

# 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 (SBCC)***

Communication for Change (C-Change) Project  
Version 3

May 2012



This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of Agreement No. GPO-A-00-07-00004-00. The contents are the responsibility of the C-Change project, managed by FHI 360, and do not necessarily reflect the views of USAID or the United States Government.

The six modules can be freely adapted and used, provided full credit is given to C-Change. Recommended citation:  
C-Change. 2012. *C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC)*. Washington, DC: C-Change/FHI 360.

C-Change is implemented by FHI 360 and its partners: CARE; Internews; Ohio University; IDEO; Center for Media Studies, India; New Concept, India; Soul City, South Africa; Social Surveys, South Africa; and Straight Talk, Uganda.

**Contact information:**

C-Change

FHI 360

1825 Connecticut Ave., NW, Ste. 800

Washington, D.C., 20009

USA

tel: +1.202.884.8000; fax: +1.202.464.3799

**Email:** [cchangeCS@fhi360.org](mailto:cchangeCS@fhi360.org)

**Website:** [www.c-changeproject.org](http://www.c-changeproject.org)

## Overview

The *C-Modules* are designed for the use of research and implementing staff with previous experience in communication theory and programs. Module 5, the last in the series, teaches fundamental concepts and skills around monitoring and evaluation (M&E) and replanning for SBCC programs. The guidance also reinforces key concepts related to formative research, situation analysis, and baseline assessment and shows how these early phases form the foundation for M&E. Though Module 5 can be used on its own as a guide to M&E and evaluation research for SBCC programs, it is best if practitioners have completed Module 0, the introductory module, which lays out the basic concepts and principles of SBCC.

### Sessions

Module 5, Session1: M&E's Place in SBCC and a Simplified M&E Framework .....	2
Module 5, Session 2: What Is Monitoring? What Is Evaluation? .....	6
Module 5, Session 3: Key Decisions before Data Collection.....	9
Module 5, Session 4: M&E Questions .....	11
Module 5, Session 5: M&E Indicators and Targets .....	13
Module 5, Session 6: Evaluation Research Design.....	20
Module 5, Session 7: Evaluation Methods and Tools.....	25
Module 5, Session 8: M&E Data Quality, Analysis, and Interpretation.....	32
Module 5, Session 9: Developing an M&E Plan .....	38
Module 5, Session 10: Using Data for Replanning .....	41
Module 5, Optional Closing: The Challenges and Possibilities of Monitoring and Evaluation .....	46
Additional Readings .....	48
References Cited .....	49
Credits for Graphics.....	50

#### A Note on Formatting

In the *C-Modules*, the names of theories and models are in **bolded, dark blue text**; concepts are in *dark blue italics*. Focused content on theory, advocacy, and social mobilization are located in text boxes called “corners” throughout the *C-Modules*.

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

Research and M&E happen at many points during the SBCC process to supply data needed to make good decisions along the way.

- In *Step 1* of C-Planning and during the situation analysis, SBCC programs might conduct formative research or gather research results from other sources to fully understand the situation and make good strategic decisions.
- In *Step 2*, programs outline their M&E plans early—prior to creating or starting any interventions or materials—so baseline data are gathered and objectives can be adjusted as needed.
- In *Step 3*, SBCC programs can conduct formative research again, focusing on material and activity development.
- In *Step 4*, during implementation, practitioners monitor programs so they know what is happening on the ground and whether progress is being made.
- In *Step 5*, M&E plans are finalized. Throughout this step, components of the M&E plan are developed, and a template is completed by the end.

The place of research and M&E in SBCC is summarized in the C-Planning graphic on page 3. For SBCC programs, the approach to M&E focuses on monitoring workplan activities, as well as evaluating whether communication objectives are reached and barriers identified are reduced. While the focus of the evaluation is the program's communication objectives, other objectives may need to be addressed.

The “Simplified M&E Framework” on page 5 shows the roles of baseline, monitoring, midline, and endline evaluations for SBCC programs. Sustainability issues may be addressed via a follow-up evaluation 6 to 12 months after a program ends, but this is beyond the scope of this module.

### Theory Corner

SBCC theory was applied during earlier C-Planning steps and research provided the evidence to make strategic decisions. In Step 1, practitioners formulated assumptions related to the **theory of change** and chose certain theories to help find potential *tipping points* for change. In Step 2, strategic decisions were made, based on SBCC concepts about how to approach the audience, then communication objectives were formulated accordingly. In Step 3, theory-based messaging tips helped craft effective materials. In Step 4, SBCC theory helped to show the importance of implementing programs with communities, partners, and networks to have broad effects. Now, in Step 5, SBCC theory can help measure these effects, determine if assumptions from the theory of change were accurate, and assess whether the program was successful.

**GRAPHIC: Where Research Fits into SBCC**

The C-Planning graphic shows when research can help to plan, monitor, and evaluate SBCC efforts. A program’s 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 M&E plans before moving too far along in C-Planning
- make sure data being collected can be used to help make decisions every step of the way



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

**ALBANIA EXAMPLE: The Role of M&E in SBCC**

Please refer to Module 0, session 1, page 3, and session 4, page 16, for background information on C-Change's family planning program in Albania.

C-Change's mass media campaign in Albania included trainings for select journalists on how to cover stories related to family planning (FP) and reproductive health. In April 2009, during the first four weeks of the campaign, C-Change assessed the impact of the trainings by monitoring the frequency and content of print and visual media stories on FP and reproductive health. (published during the first four weeks of the campaign. Keywords used were family planning, reproductive health, abortion, contraception, and condom.) Thirty-two articles were identified: 24 covered FP mass media events organized by C-Change, and 21 mentioned the project. All of the journalists who participated in the training wrote or reported on FP issues at least once.

Despite the measurable progress in the media coverage of FP themes, some articles had misleading titles or reported false information. These findings indicated that more work was needed to improve the capacity of journalists and editors to accurately cover FP. An ongoing training program needed to be organized, one included and involved decision-makers and supervisors—the editors and directors of media outlets.

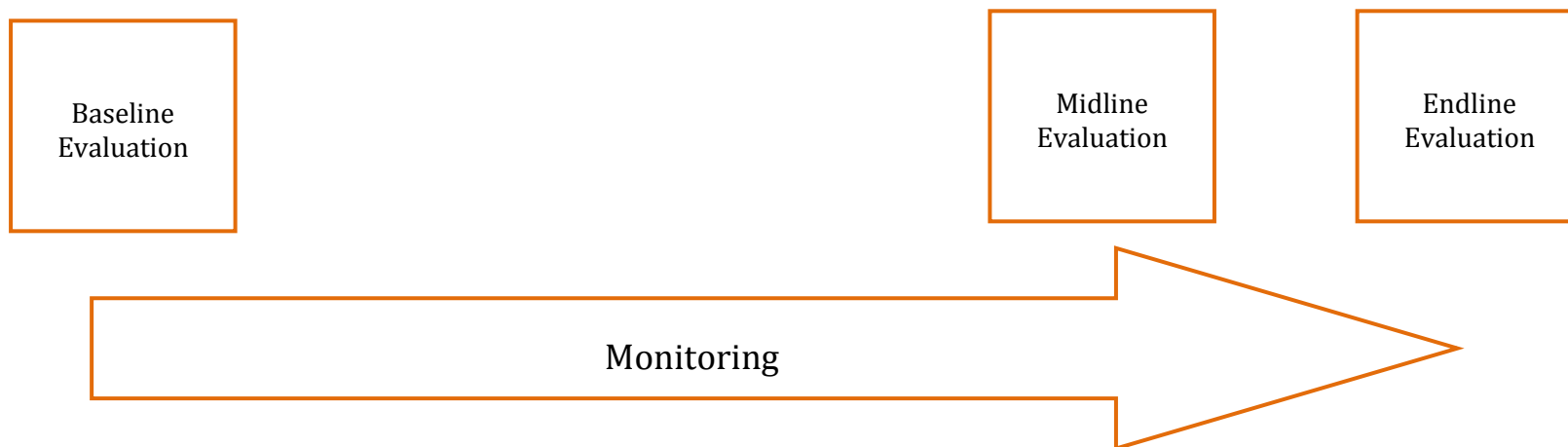
In addition, C-Change heard from members of the technical advisory group that the font of the tagline on campaign billboards and posters was too small and difficult to read. The project made minor changes to the materials at minimal cost to improve the visibility and readability of FP messages on posters, billboards, and buses.



**GRAPHIC: A Simplified M&E Framework**

It is a good idea to keep this graphic in mind when developing an M&E plan.

- Programs have many options for conducting a baseline evaluation. One option is to use secondary data that was gathered before the start of the SBCC program. These data need to address the variables that the program is measuring, along with the same geographic coverage and target population. The program also needs to have sufficient funds to use a similar methodology to gather the data needed at midline and/or endline.
- Inputs and outputs are monitored simultaneously to describe the program fully.
- When resources allow, large-scale M&E efforts go beyond outcomes and evaluate impact.



