



MONITORING AND EVALUATION FOR NATIONAL PROGRAM PLANNING AND MANAGEMENT

TRAINING SLIDES
MARCH 2008



Training Slides:

Introduction

Monitoring and Evaluation for National Program Planning and Management

Training Objectives

- ❖ By the end of the training, participants will be able to:
 - ▲ Define common monitoring and evaluation(M&E) terms
 - ▲ Describe the use of M&E data for program planning and management
 - ▲ Develop the ability to participate in and provide leadership for M&E activities as standard components of participants' programs
 - ▲ Identify M&E technical assistance and training needs

Who Is in the Room?

Introduction - 3

Training Slides:

Module 1

Module 1: What Is M&E?

What Is M&E?

- ❖ Monitoring:
 - ▲ The *ongoing* collection of information about the activities and operation of a program
 - ▲ This information is used to determine what the program is actually doing and whether activities are being implemented as intended

What Is M&E?, Cont.

- ❖ Evaluation:
 - ▲ The *periodic* collection of information about the activities, characteristics, and outcomes of programs in order to make judgments, improve effectiveness, and/or identify lessons learned

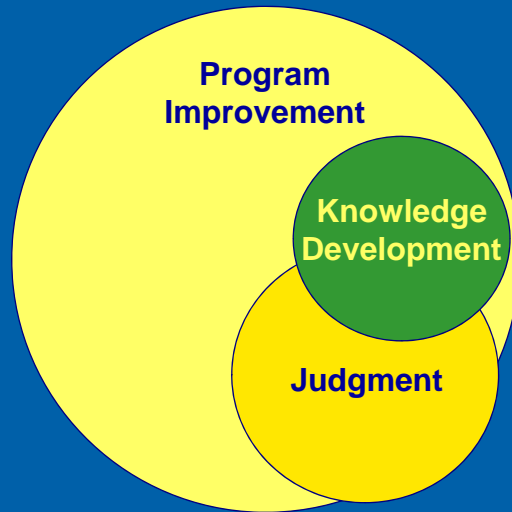
Module 1 - 3

Why Is M&E Conducted?

- ❖ Judgment (accountability)
- ❖ Program improvement
- ❖ Knowledge development

Module 1 - 4

Training Focus



Module 1 - 5

Other Concepts

- ❖ Academic research
- ❖ Disease surveillance
- ❖ Operations research

Module 1 - 6

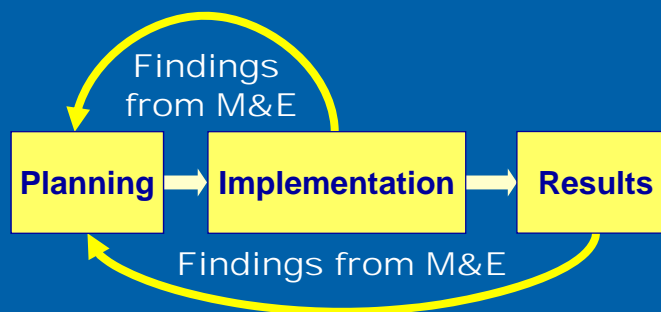
Activity: Your M&E Activities

Directions

- ❖ This activity may be done individually or in a small group
- ❖ For the program you currently work on (or a previous program), think about activities that could be classified as monitoring or evaluation
- ❖ Write these examples in Table 1.1 in the participant manual

Module 1 - 7

How Planning, Implementation, and Outcomes Are Related



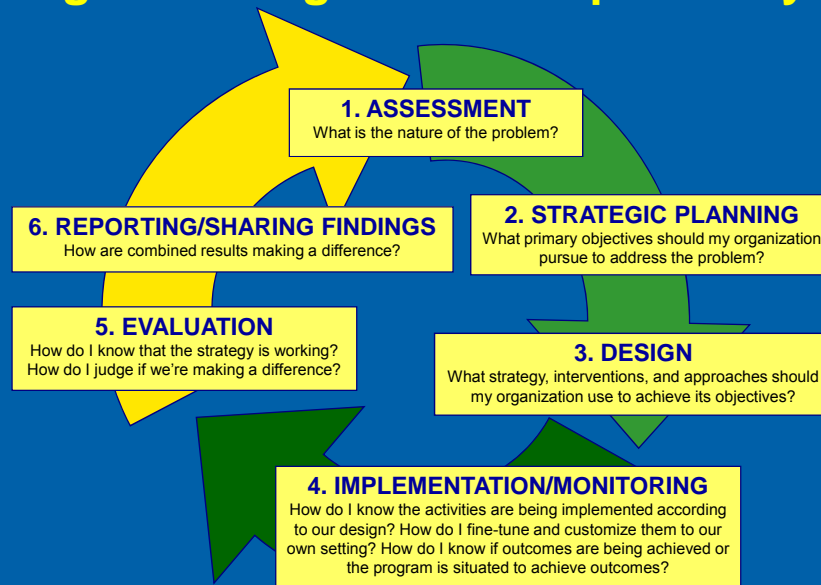
Module 1 - 8

Discussion

In your experience, what are some things that might change or are changing in your program that might affect your M&E approach?

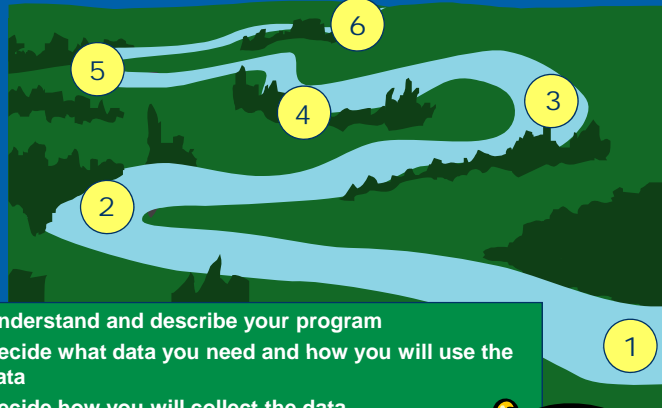
Module 1 - 9

Integrated Program Development Cycle



Module 1 - 10

The M&E Navigator



1. Understand and describe your program
2. Decide what data you need and how you will use the data
3. Decide how you will collect the data
4. Collect the data
5. Manage and analyze the data
6. Report and use the information



Training Slides:

Module 2

Module 2: Understanding M&E Terms and Models

Using M&E Language

Module 1 - 2

Program Components



Module 2 - 3

Program Components, Cont.

- ❖ Inputs
 - ▲ Resources used in a program, such as money, staff, curricula, and materials
- ❖ Activities
 - ▲ Services that the program provides to accomplish its objectives, such as outreach, materials distribution, counseling sessions, workshops, and training

Module 2 - 4

Program Components, Cont.

- ❖ Outputs
 - ▲ Direct products or deliverables of the program or project, such as intervention sessions completed, people reached, and materials distributed
- ❖ Outcomes
 - ▲ Program results that occur both immediately and some time after the activities are completed, such as changes in knowledge, attitudes, beliefs, skills, behaviors, access, policies, and environmental conditions

Module 2 - 5

Program Components, Cont.

- ❖ Impacts
 - ▲ Long-term results of one or more programs over time, such as changes in HIV infection, morbidity, and mortality

Module 2 - 6

Types of M&E

- ❖ Formative evaluation (assessment and planning):
 - ▲ Collect information and data needed to plan programs and initiatives; these data may describe the needs of the population and the factors that put people at risk, as well as the context, program response, and resources available (financial and human)
 - ▲ Answers questions such as:
 - What are the needs of the population to be reached by the program?
 - How should the program be designed or modified to address the population's needs?
 - What would be the best way to deliver this program?

Module 2 - 7

Types of M&E, Cont.

- ▲ Input/output monitoring:
 - Collects data describing the individuals served, the services provided, and the resources used to deliver those services
- ▲ Answers questions such as:
 - What services were delivered?
 - What population was served, and what numbers were served?
 - What staffing/resources were used?

Module 2 - 8

Types of M&E, Cont.

❖ Process evaluation:

- ▲ Collects detailed data about how the intervention was delivered, differences between the intended population and the population served, and access to the intervention
- ▲ Answers questions such as:
 - Was the intervention implemented as intended?
 - Did the intervention reach the intended audience?
 - What barriers did clients experience in accessing the intervention?

Module 2 - 9

Types of M&E, Cont.

❖ Outcome monitoring:

- ▲ Tracks measures related to desired program outcomes; with national AIDS programs, outcome monitoring is typically conducted through population-based surveys to track whether or not desired outcomes have been reached
- ▲ May also track information directly related to program clients, such as change in knowledge, attitudes, and behavior
- ▲ Answers the question:
 - Did the expected outcomes occur (e.g., increase in condom use, increase in knowledge or change in behavior, increase in clients' use of services)?

Module 2 - 10

Types of M&E, Cont.

- ❖ Outcome evaluation:
 - ▲ Collects data about outcomes before and after the intervention for clients as well as with a similar group that did not participate in the intervention being evaluated
 - ▲ Answers the question:
 - Did the intervention cause the expected outcomes?

Module 2 - 11

Types of M&E, Cont.

- ❖ Impact monitoring and evaluation:
 - ▲ Uses data about HIV infection and other long-term effects at the jurisdictional, regional, and national levels
 - ▲ Answers the question:
 - What long-term effects do interventions have on HIV infection morbidity and mortality?
- ❖ Distinction between impact monitoring and impact evaluation:
 - ▲ An example of impact monitoring is disease surveillance
 - ▲ An example of impact evaluation is the rise or fall of disease incidence/prevalence as a function of AIDS programs

Module 2 - 12

Activity: What Is Your Experience With the Six Types of M&E?

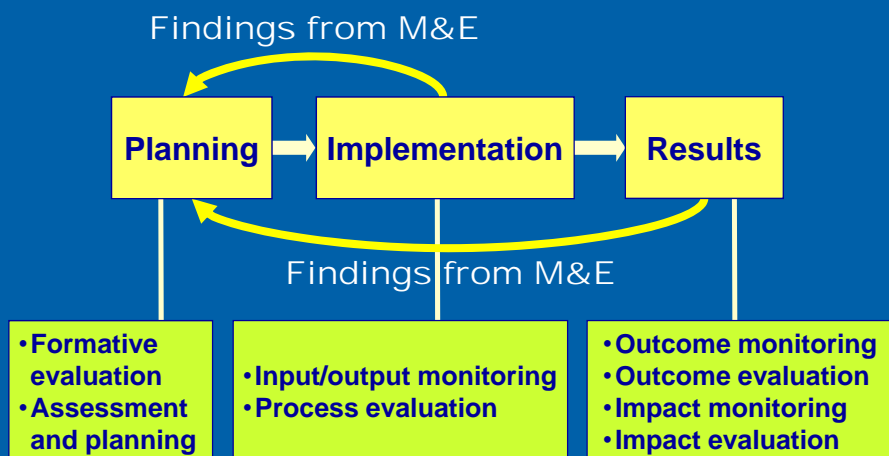
- ❖ Activity 2.1 in the participant manual gives you a chance to think about your experience or the experience of someone else in your group

Directions

- ❖ As a group or individually, add your experience notes to the table
- ❖ Remember that you may not have used the same terms or called the experience M&E

Module 2 - 13

M&E Related to Planning, Implementation, and Results



Module 2 - 14

Activity: What Happens if Information Is Missing?



Directions

- ❖ Work on Activity 2.2 individually or as a group
- ❖ Review the figure above
- ❖ Read the two possible project outcomes described in the participant manual
- ❖ Answer the questions that follow

Module 2 - 15

Activity: Practice Using M&E Terminology

Directions

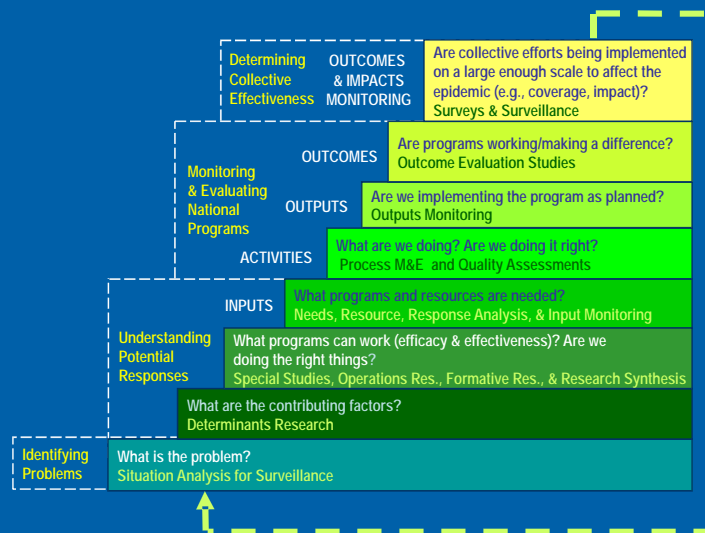
- ❖ Complete Activity 2.3 as a group or individually
- ❖ Read the M&E youth program scenario described in the participant manual
- ❖ For each part of the scenario, write down the type of M&E activity that is being conducted

Module 2 - 16

M&E Models

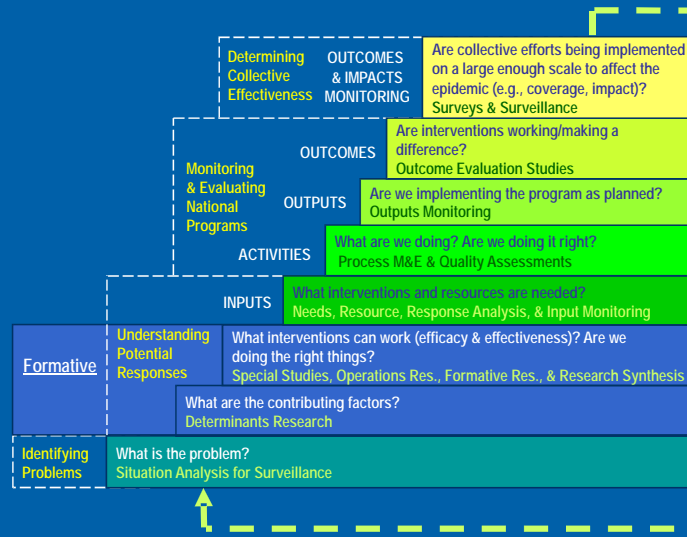
Module 2 - 17

Public Health Questions—An Approach to Unifying M&E



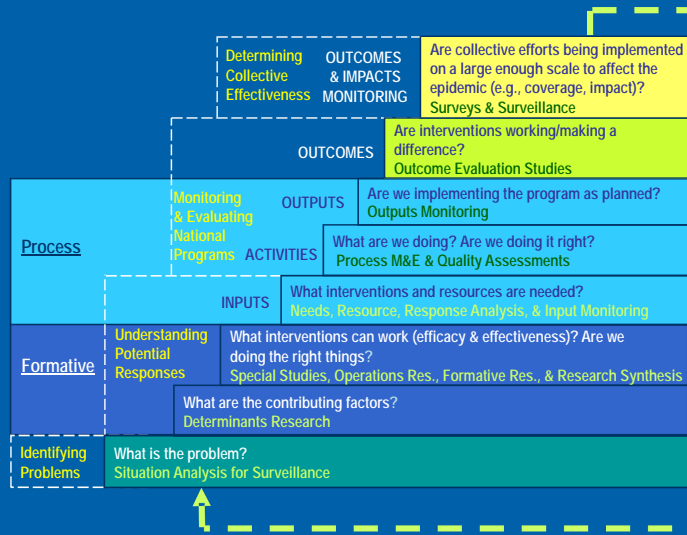
Module 2 - 18

Mapping Types of Evaluation to the Staircase Model



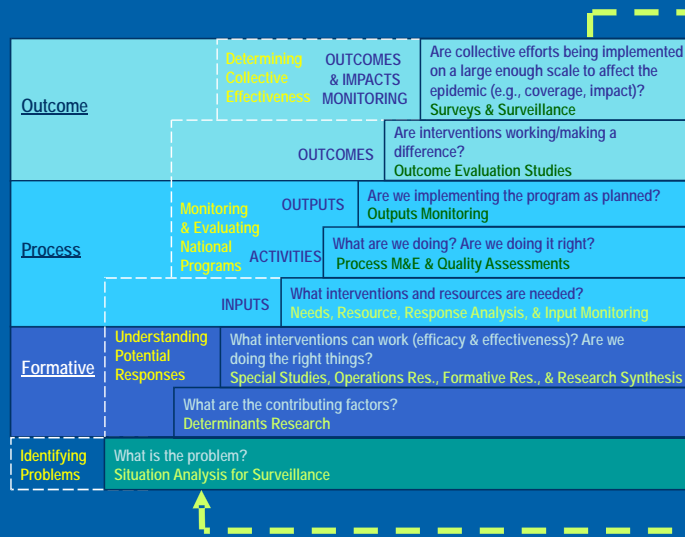
Module 2 - 19

Mapping Types of Evaluation to the Staircase Model, Cont.



Module 2 - 20

Mapping Types of Evaluation to the Staircase Model, Cont.



