Inter-Agency Working Group on Reproductive Health in Crises

Description of MISP Process Evaluation Tools and Analysis Guidance

Overview

This document provides an overview of the data collection methods and tools included in the *MISP Process Evaluation Tools.* These include:

Data Collection Method	**MISP Process Evaluation Tool**
Desk Review	Desk Review Guide
Key Informant (KI) Questionnaire	KI Questionnaire for General Sexual and Reproductive Health
	KI Questionnaire for Gender-Based Violence (GBV)
	KI Questionnaire for HIV
Health Facility Assessment (HFA)	Healthy Facility Assessment Tool
Focus Group Discussions (FGD)	Female FGD Guide
	Male FGD Guide
	Sample presentation slides for the MISP evaluation FGD team training
Field Observation	*See more information below*
Additional Resources	Sample Consent and Assent Forms (for KIs, HFAs, and FGDs)
	Sample Outline for Narrative Report
	MISP Reference (Cheat Sheet)
	MISP Conceptional Model / Logical Framework

Conceptual Framework

The MISP process evaluation is guided by the objectives and activities included in the MISP (see "MISP Reference [Cheat Sheet]" for more detailed information). Its purpose is to facilitate a standardized approach toward measuring the extent to which the MISP has been implemented from the onset of an emergency, ideally at three months following the onset of the emergency. This timing is recommended to allow for both:

- sufficient time to implement the MISP response from the onset of the emergency, and
- to gather information from all relevant stakeholders before emergency response stakeholders and personnel exit their intense positions, as they often do following large-scale complex humanitarian emergencies.

A proposed logic model aligns the MISP objectives and activities with the targeted short- and medium-term outcomes and their long-term impact. Reference the "Conceptual Framework" and the "MISP Reference (Cheat Sheet)" when planning for and implementing a MISP process evaluation. For more information, see Chapter 5 "Assessment, Monitoring and Evaluation" in IAWG's 2018 *Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings*.

Desk Review

The purpose of undertaking a MISP process evaluation desk review is to understand the context of the emergency before commencing field research. A thorough review will provide background information essential to the MISP process evaluation, such as the sexual and reproductive health (SRH) infrastructure within a country, population-based indicators on SRH, the different humanitarian partners present, and the status of the humanitarian SRH response. Specifically, this could include the:

- United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) 4 W database, which was designed to provide key information on "which organizations (Who) are carrying out which activities (What) in which locations (Where) and in which period (When)."[1]
- UNICEF Multiple Indicator Cluster Surveys (MICS)
- World Health Organization (WHO) situation reports and other reports from United Nations agencies, such as the United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Population Fund (UNFPA).

In addition, relevant background information is available through the:

- National Demographic and Health Survey (DHS), if available and recent
- Ministries of Health (MoH)
- National and sub-national Disaster Risk Management (DRM) agencies from countries of origin and host countries

The MISP process evaluation desk review is different from a scholarly desk review, which entails synthesizing the theoretical literature and academic debate on a particular subject. The MISP process evaluation desk review involves conducting desk research to identify, summarize, and map qualitative and quantitative data using the "Desk Review Guide".

[1] United Nations Office for the Coordination of Humanitarian Affairs, Occupied Palestinian Territory, Who does What, Where and When | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory (ochaopt.org)

Literature refers to any existing materials, such as published evaluations, sector/cluster meeting notes, and health information systems data. The “Desk Review Guide” provides guidance on what data to collect and where to find it. Reviewing the literature is an ongoing process. It involves continued monitoring of literature sources for updates and new research throughout the process evaluation.

The objectives of the desk review are to:

1. Provide background information essential to the MISP, including:
    a. Existing SRH infrastructure within a country
    b. Host country SRH policies
    c. Disaster risk reduction (DRR) policies and procedures
    d. Demographic information
    e. Population-based SRH indicators
    f. Status of the humanitarian SRH response
2. Facilitate the identification of cultural sensitivities, especially related to SRH.
3. Identify facilitating factors and barriers to implementing the MISP in previous assessments.

