Ideal match:
The case of applied research and interventions in an SRH programme in the Great lakes Region

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Programme at a glance

Making Sexual & Reproductive Health Services work for the Next Generation in the Great Lakes

3 countries: 4 pillars:

- SRH Education
- Acceptability of FP
- Availability of FP
- Youth-friendly services
Programme at a glance (2)

Consortium:

- **Cordaid**: Overall programme management
  - Country coordination Burundi and DRC
  - Supply chain management
  - Private provider
  - Country coordination Rwanda
  - M&E and operations research

Financed by the Ministry of Foreign Affairs of the Netherlands
Objectives and targets

The objective of the programme is to achieve better Sexual and Reproductive Health (SRH) for women and young people in Burundi, Rwanda and DRC (South Kivu).

• Young people are more informed and thus better equipped to make the right choices about their sexuality
• More people have access to contraceptives and other prerequisites for an improved SRH
• Public and private providers ensure quality SHR services to meet increasing demand
Research goals for the programme

• Clarify effectiveness of programme interventions

• Identify gaps and opportunities for action
Evaluating evidence-based and innovative interventions

• Evidence-based interventions require evaluation to validate the intervention (baseline and endline controlled surveys)
  – e.g. school-based SRH education

• Innovative interventions require continuous assessment of the processes, dynamics and acceptability of the intervention, and adaptation (in-depth monitoring and operations research)
  – e.g. health facilities youth corners; youth centres
Research questions for the programme

• Did the **quality** of SRH service delivery improve for adolescents and young people?
  • Are professionals **responsive** to young people’s needs?
  • Is **supply** of SRH commodities reliable?
  • How are **barriers** to quality SRH service delivery addressed?

• Did SRH outcome indicators improve?
  • E.g. **contraceptive use**, **SRH service utilization**, **adolescent pregnancy rate**

• Did equity in access to SRH care increase?
  • Which **social, cultural, economic factors** affect access?
System put in place to assess the outcomes of the programme

Mixed method approach:

β Quarterly monitoring of activities
  • 45 monitoring indicators
β Community survey (controlled before/after)
  • Young people, random sample
β Health professional survey (controlled before/after)
  • Random sample
β Qualitative methods (continuous)
  • Observation
  • In-depth interviews
  • Focus group discussions

(Non-)User side
Providers side
Challenges of such partnerships

Different time-frames

• Operations research results expected toward-the-end of the programme: endline + research
• Regular reporting of outputs and outcomes requirements to the funder

Roles and responsibilities

• Evaluation situated between implementation and research: from provision of evidence to providing technical expertise for adaption of planning
Added-value of such partnerships

• Opportunity to assess BCC outcomes beyond the timeframe of the programme
• Strong monitoring and OR allows continuous analysis and (re)-steering of innovative approaches
• Opportunity to rigorously assess the effectiveness of the interventions
• Provide evidence and baseline data on critical issues and (emerging) themes that need attention (domestic violence, adolescent pregnancy, etc.)
Outcomes (1)

Evidence for policy influencing

• Burundi: new adolescent health strategy being elaborated: chance to provide baseline

• Burundi: the programme has influenced the revision of the national PBF information system in integrating age-disaggregated data (adolescents are visible)

• Rwanda: youth corners promoted by the programme have been included in the national strategy as a requirements for health facilities
Outcomes (2)

Evidence for improving programme efficiency, effectiveness, and relevance

• SRH education: youth are being reached (monitoring data), however knowledge remains low (survey) – need greater effort on the quality of the educational activities (effects) vs quantity (inputs)

• Emerging themes from surveys: violence in men and domestic violence – emphasis on the violence component and lifeskills in SRH education

• Beliefs and rumours around modern contraception identified as a major barrier that needs to be addressed through the church
Outcomes (3)

Evidence on programme outcomes

• On-going in-depth qualitative research at the facility and community levels to inform on the effectiveness of the interventions
  – Demand by young people for family planning
  – Barriers to accessing SRH services
  – Capacity and willingness of health staff to provide services to young people
Outcomes (4)

Evidence of the importance of raising funds for applied research in large NGO programmes

• BCC should be assessed beyond the timeframe of the programme – evidence for future interventions in the region and on the theme

• Emerging themes: violence and men; domestic violence – evidence for further action
Dilemmas and limitations

• Short-term Programme (3 years) with further funding not assured
• Mid-term redefinition of some activities allows little time to measure effective change
• Research in fragile states can be challenging in terms of security
• Research on potentially sensitive topics can be challenging: position of the researcher vis-à-vis the programme and the community (e.g. family planning in a strong Christian context)
Thank You!
Murakoze cane!
Assante sana!

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