Module 2 - 21

Activity: Setting Realistic Expectations

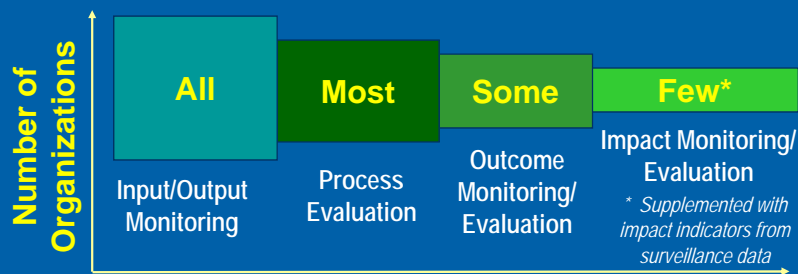
Directions

- ❖ Answer the questions in the space provided for Activity 2.4 in the participant manual to help set realistic expectations for identifying specific types of M&E for your program
- ❖ Work individually or as a small group

Module 1 - 22

Levels of M&E Effort: The M&E Pipeline

Monitoring & Evaluation Pipeline



Levels of Monitoring & Evaluation Effort

Adaptation of Rehle/Rugg M&E Pipeline Model, FHI 2001

Module 2 - 23

Levels of M&E Effort: The M&E Pipeline, Cont.



- ❖ Phase 1: Typical methods
 - ▲ Situational analysis
 - ▲ Response analysis, stakeholder needs, and resource analysis
 - ▲ Inputs/outputs monitoring (e.g., number of staff trained, number of condoms distributed, number of clients served)

Module 2 - 24

Levels of M&E Effort: The M&E Pipeline, Cont.



- ❖ Phase 2: Typical methods
 - ▲ Process evaluation (e.g., quality of training, client satisfaction or perceptions)
 - ▲ Quality assessments
 - ▲ Operations research and formative evaluation
 - ▲ Case study
 - ▲ Cost analysis

Module 2 - 25

Levels of M&E Effort: The M&E Pipeline, Cont.



- ❖ Phase 3: Typical methods
 - ▲ Monitoring outcome indicators (e.g., increase in condom use, increase in knowledge about HIV transmission)
 - ▲ Outcome evaluation (e.g., to determine whether the program was responsible for behavior change)

Module 2 - 26

Levels of M&E Effort: The M&E Pipeline, Cont.



- ❖ Phase 4: Typical methods
 - ▲ Impact monitoring (e.g., disease surveillance)
 - ▲ Impact evaluation (e.g., rise or fall of disease incidence/prevalence as a function of AIDS programs)

Module 2 - 27

Discussion

What type of M&E activities has your program implemented? According to the model, should you consider other activities?

Module 2 - 28

Training Slides:

Module 3

Module 3: PEPFAR in the Context of the National Response

What Is PEPFAR?

- ❖ The U.S. President's Emergency Plan for AIDS Relief
- ❖ Also called the Emergency Plan
- ❖ Initiated in 2003
- ❖ Initially a 5-year, \$15 billion commitment
- ❖ Recently extended for another 5 years
- ❖ Promotes integrated prevention, treatment, and care interventions
- ❖ In over 120 countries
- ❖ Focuses on most afflicted nations

Module 3 - 2

What Is PEPFAR?, Cont.

- ❖ PEPFAR works to:
 - ▲ Encourage bold leadership at every level to fight HIV/AIDS
 - ▲ Apply best practices within programs in concert with host country governments' national HIV/AIDS strategies
 - ▲ Urge all partners to coordinate, adhere to sound management practices, and harmonize monitoring and evaluation (M&E) efforts

Module 3 - 3

Goals

- ❖ 2-7-10 goals of PEPFAR:
 - ▲ Antiretroviral treatment for 2 million HIV-infected people
 - ▲ The prevention of 7 million new HIV infections
 - ▲ Care for 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children

Module 3 - 4

Partnerships

- ❖ United States Government (USG) implementing agencies
- ❖ Multilateral international institutions
- ❖ Host country governments
- ❖ Other in-country organizations

Module 3 - 5

USG Implementing Agencies

- ❖ Department of State (DoS)
 - ▲ U.S. Agency for International Development (USAID)
 - ▲ U.S. Embassies
- ❖ U.S. Department of Health and Human Services (HHS)
 - ▲ Centers for Disease Control and Prevention (CDC), Global AIDS Program (GAP)
 - ▲ Health Resources and Services Administration (HRSA)

Module 3 - 6

USG Implementing Agencies, Cont.

- ❖ U.S. Census Bureau (BUCEN)
- ❖ U.S. Food and Drug Administration (FDA)
- ❖ U.S. Department of Defense (DoD)
- ❖ U.S. Department of Labor (DoL)
- ❖ U.S. Department of Commerce (DoC)
- ❖ U.S. Peace Corps

Module 3 - 7

International Partners

- ❖ The Joint United Nations Programme on HIV/AIDS (UNAIDS)
- ❖ World Health Organization (WHO)
- ❖ The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Fund

Module 3 - 8

Country-Level Partners

- ❖ Ministries of health (MOHs)
- ❖ Nongovernmental organizations (NGOs)
- ❖ Local universities

Module 3 - 9

Strategic Information in the Context of PEPFAR

- ❖ Goals of strategic information (SI) within PEPFAR:
 - ▲ Report on progress toward achieving the PEPFAR targets
 - ▲ Improve PEPFAR programming and delivery of services
 - ▲ Provide accountability for use of PEPFAR resources
 - ▲ Contribute to the development of the “*Third One*”—*one national M&E system in each focus country*
 - ▲ Build global capacity for use of SI in combating HIV/AIDS

Module 3 - 10

Strategic Information in the Context of PEPFAR, Cont.

- ❖ Critical for making decisions about USG-funded global HIV programs and policies
- ❖ Health management information systems, surveillance, and M&E

Module 3 - 11

“Three Ones” Principles

- ❖ One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners
- ❖ One National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate
- ❖ One agreed country-level Monitoring and Evaluation System

Module 3 - 12

More About PEPFAR

More information can be found at:

<http://www.pepfar.gov>

Module 3 - 13

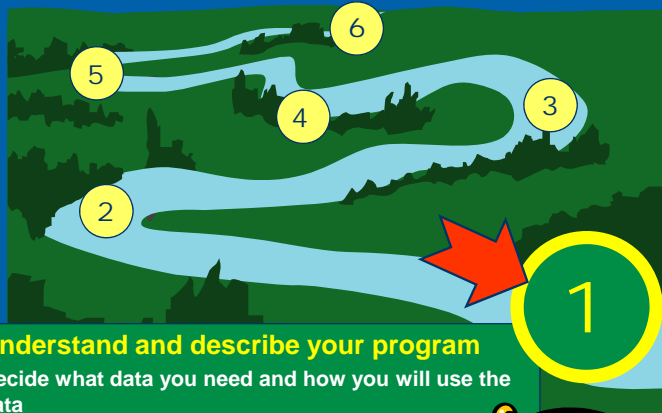
Training Slides:

Module 4

Module: 4

Using a Logic Model to Describe Your Program

The M&E Navigator



- 1. Understand and describe your program**
2. Decide what data you need and how you will use the data
3. Decide how you will collect the data
4. Collect the data
5. Manage and analyze the data
6. Report and use the information



What Is a Logic Model?

- ❖ A graphic that shows:
 - ▲ Program activities
 - ▲ Results you expect
 - ▲ Resources you will need to carry out the activities
- ❖ Also described as:
 - ▲ Roadmap, conceptual map, blueprint, theoretical underpinning, rationale, causal chain, logic framework, and program theory

Module 4 - 3

What Is a Logic Model?, Cont.

- ❖ Inputs
 - ▲ Resources used in a program, such as money, staff, curricula, and materials
- ❖ Activities
 - ▲ Services that the program provides to accomplish its objectives, such as outreach, materials distribution, counseling sessions, workshops, and training

Module 4 - 4

Planned Versus Actual Logic Models

Planned Implementation and Outcomes

- ❖ During program planning, a logic model can:
 - ▲ Describe intended implementation
 - ▲ Show expected outcomes
 - ▲ Use theory, experience, and scientific evidence

Actual Implementation and Outcomes

- ❖ Once the program is implemented, a logic model can:
 - ▲ Describe how the program actually occurs
 - ▲ Demonstrate achieved outcomes
 - ▲ Contribute to theory, experience, and scientific evidence

Module 4 - 5

Headache Logic Model

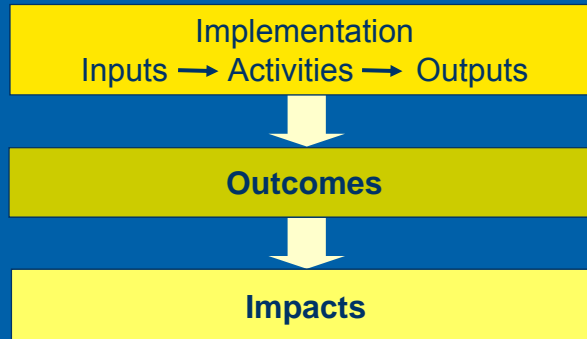
Intervention:
Take two aspirin and rest for 30 minutes



Outcome:
Headache pain will be reduced

Module 4 - 6

Logic Model Components



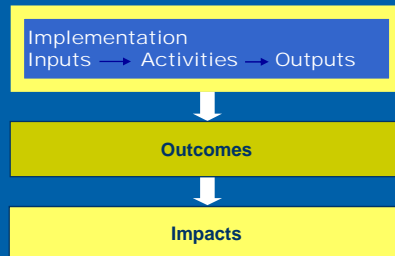
Module 4 - 7

Developing a Logic Model for a Voluntary Counseling and Testing (VCT) Program

- ❖ Problem statement:
 - ▲ People who do not know they are seronegative might not be as motivated to remain disease-free, whereas those who are HIV infected might not use critical interventions to reduce HIV transmission to their children and others or might not use other care, treatment, and support services

Module 4 - 8

Logic Model Components in a VCT Program



Inputs: Resources used in an program, such as money, staff, curricula, and materials

- Global Aids Program (GAP), government, and other donor funds
- Nurses and lab technicians
- Counseling protocol
- HIV test kits

Activities: Services that the program provides to accomplish its objectives, such as outreach, materials distribution, counseling sessions, workshops, and training

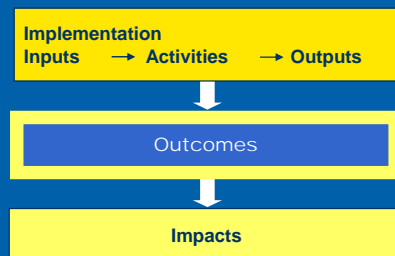
- Provide pre-test counseling
- Conduct HIV test
- Provide post-test counseling

Outputs: Direct products or deliverables of the program, such as intervention sessions completed, people reached, and materials distributed

- 100 clients will receive pre-test counseling
- 100 HIV tests will be conducted
- 100 clients will receive test results and post-test counseling

Module 4 - 9

Logic Model Components in a VCT Program, Cont.

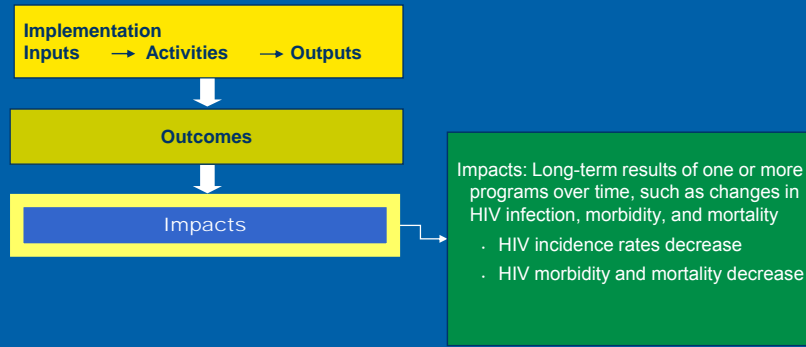


Outcomes: Program results that occur both immediately and some time after the activities are completed, such as changes in knowledge, attitudes, beliefs, skills, behaviors, access, policies, and environmental conditions

- Access to HIV testing will increase
- Knowledge of HIV status will increase
- Knowledge of prevention, care, support, and treatment resources will increase
- Risk behaviors will decrease

Module 4 - 10

Logic Model Components in a VCT Program, Cont.



Module 4 - 11

Activity: Identify Logic Model Components

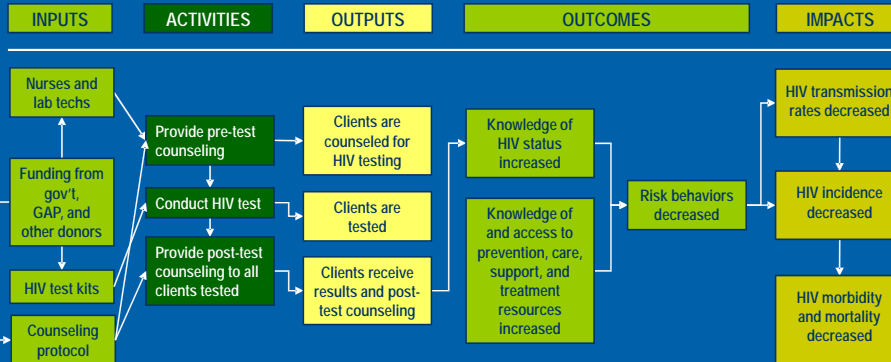
Directions

- ❖ Do Activity 4.1 individually or in a small group
- ❖ Use the activity in your participant manual
- ❖ Fill in information from your program in Table 4.2
- ❖ Look back at Table 4.1 while you work

Module 4 - 12

Cause-and-Effect Relationship

Problem statement: HIV infection rates continue to rise, underscoring the importance for people to know their serostatus as a necessary prevention and intervention tool. People who do not know that they are seronegative might not be as motivated to remain disease-free, whereas those who are HIV infected might not use critical interventions to reduce HIV transmission to their children and others or might not use other care, treatment, and support services.



Module 4 - 13

Activity: Identify PMTCT Example Logic Model Components

Directions

- ❖ Try Activity 4.2 as a small group or individually
- ❖ Read the problem statement for a PMTCT program in your participant manual
- ❖ Review the list of program components in the table
- ❖ Indicate with a checkmark whether you think the program component is an input, activity, output, outcome, or impact
- ❖ The first answer has been done for you
- ❖ Once you finish, use Appendix D to check your responses

Module 4 - 14

Adding Details to the VCT Program Logic Model

Problem statement: HIV infection rates continue to rise, underscoring the importance for people to know their serostatus as a necessary prevention and intervention tool. People who do not know that they are seronegative might not be as motivated to remain disease-free, whereas those who are HIV infected might not use critical interventions to reduce HIV transmission to their children and others or might not use other care, treatment, and support services.



Module 4 - 15

Adding Details to the VCT Program Logic Model, Cont.

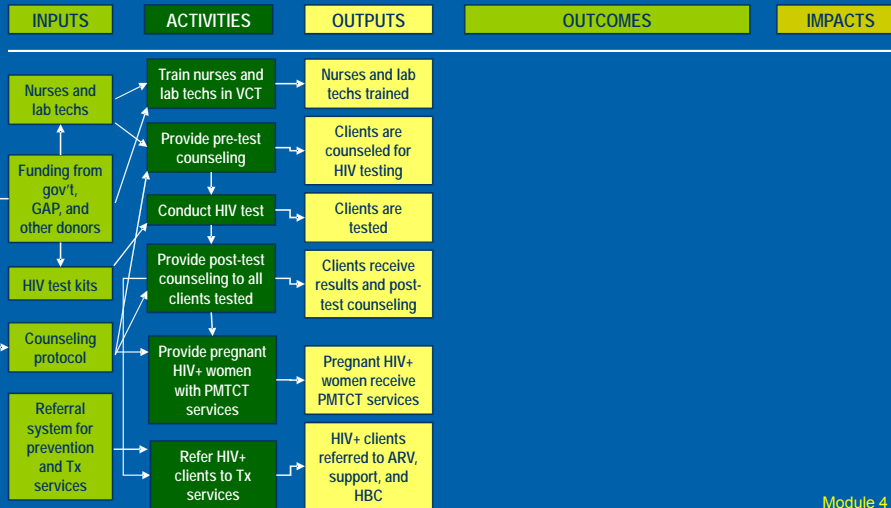
Problem statement: HIV infection rates continue to rise, underscoring the importance for people to know their serostatus as a necessary prevention and intervention tool. People who do not know that they are seronegative might not be as motivated to remain disease-free, whereas those who are HIV infected might not use critical interventions to reduce HIV transmission to their children and others or might not use other care, treatment, and support services.



Module 4 - 16

Adding Details to the VCT Program Logic Model, Cont.

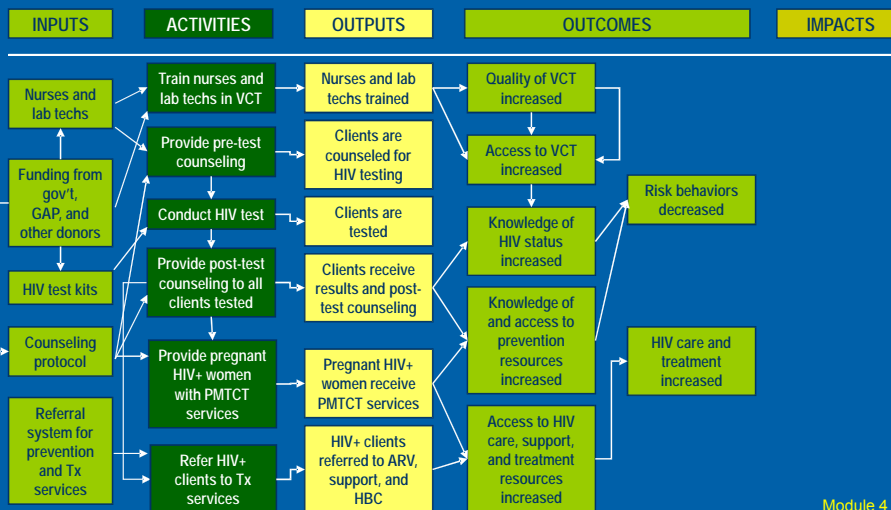
Problem statement: HIV infection rates continue to rise, underscoring the importance for people to know their serostatus as a necessary prevention and intervention tool. People who do not know that they are seronegative might not be as motivated to remain disease-free, whereas those who are HIV infected might not use critical interventions to reduce HIV transmission to their children and others or might not use other care, treatment, and support services.



