

EVALUATING & REPLANNING

MODULE

012345

A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

PRACTITIONER'S HANDBOOK

C-Modules: A Learning Package for Social and Behavior Change Communication

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Overview

This module is the last in a series of the C-Modules and teaches the fundamental concepts and skills around monitoring and evaluation (M&E) and replanning. It also reinforces key concepts and skills needed for initial research/situation analysis and baseline assessment by showing how these early phases form the foundation for M&E. It can also be used as a free-standing module on evaluation research and M&E. Either way it should be preceded by the Introduction Module, which lays out the basic concepts and principles of SBCC.

Sessions

Session 5-1: M&E's Place in SBCC and a Simplified M&E Framework	2
Session 5-2: What is Monitoring and What is Evaluation?.....	7
Session 5-3: Key Decisions before Data Collection.....	9
Session 5-4: M&E Indicators.....	11
Session 5-5: Evaluation Research Design.....	16
Session 5-6: Evaluation Research Methods.....	20
Session 5-7: Linking Indicators, Methods, and Tools	24
Session 5-8: M&E Data Quality, Analysis and Use.....	29
Session 5-9: Developing an M&E Plan	35
Additional References	40

Session 5-1: M&E's Place in SBCC and a Simplified M&E Framework

As described earlier in the *C-Modules*, research happens at many points during the SBCC process in order to supply data needed to make good decisions along the way.

For example, as described in **Module One**, programs might do initial research, or gather others' research, to fully understand the situation and make good strategic decisions during the situation analysis.

Then, as described in **Module Two**, programs should outline their general monitoring and evaluation plans early, so that they may collect or gather baseline data and adjust their program objectives as needed, prior to the creation of any interventions or materials.

In **Module Four**, monitoring of programs during implementation is important so that we know what is going on and what our progress towards our objectives is.

The place of M&E in SBCC is summarized in the C-Planning Graphic. Case studies in this *Handbook* describe a few ways that M&E data has helped SBCC programs to plan and replan effectively.

The following Simplified M&E Framework shows the roles of initial research, monitoring, baseline, midline, and end line evaluations in SBCC. At times, programs might also want to do a cost effectiveness analysis to address sustainability issues but these are beyond the scope of this course.

STEP 5: EVALUATING & REPLANNING

GRAPHIC: Where M&E Fits into SBCC

This graphic illustrates when you might consider doing evaluation research to help plan, monitor, and evaluate your SBCC efforts. Your particular approach to M&E will be based on factors such as funding, staff resources, and timeline. Regardless, it is always wise to:

- think through your M&E plans before you move too far along in C-Planning
- make sure you are collecting data that you can use to help make decisions every step of the way



SOURCE: Adapted from Health Communication Partnership, P-Process Brochure, CCP at JHU (2003); McKee, Manoncourt, Chin, Carnegie, ACADA Model (2000); Parker, Dalrymple, and Durden, The Integrated Strategy Wheel (1998); AED, Tool Box for Building Health Communication Capacity (1995); National Cancer Institute: Health Communication Program Cycle (1989).

ALBANIA EXAMPLE: The Role of M&E in SBCC

Please refer to the Introduction Module Session 1 and 4 for more information on C-Change's family planning program in Albania.

Albania

1. In order to assess the impact of C-Change's mass media campaign, which included trainings for select journalists on how to cover family planning (FP) and reproductive health-related stories, C-Change monitored the frequency and content of print and visual media stories published during the first four weeks of the campaign. Using the keywords *family planning*, *reproductive health*, *abortion*, *contraception*, and *condom*, 32 articles were identified during April 2009. Twenty-four of these covered the C-Change FP mass media events, while at least 21 mentioned the C-Change FP program. In addition, all of the journalists who had been trained by C-Change's training program were found to have written or reported on FP issues at least once in their respective media outlets.

Despite the measurable progress in the media coverage of FP themes, it was discovered that some articles had misleading titles or reported false information. These findings indicated that work beyond the short-term training that C-Change had already facilitated was still needed to improve the capacity of journalists and editors to accurately cover FP. As a result, it was determined that an on-going training program needed to be organized to not only train journalists, but to also harness the involvement of their supervisors and the decision makers at media outlets, such as editors and directors.

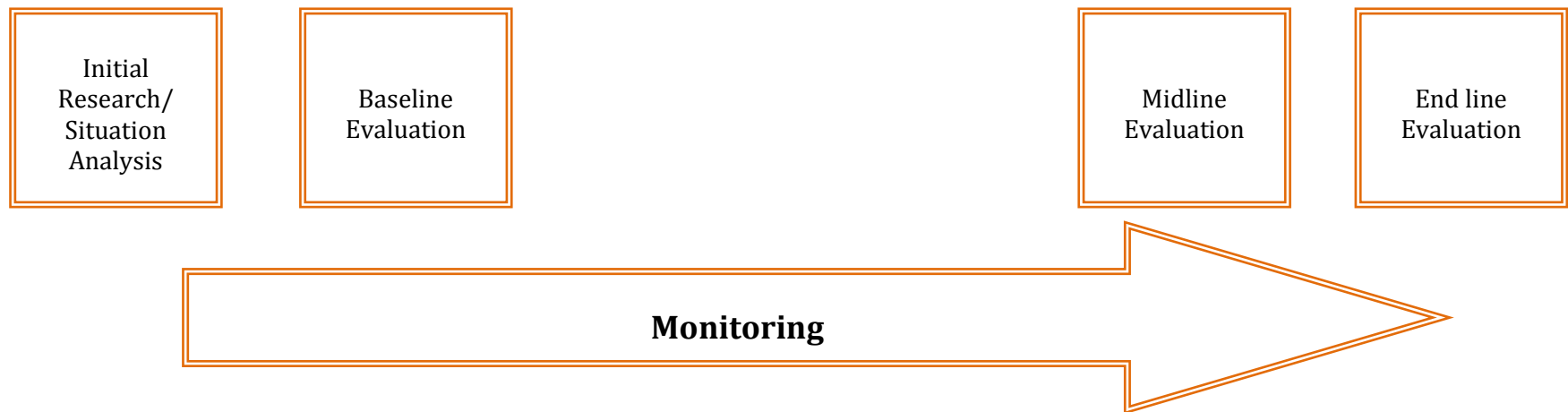
2. Through observation and feedback from members of the technical advisory group, C-Change learned that the font of the tagline on the billboards and posters of the mass media campaign materials was too small and difficult to read. When the phase one extension began, C-Change implemented minor changes to the materials at a minimal cost that improved the visibility and readability of the messages appearing on posters, billboards, and buses carrying C-Change messages.

