

# Monitoring & Evaluation in Family Planning

## Strengths, Weaknesses, and Future Directions

Janine Barden O'Fallon, MEASURE Evaluation,  
University of North Carolina at Chapel Hill

Eilene Zaida Bisgrove, Carolina Population Center,  
University of North Carolina at Chapel Hill

May 2016

WP-16-163



# Monitoring & Evaluation in Family Planning

## Strengths, Weaknesses, and Future Directions

Janine Barden-O'Fallon, MEASURE Evaluation,  
University of North Carolina at Chapel Hill

Eilene Zaida Bisgrove, Carolina Population Center,  
University of North Carolina at Chapel Hill

**MEASURE** Evaluation  
University of North Carolina at Chapel Hill  
400 Meadowmont Village Circle, 3<sup>rd</sup> Floor  
Chapel Hill, NC 27517 USA  
Phone: +1 919-445-9350  
[measure@unc.edu](mailto:measure@unc.edu)  
[www.measureevaluation.org](http://www.measureevaluation.org)

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.  
WP-16-163



**USAID**  
FROM THE AMERICAN PEOPLE



## ACKNOWLEDGMENTS

The authors would like to express their gratitude to the online survey respondents and the monitoring and evaluation experts for taking the time to think about the practice of monitoring and evaluation in family planning. The authors would also like to thank Amani Selim (U.S. Agency for International Development) and Jason Smith and Heidi Reynolds (MEASURE Evaluation) for their review and comments on the report from which this manuscript was developed. We are grateful to the Carolina Population Center (R24 HD050924) for general support. The opinions expressed are those of the authors and do not necessarily reflect the views of USAID or the U.S. government.

# CONTENTS

Acknowledgments.....	i
Contents .....	ii
Figures .....	iii
Tables .....	iii
Abbreviations .....	iv
Executive Summary .....	v
Introduction .....	1
Objectives .....	3
Methods .....	3
Document Survey .....	3
Field Interviews .....	3
Expert Interviews .....	3
Results .....	4
Survey Respondents .....	4
Interviewed Experts .....	4
Perceived Effectiveness of M&E of FP .....	4
Perceived Strengths and Weaknesses of M&E of FP.....	5
Recommendations for Future Work in M&E of FP .....	8
Discussion and Recommendations .....	10
References .....	11

# FIGURES

**Figure 1**

Ratings of mean effectiveness of M&E by 64 survey respondents and 21 interviewed experts, from 1 (not at all effective) to 5 (very effective); 2013 ..... 3

# TABLES

**Table 1**

Summary of perceived strengths, weaknesses and gaps in FP M&E by survey respondents and interviewed experts, 2013 ..... 3

**Table 2**

Summary of recommendations for future M&E work according to survey respondents and interviewed experts, 2013 ..... 3

## ABBREVIATIONS

CYP	couple years of protection
FP	family planning
FP2020	Family Planning 2020
GIS	geographic information system(s)
GPS	global positioning system(s)
HIS	health information system(s)
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
K4H	Knowledge 4 Health
M&E	monitoring and evaluation
MDGs	Millennium Development Goals
MLE	Measurement, Learning and Evaluation (Project)
RH	reproductive health
UNDP	United Nations Development Programme
USAID	United States Agency for International Development

## EXECUTIVE SUMMARY

Long-term investment and prioritization of monitoring and evaluation (M&E) in family planning (FP) programs has resulted in well-established and available validated indicators, measureable outcomes, and improved program performance. For the most part, projects and programs have the tools and materials available to satisfactorily implement M&E strategies. Nonetheless, many gaps and weaknesses in M&E still need to be addressed.

This paper offers recommendations to improve the practice of M&E in FP programs based on an assessment of past and current M&E effort. We also identify future needs, areas of application, and tensions that will need to be addressed as the field advances. The information used for the analysis came from document reviews, a field survey of FP M&E professionals, and interviews with experts in the field of FP M&E.

Overall, FP M&E practitioners feel positively about the effectiveness of M&E in this field. Areas of relative weakness that will require attention are the consideration of environmental and external constraints, the achievement of needed infrastructure, and utilization of results. Furthermore, despite the enormous effort that has gone into the development of standard indicators for a wide range of FP/RH areas, new and emerging areas continue to need this type of work. Likewise, there is a continuing demand for well-trained M&E professionals, researchers, managers, and leaders. In contrast, other M&E needs reflect the evolving information requirements of the field. These include mechanisms for timely, rapid data collection and innovative applications of new technologies for use in data collection. Finally, a renewed focus on some areas of M&E is called for. This includes health system strengthening, reduction of parallel information systems, donor coordination of reporting demands, and better use of data for decision making at all levels.

