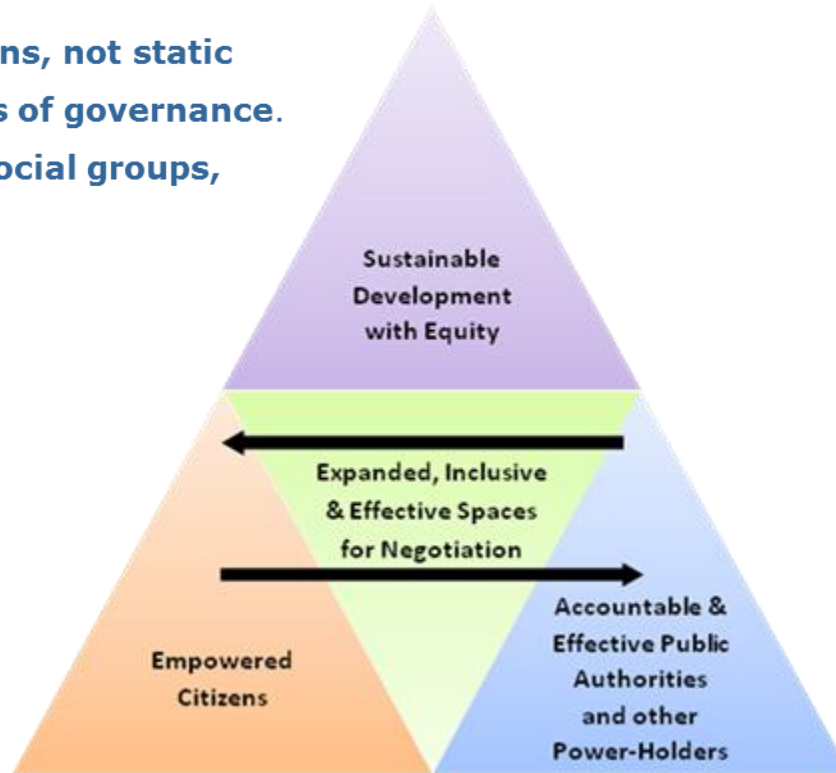
# GPF Pack



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# Context for governance

- “What”, not “how”
- Interactive domains, not static
- Interlinking levels of governance.
- Heterogeneous social groups, not monolithic



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Domain 1	Domain 2	Domain 3
Marginalised citizens are empowered	Public authorities and other power-holders are effective and accountable to marginalised citizens	Spaces for negotiation between power-holders and marginalised citizens are expanded, inclusive and effective
<b><i>Dimensions of Change</i></b> <ol style="list-style-type: none"> <li>1.Citizens are aware of their rights and duties, and exercise agency</li> <li>2.Citizens participate in and organise collective actions</li> <li>3.Citizens hold public authorities and other power-holders to account</li> <li>4.Citizens influence policy effectively</li> <li>5.CSOs are representative of and accountable to marginalised citizens</li> </ol>	<b><i>Dimensions of Change</i></b> <ol style="list-style-type: none"> <li>1.Public authorities and power-holders have the capacity to uphold rights and deliver public goods</li> <li>2.Public authorities and power-holders are responsive to impact groups, designing and implementing pro-poor and inclusive policies, programmes and budgets.</li> <li>3.Public authorities and power-holders are transparent, providing accessible and relevant information</li> <li>4.Public authorities and power-holders are accountable to impact groups</li> <li>5.The rule of law is effective and justice is administered equitably and impartially</li> </ol>	<b><i>Dimensions of Change</i></b> <ol style="list-style-type: none"> <li>1.Institutionalised spaces are expanded, inclusive and effective</li> <li>2.Informal spaces are claimed and created</li> <li>3.Inclusive political settlements are achieved at multiple levels</li> <li>4.Alliances and coalitions for progressive social change are formed</li> </ol>

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# Overview of CIUK Governance M&E Guidance

- Part of the tools aligned to the GPF
- Builds on the domains and dimensions of changes from GPF
- Indicators provide guidance to measure “levels of changes”
- The guidance provides Guidance and Generic indicators, should be contextualised ( impact groups, changes, Governance outcomes or impact)
- To create a learning culture to understand if our work is having the intended impacts

# How to use the M&E Guidelines document to develop M&E framework for CSC

- Understand which **domain of change** the specific project outcome/result is corresponding to
- Identify the different **dimensions** within the domain of change
- Look in more details at the **characteristics of the change**
- Choose which **indicators** seem most appropriate to measure the changes aimed at in the project and adapt them to the context of the project



