



MONITORING AND EVALUATION FOR NATIONAL PROGRAM PLANNING AND MANAGEMENT

PARTICIPANT MANUAL
MARCH 2008

Acknowledgments

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- Capacity Building for Program Planning, Management, and Improvement (January 2005), sponsored by CDC/GAP Botswana.
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Notes

Introduction

Introduction

Overview

What the course is about

This manual provides an introduction to M&E, with practical information that will help you understand and integrate M&E concepts, approaches, and methods into your program. It covers:

- M&E terminology and methods
- ways to describe your program
- how to use M&E activities as part of your national strategy
- how to develop goals, objectives, and questions
- how to identify M&E sources of *data* and who will use the data
- how to collect and manage data
- how to build M&E capacity.

Audience

The course is meant primarily for staff with little or no background in M&E:

- National, provincial, or district-level staff; either government agencies or nongovernmental organizations (NGOs) responsible for the management, M&E, and reporting of HIV/AIDS programs
- Organizations that provide M&E technical assistance (TA)
- U.S. Government (USG) country teams responsible for the coordination of national or provincial HIV technical programs and strategic information (SI) activities
- Other multilateral and bilateral agencies responsible for the coordination of national or provincial HIV technical programs and management of SI activities.

How to Use This Course/Manual

The information in the manual may be delivered as a facilitator-led course or you may work through the manual as a self-study.

- The course/manual is divided into modules. The modules are convenient blocks of material for a single study session.
- The information can be adapted for your country's needs, audience, and time constraints. Time should be allowed for country adaptation before the course or before you distribute it for self-study.

As you study this manual, you may come across italicized terms that are unfamiliar. Appendix A defines these terms.

Facilitator-led course

Tips for planning a facilitator-led course:

- One or two facilitators would deliver the content of the course over 3 to 5 days.
- Local facilitators may provide optional content that is specific or unique to the country.
- Activities, small group work, large group discussions, and facilitator-led presentations are used.
- Remember to allow time to adapt the course to your country and have the manual reviewed by your ministry of health (MOH), national program, or stakeholders.

Self-study

If you provide the manual for self-study, set a timeline for completion. Many staff members are so busy that they may not have time. If that is the case:

- consider working through parts of the manual that are very useful for your team or program
- present just a few pages at a time in team or staff meetings and, in this way, cover all of the main content over a period of time
- ask staff to prepare to present some of the material at a meeting.

Appendices

More information is provided in:

Appendix A: Glossary of Terms

Appendix B: References and Reading

Appendix C: Links

Appendix D: Answers to Activities

Appendix E: Applying M&E in Your National Program (an optional module that allows participants to review their own national programs or learn how to conduct this type of review)

Appendix F: M&E Readiness Assessment

Additions, Corrections, and Suggestions

Do you have changes to suggest for this course? Is there additional information you would like to see? Please e-mail us. We will collect your comments and consider your suggestions in the next update to the course.

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Notes

Module 1:

What is M&E?

Module 1: What Is M&E?

Overview

What this module is about

This module defines the terms *monitoring* and *evaluation* and gives you a chance to apply this information to your program. You will learn how M&E is used in programs. We will introduce the M&E navigator, used throughout this course to track your progress through the M&E process.

What you will learn

During this session, you will:

- learn the meaning of the terms monitoring and evaluation
- apply the terms to your own program
- learn how M&E is used in programs
- see the M&E navigator for the first time.

By the end of this module, you should be able to:

- define the M&E terms you have learned
- give examples of M&E from your program.

What Is M&E?

Definitions

Monitoring involves 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
- whether activities are being implemented as intended.

Evaluation involves the periodic collection of information about the activities, characteristics, and outcomes of programs. This information is used to:

- make judgments about the overall program
- improve program effectiveness
- identify lessons learned.

Why is M&E conducted?

M&E is conducted for three reasons:

1. To make a judgment about a program
2. To provide a basis for making improvements to a program
3. To generate knowledge.

Different types of M&E answer different questions and focus on different purposes.

All are important, but the emphasis of this training will be on M&E used for program improvement.

Other concepts

Program M&E complements other data collection efforts, but it is not exactly the same:

- *Academic research* is used to advance knowledge and understand the theoretical relationship between variables.
- *Disease surveillance* involves the ongoing collection, analysis, and interpretation of data that describe diseases and their transmission in populations.
- *Operations research* uses scientific methods, such as mathematical modeling, statistics, and algorithms, to inform decisions about improving how an organization runs.

Activity

Activity 1.1. Your M&E activities.

Directions:

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

Table 1.1. Your M&E activities.

| Definition | Your examples |
|--|---------------|
| <p>Monitoring involves the <u>ongoing collection of information</u> about the activities and operation of a program. This information is used to determine:</p> <ul style="list-style-type: none"> ▪ what the program is actually doing ▪ whether activities are being implemented as intended | |
| <p>Evaluation involves the <u>periodic collection of information</u> about the activities, characteristics, and outcomes of programs. This information is used to:</p> <ul style="list-style-type: none"> ▪ make judgments about the overall program ▪ improve program effectiveness ▪ identify lessons learned | |

How Planning, Implementation, and Outcomes Are Related

Figure 1.1 shows the relationship between planning, implementation, and outcomes (producing the desired results).

Figure 1.1. Relationship between planning, implementation, and outcomes.



Examples

What does Figure 1.1 mean? Here are two examples:

- The way the program was implemented may be different from the initial plan. You would need to determine why this happened so that you can plan differently in the future for similar programs.
- Program outcomes (results) may not be what you expected. In this case, you would have to determine what, if anything, needs to be changed in your plans.

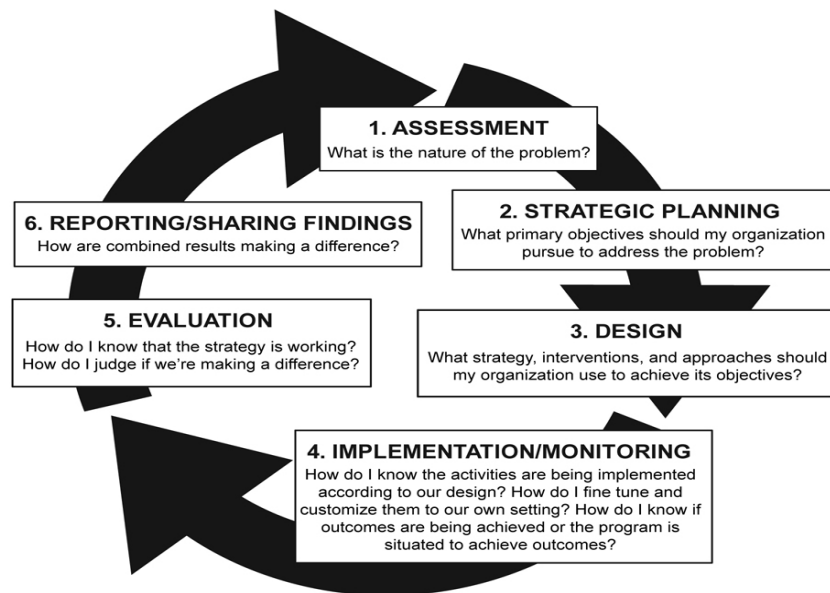
Discussion

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

The Integrated Program Development Cycle

Figure 1.2 (integrated *program development cycle*) shows in more detail the relationship between program planning, implementation, and outcomes.

Figure 1.2. Integrated program development cycle.



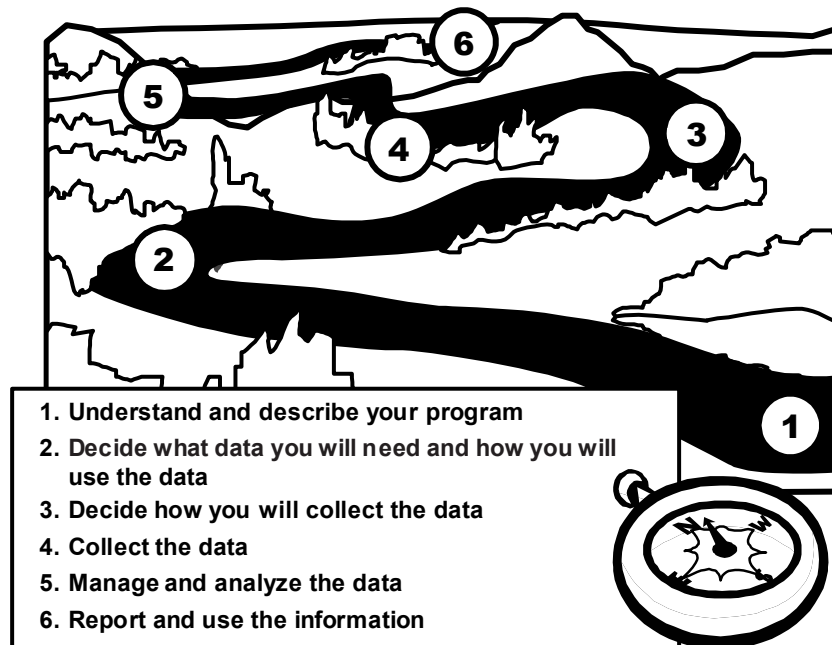
- The first three steps of the cycle correspond to the planning phase of Figure 1.1.
- The fourth step corresponds with implementation.
- The fifth and sixth steps correspond with outcomes.

The M&E Navigator

M&E activities provide the critical information needed to improve action.

The M&E navigator (Figure 1.3) illustrates our journey through the M&E process. We will revisit the navigator regularly to reflect critically and check where we are in learning about M&E.

Figure 1.3. Use the M&E navigator to track your progress.



Summary

To summarize this module:

- Monitoring involves the ongoing collection of information about a program to determine what has been done.
- Evaluation involves the periodic collection of information about a program to determine if things are being done right and what the result was of what has been done.
- M&E is conducted for judgment, program improvement, and knowledge generation purposes.
- M&E complements other data collection efforts (e.g., academic research, disease surveillance, operations research).
- Findings from M&E affect future program planning, implementation, and outcomes.

Module 2:

Understanding M&E

Terms and Models

Module 2: Understanding M&E Terms and Models

Overview

What this module is about

This module introduces some of the most important terms in the M&E field of practice. You will use these terms not only in this course but when you work on M&E programs. These terms are used by M&E professionals worldwide.

What you will learn

During this session, you will:

- learn M&E terms (*inputs, activities, outputs, outcomes, impacts, formative evaluation, input/output monitoring, process evaluation, outcome monitoring, outcome evaluation, impact monitoring, and impact evaluation*)
- learn how M&E is related to other uses of public health data
- study models and concepts to get an overview of the field of M&E.

By the end of this module, you should be able to:

- define five M&E terms (inputs, activities, outputs, outcomes, impacts), or give examples from your program
- define the six major types of M&E (formative evaluation, input/output monitoring, process evaluation, outcome monitoring, outcome evaluation, impact monitoring/evaluation), or give examples from your program.

Using M&E Language

Program components

We will use a national HIV/AIDS counseling and testing (C&T) program example to define these components. You will see these components again throughout the course and in your work in M&E.

- The components we will discuss are shown in Figure 2.1.
- Table 2.1 defines each component and provides examples from an HIV/AIDS C&T program.

Figure 2.1. Program components.



Table 2.1. Using M&E program components in an HIV C&T program.

| Term | Definition | Examples from an HIV/AIDS C&T program |
|-------------|---|---|
| Inputs | The resources used in a program, such as money, staff, materials, and supplies | <ul style="list-style-type: none"> ▪ Government and other donor funds ▪ C&T personnel ▪ C&T protocols and guidance ▪ Training materials ▪ HIV test kits |
| Activities | The services the program provides to accomplish its objectives, such as outreach, materials distribution, counseling sessions, workshops, and trainings | <ul style="list-style-type: none"> ▪ Provide pre-test counseling, HIV tests, and post-test counseling ▪ Train C&T personnel and site managers |
| Outputs | The direct products or deliverables of the program, such as number of trainings completed, people reached, and materials distributed | <ul style="list-style-type: none"> ▪ Number of personnel certified to provide testing ▪ Number of clients receiving pre-test counseling, HIV tests, and post-test counseling |
| Outcomes | The 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 | <ul style="list-style-type: none"> ▪ Quality of C&T is improved ▪ Clients develop a personalized risk reduction plan ▪ HIV-positive clients develop a treatment plan and are referred to treatment |
| Impacts | The long-term results of one or more programs over time, such as changes in HIV infection, morbidity, and mortality | <ul style="list-style-type: none"> ▪ HIV transmission rates decrease ▪ HIV incidence decreases ▪ HIV morbidity and mortality decrease |

Six Types of M&E

People use many different terms to describe M&E methods. For example, different terms are used in the field to refer to formative evaluation activities, such as *needs assessment*, *situational analysis*, and planning and assessment.

There are six major types of M&E:

- Formative evaluation
- Input/output monitoring (also called process monitoring)
- Process evaluation
- Outcome monitoring
- Outcome evaluation
- Impact monitoring/evaluation.

Each of these types gives us a different kind of information. Each requires a different level of effort and resources (time, money, and materials).

Activity

Activity 2.1. What is your experience with the six types of M&E?

This activity gives you a chance to think about your experience or the experience of someone else in your group.

Directions:

1. As a group or individually, add your experience notes to Table 2.2.
2. Remember that you may not have used the same terms or called the experience M&E.

Table 2.2. Your experience with the six major types of M&E.

| Type | Definition | When used, and examples |
|--|--|---|
| Formative evaluation | <p>Collects and uses information needed to plan programs. These data may describe:</p> <ul style="list-style-type: none"> ▪ the needs of the population ▪ the factors that put people at risk ▪ the context: the political, social, and cultural environment and how this affects the program one plans ▪ the program response ▪ the resources available (financial and human). | <p>Formative evaluation is used for planning and assessment. During the planning stage, it is used to answer the following questions: <u>Are we choosing the right things?</u> and <u>Does our plan make sense given the situation?</u></p> <p>Answers such questions as the following:</p> <ul style="list-style-type: none"> ▪ What are the needs of the population we plan to reach? ▪ How should the program be designed or modified to address the needs of the population? ▪ What would be the best way to deliver this program? |
| My (or others') experience with formative evaluation (notes): | | |
| Input/output monitoring | <p>Uses data to describe:</p> <ul style="list-style-type: none"> ▪ the individuals served ▪ the services provided ▪ the resources used to deliver services. | <p>Input/output monitoring is used during the implementation phase to answer the following question: <u>Are we doing the public health services we planned right?</u></p> <p>Answers such questions as the following:</p> <ul style="list-style-type: none"> ▪ What services were delivered? ▪ What population was served, and what numbers were served? ▪ What staffing/resources were used? |
| My (or others') experience with input/output monitoring (notes): | | |

Continued on next page

Table 2.2. Your experience with the six major types of M&E, continued.

| | | |
|---|--|---|
| Process evaluation | <p>Uses more detailed data about:</p> <ul style="list-style-type: none"> ▪ how the services were delivered ▪ differences between the intended population and the population served ▪ the population's access to the services. | <p>Process evaluation is used during the implementation phase to answer the following question: <u>Are we doing the public health services we planned right?</u></p> <p>Answers such questions as the following:</p> <ul style="list-style-type: none"> ▪ Was the program implemented as intended? ▪ Did the program reach the intended audience? ▪ What barriers did clients experience in accessing the <i>intervention</i>? |
| My (or others') experience with process evaluation (notes): | | |
| Outcome monitoring | <p>Tracks measures related to desired program outcomes. Example: In a prevention of mother-to-child transmission (PMTCT) program, monitoring whether HIV-positive mothers adhering to antiretroviral treatment (ART).</p> | <p>Outcome monitoring is used during the outcomes phase to answer the following question: <u>Are we making a difference?</u></p> <p>This type of monitoring may also track information directly related to program clients, such as changes in knowledge, attitudes, and behavior.</p> <p>Answers such questions as the following: Did the expected outcomes occur, for example:</p> <ul style="list-style-type: none"> ▪ increase in condom use ▪ increase in knowledge ▪ change in behavior ▪ increase in client use of services? |
| My (or others') experience with outcome monitoring (notes): | | |

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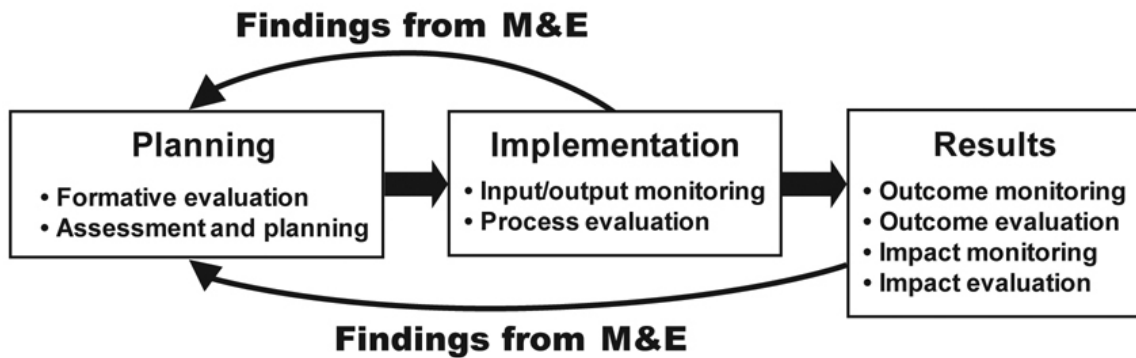
Table 2.2. Your experience with the six major types of M&E, continued.

| | | |
|---|---|--|
| Outcome evaluation | <p>Uses data about outcomes collected before and after a program using two groups:</p> <ul style="list-style-type: none"> ▪ those who participated in the program ▪ a similar group that did not participate in the program. | <p>Outcome evaluation is used at the end of a program to answer the question: <u>Did we make a difference?</u></p> <p>Answers questions such as: Did the program cause the expected outcomes?</p> |
| My (or others') experience with outcome evaluation (notes): | | |
| Impact monitoring/evaluation | <p>Uses data about longer term effects at the jurisdictional, regional, and national levels.</p> <ul style="list-style-type: none"> ▪ Impact monitoring (such as disease surveillance). Example: With national AIDS programs, one type of impact monitoring is a population-based survey that tracks whether or not desired outcomes have been reached. ▪ Impact evaluation (such as the rise or fall of disease incidence/prevalence as a function of AIDS programs) | <p>Impact M&E is also used during the outcomes phase to answer the following question: <u>Are we doing the public health services we planned on a large enough scale?</u></p> <p>Answers such questions as the following: What long-term effects do interventions have on HIV infection morbidity and mortality?</p> |
| My (or others') experience with impact monitoring and evaluation (notes): | | |

Notes

Figure 2.2 shows how the different types of M&E relate to planning, implementation, and results.