Module 4 - 17

Adding Details to the VCT Program Logic Model, Cont.

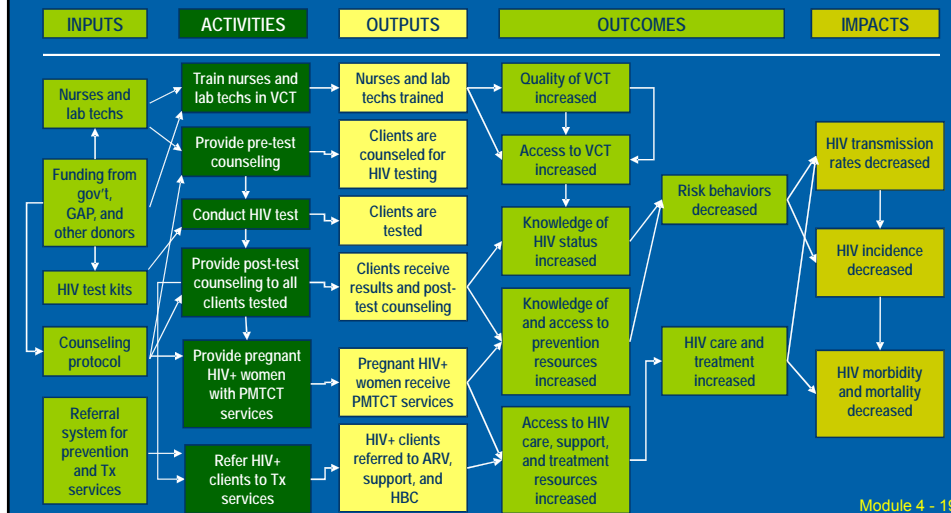
Problem statement: HIV infection rates continue to rise, underscoring the importance for people to know their serostatus as a necessary prevention and intervention tool. People who do not know that they are seronegative might not be as motivated to remain disease-free, whereas those who are HIV infected might not use critical interventions to reduce HIV transmission to their children and others or might not use other care, treatment, and support services.



Module 4 - 18

Adding Details to the VCT Program Logic Model, Cont.

Problem statement: HIV infection rates continue to rise, underscoring the importance for people to know their serostatus as a necessary prevention and intervention tool. People who do not know that they are seronegative might not be as motivated to remain disease-free, whereas those who are HIV infected might not use critical interventions to reduce HIV transmission to their children and others or might not use other care, treatment, and support services.



Activity: Develop a PMTCT Logic Model

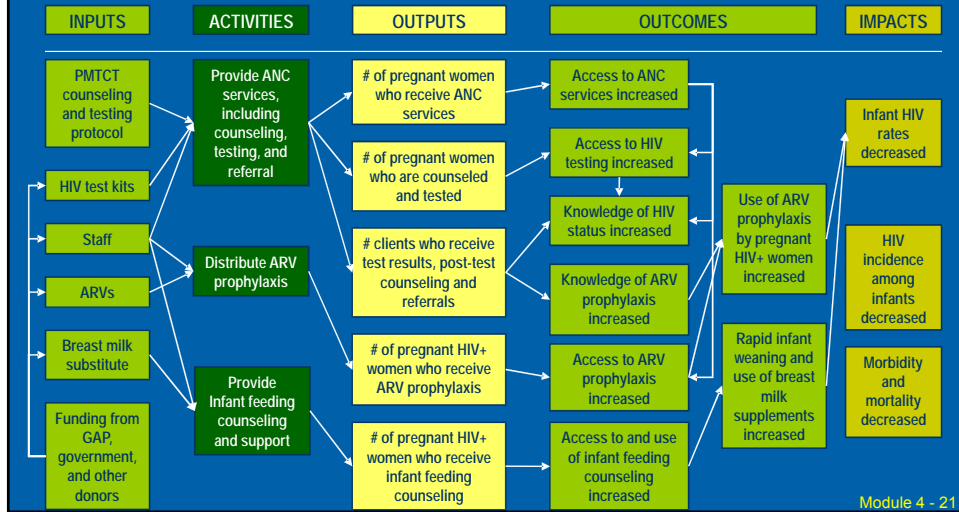
Directions

- ❖ Work on this activity with the other participants
- ❖ Read each card and decide which part of the logic model it describes
- ❖ Sort the cards into their correct categories
- ❖ Assemble the cards in the proper order to create a logic model
- ❖ Take 10 minutes to complete this activity

Module 4 - 20

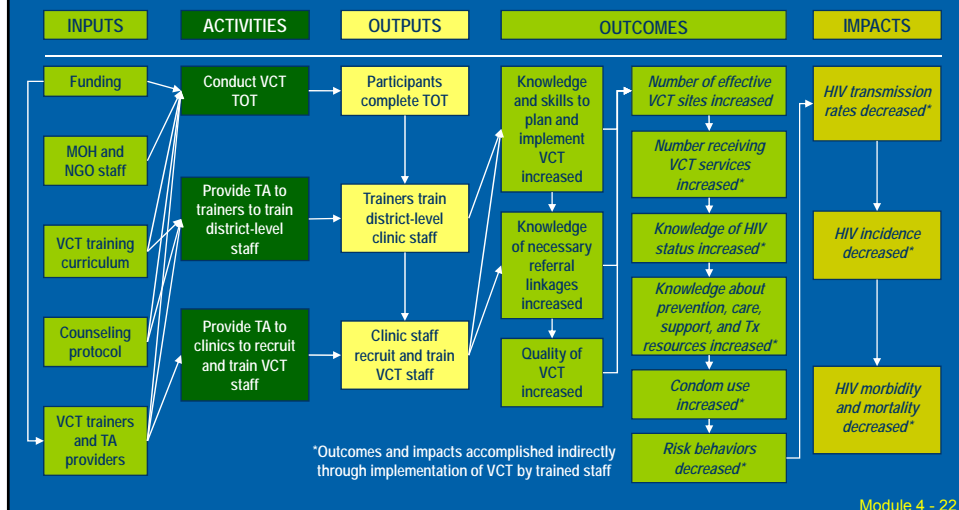
Activity: Develop a PMTCT Logic Model–Answer Key

Problem statement: HIV infection rates have been rising among pregnant women and infant children in Country X. The risk of HIV transmission from mother to child is significant during pregnancy and delivery (although particularly around the time of delivery), and there is an additional risk of postpartum transmission via breast feeding.



VCT Technical Assistance (TA) Logic Model

Problem statement: VCT, an effective HIV prevention intervention and a critical entry point to other HIV/AIDS prevention, care, and treatment interventions, is implemented throughout the country. Some sites, however, are struggling with the planning and implementation of VCT services and need help to provide high-quality services to their clients.



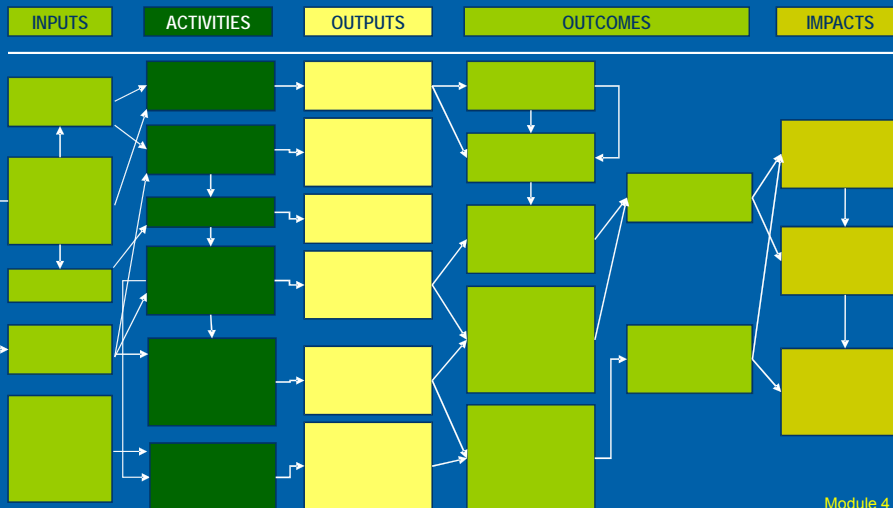
Discussion

What are some ways that the logic model for providing TA to a VCT program differs from a logic model for implementing a VCT program?

Module 4 - 23

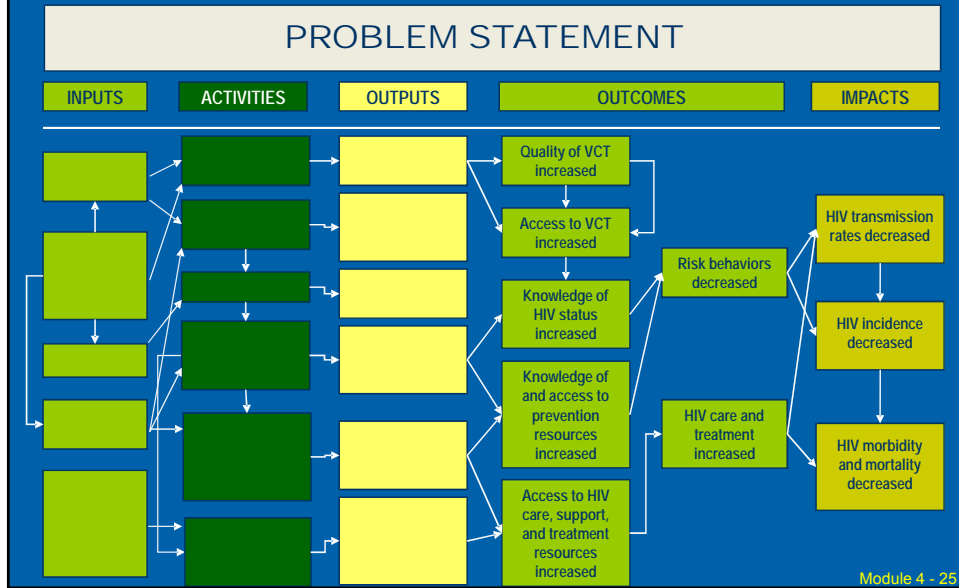
Where to Start?

PROBLEM STATEMENT

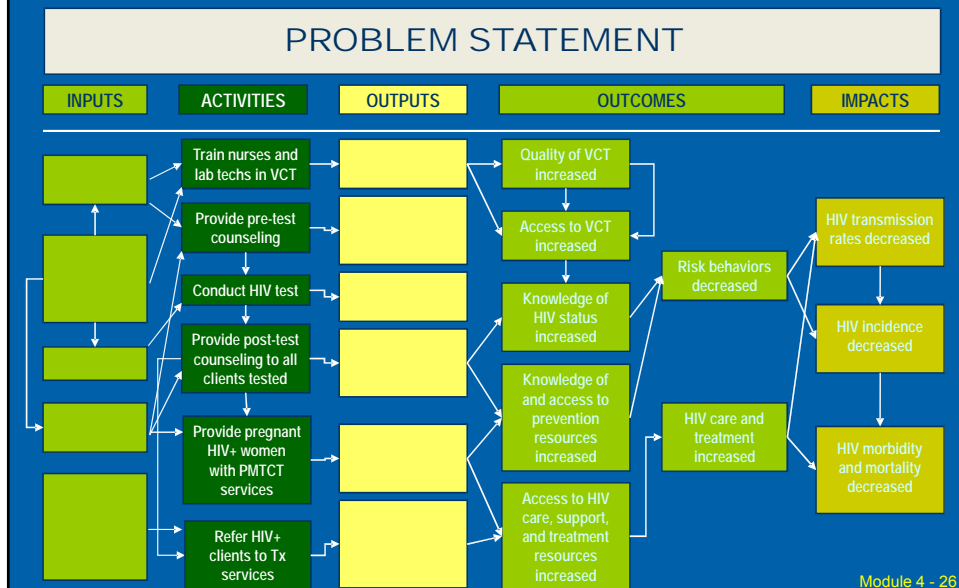


Module 4 - 24

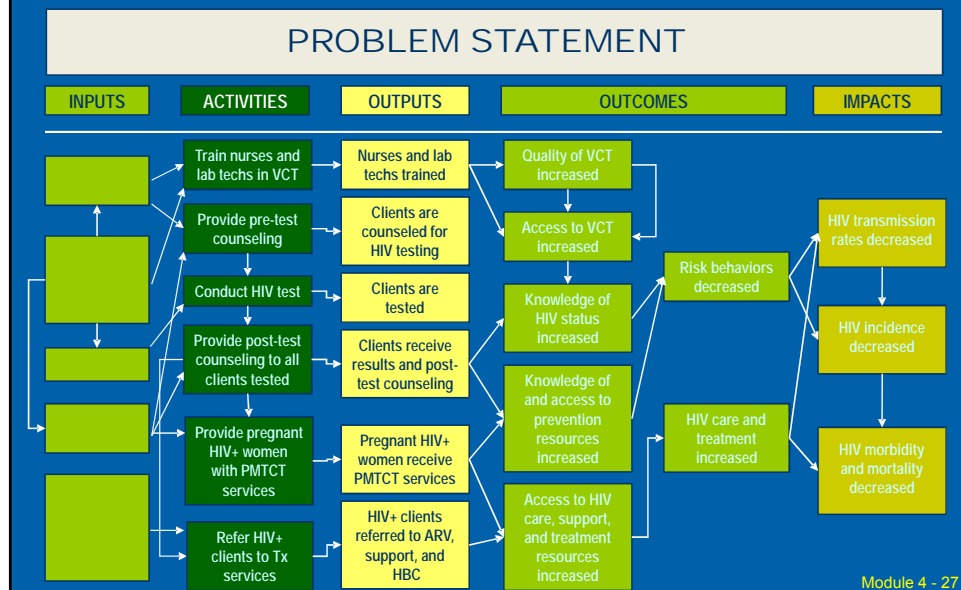
What Outcome/Impact Objectives Does the Program Want to Achieve to Remedy the Problem?



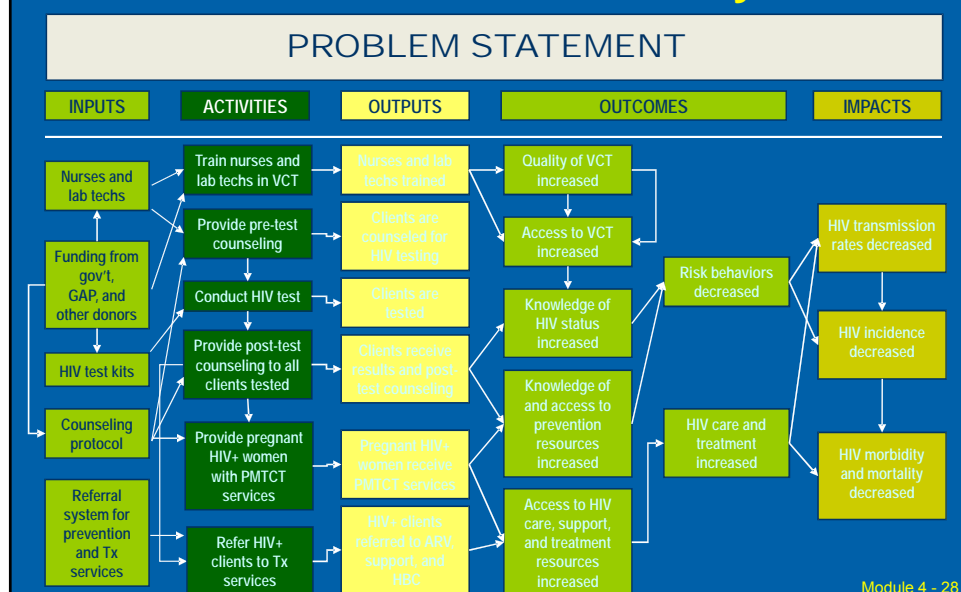
What Activities Might the Program Do to Achieve These Objectives?



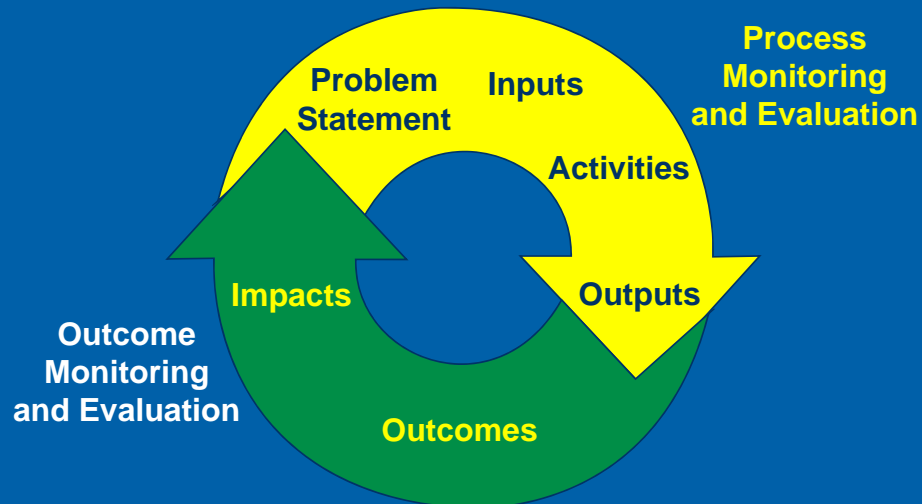
How Much Needs to Be Done to Achieve the Extent of the Outcome Objective?



