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Kannan, Srinivasan

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5 December 2015

Online at <https://mpa.ub.uni-muenchen.de/68180/>
MPRA Paper No. 68180, posted 05 Dec 2015 08:54 UTC

Importance of qualitative methods in Social Program Evaluation

Srinivasan Kannan PhD*

Social Program Evaluation (SPE) is the method and tool to address policy questions of diverse social actors to improve services (Greene, 2003). In India, the development programs are planned mostly using quantitative indicators. For instance, health and medical professionals prefer quantitative indicators such as, morbidity, mortality, prevalence, and incidence and so on. This undermines the qualitative aspects. There are instances in which combination of quantitative and qualitative are accepted. From the beginning, health programs are implemented based on quantified indicators by the planners. Many at times this leads to shift in the focus from the program objectives to the outcomes which are defined well in terms of quantified indicators. In this paper, author shares his experiences from his evaluation studies in the health and other development sectors. He is also attempting to suggest ways of developing qualitative indicators, which could be used for program planning. A study on assessment of menstrual hygiene practices in a district in India gave a greater insight on the program. The findings had more important program details than the quantified indicators could provide. Things such as socio cultural factors affecting menstrual hygiene practices are more important than the traditional quantitative indicators such as usage, coverage and so on. Similarly, human factors were found to be more important in another study on health system preparedness during natural disasters. Qualitative methods have opened many of the latent aspects of the programs which were unanticipated by any policy maker. The paper also discusses the limitations of social and health programs only dependent on quantitative methods by ignoring qualitative aspects.

Introduction

Social Program Evaluation is a post-mortem examination of Social Program administered in development sector. Rossi, P. H., Freeman, H. E. & Lipsy MW (1999) defined Program evaluation as, "Use of social research procedures to systematically investigate the effectiveness of social intervention programs." The authors further stated that evaluation researchers use social research methods for appraisal and help in improving all aspects of the programs; i.e. diagnosis of social programs in terms of conceptualization and design for their implementation and administration of their outcomes and efficiency.

Andrew Green in his book, 'An introduction to health planning for developing health systems'(2007), discusses about the power of information. He classified information in to two types, namely, hard information and soft information. According to him, the information that is already measured and easy to measure was called hard information. The information which may be impossible or difficult to quantify was soft information. He further stated how the 'measurable drives out the intangible'. That is why, one need to work on non-quantifiable indicators such as people participation, workers' commitment and so on while evaluating a social program.

Jennifer C Greene (2003) viewed social evaluation as intertwined with politics and values. She further suggested that evaluators navigate between competing political and value agendas; hence they have a different set of approaches.

Program Evaluation Experiences from Menstrual Hygiene Program

Menstrual Hygiene Scheme (MHS) was launched by the Government of India in 2010 to promote menstrual hygiene and health among adolescent girls in 152 districts in 20 states as a pilot scheme. One of the pilot districts from the northern part of the southern Indian state was studied for the purpose of evaluating the program.

Methodology

For the rapid assessment, from the selected pilot district, two development blocks out of 13 were selected randomly. The criterion for the selection was based on the distances of the blocks from the district head quarter. A block within 30 kilometers from the head quarter and another 30 kilometers away were included for the study. The data were collected in 2013. The details of interviews, Focus Group Discussions, and observations are given in Table 1.

Table 1 Details of data collection

Details	Number
Interviews conducted.	24
Focus group discussions among beneficiaries and non-beneficiaries	16
facilities visited	17
storage sites visited	2
Total storage sites visited	6

The first approach followed by the investigators was use of official guidelines on number of program elements. That included, who issues the napkins, number of napkins to be issued per beneficiary, details on incentives to be provided to the volunteers, guidelines on financial management, guidelines on monthly meetings for adolescent girls to create awareness creation and distribution of napkins, monitoring mechanisms, storage guidelines, and transportation costs. This was compared with the practices from the field using qualitative interviews with the service providers and the gaps were identified between the guidelines and the practices (Srinivasan K et al. 2013). The analysis found that many of the guidelines were not followed fully. This was because, either they were not feasible or there were constraints in following them. Guideline on number of napkins to be distributed to each beneficiaries was not clear to many health workers. Problems such as no clarity on how to utilize money generated from distributing the napkins, problems faced in monitoring due to poor formats used, lack of storage facility and other similar issues suggests that the program was designed without considering the local needs and conditions.