Figure 2.2. Relating M&E activities to planning, implementation, and results.



Formative evaluation provides information to help program planning. Input/output monitoring and process evaluation are tools for understanding implementation, provide data to refine program planning, and are the critical first steps to other types of evaluation. However, for programs that have proven to be effective or for certain activities (e.g., providing TA), input/output monitoring alone can be sufficient. Outcome monitoring and evaluation and impact monitoring and evaluation help to assess program results and inform future program planning.

Activity

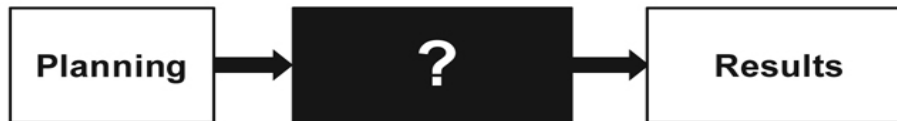
Activity 2.2. What happens if information is missing?

Directions:

1. Work on Activity 2.2 individually or as a group.
2. Review Figure 2.3.
3. Read the two possible project outcomes.
4. Answer the questions that follow.

A *behavior change communication (BCC)* program was planned and implemented. Increased condom use was the expected outcome. We will consider two outcomes: one negative outcome and one positive outcome.

Figure 2.3. What happens if part of the information is missing?



The negative outcome:

- Condom use was measured, and it did not change.
- Program staff did not monitor the implementation. They do not know who was actually reached by the program, how the program was actually delivered, or how to interpret possible problems.

The positive outcome:

- Condom use was measured and increased by a great amount.
- Other programs want to replicate this BCC process, but program staff did not monitor implementation. They do not know what caused the great increase in condom use.

The questions:

- What caused the lack of change or change in condom use?
- How does the lack of implementation monitoring data affect the staff's ability to improve the program?

Activity

Activity 2.3. Practice using M&E terminology.

Directions:

1. Complete Activity 2.3 as a group or individually.
2. Read the M&E youth program scenario below.
3. For each part of the scenario, write down the type of M&E activity that is being conducted.
4. We will review the answers as a group, or if you are working individually, you can check your answers in Appendix D.

YouthAID, a *community-based organization (CBO)*, is providing services to reach high-risk, out-of-school adolescent youth. The CBO plans to provide three 1-hour sessions to cover basic information about HIV transmission and to teach condom use skills. The intended outcome is to increase HIV knowledge and condom use. The CBO plans to use the Healthy Youth Curriculum to facilitate these sessions, and it estimates that this program will target 100 adolescents per quarter.

1. Students in the YouthAID program are asked to complete the Youth Risk Behavior Survey (YRBS), administered nationally and annually, as a way of tracking their and other youths' behaviors. What type of M&E activity is being conducted?
2. The YouthAID program manager sits in to observe service delivery to see if the health educator is following the Healthy Youth Curriculum. The manager also asks participants how satisfied they were with the sessions once they are completed. What type of M&E activity is being conducted?
3. The MOH and other partners have put in place HIV/AIDS surveillance systems and have been reviewing data collected from these systems for the past 3 years to determine trends in the disease. What type of M&E activity are they conducting?

4. A sample of participants in the YouthAID program are given HIV tests at the beginning of the program. They are tested repeatedly over a 5-year period to learn if they have seroconverted (become HIV positive). These *seroconversion rates* are compared with those of youth who are not involved with the program. What type of M&E activity is being conducted?
5. YouthAID staff administer a behavioral questionnaire to participants before the service delivery begins and 3 months after service delivery ends. Staff give the same questionnaire in the same time periods to a similar group of youth who did not receive the services. The results of these surveys are compared to see if there were changes in behavior and if the two groups differed. What type of M&E activity is being conducted?
6. YouthAID staff keep a record of the number of youth who attended each session, as well as participants' genders and ages. Staff also keep a record of the numbers and types of educational materials distributed to these participants. What type of M&E activity is being conducted?
7. YouthAID staff conduct a needs assessment to learn more about the factors that put their population at risk for HIV. They use this information to plan their service delivery for this population. What type of M&E activity are they conducting?
8. YouthAID staff conduct a client *focus group*, but once the group is complete, no one ever transcribes the audiotapes of the group discussion or looks at the information that emerged from this discussion. The tapes sit in a box in the back office. What type of M&E activity are they conducting?

M&E Models

Think about the terms and key concepts just covered as we discuss a model for thinking about program-level M&E in public health. In this part of the module, we will:

- review a set of public health questions that will help us think about how to implement M&E
- discuss the importance of setting realistic expectations when planning for program-level M&E.

Public health questions

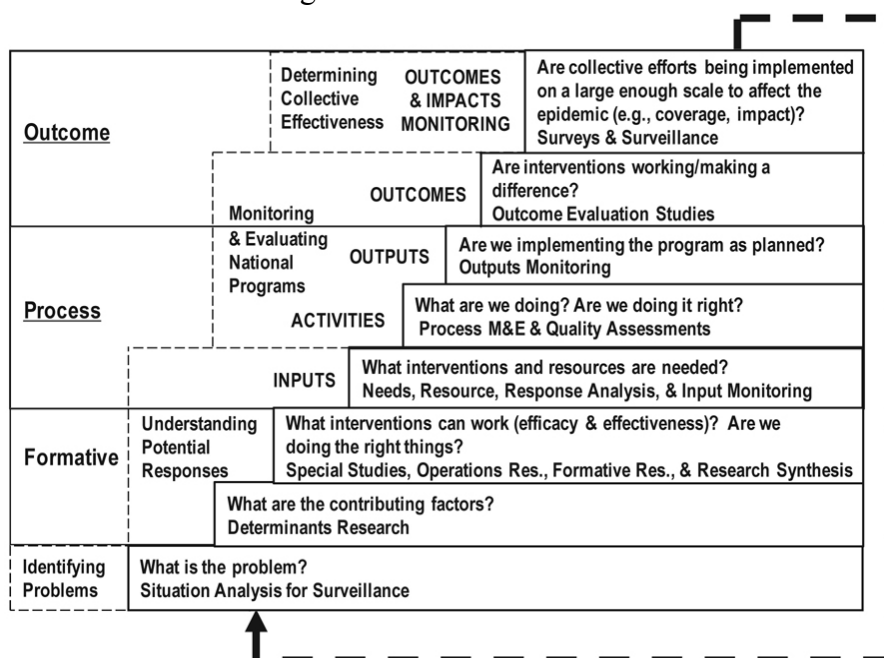
You may be responsible for coordinating, managing, providing TA, or monitoring and evaluating large-scale HIV/AIDS programs. Let us consider some basic public health questions that must be addressed when planning comprehensive M&E activities for your programs.

The *staircase model* presented as Figure 2.4 provides a step-by-step process that will help you understand the relationship among:

- program components
- *data sources*
- methods.

Each step in the model is the foundation for the next step in the investigative process.

Figure 2.4. Staircase model.



Source: Rugg, D., Carael, M., Boerma, J. T., & Novak, J. (2004).
Global advances in monitoring and evaluation of HIV/AIDS:
From AIDS case reporting to program improvement.
New Directions for Evaluation, 103, 33–48.

Explanation of the model

Begin at the bottom of the model and go up. The steps described in Table 2.3 are on the right side of the model. Additional information about the steps, such as their fit with M&E components, is provided on the left.

Table 2.3. Steps of staircase model.

| How step fits with M&E | What happens in HIV programs in this step |
|--|---|
| Identifying problems | Seek to identify the nature, magnitude, and course of the overall epidemic. This information typically comes from surveillance systems, special surveys, and epidemiological studies. |
| Contributing factors | Obtain the determinants for risk of infection. This information is usually obtained from knowledge, attitude, and behavior surveys; epidemiological risk factor studies; and determinants research. Results at this step will help you to design programs. |
| What interventions might work? | Consider ideal circumstances in rigorous research-driven protocols (<i>efficacy trials</i>) or under specific conditions (<i>effectiveness studies</i>). |
| What interventions and resources are needed? | Analyze program coverage data from special surveys or from the national health management information system (HMIS). |
| What are we doing? Are we doing it right? | Assess the quality of program implementation through process monitoring, evaluations, and other forms of quality assessments. |
| Are we implementing the program as planned? | Examine the extent of program outputs achieved, answering questions of how many and whether the program is implemented as planned. Typically, this information is routinely collected from an HMIS. |
| Are interventions working/making a difference? | Examine program outcomes and answer questions about program effectiveness. |
| Are we affecting the epidemic? | Determine overall program effects and collective effectiveness. Building on the answers to the questions at the previous steps, information from population-based surveys and other surveillance activities are once again used to identify problems in step 1. |

Mapping Types of Evaluation to the Staircase Model

The types of evaluations we learned about in the previous session (formative, process, and outcome evaluations) can be mapped to the staircase model. Refer again to the model. Note the location of types of M&E, such as formative evaluation.

Mapping formative evaluation

Once a problem has been identified, you will need to collect data to understand how to best address the problem. Formative evaluation involves the collection of information and data needed to plan and design programs and initiatives. These data may describe:

- the needs of the population
- the factors that put people at risk
- the context (the political, social, and cultural environments where the services will be delivered)
- the program's response
- the resources available.

These data help us answer the following questions:

- What are the contributing factors?
- What interventions can work?

Mapping process evaluation

Once you implement the services planned during the formative phase, it is important to determine how well you are doing and ways you can improve program design and implementation. To do this, you will be looking at inputs, activities, and outputs.

Process evaluation examines:

- the acceptability or feasibility of the services delivered
- the way the services have been implemented
- the quality of the procedures performed by the program staff.

Process evaluation describes what goes on during implementation, that is, how inputs and activities produce the outputs that will result in achieving program objectives.

Mapping outcome evaluation

Outcome evaluation is designed to establish whether a program is effective in bringing about desired results, such as changes in disease status, knowledge, attitudes, intentions, behaviors, and service use.

Setting Realistic Expectations**Activity**Activity 2.4. Set realistic expectations.

Only after answering the questions in Table 2.4 should you consider implementing a specific M&E activity. This is the area in the middle steps of the staircase model, inputs through outcomes. Work individually or as a small group.

Table 2.4. Setting realistic expectations for your program.

| Question | Your program's responses/comments |
|--|--|
| What kind of information is needed? Who needs it? | |
| What do we need to know about a given program or the program outcomes? | |
| How much time and effort will be required? | |
| ▪ How much time to collect, analyze, and interpret data? | |
| ▪ How many people will need to be involved to conduct this type of M&E activity? | |
| What resources are available? | |
| ▪ How much money will be needed to do this? | |
| ▪ What funding is available to support this? | |

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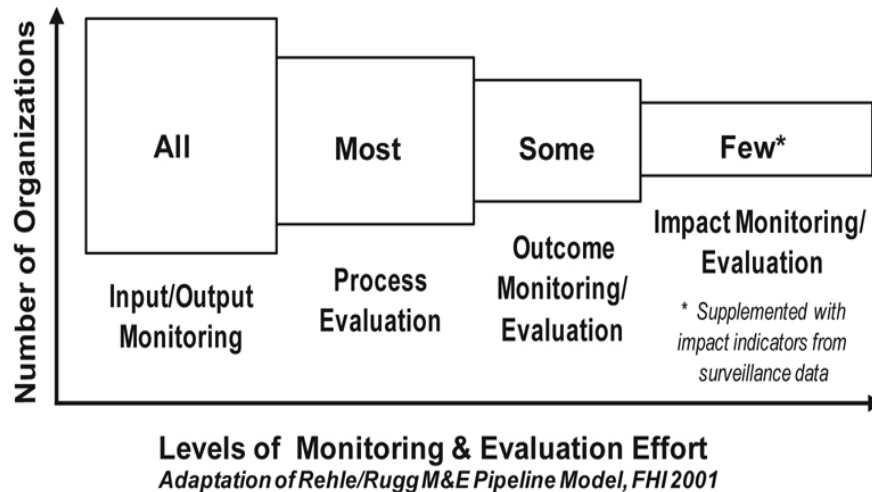
Table 2.4. Setting realistic expectations for your program, continued.

| | |
|--|--|
| ▪ How much time can program staff dedicate to this? | |
| ▪ Are there others who can help (e.g., donors, external consultants with expertise in M&E, partners)? | |
| What results can be expected at this point in time? | |
| ▪ Is the program far enough along in the implementation process to be able to see outputs? Outcomes? Impacts? Or is it too early to see some of the longer term results? | |
| ▪ Has the program been going on long enough for any level of outcomes to have occurred? | |
| ▪ Is it the right time to conduct the specified M&E activity? | |
| ▪ Is anything unusual happening in the near future that would make M&E findings hard to interpret? | |
| ▪ Are there likely to be significant changes in the programming? | |

Levels of Monitoring and Evaluation Effort: The M&E Pipeline

Which organizations should implement M&E activities? What types of activities should they implement? The *M&E pipeline* model shown in Figure 2.5 gives us a clue.

Figure 2.5. The M&E pipeline.



The pipeline concerns inputs, activities, outputs, outcomes, and impacts.

- All organizations should implement input and output monitoring to track the services provided and resources used.
- Most organizations should develop strategies to evaluate their activities through process evaluation, which requires additional time and effort from the organization.
- Only some organizations implement outcome evaluations because this requires a higher level of expertise, training, and resources than many smaller organizations have the capacity for.
- Only a few organizations, typically, national-level organizations (such as an MOH) or international organizations (such as the U.S. President's Emergency Plan for AIDS Relief), will conduct impact monitoring and evaluation to assess the long-term effects of organizations' collective efforts to address a problem.

Discussion

Answer the following questions individually or as a group:

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

Summary

To summarize this module:

- M&E program components include inputs, activities, outputs, outcomes, and impacts.
- There are six types of M&E methods: formative evaluation, input/output monitoring, process evaluation, outcome monitoring, outcome evaluation, and impact monitoring/evaluation.
- It is important to consider basic public health questions when planning M&E activities and how various methods map to the staircase model.
- It is important to consider the stage of a program and availability of resources before implementing a specific M&E activity.
- Not all organizations need to implement every type of M&E activity.

Module 3:

PEPFAR in the Context of the National Response

Module 3: PEPFAR in the Context of the National Response

Overview

What this module is about

This module provides a general overview of the role that the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) plays in supporting the national strategy of partner countries.

What you will learn

During this session, you will:

- learn about PEPFAR in the context of the national response.

By the end of this module, you should be able to:

- understand the history and purpose of PEPFAR
- describe the 2-7-10 goals
- list PEPFAR USG implementing partner agencies
- describe goals of SI in the context of PEPFAR.

What Is PEPFAR?

PEPFAR (also called the Emergency Plan) was initiated in 2003 by the USG to combat the global HIV/AIDS pandemic. PEPFAR was initially a 5-year, \$15 billion commitment. The program was recently extended for another 5 years.

PEPFAR promotes integrated prevention, treatment, and care interventions. An urgent focus has been established on countries that are among the most afflicted nations of the world.

In over 120 countries around the world, 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 adhere to sound management practices and coordinate and harmonize M&E efforts.

Goals

Commonly referred to as the 2-7-10 goals, PEPFAR's goals are to:

- provide ART for 2 million HIV-infected people
- prevent 7 million new HIV infections
- care for 10 million people infected with or affected by HIV/AIDS, including orphans and vulnerable children (OVC).

Partnership

PEPFAR partners with international multilateral institutions, USG agencies, host country governments, and other in-country organizations working to promote comprehensive and coordinated responses to HIV/AIDS.

International partners

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

Country-level partners

- MOHs
- NGOs
- Local universities.

To help strengthen a country's ability to respond to the epidemic, PEPFAR channels funding to local organizations to provide HIV/AIDS prevention, care, and treatment services. USG implementing agencies are required to annually review partner performance in strengthening local organizations.

SI in the context of PEPFAR

SI, which includes HMIS, surveillance, and M&E, is a critical element in making decisions about USG-funded global HIV programs and policies.

The goals of SI within PEPFAR are to:

- report on progress toward achieving the PEPFAR targets
- improve PEPFAR programming and delivery of services
- provide accountability for the 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 the use of SI in combating HIV/AIDS.

The Three Ones

A critical aspect of PEPFAR activities is to coordinate *indicators* and reporting systems with international agencies and national systems. This is referred to as *harmonization* by the multiple international partners.

The Three Ones are a set of principles endorsed by UNAIDS, the United Kingdom, and USG to achieve the effective and efficient use of resources and to ensure rapid action and results-based management.

They include:

- 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 multisectoral mandate
- one agreed country-level Monitoring and Evaluation System.

More about PEPFAR

More information about PEPFAR can be found at <http://www.pepfar.gov/>.

Summary

To summarize this module:

- PEPFAR promotes integrated prevention, treatment, and care intervention.
- The goals of PEPFAR are commonly referred to as the 2-7-10 goals.
- PEPFAR partners with international agencies (UNAIDS, WHO, GFATM) and country-level actors (universities, ministries, NGOs).
- A critical element of PEPFAR is the harmonization of international and national indicators and reporting systems.
- SI (HMIS, surveillance, and M&E) is a critical element in making decisions about USG-funded global HIV programs and policies.
- PEPFAR supports the Three Ones principles for ensuring rapid action and results-based management of HIV/AIDS mitigation efforts.

Notes

Module 4:

Using a Logic Model to Describe Your Program

Module 4: Using a Logic Model to Describe Your Program

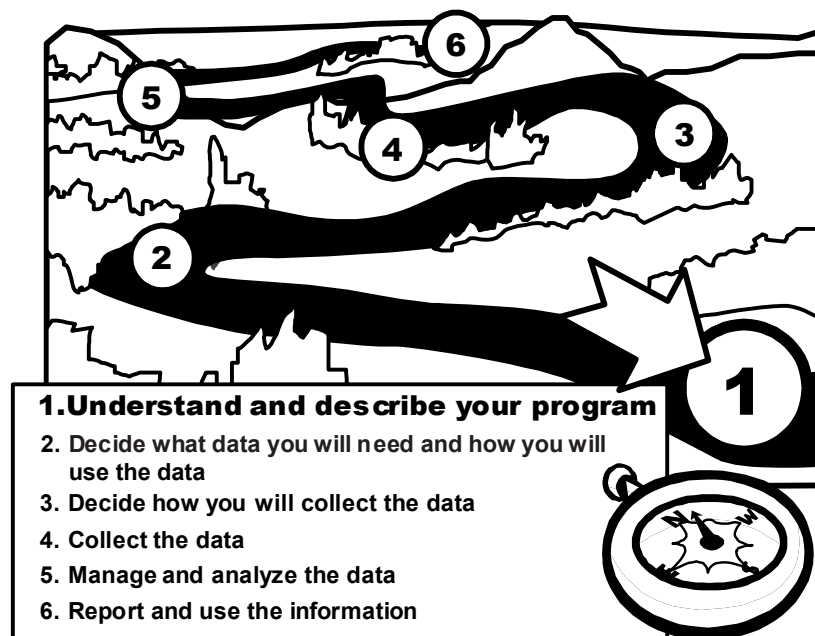
Overview

This module focuses on the first step of the M&E process (Figure 4.1): understand and describe your program.