Monitoring	Baseline, Midline, and Endline Evaluation
Collect data over time <i>during implementation</i> on: <ul style="list-style-type: none"> <li>• program process (what the program did and what the population did)</li> <li>• the quality of the interventions and materials</li> </ul>	Collect data at discrete points in time <i>before, during, and after implementation</i> to: <ul style="list-style-type: none"> <li>• compare with the baseline</li> <li>• document outcomes and changes in the population</li> <li>• verify whether the data support assumptions made in the theory of change</li> </ul>

## Module 5, Session 2: What Is Monitoring? What Is Evaluation?

### Monitoring

Monitoring tracks and measures a program's activities—what it is doing, where, with whom, how much, and when. For an SBCC program, monitoring tracks and measures progress being made toward achieving communication objectives.

Two elements are monitored: the program *process*, or the scope of activities that use resources to achieve expected results—e.g., the number of training sessions and/or focus group discussions conducted and the number of outreach activities initiated. This monitoring includes the quality of activities—e.g., whether all training objectives were met and focus groups were accessible to the target audience. The second element monitored is program *outputs*, or the results obtained through these activities—e.g., the number of participants trained, condoms distributed, or outreach contacts made.

Monitoring involves routine data collection to check process and outputs and asking the following questions:

- How well are activities implemented?
- To what extent are planned activities realized?

### Evaluation

Evaluation is data collection at discrete points in time to investigate systematically an SBCC program's effectiveness in bringing about desired change in an intended population or community. Evaluation enables an SBCC program to determine whether its theory of change was accurate and whether the communication strategy and activities were effective.

***Evaluation requires a comparison of variables and the measurement of changes in them over time.*** It measures what has happened among intended audiences as a result of program activities and allows SBCC practitioners to answer questions such as these:

- Were barriers to social and behavior change reduced by our efforts?
- Were these changes meaningful for our program?
- How good a predictor is our theory of change?
- Have we achieved our communication objectives?

Some SBCC programs evaluate both outcome and impact.

- ***Outcome***—short-term or intermediate results obtained by executing program activities
- ***Impact***—long-term effects (e.g., change in health status) measured through special studies with wide district, regional, or national coverage

While effective SBCC programs have the potential of contributing to improved health outcomes for the population, such as reductions in HIV incidence and prevalence, it may not be possible to attribute them entirely to an individual program. The *C-Modules* thus focus on outcomes: the more short-term or intermediate results that most individual SBCC programs can feasibly achieve.

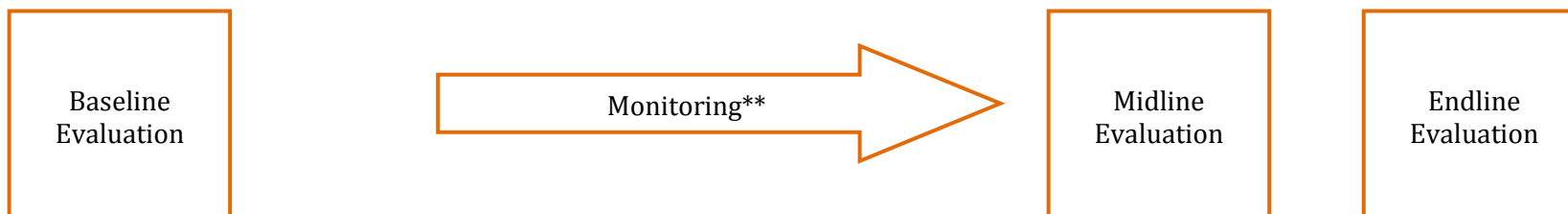
**Advocacy and Social Mobilization Corner: Measuring Programs**

Measuring advocacy and social mobilization activities is similar to that of other programs and asks has the program achieved its communication objectives. For example, if a sensitization meeting were an activity to gain with the support of key opinion leaders – what do these expression look like? Is it signing a petition, speaking in public about the issue? Any expressions or support or commitments would be considered an outcome.

In addition, if the communication objective for the program was to persuade 15 school principals to introduce life skills education, outcomes would be the introduction of life skills in schools. How will the program measure and evaluate if it succeeded. Will it measure increased community support, including parental, for life skills education.

**WORKSHEET: Users and Uses of M&E Data**

**Directions:** You may have used this worksheet during Step 2 (Module 2, session 8, page 52). The information you entered can be updated here, based on what you have learned about the users and uses of M&E data.



Baseline Evaluation	Monitoring	Midline and Endline 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?

\* Please review *Step 1: Understanding the Situation* for more information on formative research and situation analysis.

\*\* PEPFAR funding requires process and quality monitoring.

## Module 5, Session 3: Key Decisions before Data Collection

The 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 the M&E plan developed in Step 5.

After defining data uses and users, practitioners finalize communication objectives that are SMART—specific, measurable, attainable, realistic, and time bound. This is an example of a SMART objective: “By the end of the project, there will be an increase of xx percent in the number of men in rural areas of three provinces in Kenya who feel confident talking about condoms with their peers.” (Module 2 session 4 for more information on SMART communication objectives.)

Once these objectives are finalized, SBCC practitioners can decide on:

- M&E questions that are linked to activities in the workplan and each SMART communication objective
- indicators and targets
- evaluation research design, if an outcome evaluation is being conducted
- evaluation research methods and tools
- steps to ensure quality of data
- ways to analyze the data
- how to report M&E results to community, partners, and donors

***After all this work is done, data collection can begin.***

Information on the next pages will help practitioners to make these key decisions.

Each desired change should have its own SMART objective, addressing barriers identified in Step 1. A part of being SMART is to be specific, focusing on only one thing at a time. For example, a single objective does not include change in a woman’s confidence about talking with partners *and* her actual practice of talking with partners. These issues need to be split into at least two objectives.

**WORKSHEET: Key Decisions Before Data Collection**

**Directions:** This worksheet will guide you through the process of developing your M&E Plan and allow you to capture your work as you complete Step 5. You will have already answered some of the questions below; some answers will emerge during Step 5.

Questions to Answer Before Beginning Data Collection	Baseline	Routine Monitoring	Midline/ Endline
Who will use the data and how? (Session 2)			
What is the final set of SMART communication objectives—specific, measurable, attainable, realistic, time-bound? (Session 4)			
What M&E questions are linked to the activities in the workplan and each SMART objective? (Session 4)			
What are the indicators and targets that tell you how close the program is to the path and how things are changing? (Session 5)  If evaluating the program, what type of evaluation design will be used? (Session 7)			
What evaluation research methods best suit the indicators? (Session 5)  What tools should be used to collect the data? (Session 7)			
How will the quality of the data collected be ensured? (Session 8)			
Who will analyze the findings and how? (Session 8)			

## Module 5, Session 4: M&E Questions

After developing communications objectives (Step 2) and the workplan (Step 4), the next step is to develop questions that help to:

- focus M&E activities (on the questions that need to be answered)
- guide the M&E planning process (or decide how it will be done)
- facilitate decision-making about what data need to be gathered (by determining what information is needed)
- provide a basis for informed decision-making (about using M&E results to improve the SBCC program)

**Monitoring questions** ask whether the activities in the workplan were implemented—did the program do what it said it would do—and whether implementation was of high quality. For example, if a workplan states, “Conduct five trainings with 50 journalists on media messaging related to family planning,” these monitoring questions could be asked:

- How many trainings on media messaging were conducted?
- How many journalists were trained?
- Did the facilitators cover all topics in the training curriculum?
- How satisfied were the journalists with the training?
- Were any barriers confronted during the delivery of the trainings? If so, what were they? How did they affect the trainings? How were they addressed?

**Evaluation questions** are related to whether communication objectives were achieved and reasons for not achieving them.

If the communication objective states, “By the end of the program there will be an increase of X percent in the number of young people ages 13–18 in (location) who know in the benefits of delaying sexual debut,” the following evaluation questions could be asked to determine if the objective was achieved:

- Did young people who were exposed to the SBCC program increase their knowledge concerning the benefits of delaying sexual debut?
- If the expected increase in knowledge was not achieved, why did this happen?
- Do young people still feel that there are advantages to early sexual debut? What are they? How could the communications strategy be improved to address these misconceptions?

### Advocacy and Social Mobilization Corner: Example Questions for M&E of Advocacy and Social Mobilization Activities (Alliance 2010)

#### Example Monitoring Questions

- How many coalition members were identified?
- How long did it take to form a coalition?
- How often does the coalition meet?
- How many talking points were developed?

#### Example Evaluation Questions

- Were bills or proposals formally introduced in the legislature or other government body or were informal decisions made?
- Were relationships formed with decision-makers?
- Is there cooperation and collaboration between partners of the coalition?
- Is the coalition able to advocate for increased protection of human rights?

**WORKSHEET: Selecting M&E Questions**

**Directions:** Review the sample M&E questions and develop some of your own for your program. Think about the monitoring questions you want answered and the evaluation questions you want to ask.

