CHAPTER 7
Evaluating Survey Implementation

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Evaluating the survey process will help to enhance completeness and quality of data collection and assure participant satisfaction and privacy. Though time and resources may limit an in-depth evaluation, some level of evaluation is needed to improve the survey process. During the planning phase, the team should develop an evaluation strategy and assure resources are allocated for this effort. A designated person should oversee evaluation activities. As barriers and solutions are identified, you can take action to address them and improve the effectiveness and efficiency of the survey process. Periodic discussions with the team at the end of each day during data collection will help to identify issues and problems at an early stage and allow you to address them accordingly.

The evaluation strategy can include the following methods:

a. **Observation of project team:** All team members should be observed to ensure that they are implementing the survey correctly. Observations could occur during training, the practice interviews, and data collection.

   Examples of what to observe:

   - What barriers exist in implementing the survey correctly?
   - How can the flow of the survey process be made more efficient?
   - What are the training gaps?

b. **Group discussion with project team:** A group discussion with staff members serves a two-fold purpose. First, you will gather information on how the survey process can be improved. Second, the discussion can elicit staff members' perceptions of overarching themes that they observed or heard during the survey process. This qualitative information complements and contextualizes the data gathered from the quantitative survey, and it can help inform the development and implementation of recommendations.

   For each aspect of survey implementation (training, locating, interviewing), open-ended questions can be asked of team members to identify successes, barriers, and solutions and to identify themes (see Appendix I). The group discussion could be conducted after the practice interviews, periodically or half way through data collection, and at the end of data collection. It is important to evaluate earlier in the process of data collection, so that identified problems can be addressed. A facilitator can lead the group discussion, and another individual should take notes. One possibility would be to allot a couple of hours for the group discussion; then close the meeting with a celebration.

c. **Exit surveys with participants:** After the interview, participants can be surveyed verbally to determine their satisfaction with the survey process (see Appendix J). Because participants have already endured a long and possibly emotional interview, the exit survey should be kept brief and easy to answer. A subset of participants (for example, every 10th person interviewed) could be selected systematically for the exit survey, to avoid biases. Exit surveys could be conducted during the time the interviewer leaves to collect the "thank you" gift for the participant.

Additional Resources

- *Reproductive Health Response in Conflict (RHRC) Monitoring and Evaluation Toolkit* is a practical guide tailored specifically to the information and decision-making needs of managers of reproductive health programs serving refugees and other war-affected persons. http://www.rhrc.org/resources/general%5Ffieldtools/toolkit/index.htm

- *How to Guide: Monitoring and evaluation of sexual gender violence programmes – Tanzania*. United Nations High Commissioner for Refugees (UNCHR). Geneva, 2000. http://www.rhrc.org/resources/index.cfm?sector=gbv (under GBV)

- *Gender-based Violence Tools Manual: For Assessment, Program Design, Monitoring and Evaluation in Conflict-Affected Settings*. Reproductive Health Response in Conflict Consortium, 2004. http://www.rhrc.org/resources/gbv/gbv_tools/manual_toc.html

- *Inter-agency global evaluation of reproductive health services for refugees and internally displaced persons*. November 2004. www.unhcr.org

- *"A method for setting priorities among health problems" in Assessment Protocol for Excellence in Public Health*. National Association of County Health Officials. 1991. pg. E3-7.

- *Setting priorities in international reproductive health programs: a practical framework*. McGinn T et al. Columbia, Center for Population and Family Health, Columbia School of Public Health, April 1996.

- *Reproductive health in refugee situation – an inter-agency field manual*. Geneva, United Nations High Commission for Refugees, 1999.

- *Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module*. Women's Commission for Refugee Women and Children, September 2006.

- *Reproductive Health for Refugees: an Inter-agency Field Manual,* Inter-agency Working Group on Reproductive Health in Refugee Situations, 1999.

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4. Reproductive Health Response in Conflict (RHRC) Consortium: Gender-based Violence Tools Manual for Assessment and Program Design, Monitoring, and Evaluation in Conflict-Affected Settings. New York: RHRC, February 2004. www.rhrc.org/pdf/GBVsingles.pdf
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7. Training Modules for the Syndromic Management of Sexually Transmitted Infections - 2nd edition. http://www.who.int/reproductive-health/stis/training.htm
8. A user's guide to the self-reporting questionnaire (SRQ). Geneva. World Health Organization, 1994 (WHO/MNH/PSF/94.8).