STEP 5: EVALUATING & REPLANNING

A Simplified M&E Framework

This is a simplified framework for learning purposes. See the module text for more detail on the following:

- There are many options for doing a baseline; some programs forfeit the baseline entirely.
- You will also need to simultaneously monitor inputs and outputs as a way to describe your program even more fully.
- When resources allow, large-scale efforts go beyond outcomes to evaluate impact.



Initial Research	Monitoring	Base, Mid and End line Evaluation
Collect data <u>before implementation</u> to help better understand: <ul style="list-style-type: none"> • The problem • People affected and involved • The context of your work 	Collect data overtime, <u>during implementation</u> , on: <ul style="list-style-type: none"> • Program process (what you did, what the population did) • Quality of your interventions and materials 	Collect data <u>before and after implementation</u> , at discrete points, in time to: <ul style="list-style-type: none"> • Compare with your baseline • Document outcomes/changes in the population

STEP 5: EVALUATING & REPLANNING

WORKSHEET: What Questions Can be Answered by the Different Parts of the M&E Framework?

Directions: Look at the questions listed below and think about where each question belongs. Does the question get answered during initial research? During routine monitoring? Use this worksheet to review what type of questions can be answered in each stage.

- *Are the changes we have seen make it worthwhile to do the project again?*
- *How many trainings were held?*
- *Did anyone increase their use of xxx (i.e. condoms)?*
- *Is this the best use of our money?*
- *What is the main concern that is driving xxx (i.e. multiple concurrent partnerships) in this community?*
- *What are the levels of sexual risk-taking before our program starts?*
- *Is our program making a difference?*
- *How many people did we reach with our campaign?*
- *Do we even need to do this intervention?*
- *What time is lunch?*

Initial Research	Monitoring	Base, Mid and End line Evaluation

One or more questions may not be answered by the parts of our simplified M&E framework.

- *Consider and discuss what these questions may be and what kind of analysis would be required to address them?*

Session 5-2: What is Monitoring and What is Evaluation?

Monitoring:

Monitoring measures our progress toward achieving our programmatic and communication objectives; it measures what the program staff is doing (the activities) – what, where, with who, how much and when. These are your program Outputs. Without monitoring process, we can't fully attribute the results of an evaluation. Without evaluating outcomes, we can't measure change as a result of the program.

Recall that monitoring is routine data collection to check process and quality:

- *To what extent are planned activities actually realized?*
- *How well are these activities implemented?*
- It may also include how the population reacts to the activities implemented.

Monitoring allows us to document the processes and quality of our work, which may lead to positive outcomes, while **evaluation** allows us to document outcomes, which may lead to longer-term impact.

Evaluation:

Evaluation is data collection at discrete points in time to systematically investigate a program's effectiveness in bringing about desired change in the community or target population. **Evaluation requires a comparison of two or more things and the measurement of change over time.** It measures what has happened in the community as a result of the program activities.

With evaluation we can answer such questions as:

- *What kind of change happened to the people or communities reached by our efforts?*
- *Were these changes meaningful for our program?*
- *How close did we get to our targets?*

Some programs evaluate both outcomes and impact:

- **Outcomes**—*Short-term or intermediate results obtained by the program through the execution of activities*
- **Impact**—*Long-term effects (e.g., changes in health status). This can be through special studies with wide district, regional, or national coverage. (We recognize that most programs do not have the resources to evaluate impact and, therefore, we chose to focus only on outcomes in this Module.)*

STEP 5: EVALUATING & REPLANNING

WORKSHEET: Users and Uses of M&E Data

Directions: You probably have already seen this worksheet and started to work through it (Module 2). Let's go back to your work and update the information based on what you now know about the users and uses of M&E Data for your program.



Baseline Evaluation	Monitoring	Mid- and End line Evaluation
If you plan to collect or gather baseline data...	If you plan to monitor your program...	If you plan to evaluate your program....
Who will use the baseline data and how?	Who will use data about program processes and how? Who will use data about program quality and how?	Who will use outcome data and how? What kind of baseline or group comparison will you need in order to satisfy the users of your outcome data?

* Please review Module One: Understanding the Situation for more information on initial research/situation analysis

** PEPFAR funding requires process and quality monitoring

Session 5-3: Key Decisions before Data Collection

A bulk of M&E work happens well before data collection begins. The tool on the next page outlines key decisions to be made prior to collecting any data. Once complete, the various parts of this tool comprise your M&E plan.

We suggest that programs define data uses and users, as you did earlier. Next, draft SMART communication objectives, such as: increase by 10% the number of men in three provinces in rural Kenya who *talk about condoms with their peers* by the end of the project. See Module Two, Session 4 for a worksheet and for more examples of SMART communication objectives.

Once these steps are complete, programs can decide on:

- Indicators
- Evaluation research methods and tools
- Steps to ensure quality of data
- Ways to analyze the data; and
- How to report M&E results to community, partners, and donors

Then, data collection can begin.

The next several sessions of this module will walk you through these key decisions.

Each variable should have its own SMART objective. A part of being SMART is to be specific and to focus on one thing at a time only. For example, you would not want a single objective that named a change in woman's confidence about talking with partners *and* her actual practice of talking with partners.