<p><b>Examples of workplan activities</b></p> <ul style="list-style-type: none"> <li>• Develop a low-literacy pamphlet for MSM.</li> <li>• Conduct three focus group discussions with urban MSM to obtain feedback on pamphlet.</li> </ul>	<p><b>Examples of monitoring questions</b></p> <ul style="list-style-type: none"> <li>• Was the pamphlet developed according to its creative brief?</li> <li>• How many focus groups were conducted?</li> <li>• How many MSM participated in the focus group discussions?</li> <li>• How did the MSM react to the pamphlet?</li> <li>• What MSM feedback was provided on the value of the pamphlet and/or suggestions for improvement?</li> <li>• What was the uptake of the pamphlet at organized activities?</li> </ul>
<p><b>Example of a communication objective</b></p> <ul style="list-style-type: none"> <li>• By the end of the program, there will be an increase of X percent among MSM in (location) who learn condom-negotiation skills with partners.</li> </ul>	<p><b>Examples of evaluation questions</b></p> <ul style="list-style-type: none"> <li>• Did MSM exposed to the SBCC program gain condom-negotiation skills?</li> <li>• If the expected increase in MSM condom-negotiation skills was not achieved, what are the reasons for this?</li> </ul>

<p><b>Activities from your workplan</b></p>	<p><b>Monitoring questions to be addressed</b></p>
<p><b>Communication objective</b></p>	<p><b>Evaluation questions to be addressed</b></p>



## Module 5, Session 5: M&E Indicators and Targets

Indicators are data points that are used to measure how close a program is to its path and how much things are changing. For example, if a car's gas or petrol gauge shows low, it is an indicator of the amount of gas in the tank, rather than the gas itself.

Indicators are defined by the objectives of the program and questions that need to be answered. The process of selecting indicators can be fairly straightforward if objectives are presented clearly—in terms that define the quantity, quality, and timeframe of a particular program activity. (Examples of indicators for SMART objectives can be found on page 16.)

Step 5 focuses on two types of monitoring indicators: process and output. **Process indicators** provide signals regarding the scope of activities in the workplan to be implemented, as well as the quality of implemented activities. **Output indicators** provide signals related to the results of implementing program activities. It is best to set these monitoring indicators prior to implementation, when the workplan is completed (Step 4).

Step 5 focuses on one type of evaluation indicator. **Outcome indicators** provide signals related to the outcomes that an SBCC program hopes to achieve, which are embedded in communication objectives. It is best to set these evaluation indicators during program planning (Step 2) so that they can guide baseline data collection.

M&E questions can be helpful in developing appropriate indicators, as shown in the examples below.

<b>Workplan Activity</b>	<b>Monitoring Question</b>	<b>Monitoring (Process/Output) Indicator</b>
Air a radio spot in three communities	<ul style="list-style-type: none"> <li>Was the radio spot aired?</li> <li>In how many communities was the spot aired?</li> </ul>	<ul style="list-style-type: none"> <li>Process indicator: Radio spot aired</li> <li>Output indicator: Number of communities reached by the broadcast of the radio spot</li> </ul>
<b>Communication Objective</b>	<b>Evaluation Question</b>	<b>Evaluation (Outcome) Indicator</b>
By end of project, there will be an X percent increase in the number of women attending university who are aware of the benefits of family planning.	Did women become more aware of the benefits of family planning?	<ul style="list-style-type: none"> <li>Percentage of women aware of benefits at baseline</li> <li>Percentage of women aware of benefits at endline</li> </ul>

Once these indicators are developed, SBCC practitioners need to set realistic targets. **Indicator targets** or benchmarks are set soon after a program begins. Doing this will not only provide clarity about achievements expected, but enables programs to plan ahead for these achievements.

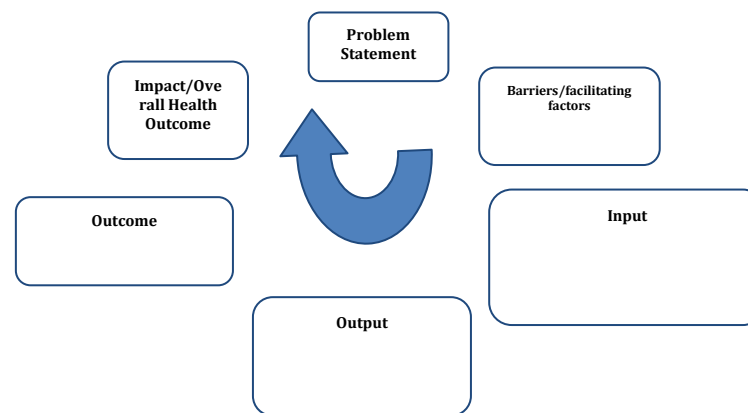
Sample Activity and Communication Objective	Indicator	Target
Activity: Conduct three trainings	Process indicator: Number of trainings conducted	Three trainings
Objective: By end of project, there will be an X percent increase in the number of women attending university who are aware of the benefits of family planning.	Outcome indicator: Percentage of target population aware of the benefits at baseline and percentage who are aware at endline	X percent at baseline; Y percent at endline

Targets are generally set in the beginning of a project to provide clarity about what will be achieved by the program. The best way for a program to create realistic targets for indicators is to use past monitoring data. A program that is just starting may be able to use data from a similar program that has been implemented.

**Theory Corner: Theories of Change**

A theory of change is “a concrete statement of plausible, testable pathways of change that can both guide actions and explain their impact” (Kubisch, Auspos, Brown, and Dewar 2002). A theory of change is laid out with a logic model, a visual representation that charts or maps a path from the problem to be addressed to the inputs (available resources); then outputs (activities and participation); to finally arrive at outcomes (short-, medium-, and long-term results) that ideally will lead to impact (long-lasting change). A theory of change brings underlying assumptions to the surface so that the reasoning behind an intervention can be assessed and adjusted, if necessary.

Refer back to your theory of change developed in Step 1 (Module 1, session 8, page 36). A communication log frame can link your theory of change to your inputs, process indicators, output indicators, and outcome indicators. A log frame showing the application of your theory of change is part of the M&E plan at the end of this module. Remember to make sure that the indicators used to measure communication objectives match your theory of change from Step 2.



**What is the input and the output of each intervention and what is the expected outcome?** How do you know this outcome has been achieved?

**Advocacy Corner: Example Indicators for Advocacy and Social Mobilization Programs (Alliance 2010)****Process/output indicators**

- Percentage of select key population groups approached that express an interest in participating in a coalition
- Percentage of select non-key population groups or organizations approached that express an interest in participating in a coalition
- Number and type of organizations that agree to participate in a coalition
- Number of meetings or briefings held with policymakers
- Number of policymakers reached
- Types of policymakers reached
- Number of coalition meetings held
- Coalition maintained and/or strengthened

**Outcome/impact indicators**

- Coalition formed
- Coalition members using agreed advocacy messages and advocacy action plans
- Coalition has a strategy for how to respond to advocacy opportunities that arise
- Key population group representatives involved in the advocacy activities of the coalition (to the extent legally feasible in the context)
- Number of citations of coalition products or ideas in policy deliberations or policies
- New decision-makers (including policy-makers, elected officials and/or senior law enforcement and legal support system officials) willing to take action that contributes to the achievement of the goal

**EXAMPLE: Selecting Indicators for *SMART* Communication Objectives****SMART Objective**

By the end of project, there will be an increase of X percent in the number of married women in two provinces in X country who start to negotiate the use of some form of modern contraception with their husbands.<sup>1</sup>

Examples of data points or indicators to measure the success of this objective appear below. These are collected before the program begins (baseline) and when it is drawing to a close or has ended (endline). Two sets of data are needed to evaluate programs and measure the percentage of change.

**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 husbands before the program begins and the percentage who can do this 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 that are available in the program area
- The percentage of married women with positive attitudes toward 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 for avoiding an unwanted pregnancy

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

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

What else do you notice about the objective or indicators?

---

<sup>1</sup> Measuring a percentage increase for outcome indicators requires baseline or other data. To quantify the increase and measure a percentage change, practitioners must know what the level was before the program began. Practitioners who have no baseline data can explore some options later in this step.

**EXAMPLE: M&E Indicators for SBCC**



Monitoring Indicators*	Evaluation Indicators
<p><b>Process</b> indicators provide information on what the program did and how well it did it.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Number of public events conducted, by type</li> <li>• Number of trainings for peer educators conducted</li> <li>• Percentage of trained peer educators providing accurate information six months after training</li> <li>• Percentage of the audience who comprehend the messages on flyers and posters</li> </ul> <p><b>Output</b> indicators provide signals related to the results of implementing program activities.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Number of peer educators trained</li> <li>• Percentage of population reporting participation in public events, by type</li> <li>• Percentage of population who have seen, heard, or read program materials</li> </ul>	<p>Comparable data are collected at baseline, midline, and/or endline. The baseline thus uses the same outcome indicators as those used at the end of the program.</p> <p>Examples of <b>outcome</b> indicators measured at baseline and endline:</p> <ul style="list-style-type: none"> <li>• Percentage of women reporting that they have the right to use a modern contraceptive method</li> <li>• Percentage of women under age 25 who engage in sex with partners more than 10 years older</li> <li>• Percentage of men who have sex with men who report condom use at last sex</li> </ul>

\*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**

**Directions:** Consider these examples of monitoring questions and indicators from an FP program and develop some of your own.