# INTRODUCTION

The primary goal for the M&E of FP programs is to improve the quality and effectiveness of FP services, policies, and planning with resulting beneficial impacts on health and quality of life. M&E has a long history in the FP field. Systematic plans for evaluation were part of the first large-scale government-sponsored FP programs in India in the early 1950s. By the 1960s, several long-term program evaluations were being conducted for programs in Taiwan, Singapore, Hong Kong, and South Korea (Buckner, et al., 1995). From the 1950s through the 1990s, a great deal of public and private effort was devoted to organizing and delivering FP services, and there was marked expansion in the types of contraceptive methods available, the channels for provision of FP services, and the approaches for dissemination of FP information, ideas, and messages. With this expansion of FP methods and services and the ensuing health, demographic, and socioeconomic consequences, the importance of research and evaluation on the effectiveness and impacts of FP programs came to the forefront.

Pioneering work in M&E of FP was conducted by the Carolina Population Center, at the University of North Carolina at Chapel Hill; the Population Council; the Community and Family Study Center, at the University of Chicago; and the International Institute for the Study of Human Reproduction, at Columbia University. In a review of the literature on FP evaluation, Buckner et al. (1995) provide a concise summary of the development of FP programs and the methods and resources for evaluation. Comprehensive reviews for pre-1980s developments in FP programs and their evaluation can be found in Hermalin and Entwistle (1982) and for the 1980s in Lloyd and Ross (1989).

Evaluations of the impacts of FP programs revealed a need for more systematic M&E, **to ensure that** resources were allocated in the most efficient and effective manner. In the early 1990s, the United States Agency for International Development (USAID), a number of its cooperating agencies, and other prominent donors and organizations engaged in FP programs responded to the need for additional and more systematic information on FP programs, by concentrating more resources and efforts on improved M&E. Such work included defining new indicators, improving data collection, developing tools, and building capacity in M&E. As a result, significant advances have been made in the thinking and practice of M&E in FP during these past twenty years.

**As a result of long-term investment in the monitoring and evaluation (M&E) of family planning programs—with its early, strong focus on evaluation and its more recent, robust focus on monitoring—validated indicators are available, and outcomes are largely measurable and well-established. For the most part, projects and programs have tools and materials to implement M&E strategies satisfactorily. Nonetheless, many gaps and weaknesses in M&E still need to be addressed, especially with the current growing demand for cost-effective programs and services that can target and reach populations and subgroups most in need.**



In recent decades, the type of work being carried out in M&E of FP has evolved, and has been shaped by changes in information needs and funding priorities that, in part, reflected emergent global health initiatives. For example, the Programme of Action from the watershed 1994 International Conference on Population and Development (ICPD) called for countries and organizations to cooperate in the collection and analysis of “valid, reliable, timely, culturally relevant and internationally comparable data” to form the basis for M&E progress (United Nations Population Fund, c. 1994). A few years later, the Millennium Development Goals (MDGs), established in 2000, included a framework with 60 technical indicators to measure progress (United Nations Statistics Division, c. 2002). Both of these initiatives focused attention on building and strengthening data collection systems, and on monitoring progress relative to evaluating program impact. The United States President’s Emergency Plan for AIDS Relief (launched in 2003) and the President’s Malaria Initiative (launched in 2005) are widely viewed as initiatives that shifted global attention and funding away from FP, and further reduced the funding and prioritization of evaluation within M&E. As a result, less consideration was given to supporting—and learning from—evaluation, and methodological advancement in FP evaluation faltered. For example, a review of FP evaluation research conducted between 1995 and 2008 found only 14 studies that could be classified as “high quality” based on strength of the research design, scope of the study, and control of confounders and selection bias (Mwaikambo, et al., 2011).

In contrast, many advances in program monitoring did occur during this time, with more support for health information systems (HIS) and the development of tools for data collection, processing, analysis, synthesis, presentation, and utilization. Much of the expansion in the practice of M&E in the 1990s and 2000s is reflected in the wide range of resources now available to program managers and M&E program staff. Projects such as MEASURE Evaluation have provided, and continue to provide, M&E leadership, technical assistance and tools, and online training and certificate courses on M&E topics ranging from M&E fundamentals to addressing equity and health (MEASURE Evaluation, n.d.). The Bill & Melinda Gates Foundation-funded [Measurement, Learning and Evaluation \(MLE\) Project](#) (MLE Project for the Urban Reproductive Health Initiative, n.d.), which hosts the Measuring Success Toolkit, along with USAID’s [Global Health e-Learning Center](#) (USAID and Knowledge 4 Health [K4Health], n.d.) and the USAID-funded [K4Health project](#) (K4Health, 2014), serve as important repositories for M&E tools and training resources in FP and other health areas. International organizations, such as the International Planned Parenthood Federation (IPPF) and the United Nations Development Programme (UNDP), have comprehensive, publicly available M&E policies and guides ([IPPF, 2009](#)) ([UNDP, c. 2009](#)).