STEP 5: EVALUATING & REPLANNING

WORKSHEET: Key Decisions before Data Collection

Questions to answer before beginning data collection:	At Baseline	For Routine Monitoring	At Midline/End line
<i>Who will use the data and how?</i>			
<p><i>Do we have a final set of SMART Communication Objectives?</i></p> <p>S — Specific M — Measurable A — Attainable R — Realistic T — Time-bound</p>			
<i>What are our indicators (the clues or signs which will tell us how close we are to our path and how things are changing)?</i>			
<p><i>What evaluation research methods best suit those indicators?</i></p> <p><i>What tools should we use to collect the data?</i></p>			
<i>How will we ensure quality of the data collected?</i>			
<i>Who will analyze the findings and how?</i>			

Session 5-4: M&E Indicators

Indicators are data points that are used as clues and markers that show us how close we are to our path and how much things are changing. For example, if you are driving in a car and the gas gauge shows low, it is not actually the gas you are looking at, but rather an indicator of the amount of gas that remains.

Indicators are driven by the objectives of your program. The process of selecting indicators can be fairly straightforward if the objectives have been presented clearly and in terms that define the quantity, quality, and timeframe of a particular aspect of the program. The following page offers an example of how to select indicators for SMART objectives.

In this course, we focus on two types of **monitoring indicators: output and quality**. These indicators are best set prior to implementation once you have your implementation workplan (Step 4 of C-Planning)

We also focus on one type of **evaluation indicator: outcome**.

Outcome indicators are best set during program planning (Step 2 of C-Planning), so that they can guide baseline data collection.

Impact indicators focus on the health results that a program ultimately seeks to bring about. Examples include: decrease in the incidence or prevalence of HIV, decrease in rates of syphilis, % of newborns with HIV 6 months after birth, or % of unintended/unwanted pregnancies. We have chosen not to focus on these, given the many challenges of reliably measuring impact.

STEP 5: EVALUATING & REPLANNING

EXAMPLE: Selecting Indicators for *SMART* Objectives

Example SMART Objective:

“Increase the percent of all married women in two provinces in X who can negotiate the use of some form of modern contraception with their husbands by the end of the project.”

Possible data points (indicators) to measure the success of this objective*:

Key Indicator to measure the SMART Objective

- The percentage of married women in the program area who can negotiate the use of a modern contraceptive method with their husband before the program begins and at the end of the program

Related indicators to help explain the results of the Key Indicator

- The percentage of married women who are aware of various forms of modern contraceptive methods available in the program area
- The percentage of married women with positive attitudes towards the use of modern contraceptives
- The percentage of married women who believe that modern contraceptives are safe for them to use
- The percentage of married women who believe that modern contraceptives are effective at avoiding an unwanted pregnancy
- Percentage of married women who used a modern contraceptive method the last time they had sex, by method

Notice how the indicators help the program to understand the context of the behavior. Simply knowing how many women believe they can negotiate doesn't help the program to know what to do next if women are continuing to have a hard time with the negotiation.

Also, even though the objective is focused on negotiation, the program ultimately wants to measure the actual use of modern contraception.

➤ *What else do you notice about the objective or indicators?*

* This data would be collected before the program begins (baseline) and after the program ends (end line).

STEP 5: EVALUATING & REPLANNING

EXAMPLE: M&E Indicators for SBCC



Monitoring Indicators*	Evaluation Indicators
<p>Process indicators count what you did and, perhaps, what the population did. For example:</p> <ul style="list-style-type: none"> • # of public events conducted, by type • % of population reporting participation in public events, by type • # of radio spots aired • # of volunteers trained (by gender, age) • % of population which has seen/heard/read our materials <p>You may also focus on some process indicators at baseline such as: #of policy meetings held in the previous year on X issue</p> <p>Quality indicators document the quality of your ongoing activities. Example indicators include:</p> <ul style="list-style-type: none"> • % of trained peer educators providing accurate information six months after training • % of audience who comprehend the messages read on flyers/ posters 	<p>Comparable data is collected at baseline, midline, and end line; therefore, baseline evaluation research focuses on the same outcome indicators you want to use at the end of your program. Here are a few examples of outcome indicators to measure at base line and end line</p> <ul style="list-style-type: none"> • % of women reporting that they have the right to use a modern contraceptive method • % of youth under 25 years engaging in sex with a partner more than 10 years their elder • % of men who have sex with men reporting condom use at last act of intercourse

*Programs monitor inputs and outputs. Such indicators provide a more thorough look at what it would take to replicate the program in the future.

WORKSHEET: Selecting Monitoring Indicators

<p>Consider this example activity from a workplan for a family planning program:</p>	<p>Example Process Indicator: Number of Clinic based physicians trained to educate clients on at least 3 types of modern contraceptive methods; number of contraceptive methods sold/distributed, by type; Number of educational materials distributed; Number of radio spots aired that focus on modern contraceptive choice.</p>
<p>Conduct an awareness raising campaign to increase modern contraceptive use among sexually active adults in this community by 10% in the next two years.</p>	<p>Example Quality Indicator: Number of trained physicians able to provide "accurate" information on at least 3 types of modern contraception 6 months post training; Number of different pieces of educational materials conveying accurate information; Percent of all radio contraception radio spots conveying accurate information.</p>

<p>Sample Activities from your Workplan:</p>	<p>A Sample of Your Monitoring Indicators</p>
<p>1.</p>	<p>Process:</p>
	<p>Quality:</p>
<p>2.</p>	<p>Process:</p>
	<p>Quality:</p>
<p>3.</p>	<p>Process:</p>
	<p>Quality:</p>

STEP 5: EVALUATING & REPLANNING

WORKSHEET: Selecting Evaluation Indicators

<p>Consider this example of a SMART <u>communication objective</u>:</p> <p>To increase by 10% in the next two years the percent of sexually active adolescents in this community who perceive condom use as part of being a good lover.</p>	<p>Example Outcome Indicator (collected at baseline and end line):</p> <p>Percent of sexually active adolescents stating that they perceive condoms as part of being a good lover.</p>
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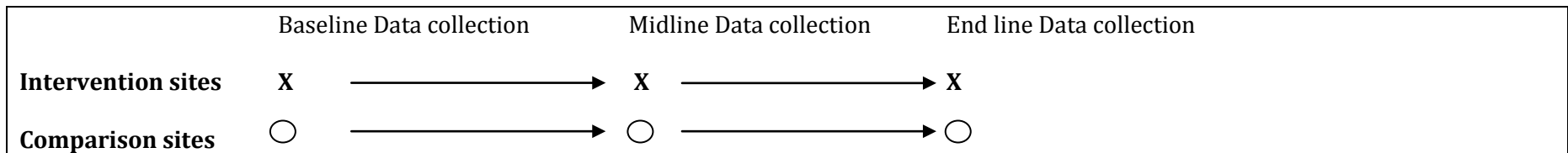
Three Sample Objectives for your Program	Draft of Your Evaluation Indicators
1.	Outcome:
2.	Outcome:
3.	Outcome:

