

# **Using rubrics methodology in impact evaluations of complex social programs**

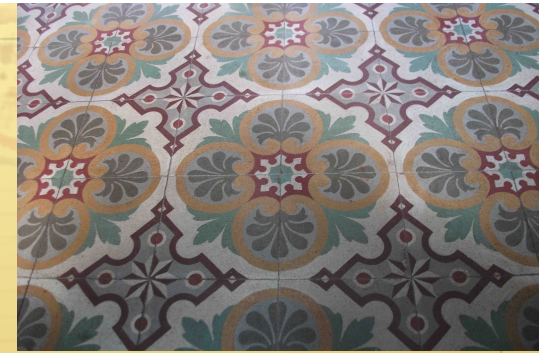
**The case of the Maria Cecilia S. Vidigal Foundation's Early Childhood Development Program in Brazil**

Thomaz Chianca, PhD & Eduardo Marino, MSc  
COMEa Evaluation Ltd.

Paper Presented at AEA'10  
San Antonio, TX - Nov 13, 2010



# The problem



- ✧ Social programs are complex
- ✧ Involve several actors interacting in dynamic contexts
- ✧ Capturing changes attributable to a complex social intervention require the identification and combination of complex evidence (quanti & quali)
- ✧ Synthesizing evidence to reach evaluation conclusions and communicating findings are very challenging in real world evaluations

# Rubrics can help



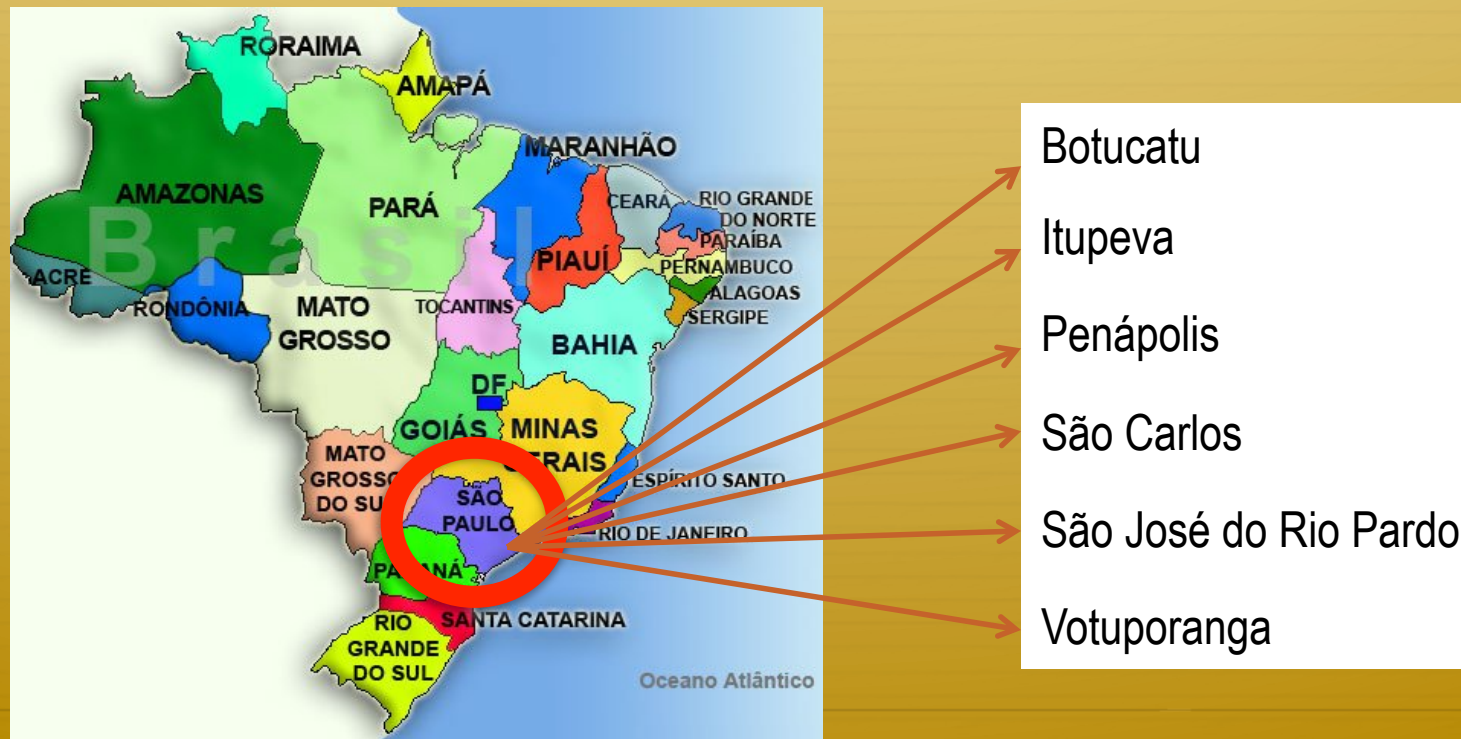
- ✦ Rubrics are parameters set to help determine the quality or performance of an evaluand in specific dimensions or components
- ✦ Conclusions are expressed on a scale of two or more points
- ✦ Quali and quanti evidence can be combined or used separately to anchor the scales
- ✦ Conclusions can be easily represented in graphs



