AUSTRALIAN COUNCIL FOR INTERNATIONAL DEVELOPMENT

Ethical challenges in the evaluation of a Pacific multi-country training project by an Australian NGO

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1. SUMMARY OF RESEARCH AND PARTNERS

Partners involved: Family Planning NSW, Australia; International Planned Parenthood Federation Sub-Regional Office for the Pacific; Cook Islands Family Welfare Association; Reproductive and Family Health Association of Fiji; Papua New Guinea Family Health Association; Samoa Family Health Association; Solomon Islands Planned Parenthood Association; Tonga Family Health Association; Vanuatu Family Health Association

Countries involved: Australia; Cook Islands; Fiji; Papua New Guinea; Samoa; Solomon Islands; Tonga; Tuvalu; Vanuatu

Focus area of investigation: Training evaluation; clinical reproductive and sexual health practice; reproductive and sexual health community education

Family Planning NSW, Australia, was funded by The International Planned Parenthood Federation Sub-Regional Office of the Pacific to develop, implement and evaluate a clinical and community education capacity-building training and mentoring program ('the education program'). The education program was to be carried out with staff of eight Pacific International Planned Parenthood Federation Member Associations and was implemented between October 2012 to May 2014 in three stages:

1. Training needs analysis in each country through reviewing literature, a survey with Member Association staff, key stakeholder interviews with Member Association staff and partners and clinical observations.
2. Face to face education program delivery. The model of delivery included in-class instruction and practice within small groups and observation of each person's skills in the workplace.
3. Follow-up distance and in-person coaching and mentoring. Distance learning support was offered by email, phone, social media and e-newsletters and through a follow-up visit to all staff.

The mixed-methods evaluation entailed pre-, post- and follow-up (3–6 months) training consisting of surveys, observations and interviews. The Most Significant Change technique (Davies & Dart, 2004) to collect and review stories of change was also utilised. The evaluation plan was submitted to and approved by Family Planning NSW, the Australian Human Research Ethics Committee (HREC) and implemented with the education program. The ethics application was 27 pages in length (using the online National Ethics Application Form) with an additional 16 attachments. The ethics application required one round of adjustments (primarily wording and consistency recommendations) and one amendment mid-way through the project due to a slight change in survey questions.

2. RATIONALE AND PURPOSE

Reproductive and sexual health in the Pacific region has improved over the years; however, it continues to face many challenges. Some countries experience low contraception prevalence rates, high teenage fertility rates and increasing rates of sexually transmissible infections, among other challenges. Deaths from

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Reproductive & Sexual Health

cervical cancer in Pacific nations can be as much as 13 times higher than in Australia (IARC, 2014). Ensuring trained human resources is a widely cited vital component to achieve reproductive and sexual health quality service provision and to ensure achievement of Millennium Development Goal 5 (improving maternal health), reduction in maternal mortality and providing universal access to reproductive health (WHO, 2011).

An evaluation of the education program was undertaken to assess the achievement of the program outcomes of improving individual and organisational practices, to contribute to the broader evidence base and to document activities for the project funder.

3. ETHICAL CHALLENGE and RESPONSE AND APPROACH

We identified five ethical challenges in our planning and implementation of the evaluation and describe them here with our response to the challenge.

1. **Whether to submit an application on the evaluation to an Australian HREC.** The education program evaluation was the first international development project evaluation independently managed by Family Planning NSW that was submitted to an HREC. There were differences in opinion within our organisation about the need to submit the project evaluation to our HREC. Arguments not to submit included that the work was not 'research'; that we had not submitted applications to HRECs for previous project evaluations; and that as signatories to ACFID's Code of Conduct, this ensured that we were operating in the best ethical interests of the program beneficiaries.

   A challenge that we face is a diverse level of awareness among staff of ethical principles in research and evaluation as outlined in the National Statement on Ethical Conduct in Human Research and how it applies to evaluation projects run within our organisation (both for international and domestic projects). The ACFID *Principles for Ethical Research and Evaluation in Development,* published after our HREC submission, has been helpful in communicating Family Planning NSW's approach towards risk assessment of considering 'evaluation' as 'research' when assessing ethical issues. We have found that having an organisational-relevant checklist (also developed subsequent to this HREC application) that program staff can use to assess the project evaluation's ethical issues is a useful and structured way to aid the decision about the need to submit the project to an HREC.

   Our decision to submit was also influenced by the availability of staff with experience in preparing and submitting HREC applications and an intention to prepare a peer reviewed article based on outcomes from the project.

2. **The need to submit HREC (or similar) applications in each partner country.** The National Statement advises that researchers are to inform an Australian HREC about the ethical review processes in each partner country, which presented a number of challenges to our project. 1) We did not have the resources and funding to research, prepare and follow-up applications in each of the eight project countries; the project did not employ in-country staff, but worked with local non-government and non-academic partners. 2) There was little information readily available about ethics submission requirements and where submissions were to be submitted and many of our partner organisations were unfamiliar with the requirements. While we realise that our decision may be contentious, we opted not to make submissions in the eight project countries. To do so in this scenario would have required additional funded time to investigate submission requirements and manage the submissions and follow-up, through additional in-country presence (funded staff or more time in country) and well as additional Australian-based evaluation/research program support.