Session 5-5: Evaluation Research Design

We’ve just said that evaluation is about measuring change. The best approach to measuring change is to do **a good solid baseline and periodic follow-up data collection**. The diagram below shows a standard evaluation research design in which data is collected at three points in time within the communities involved in the intervention. The same data is collected each and every time. The results of such an evaluation research design allows program managers to determine the changes that have taken place in their community during the time that they have been carrying out the SBCC program.



One of the major challenges that all programs encounter with such a design is that they cannot clearly show that changes are a result of their program. Such conclusions can be drawn more clearly if you have a **comparison to an outside group**. For example, you might choose a group that is very similar in demographic characteristics but that is NOT exposed to your program. The diagram below shows how you could collect the data in that comparison community as well. You analyze data both overtime and between the two groups. With this design, we can see if the program contributed to changes within the intervention community (but NOT in the comparison community)—keeping in mind that most communities are affected by multiple programs working together to bring about the observed change.



A slight variation of the above comparison group design is one that embeds the comparison group within your community of intervention. At each data point managers can include measures of exposure to the intervention (e.g., “Did you hear the radio spot that discussed...?”). With this information you can now group your respondents into two categories: those exposed to the program and those not exposed. If you find statistically significant differences between the two groups, you can begin to discuss the success of the program to bring about change.

EXAMPLE: Evaluation research Design Options

Comparison Group

The ideal situation is to have a comparison group that you measure at both baseline and follow-up. This allows you to see how your program affects your population over time, as well as make a comparison to people not involved in your program. It can be difficult to find a comparison group identical to your community in all the ways that may be important to your development issue: socio-economic status, education, employment, gender, ethnicity, or degree of access to services, etc. If your communities do not match on key variables then they will not serve as good points of comparison. It is also important to find out the kinds of services to which people in the comparison groups have already been exposed, so you can understand any changes that the comparison group may show.

SBCC Program Example: In a Southern African country one NGO conducted a baseline survey among male and female adults who were to participate in the group level HIV-prevention intervention. In addition, the NGO chose to add a comparison group by going into the local market area and randomly selecting individuals in the market as well. The organization decided this was a good comparison group because the communities are rural, separated by a great deal of distance, and they are only conducting one discussion group in each of the communities. The market place served as a good central location to interact with members of the same community as the discussion group, thereby matching the comparison group with the intervention group on key variables.

Existing Data Sources

If you can't collect a baseline, or your project already started and it is too late to collect, then go out and find a secondary source of data. Quite often someone else has already collected data in your community. Look at that data and find out if there are any key variables or indicators that match your SMART objectives. If there are, you can use this secondary data set as your baseline, assuming it meets the following criteria:

- *Was the data collected before you started your intervention?*
- *Does it cover the same geographic area that your program covers?*
- *Does it collect data from the same target population as your intervention targets?*
- *Is it a methodology that you can replicate later (i.e., think about your staff and financial resources) or will it be replicated by the original research group at a time when you can use their data again to look at your program?*

If you can answer “Yes” to all above questions, then you have a baseline data source. Answering “No” to even one of these questions eliminates that data source as a potential baseline.

STEP 5: EVALUATING & REPLANNING

SBCC Program Example: In Albania, MACRO International and the Government of Albania conducted a national Demographic Health Survey (DHS). The DHS is being used as the baseline for an evaluation of a national media campaign to increase modern contraceptive use in Albania. The DHS was conducted one month before the national media campaign started. It is a national survey and the media campaign is a national project, so both their geographic coverage and their target populations are the same. It is also a methodology that the evaluation research team decided it had the funding and resources to replicate. Therefore, the DHS was a perfect baseline for this evaluation.

Evaluation Research Design: Alternative Ideas

You can conduct small surveys with people as they enter into your program for the baseline and then compare their responses to surveys conducted once the program comes to an end. This approach has some limitations:

- First, you cannot generalize your results to anyone who was not in your program, because you did not take a random sample of people.
- Secondly, you cannot be sure that the results you find would not have occurred on their own, because you do not have a comparison group.
- Thirdly, with small samples you probably will not have the statistical power and strength to be able describe changes over time as significant.
- Fourth, your program should be at least 9 to 12 months in duration so to allow sufficient time for changes to take place.

These small surveys will, however, allow you to watch your population and see if they seem to be at least moving in the direction of change in which you are interested. With this information, you at least know that you have not made things worse.

Another approach to conducting your baseline would be the use of qualitative approaches. Qualitative approaches are excellent ways to understand the underlying causes, meanings, and issues that affect the behaviors and decision making of your population. These issues are often the main focus of SBCC programs because without shifts in these areas, behaviors cannot change. Using qualitative methods can help you measure shifts in your community on these very important variables.

If you do want to do a survey, but you do not have a baseline or you cannot find another source to use as your baseline, then an alternative would be to measure exposure to interventions. (This can also be done in the event that you do not have a comparison group). This requires that a very specific set of questions be asked of your population to find out who has and has not been exposed to your interventions. Once you answer these questions, you can compare those exposed to your intervention with those who were never exposed to your intervention and see how they differ on key variables of interest.

WORKSHEET: Evaluation Research Design Sketch

Consider:

The evaluation research design options described here, examples of how a few SBCC efforts designed their M&E evaluation research, and your own resources (i.e., money, time, and staffing) in Module Four, Session 6.

Keep in mind the rule of thumb that SBCC programs should spend an estimated 10% of their total budget on M&E.