A more recent initiative, Family Planning 2020 (FP2020), stems from the commitment to revitalize FP fostered by the London Summit on FP in 2012. Based on the principle that all women, no matter where they live, should have access to lifesaving contraceptives, FP2020 set the goal of enabling 120 million more women and girls in the poorest countries to use contraceptives by the year 2020 (United Nations Foundation, c. 2013). The FP2020 initiative is undertaking a number of activities with M&E components. For example, supporters of the initiative are deeply concerned that reproductive rights and choice be closely monitored as programs push to bring contraceptives to new users. Moreover, country accountability and more frequent data collection for monitoring purposes are in the forefront.

As a result of long-term investment in the M&E of FP programs—with its early, strong focus on evaluation and its more recent, robust focus on monitoring—validated indicators are available, outcomes are largely measurable and well-established, and, for the most part, projects and programs have the tools and materials available to satisfactorily implement M&E strategies. Nonetheless, many gaps and weaknesses in M&E still need to be addressed, especially with the current growing demand for cost-effective programs and services that can target and reach populations and subgroups most in need.

## Objectives

With the present renewed international and country-level emphasis on accessible, high-quality, and cost-effective FP and broader RH services, the demand for M&E to help guide policy and program planning, implementation, and advancement is increasing. In light of this demand, we reviewed current practices and assessed perceived issues, gaps, and future directions in M&E of FP. For this assessment we considered current and past M&E effort, and highlighted successes and evolving best practices. Based on this assessment, we offer recommendations to improve the practice of M&E of FP programs. We also identify future needs, areas of application, and tensions that will need to be addressed as the field advances.

## METHODS

The information used for analysis came from three main sources: document reviews, a field survey of FP M&E professionals, and interviews with experts in the field of FP M&E.

### Document Review

Documents and online materials were reviewed from the Evaluation Project and the first three phases of the MEASURE Evaluation project, as well as from other key organizations, programs, and initiatives with FP M&E components, such as the 1994 ICPD Programme of Action<sup>4</sup> and ICPD Beyond 2014 (United Nations Foundation, c. 2014), the MDGs (United Nations Statistics Division, c. 2002), K4H (K4 H, 2014), the MLE Project (MLE Project for the Urban Reproductive Health Initiative, n.d.), FP2020 (United Nations Foundation, c. 2013), and IPPF (IPPF, 2009), among others. The full list of documents used for the review is available from the authors upon request.

### Field Survey

A set of ten questions was developed into an online survey using Qualtrics web-based software for building surveys. In addition to posing background questions on respondents' training, program area, geographic region, and use of M&E resources and tools, the survey inquired about the respondents' views of the effectiveness of the application of M&E at various stages of FP program design, implementation, data collection, analysis, and the dissemination and utilization of results. The survey included further questions on new areas or problems for which M&E tools should be developed, and any specific changes or improvements the respondents would like to see happen in the future. Following review, pretesting, and refinements, the survey was distributed through a number of relevant email listservs (e.g., USAID Bureau of Global Health Cooperating Agency's M&E Working Group, GENSALUD, Interagency Gender Working Group, EQUIDAD, African Evaluation Association, Sexual and Reproductive Health (a Yahoo group), Global Development Network, Young People's Sexual Health, and CORE Group) and was open from August 12 to October 31, 2013. The survey was also sent out through Facebook and Twitter. The week following publication of the survey, an advertised one-hour online Twitter Chat was held to enhance interest in the activity and increase survey responses.

The open-ended responses from the field survey questions were coded by questions and topics within questions. The survey was closed with 64 respondents; results on current practice and future needs and directions in M&E according to these respondents are presented in conjunction with results from the expert interviews.