# The case



- ✧ Early Childhood Development Program (PDI) supported by the Maria Cecília Souto Vidigal Foundation (FMCSV) in six municipalities in the state of São Paulo, Brazil



# The case (cont.)

- ✧ Establishment of local partnerships among the local government, nonprofits and the private sector to promote ECD
- ✧ Initial intervention: capacity building in ECD (doctors, registered nurses, teachers, etc)
- ✧ Support from 2009-2013



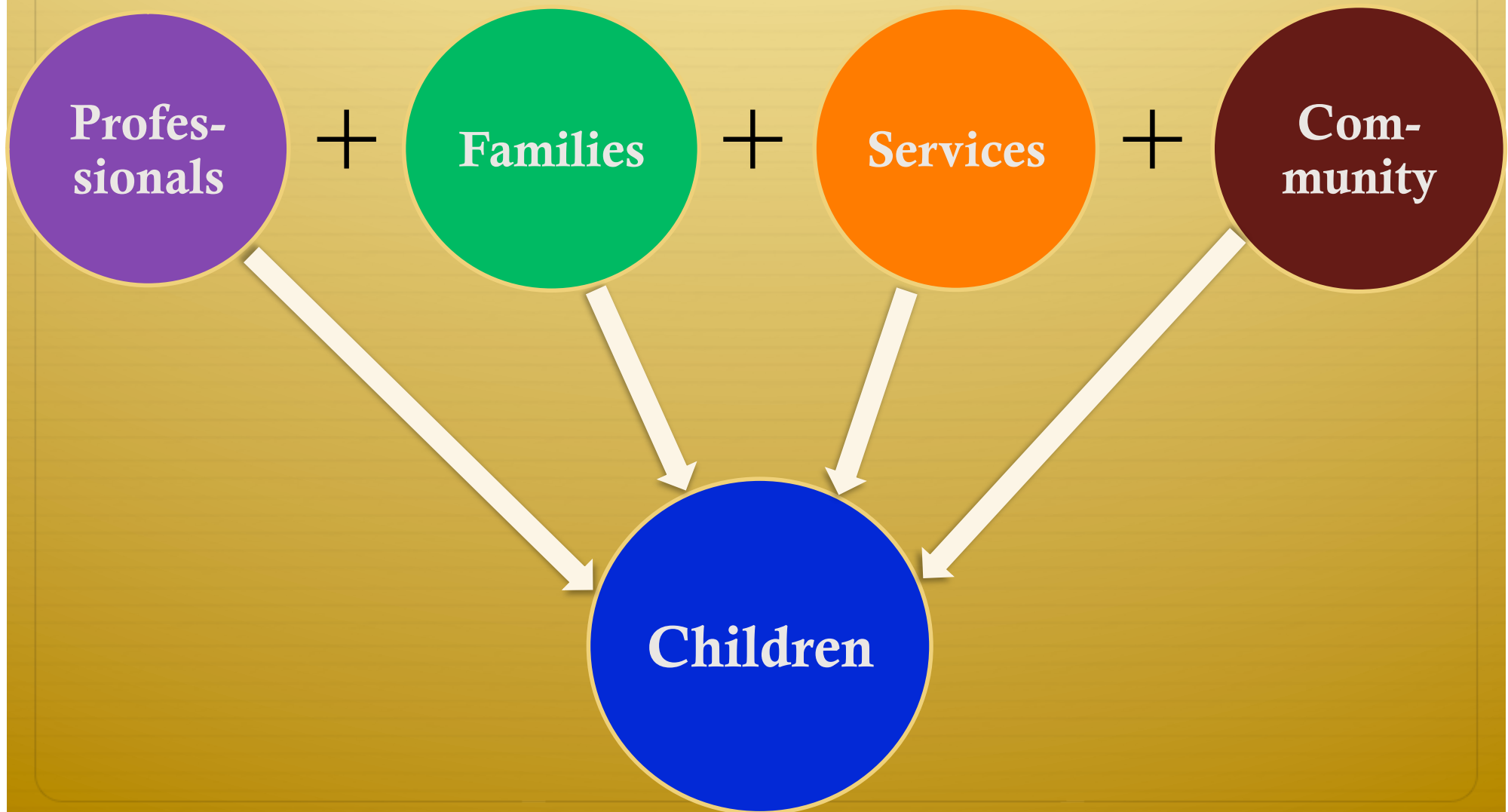


# The evaluation scope

- ✧ Program baseline (2010) and impact (2014)
- ✧ Identify and document aspects that can influence success and failure
- ✧ Create a monitoring system to provide timely feedback for improvements



# Values



# Values, Criteria and Indicators

**V1 - Health and education professionals prepared to work effectively in early childhood development (ECD)**

**Criteria** 3

**Indicators** 13

**V2 - Services to attend families in the areas of health, education and social services assimilate the focus of ECD**

**Criteria** 10

**Indicators** 52

**V3 - Parents and caregivers prepared to help their children to fully develop**

**Criteria** 2

**Indicators** 9

**V4 - Changes in the services of the community and in public policies of ECD**

**Criteria** 2

**Indicators** 9

**Total criteria** 17

**Total indicators** 83



# Rubrics – example (qualitative)



- ✧ *Indicator 1.1.1*: Professionals stimulate the participation of husbands in medical appointments of pregnant wives
- ✧ *Rubric 1.1.1*:
  - ✧ 0=no effort or preoccupation in stimulating attendance of husbands in medical appointments;