The module provides:

- common M&E language you will use to describe your program
- information on how to use logic models.

Figure 4.1. Step 1 of the M&E navigator.



What you will learn

During this session, you will:

- discuss logic models
- practice using logic models.

By the end of this module, you should be able to:

- identify logic model components
- develop a logic model for your program.

What Is a Logic Model?

A *logic model* is a graphic that shows:

- program activities
- the results you expect
- the resources you will need to carry out the activities.

Other common names for a logic model include roadmap, conceptual map, blueprint, theoretical underpinning, rationale, causal chain, logical framework, and program theory. For this course, we will use the term logic model.

Why develop a logic model?

When you develop a logic model for your program, you promote M&E by:

- involving stakeholders
- providing a reference point and promoting communication among everyone involved in the program by outlining, in writing, the intended outputs and outcomes of the program
- illustrating the internal consistency of the program, helping planners identify gaps or unrealistic expectations
- identifying potential obstacles to program operation so that staff can address problems as soon as possible
- helping monitor progress by providing a clear plan for tracking changes to the program so that successes can be replicated and mistakes avoided
- focusing evaluation by revealing appropriate evaluation questions and relevant data needs
- improving program staff's expertise in planning, implementation, and evaluation.

How is a logic model used?

You can use a logic model to:

- describe the main components of a program
- show how program activities are related to intended effects
- make assumptions about how a program will address a particular problem.

A logic model can be adapted to reflect staffing, timelines, indicators, or other program components as part of a management plan.

When to develop?

Logic models may be used to describe a program's:

- planned implementation and outcomes
- actual implementation and outcomes.

It is a very good idea to develop your logic model up front, when you are planning your program. Sometimes, when you join a program, you will find that this has not been done. The program is already underway or even finished, and no one developed a logic model. In that case, it is fine to develop a logic model anyway, just to make clear what the program is or was about.

In many of our activities in this course, we assume that you already have a program. We will develop a logic model, objectives, and M&E questions for that existing program.

Developing a logic model for a planned program.

When you develop a logic model for planned implementation, you will describe how the program should function and what results you expect. To do this you will need:

- information from meetings with stakeholders
- knowledge of theory
- experience or lessons learned.

Developing a logic model for a program already underway.

Logic models for programs that are already underway or completed describe:

- actual inputs
- activities completed
- outcomes and impacts (impacts for completed program) that resulted from program implementation.

**Try before
and after
logic models**

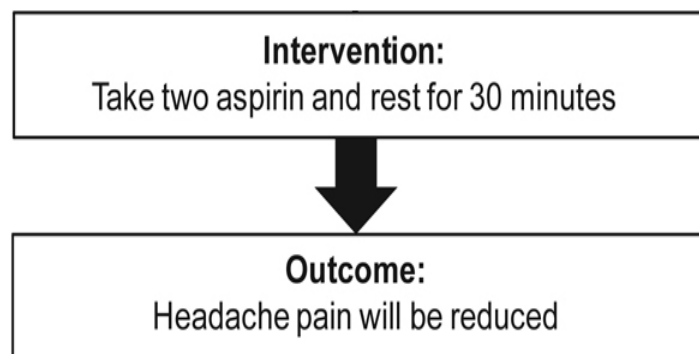
Do programs underway or completed always match the plans exactly? No. They rarely match because of changes in funding, shifting priorities, unpredictable challenges, and other stumbling blocks.

Try developing two logic models: one when you are planning and one at program completion (or when the program is well established). Seeing the difference between planned and actual implementation will help you improve the program or plan your next program.

Example

We use logic models in everyday life. The headache logic model shown in Figure 4.2 presents a logical series of statements and assumptions that can be tested with M&E. In this logic model, the stated intervention will create the desired outcome that will address the following *problem statement*: stress and tension have produced a headache.

Figure 4.2. Headache logic model.



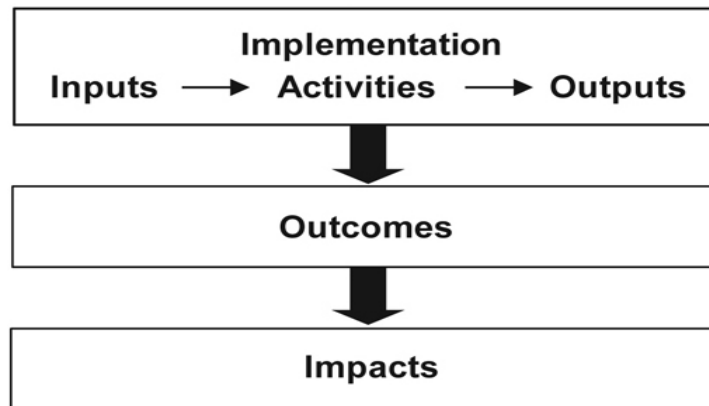
An incorrect problem statement (e.g., the headache was caused by allergies, not stress and tension) may cause you to use an intervention that will not achieve the desired outcome. This is a breakdown in the logic.

Logic Model Components

Logic models consist of five key components of a program (Figure 4.3), which we introduced in earlier modules:

- inputs
- activities
- outputs
- outcomes
- impacts.

Figure 4.3. A simple logic model.



Example

Table 4.1 provides examples related to a *voluntary counseling and testing (VCT)* to identify logic model components.

Table 4.1. Logic model components in a VCT program.

| Term | Definition | VCT program examples |
|------------|--|---|
| Inputs | The resources used in a program, such as money, staff, training courses, materials, and supplies | <ul style="list-style-type: none"> Government and other donor funds Nurses and laboratory technicians Counseling protocols and guidance HIV test kits |
| Activities | The services the program provides to accomplish its objectives, such as outreach, materials distribution, counseling sessions, workshops, and trainings | <ul style="list-style-type: none"> Provide pre-test counseling Conduct HIV test Provide post-test counseling |
| Outputs | The direct products or deliverables of the program, such as number of intervention sessions completed, people reached, and materials distributed | <ul style="list-style-type: none"> 100 clients receive pre-test counseling 100 HIV tests be conducted 100 clients receive test results and post-test counseling |
| Outcomes | The 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. | <ul style="list-style-type: none"> Access to HIV testing increase Knowledge of HIV status increase Knowledge of prevention, care, support, and treatment resources increase Risk behaviors decrease |
| Impacts | The long-term results of one or more programs over time, such as changes in HIV infection, morbidity, and mortality. | <ul style="list-style-type: none"> HIV incidence rates decrease HIV morbidity and mortality decreases |

Activity

Activity 4.1. Identify logic model components.

Directions:

1. Do Activity 4.1 individually or in a small group.
2. Use the activity sheet (Table 4.2).
3. Fill in information from your program.
4. Look back at Table 4.1 while you work.

Table 4.2. Identifying key components of your program.

Name of your program:

| Component | Definition | Your example(s) |
|------------|---|-----------------|
| Inputs | The resources used in your program, such as money, staff, materials, and supplies | |
| Activities | The services your program provides to accomplish its objectives, such as outreach, materials distribution, counseling sessions, workshops, and trainings | |
| Outputs | The direct products or deliverables of your program, such as number of trainings completed, people reached, and materials distributed | |
| Outcomes | The 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 | |
| Impacts | The long-term results of one or more programs over time, such as changes in HIV infection, morbidity, and mortality | |

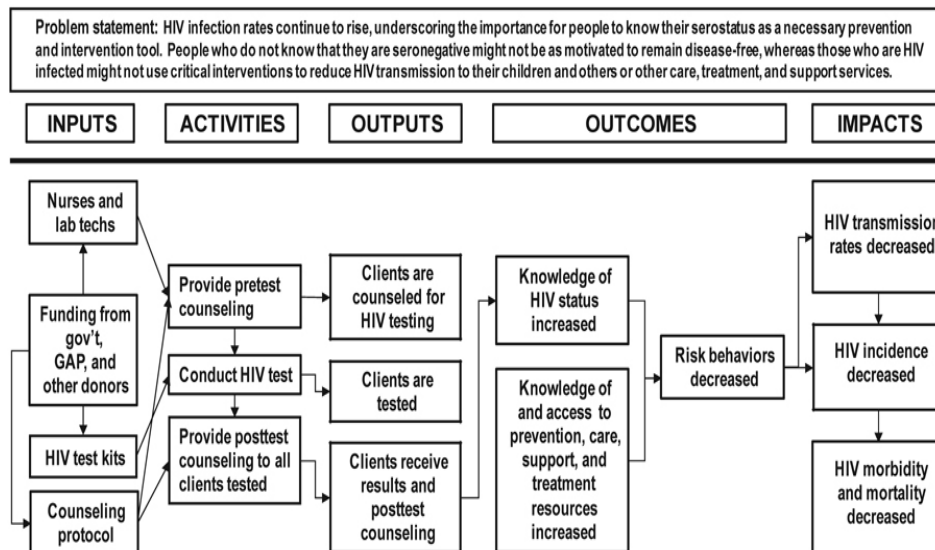
Notes

Cause-and-effect relationship

Logic models are more than lists of program components. They also show each *cause-and-effect relationship*, or the relationship between two events, where the effects of one event (e.g., using program funding to implement a set of activities) are perceived to have caused another event (e.g., generation of program outputs, outcomes, impacts). Once the basic components of a program have been described, you can use boxes and arrows to depict how you think the components are related or how they are connected logically.

Figure 4.4 is an example of a common way to show relationships using a box-and-arrow flowchart for a VCT program.

Figure 4.4. Use a box-and-arrow flowchart to show cause-and-effect relationships.



- The boxes represent the specific parts that make up each of the five components.
- The arrows between the boxes represent assumptions about the cause-and-effect logic of the different parts of the model.

ActivityActivity 4.2. Identify PMTCT example logic model components.

Practice applying what you have learned. The example below is from a PMTCT program. Logic models can be applied to many different programs using the same steps we have just discussed.

Directions:

1. Try this as a small group or individually.
2. Read the problem statement below for a PMTCT program.
3. Review the list of program components in Table 4.3.
4. Indicate with a checkmark whether you think the program component is an input, activity, output, outcome, or impact.
5. The first answer has been provided for you.
6. Once you finish, use Appendix D to check your responses.

Problem statement:

HIV rates have been rising among pregnant women and infant children in your country. The risk of HIV transmission from mother to child is significant during pregnancy and delivery (although particularly around the time of delivery). Breastfeeding provides an additional risk for postpartum transmission.

Table 4.3. Identify the program components of a logic model.

| Program component | Input | Activity | Output | Outcome | Impact |
|---|--------------|-----------------|---------------|----------------|---------------|
| Access to antenatal care (ANC) services will increase | | | | ✓ | |
| HIV morbidity and mortality will decrease | | | | | |
| Access to antiretroviral (ARV) prophylaxis will increase | | | | | |
| Access to HIV testing will increase | | | | | |
| Supply of ARV drugs | | | | | |
| Supply of breast milk substitute | | | | | |
| Clients receive test results, post-test counseling, and referrals | | | | | |
| Access to and use of infant feeding counseling will increase | | | | | |

| Program Component | Input | Activity | Output | Outcome | Impact |
|---|--------------|-----------------|---------------|----------------|---------------|
| Distribute ARV prophylaxis | | | | | |
| Funding from GAP, government, and other donors | | | | | |
| HIV incidence among infants will decrease | | | | | |
| Pregnant HIV-positive women receive infant feeding counseling | | | | | |
| Supply of HIV rapid test kits | | | | | |
| Infant HIV rates will decrease | | | | | |
| Knowledge about HIV prophylaxis will increase | | | | | |
| PMTCT C&T protocol | | | | | |
| Knowledge of HIV status will increase | | | | | |
| Provide ANC services, including counseling, testing, and referral | | | | | |
| Pregnant HIV-positive women receive ARV prophylaxis | | | | | |
| Rapid infant weaning and use of nutritional supplements will increase | | | | | |
| Pregnant women are counseled and tested | | | | | |
| Pregnant women receive ANC services | | | | | |
| Provide infant feeding counseling and support | | | | | |
| Staff | | | | | |
| Use of ARV prophylaxis by HIV-positive pregnant women and their infants will increase | | | | | |

Adding Details to the VCT Program Logic Model

Review Figures 4.5 through 4.9 below, which show how to build a VCT program logic model. Review each column and consider its specific elements. Study the lines that link one box to the next across the boxes for each component.

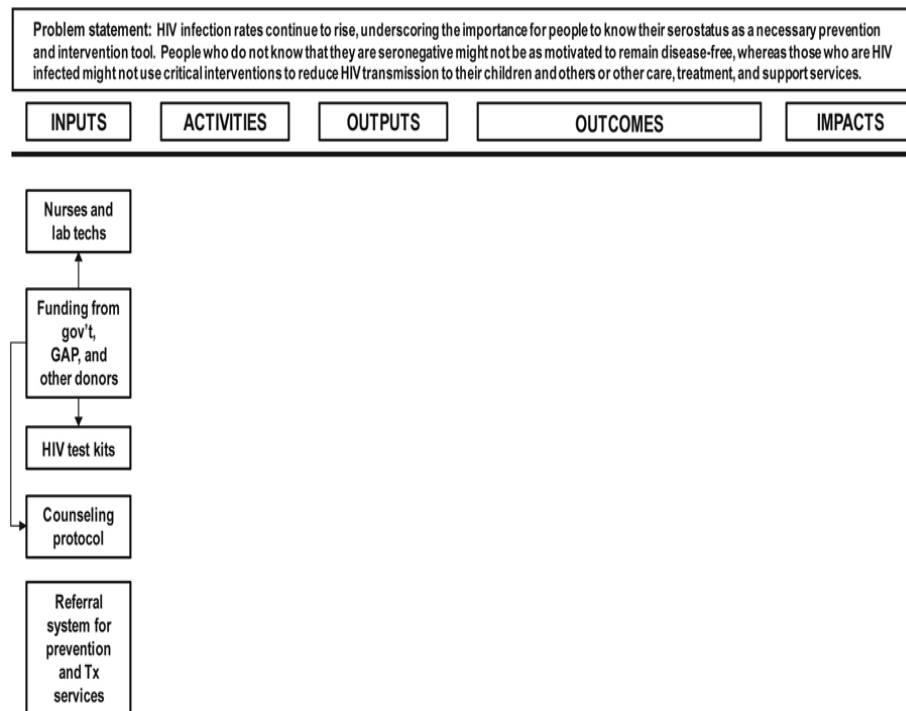
Add a problem statement and inputs

In Figure 4.5 you will notice:

- a problem statement
- related inputs that program implementers think are necessary to address the problem.

You will also notice the linkage between the arrows and boxes describing program components. In this case, the arrows highlight the assumption that funding is necessary for the other program inputs, such as for nurses and laboratory technicians, test kits, and a counseling protocol.

Figure 4.5. Problem statement and inputs in VCT program logic model.



Add activities

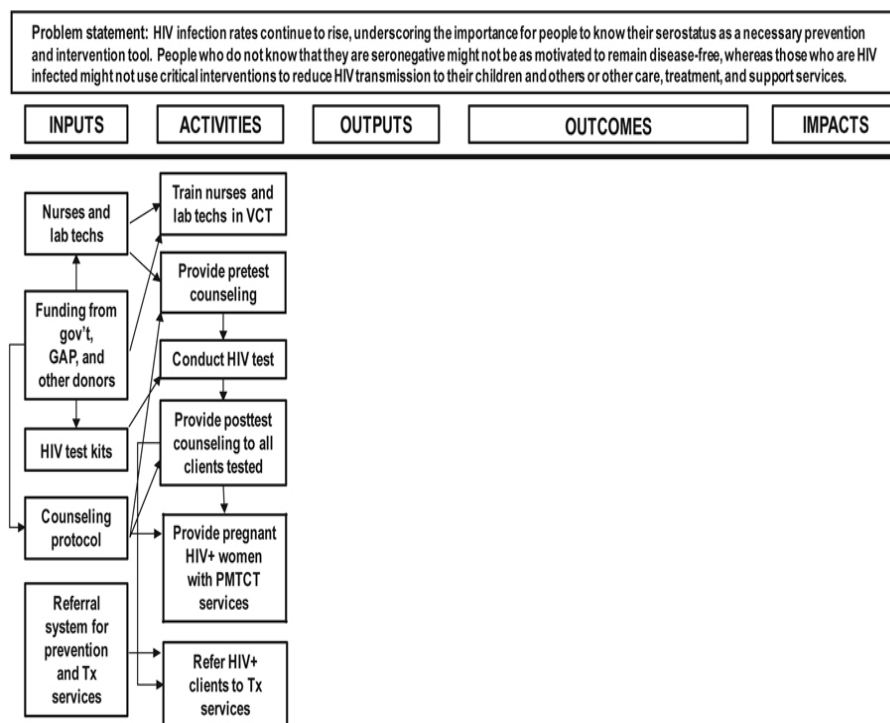
In Figure 4.6, activities have been added to the logic model. The arrows show the assumptions made about the relationship between inputs and activities and among activities.

The figure shows that:

- with nurses and laboratory technicians and funding in place, the program can provide training
- with staff in place and a counseling protocol, the program can provide pre-test counseling.

Pre-test counseling will be needed before HIV testing, and HIV testing will be needed before post-test counseling.

Figure 4.6. Add activities and cause-and-effect relationships.