<p><b>Sample Monitoring Questions</b></p> <ul style="list-style-type: none"> <li>• Were the projected trainings with physicians conducted?</li> <li>• How many clinic-based physicians were trained? Did they provide accurate information on three types of modern contraceptive methods?</li> <li>• How many different types of contraceptive methods were sold and/or distributed?</li> <li>• How many educational materials were distributed? Did the developed materials convey accurate information?</li> <li>• How many radio spots were aired that focused on modern contraceptive choice? How many people were reached? Did the radio spots convey accurate information?</li> </ul>	<p><b>Sample Process Indicators</b></p> <ul style="list-style-type: none"> <li>• Number of physician trainings conducted</li> <li>• Percentage of trained physicians able to provide accurate information six months after training on at least three modern contraceptive methods</li> <li>• Extent to which developed materials conveyed accurate information</li> <li>• Number of radio spots aired</li> <li>• Percentage of radio spots conveying accurate information</li> </ul> <p><b>Sample Output Indicators</b></p> <ul style="list-style-type: none"> <li>• Number of physicians trained</li> <li>• Number of contraceptives sold and/or distributed by type</li> <li>• Number of educational materials distributed</li> <li>• Number of people reached with radio spots</li> </ul>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Monitoring Questions	Monitoring Indicators
	<p>Process:</p> <hr/> <p>Output:</p>
	<p>Process:</p> <hr/> <p>Output:</p>

**WORKSHEET: Selecting Evaluation Indicators**

**Directions:** Consider the sample SMART communication objective and the related evaluation question and outcome indicator, then develop some of your own.

<p><b>SMART Communication Objective:</b> To increase by 10 percent in the next two years the percentage of sexually active adolescents in X community who perceive condom use as part of being a good lover</p> <p><b>Evaluation Question:</b> Did sexually active adolescents in X community increase their perception that condom use is part of being a good lover?</p>	<p><b>Example of an Outcome Indicator</b> (collected at baseline and endline)</p> <p>Percentage of sexually active adolescents at baseline and endline who state that they perceive that condom use is part of being a good lover.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

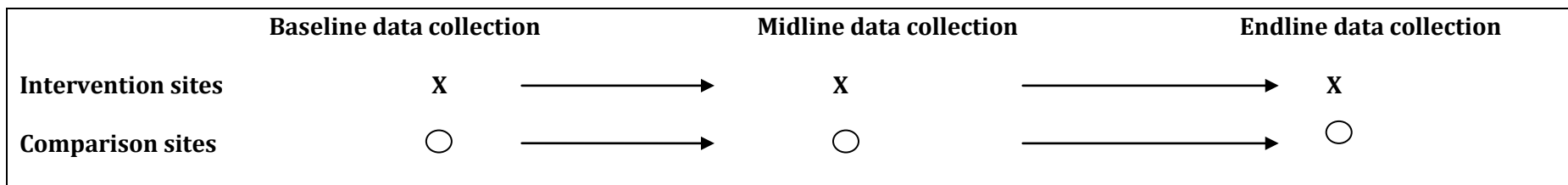
Communication Objectives and Related Evaluation Questions	Outcome Indicators
<p>Communication Objective:</p> <p>Evaluation Question:</p>	<p>Outcome:</p>
<p>Communication Objective:</p> <p>Evaluation Question:</p>	<p>Outcome:</p>
<p>Communication Objective:</p> <p>Evaluation Question:</p>	<p>Outcome:</p>

## Module 5, Session 6: Evaluation Research Design

Evaluation is about measuring change. The best approach to measuring change is to do a solid baseline and follow-up data collection. The diagram below shows a standard evaluation research design. Data are collected at three points in the communities involved in the intervention. The same data are collected each and every time. The results of such an evaluation research design allow practitioners to determine changes that have taken place over time in communities where the SBCC program operates.



One of the major challenges that all programs encounter with evaluation research design is that they cannot clearly show that changes are a result of their specific programs. Such conclusions are more readily drawn if **comparisons can be made with a group or community outside the reach of the program**. The comparison group should be very similar in demographic characteristics, but NOT exposed to program activities. The next diagram shows data collection in the comparison community. Data change overtime and differences between the two groups are analyzed to assess whether a program contributed to changes within the intervention community, but not in the comparison community. Notwithstanding, it is important to keep in mind that there may be other influences or multiple programs that have been working together to bring about the observed changes.



A slight variation of the above comparison group design embeds a comparison group within the intervention community. At each data point, exposure to the intervention is measured (e.g., “Did you hear the radio spot that discussed...?”). Respondents are then grouped into two categories—those exposed to the program and those not exposed. Statistically significant differences between the two groups may suggest that the program has had some success in bringing about change.



**Social Mobilization Corner: Measuring coalitions**

Cohen, Chavez and Chehimi (2010) states that coalition evaluation is an emerging field and is much more demanding than simply determining if a program is effective. The challenge of determining program effectiveness comes from the fact that coalitions usually aim to achieve multi-faceted environmental change. These changes are harder to see and it is more difficult to measure the coalition's role in bringing those changes about.

Coalitions can employ those types of evaluation. The first type, formative evaluation, focuses on the coalition's process objectives. The results of formative evaluation can help staff and members improve the functioning of the coalition. The second type, summative evaluation, help coalition members determine whether or not the coalition's strategies resulted in the desired consequences. This type of evaluation helps coalition members make strategic decisions about strengthening promising interventions and discontinuing ineffective ones.

Coalition evaluation has an important role to play in acknowledging that the competencies and contributions of coalition members are critical. Moreover, coalition evaluation helps to improve its reputation in the community and can be included in future resource development proposals. Finally, evaluating a coalition can lead to changes in the approach and increase its effectiveness in ensuring that the community and participants benefit from its activities.

**EXAMPLE: Evaluation Research Design Options****Comparison Group**

The ideal situation is to have a comparison group that is measured at baseline, midline, and/or endline. This allows programs to see how people involved with the program are affected over time, compared to people who are not involved. It can be difficult to find a comparison group that is identical in all important ways relating to the particular development issue—socio-economic status, education, employment, gender, ethnicity, degree of access to services, etc. If key variables do not match, the group or community will not serve a good point of comparison. It is also important to find the kinds of services that people in the comparison group have already been exposed to so changes recorded are understandable.

**SBCC Program Example:** In a country in southern Africa, an NGO conducted a baseline survey among adult men and women who participating in a discussion group for HIV-prevention in rural communities. These communities were a good distance apart, and the NGO chose to add a comparison group by randomly selecting individuals who came to the local market. This central location produced a good comparison group. It matched the intervention group on key variables and was made up of people from the same communities who were not participating in the discussion group.

**Existing Data Sources**

If a baseline can't be collected or it is too late to collect it because interventions have already started, an existing source of relevant data may be useful. If another organization has already collected data in the community where interventions are planned, these data can be examined to see if any key variables or indicators match the new program's SMART objectives. If there are matching indicators, these can be used as the baseline, as long as all the following criteria are met with respect to the earlier data:

- They were collected before the new program began any interventions.
- They cover the same geographic area as the new program.
- They cover the same population as the one targeted by the new program.
- The methodology used to collect the data can be replicated by the new program's staff and with current financial resources. Alternatively, the data will be replicated by the original program at a convenient time, and these will be available for the midline or endline evaluation.

If all these criteria are met, the program will have a source of baseline data. If even one of them cannot be met, the data source is eliminated.

**SBCC Program Example:** In Albania, a national Demographic and Health Survey (DHS) was used as the baseline for an evaluation of a national media campaign to increase modern contraceptive use. The DHS was conducted one month before C-Change's national media campaign started. Because the DHS was a national survey and C-Change's media campaign was a national activity, the geographic coverage and target populations were the same. The DHS also employed a methodology that the evaluation research team could replicate with the program's resources. The DHS was thus a perfect baseline for the evaluation.

### Evaluation Research Design: Alternative Ideas

For the baseline, small surveys can be conducted with people as they enter the program. These responses are compared to surveys conducted after the program comes to an end. This approach has some limitations.

- Results cannot be generalized to anyone not in the program, since those surveyed were not a random sample.
- There is no comparison group, thus no assurance that the results found would not have occurred on their own.
- The small sample size does not allow changes to be described as significant.

Small surveys will, however, allow practitioners to assess whether people involved with the program seem to be at least moving in the direction of changes being promoted. Ideally, the small surveys should be conducted at least 9 to 12 months after the program has been operational to allow sufficient time for changes to take place.

A baseline can also use *qualitative approaches*, which allow opportunities for practitioners to understand underlying causes, meanings, and issues that affect behaviors and decision-making. Underlying causes and issues are often the main focus of SBCC programs because behaviors cannot change without shifts in these very important variables. Qualitative methods can help programs measure these shifts. A qualitative data-collection approach could include in-depth interviews with program participants and questions such as: “What, if any, effect has the program had on you and your life?” or “What is the most significant change that has occurred in the community as a result of the program?”<sup>2</sup>

Measuring exposure to interventions is another alternative for practitioners who want to have a survey but have no comparison group and no baseline, and cannot find another source to use as a baseline. In this case, a very specific set of questions is asked to find out who has and has not been exposed to the interventions. The answers given will allow comparisons to be made between those exposed to the intervention and those never exposed, including how these groups differ on key variables of interest.

---

<sup>2</sup> The “most significant change” line of questioning is associated by an evaluation and analysis method of the same name. For more information, see Davies and Dart (2005).

**WORKSHEET: Evaluation Research Design Sketch**

Consider evaluation research design options described here, along with examples of how a few SBCC efforts designed their M&E evaluation research. Also consider your own resources—money, time, and staff—and keep in mind the rule of thumb that SBCC programs should spend an estimated 10 percent 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 to those not exposed. But this is difficult for several reasons. Not only is it hard to define accurately who was and who was not exposed, different interventions are often similar and can be easily mixed up in the minds of respondents. If an intervention reached almost everyone, there will be too few people not exposed to measure any differences.