Remember: If you do NOT have baseline data, you can measure change by comparing those exposed to the intervention with those who have not been exposed to the intervention. But, this is difficult for several reasons: it is hard to accurately define who was and who was not exposed, different interventions are similar to one another and can be easily mixed-up in the minds of the respondent, the intervention might reach almost everyone, or there are too few people who have not been exposed to measure any differences.

Using the box below, sketch out your intended evaluation research design.

- *Will it include data collection at the baseline, midline, and end line?*
- *Will it include an external or internal comparison group?*

X = intervention group

○ = comparison group (if you have one)



Baseline Data collection	Midline Data collection	End line Data collection

Session 5-6: Evaluation Research Methods

In Module One: Understanding the Situation, we examined the differences between qualitative and quantitative initial research and looked at the relative advantages and disadvantages of common methods.

Most monitoring needs are met through quantitative evaluation research methods. These methods allow programs to collect numerical data that can be combined and summed up for any given time period. The information can come from many different sources such as:

- Attendance sheets or intake forms,
- Radio spot coverage statistics.
- Routine activity tally forms

Qualitative Methods, on the other hand, produce in-depth, descriptive information. Qualitative monitoring methods tell programs how well things are being carried out. They are invaluable for learning, re-planning, and addressing the quality of the program, as well as providing insight into why participants do what they do. Two examples of qualitative monitoring tools are:

- Notes from a supervisory site visits,
- Journal entries made by outreach workers.

Evaluation questions may also be answered through quantitative methods. Common quantitative evaluation methods include:

- the population census,
- population based surveys, and
- standard components of health facility surveys (i.e., provider interviews, provider-client observations, client exit interviews)

Keep in mind that **all evaluation methods** must be able to compare pre-intervention with post-intervention or those exposed to the intervention with those not exposed to the intervention to ascertain whether or not there has been any change.

An important step in determining which method(s) to use is to link your methods to your indicators. Based on what you want to measure, what you want to see change, different methods will be more appropriate than others. A number of examples are provided on the next page.

M&E Methods: Quantitative and Qualitative Ways to Measure Indicators

Monitoring

Sample Output Monitoring Indicators	Possible Quantitative Methods	Possible Qualitative Method
# of people trained as peer educators	Counting the number of people in attendance for each training	<i>(Note: If the indicator measures numbers and percents qualitative methods cannot be used. They can be used to look at the quality of the activities being counted: See below for examples.)</i>
# of people receiving literature	Counting the number of pamphlets that they hand out each day	
# of estimated people reached by radio	Radio station can provide approximate reach of radio campaign.	
Sample Quality Monitoring Indicators	Possible Quantitative Methods	Possible Qualitative Methods
Radio spots are clearly understood by target population	Survey of population asking for meaning	Focus groups and/or In-depth interviews
Peer educators are able to provide accurate information six months after training	Six month post training survey on knowledge and messages	Supervision of peer educators, observation of interactions, periodic interviews with target population
Key community leaders and gatekeepers feel heard and involved	Counting the number of leaders and gatekeepers attending meetings and program activities	Key informant interviews and/or informal discussions with gatekeepers

STEP 5: EVALUATING & REPLANNING

Evaluation

Sample Communication Indicators	Possible Quantitative Methods	Possible Qualitative Methods
# young women, age 15 to 19 years, who have talked with a peer educator about transactional sex	<ul style="list-style-type: none"> could rely on peer educator's reports: compared to program targets could conduct population based survey at follow-up compared to program targets 	In-depth interviews or focus group discussions with young women concerning their experiences with Peer Educators
% of young women that correctly identify radio slogan related to transactional sex	Population based survey at follow-up times: compared to program targets	In-depth interviews or focus group discussions focused on reporting what the women understand from the messages
% of young women who believe transactional sex is a safe way to earn a living	Population based survey at baseline and follow-up: comparison of baseline to follow-up OR those exposed and those not exposed to the intervention	In-depth interviews or focus group discussions focused on reporting what the women believe and how it may have changed over time
Sample Outcome Indicators	Possible Quantitative Methods	Possible Qualitative Methods
Social norms no longer support cross-generational sex	Population based survey using social norm scales on relevant indicators	Focus group discussions: comparison of baseline to follow-up OR those exposed and those not exposed to the intervention
Community perceptions are shifting around the frequency of cross-generational sex	Population based survey using social norm scales on relevant indicators	In-depth interviews: comparison of baseline to follow-up OR those exposed and those not exposed to the intervention
Rates of cross-generational sex in target population	Population based survey	

WORKSHEET: Selecting the Best M&E Methods for *Your Program*

Monitoring Methods

Indicators	Quantitative Methods	Qualitative Methods

Evaluation Methods

Indicators	Quantitative Methods	Qualitative Methods

All methods for data collection have advantages and disadvantages. It is important to look at these issues carefully to determine which methods meet your needs, staff skills, resources, and objectives. The method comparison chart (in Module 1) might help you decide which method meets your data collection needs.

Session 5-7: Linking Indicators, Methods, and Tools

A data collection tool refers to the instrument used to record information that will be gathered through a particular method.

- Structured, standardized tools are essential for gathering quantitative data and are often quite necessary for qualitative data as well. For example, a structured focus group guide that provides all essential questions and also allows the moderator to probe as needed.
- Tools may be administered by program staff or may be self-administered (i.e. the program participant or client fills in the answers on the tool).

Names of tools vary and don't matter as much as a common understanding of the characteristics of the tool and how it should be used.

On the following page is a checklist for designing M&E tools. The next pages show examples of both quantitative tools for monitoring and evaluation, and—most importantly—how those tools are selected, based on the indicator and method already chosen.

CHECKLIST: A Design Checklist for M&E

Some of the key elements in designing good monitoring and evaluation tools include:

- Be participatory. That is, include the staff that will use the tools in the design of the tools.
- Make tools as simple and as clear as possible. They should be concise and only collect information that will be used.
- Tools should be pretested to ensure that program staff (or by the participant/client, if the tool is self-administered) can easily use them. For self-administered tools, consider the literacy of clients, space, privacy, and confidentiality.
- Explain to program staff the reasons for collecting data, so that they understand the need for collection and can communicate that need clearly to program participants/clients.
- Program staff should be well trained to use data collection tools or to explain and review self-administered data collection tools. Role-play exercises may help build the communication skills of staff to improve challenging areas of data collection.

