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Bana's Monitoring and Evaluation Plan for Health Impact

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Bana's Monitoring and Evaluation Plan for Health Impact



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Bana's Monitoring and Evaluation Plan for Health Impact

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Table of Contents

Introduction	4
Part I: Health Report	4
Part II: Interviews	6
Part III: Data Collection and Analysis.....	6
Part IV: Sample Health Report and Interview Guide.....	8
About the Partnership.....	13
Works Cited	14

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Introduction

Bana is experiencing a critical growth period, a Transition-to-Scale. During this transition, Bana management must re-examine and refine their impact model. In particular, as Bana grows they are realizing a much broader impact beyond their core impact of women's agency; Bana's programs and products are also improving the health of women and girls. To maximize these potential impacts, Bana must carefully and objectively evaluate their work. To that end, Bana management, in conjunction with Christina Egwim and Déjà Thomas, Global Social Benefit Fellows from the Miller Center for Social Entrepreneurship (referred to as 'fellows' from here on), has created the following monitoring and evaluation plan to track the various health impacts that Bana has on the community.

The two tools outlined in the following plan are a health report and an interview guide to examine the impact Bana has on health in the community. The tools also serve as a method for continuous learning and improvement of Bana products and education. First, the health report tool will help Bana examine the relationship between sales and services data of the report catchment area and incidents of acute infections and conditions related to menstruation. This will help Bana further understand the relationship between their community-focused health and menstruation trainings and the self-managing and treatment seeking of women and girls in those communities. To implement this tool, Bana is forming official partnerships with health clinics that they have some prior experience working with. The second tool - the interview guide - will give a voice and story to Bana's customers and supporting community. The interview guide will provide further granularity to health report data and also explore other concepts to tailor their products and services to improve impact. As Bana scales, their business and impact models will change, and the qualitative data will validate that the new business model functions for optimal impact.

Part I: Health Report

The health report is derived from the Ugandan Ministry of Health's Weekly Epidemiological report, specifically the HMIS 033b Form. The clinics currently collect and record data weekly, monthly, quarterly, and yearly surveys as required by the Ugandan Ministry of Health. However all menstruation related health problems that the health report in this plan records are not collected in the Ministry of Health surveys. The format of the health report was chosen so that any level clinic can collect the needed data in a familiar manner.

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Bana plans to partner with three health clinics in rural areas, utilizing health reports that will provide epidemiological data using quantitative measures **every two weeks (bi-weekly)**. The timing for this tool is bi-weekly to ensure that the clinics have ample time to collect the needed data. The initial health reports may serve as the community's baseline. Allowing for Bana to compare the health impacts before and after the transition-to-scale process.

Having health care professionals fill out the report information will ensure that the data being received is reflective of health conditions prevalent in the catchment area. The information collected by the health clinics may also be retained by the health clinics for internal use. Clinic workers will send the data from the report to Bana. The information collected from these health reports will allow Bana to accurately track the incidence of conditions and infections related to menstruation and reproductive health in the community. Bana will focus on Candidiasis, Urinary Tract Infections, Bacterial Vaginosis, Burns, Skin Tears, and Skin Lesions in the Genital Area, and the prevalence of Sexually Transmitted Infection (STIs) to monitor effectiveness of both product use and educational programs in female empowerment and improving health. A sample of the health report is at the end of this document.

The direct participants from which information in the health report will be gathered from will include: girls aged 10 – 19 who report being enrolled in and attending school, girls aged 10 – 19 who report not being enrolled in school, and young mothers under age 25. School includes primary, secondary, vocational school, or university. All of these participants are in rural areas. All women and girls attending the three clinics and fitting this profile will be evaluated per the health report.

Bana will collect health reports from **one health clinic** in each of the following **three districts: Mpigi, Masaka, and Rakai**. Bana currently has relationships with clinics wherein they share data, but the Ministry of Health currently does not track all of the menstruation related health conditions. Therefore, the clinics currently have no way of collecting data specifically related to previously listed conditions. Therefore, in completing the health reports the clinics will also have additional data to better serve their communities. When the collection methodology is implemented, all three partnerships will be secured and made official with a Memorandum of Understanding, or a similar document. The health clinics will be strategically chosen so that they are in an area that Bana currently has Champions and school partnerships. This will allow qualitative data to be collected from the clinic catchment areas.

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Part II: Interviews

Quantitative data from these health reports will provide descriptive insights on possible correlation between Bana's work and the health trends seen in clinics. Bana will also use qualitative data to build on those descriptive insights and develop a more comprehensive understanding of the determinants of the trends observed. Qualitative data will allow Bana to start to draw inferences about the quantitative findings. The interviews will examine the influences on menstruation-related health problems in the community, and gather feedback on Bana products and trainings. These interviews will also serve to explain trends in the quantitative data received by Bana from the health clinics, and understand Bana's health impacts on a personal level.

Bana staff will conduct **interviews every two months (bi-monthly)** with one Senior Teacher and one Senior Champion in each clinic catchment area using an interview guide developed and tested by the fellows. Senior Teachers and Champions possess unique insight on the health of girls in and out of school and young mothers. The fellow's initial research revealed that these groups function as health liaisons for girls and women, and were open and honest throughout the research process. Since, the interview guide is based on the same research that the fellows conducted, Bana believes the interview guide will elicit honest responses.