  - ✧ 1=some preoccupation;
  - ✧ 2=clear preoccupation, but no effort;
  - ✧ 3=clear preoccupation and some effort (not systematic);
  - ✧ 4=systematic effort;
  - ✧ 5=successful systematic efforts to stimulate the participation of husbands in pregnant wives' medical appointments.

# Rubrics – example (quantitative)



✧ *Indicator 2.9.1:* Adequate proportion of children per early childhood educator in all day care centers

✧ *Rubric 2.9.1:*

- ✧ 0=All day care centers have less educator than proposed as ideal by the Brazilian Camber for Basic Education
- ✧ 1=Less than 25% of day care centers have an adequate proportion children/educators
- ✧ 2=25% to 50% adequate
- ✧ 3=More than 50% to 75% adequate
- ✧ 4=More than 75% to 95% adequate
- ✧ 5=All day care centers with adequate proportion children - educators

# Rubrics – example (quali+quanti)

- ✦ *Indicator 2.3.6:* Contents of group meetings clearly focused on the emotional aspects of families
- ✦ *Rubric 2.3.6:*
  - ✦ 0=there are no group of pregnant families;
  - ✦ 1=group meetings' curricula has nothing on emotional aspects of families; only focused on physical aspects of pregnancy
  - ✦ 2=professionals show some concern about the emotional aspects of pregnancy, but meeting are still only focused on physical aspects
  - ✦ 3=groups have curricula with contents on emotional aspects, but miss SOME important aspect regarding the issue
  - ✦ 4=groups have curricula with contents on emotional aspects, but miss ONE important aspect regarding the issue
  - ✦ 5=groups in all health units have curriculum with all key contents on emotional aspects about ECD