What Resources Are Needed to Support That Much of the Activity?



Cyclical Logic Model for HIV Prevention



Module 4 - 29

More About Logic Models

Module 4 - 30

A Good Logic Model...

- ❖ Includes inputs, activities, outputs, outcomes, and impacts
- ❖ Reflects agreement among major stakeholders about intended implementation and outcomes (planned logic model)
- ❖ Illustrates clear, sequential, and logical linkages between each part of the logic model
- ❖ Contains a problem statement that identifies underlying causes

Module 4 - 31

A Good Logic Model... Cont.

- ❖ Includes outcomes responsive to the issues identified in the problem statement
- ❖ States outcomes as changes in knowledge, attitudes, beliefs, intentions, skills, behaviors, access, policies, or environmental conditions
- ❖ Includes outcomes that are realistic for the stated activities
- ❖ States outcomes that are within the scope of the program's influence

Module 4 - 32

Why Develop a Logic Model?

- ❖ Communicate the fundamental purpose of the program by explicitly outlining the intended outputs and outcomes of the program
- ❖ Provide a reference point for everyone involved in the program
- ❖ Illustrate the internal logical consistency of the program, helping planners identify gaps or unrealistic results

Module 4 - 33

Why Develop a Logic Model?, Cont.

- ❖ Reveal assumptions about how the program leads to outputs and outcomes
- ❖ Involve stakeholders and promote communication about the program among contractors, funders, community members, and other stakeholders
- ❖ Promote M&E

Module 4 - 34

Why Develop a Logic Model?, Cont.

- ❖ Identify potential obstacles to program operations so that staff can address problems as soon as possible
- ❖ Help monitor progress by providing a clear plan for tracking changes to the program so that successes can be replicated and mistakes can be avoided

Module 4 - 35

Why Develop a Logic Model?, Cont.

- ❖ Focus evaluation of the program by revealing appropriate evaluation questions and relevant data needs
- ❖ Improve program staff's expertise in planning, implementation, and evaluation

Module 4 - 36

Activity: Create a Logic Model for Your Program

Directions

- ❖ Use the Activity 4.4 worksheet that begins on p. 66 of the participant manual to develop notes to create a logic model for your program
- ❖ Work together with colleagues from your organization
- ❖ Complete the worksheet describing the logic model components of your program
- ❖ Once you are comfortable with the logic model components, rewrite them on Post-it Notes and begin to create a logic model with boxes and arrows
- ❖ If you do not have information on a program, use the example description of program components provided or work with others on developing a logic model for a program on which they have information

Module 4 - 37

Training Slides:

Module 5

Module 5: Developing Goals and Objectives

The M&E Navigator



- 1. Understand and describe your program**
2. Decide what data you need and how you will use the data
3. Decide how you will collect the data
4. Collect the data
5. Manage and analyze the data
6. Report and use the information

Goals and Objectives

- ❖ Goal:
 - ▲ A broad and general statement that is about desired HIV program intentions and that generally reflects wider community concerns and interest
 - ▲ Establishes a program's direction without specifying how the direction will be accomplished
 - ▲ Must be concrete enough to provide direction for establishing measurable objectives

Module 5 - 3

Goals and Objectives, Cont.

- ❖ Objective:
 - ▲ A statement of desired, specific, reasonable and measurable program aims; a set of objectives contributes to achieving a larger goal
 - ▲ Is more specific than a goal
 - ▲ Should be measurable
 - ▲ May be combined with others to achieve the goal

Module 5 - 4

Example

- ❖ Goal of this course:
 - ▲ To equip participants with an understanding of M&E and the knowledge and skills needed to incorporate M&E activities into everyday program work
- ❖ Course objectives:
 - ▲ Define common M&E terms
 - ▲ Describe the use of M&E data for program improvement
 - ▲ Develop the ability to provide leadership for M&E activities
 - ▲ Identify M&E technical assistance and training needs

Module 5 - 5

Activity: Identify Goals and Objectives

Directions

- ❖ Do Activity 5.1 in the participant manual individually or as a group
- ❖ In the table, read each item in the left column
- ❖ Decide whether the item is a goal or an objective
- ❖ Mark G or O in the column to the right
- ❖ Check answers in Appendix D

Module 5 - 6

Process and Outcome Objectives

- ❖ Remember that process evaluation:
 - ▲ Focuses on how a program was implemented
 - ▲ Identifies the steps taken and the decisions made in developing and implementing a program
 - ▲ Answers the following question: Is the program providing the activities or services intended?
- ❖ Process objectives measure the implementation process of a program

Module 5 - 7

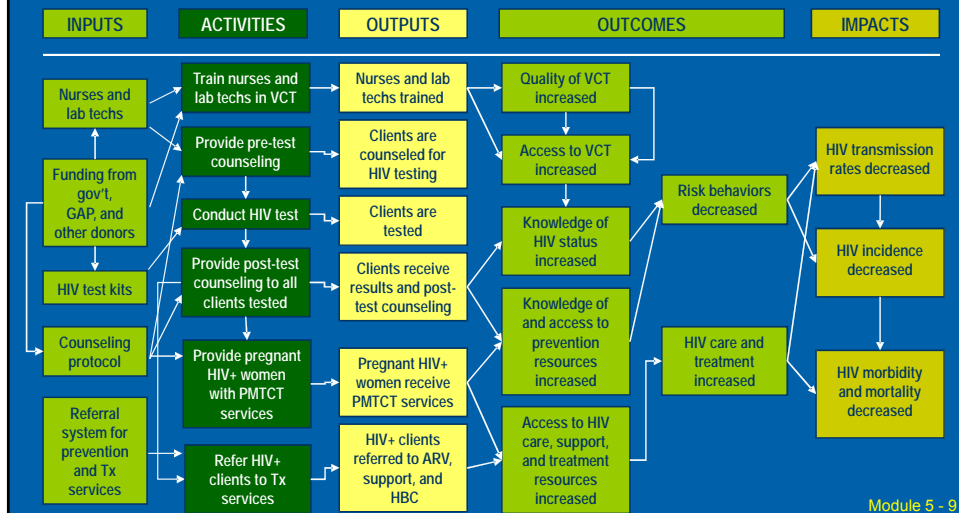
Process and Outcome Objectives

- ❖ Remember that outcome evaluation:
 - ▲ Focuses on the results of a program's effort
 - ▲ Answers the following question: What difference did the program make?
 - ▲ Provides information about program effects after a specified period of time
 - ▲ Measures the health, knowledge, or behavioral change for the target population
- ❖ Outcome objectives measure the specific outcomes achieved as a result of program efforts over a period of time

Module 5 - 8

Voluntary Counseling and Testing(VCT) Program Implementation Logic Model

Problem statement: HIV infection rates continue to rise, underscoring the importance for people to know their serostatus as a necessary prevention and intervention tool. People who do not know that they are seronegative might not be as motivated to remain disease-free, whereas those who are HIV infected might not use critical interventions to reduce HIV transmission to their children and others or might not use other care, treatment, and support services.



Examples of Process and Outcome Objectives for the VCT Program

- ❖ Process objective
 - ▲ For the output: Clients receive results and post-test counseling
 - ▲ Objective: By the end of the first program year, 98% of clients receiving their test results will also receive post-test counseling
- ❖ Outcome objective
 - ▲ For the outcome: HIV care and treatment increased
 - ▲ Objective: By the end of the first program year, 50% of clients receiving positive test results will begin a treatment regimen

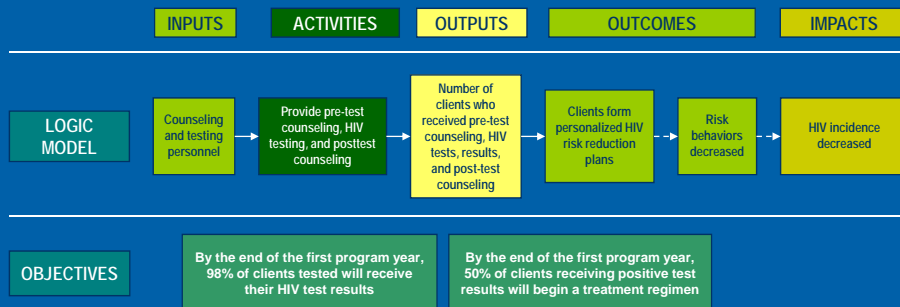
Module 5 - 10

What Is Wrong With These Objectives?, Cont.

- ❖ How easy or difficult is it to measure these objectives?
- ❖ What makes it difficult to measure them?
- ❖ Might people write objectives in this way?
- ❖ What information would you add to make these objectives easier to evaluate?
- ❖ What makes it difficult to write objectives that are easier to evaluate?

Module 5 - 11

How to Show Objectives in a Logic Model



Module 5 - 12

What Is Wrong With These Objectives?

- ❖ Process objective:
 - ▲ Provide VCT clients with HIV test results
- ❖ Outcome objective:
 - ▲ Assist VCT clients with developing personalized risk reduction and treatment strategies

Module 5 - 13

SMART Method

<u>S</u> pecific	Identifies concrete events or actions that will take place <ul style="list-style-type: none">• Does the objective clearly specify what will be accomplished and by how much?
<u>M</u> easurable	Quantifies the amount of resources, activity, or change <ul style="list-style-type: none">• Is the objective quantifiable?
<u>A</u> ppropriate	Logically relates to the overall problem statement and desired effects of the program <ul style="list-style-type: none">• Does the objective make sense in terms of what the program is trying to accomplish
<u>R</u> ealistic	Provides a realistic dimension that can be achieved with available resources and plans for implementation <ul style="list-style-type: none">• Is the objective achievable, given available resources and experience?
<u>T</u> ime-based	Specifies a time within which the objective will be achieved <ul style="list-style-type: none">• Does the objective specify when it will be achieved?

Module 5 - 14

Examples of SMART Objectives: Example 1

The program will provide home-based care services to elderly members of the community

Module 5 - 15

Examples of SMART Objectives: Example 1, Cont.

- ❖ Is not specific
 - ▲ What do home-based care services include?
 - ▲ Who is the target population?
 - ▲ How is elderly being defined?
- ❖ Does not specify how many people the program aims to reach (measurable)
 - ▲ Is it aiming to reach every elderly member of the community?
- ❖ Does not indicate a timeframe
 - ▲ Does the program plan to achieve these results within the span of 6 months? In 2 years?
 - ▲ The results will be different depending on the timeframe

Module 5 - 16

Examples of SMART Objectives: Example 2

150 health workers will be trained to deliver antiretroviral treatment services according to national and/or international standards

Module 5 - 17

Examples of SMART Objectives: Example 2, Cont.

- ❖ This objective is better, but the time element is missing
- ❖ It is specific and measurable
 - ▲ Defines whom and how many people the program aims to train
 - ▲ Describes what the target population will learn
- ❖ It does not provide a timeframe
 - ▲ When does the program expect to achieve this objective? In 3 months? In 1 year?
 - ▲ The timeframe will affect how activities are implemented and the results the program would expect to see

Module 5 - 18

Examples of SMART Objectives: Example 3

By the end of the first program year, 1,000 clients will be tested for HIV

Module 5 - 19

Examples of SMART Objectives: Example 3, Cont.

- ❖ This is a SMART objective
- ❖ The objective is specific and measurable:
 - ▲ The objective defines the target audience and how large it is
 - ▲ It tells what services the program will provide to these clients
- ❖ The objective also provides a timeframe
 - ▲ By the end of the first program year

Module 5 - 20

Activity: Rewrite Objectives So They Are SMART

Directions

- ❖ Do Activity 5.2 in your participant manual, p. 82, individually or in a small group
- ❖ Read the first three examples provided in your participant manual first
- ❖ Next, read the remaining original objective statements
- ❖ Use the SMART objective checklist to write new objective statements as needed
- ❖ Possible answers are provided in Appendix D
- ❖ Some of the objectives may not need to be rewritten

Module 5 - 21

Activity: Write SMART Objectives for Your Program

Directions

- ❖ Work individually or as a small group
- ❖ Review the program logic model you developed earlier
- ❖ Use Activity 5.3 worksheet in your participant manual (p. 83) to create four process and four outcome objectives for your program
- ❖ If you already have program process and outcome objectives, write them in the spaces provided in column 1, then use this worksheet to ensure that they are SMART
- ❖ If your existing objectives are not SMART, revise them in the third column

Module 5 - 22

Training Slides:

Module 6

Module 6: M&E Data Uses and Users

The M&E Navigator



Developing M&E Questions

Good M&E questions are:

- ❖ Clear
- ❖ Precise
- ❖ Feasible (can be answered)

Module 6 - 3

Example of a Clear M&E Question

What percentage of clients received pre-test counseling, HIV tests, results, and post-test counseling?

Module 6 - 4

Example of an Unclear M&E Question

Are our staff members capable of providing effective voluntary counseling and testing (VCT) services?

Module 6 - 5

Rewrite the Question

Were staff members trained (gained knowledge and skills) to implement VCT protocols correctly?

- ❖ Describes key areas of interest
- ❖ Suggests specific data that can be collected to answer the question

Module 6 - 6

Another Example of an Unclear M&E Question

Have clients received the complete set of VCT services?

Module 6 - 7

A Better Way to Ask This Question

How many clients who received services at clinic X in 2001 received pre-test counseling, test results, and post-test counseling?

Module 6 - 8

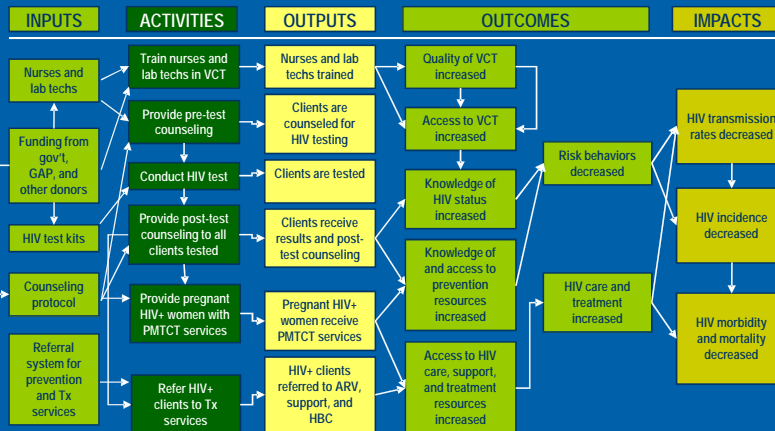
Avoid These Types of Questions

- ❖ Questions about data collection methods, procedures, or other items that cannot be learned from M&E
 - ▲ What methods should the program use to collect data?
 - ▲ Who funded the program?

Module 6 - 9

How M&E Questions Fit in a Logic Model

Problem statement: HIV infection rates continue to rise, underscoring the importance for people to know their serostatus as a necessary prevention and intervention tool. People who do not know that they are seronegative might not be as motivated to remain disease-free, whereas those who are HIV infected might not use critical interventions to reduce HIV transmission to their children and others or might not use other care, treatment, and support services



OBJECTIVES

By the end of the first program year, 98% of clients tested will receive their HIV test results

By the end of the first program year, 50% of clients receiving positive test results will begin a treatment regimen

QUESTIONS/USES

What proportion of the clients tested received their HIV test results by the end of the first program year?

What proportion of the clients receiving positive test results began a treatment regimen by the end of the first program year?

Module 6 - 10

Activity: Write VCT M&E Questions

Directions

- ❖ In the first column of Table 6.1 in Activity 6.1 of your participant manual, write four additional questions that can be answered using M&E; the questions will be based on the two VCT objectives developed in Module 5
- ❖ After you have developed each question, describe in the second column what you would do if you had the answer to that question
- ❖ A sample has been provided in the first row
- ❖ Sample answers are provided in Appendix D

Module 6 - 11

Discussion

Discuss the following questions:

- ❖ How easy or difficult was it to write good M&E questions?
- ❖ How feasible would it be to answer these questions?
- ❖ What challenges might you encounter if you tried to answer these questions?

Module 6 - 12

Prioritizing M&E Questions

- ❖ Limit M&E questions:
 - ▲ Gather useful information
 - ▲ Questions are feasible to answer, given available resources
- ❖ Prioritize your questions, consider:
 - ▲ How useful is the information for improving a program? “Nice to know” versus “need to know”
 - ▲ How easy or difficult is it to answer the question? What makes the question difficult to answer? Will you be able to answer it?

Module 6 - 13

Activity: Develop Your Own M&E Questions

Directions

- ❖ Work individually or as a group on Activity 6.2 in the participant manual
- ❖ Review the program description, logic model, and SMART objectives you developed earlier
- ❖ Complete Activity 6.2 by developing measurable M&E questions

Module 6 - 14

What Is Data Use?

- ❖ M&E is not about “collecting” data
- ❖ M&E is about “using” data for:
 - ▲ Program improvement
 - ▲ The generation of new knowledge
 - ▲ Reporting and accountability (judging)

Module 6 - 15

Why Use Data?

Internal uses:

- ❖ To manage and improve program processes and systems by comparing program planning data with actual implementation data
- ❖ To inform capacity building plans and activities
- ❖ To make decisions about the future direction of the program
- ❖ To guide and enhance service delivery

Module 6 - 16

Why Use Data?, Cont.

External uses:

- ❖ To communicate program successes and challenges to the community
- ❖ To gain additional resources
- ❖ To be accountable to clients, donors, and other stakeholders
- ❖ To report to policy makers

Module 6 - 17

What Kinds of Decisions Can Be Made on the Basis of Data?