The sampling method for these interviews will be a non-random quota method. Clinic catchment areas will serve as primary groups, and one Senior Teacher and one Champion will be chosen from each group to serve as the representative for that area. Bana will ask these women about anything happening in the community that has the potential to impact the target market and the lifestyle of women and girls in the clinic catchment area. Bana management will lead the recruitment and selection of interview participants. The approach of the interview is an open-ended survey, wherein the answers to the questions are important, but the interviewee is given the freedom to expand their answers. An interview guide can be found at the end of this document.

Part III: Data Collection and Analysis

Bana staff will compile all the data from both the bi-monthly interviews conducted by Bana staff and the bi-weekly health reports completed by partnering health clinics. This will allow them to take note of trends in the quantitative data they have received as well as create plots and graphs to analyze these trends. Bana staff will generate various graphs of the data every

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month beginning after the second month of the plan's implementation. A key part of this data will be outpatient referrals. The health reports will track who referred the patient to the clinic. This data will allow for Bana to track the outcomes of referrals by their Champions and other trained community members. Therefore allowing them to link their educational trainings to girls getting proper treatment.

Additionally, for each condition in the health report, Bana will track the number new cases reported bi-weekly to create an incidence rate (see equation below). Bana will then draw on other clinic data to stratify incidences by age and by location. This information will support Bana's marketing and outreach, informing their adjustments to the methods used to target specific age groups and locations. It will also help indicate if and how their pads and educational programs are effective in preventing health problems.

$$\text{Incidence rate} = (\text{number of new cases of disease recorded bi-weekly}) / (\text{female attendance in the clinic bi-weekly ages 10-25})$$

Bana staff will select interviewees at the beginning of implementation, with the interviews starting to take place after 4 collection periods of health reports. They will use an excel spreadsheet to keep track of the interviewee's village, sub-county, district, date of the interviews, and school if applicable. Bana staff will record the answers to the questions, but also take note of any additional nuances or themes that manifest throughout the interviews. After the staff conducts the interviews, a summary of responses will be written in a report, including common problems and complaints that women in the community are reporting, and will be tagged for further review. For example, if a common problem that women are reporting in a certain region is availability, then Bana will use this information to find a way to make more pads available in that area. The information will be used to assist Bana in improvement and expansion. Questions may be added or adjusted to serve the purpose of understanding the quantitative data from the health reports.

Bana will evaluate the impact that its products and programs have on the health of rural women and girls based on the multiple data points described: the number of referrals to clinics by the various community members Bana has trained, health report incidence data, interview data, and sales data. This mix-methods approach will allow Bana to be able to speak with much more certainty about how they are improving the health of rural girls and women. Improvement can be defined as an increase in the number of those seeking treatment from clinics, as well as a decrease in the number of incidents of acute conditions and infections related to menstruation reported by health clinics. This improvement will act as a measure of the effectiveness of Bana's education in the community

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and Champion outreach from training. Improvement can also be defined in terms of a community's baseline numbers. The initial health report may be administered to establish the community's baseline, so that it may be used to compare the health impacts before and after the transition-to-scale process. If improvement *is not seen* after 6 months, Bana will use the bi-monthly interviews to investigate why the products and programs are not impacting health of the women and girls of the areas. If improvement *is seen* by 6 months, then Bana will use the bi-monthly interviews to determine the successful practices in one area that may be successful in another.

Part IV: Sample Health Report and Interview Guide.

Sample Health Report

Description and Instructions

Objective: Report cases of sexual and reproductive health issues that affect girls and women of all ages.

Timing: Due Bi-Weekly; every other Monday

Two Copies: One is kept at the health clinic and one is sent to Bana Limited Uganda.

Procedure:

1. All health units must report this information to Bana Limited Uganda.
2. The report should be clearly labeled with report dates.
3. For each case category, indicate the number of new cases of each disease/infection as well the number of deaths as a result of those cases that occurred in that week.
4. This data is to be transcribed every other week into the following forms.
5. The data is to be collected exclusively from **females** in the following age groups: 0-9yrs, 10-19yrs, 20-25yrs, and 25yrs+.

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Date of Report _____
 Time period (Start Date) _____ to (End Date) _____
 Week ____ / 52

Health Unit _____ Health Unit Code _____ Parish _____
 Sub County _____ HSD _____
 District _____ Village _____

INSTRUCTIONS

Please begin by reading each section carefully. Sections I, II, III, and IV only require numerical input. For the sections specifying age, please record the number of **FEMALE PATIENTS** that fit the respective category in the correct age range. For any additional comments and concerns, please use the section labeled “Additional Comments From Health Care Facility.”