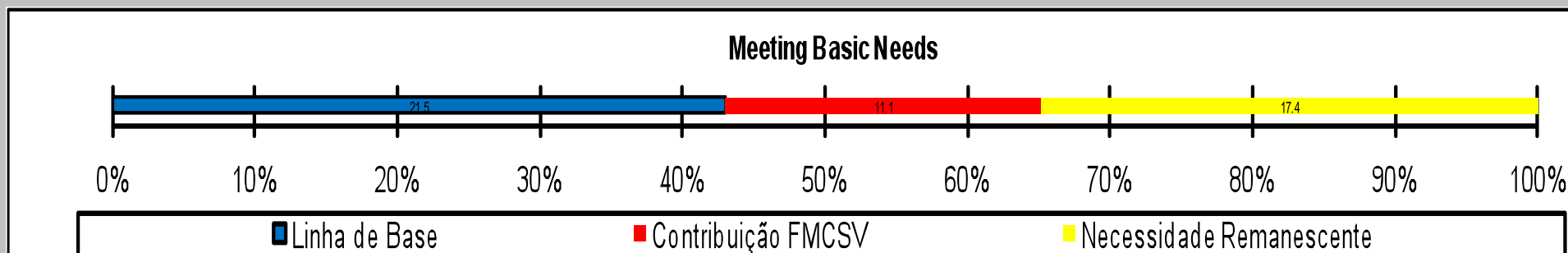
# Data Collection Methods (baseline)

Dimension	Method
1. Professionals	❖ <b>Focus group facilitated by the evaluators</b> (pediatricians, gynecologists, nurses, daycare educators, pregnant women, mothers/fathers)
2. Services	❖ <b>Focus group facilitated by the evaluators</b> (pediatricians, gynecologists, nurses, daycare educators, pregnant women, mothers/fathers) ❖ <b>Questionnaire</b> (executive secretaries of the projects) ❖ <b>Analysis of secondary data</b> (situational diagram, Datasus, IBGE, MEC)
3. Families	❖ <b>Focus group facilitated by the evaluators</b> (pregnant women and mothers/fathers) ❖ <b>Analysis of secondary data</b> (situational diagram, Datasus, IBGE, MEC)
4. Community	❖ <b>Analysis of secondary data</b> (situational diagram, government plan, CMDCA reports, program documents , clippings ) ❖ <b>Questionnaire</b> (executive secretaries of the projects) ❖ <b>Questionnaire</b> (university representative)
5. Children	❖ <b>EDI – Early Development Instrument</b> (Offord Centre for Child Studies – McMaster University, Canada)