### Expert Interviews

We identified experts in M&E who have worked with donors, organizations, and FP programs over the past one to three decades. Of this group, 21 agreed to be interviewed directly and one contributed material to the analysis. The questions for the interview guide covered the history and evolution of FP M&E, changes that

have and have not been helpful, the effectiveness of M&E for measuring longer-term outcomes, and the success of current programs in applying M&E strategies and tools. Similar to the field survey, the experts were asked their opinions of the application of M&E at various stages of program design, implementation, data collection, analysis, and dissemination and utilization of results. The concluding questions focused on new or renewed areas of focus or problems for which M&E approaches, tools, methods, technical assistance, or training should be developed and any specific changes or improvements that respondents would like to see in the future. Following the interviews, notes were drafted and sent to the experts for review. The final version of these notes were coded in spreadsheets organized by question and within question topics and subtopics. The results of the interviews, in addition to document reviews and survey responses, are presented as they pertain to current practice and future needs and directions of M&E.

## **RESULTS**

### **Survey Respondents**

Respondents to the Internet survey worked with programs in a wide range of countries and regions, and a number worked internationally; the majority who listed individual countries or a specific region were in sub-Saharan Africa (67%). Nearly 90 percent of the respondents had at least a bachelor's degree, 43 percent had a master's degree, and 25 percent had a doctoral or professional degree. Almost evenly divided by sex (48% female and 52% male), the respondents had been working in a broad range of FP, RH, HIV, and related health program and policy areas for as little as under one year up to 43 years. The median time range respondents reported having worked in their field was 8–10 years, and about two-thirds were members of their organization's M&E staff or department.

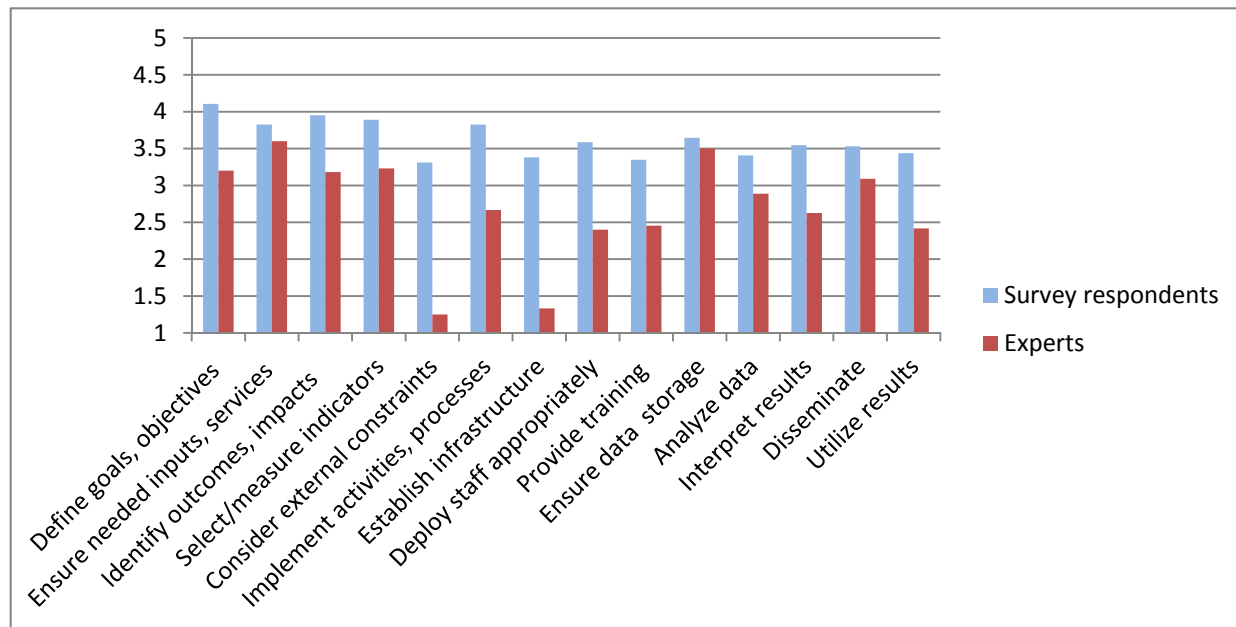
### **Interviewed Experts**

The experts we interviewed represented donors, implementing organizations, and universities. In addition to USAID, MEASURE Evaluation, and affiliated organizations (Tulane University and Futures Group—now Palladium), the experts represented the Population Council, FHI 360, IPPF, the Bill & Melinda Gates Foundation, the Johns Hopkins University Gates Institute for Population and Reproductive Health, Evidence for Action, and the Guttmacher Institute.

### **Perceived Effectiveness of M&E in FP**

The current practice of M&E was assessed during the field survey and the expert interviews. Respondents were asked to rate the effectiveness with which current FP programs and projects are applying M&E at the following stages of implementation: design and planning; identifying inputs, outcomes, and appropriate indicators; data collection, analysis, and interpretation; and dissemination and utilization of results. On a five-point Likert scale, the responses ranged from not at all effective (1) to very effective (5). The average responses for the experts and the field-survey participants were largely parallel. Although the experts tended to give less-favorable ratings across all the stages, the ratings for the most- and least-effective applications of M&E were similar (see Figure 1).