In addition to the above, the beneficiaries have many other things which are important for a program. FGDs found that poor napkin quality made the students restless during classes and they could not concentrate on their studies, size of the napkin was found to be inadequate, and problem of disposing the napkins were some of the important insights. These aspects are more important for a program than the coverage of the service area and the number of napkins distributed. This is the practice which is common in many of the programs.

The information collected using qualitative approach had greater insight on the program than the quantitative approaches. Things such as fear of students using sanitary napkins due to its poor

quality which would stain on their cloths is an important finding that could not be generated using any quantitative tool. Especially a study among the adolescent girls using a quantitative tool would have not yielded similar results.

Program Evaluation in system response to natural disasters

The author has conducted a study on disaster management system of Government of India agency in a western state of India during late 1990s. During that study and as well as a study a student supervised by him on the system's response on flood in an eastern state of India, the qualitative methods yielded good results.

The interviews by the author on disaster management system evaluation study in western state have provided many interesting insights to the problem.

Methodology

Interviews were conducted with the District Collector, Talukdars and the fisher men of the coastal districts of a western state of India. There were interviews with the three district collectors, three Talukdars and three FGDs were conducted among the fisher men. Table 2 shows the number of interviews conducted.

Table 2 Number of Interviews FGDs

	District Collector	Talukdar	Fishermen
Interviews	3	3	-
FGDs	-	-	3

The study found that the Disaster Warning systems in many of the coastal regions were non-functional. It was also found that the communication on the disaster related information was usually happened 48 hours prior to the predicted disaster by the Meteorological/ Space Centre to the state head quarter. Then it would be communicated to district collectors of coastal districts either through email, or fax or telephone. Then the Collector communicates it to the Talukdar over telephone. The Talukdar then communicate the warning through a system similar to Public Addressing System for the purpose of disseminating to the members of community. In addition fisherman were warned through Radio stations.

The study found that the urgency shown to the information during wrong alerts caused problems faced to the community that disturbed their work and living. In addition there were threats to their property when they leave behind them at their homes closer to sea. There were also instances of thefts when they leave to higher levels from the sea. This is an evidence for the richness of information collected through qualitative methods would not be possible using quantitative methods.

The student who was supervised by the author on the systems response to flood in an eastern state too had many interesting findings. The study found problems such as crocodile bites, poor management of boating services during flood, poor preparedness in terms of non provision of life jackets, short supply of sanitary agents and so on(Mishra 2012 Working Paper).

Discussion

From the above findings it is very clear that the qualitative methods have many strengths in evaluation research. Qualitative methods have capabilities to capture the socio cultural factors that affect the social programs. These are the limitations of quantitative methods focusing only on

traditional indicators such as usage, coverage and performance. This also emphasized the importance of human factors in public health programs. That is why we need to focus more on qualitative methods. This will unearth many unexplored aspects of programs which are generally not anticipated by the policy makers. This gives an idea how the shortcomings of different programs in health and other development sectors by just focusing on achieving the spelt indicators instead of addressing the qualitative information by which they do not address the quality of life. This clearly shows how dangerous it is if we focus only on quantified indicators.

Conclusion

The paper shows how the qualitative aspects are ignored when a program is planned and later evaluated. Too much focus on the quantitative indicators will only guide the system to achieve the specified indicators and not the qualitative ones. For instance, if the menstrual hygiene program focuses only on the number of napkins to be distributed, then the quality in terms of leakage and size would be ignored. This does make the program to achieve its main objective of the menstrual hygiene. Likewise, if the disaster preparedness only focuses on the quantity of medicine required in an affected area and the coverage ignoring other aspects such as safety and security of the population, then the disaster situation will not actually improve among the beneficiaries. We need to shift our focus from the quantitative indicators to qualitative aspects by keeping vigil on the situation for improvement.

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