# Spreadsheet for data entry and analyses

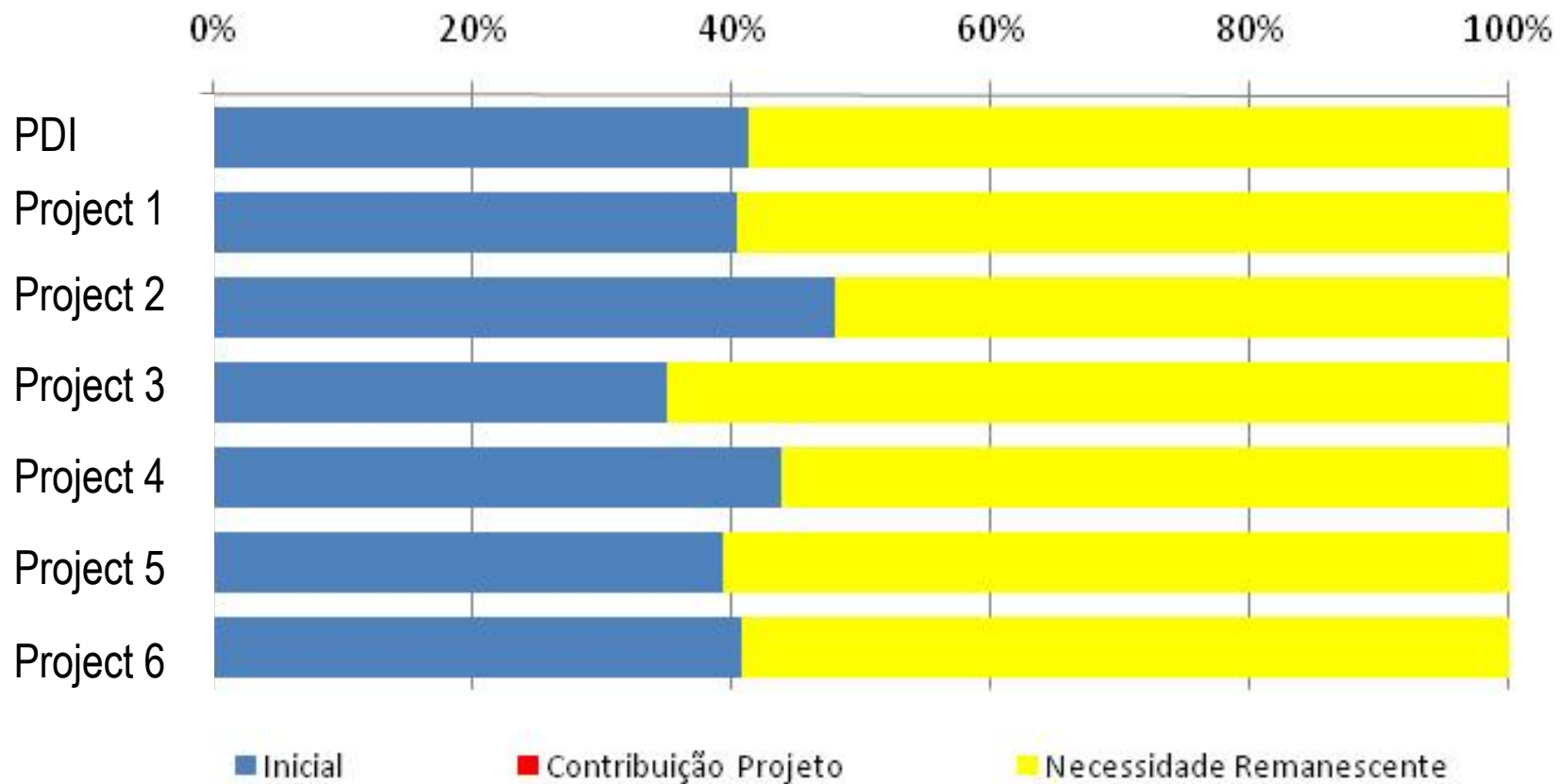
<i>Critérios</i>	<i>Indicadores</i>	<i>Linha de Base</i> 0 a 5	<i>Atual</i> 0 a 5	<i>Ajusto do Poso</i> Linha de Base	<i>Ajustado pelo poso</i> Atual		
------------------	--------------------	-------------------------------	-----------------------	--	------------------------------------	--	--

<b>Dimensão 1: Profissionais de saúde e educação infantil preparados para atuar no DI</b>	<b>Linha de Base</b> 21.5	<b>Alcançado</b> 32.6	<b>Contribuição FMCSV</b> 11.1	<b>38.9%</b>
---	------------------------------	--------------------------	-----------------------------------	--------------



1.1. Profissionais de saúde e de educação infantil preparados para atuar de maneira eficaz no desenvolvimento infantil	1. Profissionais estimulam a participação do pai nas consultas	2.0	3.5	2.0	3.5		
	2. Profissionais informam sobre sinais de perigo para a gravidez	1.0	4.0	1.0	4.0		
	3. Profissionais avaliam a aceitação da gravidez por parte dos pais	1.5	4.0	1.5	4.0		
	4. Profissionais avaliam a rede de suporte à mãe	2.0	3.0	2.0	3.0		
	5. Profissionais avaliam adesão da mãe (e o apoio do pai) às	1.0	4.0	0.0	0.0		
	6. Profissionais utilizam abordagem não prescritiva (clínica ampliada) nas	1.5	3.0	0.0	0.0		
	7. Profissionais orientam sobre a importância da interação dos pais com os	2.0	4.0	2.0	4.0		
	<b>Subtotal do Critério</b>			<b>8.5</b>	<b>18.5</b>	<b>10.0</b>	<b>60.6%</b>