- ❖ Identify target populations
- ❖ Focus the Intervention
- ❖ Improve service access
- ❖ Improve program delivery

Module 6 - 18

Discussion

What kinds of program decisions have you or your organization made on the basis of data?

Module 6 - 19

Steps for Using Data to Make Program Decisions

Step 1: Identify stakeholders needs and their interest in the program

Step 2: Determine the questions and uses that stakeholders have for the data

Step 3: Determine what data will answer the questions

Step 4: Develop a data use plan

Step 5: After data collection and analysis, use the data

Module 6 - 20

Step 1: Identify Stakeholders Needs and Their Interest in the Program

- ❖ A stakeholder is anyone who has an interest in the program
 - ▲ Who are the stakeholders?
 - ▲ What is their interest in the program?

Module 6 - 21

Types of Stakeholders

- ❖ Who are they?
 - ▲ Beneficiary
 - ▲ Implementer
 - ▲ Donor

Module 6 - 22

Stakeholder Implications for M&E

- ❖ Different stakeholders:
 - ▲ View activities from different perspectives
 - ▲ Have different degrees of understanding of the program
 - ▲ Need/want different information
 - ▲ Need/want information at different levels of complexity
 - ▲ Have different intensities of interest

Module 6 - 23

Step 2: Determine the Questions and Uses That Stakeholders Have for the Data

- ❖ Develop specific questions for the information needs of each stakeholder
- ❖ Consider how the information will be used

Module 6 - 24

For Example...

- **Information need:** A donor wants data on whether the program has reached its stated objective of providing information about available family planning services and HIV/sexually transmitted infection (STI) prevention to youth between the ages of 14-17 in the district
- **How the information will be used:** To make decisions about continued funding and support for a district-level youth reproductive health program
- **Corresponding M&E question:** What percentage of youth between the ages of 14 and 17 in district X received information about available family planning services and HIV/STI prevention by the end of the year?

Module 6 - 25

Step 3: Determine What Data Will Answer the Questions

- ❖ Different kinds of data can be used to answer different kinds of questions
- ❖ Data sources include:
 - ▲ Databases
 - ▲ Records
 - ▲ Files
 - ▲ Reports
 - ▲ Publications

Module 6 - 26

Step 4: Develop a Data Use Plan

- ❖ The plan should describe:
 - ▲ What potential program changes might be made on the basis of answers to stakeholders' questions?
 - ▲ What are the steps needed to make those changes?
 - ▲ Who would need to be involved?
 - ▲ What strategies will be used to ensure data are used?

Module 6 - 27

Step 5: After Data Collection and Analysis, Use the Data

- ❖ Using findings does not equal reporting or disseminating findings
- ❖ Reporting and disseminating are the ways used to share findings
- ❖ Using data involves:
 - ▲ Making decisions about program improvement
 - ▲ Accounting for program activities and outcomes
 - ▲ Developing knowledge to help identify best practices

Module 6 - 28

Step 5: After Data Collection and Analysis, Use the Data, Cont.

- ❖ To create processes for ensuring the data are used, consider:
 - ▲ Monitoring the data use plan developed in step 4
 - ▲ Discussing how to use the information generated with stakeholders
 - ▲ Asking stakeholders for feedback on the usefulness of the data

Module 6 - 29

Activity: Think Like a Stakeholder

Directions

- ❖ Work individually or in a small group on Activity 6.3 in the participant manual
- ❖ Select a stakeholder role for yourself or your small group:
 - ▲ Beneficiary (you receive direct services from the program or program participants)
 - ▲ Implementer (you deliver the program or provide the service)
 - ▲ Donor (you provide funds to implement the program)
- ❖ Read the executive summary (program description) for Mrs. Thembe's youth program
- ❖ Imagine yourself in the stakeholder role you have chosen when you answer the questions following the program description

Module 6 - 30

Training Slides:

Module 7

Module 7: Measures and Indicators

The M&E Navigator



1. Understand and describe your program
2. Decide what data you need and how you will use the data
- 3. Decide how you will collect the data**
4. Collect the data
5. Manage and analyze the data
6. Report and use the information



Module 7 - 2

What Are Measures?

- ❖ Data used to describe a person, service, or situation, such as age, size, magnitude, and level
 - ▲ Quantitative (e.g., years, numbers, dollars, percentages)
 - ▲ Qualitative (e.g., satisfaction, perception of quality)

Module 7 - 3

Examples of Measures

- ❖ Measures can be used alone:
 - ▲ We served 100 people between the ages of 19 and 25 (the measure is age)
 - ▲ In 2005, we purchased 25,000 test kits (the measure is the number of test kits purchased)

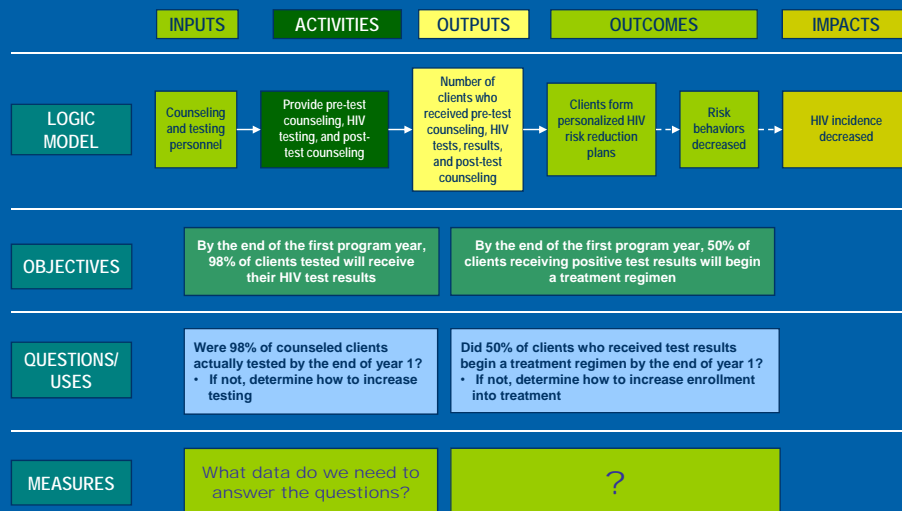
Module 7 - 4

Examples of Measures, Cont.

- ❖ Measures can be used in combination:
 - ▲ We served 60 women and 40 men between the ages of 19 and 25 (measures are gender and age)
 - ▲ Between January and June 2005, we purchased 6,000 test kits, and between July and December, we purchased 19,000 test kits (measures are date of purchase and number of test kits purchased)

Module 7 - 5

Relate Measures to a Logic Model



Module 7 - 6

Activity: Practice Selecting Measures

Directions

- ❖ Work alone or in a group on Activity 7.1 in the participant manual
- ❖ Review the M&E question and the list of proposed measures in Table 7.1
- ❖ Select the measure or measures that you think are the best to use to answer the question
- ❖ Explain why you chose or did not choose each measure

Module 7 - 7

Measures and Indicators

- ❖ Measures alone do not necessarily provide enough information to indicate how effective a program or project is in reaching its objectives or intended results
- ❖ Anything can be measured; however, not every measure is a good indication of program or project functioning
- ❖ Indicators are selected measures of a few important data elements of a program that stakeholders believe best represent progress or changes in quality over time
- ❖ Indicators are usually not based on one variable; many variables or data elements may be needed to construct an indicator

Module 7 - 8

Indicator Definition

- ❖ Units of data elements or variables, measured over time, that document changes in processes, outcomes, or capacity
- ❖ Signposts of change; they are only intended to *indicate* whether objectives are being achieved
- ❖ They do not provide proof or explanations about specific changes resulting from programs

Module 7 - 9

Why Are Indicators Important?

- ❖ Provide a reference point for program planning, management, and reporting
- ❖ Allow you to assess trends and identify problems
- ❖ Can act as early warning signals for corrective action

Module 7 - 10

Indicators: Considerations

- ❖ No need to develop an indicator for every issue
- ❖ Need to select a number of complementary indicators to adequately assess whether a particular result or objective is being achieved

Module 7 - 11

Example of an Indicator

Example 1

- ❖ Buying a used car and wanting to know what condition the car was in by:
 - ▲ Measuring many things when you inspect the car:
 - Tire tread
 - How clean the oil is
 - Wear on brake pads
 - Rust on body of car
 - or
 - ▲ Examining the number of kilometers the car has been driven

Module 7 - 12

Another Example of an Indicator

Example 2

- ❖ Developing indicators to measure the extent of voluntary counseling and testing in the country:
 - ▲ Measuring many things:
 - Number of people counseled
 - Number of people tested
 - Number of test kits purchased
 - or
 - ▲ Measuring many things:
 - Examining the percentage of the general population aged 15–49 receiving HIV test results in the past 12 months

Module 7 - 13

Global and National Indicators

Module 7 - 14

UNGASS Indicators

- ❖ United Nations General Assembly Special Session on HIV/AIDS
- ❖ A part of a pledge to annually review progress achieved in realizing the Declaration of Commitment's goals
- ❖ A set of core indicators for monitoring measurable aspects of international and national actions, program outcomes, and impact objectives outlined in the Declaration
- ❖ Two subgroups: global indicators and national indicators
- ❖ Monitoring the Declaration of Commitment on HIV/AIDS Guidelines on Construction of Core Indicators (August 2002)

Module 7 - 15

Global Indicators

- ❖ UNGASS, USG, PEPFAR, MDG, etc.
- ❖ Provide information on levels and trends in international progress in the mitigation of HIV/AIDS
- ❖ Inform the international political debate
- ❖ Sensitize public opinion on global development issues (e.g., HIV/AIDS, TB, water sanitation)
- ❖ Help donors set priorities
- ❖ Improve coordination and collaboration within the international community

Module 7 - 16

National Indicators

- ❖ Measure progress within individual countries
- ❖ Focus on three key areas:
 - ▲ Commitment and action
 - ▲ Program and behavior
 - ▲ Program impact
- ❖ Help raise awareness and focus national debate on development issues (e.g., HIV/AIDS, TB, water sanitation)
- ❖ Help countries set their priorities
- ❖ Inform and monitor national policies

Module 7 - 17

National Indicators, Cont.

- ❖ Outlined in national M&E plan
- ❖ Selected on the basis of the prevention, care, and treatment goals and objectives
- ❖ Can be measured from data collected from surveys and routine data collection methods that support the national strategy

Module 7 - 18

Activity: M&E Questions and Indicators for Your Program

Directions

- ❖ Do Activity 7.2 in the participant manual individually or in a group
- ❖ Review the M&E questions you developed earlier
- ❖ Develop indicators that would provide you with data to answer those questions
 - ▲ Use Table 7.2 to fill in your answers
- ❖ The first row has been done for you as an example

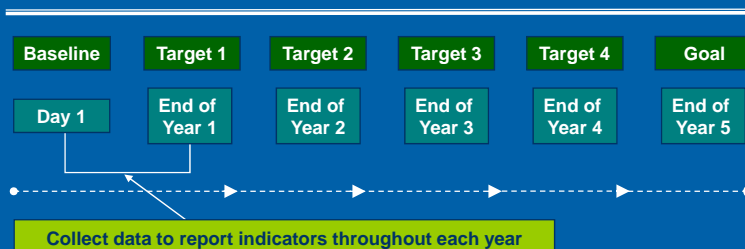
Module 7 - 19

Baselines, Targets, and Goal Measures

Module 7 - 20

Questions to Ask

1. Where are we now?	Baseline
2. Where do we want to be in X years?	Goal
3. What are the annual milestones we want to achieve to get to the goal?	Annual Targets
4. How will we know if we are making progress toward our targets and goal?	Indicators



Module 7 - 21

Baseline Measures

- ❖ Where are we now? Where are we starting?
- ❖ The value of an indicator at the beginning of a program
- ❖ Reflect status of an indicator before an organization begins program implementation

Module 7 - 22

How Do You Develop a Baseline Measure?

- ❖ Stakeholder input
- ❖ Data from a recommended data source
- ❖ 3 to 5 years of historical data

Module 7 - 23

Target Measures

- ❖ Where do we want to be at the end of the year?
- ❖ The desired value of an indicator at the end of a given period of time
- ❖ Reflects the status of an indicator after a period when services have been provided
- ❖ Comparisons between baselines and annual targets help identify progress

Module 7 - 24

Goal Measures

- ❖ Where do we want to be X years in the future?
- ❖ The desired value of a performance indicator at the end of a particular time period
- ❖ Reflects the status of a performance indicator after a set number of years of services have been provided

Module 7 - 25

Estimating Targets and Goals

- ❖ Consider:
 - ▲ Using data from previous years to see if there is a trend or pattern (this information can help predict future performance)
 - ▲ Consulting with experts working in a particular area
 - ▲ Reviewing published research or evaluation findings
 - ▲ Reviewing data about the performance of similar organizations

Module 7 - 26

Key Elements of a Good Indicator

Specific: An indicator must be related to the conditions that the program/project wishes to change

Measurable: An indicator must be quantifiable and allow for statistical analysis of the data

Attainable: An indicator must be attainable at a reasonable cost using appropriate collection methods

Relevant: An indicator must be necessary to measure and have relevance to the management of information needs of the persons who will use it

Time based: An indicator must have a time period for collection clearly stated

Module 7 - 27

Choosing Measures or Indicators

❖ General guidelines:

- ▲ Ensure that indicators are linked to program goals and are able to measure change
- ▲ Ensure that standard indicators are used to the highest extent possible for comparability over time and between population or target groups
- ▲ Consider the cost and feasibility of data collection and analysis if these indicators are used

Module 7 - 28

Choosing Measures or Indicators, Cont.

- ❖ General guidelines, cont.:
 - ▲ Consider the stage of the problem you are addressing with your target population and make certain that indicators are appropriate for this stage
 - ▲ Keep the number of indicators to a minimum
 - ▲ Choose indicators that are going to help you in your programming and management decisions
 - ▲ Add indicators later, if needed

Source: World Health Organization and Global Partners, Monitoring and Evaluation Toolkit, p. 17

Module 7 - 29

Activity: Select National and Global Indicators for a Program

Directions

- ❖ Work on Activity 7.3 in the participant manual alone or with a group
- ❖ Refer to the list of sample indicators, National-Level HIV/AIDS Indicators for a Country
- ❖ Enter the M&E questions you developed earlier into Table 7.4
- ❖ Identify at least two indicators that will answer each M&E question
- ❖ Explain how you will use this information and how these indicators will best answer your M&E questions

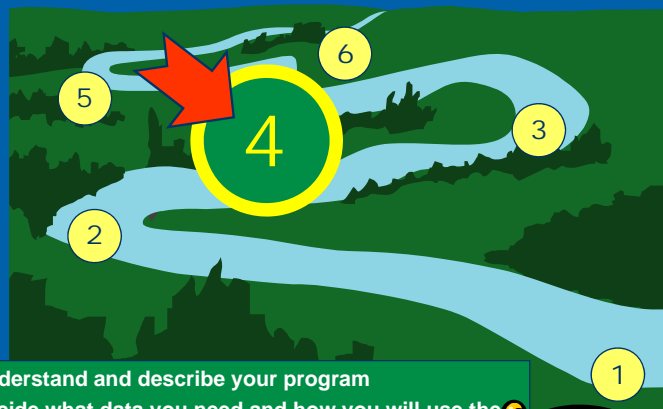
Module 7 - 30

Training Slides:

Module 8

Module 8: Data Sources and Data Collection Methods

The M&E Navigator

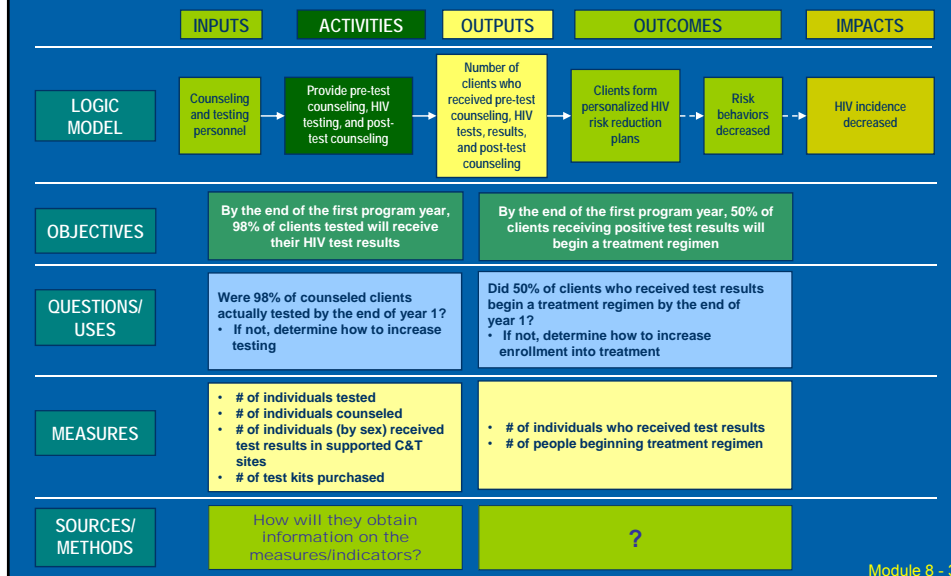


1. Understand and describe your program
2. Decide what data you need and how you will use the data
3. Decide how you will collect the data
- 4. Collect the data**
5. Manage and analyze the data
6. Report and use the information



Module 8 - 2

Relationship Between Logic Model Components



Data Sources

- ❖ Places where M&E data are obtained
- ❖ Often specified in terms of organization, publication, or information system
- ❖ Need to:
 - ▲ Provide the necessary information to answer the program's M&E questions
 - ▲ Be feasible, given the available resources
 - ▲ Offer confidence in the quality of information gathered

Module 8 - 4

Examples of Commonly Available Data Sources

- ❖ National level
 - ▲ National data collection efforts (e.g., census, vital statistics, national/regional service provision assessments, Demographic and Health Survey, Behavioral Surveillance Survey)
 - ▲ International surveys (e.g., Family Planning Program Effort, AIDS Program Effort Index, Demographic and Health Survey)
 - ▲ Ministry of health policies, financial reports, or legal or regulatory statements (e.g., bills, acts, recommendations, white papers)

Module 8 - 5

Examples of Commonly Available Data Sources, Cont.