STEP 5: EVALUATING & REPLANNING

EXAMPLE: Quantitative M&E Indicators, Methods, and Tools

M&E indicator	Quantitative Methods	Quantitative Tools
Monitoring		
# and type of materials distributed	Reviewing BCC materials distribution	Distribution logbook
% of trained Peer Educators following guidelines six months post-training	Periodic site visits	Checklist or questionnaire
# of Peer Education trainings held	Periodic review of implementation reports (e.g., peer educators reports, supervisor's report, training reports)	Checklist, questionnaire, peer educator activity sheet, client/patient referral form
Estimated # of people reached by radio spot	Periodic compilation of media statistics	Tally sheet
Evaluation		
% of population using condoms during last sexual encounter	Population-based survey	Behavioral Surveillance Survey, AIDS Indicator Survey, DHS
% of program participants that believe modern contraception is safe to use	Pre and Post intervention surveys	Program-designed questionnaire
% of married women given a Family Planning referral from each VCT site	Face-to-face interviews, client exit interviews	Program-designed questionnaire

STEP 5: EVALUATING & REPLANNING

EXAMPLE: Qualitative M&E Indicators, Methods, and Tools

M&E Indicators	Qualitative Methods	Qualitative Tools
Monitoring		
% of counselors providing accurate information	Direct observation	Observation form with flexibility for observer to capture notes
% of brochures with up-to-date information	Content analysis of materials	Content listing tool
# of materials appropriate for target population	Pretesting of materials with target population	Discussion Guide
<p>Note: You could also use quantitative methods and tools for monitoring some of these indicators. For example, instead of a flexible observation, you could use a quantifiable observation checklist to monitor the accuracy of information provided by counselors.</p>		
Evaluation		
Community perception of norms supports behavior change	Focus group discussions	Focus group discussion guide
Quality of the types of community questions deepens	Journaling/note taking during or just after activities and interactions	Guidelines on what to listen for and how to take notes
Peer educators are seen as leaders by target group	Key informant interviews	Interview guide

STEP 5: EVALUATING & REPLANNING

WORKSHEET: Pulling it all Together - Scenarios

Project A:

In country X, you have been asked to create a behavior change communication program focused on Intravenous Drug Users (IDUs). The recent bio-behavioral surveillance survey (BBSS) found that HIV infection among injecting drug users (IDUs) is at 4 percent. You plan to start a peer education program and condom promotion in detoxification camps, with the overall goal of reducing HIV prevalence among IDUs.

Project B:

In country XX, you are going to start up a behavior change communication program focused on Men who have Sex with Men (MSM). Currently, there are no programs in the country that target MSM. But some preliminary evaluation research has found that there are a large number of young men working as sex workers, and that most of their clients are men, not women.

Project C:

An NGO in country Y conducted a BCC formative assessment on three different high-risk groups, one of which was long-distance truck drivers. Previous studies noted that HIV prevalence in this group is very high. The BCC assessment revealed that truck drivers' knowledge of HIV and AIDS and their perception of their own risk are very low. The NGO now intends to start a BCC program that targets truck drivers. The NGO's overall goal is to reduce HIV prevalence among truck drivers in country Y.

Project D:

An NGO in country YY conducted a BCC formative assessment on three different high-risk groups, one of which was out-of-school youth. The BCC assessment findings revealed that out-of-school youths' knowledge of HIV and AIDS is low, as is their perception of their own risk ; they also tend to have multiple sexual partners. The NGO intends to start a BCC program that targets out-of-school youth.

Fill out this table for each Scenario:

A SMART Objective:		
Indicator 1:	Indicator 2:	Indicator 3:
Methodology:	Methodology:	Methodology:
Tools:	Tools:	Tools:

Session 5-8: M&E Data Quality, Analysis and Use

Once you have:

- Defined the use and users of your M&E data
- Set SMART objectives and selected indicators, and
- Decided on methods and tools...

You are ready to:

- Ensure the quality of the data
- Analyze the data, and
- Interpret the findings to feed back into planning or replanning

The data you collect are meaningful only if they are of the highest possible quality. There are many ways to ensure data quality. Most of these rely on good planning and supervision. The following checklist offers three sets of tips on how to ensure data quality. Once high quality data is ensured, you are ready for analysis.

Analysis means taking the data that you collect and looking at it in comparison to the questions that you need to answer. For example, if you need to know if your program is on track, you would look at your program targets and compare them to the actual program performance. Please find examples to guide the creation of your own analysis plan within to this Module.

Interpretation takes us to the next step. For example, if you find that your program achieved only 10% of its target, you now have to figure out why! This course doesn't delve into the complexities of interpretation, but it does set you up for meaningful interpretation by making sure that you've done all the previous steps well.

CHECKLIST: Data Quality

ONE: Ways to Set Yourself Up For High Quality Data. Here are ten strategies to keep in mind:

- Develop clear goals, objectives, indicators, and evaluation research questions
- Have a detailed plan for data collection and analysis (e.g. who, when, how, etc.)
- Pretest methods and tools
- Train staff in monitoring and evaluation, data collection
- Create ownership and belief in data collection among responsible staff
- Incorporate data quality checks at all stages
- Supervise the work: review all forms for completeness, check that all answers are clearly written, and check to see if answers are consistent and that all figures are tallied correctly
- Take steps to address errors right away
- Document any changes and improve the data collection system as necessary
- Other: _____

TWO: How to Check Quality Once Data Returns from the Field and is Entered Into Computers. The following are some *common sources* of error to watch out for:

- Transposition:** For example, when “39” is entered as “93.” Transposition errors are usually caused by typing mistakes.
- Copying errors:** One example is when “1” is entered as “7” or when the number “0” is entered as the letter “O.”
- Coding errors:** Putting in the wrong code. (e.g., an interview subject circled “1 = Yes,” but the coder copied “2 = No.”)
- Routing errors:** A person filling out a form places the number in the wrong part or wrong order.
- Consistency errors:** Consistency errors occur when two or more responses on the same questionnaire are contradictory. For example, if the birth date and age are inconsistent.
- Range errors:** Range errors occur when a number lies outside the range of probable or possible values.

