



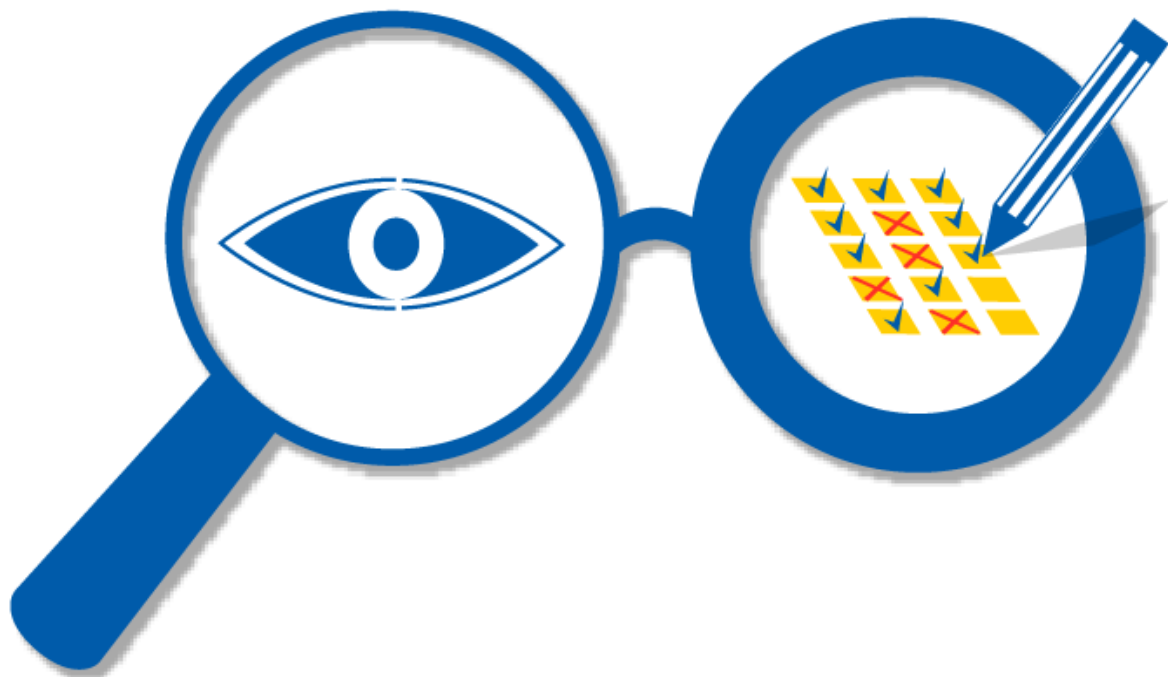
Federal Democratic Republic of ETHIOPIA

MINISTRY of HEALTH

2016

PARTICIPANT MANUAL | MODULE FIVE

# MONITORING and EVALUATION



# Module V: Monitoring and Evaluation

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## Acronyms

<b>GBV</b>	Gender-based Violence
<b>M&amp;E</b>	Monitoring and Evaluation
<b>STI</b>	Sexually Transmitted Infection

## Introduction

In order to understand and see how health system interventions in relation to the (clinical) management of cases of GBV/SV, it is important to monitor and evaluate these cases. Moreover, monitoring and evaluating these interventions will also contribute to maintaining or even improving the quality of the clinical management of survivors of such violence and better assess their needs and identify and bridge capacity or knowledge gaps.

### 5.1 Learning Objectives

*By the end of this section participants will be able to:*

- Describe the objectives of monitoring and evaluation of post-sexual violence care
- Explain the difference between monitoring and evaluation
- List indicators that can be used for monitoring of post-sexual violence care
- Use register and produce reports on post sexual violence care

#### **Core Competencies:**

##### **Cognitive**

- Describe the purpose and value of M&E in post-sexual violence care

##### **Skill**

- Producing reports using the indicators
- Use and complete of register for post-sexual violence care

### 5.2 Definitions

Monitoring and evaluation is essential to maintain or improve the **quality of health system interventions against GBV** and to understand whether these interventions have achieved the planned targets or goals.

**Monitoring** is the continuous assessment of achievements during the implementation process.

**Evaluation** is a periodic, comprehensive and systematic review of an intervention, including its design, implementation and results.

**Indicators** are numerical measures, which provide information about a complex situation or event. They are specific, observable and measurable characteristics that can be used to show the progress a program is making towards achieving its outcome.