- ❖ Organizational level
 - ▲ Evaluations and audits
 - ▲ Organizational networking analysis
 - ▲ Organizational assessments
 - ▲ Budget and expenditure records/financial statements
 - ▲ Program and donor reports

Module 8 - 6

Examples of Commonly Available Data Sources, Cont.

- ❖ Individual level
 - ▲ Supervision reports
 - ▲ Self-evaluations
 - ▲ Personnel records (e.g., job descriptions, performance evaluations, background checks, training summaries)
 - ▲ Routine health service records and reports

Module 8 - 7

Data Collection Methods

- ❖ Quantitative
 - ▲ Structured or standardized approaches to collect and analyze numerical data
 - ▲ Examples include:
 - Surveys/questionnaires
 - Checklists

Module 8 - 8

Data Collection Methods, Cont.

- ❖ Qualitative
 - ▲ Semi-structured or open-ended methods aimed at generating in-depth, descriptive information
 - ▲ Examples include:
 - Interviews
 - Focus groups
 - Record reviews
 - Observations

Module 8 - 9

Surveys and Questionnaires

- ❖ Are data collection tools with a structured set of questions
- ❖ Have a series of questions (items) with predetermined response choices
- ❖ Can also include open-ended items for elaboration or clarification
- ❖ Can be completed by respondents or surveyors
- ❖ Can target either the general population (e.g., all people aged 15–49) or specific risk populations (e.g., sex workers, injection drug users)

Module 8 - 10

Uses of Surveys and Questionnaires

- ❖ To study attitudes and perceptions
- ❖ To collect self-reported assessments of changes in response to the program
- ❖ To collect program assessments
- ❖ To collect some behavioral reports
- ❖ To test knowledge
- ❖ To determine changes over time

Module 8 - 11

Checklists

- ❖ List steps or elements needed for a task, activity, or particular situation
- ❖ Measure the level of completeness or performance, degree of quality, or progress toward a particular stage or goal
- ❖ Contain items that are checked or consulted using a criterion scale (e.g., has X action been completed, yes or no?)

Module 8 - 12

Uses of Checklists

- ❖ To assess the quality of services/care delivered to patients
- ❖ To monitor the implementation of program processes and protocols
- ❖ To assess the practice of new knowledge, skills, and responsibilities

Module 8 - 13

Interviews and Focus Groups

- ❖ Both are used to gather detailed, qualitative descriptions of how programs operate and how stakeholders perceive them
- ❖ Interviews are generally conducted one-on-one, whereas focus groups are conducted in small groups
- ❖ Both are usually conducted with targeted samples of stakeholders (e.g., staff, administrators, youth, families, funders, community members)
- ❖ Respondents are expected to answer using their own terms

Module 8 - 14

Interviews and Focus Groups, Cont.

- ❖ Can be conducted in person or by phone
- ❖ Questions are generally open-ended
- ❖ Responses are documented in detailed notes or transcription
- ❖ Some interviews use structured, quantitative response categories

Module 8 - 15

Uses of Interviews and Focus Groups

- ❖ To study attitudes and perceptions using respondents' own language
- ❖ To collect self-reported assessments of changes in response to the program
- ❖ To collect program assessments
- ❖ To document program implementation
- ❖ To understand and describe program processes
- ❖ To determine changes over time
- ❖ To support exploratory work or in-depth knowledge

Module 8 - 16

Record Reviews

- ❖ Involve review and analysis of documents (e.g., intake and tracking forms, financial records)
- ❖ Use information that is routinely collected during the implementation of the intervention
- ❖ Are useful to monitor and evaluate the process of implementing a program
- ❖ Help analyze existing program records and other documents not gathered or developed specifically for M&E

Module 8 - 17

Uses of Record Review

- ❖ To collect some behavioral reports
- ❖ To verify self-reported data
- ❖ To determine changes over time

Module 8 - 18

Observations

- ❖ Observations are conducted to view and hear actual program activities
- ❖ They can be focused on programs overall or participants in programs
- ❖ Instruments are called protocols or guides, sometimes checklists

Module 8 - 19

Uses of Observations

- ❖ To document program implementation
- ❖ To witness levels of skill/ability, program practices, and behaviors
- ❖ To determine changes over time

Module 8 - 20

Activity: Data Sources and Collection Methods for a Voluntary Counseling and Testing Program

Directions

- ❖ Do Activity 8.1 in the participant manual individually or in a group
- ❖ Review the example logic model (Figure 8.3), which describes the program providing pre-test counseling, HIV testing, and post-test counseling services; the objectives, questions, and data uses were defined in the previous modules
- ❖ Fill in Table 8.3 with your suggestions for the most effective and efficient methods and possible sources for collecting the data required

Module 8 - 21

Activity: Your Data Collection Methods and Experience

Directions

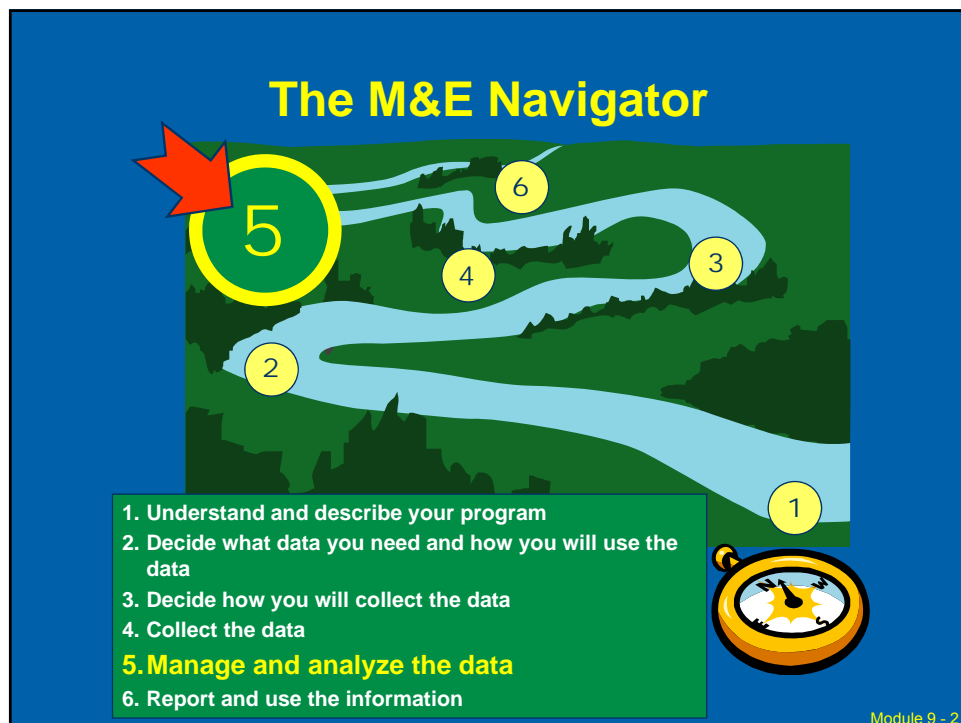
- ❖ Do Activity 8.2 in the participant manual alone or in a group; the experience could be your personal experience or that of your group or your country
- ❖ Reread the descriptions of methods in Table 8.4
- ❖ Use Table 8.4 to describe your experience using any of these methods to collect program data
- ❖ Think about and describe what were or might be the advantages and disadvantages of using the methods listed to collect your program data

Module 8 - 22

Training Slides:

Module 9

Module 9: Data Management



What Is Data Flow?

The process of moving data from the point where they were collected (*data source*) to the point where they will be processed into formats that are usable by stakeholders

Module 9 - 3

What Is Data Flow?, Cont.

- ❖ A way of tracking the different steps in the data management process:
 - ▲ Data collection
 - ▲ Data entry
 - ▲ Data synthesis
 - ▲ Data cleaning
 - ▲ Data quality check
 - ▲ Data analysis
- ❖ A diagram is often used to depict data flow

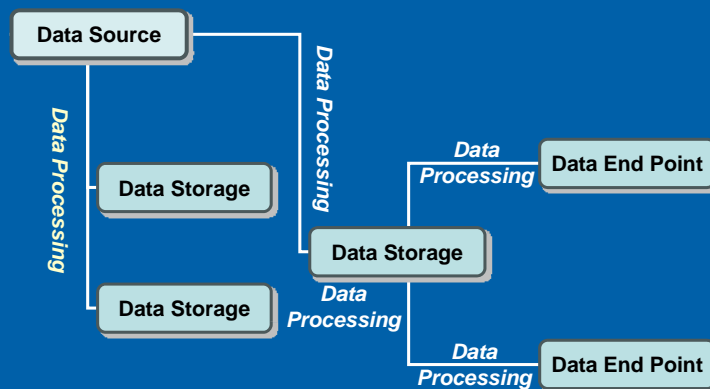
Module 9 - 4

Data Flow Components

- ❖ Data source points
 - ▲ Illustrate where data come from
- ❖ Data storage points
 - ▲ Represent how and where data are stored
- ❖ Data processes
 - ▲ Illustrate when, how, and by whom data are processed
- ❖ Data end points
 - ▲ Represent to whom or where the data will be sent

Module 9 - 5

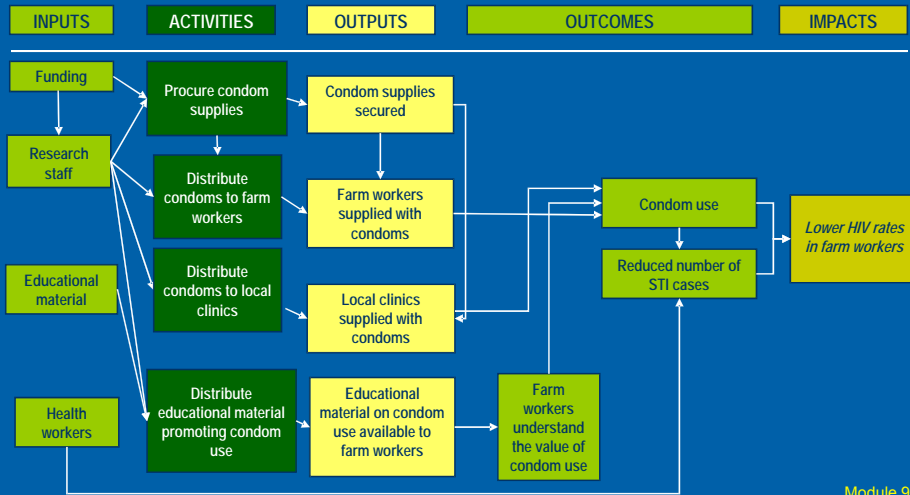
Data Flow Diagram



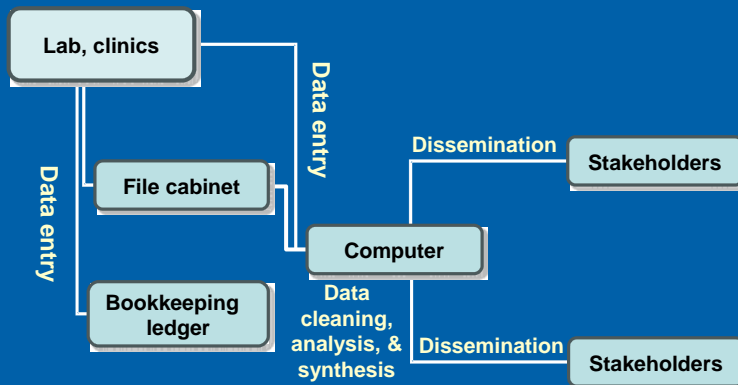
Module 9 - 6

Example: Farm Workers' Condom Distribution Program

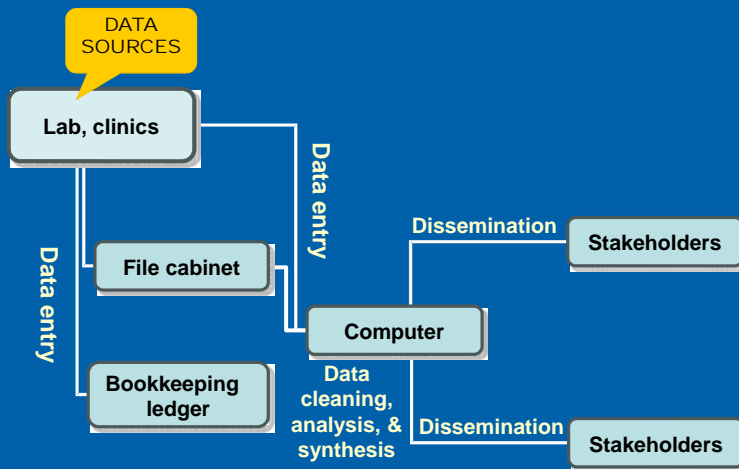
Problem statement: The prevalence of sexually transmitted infections (STIs) among farm workers continues to be high. Because farm workers work in remote sites, they do not have ready access to condoms.



Farm Workers' Data Flow Diagram for the Program

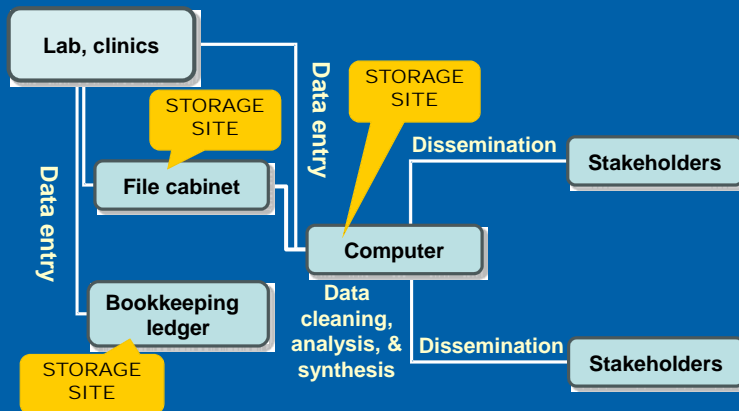


Data Sources



Module 9 - 9

Data Sources



Module 9 - 10

Data Processes (Entry, Cleaning, Analysis, Synthesis)

```
graph LR; A[Lab, clinics] --> B[Data entry]; A --> C[Data cleaning, analysis, & synthesis]; B --> D[File cabinet]; B --> E[Computer]; D --> F[Dissemination]; E --> G[Dissemination]; F --> H[Stakeholders]; G --> I[Stakeholders];
```

The diagram illustrates the flow of data processes. It starts with 'Lab, clinics' which feeds into 'Data entry' and 'Data cleaning, analysis, & synthesis'. 'Data entry' further branches into 'File cabinet' and 'Computer'. Both 'File cabinet' and 'Computer' lead to 'Dissemination', which then leads to 'Stakeholders'. Yellow callout boxes labeled 'DATA PROCESSES' point to the 'Data entry', 'Data cleaning, analysis, & synthesis', and the initial 'Lab, clinics' box.

Module 9 - 11

Data End Points

```
graph LR; A[Lab, clinics] -- Data entry --> B[File cabinet]; A -- Data entry --> C[Bookkeeping ledger]; A -- Data entry --> D[Computer]; B -- Data cleaning, analysis, & synthesis --> D; C -- Data cleaning, analysis, & synthesis --> D; D -- Dissemination --> E[Stakeholders]; D -- Dissemination --> F[Stakeholders]; E --- G[END POINT]; F --- H[END POINT];
```

The diagram illustrates the flow of data from its source to its final destination. It begins with 'Lab, clinics' as the primary source. Data is entered into three channels: 'File cabinet', 'Bookkeeping ledger', and 'Computer'. The 'Computer' channel also receives data from 'File cabinet' and 'Bookkeeping ledger' through a process of 'Data cleaning, analysis, & synthesis'. From the 'Computer', data is disseminated to 'Stakeholders' through another 'Dissemination' process. The final 'Stakeholders' are marked as 'END POINT'.