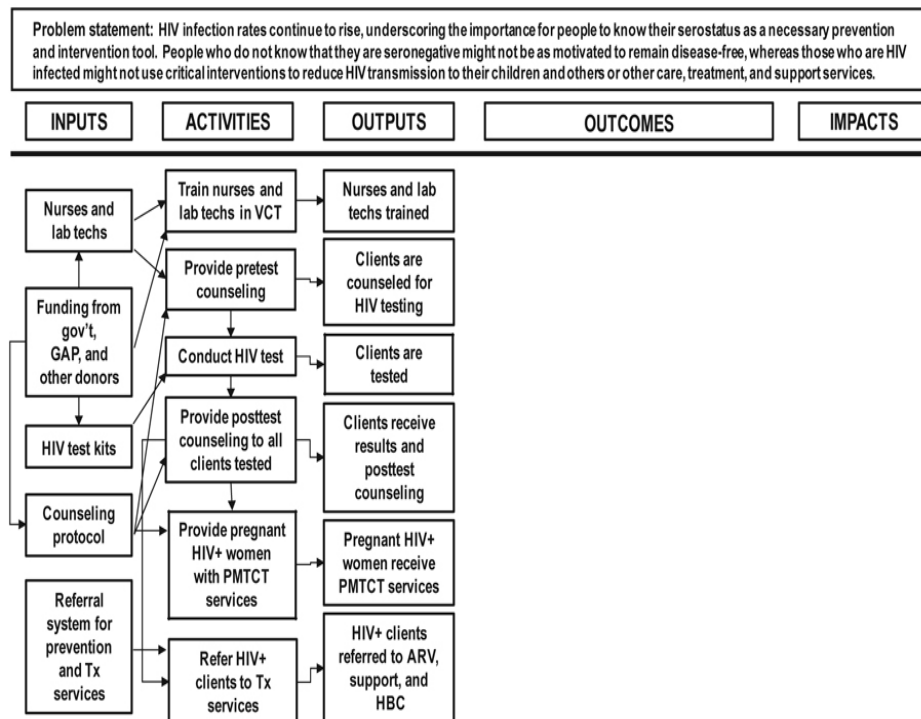


Add outputs

In Figure 4.7, outputs have been added to the logic model. We can see that there is a direct result expected for each activity completed. For example:

- providing training in VCT will lead to trained staff who can deliver appropriate VCT services to clients
- determining whether these immediate results are achieved is a critical step in assessing whether desired program outcomes will occur.

Figure 4.7. Add outputs and cause-and-effect relationships.

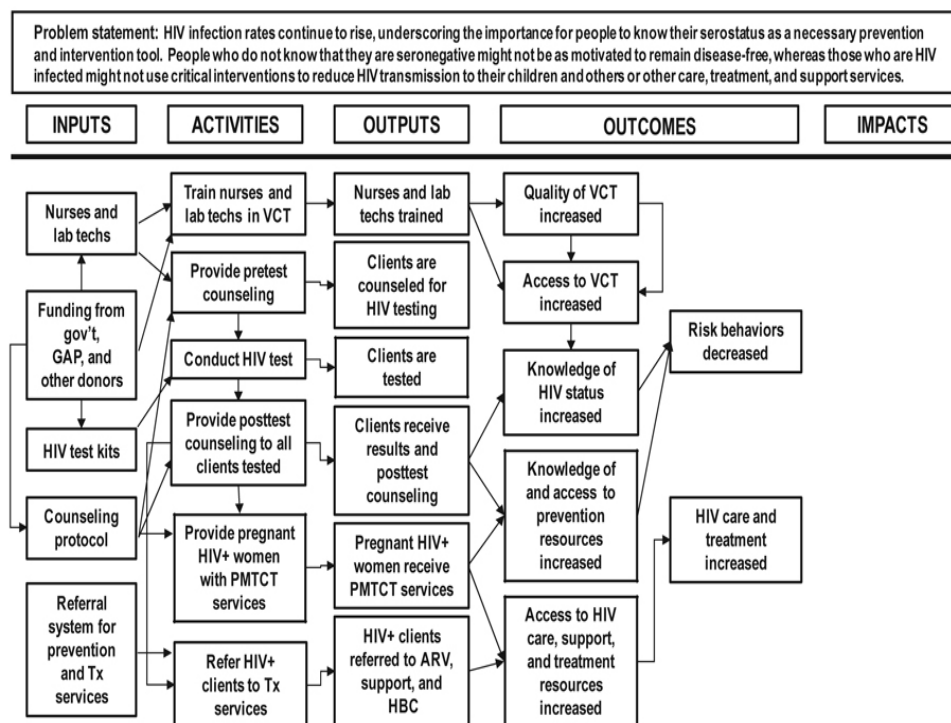


Add outcomes

In Figure 4.8, outcomes have been added to the program logic sequence. The figure also shows the assumptions about the results that will occur from the inputs, activities, and outputs. For example:

- trained staff will increase the quality of and clients' access to VCT services
- test results and the post-test counseling that clients receive will inform their HIV status and increase their knowledge of how to access prevention, care, support, and/or treatment resources
- the increased level of knowledge that program implementers assume will change risk behaviors and increase the number of individuals receiving HIV care and treatment.

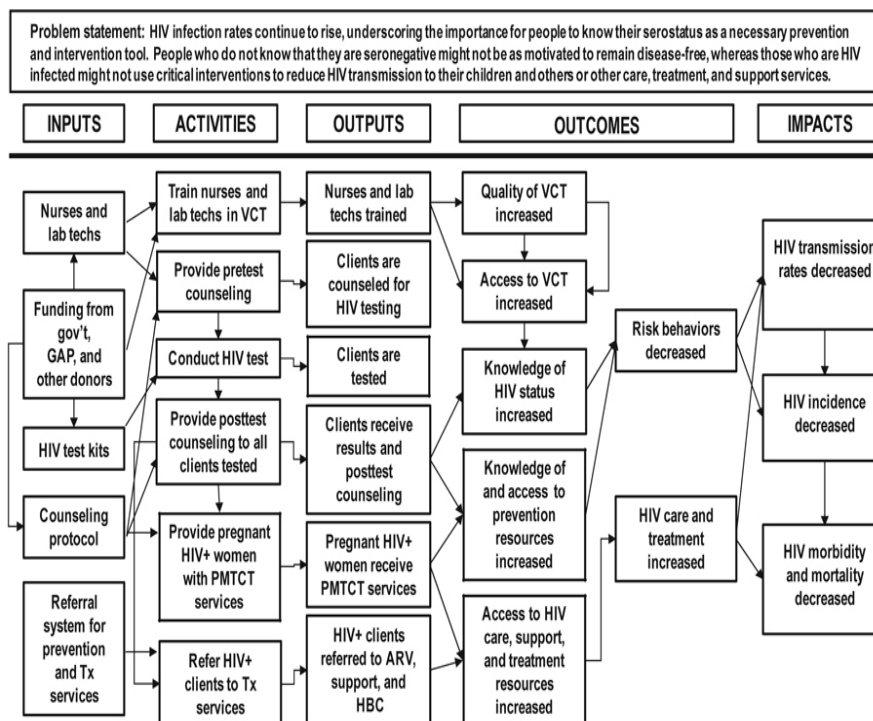
Figure 4.8. Add outcomes and cause-and-effect relationships.



Add impacts

In Figure 4.9, long-term results or impacts have been added. The activities, resulting outputs and outcomes, and resources used to carry out the activities will ultimately lead to decreased rates in HIV transmission, incidence, and morbidity and mortality.

Figure 4.9. Add impacts (long-term results).



In Figures 4.5 through 4.9, the logic model was created from left to right. However, you can create a logic model starting from any point. Start with what you know most about your program.

For example, you may be more certain about the outcomes and inputs you want to achieve. You ask the following questions:

- What is the problem to be addressed?
- What are the outcomes and impacts that we need to remedy the problem?
- What activities might we do to achieve these objectives?
- How much will need to be done (outputs) to achieve the extent of outcome objectives?
- What kinds of resources (inputs) do we need to support the activities?

Reflection

Notice that M&E activities are not included in the logic model.

Why? Because they are not part of the cause-and-effect relationship. However, M&E is critical to every program as a tool for gathering information about components in the model and testing the relationships among the components.

Activity

Activity 4.3. Develop a PMTCT logic model.

1. Work on this activity individually or as a small group.
2. Refer back to Activity 4.2, where you identified the components of a PMTCT program in Table 4.3.
3. Use Figure 4.10 to create a logic model, with boxes and arrows that depict the relationship among the PMTCT program components.
4. Once you finish, use Appendix D to check your responses.

Figure 4.10. Create a logic model for a PMTCT program, using boxes and arrows.

Instructions: Fill in the figure with PMTCT program components. Remember to add arrows to show how each component is related.

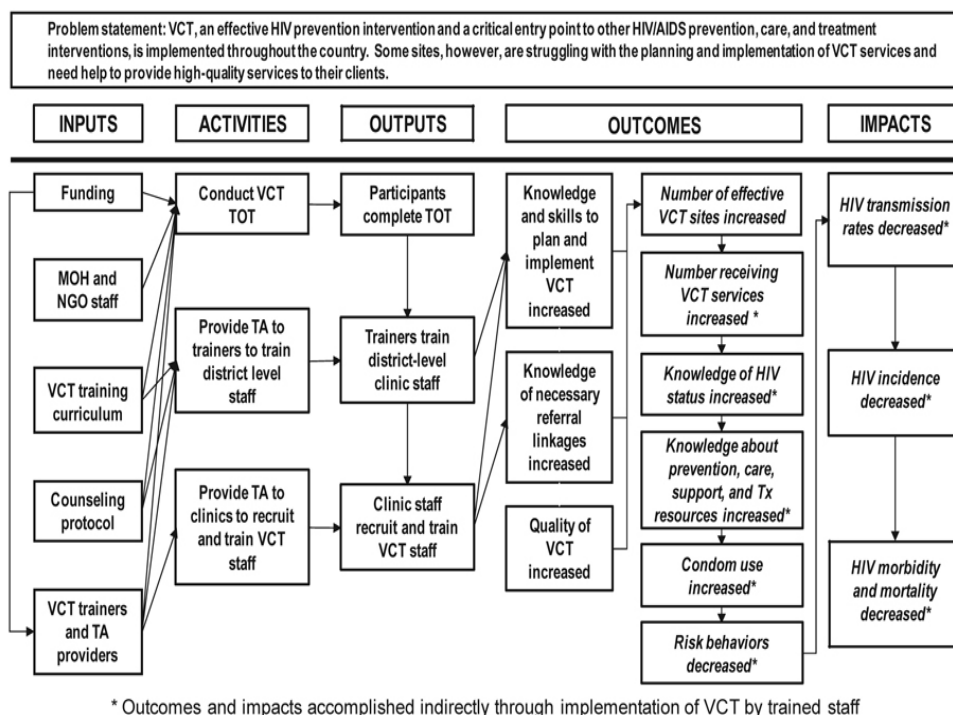
| Problem statement: | | | | |
|---------------------------|-------------------|----------------|-----------------|----------------|
| Inputs | Activities | Outputs | Outcomes | Impacts |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Notes

Example

In your role, you may be responsible for providing TA to programs rather than managing programs. As shown in Figure 4.11, logic models are useful for describing these types of activities.

Figure 4.11. VCT TA logic model.



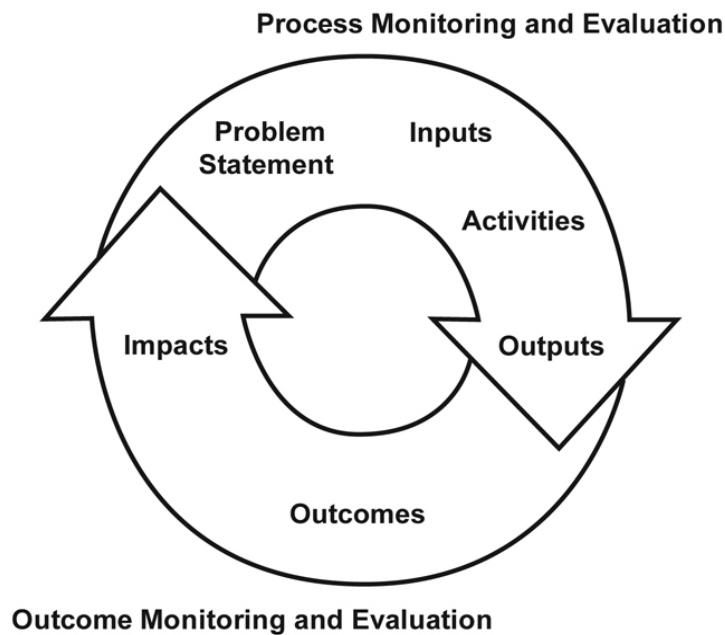
Discussion

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?

Cyclical Logic Model

All of the logic model examples presented so far are linear pictures. In reality, logic models are *iterative* in how they are developed and used. This means that logic models should be revisited and revised as new information is obtained, lessons are learned, or operating conditions change. Iterative logic models can be depicted as cyclical rather than linear, as shown in Figure 4.12.

Figure 4.12. Cyclical logic model.



Notes:

- Logic models should reflect the agreement of key stakeholders involved in implementing the program. Your stakeholders should be able to understand the logic model and agree with it.
- You can start with any component to begin development of a logic model.
- Your experience and knowledge of best practices, theory, and data about the subject are necessary to make sure the components are reasonable.
- M&E is not a component of a logic model. It is a tool for gathering information about the components of the model and for testing the logic and assumptions that link them together.
- Ideally, logic models are developed as part of the planning phase of a program, BUT it is never too late to develop and use logic models.

Activity

Activity 4.4. Create a logic model for your program.

This is a two-part activity.

Part 1

Using your own program or the example provided in Table 4.4, develop notes to create a logic model. Write your notes in Table 4.5.

Directions:

1. You may work individually or in a group.
2. If you do not have information about your program, please either use the example description of program components provided in Table 4.4 or work with other training participants/colleagues on developing a logic model for a program they have information on.
3. Remember that you do not have to complete the logic model components in a specific order. You can use the suggested format, but it may be easier to begin with an area you know then move to others you are not sure about.

Part 2

- When you are finished with your notes in Activity 4.4, Part 1, rewrite your responses on small pieces of paper or Post-it Notes.
- Rearrange your notes until you are happy with the model.
- In Figure 4.13, create the model in blocks similar to those used in the VCT example.

Table 4.4. Sample description of program components to develop a logic model for Activity 4.4, Part 1.

| Mrs. Thembe's OVC Community-Based Youth Program | |
|---|---|
| <p>Background</p> <p>Children, especially girls, orphaned by AIDS between the ages of 16 and 19 years within the Togara province are vulnerable to HIV infection. Additionally, there is a high rate of sexually transmitted infections (STIs) among this population, which also increases the risk for HIV infection. The program seeks to address the needs of orphaned girls between the ages of 16 and 19 years. This target population was selected because there is a shortage of programs in the community that focus on this specific group.</p> <p>The program will aim to provide STI treatment for this population. In addition, through life skills training and vocational skills training, the program will teach girls skills that will help them avoid risky behaviors that increase their chance of contracting STIs or HIV. Specifically, Mrs. Thembe, through the OVC program over the next 3 years, hopes to:</p> <ul style="list-style-type: none"> ▪ provide STI treatment to a total of 250 orphaned girls aged 16 to 19 ▪ provide life skills training to 300 orphaned girls aged 16 to 19 ▪ train 150 orphaned girls aged 16 to 19 in vocational skills. | |
| <i>Program components</i> | |
| <p>The inputs are as follows:</p> <ul style="list-style-type: none"> – Funding – Health workers – NGO staff. | <p>The activities are as follows:</p> <ul style="list-style-type: none"> – Developing a curriculum to train health workers – Training health workers on working with youth – Opening youth-friendly STI treatment programs – Developing and implementing vocational training programs – Developing and implementing a life skills seminar. |
| <p>The following are the outputs:</p> <ul style="list-style-type: none"> – Health workers are trained in working with youth. – Youth-friendly STI treatment programs are operating. – Young girls are trained in vocational skills. – Young girls are trained in life skills. | <p>The following are the outcomes:</p> <ul style="list-style-type: none"> – Girls are cured from STIs. – Girls develop vocational skills. – Girls develop knowledge of life skills. – Girls are employed. – Girls gain self-confidence. – Risk behaviors are decreased. |
| <p>The impacts are as follows:</p> <ul style="list-style-type: none"> – Lower transmission of STIs in youth – Lower rates of STIs in youth – Lower rates of HIV in youth. | |

Table 4.5. Your logic model notes for Activity 4.4, Part 1.

Your program title:

| |
|---|
| Problem statement What factors put the population at risk (e.g., knowledge, attitudes, beliefs, behaviors, skills, access, policies, environmental conditions)? |
| |
| Inputs What resources will be used for the program (e.g., money, staff, curricula, materials)? |
| |
| Activities What services or events will the program conduct to accomplish its objectives (e.g., outreach, materials distribution, counseling sessions, workshops, trainings)? |
| |

| |
|---|
| Outputs What will be the direct products or deliverables of the program (e.g., intervention sessions completed, people reached, materials distributed)? |
| |
| Outcomes What results (e.g., changes in knowledge, attitudes, beliefs, skills, behaviors, environmental conditions) are expected to occur after the program is completed? |
| |
| Impacts What are the expected long-term results from this program (and other programs) over time (e.g., changes in HIV infection, morbidity, mortality)? |
| |

Notes

Figure 4.13. For Activity 4.4, Part 2, create your program logic model, using boxes and arrows to show cause-and-effect relationships.

Instructions: Fill in the template below with the components of your program. Remember to add arrows to show how each component is related.

| Problem statement: | | | | |
|---------------------------|-------------------|----------------|-----------------|----------------|
| Inputs | Activities | Outputs | Outcomes | Impacts |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Notes

Summary

To summarize this module, logic models should do the following:

- Reflect agreement among major stakeholders about intended implementation and outcomes (planning logic model)
- Illustrate clear, sequential, and logical links between each component of the program
- Include inputs, activities, outputs, outcomes, and impacts:
 - Inputs should reflect the resources needed to address the problem.
 - Activities should describe what actions will be done, given the available resources to address the problem.
 - Outputs should reflect the level of effort needed to reach the intended outcomes.
 - Outcomes should:
 - be within the scope of the program
 - be stated as changes in knowledge, attitudes, beliefs, intentions, skills, behaviors, access, policies, or environmental conditions
 - respond to the issues identified in the problem statement
 - be realistic for the stated activities.
 - Impacts should reflect the indirect long-term results of program efforts.