**Baseline** refers to the prevalence of a disease, behavior or the quality of care before an intervention or program is initiated. It provides a comparison against which progress or change can be measured.

**Standards** express the minimum acceptable level of performance. Often informed by national or international policies or legislation or benchmarked with performances in other areas with accepted best practices.

**Targets** express the specific level of change or performance the institution hopes to achieve in a certain period of time.

### **Types of Indicators**

**Inputs:** The total sum of resources and energies that contribute to the production and delivery of outputs. These also include the basic resources required in terms of manpower, money, materials and time. Inputs are what are used to do the work.

**Processes/Activities:** The processes or actions that use or are linked to the human and financial resources that are required to achieve the program results. Activities are what we do.

**Outputs:** The immediate results of professional or institutional health care activities, usually expressed as units of service, such as patient hospital days, outpatient visits, lab tests performed etc. Outputs are what we produce or deliver.

**Outcomes:** The medium term results for specific beneficiaries that are the consequences of achieving specific outputs. Outcomes should relate to institutions' strategic goals and objectives set out in its plans. Outcomes are what we wish to achieve.

**Impact:** The results of achieving specific outcomes, such as changes in health status or disease burden in the community/population. Impacts are what we aim to change.

### **5.3. The Purpose of Monitoring and Evaluation**

**The objective and purpose of monitoring and evaluation is:**

- To provide information on the progress of a program, service or intervention. This information might also necessitate making changes to the program.
- To clarify objectives and to improve accountability for stakeholders, such as donors, the community or government authorities.

#### **5.3.1. What should be Monitored and Evaluated in Post-Violence Care?**

Provision of a post-violence care service is a step towards reducing the possible physical, mental and social consequences of sexual violence. Therefore, there are certain objectives or aims that need to be achieved, including:

*Service utilized by all cases of sexual violence in the coverage area:*

- All survivors offered voluntary HIV testing and counseling
- All eligible survivors receive PEP and complete the course
- Chronic HIV care for all HIV positive survivors
- All eligible survivors receive EC to prevent unwanted pregnancies
- All survivors receive follow-up care
- All survivors must be provided with STI treatment
- All health care providers must be able to complete the sexual assault survivors' documentation form
- All health care providers must be competent in conducting a complete evaluation of survivors of sexual assault
- Health workers providing care to sexual assault survivors must be able to give evidence in court
- Survivors must be satisfied with the services received

In order to determine if these objectives are achieved over a period of time, they need to be measured in some way and must therefore be converted to indicators.

## Draft indicators (disaggregated by sex and ages) and their data sources

Definition of Indicator	Data Source
Number of facilities offering GBV/SV survivors services	Woreda/facility profile
Number of trained staff providing post-GBV/SV care	Facility profile
Total number of survivors seen during a certain time period (further segregated by age and sex)	Post-GBV/SV care Register
Number of survivors tested for HIV during the initial visit	Post-GBV/SV care Register
Number of survivors who tested positive for HIV	Post-GBV/SV care Register
Number of survivors who received PEP	Post-GBV/SV care Register
Number of survivors who completed PEP course	Post-GBV/SV care Register
Number of survivors who initially tested HIV negative but HIV positive at 12 weeks follow-up	Post-GBV/SV care Register
Number of female survivors receiving Emergency Contraceptive Pill (ECP)	Post-GBV/SV care Register
Number of survivors who become pregnant despite ECP	Post-GBV/SV care Register
Number of survivors who return for the first follow-up visit	Post-GBV/SV care Register
Number of survivors who receive STI treatment	Post-GBV/SV care Register
Number of survivors referred to a psychiatric clinic for psychological/emotional counseling and support	Post-GBV/SV care Register
Number of survivors referred to police for legal support	Post-GBV/SV care Register
Number of survivors referred to CSO for social support	Post-GBV/SV care Register

## Summary of Module V

This Module emphasized the importance of monitoring and evaluation cases of GBV/SV in order to maintain or improve the quality of health system interventions for survivors of such violence. Moreover, M&E contributes significantly to a better understanding of how these interventions have achieved the planned target or goals.

## Participant Self-Evaluation

- ❖ What did you learn?
  
- ❖ What knowledge and skills were you able to improve?
  
- ❖ What knowledge and skills still need improvement?

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