Using the box below, sketch out your intended evaluation research design and respond to these questions:

- Will the evaluation research include data collection at the baseline, midline, and endline?
- Will it include an external or internal comparison group?

	Baseline data collection		Midline data collection		Endline data collection
<b>Intervention sites</b>	X	→	X	→	X
<b>Comparison sites</b>	○	→	○	→	○

Baseline data collection	Midline data collection	Endline data collection

## Module 5, Session 7: Evaluation Methods and Tools

Step 1: *Understanding the Situation*, examined the differences between qualitative and quantitative formative research and looked at the relative advantages and disadvantages of each.

Most monitoring needs are met through the use of quantitative methods and tools. These allow programs to collect numerical data on monitoring indicators that can be combined and summed up for any given time period. Examples of quantitative monitoring methods and tools include:

- attendance sheets or intake forms to count the number of persons who attended
- program logs to document radio-spot coverage statistics
- routine activity tally forms to count the number and type of activities implemented

Qualitative methods produce in-depth, descriptive information. Qualitative monitoring methods collect data on how well things are being implemented. They are necessary for learning, replanning, and addressing the quality of a program, as well as providing insight into why participants do what they do. Two examples of qualitative monitoring tools are:

- notebooks used to record observations from supervisory site visits
- journals that record entries by outreach workers

Data collection for evaluation involves gathering data on outcomes. Quantitative and quantitative methods can be used. Common quantitative evaluation methods and tools include:

- population-based surveys, such as those used in the census
- provider or client interviews and client knowledge, attitude, and behavior (KAB) surveys

Examples of qualitative methods and tools that can be used for evaluation data collection include:

- focus group discussions and their protocols
- observation and use of observation tools to record information on client outcomes

Keep in mind that all evaluation methods used to ascertain whether or not there has been any change must be able to compare pre-intervention with post-intervention data, or people exposed to the intervention with those not exposed. An important step in determining which method (or methods) to use is to link the method to the indicators selected. Some methods will be more appropriate than others, based on what practitioners want to measure and the change being promoted. A number of examples are on pages 28–29.

**Advocacy Corner: Tools for Measuring Advocacy Activities (Alliance 2010)**

Common advocacy evaluation methods include:

- stakeholder surveys or interviews – print, telephone or online questioning of stakeholders
- case studies – detailed descriptions and analyses of advocacy strategies and results
- focus groups – facilitated discussions with advocacy stakeholders
- media tracking – counts of an issue’s coverage in print, broadcast or electronic media
- media content or framing analysis – qualitative analysis of the media response to an issue
- participant observation – evaluator observation to gain firsthand experience and data
- policy tracking – monitoring of an issue or bill’s progress in the policy process
- secondary data analysis – accessing and analyzing data from outside sources.

**Social Mobilization Corner: Outcome Mapping for Social Mobilization**

Outcome mapping offers an evaluation alternative for projects where achievements are difficult to measure using traditional quantitative methods and require the deeper insights of a qualitative, contextualized story of the development process.

Outcome mapping typically focuses on assessing changes in a target audience’s relationships, behaviors or activities called outcomes. Through Outcome Mapping development programs can claim contributions to the achievement of outcomes rather than claiming the achievement of development impacts (IDRC 2002). Outcome mapping concentrates on monitoring and evaluating its results in terms of the influence of the program on the roles these partners play in development.

Outcome Mapping is usually initiated through a participatory workshop led by an internal or external facilitator who is familiar with the methodology. Outcome Mapping helps a program be specific about the actors it targets, the changes it expects to see, and the strategies it employs and, as a result, be more effective in terms of the results it achieves.

**CHECKLIST: Designing M&E Tools**

M&E tools may be administered by program staff, or program participants or clients may fill in survey answers and self-administer the tool. (The names of tools don't matter as much as a common understanding of their characteristics and how each one should be used.)

The checklist below indicates the key elements involved in designing good M&E tools:

- Program staff, clients, and others who will use the tools were involved in the design.
- Tools are as simple and clear as possible. They are concise and collect only information that will be used.
- Tools were pretested to ensure that program staff can easily administer them to clients. Participants or clients were involved in pretesting self-administered tools, and their feedback on reading levels, cultural appropriateness, and problematic wording was taken into account. Finalized tools respect the privacy and confidentiality of participants or clients.
- Tools were explained to program staff, who understand the reasons for collecting the data and can communicate them clearly to participants or clients.
- Program staff are 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 data collection.

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

<b>Monitoring</b>		
<b>Sample Output Monitoring Indicators</b>	<b>Possible Quantitative Methods &amp; Tools</b>	<b>Possible Qualitative Method &amp; Tools</b>
Number of people trained as peer educators	Method: Count the number of people who attend each training.	<i>Note: If the indicator measures numbers and percentages, qualitative methods cannot be used. Qualitative methods are used to examine the quality of the activities counted, as in the examples below.</i>
	Tool: Training attendance sheet	
Number of people receiving literature	Method: Count the number of pamphlets that outreach workers hand out each day.	
	Tool: Outreach worker log	
Estimated number of people reached by radio	Method: Capture approximate reach of radio campaign from data provided by radio stations.	
	Tool: Radio campaign documentation form	
<b>Sample Process Monitoring Indicators</b>	<b>Possible Quantitative Methods &amp; Tools</b>	<b>Possible Qualitative Methods &amp; Tools</b>
Radio spots are clearly understood by target population.	Method: Survey the population and ask them what the radio spots mean.	Method: Focus group discussions and/or in-depth interviews
	Tool: Communication campaign survey	Tool: Protocols for focus group discussion and in-depth interview
Peer educators are able to provide accurate information six months after training.	Method: Administer a six-month post-training survey on knowledge and messages.	Method: Observation of peer educators; periodic interviews conducted with members of the target population
	Tool: Peer educator questionnaire	Tool: Supervisory notebook, observation form, and/or interview protocols
Key community leaders and gatekeepers are involved.	Method: Count the number of leaders and gatekeepers who attend meetings and program activities.	Method: Key informant interviews with gatekeepers and community leaders
	Tool: Meeting or activity log	Tool: Gatekeeper and community leader interview protocols



<b>Evaluation</b>		
<b>Sample Outcome Indicators</b>	<b>Possible Quantitative Methods &amp; Tools</b>	<b>Possible Qualitative Methods &amp; Tools</b>
Number of young women ages 15–19 who have talked with a peer educator about transactional sex	Method: Compare data to program targets, based on reports from peer educators and women.	Method: Conduct in-depth interviews or focus group discussions with young women about their experiences with peer educators.
	Tool: Peer educator reporting form; questionnaire for young women	Tool: Focus group discussion protocols; in-depth interview protocols
Percentage of young women who correctly identify a radio slogan related to transactional sex	Method: Conduct a follow-up, population-based survey and compare data to program targets.	Method: Conduct in-depth interviews or focus group discussions on what the women understand from the messages.
	Tool: Questionnaire for young women	Tool: Focus group discussion protocols; in-depth interview protocols
Percentage of young women who believe transactional sex is a safe way to earn a living	Method: Conduct a population-based survey at baseline and follow-up, then compare baseline to follow-up. Alternatively, compare those exposed and not exposed to the intervention.	Method: Conduct in-depth interviews or focus group discussions about what the women believe and how these beliefs may have changed over time.
	Tool: Questionnaire for young women	Tool: Focus group discussion protocols; in-depth interview protocols

**WORKSHEET: Putting It All Together—Scenarios**

**Directions:** Fill out the table below for each scenario listed.

<b>A SMART Objective:</b>		
Indicator 1:	Indicator 2:	Indicator 3:
Methodology:	Methodology:	Methodology:
Tools:	Tools:	Tools:

**Project A**

In country X, your NGO has been asked to create an SBCC program focused on injection drug users (IDUs). The recent bio-behavioral surveillance survey found that HIV infection among injecting drug users (IDUs) is 4 percent. Your program plans to start a peer education program to promote condom use in detoxification camps.

**Project B**

In country XX, your NGO is going to start up an SBCC program focused on sex workers. Currently, there are many programs in that country for sex workers that focus on condom promotion through peer education. Some preliminary evaluation research found that a large number of sex workers are unable to access condoms in establishments. Your program plans to start a program that complements others to increase support for a policy requiring condoms to be available within sex-work establishments.

**Project C**

An NGO in country Y conducted an SBCC formative assessment on three groups considered at high risk of HIV infection. One was long-distance truck drivers, a group said to experience high HIV prevalence. The SBCC assessment revealed that truck drivers' knowledge of HIV and AIDS is low, as is their perception of their own HIV risk. The NGO now intends to start an SBCC program that targets truck drivers.

**Project D**

An NGO in country YY conducted an SBCC formative assessment on out-of-school youth, a group considered at high risk of HIV infection. The assessment revealed that members of this group tend to have multiple sexual partners. In addition, their knowledge of HIV and AIDS and perception of their own HIV risk are both low. The NGO intends to start an SBCC program that targets out-of-school youth.

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

**Directions:** For your program, complete the tables below to develop the M&E methods.

**Monitoring Methods**

Indicators	Quantitative Methods and Tools	Qualitative Methods and Tools

**Evaluation Methods**

Indicators	Quantitative Methods and Tools	Qualitative Methods and Tools

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, session 5, pages 22-23, might help you decide which method meets your data collection needs.