**Figure 1. Ratings of mean effectiveness of M&E by 64 survey respondents and 21 interviewed experts, from 1 (not at all effective) to 5 (very effective); 2013**



On average, the experts and field-survey participants gave fairly high effectiveness ratings for M&E’s application in the early stages of defining goals; identifying needed inputs, outcomes, and impacts; and selecting appropriate indicators. Data collection and storage also received relatively high ratings. Interpretation and dissemination of results were rated somewhat lower. The least favorable ratings were given to identifying environmental and external constraints, establishing necessary program infrastructure, and implementing follow-up and utilizing results.

With respect to overall effectiveness of M&E for FP programs, the experts observed that programs are more data-driven and more in tune with current needs, although there is great variation in implementation within and across countries. The effectiveness and quality of M&E work also differ, depending on the level and the system. Whereas some programs (e.g., those funded by USAID and the United Kingdom’s Department of International Development) have made M&E central and institutionalized, many other programs have not.

When asked to rate the effectiveness of their organization’s M&E work, nearly 75 percent of the survey respondents rated their organization’s overall M&E effort as successful. More than 80 percent of the respondents indicated that M&E implementation at the various stages had improved their organization’s performance, and almost all believed that M&E had led to improved program outcomes.

**Perceived Strengths and Weaknesses of M&E in FP**

A number of specific areas and applications for M&E were underscored as ones with strengths, weaknesses, and gaps. The most noteworthy observations by the survey respondents and experts for these areas are noted in the table below.

**Table 1. Summary of perceived strengths, weaknesses and gaps in FP M&E by survey respondents and interviewed experts, 2013**

Strengths	Weaknesses and gaps
<b>Conceptual models and M&amp;E design</b>	
<ul style="list-style-type: none"> <li>• Have led to improved M&amp;E practices</li> <li>• Are integral to program planning and implementation</li> <li>• Have targeted youth and vulnerable populations</li> <li>• New models of M&amp;E are emerging</li> </ul>	<ul style="list-style-type: none"> <li>• Older frameworks can be complex, hard to build into program-level systems</li> <li>• More work is needed on youth, vulnerable populations, poverty, and equity—and especially on access, choice, and quality of services</li> </ul>
<b>Data availability</b>	
<ul style="list-style-type: none"> <li>• Collection and availability of data for monitoring are more institutionalized</li> <li>• Additional sources of data and improved access to data are realized through computer technology</li> <li>• Mobile technology is providing faster turnaround and more real-time data</li> <li>• Progress has been made on social marketing and tracking commodity costs</li> </ul>	<ul style="list-style-type: none"> <li>• Data are weak on markets, service delivery costs, program cost-effectiveness and financing</li> <li>• Data are insufficient on contraceptive decision making over the life course, and on discontinuation and switching of methods</li> <li>• Work on robustness of program implementation and processes is lacking</li> </ul>
<b>Methods (data collection, use of existing data, research methods)</b>	
<ul style="list-style-type: none"> <li>• Leadership in evaluation methods is historically strong</li> <li>• Mixed methods and multilevel analysis, and more recently, geographic information systems (GIS) and global positioning systems (GPS) are being put to creative use</li> <li>• Qualitative data are used to contextualize and inform quantitative data</li> </ul>	<ul style="list-style-type: none"> <li>• Reliance on Demographic and Health Survey data is too heavy; interim data are needed more frequently</li> <li>• Not getting full value from service statistics and health information systems</li> <li>• Few longitudinal studies undertaken</li> <li>• Data-collection burden can be high</li> </ul>
<b>Indicators and measures</b>	
<ul style="list-style-type: none"> <li>• Well-validated range of indicators is available</li> <li>• Recent indicators for emerging areas are good additions</li> <li>• Online FP/RH indicators database is very helpful: <a href="http://www.cpc.unc.edu/measure/prh/rh_indicators">http://www.cpc.unc.edu/measure/prh/rh_indicators</a></li> </ul>	<ul style="list-style-type: none"> <li>• The number of indicators is expanding rapidly</li> <li>• Measures for service delivery, quality of care, integration, human rights, free choice, and empowerment are insufficient</li> <li>• Estimated impact indicators like couple years of protection (CYP)</li> </ul>