Activity: Develop Your Program's Data Flow Diagram, Part 1

Directions

- ❖ In Part 1 of Activity 9.1 develop a preliminary list of the four elements of your program data flow; a worksheet (Table 9.2) is provided in the participant manual
- ❖ Consider the following elements:
 - ▲ Where will the data come from (data sources)?
 - ▲ Where will it be stored (data storage points)?
 - ▲ How will the data be processed, and who will process the data (data processing)?
 - ▲ Where will it be sent (data end points)?
- ❖ Write each of the four elements of the program's data flow diagram into Table 9.2
- ❖ Draw lines showing how these elements are connected

Module 9 - 13

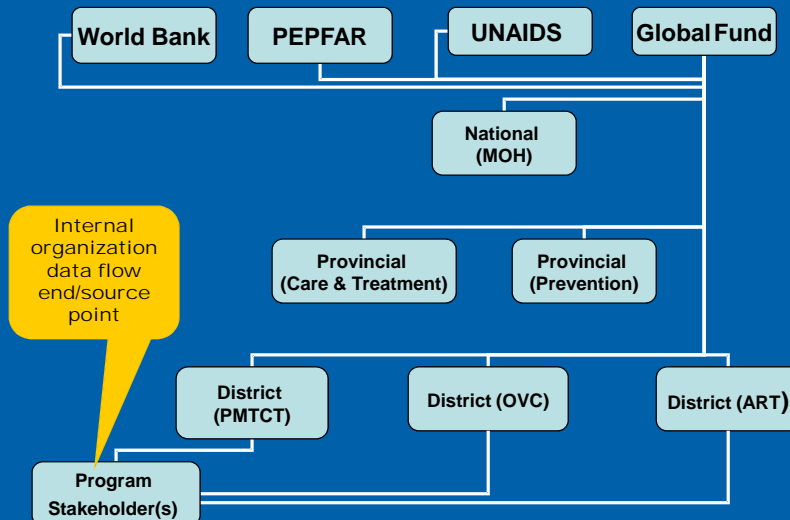
Activity: Develop Your Program's Data Flow Diagram, Part 2

Directions

- ❖ Now create a data flow diagram in Part 2 of the activity
- ❖ Refer to the data sources, processes, storage points, and end points you identified in Part 1
- ❖ Draw your data flow diagram in Table 9.2
- ❖ Draw lines showing how the elements are connected

Module 9 - 14

Data Flow Beyond Your Program



Module 9 - 15

Data Management

- ❖ The process that facilitates the effective transfer of the data from a raw form to a more usable format
- ❖ Consider who, what, when, and where for each of the following processing steps in managing data:
 - ▲ Data entry
 - ▲ Synthesis
 - ▲ Cleaning and analysis
 - ▲ Quality assurance

Module 9 - 16

Principles of Data Management

- Do it **early**: Organize the data management needs before data are actually collected
- Do it **often**: Store and enter data as they come in
- Do it **organized**: Develop a good filing system to avoid loss of data
- Do it **well**: Maintain data quality throughout all parts of the data flow

Module 9 - 17

Do It Early

- ❖ Consider who will be involved in the data management process and their resources and skills
- ❖ Agree on standardized processes and predefined formats
- ❖ Ensure security and confidentiality of data

Module 9 - 18

Do It Often

- ❖ Store and enter data as they come in
- ❖ Consider:
 - ▲ Regularly updating records
 - ▲ Establishing a data entry and storage schedule
 - ▲ Providing feedback to improve the system

Module 9 - 19

Activity: Design Your Data Management Process, Part 1

Directions

- ❖ Do Activity 9.2 as a group or individually
- ❖ Read and answer the questions in the participant manual and use Table 9.3
- ❖ Briefly describe your process for:
 - ▲ Updating your program records
 - ▲ Entering and storing program data
 - ▲ Monitoring and improving the system

Module 9 - 20

Do It Organized

- ❖ Processes and procedures for managing data need to:
 - ▲ Be systematic
 - ▲ Be understandable to program staff and funders
 - ▲ Support the use of data storage systems that provide quick and easy retrieval of needed information

Module 9 - 21

Do It Organized, Cont.

- ❖ Organized data management systems will:
 - ▲ Help ensure that multiple people (such as new staff and funders) can access, understand, and use the data
 - ▲ Allow data quality to be compared over time
 - ▲ Make it easier to identify areas for improvement
 - ▲ Help build institutional memory

Module 9 - 22

Setting Up a Good System for Data Storage Management

- ❖ Think about:
 - ▲ What information needs to be stored
 - ▲ Who needs access to the information and when
 - ▲ How information will be stored (paper vs. electronic)
 - ▲ What information needs to be kept and what can be discarded

Module 9 - 23

Do It Well

- ❖ If using electronic databases, use data entry programs that identify errors and inconsistencies between variables
 - ▲ For example, a mother who is entered as being younger than her children
- ❖ Do not over interpret when your confidence in data quality is low
- ❖ Do not under interpret when your confidence is high

Module 9 - 24

Activity: Design Your Data Management Process, Part 2

Directions

- ❖ Read and answer yes or no to the questions about your data management process in Table 9.4 in the participant manual
- ❖ Next, if your answer is no to any of these questions, think about and briefly describe what your organization needs to do to get these things in place
- ❖ Use Table 9.4 in the participant manual to record your responses

Module 9 - 25

Data Quality

Module 9 - 26

Not Paying Attention to the Quality of Data...

- ❖ Can have major costs to a program:
 - ▲ The use of additional program resources to take corrective actions
 - ▲ Reduced stakeholder confidence and support
 - ▲ Missed opportunities to identify areas of strength or gaps in program activities
 - ▲ The need to address incorrect decisions made on the basis of bad data

Module 9 - 27

Misconceptions About Data Quality

- ❖ Any data generated will be good
- ❖ Data management activities automatically result in accurate, interpretable, and usable data
- ❖ Data quality assurance processes are not needed
- ❖ Poor data management can result in missed opportunities to improve the quality of data at each stage of data flow

Module 9 - 28

How to Maximize Data Quality

- ❖ Maintain data quality at each stage of the management process
- ❖ Integrate formal data quality assurance processes at every stage of data collection, management, and data dissemination
- ❖ Pay attention to the design and implementation of data management systems

Module 9 - 29

How to Maximize Data Quality, Cont.

- ❖ Provide written instructions for how to use data collection instruments and tools
- ❖ Document processes for data entry, cleaning, and management
- ❖ Conduct ongoing monitoring of data collection activities
- ❖ Take proactive steps to correct problems that compromise the quality of data

Module 9 - 30

Key Principles of Data Quality

- ❖ Precision
- ❖ Reliability
- ❖ Validity
- ❖ Integrity
- ❖ Completeness
- ❖ Timeliness

Module 9 - 31

Precision

Data are collected, analyzed, and interpreted at an appropriate level of detail to answer the M&E questions

Module 9 - 32

Precision, Cont.

Example

What percentage of female and male voluntary counseling and testing (VCT) clients who were tested received their test results in the past year?

- ❖ To answer this question, you need data on:
 - ▲ Gender
 - ▲ Counseling and testing visits
 - ▲ Date of visits
- ❖ If any of these variables were missing from the data source or data storage site, the data would lack precision

Module 9 - 33

Reliability

- ❖ Repeated measures of the same variable have the same results; data are collected consistently
- ❖ This is most relevant to data sources

Module 9 - 34

Reliability, Cont.

Example

Collecting data on the number of staff members trained across multiple VCT sites

- ❖ Make sure all sites are including the same types of training events in their counts:
 - ▲ Some sites might consider staff meetings as a training event, whereas others might only count trainings that included course objectives and curricula

Module 9 - 35

Validity

- ❖ The measure really measures what is intended
- ❖ Validity is most relevant to the instruments used for collecting the data at the data source
- ❖ Making sure you are getting the type of response you are expecting is particularly challenging for self-reported data
- ❖ If terms are too technical or if questions are not asked in a precise way, they can be misinterpreted

Module 9 - 36

Validity, Cont.

Example

You ask the client if his previous HIV test result was positive

- ❖ He interprets “positive” as a good result and thinks that he does not have the HIV infection
- ❖ He will respond “yes”
- ❖ “Yes” is not valid for what you want to know

Module 9 - 37

Integrity

Data are accurate from the time they are collected to the time they are reported

Module 9 - 38

Integrity, Cont.

Example

The integrity of the data needs to be ensured at each stage of data flow

- ❖ Staff must:
 - ▲ Be accurate in recording data on data collection forms or when data are entered into the database
 - ▲ Be accurate in entering data
 - ▲ Read and understand processes for how data will be entered and cleaned
 - ▲ Maintain data integrity at the data dissemination stage:
 - Report data without intentional bias or manipulation

Module 9 - 39

Completeness

All intended data are collected

Module 9 - 40

Completeness, Cont.

Example

Collecting and entering data to maximize completeness of information

- ❖ This means that all eligible people or units and all data variables are included
- ❖ If key variables are missing:
 - ▲ The amount of data available to analyze and report will be reduced
 - ▲ One's ability to make conclusions about the findings will be compromised

Module 9 - 41

Timeliness

- ❖ Data collection, entry, submission, use, and reporting should occur with appropriate frequency and schedule
- ❖ Data are timely when they are up-to-date and available when needed

Module 9 - 42

Timeliness, Cont.

Example

Data on when test results are received are not entered until several months after the end of the year and reports are due before the data are entered

- ❖ The count of how many people received their test results in the reporting will be underestimated

Module 9 - 43

Activity: Ensure Data Quality in Your Program

Directions

- ❖ Review the data flow diagram you developed earlier for your program
- ❖ Use Table 9.6 in Activity 9.3 in the participant manual to describe three steps/actions your organization takes or needs to take to ensure data quality at each stage of data flow

Module 9 - 44

Data Analysis

- ❖ A logical way of describing, summarizing, and comparing information
- ❖ Often categorized as quantitative or qualitative

Module 9 - 45

Quantitative Data Analysis

- ❖ The process of presenting and interpreting numerical data
- ❖ Answers these questions:
 - ▲ What is the percentage of condoms that were distributed in the target community?
 - ▲ What is the average number of clients receiving services?
 - ▲ How do participants rate the usefulness and relevance of the program?
 - ▲ How much variability is there between different client groups?
 - ▲ What is the relationship between a program and the outcomes?
 - ▲ How strong is the relationship?
 - ▲ Are the results statistically significant?

Module 9 - 46

Quantitative Data Analysis

- ❖ Involves observing or describing a certain phenomenon, classifying it, and seeing how concepts interconnect
- ❖ Answers these questions:
 - ▲ Is the program being implemented according to plan?
 - ▲ What are some of the difficulties faced by staff?
 - ▲ Why did some participants drop out early?
 - ▲ What is the experience like for participants?
 - ▲ Is there any unexpected impact on families and communities?

Source: Division of Research, Evaluation and Communication, National Science Foundation. (1997). Part II. Overview of qualitative methods and analytic techniques. In J. Frechtling & L. Sharp (Eds.), *User-friendly handbook for mixed method evaluations*. Retrieved from <http://www.ehr.nsf.gov/EHR/REC/pubs/NSF97-153/START.HTM#TOC>

Module 9 - 47

Integrated Approach

Combining quantitative and qualitative methods, using a participatory approach, can enrich the design as well as interpretation or explanation of observed outcomes

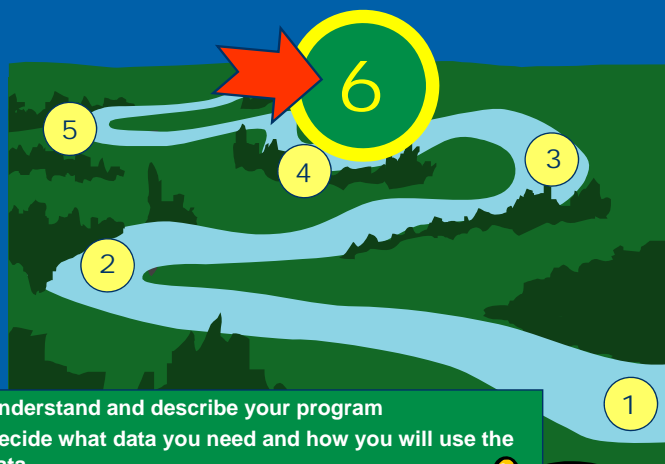
Module 9 - 48

Training Slides:

Module 10

Module 10: Sharing M&E Findings

The M&E Navigator



1. Understand and describe your program
2. Decide what data you need and how you will use the data
3. Decide how you will collect the data
4. Collect the data
5. Manage and analyze the data
- 6. Report and use the information**



Module 10 - 2

Why Share M&E Findings?

- ❖ To improve program management functions
- ❖ To enhance stakeholder support
- ❖ To advocate for additional resources and/or policies
- ❖ To contribute to the global knowledge of what works

Module 10 - 3

Improve Program Management

- ❖ Help program staff understand how and why the program is working
- ❖ Highlight program strengths and accomplishments
- ❖ Improve program planning
- ❖ Identify gaps in program implementation
- ❖ Identify future program needs
- ❖ Help future decision making about the best use of resources

Module 10 - 4

Enhance Stakeholder Support

- ❖ Help stakeholders and the community understand what the program is doing
- ❖ Help ensure social, financial, and political support
- ❖ Help a program establish or strengthen its network of individuals and organizations with similar goals

Module 10 - 5

Advocate

- ❖ Help raise awareness of the program among the public, policy makers, and donors
- ❖ Strengthen funding proposals with regular documentation and dissemination of results
- ❖ Provide M&E lessons learned for donors who may then increase or sustain support for programs

Module 10 - 6

Contribute to Knowledge of What Works

- ❖ Allow others to learn from the program's experience
- ❖ Contribute to a body of lessons learned and best practices that can strengthen all HIV/AIDS programs

Module 10 - 7

Your Audience

- ❖ Beneficiaries
- ❖ Surveillance system personnel
- ❖ HIV/AIDS program managers
- ❖ Your own program staff
- ❖ Politicians/policy makers
- ❖ Donors/international agencies
- ❖ The private sector
- ❖ Media

Module 10 - 8

What to Share

- ❖ Know your audience members and their information needs and expectations
- ❖ Know what is required
 - ▲ What do they use data for?
 - ▲ How often do they need information from you?

Module 10 - 9

What to Share, Cont.

- ❖ Program objectives, activities, and results
- ❖ Related measures and indicators
- ❖ How data were collected and analyzed
- ❖ Facts and figures (quantitative data) and descriptive data (qualitative data)
- ❖ Differences between what was intended and what happened
- ❖ Successes and lessons learned
- ❖ What could be done differently
- ❖ Options for the way forward

Module 10 - 10

When to Share

- ❖ M&E results should be disseminated and used throughout a program cycle or year, not just at the end
- ❖ To the extent possible, dissemination can be linked to donor reporting and budget cycles
- ❖ Appropriate timing can increase the attention given to data

Module 10 - 11

Activity: Whom Do You or Could You Share Information With?

Directions

- ❖ Work alone or in a group on Activity 10.1 in the participant manual
- ❖ Give four examples in Table 10.1

Module 10 - 12

How to Share Information

- ❖ Report
- ❖ Presentation
- ❖ Press conference
- ❖ Memo
- ❖ Success story
- ❖ Radio spots
- ❖ Poster
- ❖ Fact sheet
- ❖ Brochure
- ❖ Others?

Module 10 - 13

Discussion

- ❖ What formats have you used or seen used to communicate data?
- ❖ What do you see as the advantages and disadvantages of each format?
- ❖ Were these successful in disseminating and communicating findings with the given audience?
- ❖ What do you think contributed to the success?
- ❖ Do you know of other ways data can be shared with stakeholders?

Module 10 - 14

Visual Aids

- ❖ Are ways to present data that are easier to understand than if the information were in text
- ❖ Should convey an understanding about the data that would not be readily apparent if they were described in text

Module 10 - 15

Visual Aids, Cont.

- ❖ Tables
- ❖ Charts:
 - ▲ Line graphs
 - ▲ Bar graphs
 - ▲ Pie charts
- ❖ Maps
- ❖ Photographs

Module 10 - 16

Visual Aids: Example

- ❖ The implementer of a voluntary counseling and testing (VCT) program would like to show her staff which days of the week are busiest at a VCT clinic
- ❖ She looks through patient records and finds that in the previous week, 10 people came on Monday, 15 on Tuesday, 20 on Wednesday, 40 on Thursday, and 5 on Friday

Module 10 - 17

Visual Aids: Example, Cont.

- ❖ Is there a pattern in the text?
- ❖ How easy or hard is it to tell?

Module 10 - 18

Visual Aids: Table

Number of Patients Attending VCT Clinic

Monday	Tuesday	Wednesday	Thursday	Friday
10	15	20	40	5

Module 10 - 19

Visual Aids: Table, Cont.

- ❖ Are the data easier to understand in text or in a table?
- ❖ Why?

Module 10 - 20

Visual Aids: Charts

- ❖ Three basic types:
 - ▲ Line graph
 - ▲ Bar graph
 - ▲ Pie chart

Module 10 - 21

Visual Aids: Line Graph

- ❖ A line graph is used to show how one factor changes over time
- ❖ Each segment of line represents one item of data

Module 10 - 22

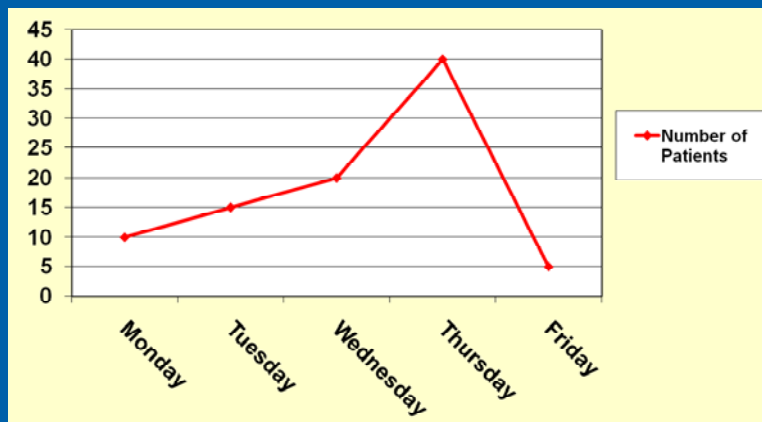
Visual Aids: Line Graph, Cont.

- ❖ The coordinator of a VCT program would like to show her staff which days of the week are busiest at a VCT clinic
- ❖ She looks through patient records and finds that in the previous week, 10 people came on Monday, 15 on Tuesday, 20 on Wednesday, 40 on Thursday, and 5 on Friday

Module 10 - 23

Visual Aids: Line Graph, Cont.