Notes

Module 5:

Developing Goals and SMART Objectives

Module 5: Developing Goals and SMART Objectives

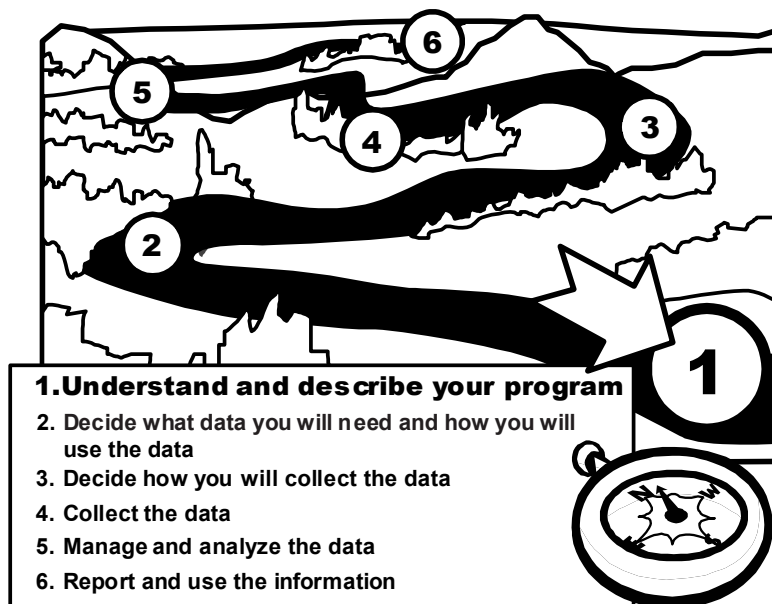
Overview

What this module is about

Module 5 continues the focus on the first step of the M&E process (Figure 5.1): understand and describe your program.

This module provides a method for ensuring that program objectives are specific, measurable, appropriate, realistic, and time-based, or SMART.

Figure 5.1. Step 1 of the M&E navigator, continued.



What you will learn

During this session, you will:

- define two more M&E terms: goals and objectives
- describe the difference between process and outcome objectives
- practice developing SMART objectives.

By the end of this module, you should be able to:

- define the terms goal and objective
- develop process and outcome objectives for your program
- create SMART objectives for your program.

Goals and Objectives

Definitions

A *goal* is a broad and general statement about desired program intentions, generally reflecting wider community concerns and interests.

Goals:

- establish a program's direction without specifying how the direction will be accomplished
- must be concrete enough to provide direction for establishing measurable objectives.

An *objective* is a statement of desired, specific, reasonable, and measurable program aims. A set of objectives contributes to achieving a larger goal.

Objectives:

- are more specific than goals
- should be measurable
- combine to achieve the goal they support.

Example

We can use this course as an example:

- The *goal* of this course is to equip participants with an understanding of M&E and the knowledge and skills needed to incorporate M&E activities into everyday work.

The course objectives support this goal. For example, they:

- define common M&E terms
- describe the use of M&E data for program improvement
- develop participants' ability to provide leadership for M&E activities
- identify M&E TA and training needs.

ActivityActivity 5.1. Identify goals and objectives.

Directions:

1. Do Activity 5.1 individually or as a group.
2. In Table 5.1, read each item in the left column.
3. Decide whether the item is a goal or an objective.
4. Mark **G** or **O** in the column to right.
5. Answers are in Appendix D.

Table 5.1. Goal or objective?

| Item | Goal or objective? |
|--|---------------------------|
| Provide home-based care services to 200 families in the province by the end of the project year | |
| Provide VCT services throughout the country | |
| Increase the number of people on care and treatment | |
| Within the next 6 months, train 50% of clinic staff in the delivery of pre- and post-test counseling | |
| Provide community grants for HIV-related income generation activities | |
| Increase the number of girls receiving life skills training within the district by 75% within the next 2 years | |

Process and Outcome Objectives

In M&E, we talk about process and outcome. As we discussed earlier when referring to the staircase and logic models, *process* refers to inputs, activities, and outputs. In this section, we will be discussing both process objectives and outcome objectives.

Process objectives

A 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?

For example, a *process objective* may be to train 10 clinic staff members in PMTCT during the first 6 months of the program period. The statement is specific to the activity carried out, given the required resources and level of effort to achieve this.

You will use process objectives to measure the implementation process of a program.

Outcome objectives

An 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.

For example, an *outcome objective* may be to increase the knowledge and skills of staff members in delivering PMTCT services during the first 6 months of the program period. This statement is specific to the changes resulting from program processes.

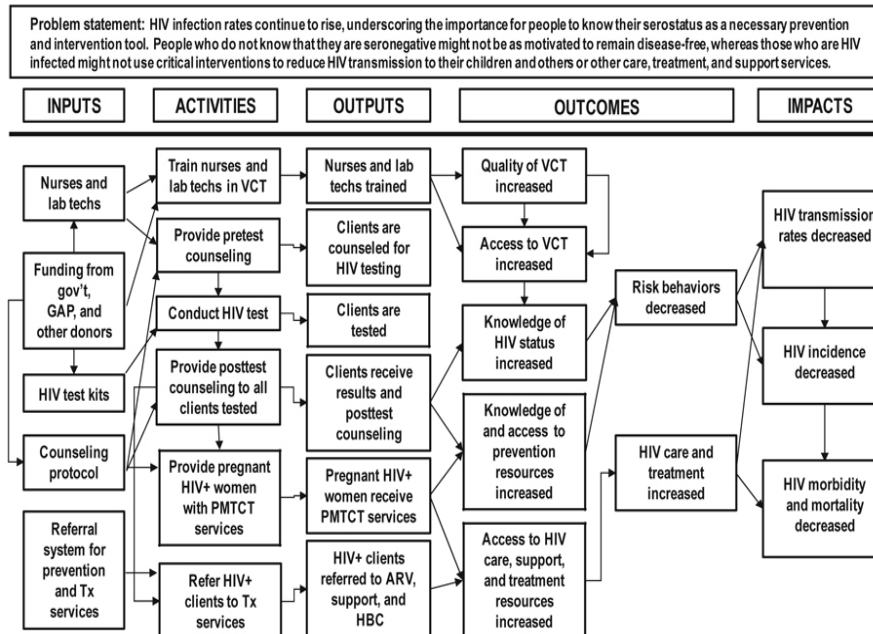
You will use outcome objectives to measure the specific outcomes achieved as a result of program efforts over a period of time.

Example

We will use the VCT program implementation logic model discussed earlier to develop process and outcome objectives. The objectives relate to specific parts of the logic model shown in Figure 5.2:

- The output resulting from activities completed and resources used
- The outcomes.

Figure 5.2. VCT program implementation logic model.

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

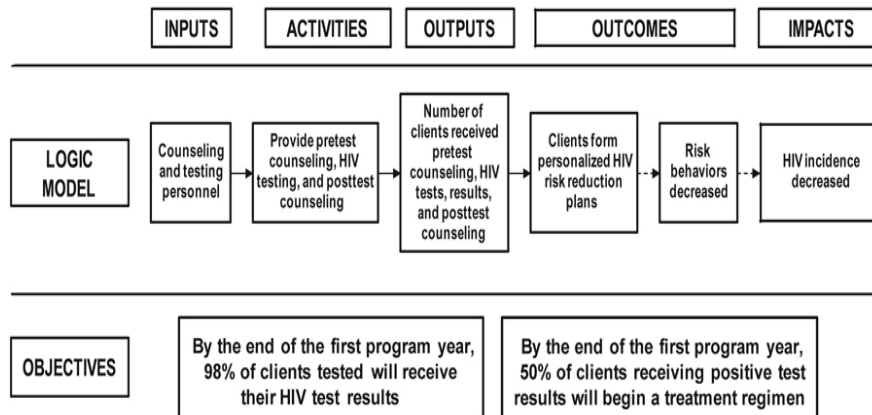
- For the outcome: HIV care and treatment increased.
- Objective: By the end of the first program year, 50% of clients receiving positive test results will begin a treatment regimen.

How to show objectives in a logic model

Figure 5.3 shows how objectives fit into the logic model.

- The middle row of the figure summarizes the five components of the logic model developed earlier for a VCT program.
- The bottom row includes examples of two objectives related to outputs.

Figure 5.3. How to show objectives in a logic model.



SMART Method

Use the SMART method to write objectives that can be measured. Table 5.2 defines the elements of a *SMART objective*. The checklist can also be used later to review your objectives.

Table 5.2. SMART objective checklist.

| Element | What it means | My objective does this (yes or no) |
|---------------------------|--|---|
| <u>S</u>pecific | The objective identifies events or actions that will take place. Does the objective clearly specify what will be accomplished? | |
| <u>M</u>easurable | The objective tells how many or how much (how many resources or activities or how much change). Can you measure the amount? | |
| <u>A</u>ppropriate | The objective relates to the overall problem statement and desired effects of the program. Does the objective make sense in terms of what the program is trying to accomplish? | |
| <u>R</u>ealistic | The objective can be achieved with available resources and the plans for implementation. Is the objective achievable given available resources and experience? | |
| <u>T</u>ime-based | The objective specifies a time when it will be achieved. Does the objective specify when it will be achieved? | |

Examples

It is not possible to determine whether these examples are *appropriate* or *realistic* without knowing more about the specific programs and communities. For now, you will focus on whether the objectives are *specific, measurable, and time-based*.

Example 1

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

This is not a SMART objective.

- S? It is not very specific:
- What do home-based services include?
 - Who is the target population?
 - How is elderly being defined?
- M? It does not specify how many people the program aims to reach:
- Is it every elderly member of the community?
- T? It does not indicate what timeframe the program will operate in:
- Does the program plan to achieve these results within the span of 6 months? Two years?
 - The results will be different depending on the timeframe.

Example 2

Objective: A total of 150 health workers will be trained to deliver ART services according to national and/or international standards.

This objective is better, but the time element is missing.

S? M? It defines whom and how many people the program aims to train.

- S? It specifies what the target population will learn.
- T? It does not provide a timeframe for the objective:
- When does the program expect to achieve this objective? In 3 months? One year?
 - The timeframe will affect how activities are implemented and the results we would expect to see.

Example 3

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

This is a SMART objective.

S? M? The objective defines the target audience and how large it is.

S? It tells what services the program will provide to these clients.

T? The timeframe is provided.

If a program does not have SMART objectives, it will be hard to measure progress on those objectives. Therefore, you will need to ensure that your program objectives are SMART.

Now try Activity 5.2.

ActivityActivity 5.2. Rewrite objectives so they are SMART.Directions:

1. Do this activity individually or in a small group.
2. Read the first three examples first (Table 5.3). They have been done for you. Each example includes the following:
 - A set of objectives (original objectives)
 - A rewritten set of objectives (SMARTer objectives)
 - Comments on what was wrong with the original set.
3. Now read the original objective statements. Use the SMART objective checklist to write new objective statements as needed. Possible answers are provided in Appendix D.
4. Some of the objectives may not need to be rewritten.

Table 5.3. Rewriting objectives.

| Original objective | SMARTer objective | Comments |
|---|---|---|
| <i>Reduce HIV prevalence in the district.</i> | <i>Reduce HIV prevalence among 14- to 18-year-olds by 30% within the district by 2009.</i> | <i>The SMARTer objective provides more specific details regarding who will be targeted, when the objective will be achieved, and the degree of change to expect.</i> |
| <i>Provide HIV testing services to 100 mine workers in the community within 6 months of program year.</i> | <i>No need to rewrite the objective; it includes specific, time-based, and measurable components.</i> | <i>No change.</i> |
| <i>Provide TA in the development of laboratory quality assurance protocols.</i> | <i>Write and disseminate quality assurance protocols for 6 of the 10 national laboratories in the province by the end of year 2 of the program.</i> | <i>The SMARTer objective specifies the number of laboratories for which quality assurance protocols will be developed. It also provides a timeframe for when this will happen and when.</i> |
| Original objective | Your new objective | Your comments |
| Train ART clinic staff. | | |

Continued on next page

Table 5.3. Rewriting objectives, continued.

| | | |
|--|--|--|
| Deliver 500 care packages for patients of 50 hospice facilities within the first project year. | | |
| Increase the number of community members receiving HIV risk reduction informational packages. | | |

ActivityActivity 5.3. Write SMART objectives for your program.Directions:

1. Work individually or as a small group.
2. Review your program logic model, which you developed earlier.
3. Use Table 5.4 to create four process and four outcome objectives for your program.
4. If you already have program process and outcome objectives, write them in the spaces provided in the left column, then use this worksheet to ensure that they are SMART.
5. If your existing objectives are not SMART, revise them now in the right column.

Table 5.4. Write SMART objectives for your program.

| Process objective 1 | SMART? | Revised process objective 1 |
|---------------------|---|-----------------------------|
| | S: <input type="checkbox"/> Yes <input type="checkbox"/> No M: <input type="checkbox"/> Yes <input type="checkbox"/> No A: <input type="checkbox"/> Yes <input type="checkbox"/> No R: <input type="checkbox"/> Yes <input type="checkbox"/> No T: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Process objective 2 | SMART? | Revised process objective 2 |
| | S: <input type="checkbox"/> Yes <input type="checkbox"/> No M: <input type="checkbox"/> Yes <input type="checkbox"/> No A: <input type="checkbox"/> Yes <input type="checkbox"/> No R: <input type="checkbox"/> Yes <input type="checkbox"/> No T: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Continued on next page

Table 5.4. Write SMART objectives for your program, continued.

| | | |
|----------------------------|---|------------------------------------|
| Process objective 3 | SMART? | Revised process objective 3 |
| | S: <input type="checkbox"/> Yes <input type="checkbox"/> No M: <input type="checkbox"/> Yes <input type="checkbox"/> No A: <input type="checkbox"/> Yes <input type="checkbox"/> No R: <input type="checkbox"/> Yes <input type="checkbox"/> No T: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Process objective 4 | SMART? | Revised process objective 4 |
| | S: <input type="checkbox"/> Yes <input type="checkbox"/> No M: <input type="checkbox"/> Yes <input type="checkbox"/> No A: <input type="checkbox"/> Yes <input type="checkbox"/> No R: <input type="checkbox"/> Yes <input type="checkbox"/> No T: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Outcome objective 1 | SMART? | Revised outcome objective 1 |
| | S: <input type="checkbox"/> Yes <input type="checkbox"/> No M: <input type="checkbox"/> Yes <input type="checkbox"/> No A: <input type="checkbox"/> Yes <input type="checkbox"/> No R: <input type="checkbox"/> Yes <input type="checkbox"/> No T: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Outcome objective 2 | SMART? | Revised outcome objective 2 |
| | S: <input type="checkbox"/> Yes <input type="checkbox"/> No M: <input type="checkbox"/> Yes <input type="checkbox"/> No A: <input type="checkbox"/> Yes <input type="checkbox"/> No R: <input type="checkbox"/> Yes <input type="checkbox"/> No T: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Outcome objective 3 | SMART? | Revised outcome objective 3 |
| | S: <input type="checkbox"/> Yes <input type="checkbox"/> No M: <input type="checkbox"/> Yes <input type="checkbox"/> No A: <input type="checkbox"/> Yes <input type="checkbox"/> No R: <input type="checkbox"/> Yes <input type="checkbox"/> No T: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Outcome objective 4 | SMART? | Revised outcome objective 4 |
| | S: <input type="checkbox"/> Yes <input type="checkbox"/> No M: <input type="checkbox"/> Yes <input type="checkbox"/> No A: <input type="checkbox"/> Yes <input type="checkbox"/> No R: <input type="checkbox"/> Yes <input type="checkbox"/> No T: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Summary

To summarize this module:

- A goal is a broad and general statement about desired program intentions.
- An objective is a statement of desired, specific, reasonable, and measurable program aims that contribute to reaching a program goal.
- Process objectives measure the implementation process of a program.
- Outcome objectives measure specific outcomes achieved as a result of a program over time.
- Objectives should be SMART (specific, measurable, appropriate, realistic, and time-based).

Notes

Module 6:

M&E Data Uses and Users

Module 6: M&E Data Uses and Users

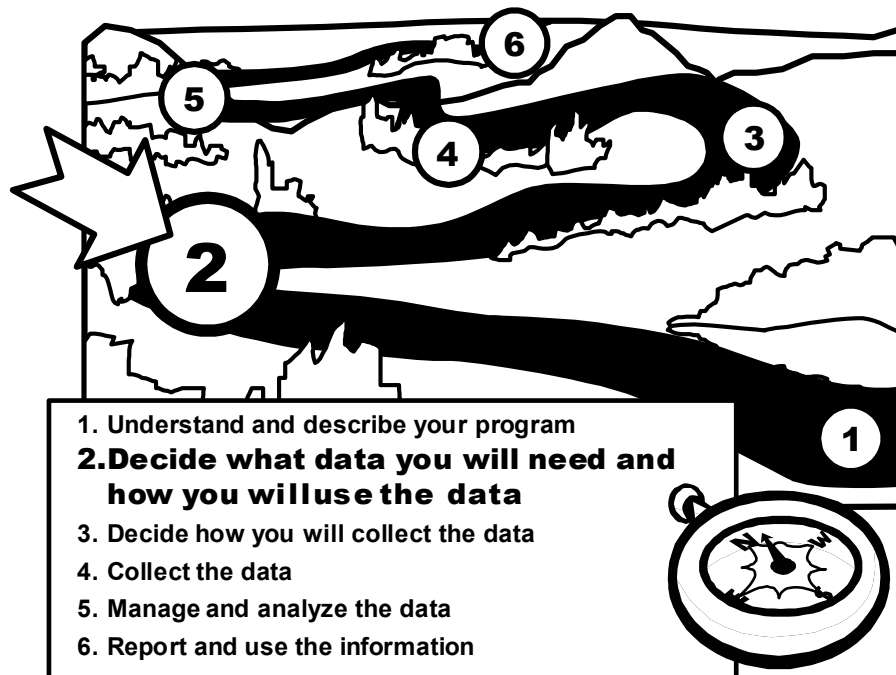
Overview

What this module is about

This module focuses on gathering useful information that will help a program reach desired objectives and goals. As shown in Figure 6.1, this is the second step of the M&E process:

- What would be useful information to know about a program?
- Who would be interested in that information?
- What would the information be used for?
- What type of M&E questions should be developed to obtain this information?

Figure 6.1. Step 2 of the M&E navigator.



What you will learn

During this session, you will:

- review how to develop M&E questions
- discuss prioritizing M&E questions
- review how data are used for program decisions
- discuss various stakeholders' uses of M&E data.

By the end of this module, you should be able to:

- develop measurable M&E questions
- prioritize M&E questions
- identify program stakeholders, their interest, and data use needs.

Developing M&E Questions

Good M&E questions are:

- clear
- precise
- feasible (can be answered).