	<ul style="list-style-type: none"> <li>can be overused and improperly used</li> <li>• Structural (binary) indicators are overused</li> </ul>
<b>Application of new technologies</b>	
<ul style="list-style-type: none"> <li>• Mobile technology allows improved data collection (faster and more accurate)</li> <li>• GIS and GPS are helpful for surveys and follow-up</li> <li>• Databases, apps, and tools are more accessible</li> <li>• Dashboards and visual presentations support data utilization</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity to use new technologies is lacking</li> <li>• Projects using mobile technology may set up parallel structures and not build capacity for in-country systems</li> </ul>
<b>Staff and training</b>	
<ul style="list-style-type: none"> <li>• Past training and capacity building efforts have reached large numbers of individuals and organizations</li> <li>• More organizations and projects have M&amp;E staff</li> <li>• M&amp;E is more systematic and institutionalized in programs</li> </ul>	<ul style="list-style-type: none"> <li>• Donors are not sponsoring as many doctoral trainees as they once did</li> <li>• Fewer people are coming into the field with needed research skills</li> <li>• Training of service providers in documentation and data management for M&amp;E is insufficient</li> </ul>
<b>Dissemination, utilization of results, and knowledge management</b>	
<ul style="list-style-type: none"> <li>• Dissemination and presentation of data have improved overall</li> <li>• More organizations and programs use data for decision making</li> <li>• Many user-friendly websites and tools exist</li> </ul>	<ul style="list-style-type: none"> <li>• Not clear if information is being channeled down through health systems or if it is used effectively for decision making</li> <li>• M&amp;E results do not yet play a critical role in program strategies and national planning</li> <li>• Good tools to facilitate the use of data for decision making are lacking</li> </ul>
<b>Sustainability</b>	
<ul style="list-style-type: none"> <li>• Emphasis on health system strengthening and capacity building has increased</li> <li>• Some countries have been successful in absorbing M&amp;E in their HIS</li> <li>• Routine HIS has improved to some degree</li> <li>• New initiatives such as TRACK20 (Track20.org, n.d.) may contribute to in-country HIS</li> </ul>	<ul style="list-style-type: none"> <li>• Poor coordination across projects and countries has led to parallel systems</li> <li>• HIS in many countries have not been sufficiently resourced and strengthened</li> <li>• Leadership regarding importance of M&amp;E is in short supply</li> <li>• Capacity of HIS staff and systems is insufficient</li> </ul>

	<ul style="list-style-type: none"> <li>• Reporting requirements have expanded substantially</li> </ul>
--	--

**Recommendations for Future Work on M&E of FP**

We asked field survey respondents if there were new areas or problems for which M&E tools should be developed and if there were any specific future changes or improvements they would like to see in the practice of M&E. The experts were also asked during the interviews about specific changes and improvements they would like to see in M&E practice, in addition to work needed in new functional areas and areas for renewed emphasis in the future. The experts and field respondents identified a wide range of problem areas, application needs, and prevailing tensions in M&E where work and innovations are needed. Many of their responses build upon the problems, weaknesses, and gaps that they had already identified in their answers to survey and interview questions.

As described earlier, a great deal of work has been done over the past several decades on such applications as program design, developing frameworks, identifying and refining indicators, and improving data collection, analysis, and use. Furthermore, much effort has been put into M&E functional areas: service delivery, measuring quality of care, training, capacity building and health systems strengthening. Respondents cited the following reasons for renewed emphasis on these areas: these areas are inherently challenging; programs and services for underserved populations are changing and expanding (in the context of limited resources); and, in some cases, the M&E focus may have shifted away from one of these areas and needs to be restored. Several newer and emerging areas and applications of M&E were described as ones in need of increased focus and innovation, especially those involving underserved populations, human rights and free choice, and the use of newer mobile technologies. In addition, tensions have arisen that require attention: for example, the burden of data collection experienced by program people working in the field needs to be balanced with the data needs of in-country HIS, donors, and other organizations.

**Table 2. Summary of recommendations for future M&E work according to survey respondents and interviewed experts, 2013**

<b>Recommendations for future work</b>	
<b>Conceptual models and M&amp;E design</b>	
<ul style="list-style-type: none"> <li>• Set quantitative FP and fertility impact goals</li> <li>• Support creative designs that incorporate mobile phone technology</li> <li>• Develop models that incorporate milestone achievements for payment</li> <li>• Conduct work in M&amp;E for adolescents; outcomes should be disaggregated by age when possible</li> <li>• Develop improved M&amp;E feedback loops for vulnerable and remote subpopulations, possibly using GIS and mobile technologies</li> </ul>	
<b>Data</b>	
<ul style="list-style-type: none"> <li>• Collect necessary information more often, even at subnational levels</li> <li>• Collect information around costing and financing, dynamics of contraceptive use, and the internal processes of service delivery and program implementation</li> </ul>	
<b>Methods</b>	
<ul style="list-style-type: none"> <li>• Make better use of in-country service statistics and existing data</li> <li>• Improve collaboration and sharing of data by programs and donors</li> </ul>	