## Module 5, Session 8: M&E Data Quality, Analysis, and Interpretation

Once SBCC practitioners have defined the use and users of their M&E data, set SMART objectives and selected indicators, and decided on methods and tools, they are ready to:

- ensure the quality of the data
- analyze the data
- interpret the findings to feed back into planning or replanning

**Data quality:** The data that are collected are meaningful only if they are of the highest possible quality. There are many ways to ensure this; most rely on good planning and supervision. The checklist on page 29 offers tips on how to ensure data quality. Once high-quality data are ensured, the analysis can begin.

**Analysis:** Data collected are reviewed to see if they provide answers to the M&E questions developed in the planning phase. (For example, a monitoring question may ask how many focus group discussions were held with young women, based on a target of 10 set by the program.) Monitoring data are also analyzed to determine progress. How this is analyzed will depend on the type of data collected, i.e., quantitative data and/or qualitative data. For each type of data, different analysis techniques will apply. An example of a data analysis plan is provided later in the session.

The following tips may be helpful when analyzing qualitative and quantitative data.

### Qualitative data analysis

- Review the information thoroughly.
- Categorize the information into groups or themes.
- Determine if there are any patterns in the data.

### Quantitative data analysis

- Sometimes counting the numbers manually is all that is needed, especially if there is not a lot of data.
- With a larger amount of data, a computer database or spreadsheet can make analysis more accurate.
- Data entry on the computer should be done with accuracy, precision, and cross-checks.
- Once the data are entered in the computer, a simple analysis can be performed (sum/division), along with determinations of frequency. If more advanced procedures are required for the analysis, more advanced skills and software may be needed.

### Interpretation of data

This is the next step to help answer M&E questions developed in the planning phase. If the analysis finds that a program achieved only 10 percent of its target, the task is to figure out why. The checklist on page 29 has tips for interpreting these data. There is also a quick data interpretation exercise at the end of this session. Interpretation is essential for the last part of Step 5: *Replanning*.

**CHECKLIST: Data Quality**

**Directions:** This checklist can be used to ensure high-quality data when planning and setting up data collection, entering data into computer programs, and analyzing findings.

**Setting Up SBCC Programs For High-Quality Data**

- Developed clear goals, objectives, indicators, and evaluation research questions
- Have a detailed plan for data collection and analysis (e.g., who, when, how)
- Pretested methods and tools
- Trained staff in data collection for M&E
- Created ownership and belief in data collection among responsible staff
- Incorporated data quality checks at all stages
- Supervised the work: Reviewed all forms for completeness, checked that all answers are clearly written and consistent; checked that all figures are tallied correctly.
- Took steps to correct errors right away
- Documented any changes and improved the data collection system, as necessary
- Other: \_\_\_\_\_

**Checking for Common Errors in Data Entry**

- Checked for typing mistakes and transposition (e.g., 39 entered as 93).
- Checked for copying errors (e.g., 1 entered as 7 or 0 entered as the letter O).
- Checked for coding errors (e.g., interview subject circled 1, meaning yes, but the coder copied 2, meaning no).
- Checked for routing errors (e.g., a number was placed in the wrong part of a form or the wrong order).
- Checked for contradictory responses and consistency errors on the same questionnaire (e.g. birth date and age).
- Checked for range errors (e.g., numbers that lie outside the range of probable or possible values).

**Addressing Mistakes or Inconsistencies**

- Determined the source of the error.
- Resolved the error in the office if it arose from a data coding or entry error.
- Considered asking for correction or verification from field staff if the entry was unclear, missing, or otherwise suspicious.

**WORKSHEET: Data Quality Scenarios**

**Directions:** The scenarios below are similar, but each of them is missing one key element of quality assurance. As you review them, discuss your answers to the following questions:

- At what point(s) did something go wrong in maintaining data quality?
- What was missing? What could have been in place to avoid the problem?

**Background for all scenarios:** Your NGO is developing a comprehensive voluntary counseling and testing (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 services. You are the M&E officer responsible for monitoring the quality of this program, and 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 findings. Training was conducted for data collectors and their supervisors. 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 program start-up, staff and beneficiaries developed clear program goals and objectives, as well as measurable indicators and questions 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. Periodic refresher trainings were budgeted for later in the year to respond to possible changes in the data collection tools. Staff responsible for collecting the data were 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 a key element of ensuring data quality was missing in their process. Can you identify what step may have been missing?

**Scenario #3:** Before program start-up, staff and beneficiaries developed clear program goals and objectives, as well as measurable indicators and questions to be answered by the monitoring system. Staff developed and pretested their monitoring tools in the field, adjusted them according to their findings, and gave them to the staff responsible for data collection. Staff responsible for collecting the data were 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 about exactly how to use the different tools in the field. Staff felt that a key element of ensuring data quality was missing. Can you identify what step may have been missing?

**EXAMPLE: Simplified Data Analysis Plan**

The table with examples of M&E questions to be answered shows how they are linked to relevant indicators and targets, data collection methods and tools, and corresponding data analysis techniques. A full data analysis plan would include a timeline for analysis and information on who will receive the results.

	<b>M&amp;E Questions (Session 4)</b>	<b>Indicators and Targets (Session 5)</b>	<b>Data Methods and Tools (Session 7)</b>	<b>Data Analysis Techniques (Session 6)</b>
<b>Monitoring</b>	Were the number of trainings completed according to plans?	<ul style="list-style-type: none"> <li>Number of trainings completed: 5</li> </ul>	<ul style="list-style-type: none"> <li>Training log used for counting</li> </ul>	<ul style="list-style-type: none"> <li>Compare actual performance against targets: quantitative analysis</li> </ul>
	Is the target population being adequately reached?	<ul style="list-style-type: none"> <li>Number of MSM reached: 500 per month</li> </ul>	<ul style="list-style-type: none"> <li>Counselor hotline documentation form used for counting</li> </ul>	<ul style="list-style-type: none"> <li>Compare actual number of hotline callers against targets: quantitative analysis</li> </ul>
	Are hotline counselors delivering scripted messages on how to talk about and negotiate condom use with partners?	<ul style="list-style-type: none"> <li>Percentage of counselors who utilize scripted messages on hotline calls</li> </ul>	<ul style="list-style-type: none"> <li>A sample of hotline calls monitored by supervisors and use of a hotline supervisory monitoring form</li> </ul>	<ul style="list-style-type: none"> <li>Compare hotline counselor messages with those in script: qualitative analysis</li> </ul>
<b>Evaluation</b>	Did the target population become more knowledgeable about how to talk about and negotiate condom use with partners?	<ul style="list-style-type: none"> <li>Percentage of MSM who are knowledgeable about how to negotiate condom use with partners; XX percent at baseline; YY percent at endline</li> </ul>	<ul style="list-style-type: none"> <li>Focus group discussions with MSM— those exposed versus not exposed to a hotline message</li> </ul>	<ul style="list-style-type: none"> <li>Compare responses of focus group participants exposed to a hotline message versus unexposed: qualitative analysis</li> </ul>
	Did the target population become more confident about how to negotiate condom use with partners?	<ul style="list-style-type: none"> <li>Percentage of MSM who are confident about negotiating condom use with partners; XX percent at baseline; YY percent at endline</li> </ul>	<ul style="list-style-type: none"> <li>Structured interview with MSM hotline participants before and after counseling</li> </ul>	<ul style="list-style-type: none"> <li>Compare interview responses before and after counseling: quantitative analysis</li> </ul>

**WORKSHEET: Your Simplified Data Analysis Plan**

**Directions:** Fill in this grid, modeled on the example on the previous page. You have completed some of the columns already.

	M&E Questions to be Answered (Session 4)	Indicators and Targets (Session 5)	Data Methods and Tools (Session 7)	Data Analysis Techniques (Session 6)
Monitoring				
Evaluation				

Analyses of outcome data are most useful when done hand-in-hand with analyses of monitoring data.

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



**ACTIVITY: Data Interpretation and Presentation Exercise**

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 men at high risk of HIV that includes STI diagnosis and management, condom distribution, and behavior change support through peer educators. Two hypothetical M&E data sets emerged from two different programs over two years. Look at the data below and think about what they convey. What information might interest a donor? What might interest a community member?

<b>Implementing Agency 1</b>		
<b>Indicator</b>	<b>Year 1</b>	<b>Year 2</b>
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 months or more	50%	30%
Percentage who know that having more than one sex partner during the same time period increases HIV risk	25%	40%
Percentage 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

<b>Implementing Agency 2</b>		
<b>Indicator</b>	<b>Year 1</b>	<b>Year 2</b>
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 six months or more	85%	80%
Percentage who know that having more than one sex partner in a given time period increases HIV risk	25%	80%
Percentage 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

## Module 5, Session 9: Developing an M&E Plan

At this point in the course, all the essential elements for the M&E plan have been covered. The plan developed can be a stand-alone document or it can be a subset of the program's workplan. Either way, the plan provides guidance on planned M&E activities—for program managers, M&E team members, and all stakeholders.

### Why develop an M&E workplan?

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

Now it is time to refine and synthesize into one document—the M&E Plan—the work completed so far in Step 5.