There is not always a one-to-one relationship between the objectives and M&E questions. For example, an objective might not have any M&E questions because it was not chosen as a focus of your evaluation efforts. Also, there might be M&E questions that are of interest to your stakeholders but do not directly relate to program objectives. For example, how do counselors differ in the provision of VCT services in various settings?

Example of a clear M&E question

Here is a clear M&E question:

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

The question asks for the percentage of clients who received:

- pre-test counseling
- HIV tests
- HIV test results
- post-test counseling.

The question is very clear about what is being measured and what information is needed. Because the question is clear, you will not have a difficult time determining what types of data will best answer the question.

Example of an unclear M&E question

Here is a question that is not clear:

Are our staff capable of providing effective VCT services?

You cannot be sure what the question is asking for. What is meant by the phrases capable of providing and effective VCT services? These phrases need to be clarified to make the question clear.

How to rewrite the question

A better way to ask this question might be as follows:

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

Here, the question describes key areas of interest. The question is written in a way that suggests specific data that we can collect to answer the question.

Here is another example:

Have clients received the complete set of VCT services?

The question implies that we need to know if clients received VCT services. However, it is not clear what is meant by complete set, nor does it indicate which type of clients.

A better way to ask this question might be to say the following:

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

- A specific clinic is identified.
- A time parameter is provided to indicate which set of clinic clients we need information on.
- The meaning of complete set is specified.

Avoid these questions

As you develop your M&E questions, avoid questions requiring answers about data collection methods, procedures, or other items that cannot be learned from monitoring and evaluating your program. For example:

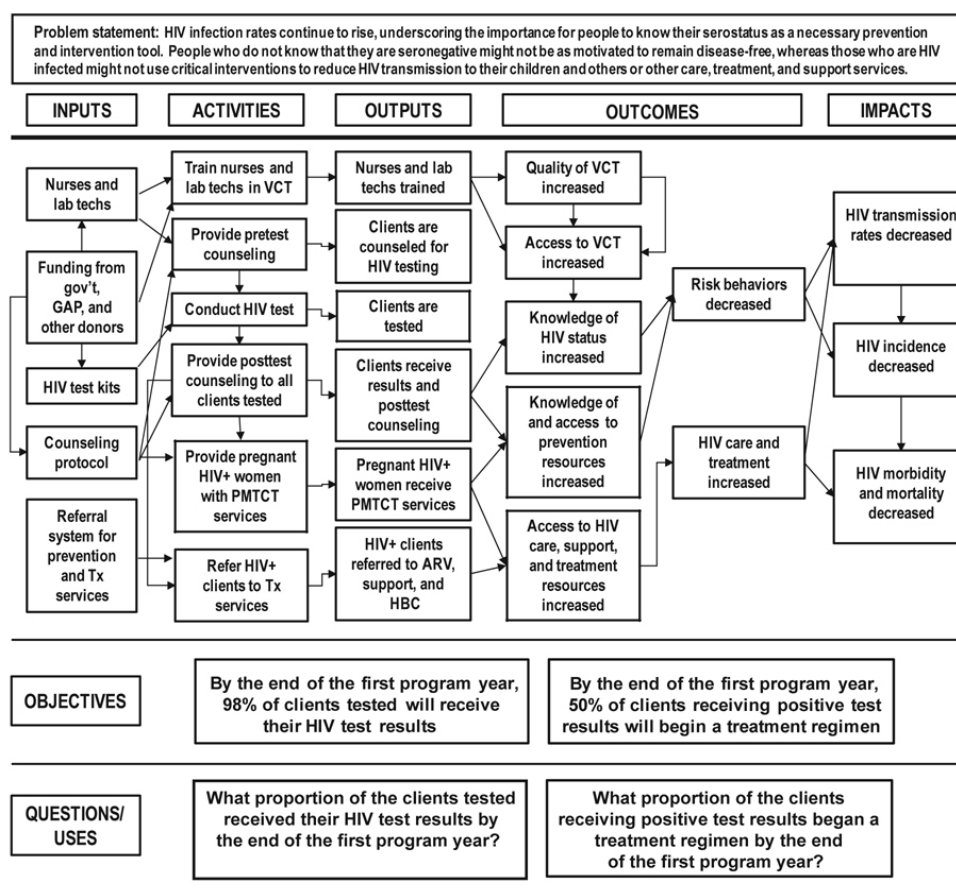
- What method should we use to collect data?
- Who funded the program?

The answers to these questions would provide interesting information but not the things you would typically learn using M&E. Therefore, these are not the type of questions you should include.

How M&E Questions Fit Into a Logic Model

For our example, we will use the VCT logic model. Figure 6.2 shows how M&E questions fit into that logic model and relate to objectives.

Figure 6.2. Developing M&E questions.



Activity

Activity 6.1. Write VCT M&E questions.

Use Table 6.1 for this activity. You may do the activity as a group or individually.

Directions:

1. In the left column of Table 6.1, write four additional questions that can be answered using M&E. The questions will be based on the two VCT objectives we developed in Module 5.
2. After you have developed each question, use the right column to describe what you would do if you had the answer to that question.
3. A sample has been provided in the first row.
4. Sample answers are in Appendix D. Your answers will not be exactly the same, of course.

Discussion

If you are in class, discuss these questions when you are finished with Table 6.1.

- 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?

Table 6.1. Add four additional VCT program questions that can be answered with M&E.

- Objective 1: By the end of the first program year, 98% of clients tested will receive their HIV test results.
- Objective 2: By the end of the first program year, 50% of clients receiving positive test results will begin a treatment program.

| What are additional questions you could ask about this VCT program using M&E? | What would you do if you had an answer to that question (how could you use the data)? |
|---|--|
| Example: <i>What proportion of the clients tested received their HIV test results by the end of the first program year?</i> | Example: <i>If the target of 98% was not achieved, one could do a follow-up assessment to determine why clients may not be returning to receive their results. This information could be used to develop a strategy to address this problem.</i> |
| | |
| | |
| | |
| | |

Notes

Prioritizing M&E Questions

No program has unlimited resources. There is an M&E cost in terms of funds, time available, and other resources. For that reason, you must limit M&E questions to those that:

- gather useful information
- are feasible to answer, given available resources.

To prioritize your questions, consider the following:

- How useful is the information for improving a program? Think about whether the information is “nice to know” versus “need to know.”
- How easy or difficult is it to answer the question? Think about what makes the question difficult to answer. Will you be able to answer it?

Be careful not to remove a question from your list of priority questions just because it is difficult to answer. Sometimes the most important questions are the hardest to answer. But, if the question is hard to answer, make sure it is very useful to the program.

Activity

Activity 6.2. Develop your own M&E questions.

Directions:

1. Work individually or as a group on Activity 6.2.
2. Review the program description, logic model, and SMART objectives you developed earlier.
3. Complete Table 6.2 by developing measurable M&E questions.

Table 6.2. Developing M&E questions for your program.

| Your objective | Your question(s) |
|-----------------------|-------------------------|
| | |
| | |
| | |
| | |
| | |

What Is Data Use?

M&E is not simply about collecting data, though people often spend a lot of time thinking about data sources and questionnaires. M&E is about using data for:

- program improvement
- the generation of new knowledge
- reporting and accountability (judging).

Data can be used internally or externally.

Internal uses of data

Data are used internally for program improvement. These data are usually obtained from a program's input/output monitoring and process evaluation activities. Table 6.3 outlines internal uses of program data.

Table 6.3. Internal uses of program data.

| Use | Examples |
|--|--|
| To manage and improve program processes and systems by comparing program planning data with actual implementation data | <ul style="list-style-type: none"> ▪ Inform staffing decisions ▪ Monitor service delivery site activities ▪ Track and monitor materials disseminated and expenditures |
| To inform capacity building plans and activities | <ul style="list-style-type: none"> ▪ Hire more staff ▪ Train staff ▪ Purchase more supplies |
| To make decisions about the future direction of the program | <ul style="list-style-type: none"> ▪ Scale up services/expand coverage ▪ Identify new geographical areas and/or other services to be added to the program |
| To guide and enhance service delivery | <ul style="list-style-type: none"> ▪ Assess whether services are culturally appropriate ▪ Understand client needs ▪ Monitor changes in client risk behavior ▪ Follow up with clients |

**External uses
of data**

Data can be used externally to provide information to others who are not directly involved in implementing the program. Table 6.4 outlines external uses of program data.

Table 6.4. External uses of program data.

| Use | Examples |
|--|---|
| To communicate program successes and challenges to the community | <ul style="list-style-type: none"> ▪ Provide valuable information and lessons learned for agencies planning to implement similar programs ▪ Raise awareness about HIV risk and prevention efforts |
| To gain additional resources | <ul style="list-style-type: none"> ▪ Raise funds |
| To be accountable to clients, donors, and other stakeholders | <ul style="list-style-type: none"> ▪ Report to policy makers |

**Using data
to make
decisions**

Table 6.5 provides examples of types of decisions that can be guided by data.

Table 6.5. Making program decisions on the basis of data.

| Decision | Example data source |
|---|---|
| Identify target populations | Behavioral surveillance data identify risk populations in a particular area. Using this information, program planners can make an informed decision about where to locate their services. |
| Determine the focus of the intervention | Longitudinal studies are used to estimate trends over time. Programs can then be designed to address trends that promote the transmission of disease. |

Continued next page

Table 6.5. Making program decisions on the basis of data, continued.

| | |
|--------------------------|--|
| Improve service access | Data concerning client location information can assist planners to determine whether services are reaching areas in need. Such information can help program managers decide if a site is the most appropriate venue for a certain program. |
| Improve program delivery | By combining pre- and post-program measures of client behaviors, attitudes, intentions, or knowledge, changes in targeted indicators can be assessed, thereby evaluating whether the program made a difference and how it can be strengthened. |

Discussion

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

Steps for Using Data to Make Program Decisions

Here are five steps for using your data to make program decisions:

1. Identify stakeholders' needs and their interest in the program.
2. Determine the questions and uses that stakeholders have for the data.
3. Determine what data will answer the questions.
4. Develop a *data use plan*.
5. After data collection and analysis, use the data.

Step 1

Identify stakeholders' needs and their interest in the program.

M&E data are only worthwhile if they are used. There are many potential uses for these data. You will need to determine the needs of your *stakeholders*, the data users.

A stakeholder is anyone who has an interest in your program. Types of stakeholders include the following:

- Program beneficiaries
- Implementers
- Donors/funders
- Country directors
- Policy makers
- Surveillance system personnel
- Program managers
- Journalists/media
- Your supervisor or colleagues
- The private sector.

Your stakeholders may have different needs:

- Some (e.g., policy makers) may want only general summaries of program findings.
- Others may want detailed statistical information.

Reflection

Think about the stakeholders for your program. What are their interests? Why would they need data about your program, and what would they use the data for?

Step 2

Determine the questions and uses that stakeholders have for the data.

You should develop specific questions for the information needs of each stakeholder. Consider how the information will be used. 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/STI prevention to youth between the ages of 14 and 17 in the district.

How the information will be used: Stakeholders will use the information 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?

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.

Step 4

Develop a data use plan.

Plans for how the data will be used should be documented before you start collecting the data. This will help ensure that the right data are collected for the intended purposes. In the plan, include:

- potential program changes that might be made on the basis of answers to stakeholders' questions
- the steps needed to make those program changes
- the roles of those who would need to be involved
- strategies that will be used to ensure data are used.

Step 5

After data collection and analysis, use the data.

Using M&E findings is not the same as reporting or disseminating M&E findings. Reporting and disseminating are the mechanisms 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.

In addition to sharing M&E findings with key stakeholders, you will need to create processes for ensuring that the data are used. This can be done by:

- monitoring the data use plan developed in step 4
- convening follow-up meetings or discussions after M&E findings are shared with stakeholders, to discuss how to use the information generated
- asking stakeholders for feedback on the usefulness of the data.

Activity

Activity 6.3. Think like a stakeholder.

Directions:

1. Work individually or in a small group on Activity 6.3.
2. Select one of the following stakeholder roles 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).
3. Read the executive summary (program description) that begins on the next page for Mrs. Thembe's OVC community-based youth program.
4. Imagine yourself in the stakeholder role you have chosen when you answer the questions following the program description.

**Mrs. Thembe's OVC Community-Based Youth Program
Executive Summary (Program Description for Activity 6.3)**

Background

High rates of HIV/AIDS in this community have resulted in a large number of children who have been orphaned. Research has shown that orphaned children are more vulnerable than other children of the same age are to engaging in activities that put them at high risk for STIs and HIV infection. In this community, there has indeed been a high rate of STIs in the adolescent population. It is well known that STIs increase the risk for HIV infection. It is therefore necessary to attend to the needs of these children to reduce their chances of infection with HIV.

The program seeks to address the needs of orphaned girls between the ages of 16 and 19 years. This target population was selected because there is a shortage of community programs that focus on this specific group. The program will aim to provide STI treatment for this population. In addition, through life skills training and vocational skills training, the program will teach the girls skills that will help them avoid risky behaviors that increase their chance of contracting STIs or HIV.

Goal

The aim of the OVC community-based youth program is to reduce the prevalence of STIs in orphaned girls aged 16 to 19 years.

Objectives

In the next 3 years, the OVC community-based youth program will:

- provide STI treatment to a total of 250 orphaned girls aged 16 to 19
- provide life skills training to 300 orphaned girls aged 16 to 19
- train 150 orphaned girls aged 16 to 19 in vocational skills.

Program activities

To meet these objectives, the program will include the following activities:

- Train local health workers on working with youth
- Open youth-friendly STI treatment programs in local clinics
- Modify the existing life skills training curriculum to make it more appropriate to the target population
- Modify the existing vocational training curriculum to make it more appropriate to the target population
- Implement life skills
- Provide training and vocational skills training after school hours.

Program resources

Program activities will be run by NGO staff, health workers, and community volunteers. Funding will be used to secure a supply of drugs for the clinics, to cover staff salary, and for overhead costs associated with opening the youth-friendly STI treatment program.

Questions

1. What stakeholder role did you choose?
2. What might this stakeholder want to know about this program?
3. Why would this information be important to this stakeholder, and how would this stakeholder use this information?
4. List three M&E questions that you think will provide the information this stakeholder needs.

Summary

To summarize this module:

- M&E questions should be clear, precise, and feasible to answer.
- Clear questions make it easy to determine the types of data you will need to answer the questions.
- You should avoid questions requiring answers about data collection methods, procedures, or other items that cannot be learned from monitoring or evaluating a program.
- You should consider costs in terms of funds, time available, and other resources when prioritizing what M&E questions you will use.
- The focus of M&E should be on data for internal and/or external use.
- A stakeholder is anyone who has an interest in your program.

Module 7:

Measures and

Indicators

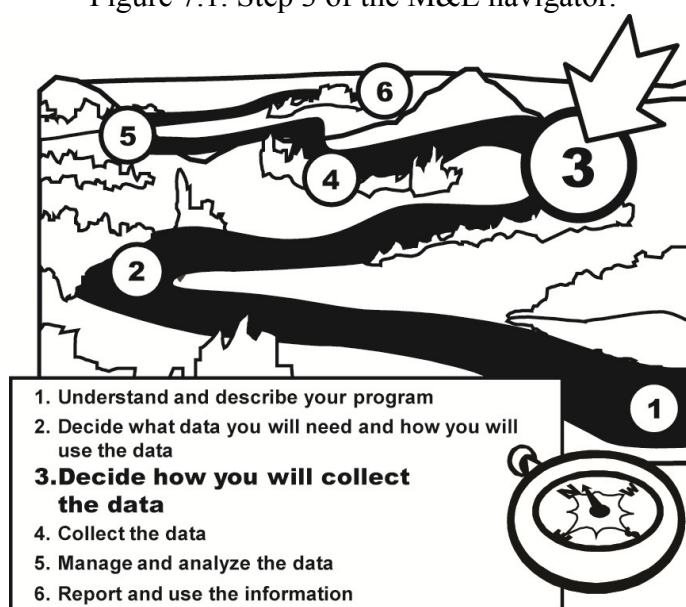
Module 7: Measures and Indicators

Overview

What this module it about?

This module provides guidance on how to select and use appropriate program *measures* and *indicators* to determine the data that are needed to answer M&E questions (Figure 7.1).

Figure 7.1. Step 3 of the M&E navigator.



What you will learn

During this session, you will:

- review the definition and purpose of measures, indicators, baseline, and targets
- discuss global and national indicators
- review criteria for selecting indicators.

By the end of this module, you should be able to:

- define a measure and describe how to use it
- define an indicator and describe how to use it
- describe the differences between global and national indicators
- describe how to select indicators.

What Are Measures?

Definition

Measures are data to describe people, services, or situations using characteristics such as age, size, magnitude, and level.

A measure can be:

- *quantitative* (e.g., numbers, years, dollars)
- *qualitative* (e.g., satisfaction, perception of quality).

Measures provide a standard, basis for comparison, or reference point to communicate change against expected results or program objectives.

Examples of measures

Measures can be used alone or in combination with other measures to help organizations understand and improve their programs. For example, you might have a single measure to assess program outputs:

- 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).

Or, you may have a combination of measures to assess the same program outputs:

- 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).

There are usually several possible measures for each M&E question. The important thing is to choose measures that are the most useful in answering the question.

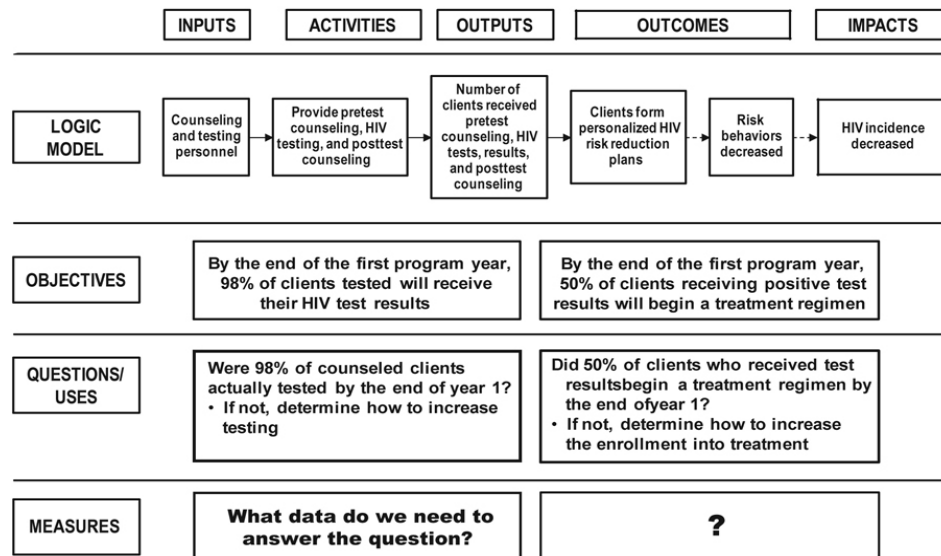
Relate measures to logic model

Figure 7.2. shows the relationship between measures and logic model components, objectives, and M&E questions. When deciding what data to collect, consider:

- the burden on you
- the burden on the people you are collecting data from, your respondents/subjects.