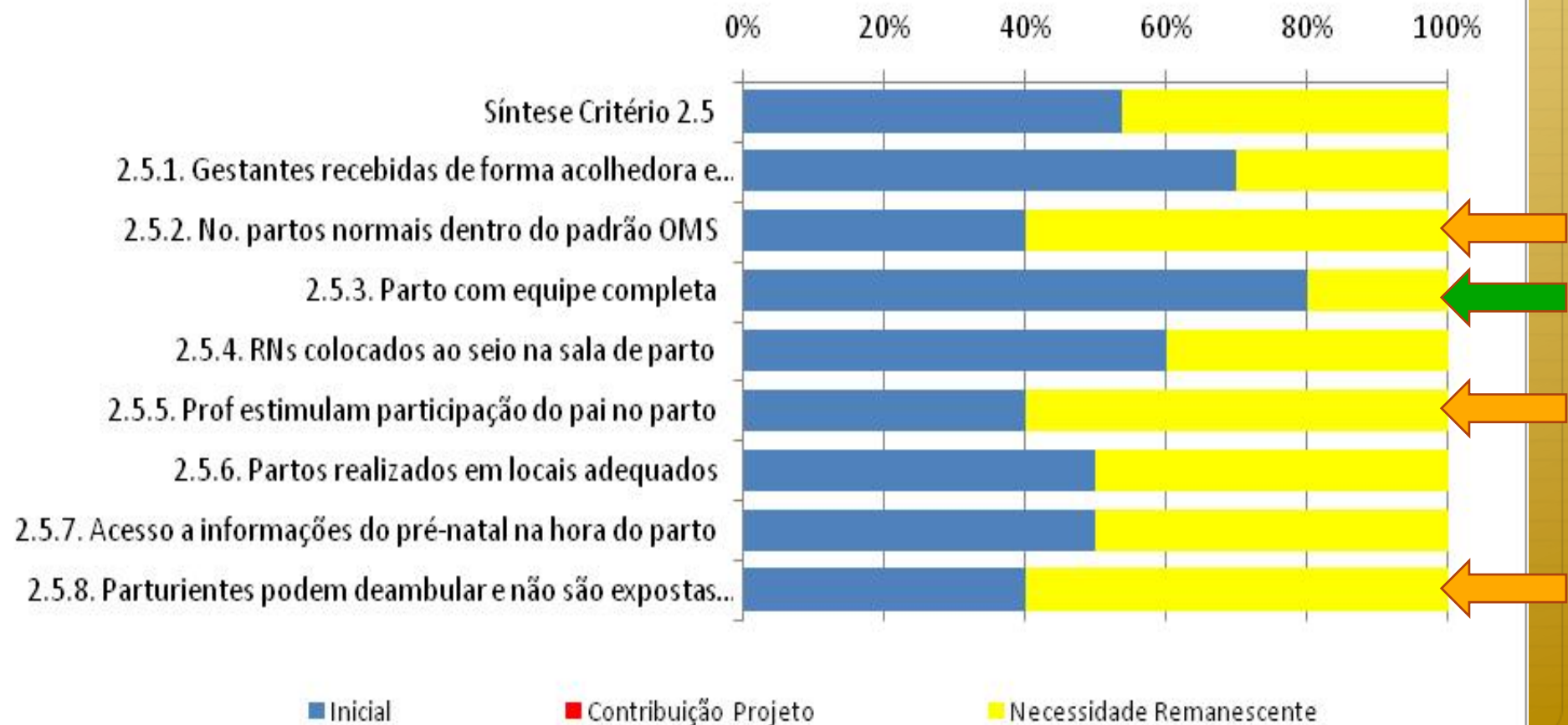
# Graph representation of situation at baseline (4 dimensions)





# Critical aspects and best practices

## Critério 2.5: Parto humanizado



# Evaluation use

- ✦ Discussion of evaluation findings with each community project
- ✦ Evaluation findings being used by FMCSV and by community projects as the basis for planning for 2011



# Some lessons learned

- ✧ Involving program staff in the development of values, criteria, indicators and rubrics is important to ensure quality and buy-in
- ✧ Quantitative indicators from well-known databases are easier to analyze; however, they do not address most complex aspects of the evaluation criteria and dimensions





# Some lessons learned (cont.)

- ✦ To become more grounded to reality, indicators and rubrics need to be revised after the first round of data collection
- ✦ To ensure the quality of the analyses, evaluators who did the fieldwork should be the ones scoring the indicators
- ✦ The scoring should be done by at least two different evaluators who participated in the data collection



# Some lessons learned (cont.)

- ✦ The scoring should be discussed with program staff and project representatives to explain criteria and share findings
- ✦ Timeframe between data collection/analyses and discussion of findings with stakeholders should be kept short to keep the momentum/interest
- ✦ Short reports (e.g., PPT presentations) with main findings are helpful to engage stakeholders
- ✦ Final report should be prepared after the discussion of findings with stakeholders to incorporate their perspectives