### Steps in developing an M&E plan

- Develop a description of the SBCC program.
- Outline the workplan activities and communication objectives, ensuring objectives are SMART.
- Identify roles and responsibilities of staff, volunteers, or others for developing the monitoring plan, data collection, analysis, and report writing.
- Develop M&E questions that need to be answered.
- Select indicators and develop realistic targets.
- Develop a communication log frame linking the theory of change (Module 1) to inputs and process, output, and outcome indicators.
- Determine data management, reporting, and use:
  - Decide on methods for data collection.
  - Decide what existing data collection tools will be used or developed.
  - Design data flow and quality assurance systems.
  - Develop a timetable for data collection, analysis, and reporting.
  - Develop a data analysis plan.
  - Plan for dissemination, use of results, and replanning.
- Develop an M&E matrix:
  - List workplan activities and communication objectives.
  - List M&E questions by workplan activity and objectives.
  - List indicators linked to M&E questions, evaluation methods, and tools.
  - Determine the frequency of data collection.

**WORKSHEET: M&E Plan Template**

**M&E Plan for:** \_\_\_\_\_

Date of this draft: \_\_\_\_\_

Name: \_\_\_\_\_

1. **Description of Program** (Provide a brief overview of the program to be monitored.)
2. **Workplan Activities and SMART Objectives** (List all workplan activities and communication objectives that will be monitored to evaluate the program.)
3. **Communication Log Frame**

Inputs	Process Indicators	Output Indicators	Outcome Indicators

4. **Responsibility and Roles** (Assign who will be responsible 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.)
5. **Data Flow** (Provide information on the flow of data from collection to analysis. From what person or organization will the data start, where will the data go next, and what is the final destination.)
6. **Data Analysis Plan** (See session 8.)
7. **How Data Will be Used**
8. **Time Table** (Provide information on each step of the process and how long each will take.)
9. **M&E Plan Matrix** (Summarize all the information so far in the table on page 36 for quick reference.)

<b>Objectives</b> (Module 2 and Module 5, session 3)	<b>M&amp;E Questions</b> (Module 5, session 3)	<b>Indicators/Targets</b> (Module 5, session 4)	<b>Program Evaluation                      Method/Tools</b> (Module 5, session 7)	<b>Frequency</b>

## Module 5, Session 10: Using Data for Replanning

At this point, M&E activities have been conducted and data analyzed and interpreted. Now the task is to see if the results can be used to improve the SBCC program. This is a critical point in M&E efforts. After all this work, findings should be used! M&E data can be shared in any number of ways to benefit the current program, future programs, and the lives of program beneficiaries. Once analyzed and interpreted, the results should reach those who can make good use of them and be shared.

The **monitoring data** can inform practitioners about how well they implemented the program and provide reasons why it may have gone off course. These findings can be used to:

- modify approaches to serving the intended audience(s)
- increase access to program activities and services
- improve program delivery and reallocation of resources

Understanding the adequacy of staffing patterns and resource allocation can provide useful information for current and future SBCC planning.

The **evaluation data** convey an idea of whether the program was effective and how well it addressed barriers to social and behavior change.

- If there have been no changes in any identified barriers, the wrong ones may have been chosen. The barriers identified in Step 2 (Module 2, session 3, page 20) may need to be revisited.
- If no targets have been reached, Step 1 may need to be revisited. The wrong strategy (BCC, social mobilization, advocacy) have been used, the wrong barriers identified, and more research may need to be conducted with the target population.
- If there are static results (where change was achieved quickly but not maintained), a new communication strategy may need to be considered.
- If the entire target population is being reached but only one group within it is changing, there may be a need to review how well the communication material appeals to other sub-populations or groups.

Remember, replanning is about asking questions to determine what the data means. Once an issue is identified, one of the first steps is to ask why it is an issue. This can be investigated through small group discussions or questionnaires with stakeholders and implementers. Once practitioners figure out why things are happening, they can start to replan.

**EXAMPLE: Replanning of Project Connect**

Audience Segmentation	<ul style="list-style-type: none"> <li>• Male and female youth in secondary schools</li> <li>• School administrators of secondary schools</li> </ul>
Desired Changes	<ul style="list-style-type: none"> <li>• Increased self-efficacy in condom negotiation</li> <li>• Increased knowledge of where to access condoms</li> <li>• Increased HIV risk perception relating to engaging in sex without a condom</li> <li>• Implemented school policies related to condom information</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Lack of skills to negotiate condom use</li> <li>• Lack of knowledge on condom availability</li> <li>• Low risk perception of HIV infection</li> <li>• Lack of school policies around disseminating information on condom use</li> </ul>
Communication Objectives	<ul style="list-style-type: none"> <li>• By the end of the program, there will be a 30 percent increase in the number of male and female youth in secondary schools who report increased skills in condom negotiation.</li> <li>• By the end of the program, there will be a 40 percent increase in the number of male and female youth in secondary schools who know where to access condoms.</li> <li>• By the end of the program, there will be a 40 percent increase in the number of male and female youth in secondary schools who perceive themselves at risk for HIV when engaging in sex without a condom.</li> <li>• By the end of the program, three policies on providing information on condoms will be implemented in schools.</li> </ul>
Channels, Activities, and Materials	<ul style="list-style-type: none"> <li>• Peer education program with interactive sessions for male and female youth in secondary schools</li> <li>• Advocacy campaign to school administrators</li> </ul>

After two years of implementing the program, M&E findings by Project Connect were as follows:

Indicator	Monitoring	Target
Number of peer educators trained	20	20
Number of interactive sessions conducted with youth in secondary schools	60	80
Percentage of youth in secondary schools participating in sessions	50%	80%
Percentage of school administrators participating in the project	100%	60%

These monitoring results show that program met its target on the number of trained peer educators, but did not meet targets relating to the percentage of youth participating in sessions and how many sessions were interactive.

**Replanning with Monitoring Data**

The program investigated the reason for not achieving the target for interactive sessions and did a little more research to answer the following questions:

- Were sessions not held according to the implementation plan because of timing issues? Did the peer educators have enough time to do the targeted number of sessions? Were there any competing activities? Was the target too ambitious?
- Were students not attending the sessions because of other competing activities, lack of interest in the content or format, or other reasons?

Answers to these questions may allow the program to replan activities and achieve goals in the years that remain.

After three years of program implementation, Project Connect reviewed the following evaluation findings:

Indicator	Baseline	Endline	Target
Condom use at last sex	40%	45%	60%
Self-efficacy for negotiating condom use	30%	40%	60%
Knowledge about places to obtain condoms	40%	60%	80%
Perceived risk of becoming infected with HIV	25%	40%	65%
Policy changes related to providing information about condoms in the schools	0	1	3

Evaluation results showed that targets were not met for all outcome indicators. Stakeholders concluded that this could have been due to either the limitations of program delivery, the limitations of the communication strategy and the barriers addressed, or both.

**Replanning with Evaluation Data**

With these findings, stakeholders considered the following actions to replan the SBCC program:

- Review the appropriateness of program strategies (peer education program and advocacy to school administrators) and perhaps redesign and implement enhanced outreach strategies.
- Redesign the communication strategy to include a community mobilization program to involve additional audiences, such as parents and religious and community leaders.
- Conduct more research with youth to obtain feedback on existing interventions and explore other barriers that may be inhibiting condom use and social norms.

**WORKSHEET: Replanning Exercise**

The goal of this exercise is to review the results of a hypothetical SBCC program, interpret these data, and determine how the program can replan its activities. There is no specific way to replan. It depends on both the creativity of program stakeholders and the human and fiscal resources available to conduct replanning activities.

**Directions:** Discuss how M&E data could be used for replanning by reviewing the four scenarios below and answering these questions:

- At what point(s) did something go wrong in the program?
- What should the project do now in replanning? Are there implementation issues such as timing and sequencing (Step 4 of C-Planning)? Or are the problems more fundamental, such as misidentified barriers or inappropriate strategies, materials, and audiences (Steps 1–3)?

**Background for scenarios 1–4** (hypothetical activities)

**Goal:** The project goal is to contribute to an increase in the use of modern contraceptive methods (MCMs) in X district among female university students

Audience Segmentation	<ul style="list-style-type: none"> <li>• Female students at universities in Albania</li> <li>• Journalists who write or broadcast on health issues at the national level in Albania</li> </ul>
Desired Changes	<ul style="list-style-type: none"> <li>• Reduce fears and misconceptions as barriers to the use of MCMs among women of reproductive age</li> <li>• Increase the use of modern methods of contraception among women of reproductive age</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Persistent misconceptions and fears about MCMs; use of a traditional method (withdrawal) by a majority of Albanians</li> </ul>
Communication Objectives	<ul style="list-style-type: none"> <li>• By the end of the program, there will be an increase in the number of university students who have learned about MCMs and the benefits of their use.</li> <li>• By the end of the program, there will be an increase in the number of young women who discuss MCMs with their partners.</li> <li>• By the end of the program, there will be reduced fear and misconception about the use of MCMs among women of reproductive age and men ages 18–35—from 84 percent in 2002 to 47 percent by 2010.</li> <li>• By the end of the program, there will be an increase in the number of editors of prominent print publications who consider FP and RH a topic worth reporting within their coverage of politics, health, sports, culture, and other topics.</li> </ul>
Channels, Activities, and Materials	<ul style="list-style-type: none"> <li>• Interactive peer education sessions for female university students</li> <li>• Training and mentoring of journalists, editors, producers, and other media personnel on family planning</li> </ul>

**Scenario 1:** After one year of implementation, the program noticed that it is reaching the targeted number of peer educators trained, but not the number of interactive sessions. There are 20 peer educators, but only 60 interactive sessions have been conducted in the past year, instead of 80 planned. The number of participants in the sessions is also less than targeted—60 percent instead of 80 percent. What should the implementers think about doing to increase the session attendance rate during the last two years of the program? Try to formulate some guiding questions for the implementers.