Collect only the data that you have a specific use for.

Figure 7.2. How measures and the logic model and M&E questions are related.



Activity

Activity 7.1. Practice selecting measures.

Directions:

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

Table 7.1. Practice selecting measures.

| M&E question: Were 98% of the clients who received pre-test counseling actually tested by the end of year 1? | | |
|---|------------------------------------|--|
| Proposed measures | Your selections (check) | Why did you choose/not choose this measure? |
| Number of individuals counseled | | |
| Number of individuals tested | | |
| Number of individuals (by sex) who received test results in supported C&T sites | | |
| Number of test kits purchased | | |

Notes

Measures and Indicators

You will not have enough time or resources to monitor every aspect of a program. Thus, you must select a limited set of information to collect that will provide a good indication of how well your program is functioning over time. Remember the following:

- Measures alone do not necessarily provide enough information to indicate how effective a program is in reaching its objectives or intended results.
- Many things can be measured, but not all measures may be a good indication of how the program is functioning.
- *Indicators* are selected measures of a few important program data elements that stakeholders believe best represent progress or changes in quality over time.
- Indicators are usually not based on one variable. It may take many variables or data elements to construct an indicator.

Indicator definition

Indicators are:

- data elements or variables, measured over time, that document changes in processes, outcomes, or capacity
- signposts of change, intended to determine whether or not objectives are being achieved.

Indicators are NOT proof of or explanations about specific changes resulting from programs.

Why indicators are important

Indicators serve the following purposes:

- They provide a reference point for program planning, management, and reporting.
- They allow you to assess trends and identify problems.
- They may act as early warning signals for corrective action.

Indicators can help you identify a potential problem to be addressed and the related outcome. By verifying change, indicators help demonstrate progress when things go right, and they provide early warning signals when things go wrong. A single indicator may not adequately assess whether a particular result or objective is being achieved. It may be

helpful to select a number of complementary indicators. Indicator examples are provided next page.

Examples

Consider the example of buying a used car. You could look at many things when examining the car: the tire tread, how clean the oil is, the wear on the brake pads, or the rust on the body of the car.

These measures are all associated with the car's well-being, but none of them is the one best indicator of the car's condition. The best indicator of a car's condition is likely to be the number of kilometers the car has been driven.

Mileage data help reduce a large amount of data down to the simplest form. The odometer reading tells you how much the car has been driven, which indicates how much wear has been put on the engine, thus providing a useful indication to help you evaluate the condition of the car.

Measures and indicators for determining the success of the VCT program.

Here is another example related to developing indicators to measure the extent of VCT in the country. You could measure many things, including:

- number of people counseled
- number of people tested
- number of test kits purchased.

All of these measures are useful, but you might simply determine the percentage of the general population aged 15 to 49 receiving HIV test results in the past 12 months. This may be the set of data that reduce a large amount of information down to the simplest form, providing the best indication of the extent of VCT in the country.

Global and National Indicators

You may already be familiar with global and national indicators for your national HIV/AIDS program. A brief history of the development of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) indicators is included below.

Other global indicators include:

- PEPFAR (USG) indicators
- United Nations Millennium Development Goals indicators.

UNGASS indicators

As a part of the Declaration of Commitment on HIV/AIDS, developed at the UNGASS in 2001, a pledge was made on behalf of the United Nations General Assembly that it would annually review the progress achieved in realizing the Declaration of Commitment's goals.

To facilitate this process, UNAIDS and its partners developed a set of core indicators that permit the monitoring of measurable aspects of the various international and national actions, national program outcomes, and national impact objectives outlined in the Declaration of Commitment. These indicators are divided into two subgroups: global indicators and national indicators.

You can reference the UNGASS document *Monitoring the Declaration of Commitment on HIV/AIDS Guidelines on Construction of Core Indicators* (August 2002) for detailed specifications of these global indicators, the information required to measure them, and guidance on their interpretation.

Global indicators

Global indicators:

- provide information on levels and trends in international progress in reducing the impact of HIV/AIDS
- inform the international political debate
- sensitize public opinion on global development issues (e.g., HIV/AIDS, tuberculosis [TB], water sanitation)
- help donors set priorities
- improve coordination and collaboration within the international community.

National indicators

National indicators:

- measure progress within individual countries
- focus on three key areas:
 - national commitment and action
 - national program and behavior
 - national-level program impact
- help raise awareness and help focus national debate on development issues (e.g., HIV/AIDS, TB, water sanitation)
- help countries set priorities and inform and monitor national policies.

National-level HIV/AIDS indicators are typically selected on the basis of the prevention, care, and treatment goals and objectives of the country. They are usually outlined in the national *M&E plan*. They can be measured from data collected from surveys and routine data collection methods that support the national strategy.

Activity

Activity 7.2. M&E questions and indicators for your program.

Directions:

1. Do Activity 7.2 individually or in a group.
2. Review the M&E questions you developed earlier.
3. Develop indicators that would provide you with data to answer those questions. Use Table 7.2 to fill in your answers.
4. The first row has been filled in for you as an example.

Table 7.2. M&E questions and indicators for your program.

| M&E question | Indicator |
|---|--|
| Are staff properly trained to deliver VCT services? | Number of staff who are trained in VCT according to national or international standards. |
| | |
| | |
| | |
| | |

Baselines, Targets, and Goal Measures

Once you have decided on the indicators that will best help answer your M&E questions, set up an indicator system that describes baselines, targets, and goal measures for each indicator.

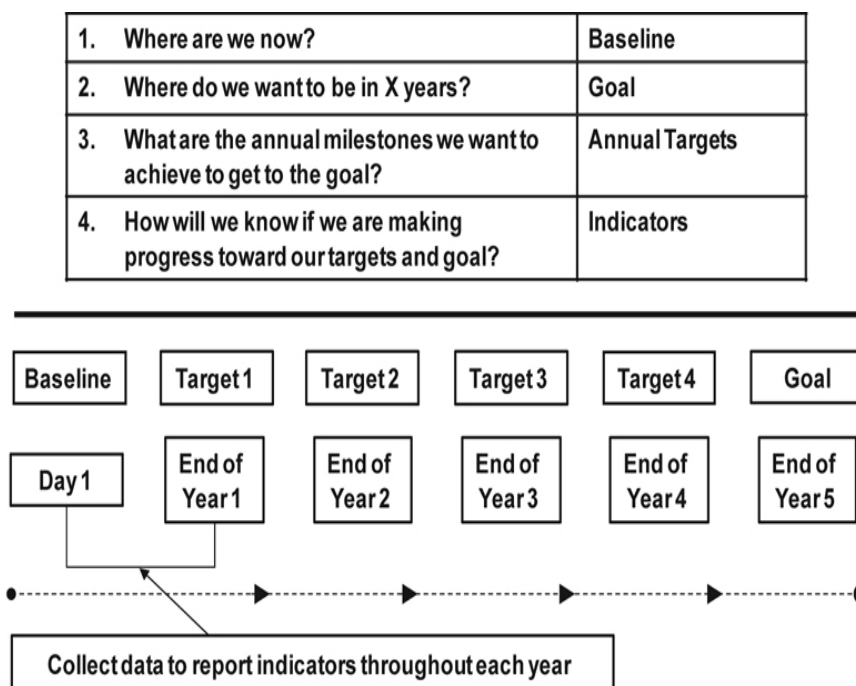
Questions to ask

To set up your indicator system, consider the following four questions:

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)

Figure 7.3 illustrates how these four questions can guide your approach to collecting data on your indicators over time.

Figure 7.3. Questions to set up your indicator system.



Baseline Measures

Definition

A baseline measure:

- represents a program's starting point and answers either Where are we now? or Where are we starting?
- represents the value of an indicator at the beginning of your program
- reflects the status of an indicator before an organization begins program implementation.

How to develop

To establish a baseline for an indicator:

- obtain stakeholder input to confirm that data are appropriate to develop a baseline measure or if there are other data considerations
- use data from a recommended or preferred data source, for example, from data your program has already collected, national-level data, or survey data
- use 3 to 5 years of historical data to establish a stable baseline.

Sometimes, no existing data source is available to guide you in developing baseline measures. If this is the case, use the best substitute you can find. For example, you might use data from a program similar to yours or expert advice. This is a last resort. Having no existing data source is an indication of the need to collect data so that an accurate baseline can be established in the future.

Target and Goal Measures

Definitions

A target measure:

- answers the question Where do we want to be at the end of a year?
- represents the desired value of an indicator at the end of a period of time (e.g., the end of a funding cycle)
- reflects the status of an indicator after a period of service provision.

Comparing a baseline and target measure helps identify progress. For example:

- you have a goal of providing VCT services to 1,000 members of a given community by year 3 of your program

- your baseline measure for the number of individuals receiving VCT services provided by your program in a given community at the start of year 1 is 500
- your target each year is 250 new clients.

If 250 new clients receive VCT services in year 2 of your program and 300 additional clients receive VCT services through your program in year 3, you are meeting your target measures and making progress toward your overall goal.

A goal measure:

- answers the question Where do we want to be X years in the future?
- is a longer term measure of progress and represents the desired value of an indicator at the end of a given period
- reflects the status of an indicator after a set number of years of services has been provided.

Estimating targets and goals

Targets and goals should represent realistic expectations of change while encouraging staff to exceed past performance. Involve your staff in setting targets and goals to make sure the levels are realistic.

Use the following methods for setting targets and goals:

- Look at data from previous years to see if there is a trend or pattern. Use this information to predict future performance.
- Consult experts working in a particular area.
- Review published research or evaluation findings.
- Review data about the performance of similar organizations.

Reflection

In your experience, are there other factors that influence your program's performance and that should be considered when setting targets and goals?

Key Elements of a Good Indicator

The SMART method that you learned for developing objectives earlier also applies to indicators, and an indicator review checklist is provided in Table 7.3. When you are selecting indicators, make sure they are specific, measurable, appropriate, realistic, and time-based.

Table 7.3. Use the SMART method for indicators as well as objectives.

| Element | What it means | Check |
|---------------------|---|-------|
| <u>S</u> pecific | The indicator identifies concrete events or actions that will take place: Does the indicator clearly specify what will be accomplished and by how much? | |
| <u>M</u> easurable | The indicator quantifies the amount of resources, activity, or change: Is the indicator quantifiable? | |
| <u>A</u> ppropriate | The indicator logically relates to the overall problem statement and desired effects of the program: Does the indicator make sense in terms of what the program is trying to accomplish? | |
| <u>R</u> ealistic | The indicator provides a realistic dimension that can be achieved with available resources and plans for implementation: Is the indicator achievable, given available resources and experience? | |
| <u>T</u> ime-based | The indicator specifies a time within which the indicator will be achieved: Does the indicator specify when it will be achieved? | |

Once you have determined that the proposed indicators are SMART, follow these guidelines from WHO and global partners' *Monitoring and Evaluation Toolkit* (page 17):

- Link indicators to program goals; make sure they will measure change.
- Use standard indicators as much as possible so that you are able to compare data over time and between populations or target groups.
- When you choose indicators, consider the cost and feasibility of data collection.
- Consider the stage of problem you are addressing with your target population. Make certain that indicators are appropriate for this stage.
- Keep the number of indicators to a minimum.
- Identify indicators that will help you in your programming and management decisions.
- Add indicators later, if needed.

Activity

Activity 7.3. Select national and global indicators for a program.

Directions:

1. Work on Activity 7.3 alone or with a group.
2. Refer to the list of sample indicators, National-Level HIV/AIDS Indicators for a Country, which begins on the next page.
3. Enter the M&E questions you developed earlier into Table 7.4 (below). The first row has been completed for you as an example.
4. Identify at least two indicators that will answer each M&E question.
5. Explain how you will use this information and how these indicators/measures will best answer your M&E questions.

SAMPLE: National-Level HIV/AIDS Indicators for a Country

Background

The national indicators were selected on the basis of the stated goals and objectives of the National Strategic Plan (NSP) and grouped according to priority intervention areas identified by the NSP. Four principles guided the selection of the national indicators for monitoring and evaluating the national HIV/AIDS response:

1. Indicators must contribute to some measurable impact by the end of the NSP
2. Indicators with a baseline measure are to be given priority.
3. An indicator can be feasibly collected from an existing or potential source.
4. Indicators should allow for international and regional comparisons.

National-Level HIV/AIDS Indicators

Impact:

- Imp1: Annual incidence of AIDS-related deaths
- Imp2: Median survival time of infected persons after diagnosis
- Imp3: HIV prevalence among persons aged 15 to 24 years
- Imp4: HIV prevalence
- Imp5: Percentage of infants who were born to HIV-infected mothers and are themselves infected.

National Capacity

Policy formation:

- Nc1: National Composite Policy Index
- Nc2: AIDS Program Index
- Nc3: Number of enterprises that have workplace programs
- Nc4: Number of schools with teachers trained in life skills–based HIV/AIDS education
- Nc5: Percentage of schools with an implemented life skills–based HIV/AIDS education program
- Nc6: Amount of funds spent by the national government on HIV/AIDS.

Partnerships/multisectoral response:

- Nc7: Number of line ministries able to develop and operationalize a work plan.

Institutional strengthening:

- Nc8: Number of MOH staff hired in the past 12 months
- Nc9: Number of MOH staff provided training in the past 12 months
- Nc10: Number of MOH staff hired and retained.

Clinical and Diagnostic Management and Access to Care, Treatment, and Support

Access to ART:

- Cts1: Percentage of persons with advanced HIV infection receiving ART
- Cts2: Percentage of persons on treatment still alive after 6, 12, and 24 months of initial treatment
- Cts3: Number of regions with health facilities that have the capacity to provide HIV/AIDS clinical management
- Cts4: Number of persons trained to deliver ART services
- Cts5: Number of persons receiving ART
- Cts6: Number of treatment sites linked to or having a support group.

Drugs and commodities management:

- Cts7—Not available
- Cts8—Not available.

VCT:

- Cts9: Percentage of persons receiving an HIV test in the past 12 months, including:
 - a. general population aged 15 to 49 years
 - b. Commercial sex worker (CSW)
 - c. Men who have sex with men (MSM)
 - d. youths
- Cts10: Number of regions with facilities that offer VCT services
- Cts11: Number of public facilities that offer VCT services
- Cts12: Number of private facilities that offer VCT services
- Cts13: Number of persons trained in the provision of VCT
- Cts14: Number of regions with persons trained in the provision of VCT
- Cts15: Number of persons who receive HIV pre-test C&T
- Cts16: Number of persons who receive HIV post-test counseling and their HIV test results

Opportunistic infections (OIs):

- Cts17: Number of persons receiving OI prophylaxis.

Home and palliative care (HPC):

- Cts18: Number of regions with outlets that provide HPC
- Cts19: Number of outlets that provide HPC
- Cts20: Number of NGOs that provide HPC
- Cts21: Number of outlets with support groups
- Cts22: Number of regions with persons trained in the provision of HPC
- Cts23: Number of persons trained to provide HPC
- Cts24: Number of persons who receive HPC
- Cts25: Number of households that receive HPC.

STIs:

- Cts26: Percentage of persons with STIs who are appropriately diagnosed, treated, and counseled at treatment sites
- Cts27: Percentage of persons aged 15 to 49 who know two or more symptoms of STIs
- Cts28: Number of service outlets with the capacity to appropriately diagnose and manage STIs
- Cts29: Number of regions with integrated STI management clinics
- Cts30: Number of persons trained in the management of STIs using national guidelines.

Psychosocial support for people living with HIV/AIDS:

- Cts31: Percentage of people aged 15 to 59 who have been ill for 3 or more months in the past 12 months and whose household receives free basic external support in caring for the chronically ill person.

Laboratory support:

- Cts32: Percentage of patients on ARVs who receive regular CD4 monitoring following national ART guidelines
- Cts33: Number of laboratories with the capacity to provide viral load and CD4 testing
- Cts34: Number of regional laboratories with the capacity to do CD4 and viral load testing
- Cts35: Number of regions with laboratories capable of culturing *N. gonorrhea*
- Cts36: Number of laboratories capable of diagnosing herpes
- Cts37: Number of persons trained to conduct CD4 testing
- Cts38: Number of regions with persons trained to conduct CD4 testing.

Blood safety:

- Cts39: Percentage of transfused blood units in past 12 months that have been screened for HIV according to national guidelines.

Reducing Vulnerability to HIV Infection

Information, education, and communication/BCC:

- Pv1: Average age at first consensual sex
- Pv2: Percentage of people aged 15 to 49 years reporting use of a condom during most recent sexual intercourse with a nonregular partner
- Pv3: Percentage of people aged 15 to 49 years expressing accepting attitudes toward people with HIV/AIDS
- Pv4: Percentage of people aged 15 to 49 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

Condom promotion and distribution:

- Pv2: Percentage of people aged 15 to 49 years reporting use of a condom during most recent sexual intercourse with a nonregular partner
- Pv5: Number of condoms imported that meet international quality standards
- Pv6: Total number of condoms available for distribution nationwide in the preceding 12 months as a function of the total population aged 15 to 49
- Pv7: Proportion of retail outlets that have condoms in stock.

PMTCT:

- Pv8: Number of regions with facilities that offer PMTCT or Prevention of mother-to-child transmission (PMTCT)(+) services
- Pv9: Number of public facilities that offer PMTCT or PMTCT(+) services
- Pv10: Number of private facilities that offer PMTCT or PMTCT(+) services
- Pv11: Number of pregnant women who receive HIV C&T for PMTCT
- Pv12: Number of pregnant women who receive their HIV test results as part of PMTCT or PMTCT(+)
- Pv13: Percentage of pregnant women who receive a complete course of ARV prophylaxis as part of PMTCT or PMTCT(+)
- Pv14: Number of health care workers trained in the provision of PMTCT or PMTCT(+)
- Pv15: Number of regions with health care workers trained in the provision of PMTCT or PMTCT(+)
- Pv16: Percentage of babies born to HIV-positive women and who are exclusively formula fed
- Pv17: Percentage of babies born to HIV-positive women and tested for HIV before age 18 months.