It would be ideal to combine the desk review with a literature review of peer-reviewed and grey literature relevant to the crisis-affected population in the host country and country of origin for refugees, if time and efforts allow. Some key research terms could include: sexual and reproductive health; reproductive health; MISP; maternal and newborn health; gender-based violence; sexual violence; sexually transmitted infections; HIV; woman, girl, adolescent; SOGIE; humanitarian emergency; humanitarian crisis; displacement; disaster; prevention; resilience; response; SRH indicators; SRH policy; and health infrastructure.

Key Informant Questionnaires

The purpose of undertaking key informant (KI) questionnaires during a MISP process evaluation is to understand from key stakeholders coordinating or managing health/SRH, GBV, and HIV responses at national and subnational levels, the extent to which the MISP has been integrated into the humanitarian response and DRR efforts.

The objectives of the key informant (KI) questionnaires are to:

1. fill the gaps in incomplete information and help explain findings from the desk review on the integration of the MISP into DRM-related health policies and measures of the host country.
2. assess key informants’ knowledge of the MISP objectives, activities, and other priority.
3. explore key informants' knowledge about affected communities’ priority SRH concerns and needs.
4. explore key informants’ engagement with affected communities, including adolescents, persons with diverse sexual orientations and gender identities and expressions (SOGIE), persons with disabilities, and other marginalized populations.
5. assess agencies’ involvement and implementation of MISP activities.
6. examine availability of MISP services.
7. explore accessibility of MISP services.
8. assess agencies’ preparedness to implement the MISP.
9. determine facilitating factors and key barriers to MISP implementation in a crisis response.

There are three KI questionnaires included in the *MISP Process Evaluation Tools*:

- General SRH
- Gender-based violence (GBV)
- HIV

Key informants include health, SRH, HIV, and gender-based violence (GBV) focal points representing:

- MoH and other relevant government agencies (e.g., DRM agencies), and different levels of the MoH (e.g., at the national/regional/district/community levels).
- Relevant United Nations agencies, including WHO, UNFPA, UNHCR, UNAIDS, and UNICEF.
- Relevant international, national, and local non-governmental organizations (NGOs).

Preparation

To start, review findings from the desk review. Modify the KI questionnaires based on what is already known from the desk review so that KI questionnaires are complementary and not duplicative.

Key informants are purposively selected based on a mapping of key actors in health and SRH prior to the in-country data collection informed by the MISP desk review. They are identified from the websites of OCHA, UNFPA, UNAIDS, UNHCR, UNICEF, WHO, ReliefWeb, and any other coordination platforms and through recommendations from humanitarian actors in-country. Recommendations can be solicited through email exploration with agencies identified in the mapping as well as when in the setting as people make suggestions (e.g., chain referral or snowball sampling). The objective is to ensure broad and thorough representation and inclusion from the MoH, national DRM agencies, and relevant United Nations and international, national, and local organizations.

The KI questionnaires, which include both closed-ended and open-ended questions, should first be piloted with at least three KIs, including at least one in-country interview. The KI questionnaires are undertaken by an individual knowledgeable and experienced in MISP implementation and, if possible, MISP evaluation. It is feasible for one person to conduct the interview as well as document the findings on the questionnaire, which takes approximately 60-90 minutes to complete. It may be necessary to undertake KI questionnaires via teleconferencing if informants are not available during the site visit. Please note that KIs should be independent from the evaluation team. Informed consent (see "Sample Consent Form") must be obtained prior to initiating the interview. Guidance on informed consent is also available in Chapter 5 of the 2018 *IAFM*.

Data analysis

For closed-ended (categorical responses) simple univariate analysis of frequency and percent distribution can be performed to provide an overall assessment about SRH at national and subnational levels, and the extent to which the MISP has been integrated into the humanitarian response and disaster risk reduction (DRR) efforts. When possible and if sample size allows, bi-variate analysis can be performed. For open ended responses, thematic content analysis can be conducted (see *Data Analysis of FGDs* section).