Domain of change/dimensions of change	Desired change	Example of Indicator-generic	Progress assessment: where to assess change + method/approach	Contextualised indicators
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### Domain 1: Empowered citizens

Citizens are aware of their duties/rights and exercise agency	Citizens are informed about their rights and duties and gain a sense of agency (responsibility and hold gvt to account)	Marginalised citizens understand their rights and responsibilities	Date for assessment – Methods: perception survey, FGD, random interview, KAP survey	
Citizens participate in and organise collection actions	Marginalised citizens have individual and collective capacity to articulate their needs, aspirations and demands	<ul style="list-style-type: none"> <li>• Marginalised citizens have the capacities to put forward their demands</li> <li>• Ability to negotiate</li> <li>• Number of citizens group formed, organised and active</li> <li>• Number of collective actions organised (campaigns, march, interface meetings)</li> </ul>	Document reviews (meeting reports, newspaper articles) Perception surveys	

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Domain of change/dimensions of change	Desired change:	Example of Indicator- generic	Progress assessment: where to assess change + method/approach	Contextualised indicators
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## Domain 2: Public Authorities and Power-holders are effective and accountable to marginalised citizens

Public authorities and power-holders have the capacity to uphold rights and deliver public goods	Depersonalised and effective implementation of progressive and transparent legislation, policy and budget processes	<ul style="list-style-type: none"> <li>- Organisation capacity to delivery services</li> <li>- Existence of legislation to protect the rights and provide accessible quality services for marginalised pop</li> <li>- Resources allocation for service provision</li> </ul>	Monitoring observable events, media monitoring, impact assessment at local level of specific public policies, official statistics, budget analysis	
Public authorities and power holders are responsive to impact groups	Marginalised citizens access and use improved services	<ul style="list-style-type: none"> <li>-PA are delivering public services</li> <li>- Quality of services delivered</li> </ul>	Key Informant perceptions, use of CSC to record changes in satisfaction with quality services	
PA/SP are transparent, providing accessible and relevant information	PA?SP provide information that is accessible	<ul style="list-style-type: none"> <li>- Availability of service provision information (entitlement, opening hours)</li> </ul>	Key Informant perceptions/knowledge survey, review of information provided	

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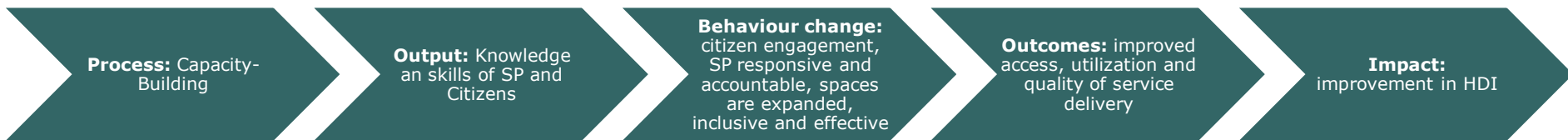
# Challenges and various debates

- Governance and accountability more complex than some of the other sectors
- Two types of focus:
  - 1) **Governance as a means to an end :**
    - Improving education/health through social audit, participatory budgeting, community score-card
    - Measuring processes: knowledge, skills, empowerment, engagement, spaces, responsiveness of power holders
  - 2) **Governance as an end in itself:**
    - Measuring processes: democracy, transparency, rights, corruption

**In the case of CSC:** What do we need to **measure**? What are the types of **outcomes** we want to see? What about **impact**?

# Potential attribution chain for a CSC health project

- Assumption that impact is expressed in terms of developmental changes in people's lives (reduction of maternal mortality, under 5 child mortality), relegates behavioural changes related to voice and accountability to output level



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# CSC M&E: What do we want to measure?

## Governance and health outputs and outcomes:

- **Domain 1:** Citizens aware of their rights and duties, citizen participation and influence, citizens hold public authorities/service providers to account, alliances and networks built, CSO are inclusive and representatives,
- **Domain 2:** Public authorities/service providers have the capacity to deliver public goods, PA/SP are responsive, accountability mechanisms are created and/or strengthened, policies are implemented
- **Domain 3:** Institutionalised spaces are expanded, inclusive and effective, informal spaces are claimed and created

## Health Services Outcomes:

Improvement of services access, utilization and quality  
(important to define what we mean by quality)

## Impact:

Reduction of maternal mortality, under 5 child mortality

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# M&E Standard Steps

1. **ToC:** Desired changes to achieve impact which should include both governance and health components
2. **Logframe:** Aim & objectives, outputs, outcomes and impact
3. **A sound baseline:** Decentralisation (Who is responsible for what? At which level?), stakeholder analysis/incentives, sound understanding of service delivery bottlenecks
4. **M&E plan:** What to measure? When? How? (time and attribution to measure HDI indicators)
5. **Evaluation:** Outcomes/ impact, verify TOC, understand attribution, **look at unexpected changes**

