

REPLACE 2

Lisbon meeting: Evaluation workshop

October 2014

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FORWARD
Safeguarding rights & dignity



ADF
ASSOCIAÇÃO
PARA O PLANEAMENTO
DA FAMÍLIA



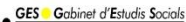
GES Gabinet d'Estudis Socials



Introduction to evaluation

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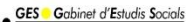
- Evaluation is an essential component of the development and implementation of interventions, and needs to be planned at the same times as the content and mode of delivery.
- A well designed evaluation allows us to accurately assess the extent to which our interventions was successful.
- What do we mean by successful?
- Depends what you intended to change – important to be very clear about what the intervention was designed to change, and design evaluation as best you can to measure whether those changes occurred.



Evaluation methodology

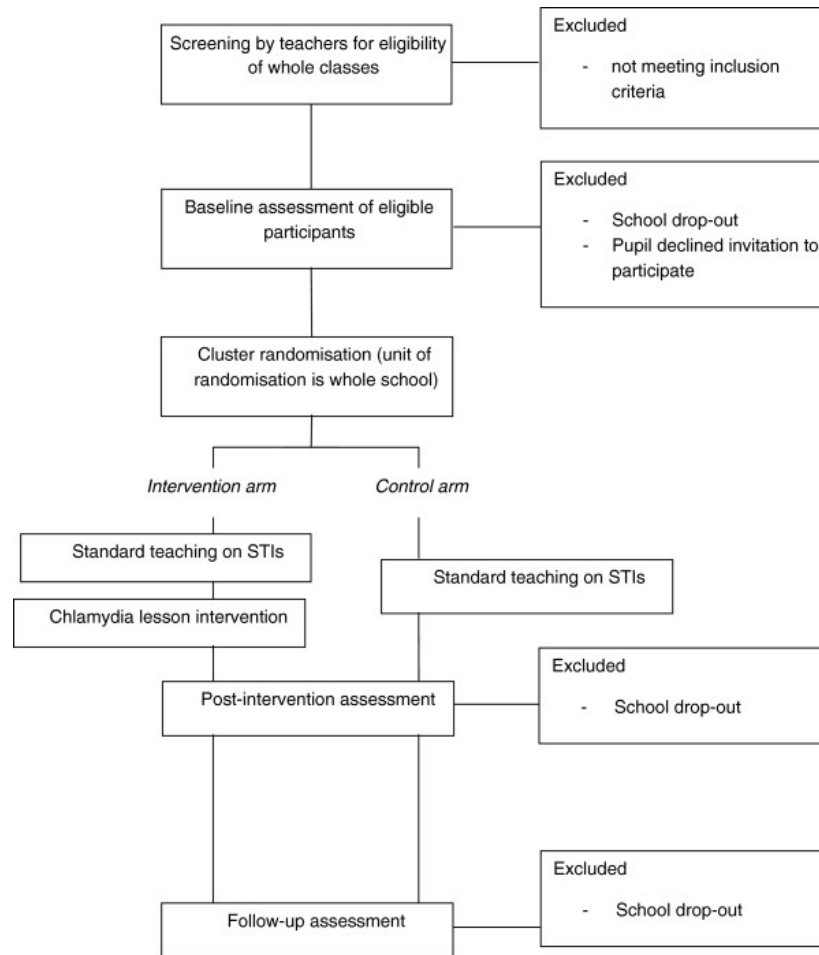
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- The 'Gold standard' of evaluation is the randomised controlled trial (RCT)
- Intervention is compared to control/comparator
- People are randomised to each condition
- Double-blind randomisation is optimum
- Used to test new medicines and treatments
- There may be a range of variables that are measured to assess the effect of the intervention:
 - Objective quantitative data e.g. blood pressure, heart rate, BMI, lipid levels, cortisol levels....
 - Quantitative questionnaire data – standardised and validated measures e.g. Stait-trait anxiety index (STAXI), hospital anxiety and depression scale (HADS)
 - Quantitative questionnaire data from specially devised measures e.g. self-reports of adherence to medication, or other measure relevant to study outcomes
 - Qualitative data – on experience of being involved in the trial – may highlight experiences that help to explain unexpected findings in the quantitative data
- Methodology can also be used for complex behavioural interventions
 - <http://www.biomedcentral.com/1471-2458/13/528>