Health Facility Assessment

The “Health Facility Assessment (HFA) Tool” is used to assess health facilities for MISP readiness and implementation. The HFA tool examines the availability, accessibility, quality, and utilization of MISP clinical services.

The objectives of the HFA are to:

1. Document the type of health facilities and their catchment population.
2. Explore the availability of basic infrastructure and systems at the health facility.
3. Determine health facility MISP readiness with human and material resources.
4. Determine the availability of the reproductive health kits, and other commodities and supplies.
5. Determine availability, accessibility, quality, and utilization of MISP services by age, sex, and ability, including subgroups at heightened SRH risk (e.g., persons with disabilities, adolescents, and persons with diverse SOGIE, etc.).
6. Explore the availability of information about services at the health facility to the community, inclusive of often marginalized populations (e.g., persons with disabilities, adolescents, persons with diverse SOGIE, etc.)
7. Identify SRH-related causes of morbidity and mortality at health facilities during the first 3-6 months after a disaster, if such data exist.

Preparation

Health facilities are selected using convenience sampling by their proximity and accessibility to refugee and internally displaced populations (IDPs), including adolescents, in both camp and non-camp settings. In addition to assessing the facility itself, individual interviews are conducted using a purposive sample of health care providers (e.g., doctors, nurses, midwives) representing different levels of facilities (e.g., dispensaries, primary health care centers, hospitals, etc.) involved in the response. Depending on the size of the facility, with larger facilities requiring more diverse inputs, one to three interviews should be conducted per facility. Health care providers are to be interviewed at a time and place most convenient to them. Providers should be interviewed when they are not seeing patients. Informed consent (see “Sample Consent Form”) must be obtained prior to initiating the interview. Guidance on informed consent is also available in Chapter 5 of the 2018 *IAFM*.

Data Analysis

Simple Univariate analysis of frequency and percent distribution can be performed to provide an overall assessment about the capacities of the facilities in the field. When possible and if sample size allows, bi-variate analysis can be performed.

Focus Group Discussions

The purpose of undertaking focus group discussions (FGDs) during a MISP process evaluation is to better understand crisis-affected communities’ (female and male adults and adolescents) perceptions about and knowledge of SRH services, as related to the components of the MISP. It is not important that participants understand the concept of the “MISP.” The FGDs aim to gain information about participants’ knowledge of the available services, their perceptions of those services, and facilitators and barriers to using SRH services. Carefully consider the evaluation team’s expertise as FGDs tend to be time consuming and labor intensive. For this purpose, it is ideal to limit the number of FGDs to only those

perceived most essential and useful. However, the aim is to achieve saturation of information where the same themes are repeated from focus group to focus group. Therefore, a minimum of three FGDs should be undertaken with each sub-group.

The objectives of the FGD tools are to:

1. Understand the main SRH concerns among crisis-affected communities.
2. Explore crisis-affected communities' knowledge and perceptions of MISP services.
3. Gain insights on the availability of MISP services.
4. Explore factors that influence the accessibility of MISP services.

The data from FGDs offer a perspective from the community. It can be compared against the data gathered through other *MISP Process Evaluation Tools* to further understand factors influencing MISP services. Findings from FGDs can provide additional information about participants' general concerns, which may inform programmatic decision-making. Certain questions about SRH issues such as the use of anti-retroviral treatments and resources for sexual violence survivors can be sensitive. Therefore, the FGD guide is designed to begin with broader questions to build trust before a discussion of sensitive questions. Same-sex, age, sociocultural background facilitators and interpreters may be necessary depending on the context in which these sensitive topics are discussed, especially among the most vulnerable population groups. This will help participants feel more comfortable sharing their perspectives and improve rapport. During the design phase, it is crucial to work with local partners and representatives of the affected population to consider the context of the situation and assess if the questions are culturally appropriate and sensitive. Modifications to the questions should be made, as necessary, to contextualize the tool for each setting.