3. **Need to report observed unsafe clinical practice.** An ethical issue that was confronted as part of the training and evaluation planning was that our methodology included the observation of clinicians (mostly nurses) as part of both the training and the evaluation. As a result, we communicated to the clinicians we were observing about our obligation to report, either to a clinical manager or the organisation's Executive Director, any clinical practice observed to be unsafe to the clients. They were advised through a participant information sheet and by verbal instructions. A key challenge in this situation was that communicating our ethical reporting obligation had the potential to disrupt the dynamic of the relationship between the educators and the trainees. In the end, we took the position that we would report any unsafe practice not remedied by the clinician once pointed out by the educator, due to there being a low risk of unsafe clinical practices, and to try to keep the observations in a learning context so that mistakes were not immediately reported to the clinicians' supervisors.
4. **Potential bias of program implementers also collecting evaluation data.** Family Planning NSW staff who implemented the education program also collected the evaluation data (survey administration and interviews) in most instances. Collection of evaluation data by program implementers is potentially biased as participants, when in the presence of their education providers, may feel motivated to respond in positive ways that reflect well on themselves and the facilitator. The facilitators may also, overtly or covertly, influence the data, for example, in interviews through choices made in what statements to probe further. One way this was mitigated was that the evaluation process was managed and data analysed through a separate Department (Research, Monitoring and Evaluation) within our organisation who was not responsible for the program implementation. In a subsequent project, we took further steps to mitigate similar bias by receiving an external review of the evaluation plan prior to its implementation and emphasising the issue of bias during evaluation planning meetings.
5. **Challenges to a participatory approach.** A participatory approach to evaluation planning, through to implementation, can be a valuable addition to the evaluation process and in understanding ethical issues. In particular, the involvement of partner organisations in this way can ensure that cultural issues and interpretations are taken into account (as recommended by the National Statement). While the overall project was designed to be participatory (e.g. in-person needs analysis and feedback from Executive Directors at key planning stages), we did not succeed in substantial participation (e.g. direct feedback to the evaluation plan, evaluation tools, ethics documents) in the evaluation planning and HREC submission process (aside from an email offering the opportunity to provide input into the evaluation plan and requesting and receiving organisational letters of support). Challenges to greater participation included managing the evaluation from a distance, and short time-lines from when the project was planned, in enough detail to be able to plan the evaluation and submit the HREC application. Recognising that there is a balance that needs to be struck for participation between the implementation and evaluation components, we plan to use additional strategies to improve participation in the future that include ensuring that the necessary evaluation and ethical issues are presented to project partners at the same time as program related information is presented for feedback; organising phone calls with Executive Directors for verbal orientation to the evaluation and its ethical issues; and ensuring that the benefits of participating in the evaluation process (in addition to the project process) are emphasised.

4. OUTCOME AND ONGOING CONSIDERATIONS

The evaluation overall was very productive. Findings were positive and useful, a report was submitted to the funder, findings were reflected on by the project team, and a peer-review article is currently being prepared. Our experience with this project evaluation has provided a range of lessons and recommendations that may be useful for others to consider.

- **Submitting the evaluation of this education program to an HREC contributed to a broad and documented agreement about the approach that our staff would take to ensure the ethical protection of the education program participants.** It catalysed discussion and debate on what would be appropriate approaches to engaging the participants in this evaluation and had the effect of a more standardised approach to the ethical issues by the staff engaged with the project.
- **The standards of practice development that practitioners typically adhere to are often in line with what is required of an ethical review of evaluations or research.** Our approaches to identifying and managing ethical risks were deemed to be sound, and no substantial additions were required by our HREC. Other organisations may find that they are also working ethically in the best interests of the people they are supporting, and that this may be strengthened or assisted further by reviewing their evaluations through an HREC perspective. There would be value in a sector-wide discussion about the benefits of establishing a low or negligible risk criteria and mechanism for international development-oriented project evaluations. To reduce overlap with other ways that ethical approaches are reviewed, and to ensure an ethical review, this may not require a full HREC submission.
- **Ensure that the decision about whether to submit to an HREC is identified early in the project process (ideally at project conception).** HREC timelines can be lengthy and can cause delay in program implementation. Also, ensure that program plans are prepared well enough in advance so that evaluations can be planned and HREC applications submitted prior to project implementation.
- **There are human resource and budgetary implications for submitting evaluations to one or more HRECs.** Such resources need to be incorporated into a project budget early in the planning stage, especially in a multi-country context if submissions are going to be made in each project country.

REFERENCES

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