THREE: What to Do When Mistakes or Inconsistencies Are Found

Determine the source of the error. If the error arises from a data coding or entry error, it can be resolved in the office. If the entry is unclear, missing, or otherwise suspicious, it may be necessary to contact field staff for correction or verification.

WORKSHEET: Data Quality Scenarios

Directions: Below are similar scenarios, each of which is missing one key element of quality assurance. Please review the scenario and discuss:

- *Identify the point/s where something went wrong in maintaining data quality.*
- *What was missing? What could have been in place to avoid the problem?*

Background for all scenarios: Your agency is developing a comprehensive VCT program that incorporates pre- and post-counseling, voluntary testing, promotion of VCT activities to the community, and referral to home-based and community care structures. You are the M&E Officer responsible for monitoring the quality of this program, and you have developed a number of tools and methods for doing so.

Scenario #1: Staff developed and pretested their monitoring tools in the field and adjusted them according to their findings. Training was conducted for data collectors and their supervisors, and periodic refresher trainings were budgeted for later in the year to respond to possible changes in the data collection tools. Can you identify what step may have been missing?

Scenario #2: Before the start-up of the program, staff and beneficiaries sat down for several days and developed clear goals and objectives for the program, as well as measurable indicators and questions that needed to be answered by the monitoring system. After setting indicators and identifying questions, the program manager developed the monitoring tools. Training was conducted for data collectors and their supervisors, and periodic refresher trainings were budgeted for later in the year to respond to possible changes in the data collection tools. The staff responsible for collecting the data was thoroughly briefed on the purpose of collecting the data, and their input into the process was received and used to strengthen the system. A staff person in the country office was assigned to provide consistent monitoring of data quality, checking and providing feedback on the results to implementing agencies. Staff and implementing agencies felt that the materials were confusing and did not address the data collection needs in the field. Staff felt that there was a key element of ensuring data quality missing in their process. Can you identify what step may have been missing?

Scenario #3: Before the start-up of the program, staff and beneficiaries sat down for several days and developed clear goals and objectives for the program, as well as measurable indicators and questions that needed to be answered by the monitoring system. Staff developed and pretested their monitoring tools in the field and adjusted them according to their findings, and gave them to the staff responsible for data collection. The staff responsible for collecting the data was thoroughly briefed on the purpose of collecting the data, and their input into the process was received and used to strengthen the system. Although the responsible staff felt that the materials were strong and understood the objectives of the monitoring system, they were unclear exactly how to use the different tools in the field. Staff felt that there was a key element of ensuring data quality missing in their process. Can you identify what step may have been missing?

STEP 5: EVALUATING & REPLANNING

EXAMPLE: *Simplified Data Analysis Plan*

Below are several examples of how the intended use of M&E data can be translated into questions, and how various analysis techniques can be used to respond to those questions. A full data analysis plan would also include such information such as a timeline for analyses and who will receive the results.

	Data Use	Questions to be Answered	Analysis Technique
Monitoring	Description of program performance	<ul style="list-style-type: none"> • Is the program on track? • Did we meet our targets? Why or why not? • How does this period's performance compare to last period? What happened that we did not expect? Are new targets needed? 	<ul style="list-style-type: none"> • Compare actual performance against targets • Compare current performance to prior year • Analyze trends in performance • All the above techniques can also be by types of services delivered
	Diversity of target groups/sites	<ul style="list-style-type: none"> • Are we adequately reaching all the required target groups/sites? 	<ul style="list-style-type: none"> • Comparison between sites or groups
	Conformity of program to its design	<ul style="list-style-type: none"> • Is the program performing functions as it was expected to or is not performing them as well as it is supposed to? For example, is the referral system working properly by referring clients to appropriate services in good time? 	<ul style="list-style-type: none"> • System Analysis: • Training system • Referral system • Services
Evaluation	Measurement of changes in key risk behaviors and antecedents	<ul style="list-style-type: none"> • What is the prevalence of key risk behaviors? Have they changed over time? If so, how have they changed? What direction are they changing? Who in the population is making the change? • Are social norms towards the behavior changes supporting or hindering the change? • After the program, are they more or less supportive, or is there no change? 	<ul style="list-style-type: none"> • Comparison of baseline and follow-up population based surveys

STEP 5: EVALUATING & REPLANNING

WORKSHEET: Your *Simplified* Data Analysis Plan

Directions: Fill in this grid, modeled on the example on the previous page.

	Data Use	Questions to be Answered	Analysis Technique
Monitoring			
Evaluation			

Analysis of outcome data is most useful when done hand-in-hand with analysis of monitoring data.

- Process information can help the evaluator understand *how* and *why* interventions have achieved their effects and, perhaps, what *specifically* is making the difference.
- Examining outcome data without assessing program implementation might lead to erroneous conclusions about the effectiveness of the interventions.

STEP 5: EVALUATING & REPLANNING

ACTIVITY: Data Interpretation and Use

The goal of this exercise is to develop and practice a variety of ways to present information on the same results to different audiences. There is no right or wrong way to do this! In a hypothetical country, there are two agencies carrying out a comprehensive intervention for high-risk men, including STI diagnosis and management, condom distribution, and behavior change support through peer educators. Below are two hypothetical data sets, emerging from the monitoring and evaluation of the two different programs over two years.

Look at the data below and think about what it is saying. What information might a donor be interested in? What about a community member?

Implementing Agency 1		
Indicator	Year One	Year Two
Number of condoms distributed	100,000	120,000
Proportion of condoms distributed through social marketing	15%	20%
Number of peer educators trained	40	60
Proportion of peer educators participating in intervention for six or more months	50%	30%
Percent who know that having more than one sex partner during the same time period increases the risk of HIV	25%	40%
Percent of adult population with more than one current sexual partner	20%	19%
Number of men at greater risk of infection reached by peer educators	200	230

Implementing Agency 2		
Indicator	Year One	Year Two
Number of condoms distributed	80,000	210,000
Proportion of condoms distributed through social marketing	50%	60%
Number of peer educators trained	35	55
Proportion of peer educators participating in intervention for 6 or more months	85%	80%
Percent who know that having more than one sex partner during the same time period increases the risk of HIV	25%	80%
Percent of adult population with more than one current sexual partner	25%	15%
Number of men at greater risk of infection reached by peer educators	800	1,400

Session 5-9: Developing an M&E Plan

At this point, you have all the essential elements for your M&E plan, which can be a standalone document or a subset of your program workplan. Either way, the plan can serve program managers, M&E team members, and all stakeholders as a guide to your M&E plans at any point in time.