Stratified purposive sampling is used to recruit approximately 6 to 10 (no more than 10) participants for the FGDs. The purposive sampling technique allows the investigator to select participants based on specific characteristics and illustrate subgroups. Participants should be from crisis-affected populations and aged 18-49+ years, with separate groups by sex and age (older: 24+ years and younger: 18-24 years). If legally and ethically possible, younger participants (youth or adolescents) may be recruited for gender-segregated discussions using child-friendly and participatory methods. Please find further guidance here.[2]

Participants can be selected with consideration of other demographics and inclusion of marginalized populations (e.g., socio-economic status, ethnic group, level of education, persons with disabilities, etc.). For example, criteria can be set that 20% of participants will be persons with disabilities, with approximately 1-2 persons with disabilities in each focus group discussion appropriate to their age and sex. Stakeholders in the field should assist with defining the study population and recruitment of study participants.[3]

[2] Bennouna et al. "Ethical considerations for children's participation in data collection activities during humanitarian emergencies: A Delphi review," *Conflict and Health* (2017) 11:5 DOI 10.1186/s13031-017-0108-y.

[3] Women's Refugee Commission, Ethical Guidelines for Working with Displaced Populations through Programs, Research and Media, May 2021. Unpublished.

FGD Data Collection and Analysis

Preparation

Prior to beginning data collection, it is essential that team members (facilitator and note-takers) are trained and prepared for data collection and the tools are pilot tested in each subgroup. FGDs should take approximately 60-90 minutes. The training should include best practices for facilitating group discussions (See "MISP Evaluation FGD Team Training – Sample Presentation"). The interview questions should be translated, back translated, and checked by research assistants during the training. A safe and private area should be identified in the planning phases to preserve confidentiality, such as a room in a school or community center. Team members should know what services are available for referrals and develop/or share existing response protocols when/if a participant discloses the need for referral.

Participants should be cautioned about the need to maintain confidentiality and informed that there is no guarantee that others will observe it. However, it should be stressed that the privacy and confidentiality of FGD conversations must be observed and respected. In addition, questions about personal experiences should not be asked or shared in the group, and participants should not share information that identifies others. Planning must ensure a form of crowd control to maintain privacy.

Conducting the FGD

When beginning an FGD, use the introduction section to ensure participants provide informed consent for participation. Include a description of the study purpose, procedures, risks, and benefits of participation, confidentiality, and voluntary participation. Additionally, provide opportunities to ask questions or share concerns. Informed consent and Assent for adolescents under 18 years (confirm the national policy as age of consent may vary) must be obtained from all participants. [For sample forms, see "Sample Consent Form" and "Sample Assent Form"]. See additional guidance on ethical consideration during data collection in Chapter 5 of the 2018 *IAFM*.

Discussions are conducted by at least one facilitator and one note-taker. Responses can either be audio recorded and transcribed, or two note-takers can take comprehensive notes by hand in the language they are most comfortable with. Note that use of a recording device may introduce challenges, as ambient noise can obscure participants' voices and transcription is labor intensive. In cases where the facilitator does not speak the local language and an interpreter is needed, an interpreter can co-facilitate, and the note-taker can write notes in the local language and then translate them. FGDs last approximately 60 to 90 minutes and organizers have the option of providing participants with a drink and/or snack at the end.

To improve data quality, debrief sessions should take place immediately after each FGD. The facilitator, note-taker(s), and interpreter can then clarify notes and observations and document initial impressions in their field notes.

Data Analysis of FGDs

One or two members of the evaluation team should develop an initial data analysis codebook guided by the prevalent themes that emerged from the discussions based on the main topics covered. The team members should then finalize the codebook by applying it to a subset of transcripts (e.g., two to three). A second researcher can code a subset or all transcripts to triangulate across coders for additional insights. All FGD transcripts, field notes, and memos should be reviewed during the analysis process. Coding and analysis can be conducted using qualitative data analysis software (e.g., NVivo, ATLAS.ti) or Excel/Word.