<ul style="list-style-type: none"> <li>• Improve approaches and tools for incorporating rapid/rolling monitoring surveys in programs and systems</li> <li>• Further develop small-area sampling methods</li> <li>• Implement longitudinal studies for outcome and impact evaluation</li> <li>• Unpack choice and provider bias from “availability”</li> <li>• Support mixed-method approaches; develop tools to match and interpret qualitative and quantitative information</li> </ul>
<b>Indicators and measures</b>
<ul style="list-style-type: none"> <li>• Refine service delivery and quality of care indicators</li> <li>• Develop and refine indicators for rights, choice, access, and women's empowerment</li> <li>• Consider impact indicators other than CYP, contraceptive prevalence rate, and disability-adjusted life years</li> </ul>
<b>Application of new technologies</b>
<ul style="list-style-type: none"> <li>• Build standards for electronic-based systems for data collection, analysis, interpretation, dissemination, and utilization</li> <li>• Determine costs for adopting and sustaining new technologies for M&amp;E</li> <li>• Provide training and technical assistance for new technologies</li> </ul>
<b>Staff and training</b>
<ul style="list-style-type: none"> <li>• Continue investment in PhD programs to train people with research skills and maintain high-quality M&amp;E training</li> <li>• Sponsor more training and scholarships, and rebuild academic and public health graduate programs with defined FP M&amp;E training programs</li> <li>• Develop, publicize, and disseminate FP M&amp;E courses in-country</li> </ul>
<b>Dissemination, utilization of results, and knowledge management</b>
<ul style="list-style-type: none"> <li>• Expand the reach of information through electronic and social media</li> <li>• Build data utilization capacities of people on the ground and involve service providers in M&amp;E more directly</li> <li>• Increase responsibility at national program levels for more consistent use of data for decision making, especially for policy</li> <li>• Develop better tools and systems to help break down information for subpopulations and provide timely and comprehensible feedback</li> </ul>
<b>Sustainability and HIS</b>
<ul style="list-style-type: none"> <li>• Include sustainability, costs, and impacts as priorities for scale-up</li> <li>• Embed key capacities within country systems or through multiple donors</li> <li>• Continue approaches to institution building that were successful in the past</li> <li>• Translate improvements in HIS in single health areas to the whole system</li> <li>• Develop leadership and management capacities</li> <li>• Develop improved methods to handle routine data for HIS, such as mobile phone and computer-assisted rapid survey technologies</li> <li>• Mentor service providers and HIS staff to improve routine reporting</li> <li>• Standardize resources and tools at the country level</li> <li>• Improve coordination among donors, programs, and in-country health ministries for the selection of core sets of necessary indicators</li> </ul>



# DISCUSSION

## Limitations

This assessment's goal was to take stock of the practice of M&E in the field of FP and to present recommendations for improvement based on an assessment of M&E effort, highlighting areas of success, gaps, and evolving needs. Information for the review came from a document review, an online survey of FP M&E professionals, and in-depth interviews with FP M&E experts. Together, these sources provided rich detail on the practice of M&E in FP. However, we acknowledge that we do not know how well our sample reflects the actual population of FP M&E practitioners. We made a great effort to reach as many people in the field as possible with the online survey; the relatively small number of respondents may indicate that a much smaller proportion of practitioners felt able or qualified to respond to the survey questions. Also, we used a "snowball" approach to identify the expert interviewees, and together with the fact that potential interviewees from some international organizations did not respond after repeated inquiries, the result was a list of experts that reflected a dominant USAID-partner presence.

## Recommendations

Overall, FP M&E practitioners feel positively about the effectiveness of M&E in this field, across most stages of M&E. Areas of relative weakness that will require more attention are the consideration of environmental and external constraints, the achievement of needed infrastructure, and implementation of follow-up and utilization of results.

The arc of the practice of M&E reflects the changing needs of FP/RH programs. Early evaluation work set the standards for FP evaluation design—for example, by producing guidelines for impact evaluation and conducting evaluation research to provide early evidence on successful practices in FP. Subsequent work addressed needs that came to light during this time: specifically, the lack of well-defined and agreed-upon indicators for programs and the lack of M&E systems embedded in programs to ensure that decision making and course corrections necessary for good management of FP programs were possible. M&E data for donor reporting also became a major emphasis.