Why Develop an M&E Work plan?

- Show how goals/objectives relate to results
- Describe how objectives will be achieved/measured
- Identify data needs
- Define how the data will be collected and analyzed
- Describe how results will be used
- Anticipate resources needed for M&E
- Show stakeholders how program will be accountable

Steps in Developing a Monitoring Plan

- Identification of staff or person(s) responsible for development of monitoring plan
- Identification of staff or person(s) responsible for data collection, analysis, and report writing
- Ensure objectives are SMART
- Selection of Indicators
- Data management, reporting, and use
 - Decide on Methods for data collection
 - Design data flow systems
- Develop Monitoring & Evaluation Matrix
 - List of indicators by objective
 - Methodology, data sources
 - Who is responsible for what
 - Timetable for collection, analysis, and reporting
- Description of data sources (forms), data flow, and quality
- Data analysis plan
- Plan for dissemination and use of results

WORKSHEET: M&E Plan Template

M&E Plan for: _____

Date of this draft: _____ Name: _____

Description of Program (Provide a brief overview of the program you will be monitoring)

SMART Objectives (List all your SMART objectives used to monitor and evaluate this program)

Indicators and Methods (list the indicators and methods that you will use to monitor the objectives listed above and the method(s) you will use to collect this data)

Objective #	Indicator	Method and Tool

STEP 5: EVALUATING & REPLANNING

M&E Plan for: _____

Date of this draft: _____ Name: _____

Responsibility and Roles (Assign people responsibility for each step of the M&E process, i.e. who will collect the data, who will analyze the data, who will coordinate the process, etc.)

Data Flow (Provide information on the flow of data from collection to analysis. From what person/organization will the data start, where will it go next, the next person/organization and who will it ultimately end up with)

How Data will be used (Provide information on what the data will be used for)

Time table (Provide information on what and how long each step of the process will take)

M&E Plan Matrix (Summarize all the information above into the table below for a quick reference)

STEP 5: EVALUATING & REPLANNING

M&E Plan for: _____

Date of this draft: _____ Name: _____

Objective	Indicators	Method/Tool	Data Source	Frequency

Optional Closing of Module Five: The Challenges and Possibilities of Monitoring and Evaluation

M&E data can be shared in any number of ways to benefit your program, future programs, and the lives of people affected by them. Once analyzed and interpreted, the results should reach those who can make good use of it, and be shared in ways that speak to their interests and influence.

We have examined many different aspects of monitoring and evaluation for your SBCC effort. As we worked on these, we considered some of the challenges inherent in doing this work. Some common challenges include:

- Rigorous study design that includes a comparison or control group
- Finding a way to measure the effects of your project or program separate from other projects and programs in the same target group or geographic area
- Insufficient staff (who can coordinate and guide evaluation design and implementation, including when evaluation is conducted by an external body)
- Lack of skill in evaluation design, data collection methods (both quantitative and qualitative), analysis, write-up, and dissemination
- Insufficient financial resources (NGOs face many pressing priorities and may not be able to spare or raise the extra money needed)

But, we also know from experience that these challenges can be overcome and that the rewards can be great. Here are a few strategies used by organizations to make M&E possible:

- Bring several organizations together and plan out an evaluation pooling all the resources
- Secure additional fund from donor agencies
- Hire a consultant who can design and manage the process
- Work with the donor agency to provide the technical expertise and training

For a relatively small investment, you can get great insights into your own program AND offer similar programs guidance on what works, and what could work better.

Additional References

These references provide additional information that will assist your work in SBCC. The entire SBCC curriculum, references cited below, and additional resources are available at <http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules>. For more resources and opportunities to strengthen capacity in SBCC, visit C-Change’s Capacity Strengthening Online Resource Center at http://www.comminit.com/en/cchange_capacity.html.

C-Modules’ graphics can be expanded and shown to participants through PowerPoint or on a large poster board by accessing them online.

Background Reading

Topic	Item
SBCC	Monitoring HIV/AIDS Programs: A Facilitator’s Training Guide and Participant Resources. This training package is designed to build skills for conducting M&E activities. Three core modules anchor the course: Introduction to M&E; Collecting, Analyzing and Using Monitoring Data; and Developing an M&E Workplan. In addition, the course features seven program-specific modules, including one on behavior change communication.
Advocacy and/or Social Mobilization	Monitoring and Evaluating Advocacy: A Scoping Study. This Scoping Study sets out to document the various frameworks and approaches that international agencies use to assess the value of their advocacy work.
Evaluation research Skills/Tools	Horizons Operations Research on HIV/AIDS Toolkit (Population Council). In this online toolkit, you will find the tools and information you need to design a successful HIV-related operations research or study, from developing the research protocol to analyzing and reporting results.
	Qualitative Methods: A Field Guide for Applied Research in Sexual and Reproductive Health. A practical, hands-on guide for use by social scientists, public health specialists, and research teams interested in using qualitative methods to study sexual and reproductive health. It covers theory, research design and methodology, data collection, data analysis, writing, and research dissemination.
Gender	Measuring Attitudes toward Gender Norms among Young Men in Brazil: Development and Psychometric Evaluation of the GEM Scale. This article describes the development and psychometric evaluation of a 24-item scale to measure attitudes toward gender norms among young men: the Gender-Equitable Men (GEM) Scale.

Existing Curricula/Training Materials

Training in Qualitative Research Methods: Building the Capacity of PVOs, NGOs, and MOH Partners. This training manual was designed to help PVOs improve the quality of their qualitative research in order to make informed programming decisions for their child survival projects. It was developed for an 8-day training workshop.