**Scenario 2:** After one year, program implementers noted that journalists were involved and attending all trainings and these targets had been reached, but editors and producers who make decisions about media coverage were not participating in the program. What changes should be made with two more years to go for the program?

**Scenario 3:** After implementing the program for two years, the midline data revealed that fears and misconceptions around the use of MCMs were reduced, but women were not accessing and using them. With two more years to go in the program, what should the implementers consider doing to encourage women to use MCMs?

**Scenario 4:** After collecting and analyzing evaluation data, it is clear that the program did not meet any of its outcome indicators and targets. Though monitoring indicators and targets were achieved and the program was implemented as planned, its activities did not influence the outcome indicators. What should implementers consider for the program's replanning strategy?

## Module 5, Optional Closing: The Challenges and Possibilities of Monitoring and Evaluation

Many different aspects of M&E have been examined in Step 5, together with some challenges inherent in applying M&E to SBCC programs. Experience shows that challenges can be overcome and rewards great. Some M&E challenges and lessons learned are summarized below.

**Challenge: A rigorous study design requires a comparison or control group.**

Finding a group comparable to the study group may be a challenge, and collecting data among two populations is costly. In addition, the control or comparison group may have been exposed to the SBCC intervention, since these often have considerable geographic reach. It may also be unethical to withhold the interventions from the control population while collecting data on them.

**How the challenge can be addressed:** Matching can be a real challenge for field programs. One way to meet it is to identify a community near enough to the SBCC program to make data collection cost-effective, but beyond the reach of its interventions and personal connections to the control group. (Further details are provided when addressing the next challenge). While the randomized control trials that evaluate the effectiveness of medical treatment or technologies cannot be applied to SBCC programs, they can make use of random sampling principles for their evaluations.

**Challenge: The project's effects must be separated from those of other projects working with the same audiences or in the same geographic area (attribution).**

Many times, multiple programs operate in a community at various levels, and they are not always aligned in what they communicate. The challenge for practitioners is to measure the effect of their own programs in the midst of all the “noise” from the different interventions.

**How the challenge can be addressed:** Methodologies are available to communication programs that allow them to predict what would have happened without the intervention and attribute change with confidence. Propensity score matching (PSM) is one methodology used to evaluate exposure to programs. It attempts to predict what would have happened without the intervention by attempting to reduce the effect of confounding co-variables (variables that may influence the response or change). Instead of matching groups on one variable, PSM predicts the probability of group membership (e.g., a treatment versus a control group), based on several observed predictors. Usually, a logistical regression is run to create a counterfactual group— or a control group used to measure what would have happened in the absence of the intervention. PSM was used to evaluate the *Tsha Tsha* radio series in South Africa, and the report has detailed information on its use to form the control group (Gavshon, Jammy, and Parker 2005, 18).

**Challenge: There is a need to conduct panel or longitudinal studies for data collection over time.**

Any evaluation of the outcomes and effects of a program need to have data collected over time—before the program launches interventions and at different times over its duration. The challenge is to use the same methodology a second and third time.

**How the challenge can be addressed:** Programs can use panel or longitudinal studies to observe and evaluate changes in the population through repeat observations over time. A cohort study is one type of longitudinal study. Using a cohort sample, the same people are studied at certain intervals over time. If it is difficult to find the same people to participate in the research over a period, a program can use panel studies, another form of longitudinal study. For these, a cross-section of the same population—potentially different people—are studied at intervals over time. This is the method used by Demographic Health Surveys. C-Change Albania used a panel study to evaluate its promotion of modern family planning.

**Challenge: The program does not have enough staff who are trained in M&E.**

Many organizations do not have trained staff who can conduct an evaluation, including staff with skills and training in evaluation design, quantitative and qualitative data-collection methods, data analysis, reporting, and dissemination.

**How the challenge can be addressed:** Programs lacking qualified staff to oversee and manage the evaluation process may find it is best to hire local consultants as their evaluation team. The risk of bias that ‘insiders’ bring to M&E needs to be considered, along with the need for honest feedback and answers. Managers are responsible for ensuring that data are gathered in a neutral setting and that staff have sufficient M&E skills. Their capacity can be strengthened through M&E trainings, which are available online and from WHO, UNAIDS, and other funders.

**Challenge: The program’s financial resources are insufficient for M&E.**

In the face of many pressing priorities, many NGOs feel they cannot spare or raise the extra money for M&E.

**How the challenge can be addressed:** With concurrence from funders, a program should commit at least 10 percent of its funding to M&E. Another option is to ask the funder to carry out the external evaluation; another is to pool M&E resources with a sister organization in the same area. By working together, programs may be able to pull together enough funding, staff, and resources to develop and conduct a rigorous evaluation.

These challenges are real and have no simple solutions. The strategies and solutions outlined are only a few options. It is a good idea for practitioners to explore how other programs have overcome evaluation challenges and what resources and information they used to do so. A relatively small investment may produce great insights, including into what works and could work better.

**Theory Corner:**

Socio-ecological models integrate multiple levels of influence on health behaviors and norms and are noted for emphasizing the interdependence of environmental settings and actual life experiences of people. However, trying to develop more complex programs to affect social and behavioral change also increases the complexity of the indicators measuring the different influences on the assumed change. This last module of the *C-Modules* aimed to help programs monitor, evaluate, and check to see if their theory-based assumptions have come true and to keep trying and searching if they haven’t.

## Additional Readings

These references provide additional information for SBCC practitioners. 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/c-change-orc>. Graphics in the *C-Modules* can be accessed online, expanded, and shown to participants on a large poster board or through a PowerPoint presentation.

### Background Reading

Topic	Item
SBCC	<b><i>Monitoring HIV/AIDS Programs: A Facilitator's Training Guide and Participant Resources.</i></b> Designed to build skills for conducting M&E activities with three core modules that anchor the course: Introduction to M&E; Collecting, Analyzing and Using Monitoring Data; and Developing an M&E Workplan. The course features seven program-specific modules, including one on behavior change communication.
Advocacy and/or Social Mobilization	<b><i>Monitoring and Evaluating Advocacy: A Scoping Study.</i></b> 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	<b><i>Horizons Operations Research on HIV/AIDS Toolkit (Population Council).</i></b> Contains an online toolkit: tools and information needed to design a successful operations research study related to HIV prevention, from developing the research protocol to analyzing and reporting results.
	<b><i>Qualitative Methods: A Field Guide for Applied Research in Sexual and Reproductive Health.</i></b> Covers theory, research design and methodology, data collection, data analysis, report writing, and research dissemination. A practical, hands-on guide designed for social scientists, public health specialists, and research teams interested in using qualitative methods to study sexual and reproductive health.
Gender	<b><i>Measuring Attitudes toward Gender Norms among Young Men in Brazil: Development and Psychometric Evaluation of the GEM Scale.</i></b> Describes the development and psychometric evaluation of the Gender-Equitable Men (GEM) Scale, a 24-item scale used to measure attitudes toward gender norms among young men.

### Existing Curricula/Training Materials

***Training in Qualitative Research Methods: Building the Capacity of PVOs, NGOs, and MOH Partners.*** Developed as a training manual for an eight-day training workshop to help PVOs improve their qualitative research and make informed programming decisions for child survival projects.

## References Cited

Alliance. 2010. *Measuring up: A guide for learners*.

Cohen, Larry, V. Chavez, and S. Chehimi. 2010. *Prevention is primary, strategies for community well-being*. San Francisco: Society for Public Health Education.

Davies, Rick, and Jess Dart. 2005. *The 'most significant change' (MSC) technique: A guide to its use*. Version 1. N.p.: The authors.

Gavshon, Harriet, David Jammy, and Warren Parker. 2005. *Tsha Tsha: Key findings of the evaluation of episodes 1–26*. Baltimore: CADRE and Centre for AIDS Development, Research and Evaluation, John Hopkins University Bloomberg School of Public Health, Center for Communication Programs.

Kubisch, Anne, Patricia Auspos, Prudence Brown, and Tom Dewar. 2002. *Voices from the field II: Reflections on comprehensive community change*. Washington, DC: Aspen Institute.

## Credits for Graphics

### Where Research Fits into SBCC (page 3)

Health Communication Partnership. 2003. *The new P-Process: Steps in strategic communication*. Baltimore: Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, Health Communication Partnership.

McKee, Neill, Erma Manoncourt, Chin Saik Yoon, and Rachel Carnegie, eds. 2000. *Involving people, evolving behavior*. New York: UNICEF; Penang: Southbound.

Parker, Warren, Lynn Dalrymple, and Emma Durden. 1998. *Communicating beyond AIDS awareness: A manual for South Africa*. 1st ed. Auckland Park, South Africa: Beyond Awareness Consortium.

Academy for Educational Development (AED). 1995. *A tool box for building health communication capacity*. SARA Project, Social Development Division. Washington: AED.

National Cancer Institute. 1989. *Making health communications work: A planner's guide*. Rockville, Md.: U.S. Department of Health and Human Services.