I. OUTPATIENT ATTENDANCE

Age Group	0-9yrs	10-19yrs	20-25yrs	25yrs+
New Attendance				
Re-Attendance				
Total				

II. OUTPATIENT REFERRALS

	Referrals to Unit
From Village Health Team	
From Instructor/Senior Woman	
From Champion	
Other	
Total Referrals to Unit	

III. CONDITIONS

Cases	Incidents	Deaths
Sexually Transmitted Infections		
Candidiasis		
Urinary Tract Infections		
Bacterial Vaginosis		
Burns, Skin Tears, and Skin Lesions in the Genital Area		

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Other		
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IV. INCIDENTS BY AGE

Diagnosis	0-9yrs	10-19yrs	20-25yrs	25yrs+
Sexually Transmitted Infections				
Candidiasis				
Urinary Tract Infections				
Bacterial Vaginosis				
Burns, Skin Tears, and Skin Lesions in the Genital Area				
Other				

ADDITIONAL COMMENTS FROM HEALTH CARE FACILITY

FOR BANA LTD. UGANDA USE ONLY

Data Received	
Received by Monday	
Checked by (signature)	
Date for Data Entered	
Name of Data Entrant	

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Interview Guide

This interview guide is meant to facilitate a dialogue between the Bana staff, Senior Teachers, and Champions. The purpose of this dialogue is to facilitate the data collection of the influences on menstruation-related health problems in the community, as well as gather feedback on Bana products and trainings. Senior Teachers and Champions possess unique insight on the health of girls in and out of school and young mothers. The interviewee at some point in the conversation should answer all the questions in the guide. By including these interviews in the monitoring and evaluation plan, Bana can understand the nuances and influences on the impact they can have on the health of women and girls. The interviews will be conducted in the local language, Luganda, or English, but for your convenience have been listed in English. Questions may be added or adjusted to serve the purpose of understanding the quantitative data from the health reports.

The interviews will roughly be conducted in 3 sections: rapport building/personal, general Bana impact on community, Bana's health impact on women and girls. Record of the interview (interviewee name, village, sub-county, district, date, and school if applicable) will be written and stored in an excel spreadsheet.

Section 1: Rapport Building

*These questions are meant to ease any initial apprehensions the interviewee might have. They are casual, open ended and good-natured.

1. Small talk
2. Questions about well-being (i.e. 'How are you?' 'How has your evening been?')
3. Questions about family (i.e. 'How are your children?' 'How is your husband?')
4. Questions about work (i.e. 'When are exams for Senior 5?' 'How many Bana have you sold this month?')
5. What community events have taken place since we last spoke?
6. Has the village chairpersons made any decisions since we last spoke?
7. What economic challenges has your community faced recently?
8. Has the weather impacted anything in your community recently?

Section 2: What is the general impact Bana has on the community?

1. What health challenges has your community faced recently?
2. How do others within the community view menstruation? Has it changed since we last spoke?

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3. What have you done in the community to promote menstrual hygiene and management and health?
4. What do your students/customers know about Bana?
5. What does the general community know about Bana?
6. What did your students/customers like or not like about Bana and their educational information?
7. What did your students/customers like or not like about Bana products?
8. What improvements do you think Bana can and should make to improve the health of your students/customers?
9. What impact has Bana had on the community?

Section 3: What is the impact Bana has on the health on women and girls?

1. What did your students/customers know about reproductive health/menstruation before Bana/you gave them proper information?
2. What menstruation related challenges and reproductive health problems have you encountered in your school/community since we last spoke?
3. From your perspective, what are good ways to reduce these problems?
4. How have you helped reduce these problems?
5. Have you referred anyone to a health clinic for menstruation related problems or other health problems?
 - a. If so:
 - i. For what specific problems?
 - ii. How many have you referred (approximately)?
 - iii. To which clinic?
6. Champion Specific:
 - a. What age group of women do you normally see in your menstruation health care programs?
 - b. What is the biggest challenge you face in selling Bana products?
7. Teacher Specific:
 - a. What do your students use when they are on their periods? Why do they use those things?
 - b. If they mention Bana in their answer
 - i. What differences in behavior or attitude exist between students who purchase Bana and those who don't?
 - ii. What differences in attendance exists with students who don't purchase Bana?

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About the Partnership

About the partnership between Bana and Santa Clara University's Miller Center for Social Entrepreneurship: Richard Bbaale of Bana completed the Global Social Benefit Institute (GSBI) program in 2012, and has collaborated with Miller Center over the past four years. Bana has hosted three cohorts of Global Social Benefit Fellows to conduct participatory action research in 2014, 2015, and 2016. These research projects have helped Bana to enhance business operations, marketing and sales, and health outreach; and to video document Bana's impact on women in communities and to analyze the social impact of the Bana Champions programs. Bana and the 2016 Global Social Benefit Fellowship team prepared this monitoring and evaluation for health impact collaboratively.

About Miller Center: Founded in 1997, Miller Center for Social Entrepreneurship accelerates global, innovation-based social entrepreneurship in service to humanity. Its strategic focus is on poverty eradication through its three areas of work: The Global Social Benefit Institute (GSBI®), Impact Capital, and Education and Action Research. To learn more about Miller Center and its social entrepreneurship programs, please visit www.scu.edu/MillerCenter.

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Works Cited

Sample Health Report adapted from Uganda's Ministry of Health Weekly Report Health Survey, the HMIS 033b Form.

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