As our respondents' recommendations for future areas of work show, some M&E needs are constant. For example, despite the enormous effort that has gone into the development of standard indicators for a wide range of FP/RH areas, new and emerging areas continue to need this type of work (indicator work for FP/maternal and child health and FP/HIV integration, long acting and permanent methods, and repositioning FP as a global development tool are some recent examples). Likewise, there is a continuing need for well-trained M&E professionals, researchers, managers, and leaders, despite past long-term and far-reaching training efforts. In contrast, other M&E needs are new and reflect evolving information requirements of the FP field: for example, mechanisms for timely, rapid data collection, such that information reaches decision makers as quickly as possible so that decisions can be informed by evidence. Innovative applications of new technologies are recommended for use in data collection, both by surveys and routine health information systems. Finally, a renewed focus on some areas of M&E is in order. This will entail work on sustainability and investments in health system strengthening, a reduction of parallel information systems, donor coordination of reporting demands, and better use of data for decision making at all levels.

## REFERENCES

Buckner, B., Hermalin, A. I., McKaig, C., & Tsiu, A.O. (1995). A guide to methods of family planning program evaluation, 1965-1990: with selected bibliography. Chapel Hill, NC: The EVALUATION Project.

Hermalin, A. I. & Entwistle, B. (1982). Surveys and their use in family planning analysis. In: Hermalin, A. I. & Entwistle, B. (Eds.), *The roles of surveys in the analysis of family planning programs*. Liege, Belgium: International Union for the Scientific Study of Population.

International Planned Parenthood Federation (IPPF). (2009). Putting the IPPF monitoring and evaluation policy into practice: A handbook on collecting, analyzing and utilizing data for improved performance. London: IPPF. Retrieved from <http://www.ippf.org/resource/Putting-IPPF-Monitoring-and-Evaluation-Policy-Practice-handbook>.

Knowledge 4Health [Internet]. (2014). Washington, D.C.: Monitoring and Evaluation Toolkit. Retrieved from <http://www.k4health.org/toolkits/m-and-e>.

Lloyd, C. B. & Ross, J. A. (1989). Methods for measuring the fertility impact of family planning programs: The experience of the last decade. New York: The Population Council (Working Papers No.7).

MEASURE Evaluation [Internet]. (n.d.) Chapel Hill, NC: Courses and resources. Retrieved from <https://training.measureevaluation.org/>.

Measurement, Learning and Evaluation Project for the Urban Reproductive Health Initiative [Internet]. (n.d.) Chapel Hill, NC: Measuring Success Toolkit. Retrieved from <http://toolkits.urbanreproductivehealth.org/toolkits/measuring-success>.

Mwaikambo, L., Spiezer, I. S., Schurmann, A., Morgan, G., & Fikree, F. (2011). What works in family planning interventions: A systematic review. *Studies in Family Planning*, 42(2):67–82.

Track20.org [Internet]. (n.d.) Monitoring progress in family planning. Retrieved from <http://www.track20.org/>.

United Nations Development Programme [Internet]. (c. 2009). Handbook on planning, monitoring and evaluating for development results. Retrieved from <http://web.undp.org/evaluation/handbook/index.html>.

United Nations Foundation [Internet]. (c. 2014). FP2020. Retrieved from <http://familyplanning2020.org/>.

United Nations Population Fund [Internet]. (c. 1994). New York: International Conference on Population and Development—ICPD—Programme of Action. Retrieved from <http://www.unfpa.org/public/home/publications/pid/1973>.

United Nations Population Fund [Internet]. (n.d.) ICPD beyond 2014. Retrieved from <http://icpdbeyond2014.org/>.

United Nations Statistics Division [Internet]. (c. 2002; updated 2013). New York: Millennium development goals indicators: The official United Nations site for the MDG indicators. Retrieved from <http://mdgs.un.org/unsd/mdg/Default.aspx>.

United States Agency for International Development & Knowledge 4 Health [Internet]. (n.d.) Washington, D.C.: Global Health e-Learning Center. Retrieved from <http://www.globalhealthlearning.org/>.

## **MEASURE** Evaluation

University of North Carolina at Chapel Hill  
400 Meadowmont Village Circle, 3<sup>rd</sup> Floor  
Chapel Hill, North Carolina 27517  
Phone: +1-919-445-9359 • [measure@unc.edu](mailto:measure@unc.edu)

[www.measureevaluation.org](http://www.measureevaluation.org)

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.  
WP-16-163