# Measuring success: Reflections from Tanzania and Ethiopia

- Success of CSC can come **at different levels**: changes in individual's health due to improved services, changes in the services themselves, changes in skills and knowledge and behaviour of local people (agency), changes in skills and knowledge and behaviour of service providers/local governments
- Important to develop a clear **ToC and result chain and attribution**
- What about **unexpected changes**? CSC take-up in other sectors (increased participation and influence)



# Conclusion

- In order to understand the effectiveness of the CSC process, it is equally important to measure:
- **Citizens empowerment:** Citizens capacity (knowledge of governance and health), collective action to engage and demand accountability, CSO are representative, inclusive and accountable
- **Service providers and public authorities accountability:** capacity (knowledge of governance and health), collective actions, accountability (responsiveness- relevant quality services, information provision, resource allocation, policy implementation)
- **Spaces for negotiations:** formal and informal (inclusive, representative, effective, accountable)
  - ➡ Access, utilisation and quality of services
  - ➡ Improvement in Human Development Indicators: Health

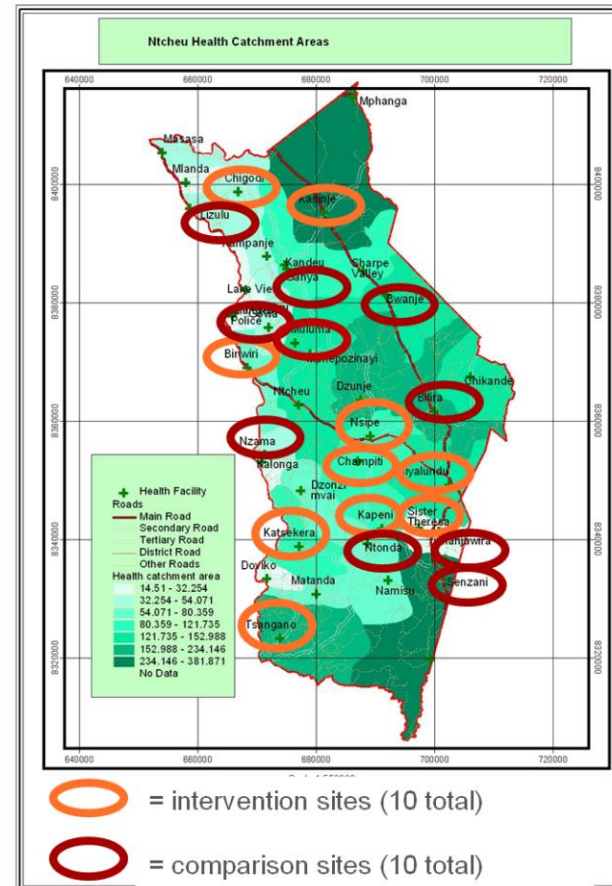
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# What is the evaluation plan?

## Study design

- Ntcheu district – 471,589 population with 23,579 expected births annually
- Cluster – randomized control evaluation
- 10 intervention clusters
  - 20 intervention GVHs selected using probability proportional to size (PPS). These will participate in the intervention and baseline. (Pop = 58,164)
  - 20 spillover GVHs selected using (PPS). These will only participate in the baseline. (Pop = 69,450)
- 10 control clusters
  - 20 control GVHs selected using (PPS). These will only participate in the baseline (Pop = 68,241)
- Evaluation components:



Component	Target	Sample	Outcomes of Interest
<b>Women's Survey</b>	Women aged 15-49 who have given birth within the last 12 months and whose child is still living	1,950	<ul style="list-style-type: none"> <li>• Governance (empowered communities, accountable &amp; effective service providers, spaces for negotiation)</li> <li>• Women's empowerment (gender attitudes, self-efficacy)</li> <li>• Maternal health (ANC, L&amp;D, BF), PMTCT, and family planning coverage, quality, equity</li> </ul>
<b>Health Worker Survey</b>	All health workers in catchment areas	~400	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Maternal health, PMTCT, and family planning coverage, quality, equity</li> </ul>
<b>Labor &amp; Delivery Medical Record</b>	Record review of women who have delivered in a facility in the last month	(~195)	<ul style="list-style-type: none"> <li>• Skilled, quality care during labor and delivery</li> </ul>