During the analysis phase, emphasis is placed on identifying themes and patterns and selecting quotes to illustrate those findings.

For more information on FGDs, see:

- Stewart, David W., Shamdasani, Prem M., Focus Groups: Theory and Practice. March 2014
- Family Health International's (Qualitative Research Methods: A Data. Collector's Field Guide (2005).
- Community Tool Box, Chapter 3, Section 6, Conducting Focus Groups
- Better Evaluation - Focus Groups

Field Observation

Field observation is a qualitative method in which investigators observe and record their surroundings while in the study setting. While not a standardized activity, field observation can be useful to validate or challenge data gathered through the evaluation tools. Each member of the evaluation team should observe different areas within the camp or displaced setting. For example, try to observe how close the facilities that provide SRH services are in relation to where refugees/IDPs reside. At the facilities, observe the approximate number of women in line, whether chairs are available for waiting patients, and if any SRH health-related information, education, and communication (IEC) materials are available. Record this data in a field notebook, as well as any anecdotal information provided by participants, and then compare it against the formal data that has been collected. [There are multiple approaches including transect walks, checklists, and participant observation.]

Photography, Video, and Audio Equipment

It is important to consider the potential advantages and disadvantages of using photography, video, and audio equipment. Although photos and different media may be helpful, they might be distracting to the work and affect the results of the work. For example, it could affect willingness to participate if people are uncertain or cause other unintended harm if the context is not considered for potential security or other risk factors. Photographs and videos make identification easier. It is, therefore, important that participants have fully considered how it could affect them personally if the photo or video might be seen by anyone in the world on the internet. Consent is necessary for photos, videos, or audio recordings. If one participant in a group does not consent, photography, video, or audio recordings should not be used. When choosing refugees to interview/photograph/film, do not discriminate based on sex, race, age, religion, status (socioeconomic, ethnicity, refugee or IDP, etc.), educational background, or physical abilities. Consent and Assent if the individual is less than 18 years must always be secured.[4]

Additional Data Analysis Considerations

Qualitative and quantitative data will be collected using the *MISP Process Evaluation Tools*. A plan for data management, analysis, and dissemination should be part of preparations for conducting an evaluation.

[4] Women's Refugee Commission, Ethical Guidelines for Working with Displaced Populations through Programs, Research and Media, May 2021. Unpublished.

There are several options for analysis once data have been collected. For quantitative data, the analysis may not require a complex software and can be done in Microsoft Excel or other familiar software. Qualitative data, as mentioned during the FGD overview, can be analyzed with specific qualitative data analysis programs (e.g., NVivo, MaxQDA, Dedoose, etc.) or with Excel/Word.

When planning for analysis, things you may want to consider are:

- Which software or programs does the research team have experience using?
- Which software or programs does the research team have access to or licenses for, either individually or through their organization?
- Will data be collected electronically, or will it have to be entered after initial collection? If entered electronically, how can the data be exported for analysis?
- What is the timeline for conducting analysis? How will analyses and findings be shared?

Data Storage, Security, and Sharing

- A data storage and security plan should be discussed prior to the training and piloting the tools.
- All notes and records must be stored securely under lock and key where unauthorized individuals cannot access them.
- Electronic data should be protected by passwords and safely secured on a protected server.
- Notes are encrypted to conceal identities where such security is not possible.
- Develop a data sharing agreement in situations where there is more than one agency conducting the study.

Reporting Guidance

The "MISP Process Evaluation Report Template" facilitates with writing a final report once the MISP process evaluation data has been analyzed. The report is designed to be about thirty pages in length, with an unlimited/undetermined number of appendices to capture more detailed findings. Evaluators should use this template to standardize reporting on methodology, organize key findings, and document recommendations from the data analysis of the desk review, KI questionnaires, FGDs, and HFAs). This template is organized to present findings based on MISP objectives and contains guidance on types of information and related tools under each section and topic area.