Evaluation methodology

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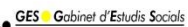
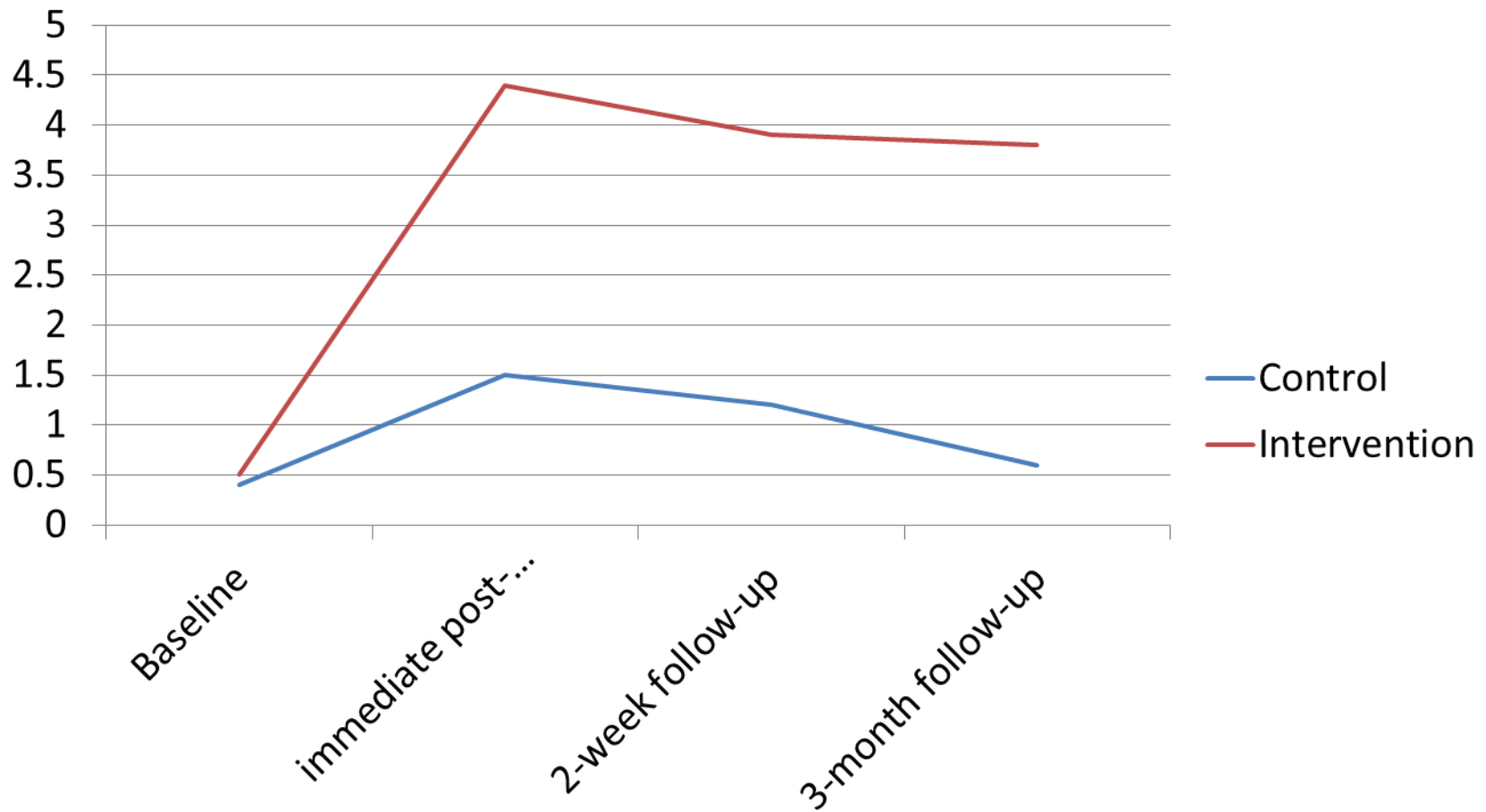


First controlled trial testing the efficacy of an intervention to increase condom use intentions and behaviour through changing chlamydia risk appraisals

The primary outcome measure is intention to use condoms with casual sexual partners. i.e. Motivation!

Evaluation methodology

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Evaluation methodolog **REPLACE 2**

- **Process evaluation-** Is a means of measuring the extent to which an intervention is delivered as intended (fidelity). By monitoring the implementation of interventions and identifying variation, we may be able to capture reasons for intervention success, or lack of it. Qualitative techniques can be useful here; including observational methods and reports from those delivering the interventions.
- **Reach** of the intervention – assess the extent to which the intervention reaches its intended audience, and if its impact goes beyond those for whom it is intended.



Our evaluation approach

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- RCTs can produce excellent evidence but they are not always possible and are not the best way to answer every evaluation question
- Our approach needs to be practical and feasible within constraints and context we are working in
- Must be clear about what we expect to change and design best approach for assessing that change
- Mixed methodologies approach: making use of quantitative measures and qualitative approaches to get fullest picture possible.



Our evaluation approach

General requirements for all partners:

- 1) Pre-post community readiness assessment (quantitative readiness score) and some qualitative reflections and responses.
- 2) Qualitative partner/CBR experiences of engaging with the approach (data collection to commence in the new year after intervention implementation and evaluation).

Specific tailored evaluation for each partner: FSAN example

- 1) Intervention targets the capability of the Qu'ranic school teachers to deliver the lesson – brief pre-post measures of psychological capability (if those who dropped out completed these at baseline can compare with those who didn't engage) small n
- 2) Pilot lesson materials target beliefs about requirement of FGM by religion – lesson targets children/young people (ethics). Anticipate reach to parents, families and wider community – devised a draft community response evaluation questionnaire (pre-post and possibly with comparators). Can we connect data overtime points?
- 3) Same approach as 2) above can be used with the women from the Somali community to report on their perceptions of change – Marthine has been engaging with them regularly to get feedback on this so far.
- 4) Need also to think about assessing fidelity of intervention – extent to which each teacher puts 'own spin' on things and impact that that has.

Task – in groups

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- Consider the target behaviour and the COM-B components from the behaviour change workshop that you identified in your groups.
- Based on the outcomes from the behaviour change workshop in terms of likely intervention content, consider
 - A) what needs to be measured to see if it changes as a consequence of the intervention e.g. capability, motivation, behaviour, other things....
 - B) what design approaches will you take i.e. when will you measure, who will you measure and how will you measure; e.g. pre-post; control/comparator groups; qualitative responses
 - C) How will you assess whether the intervention is delivered as it is supposed to be
- I will come to all groups and discuss and contribute thoughts/idea development



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Development of evaluation materials

CU will support the development of ideas and materials

We need to stay in close contact to develop and deliver the evaluation successfully

Any questions ?