# Women's Survey - Domain 1 (Empowered Citizens)

## Domain 1: Marginalized Citizens are Empowered

Dimension 1.1: Citizens aware of rights/duties and exercise agency	Awareness of rights and duties among marginalised populations
	Self-Efficacy
	Women's Attitudes and Beliefs about Gender (Gender Relations)
	Participation in Household Decision-making
Dimension 1.2: Citizens participate in and organize collective actions	Social Capital
	Social Cohesion
	Community Support in Times of Crisis
	Collective Efficacy (modified measures & new measures)
	Participation in Social Groups
Dimensions 1.3 Citizens hold public authorities and other power holders to account	Taking part in collective action/ Social Participation
Dimension 1.4 Civil society is representative of and fully accountable to marginalized citizens	

# Awareness of rights and duties among marginalised populations

## Resource used to develop measures

### **Malawi Charter on Patients' and Health Service Providers' Rights and Responsibilities:**

1. Right of access to appropriate health care
2. Right to choice and second opinion
3. Right to adequate information and health education
4. Right to informed consent or refusal of treatment
5. Right to participation or representation in decision making regarding his or her care
6. Right to respect and dignity
7. Right to a guardian
8. Right to privacy and confidentiality
9. Right to a safe environment
10. Right to complain about health services

## Measures in WM's survey

A healthcare provider can refuse to provide me health care because of my age or marital status.

The government of Malawi ensures that maternal and child health services are provided free of charge.

The healthcare provider is required to keep my healthcare information private and confidential.

I have a right to complain if a health care worker yells at me or is disrespectful.

Healthcare providers are required to answer all my health related questions.

Every individual has the right to prompt emergency treatment from the nearest public or private health facility.

I cannot refuse a health service or treatment if a healthcare provider recommends it.

I do not have the right to complain about the quality of health services in this community.

Community health workers (HSAs) should visit pregnant women and new mothers/babies at home.

# Social Cohesion

## Resource used to develop measures

### Social Cohesion

I can rely on people in my community:

- if I need to borrow money.
- if I need to talk about my problems.
- to help deal with a violent or difficult family member.
- to help me if I have difficulty breastfeeding my baby.
- to help me if I can't provide my child with enough healthy food.
- to help take care of my children/household if I need to go to the doctor or hospital.
- to help take care of my children/household if I need to go outside the home to work.

Adapted from Lippman (2009) & Avahan to measure perceptions of mutual aid, trust, connectedness and support.

## Measures in WM's survey

### Social Cohesion

- I can rely on people in my community if I need to borrow money.
- There is no one in my community that I can rely on if I need to talk about my problems.
- I can rely on people in my community to help deal with a violent or difficult family member.
- I can rely on people in my community to help me if I have difficulty breastfeeding my baby.
- I can rely on people in my community to help take care of my children/household if I need to go to the doctor or hospital.
- There is always conflict among the people in my community.

*Response Scale: strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.*

# Women's Survey - Domain 2 (Public authorities and other power holders are effective and accountable to marginalised citizens)

## Domain 2: Public authorities and other power holders are effective and accountable to marginalised citizens

Dimension 2.2: Public authorities and power-holders are responsive to impact groups, designing and implementing pro-poor and inclusive policies, programmes and budget.

Dimension 2.4: Public authorities and power-holders are accountable to impact groups.

Perceptions of Health Service/Quality



# Perceptions of Health Service/Quality

## Resource used to develop measures

### **Quality (IOM definition)**

1. Effective
2. Patient Centered care
3. Efficient
4. Safe
5. Equitable- care
6. Timely

Family Planning measures were informed by Judith Bruce's

### **Fundamental Elements of Quality of Care: A Simple Framework**

#### Technical Competence

1. Choice of contraceptive methods
2. Information given to patients
3. Interpersonal relationships
4. Continuity and follow-up
5. The appropriate constellation of services

## Measures in WM's survey

### **Core measures:**

- The staff at [health facility] provides high quality health services.
- The staff at [health facility] is friendly and treats me well.
- The staff at [health facility] ensures privacy and confidentiality when providing services.
- The staff at [health facility] gives me all the information I need to take care of my health.
- I often have to wait too long of a time to receive care at the health facility.
- Whenever I go to the health facility, there is a provider available to serve me.
- The health facility is clean.
- Whenever I go to the health facility, it rarely has the supplies and medicine I need.
- Men are welcome to accompany their wives during pregnancy and delivery care.
- A family member or friend is welcome to accompany a woman during delivery.
- Unmarried women can access family planning and reproductive health service at the health facility.