Number of Patients Attending VCT Clinic, by Day



Module 10 - 24

Visual Aids: Bar Graph

- ❖ A bar chart is a graph of data with parallel bars for comparing information about the relationships between groups
- ❖ Each bar represents one item of data
- ❖ The greater the bar height (or length), the greater the value

Module 10 - 25

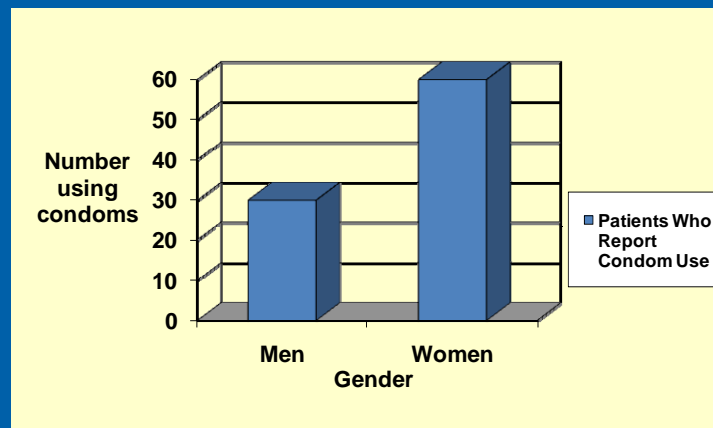
Visual Aids: Bar Graph, Cont.

- ❖ A program implementer wants to show his counterpart in the ministry of health that more women than men report using condoms in their most recent sexual encounter when they come to a health clinic
- ❖ He looks through the records from the previous week and finds that of the 90 people who reported using condoms in their most recent sexual encounter, 30 were men and 60 were women

Module 10 - 26

Visual Aids: Bar Graph, Cont.

Number of Patients Reporting Using a Condom during Most Recent Sexual Encounter



Module 10 - 27

Visual Aids: Pie Chart

- ❖ A pie chart is a circle divided into a series of segments
- ❖ Each segment represents a particular item of data
- ❖ A pie chart is a very useful way to show percentages or proportions
- ❖ Sometimes you will see a segment of the drawing separated from the rest of the pie in order to emphasize an important piece of information

Module 10 - 28

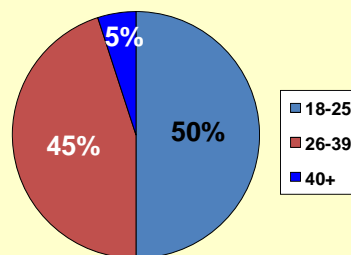
Visual Aids: Pie Chart, Cont.

- ❖ A program implementer wants to show her donors that she is having trouble getting adults who are older than 40 to come to sex education classes
- ❖ She looks at the 100 people who came to classes the week before and finds that 50 were between the ages of 18 and 25, 45 were between 29 and 39, and only 5 were 40 or older

Module 10 - 29

Visual Aids: Pie Chart, Cont.

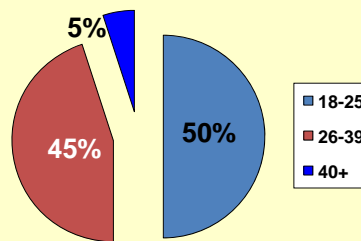
Ages of Students in Sex Education Classes



Module 10 - 30

Visual Aids: Pie Chart, Cont.

Ages of Students in Sex Education Classes

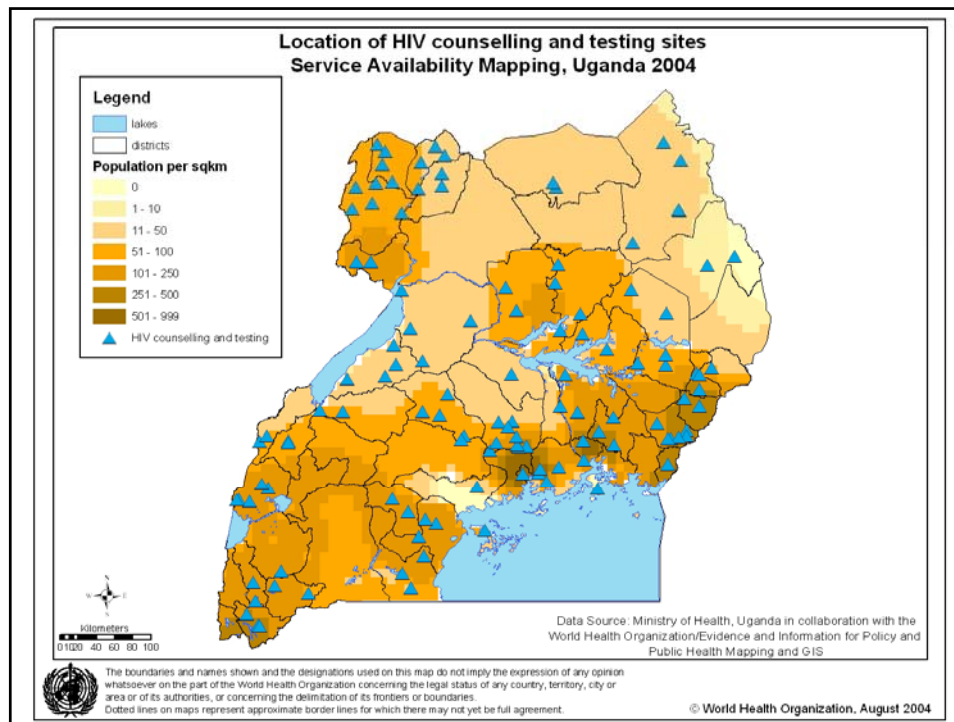


Module 10 - 31

Visual Aids: Map

A map is a graphic representation of information using location and geographic coordinates

Module 10 - 32



Visual Aids: Photograph

- ❖ A photograph can:
 - ▲ Provide background information
 - ▲ Help an audience visualize a research process
 - ▲ Help explain methodology used to obtain data

Visual Aids: Photograph, Cont.



Module 10 - 35

Activity: Develop Visual Aids for the Information Provided

Directions

- ❖ Review Activity 10.3 in the participant manual
- ❖ Work individually or in a small group
- ❖ In each case, develop a visual aid for the information provided

Module 10 - 36

Training Slides:

Module 11

Module 11: Building M&E Capacity and Assessing Readiness

M&E Capacity Building

Module 11 - 2

Making M&E a Routine Part of a Program...

- ❖ Requires you to:
 - ▲ Support program implementers of M&E activities in performing their jobs effectively
 - ▲ Ensure that there are enough resources to carry out and sustain M&E activities
 - ▲ Assist organizations, agencies, and institutions in establishing and maintaining comprehensive systems for planning, implementing, and managing M&E activities

Module 11 - 3

What Is Capacity Building?

- ❖ The process of improving the ability of persons, groups/organizations, and/or systems to meet objectives, address stakeholders' needs, and, ultimately, perform better
- ❖ Focuses on strengthening knowledge, skills, and abilities through various activities so the program can better perform tasks related to achieving its particular goals and objectives

Module 11 - 4

Why Is Capacity Building Important?

- ❖ Growing global demand for M&E beyond accountability:
 - ▲ Improving program
 - ▲ Increasing knowledge about what works and why
- ❖ Integral to formalizing M&E and making it a routine part of organizational activities

Module 11 - 5

Organizing Framework for an M&E System

- ❖ Developed by a subcommittee of the UNAIDS Monitoring and Evaluation Reference Group (MERG)
- ❖ Supports *third* One of Three Ones:
 - ▲ One agreed country level Monitoring and Evaluation System
- ❖ Consists of 12 components relevant across national and subnational level partners

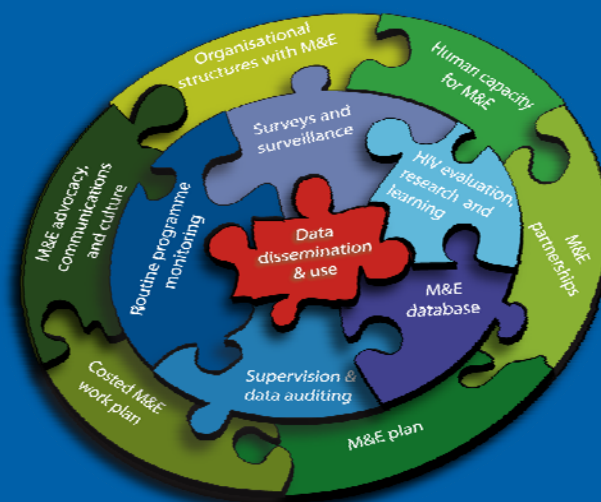
Module 11 - 6

Organizing Framework for an M&E System, Cont.

- ❖ Intended to facilitate:
 - ▲ Identification of strengths and weaknesses of existing M&E systems
 - ▲ Development of a national plan for M&E system implementation
 - ▲ Coordination of investments in M&E
 - ▲ Monitoring of progress toward a fully functional national HIV M&E system

Module 11 - 7

12 Components of a Functioning M&E System



Module 11 - 8

12 Components: Outer Ring

- ❖ The planning, human resources, and partnerships that support data collection and data use:
 - ▲ Organizational structures with HIV M&E functions
 - ▲ Human capacity for HIV M&E
 - ▲ Partnerships to plan, coordinate, and manage the HIV M&E system
 - ▲ National, multisectoral HIV M&E plan
 - ▲ Annual, costed, national HIV M&E work plan
 - ▲ Advocacy, communications, and culture for HIV M&E

Module 11 - 9

12 Components: Middle Ring

- ❖ Key functions of the system—collecting, capturing, and verifying data:
 - ▲ Routine HIV program monitoring
 - ▲ Surveys and surveillance
 - ▲ HIV evaluation, research, and learning agenda
 - ▲ National and subnational HIV M&E databases
 - ▲ Supportive supervision and data auditing

Module 11 - 10

12 Components: Center

- ❖ Central purpose of the M&E system—using data for decision making:
 - ▲ Data dissemination and use

Module 11 - 11

M&E Plan

- ❖ Is a document to track specific M&E activities that need to be carried out and the required resources needed
- ❖ Outlines:
 - ▲ What will be monitored and/or evaluated
 - ▲ What data are needed and will be collected
 - ▲ How the data will be used
 - ▲ How M&E activities will be managed and supported
- ❖ Provides a practical framework for implementing or supporting M&E activities
- ❖ Developed during the design and planning phases of a program

Module 11 - 12

Key Elements of an M&E Plan

- ❖ Description of the program
- ❖ Purpose of M&E activities and objectives
- ❖ M&E questions
- ❖ Description of what data will be collected
- ❖ Methods for collecting, managing, and sharing data
- ❖ Descriptions of who will implement various aspects of the plan
- ❖ Resources needed to implement the plan
- ❖ Timeline for completing M&E activities

Module 11 - 13

Description of the Program

- ❖ Program summary narrative
- ❖ Problem or situation that the program seeks to address
- ❖ Program goals and objectives as part of the overall description of the program
- ❖ How the program will improve the problem or situation (inputs and activities)
- ❖ Expected changes that will occur as a result of the program (outputs and outcomes)

Module 11 - 14

Description of the Program, Cont.

- ❖ Description of program components:
 - ▲ Specific, detailed description of problem statement, inputs, activities, outputs, outcomes, and impacts
- ❖ Program logic model:
 - ▲ Graphic display of the functional relationships between the components using a logic model

Module 11 - 15

Purpose of M&E Activities and Objectives

- ❖ Description of the purpose of M&E activities and related objectives:
 - ▲ How and to what extent the program will achieve its objectives
 - ▲ Anticipated outcomes of the program's efforts
 - ▲ How outcomes will inform decision making

Module 11 - 16

M&E Questions

- ❖ List of M&E questions:
 - ▲ Consider the program's and stakeholders' needs/wants
 - ▲ Prioritize on the basis of resources and capacity to answer questions
 - ▲ Make sure questions are measurable

Module 11 - 17

Description of What Data Will Be Collected

- ❖ Prioritize measures and indicators:
 - ▲ Describe the data needed to answer the M&E questions
 - ▲ Describe the relevant measures and indicators
 - ▲ Outline potential sources for the data

Module 11 - 18

Methods for Collecting, Managing, and Sharing Data

❖ Description of data collection methods:

▲ List:

- Data collection tools already available
- Data collection tools that will need to be developed or obtained
- The method that each tool supports

Module 11 - 19

Methods for Collecting, Managing, and Sharing Data, Cont.

❖ Description of data management process:

▲ Outline:

- What, when, where data will be processed and who will process the data
- Data storage systems
- Data quality assurance processes
- Data flow (diagram)

Module 11 - 20

Methods for Collecting, Managing, and Sharing Data, Cont.

- ❖ Description of data dissemination plans:
 - ▲ Outline:
 - What data will be shared
 - Whom will data be shared with
 - Reasons for sharing
 - Timelines and formats

Module 11 - 21

Descriptions of Who Will Implement Various Aspects of the Plan

- ❖ Description of the roles and responsibilities of persons involved in implementation of M&E activities:
 - ▲ Who will be involved in implementing each activity (may include program staff, organizational administrative staff, stakeholders, and consultants)

Module 11 - 22

Resources Needed to Implement the Plan

- ❖ Summary of resources needed and associated cost:
 - ▲ Budget for each M&E task, taking into consideration administrative costs, program staff compensation (e.g. salary, benefits), consultants, travel, communication, printing and duplication, materials, and training

Module 11 - 23

Timeline for Completing M&E Activities

- ❖ A detailed schedule of M&E tasks:
 - ▲ Keeps track of various tasks and important deadlines
 - ▲ Keeps all involved staff members aware of due dates and progress of tasks
 - ▲ Should include:
 - M&E tasks
 - Responsible individual(s) for each task
 - Target completion date

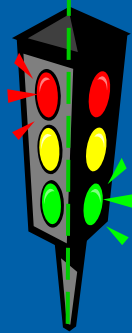
Module 11 - 24

Determining M&E Readiness

Module 11 - 25

Determining M&E Readiness

Not Ready



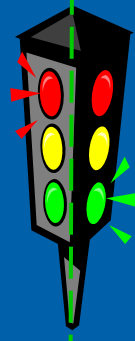
Ready for M&E!

- ❖ Assessing M&E readiness can help an organization determine the status of:
 - ▲ Key M&E priorities for its program or project
 - ▲ The relationship of these priorities to the national agenda and/or PEPFAR
 - ▲ Specific M&E data needs for its program or project
 - ▲ Resources available or needed to support M&E activities
 - ▲ Essential elements/components within its M&E system or structure

Module 11 - 26

Determining M&E Readiness, Cont.

Not Ready



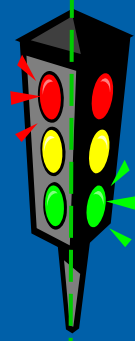
Ready for M&E!

- ❖ Assessing M&E readiness also can help an organization determine the status of:
 - ▲ Political will or key stakeholder support for M&E
 - ▲ Current technical and organizational (institutional) capacities to initiate and manage ongoing M&E activities
 - ▲ Technical and organizational (institutional) capacity needed to support ongoing M&E activities
 - ▲ Efforts to identify priorities and strategies for strengthening M&E efforts

Module 11 - 27

What Is Needed to Support Readiness?

Not Ready



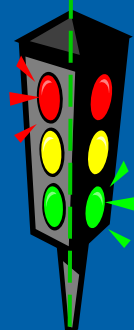
Ready for M&E!

- ❖ M&E human resource needs
- ❖ M&E goals, objectives, and questions
- ❖ Key indicators, baseline measures, and targets
- ❖ Plan for data collection and management
- ❖ Plan for data use and dissemination

Module 11 - 28

What Is Needed to Support Readiness?, Cont.

Not Ready



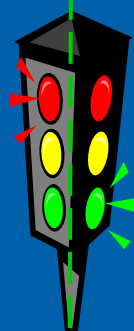
Ready for M&E!

- ❖ Budgetary needs to support M&E (proportional to program resources)
- ❖ Processes for operationalizing M&E
- ❖ Strategies for strengthening M&E technical and institutional capacity

Module 11 - 29

General Readiness to Implement M&E

Not Ready

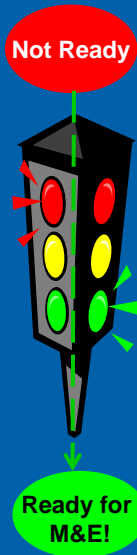


Ready for M&E!

- ❖ Is there a willingness to incorporate M&E in a program?
- ❖ Have the intended users of the information generated from M&E activities been identified?
- ❖ Is there a logic model describing planned implementation and outcomes?
- ❖ Have M&E questions been identified that meet stakeholders' needs?
- ❖ Have specific uses for the findings from M&E data been identified?

Module 11 - 30

General Readiness to Implement M&E, Cont.



- ❖ Have the data needed to answer high-priority questions been identified?
- ❖ Are the needed data available or feasible to collect?
- ❖ Have evaluation resources been secured?
- ❖ Have data collection, management, and analysis procedures been developed?
- ❖ Is there a strategy to disseminate and use the evaluation findings?

Module 11 - 31

Activity: Your M&E Readiness Assessment

Directions

- ❖ Do Activity 11.1 individually or in a small group
- ❖ Review each question in the M&E readiness assessment provided in the participant manual
- ❖ For the program you currently work on or provide technical assistance to, write a brief description of:
 - Status of the activity
 - Related actions/next steps
 - Responsible parties and timeline
 - Resources needed
 - Technical assistance needs

Module 11 - 32

Discussion

- ❖ What are some of the highlights, challenges, and next steps identified from the assessment?
- ❖ What are the similarities and differences between assessments presented?
- ❖ How might you be able to learn and gain resources from colleagues who are further along in the M&E system development process?

Module 11 - 33



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