### **After each health service section:**

- Satisfaction with service & likelihood to recommend

**Maternal health & Family planning sections:** additional measures

# Women's Survey - Domain 3 (Spaces for negotiation between public authorities/ other power holders and marginalised citizens are expanded, inclusive and effective)

## Domain 3: Spaces for negotiation between public authorities/ other power holders and marginalised citizens are expanded, inclusive and effective

Dimension 3.1: Institutionalised spaces are expanded, inclusive and effective:

Institutionalised spaces are conducive to inclusive and effective negotiations for increased access with equity to rights and opportunities.

Dimension 3.2: Informal spaces are claimed and created: A diverse and broad range of informal/ non-institutionalised spaces exists

Taking part in collective action/ Social Participation Section



# Taking part in collective action/ Social Participation Section

## Resource used to develop measures

**Adapted from SASCAT (Halpern/Da Silva )**

In past 12 months....

- 1....have you joined together with other people in your neighbourhood or community to address a problem or common issue?
- 2...has your neighbourhood carried out organized activities with people from another neighbourhood?
- 3...have you spoken out in public about a problem that affects someone else?
- 4...have you talked with local authorities or governmental organizations about problems in the community?
- 5...have you attended a rally or demonstration about a problem in your community?

Score: yes or no

## Measures in WM's survey

- Have you heard about the Community Scorecard process?  
(IF YES TO Q11003) In the last 6 months, have you participated in a Community Scorecard meeting?
- In the past 6 months, have you joined together with other people in your community to improve health services for women or children?
- In the past 6 months, have there been meetings between the community, health providers, and government representatives?
- Were any of these meetings part of the Community Scorecard Process?
- Was your Village Health Committee part of any of these meetings?
- Did any other formal groups or committees participate in these meetings?

Now, I would like to ask more about these meetings.

- In the past 6 months, have there been meetings between the community, health providers, and district government authorities during which...
  - A.Information about health services was shared?
  - B.Problems or other issues with health services were discussed?
  - C.Community members voiced their concerns about health services?
  - D.Health issues of concern to the most vulnerable and marginalized groups were discussed?
  - E.Plans for improving health services were made?

(IF YES TO ANY IN Q11010) Did at least half of the community attend these meetings?

(IF YES TO ANY IN Q11010) Were at least half of those from the community who attended these meetings women and girls?

# Taking part in collective action/ Social Participation Section (cont'd)

## Measures in WM's survey cont.

**As a result of working together in the past 6 months, have community members and health care providers achieved the following?**

- Mobilized resources, including in kind and financial, to improve health services?
- Improved the quality of maternal and newborn health services?
- Increased the availability of maternal and newborn health services provided in this community?
- Improved the level of trust between community members and health workers?

**In the past 6 months have meetings between health workers, district government authorities and the community...**

(READ ALL RESPONSES AND PAUSE AFTER EACH RESPONSE)

- Been well run?
- Been inclusive of broad participation from the community?
- Been focused on important issues?

*Response: Yes/No/Don't Know*

# Health worker Survey - Domain 2 (Public authorities and other power holders are effective and accountable to marginalised citizens)

## Domain 2: Public authorities and other power holders are effective and accountable to marginalised citizens

Dimension 2.1: Public authorities and power-holders have the capacity to uphold rights and deliver public goods:

Performance Monitoring & Supervision  
 Perceived efficacy of Health Interventions  
 Rights and Entitlements  
 Self-efficacy  
 Social Cohesion/Social Capital  
 Work attachment  
 Current work conditions/environment

Dimension 2.2: Public authorities and power-holders are responsive to impact groups, designing and implementing pro-poor and inclusive policies, programmes and budget

Attitudes and Perceptions Towards Clients  
 Collective Efficacy (Also applicable to 2.1)  
 Participation in Social Groups  
 Social Participation – Collective Action (Also applicable to Domain 3)

& Dimension 2.4: Public authorities and power-holders are accountable to impact groups:

Perceptions of Health Services

## Health worker survey - Domain 3 (Spaces for negotiation between public authorities/ other power holders and marginalised citizens are expanded, inclusive and effective)

### Domain 3: Spaces for negotiation between public authorities/ other power holders and marginalised citizens are expanded, inclusive and effective

#### **Dimension 3.1:**

- Institutionalised spaces are expanded, inclusive and effective
- Institutionalised spaces are conducive to inclusive and effective negotiations for increased access with equity to rights and opportunities.

#### **Dimension 3.2:**

- Informal spaces are claimed and created
- A diverse and broad range of informal/ non-institutionalised spaces exists

Taking part in collective action/ Social Participation Section