OVC:

- Pv18: Percentage of OVC whose households received, free of cost, external support in caring for the child
- Pv19: Number of OVC who received care and support
- Pv20: Number of OVC whose household received care and support
- Pv21: Number of outlets providing services for OVC
- Pv22: Number of persons trained in caring for OVC
- Pv23: Percentage of OVC enrolled in schools.

Surveillance and Research

Strengthen surveillance systems:

- Sr1: Number of health facilities with record-keeping system for monitoring HIV/AIDS care and support
- Sr2: Number of regions with an HIV/AIDS surveillance system
- Sr3: Number of regions that produce their own quarterly HIV/AIDS report
- Sr4: Number of persons trained in SI
- Sr5: Number of regions with persons trained in SI.

Notes

Table 7.4. Select national and global indicators for a program.

| Your M&E questions | Indicator | How will this information be used? | How will this indicator answer the question? |
|--|---|---|---|
| Example: <i>What proportion of the clients tested received their HIV test results by the end of the first program year?</i> | <i>Cts16: Number of persons who receive HIV post-test counseling and their HIV test results</i> | <i>Determine whether the target has been met and, if not met, develop strategies to address problems with reaching the target</i> | <i>The indicator will show the proportion of clients who received their test results.</i> |
| | | | |
| 1. | | | |
| | | | |

Continued on next page

Table 7.4. Select national and global indicators for a program, continued.

| Your M&E questions | Indicator | How will this information be used? | How will this indicator answer the question? |
|--------------------|-----------|------------------------------------|--|
| 2. | | | |
| | | | |
| 3. | | | |
| | | | |
| 4. | | | |
| | | | |

Summary

To summarize this module:

- Measures provide a standard, basis for comparison, or reference point to communicate change against expected results or program objectives.
- Indicators are selected measures of a few important program data elements that stakeholders believe represent change over time.
- Indicators provide a reference point for program planning, management, and reporting and can serve as early warning signals.
- Global indicators provide information on levels and trends in international progress in reducing the impact of HIV/AIDS.
- National indicators measure progress within individual countries.
- A baseline measure represents a program's starting point.
- A target measure represents the desired value of an indicator at the end of a period of time.
- A goal measure is a long-term measure of progress and represents the desired value of an indicator at the end of a given period.
- When selecting or developing indicators, make sure they are SMART.

Notes

Module 8:

Data Sources and Data Collection Methods

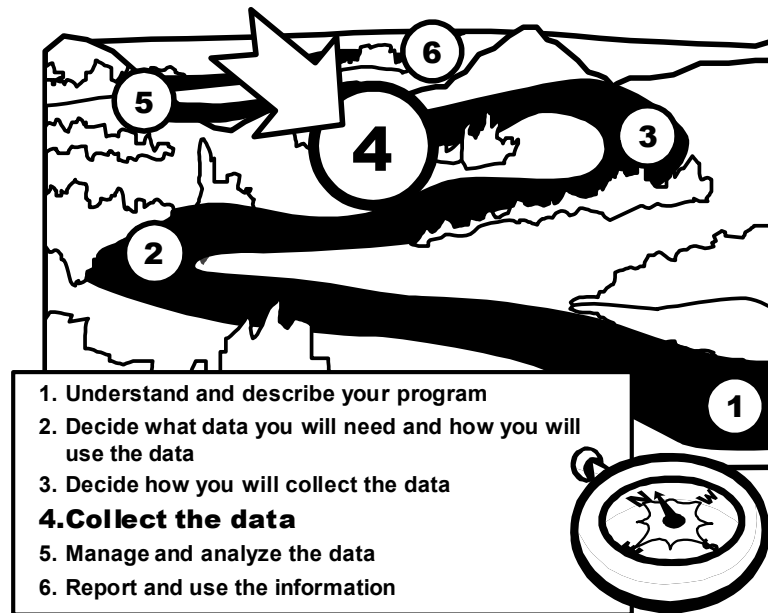
Module 8: Data Sources and Data Collection Methods

Overview

What this module is about

This module focuses on the next step in the M&E process (Figure 8.1), how data sources and methods fit with logic model components, and their relationship to objectives, questions, and measures.

Figure 8.1. Step 4 of the M&E navigator.



What you will learn

During this session, you will:

- review data sources for various M&E activities
- review M&E data collection issues
- review the relationship among objectives, M&E questions, measures/indicators, data sources, and M&E methods.

By the end of this module, you should be able to:

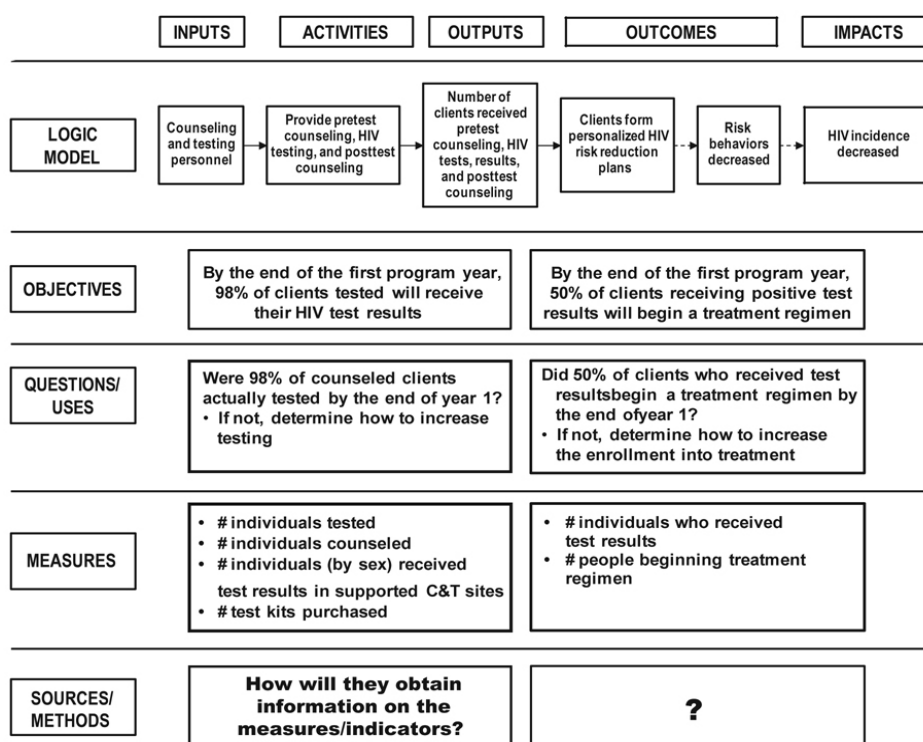
- define data sources
- distinguish between national-, organizational-, and individual-level data sources

- identify appropriate data sources for the specific kinds of data needed
- distinguish between qualitative and quantitative data collection methods
- describe your experience using various data collection methods.

Relationship of logic model components

Figure 8.2 shows how data sources and methods fit with the logic model components and their relationship to objectives, questions, and measures.

Figure 8.2. Relationship between logic model components, objectives, questions/uses, measures, data sources, and data collection methods.



Data Sources

Definition

Data sources are the places where M&E data are obtained. Examples are medical records, program reports, and questionnaires.

Data sources should:

- provide the needed information to answer your M&E questions
- be feasible, given the available resources
- offer confidence in the quality of information gathered.

Examples

Data sources can be accessed at the national level, the organizational level, and the individual level. Table 8.1 provides examples of data sources at each of these levels.

Table 8.1. Data sources for national, organizational, and individual levels.

| National-level data sources | Organizational-level data sources | Individual-level data sources |
|---|--|--|
| <ul style="list-style-type: none"> ▪ National data collection efforts, such as census, vital statistics, national/ regional service provision assessment facility, Demographic and Health Surveys, Behavioral Surveillance Surveys ▪ International surveys, such as Family Planning Program Effort, AIDS Program Effort Index, and Demographic and Health Surveys ▪ MOH policies, financial reports, or legal or regulatory statements, such as bills, acts, recommendations, and white papers | <ul style="list-style-type: none"> ▪ Evaluations and audits ▪ Organizational networking analysis ▪ Organizational assessments ▪ Budget and expenditure records/financial statements ▪ Program and donor reports | <ul style="list-style-type: none"> ▪ Supervision reports ▪ Self-evaluations ▪ Personnel records, such as: <ul style="list-style-type: none"> • job descriptions • performance evaluations • background checks • training summaries ▪ Routine health service records and reports |

Data Collection Methods

Now decide what methods you will use to collect your information. Data collection methods used for gathering M&E data are grouped under two categories:

- quantitative methods
- qualitative methods.

Definitions

Quantitative methods are structured or standardized approaches used to collect numerical data. Examples of quantitative methods include:

- surveys
- questionnaires
- checklists.

Qualitative methods are semistructured or open-ended methods aimed at generating in-depth, descriptive information. Examples of qualitative methods include:

- key informant interviews
- focus groups
- record reviews
- observations.

You can use quantitative methods and qualitative methods alone or in combination. To decide on a method, you should be clear about your purpose for collecting data. Using a combination of methods:

- allows you to validate their findings
- will help your program build a more comprehensive M&E process.

Make sure you understand the differences among data collection methods. Assess what resources are available within your program or outside of your program to support your data collection. Table 8.2 provides a brief overview of various data collection methods you may consider using.

Table 8.2. Data collection methods.

| Method | Description | Uses |
|-----------------------------------|---|--|
| Surveys and questionnaires | <ul style="list-style-type: none"> ▪ Are data collection tools with a structured set of questions ▪ Have a series of questions (items) with predetermined response choices ▪ May include open-ended items for elaboration or clarification ▪ May be completed by respondents or surveyors ▪ May target either the general population (e.g., all people aged 15 to 49) or specific risk populations (e.g., sex workers, injection drug users) | <ul style="list-style-type: none"> ▪ Study attitudes and perceptions ▪ Collect a self-reported assessment of changes in response to the program ▪ Collect program assessments ▪ Collect some behavioral reports ▪ Test knowledge ▪ Determine changes over time |
| Checklists | <ul style="list-style-type: none"> ▪ List action items, steps, or elements as needed for a task, activity, event, or particular situation ▪ Are used to measure the level of completeness or performance, degree of quality, or progress toward a particular stage or goal ▪ Contain items, steps, or elements to be checked or consulted using a criterion scale (For example, has X action been completed? Yes or no?) | <ul style="list-style-type: none"> ▪ Assess the quality of services/care delivered to patients ▪ Monitor the implementation of program processes and protocols ▪ Assess the practice of new knowledge, skills, and responsibilities |

| Method | Description | Uses |
|------------------------------------|---|--|
| Interviews and focus groups | <ul style="list-style-type: none"> ▪ Are used to gather detailed, qualitative descriptions of how programs operate and how stakeholders perceive them ▪ Are generally conducted one-on-one in the case of interviews ▪ Are conducted in small groups in the case of focus groups ▪ Are usually conducted with targeted samples of stakeholders (e.g., staff, administrators, youth, families, funders, community members) ▪ Expect respondents to answer using their own terms ▪ Can be conducted in person or by phone ▪ Generally include open-ended, but predetermined, questions ▪ Generate responses to be documented in thorough, detailed notes or transcription ▪ Use structured quantitative response categories in the case of some interviews | <ul style="list-style-type: none"> ▪ Study attitudes and perceptions using respondent's own language ▪ Collect a self-reported assessment of changes in response to the program ▪ Collect program assessments ▪ Document program implementation ▪ Understand and describe program processes ▪ Determine changes over time ▪ Support exploratory work or obtain in-depth knowledge |
| Record reviews | <ul style="list-style-type: none"> ▪ Involve the review and analysis of documents (e.g., agendas, outlines, intake and tracking forms, and other service records; financial records; calendars; process logs and forms) ▪ Make use of information that is routinely collected during the implementation of a program ▪ 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 | <ul style="list-style-type: none"> ▪ Collect some behavioral reports, such as from clinic records ▪ Verify self-reported data ▪ Determine changes over time |
| Observations | <ul style="list-style-type: none"> ▪ Are conducted to view and hear actual program activities ▪ May be focused on programs overall or participants in programs ▪ Involve instruments (e.g., protocols or guides, sometimes checklists) | <ul style="list-style-type: none"> ▪ Document program implementation ▪ Witness levels of skill/ability, program practices, and behaviors ▪ Determine changes over time |

ActivityActivity 8.1. Data sources and collection methods for a VCT program.Directions:

1. Do Activity 8.1 individually or in a group.
2. Review the example logic model (Figure 8.3) that 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.
3. Fill in Table 8.3 with your suggestions for the most effective and efficient methods (tell why you chose each method) and possible sources for collecting the data required.

Figure 8.3. Relationship between logic model components, objectives, questions/uses, measures, data sources, and data collection methods.

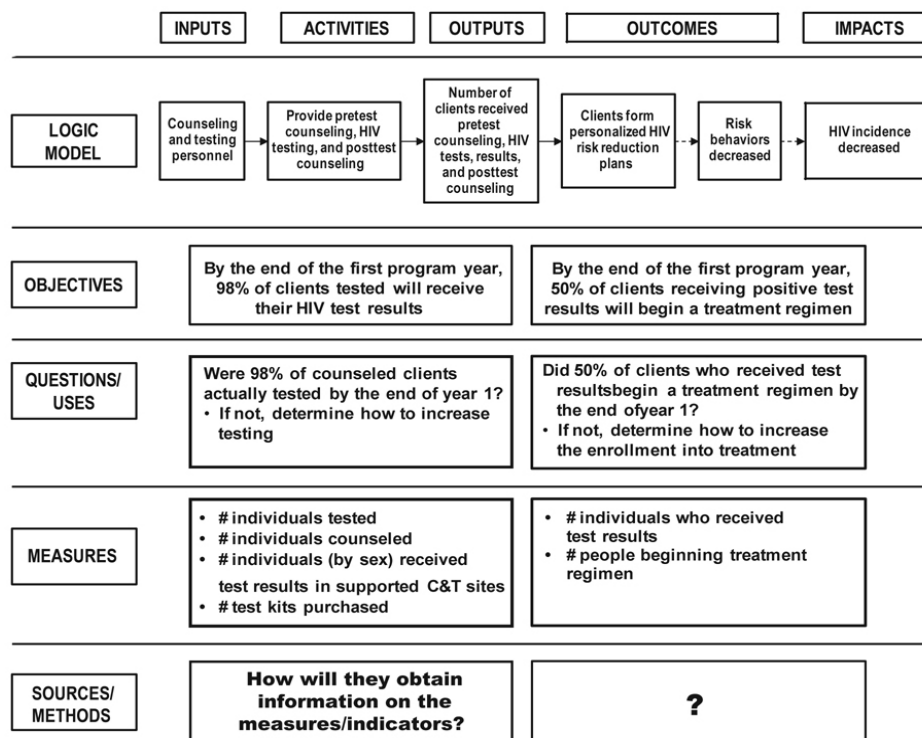


Table 8.3. Your suggested methods and sources for collecting data.

| Data required | Method and your reason for choosing it | Possible sources |
|---|---|-------------------------|
| Number of individuals tested | | |
| Client perceptions about the quality of C&T services | | |
| Evaluation of C&T training provided to counselors | | |
| Extent of behavior change 1 year after C&T sessions | | |
| Number of individuals (by sex) who received test results in supported C&T sites | | |
| Number of test kits purchased | | |

ActivityActivity 8.2. Your data collection methods experience.Directions:

1. You can do Activity 8.2 alone or in a group. The experience could be your personal experience or that of your group or your country.
2. Reread the descriptions of methods in Table 8.4.
3. Use the table to describe your experience using any of these methods to collect program data.
4. Think about and describe what were or might be the advantages and disadvantages of using the methods listed to collect your program data.

Table 8.4. Your experience with data methods and collection.

| Method | Description | Uses |
|---|---|--|
| Surveys, questionnaires | <ul style="list-style-type: none"> ▪ Are data collection tools with a structured set of questions ▪ Have a series of questions (items) with predetermined response choices ▪ May include open-ended items for elaboration or clarification ▪ May be completed by respondents or surveyors ▪ May target either the general population (e.g., all people aged 15 to 49) or specific risk populations (e.g., sex workers, injection drug users) | <ul style="list-style-type: none"> ▪ Study attitudes and perceptions ▪ Collect a self-reported assessment of changes in response to the program ▪ Collect program assessments ▪ Collect some behavioral reports ▪ Test knowledge ▪ Determine changes over time |
| Describe your experience developing and administering surveys and questionnaires. | | |
| Describe the advantages and disadvantages of using this method to collect data on your program. | | |

Continued on next page

Table 8.4. Your experience with data methods and collection, continued.

| Method | Description | Uses |
|---|---|--|
| Checklists | <ul style="list-style-type: none"> ▪ List action items, steps, or elements as needed for a task, activity, event, or particular situation ▪ Are used to measure the level of completeness or performance, degree of quality, or progress toward a particular stage or goal ▪ Contain items, steps, or elements to be checked or consulted using a criterion scale (For example, has X action been completed? Yes or no?) | <ul style="list-style-type: none"> ▪ Assess the quality of services/care delivered to patients ▪ Monitor the implementation of program processes and protocols ▪ Assess the practice of new knowledge, skills, and responsibilities |
| Describe your experience using checklists to monitor or assess services. | | |
| Describe the advantages and disadvantages of using this method to collect data on your program. | | |

Continued next page

Table 8.4. Your experience with data methods and collection, continued.

| Method | Description | Uses |
|---|---|--|
| Interviews and focus groups | <p><i>Interviews:</i> generally conducted one-on-one <i>Focus groups:</i> conducted in small groups In both, the respondents are expected to answer using their own terms. Both are:</p> <ul style="list-style-type: none"> ▪ used to gather detailed, qualitative descriptions of how programs operate and how stakeholders perceive them ▪ usually conducted with targeted samples of stakeholders, such as staff, administrators, youth, families, funders, and community members ▪ conducted in person or by phone ▪ generally open-ended, but predetermined, questions ▪ documented in thorough, detailed notes or transcription | <ul style="list-style-type: none"> ▪ Study attitudes and perceptions using respondent's own language ▪ Collect a self-reported assessment of changes in response to the program ▪ Collect program assessments ▪ Document program implementation ▪ Understand and describe program processes ▪ Determine changes over time ▪ Support exploratory work or obtain in-depth knowledge |
| Describe your experience using interviews or focus groups. | | |
| Describe the advantages and disadvantages of using this method to collect data on your program. | | |

Continued on next page

Table 8.4. Your experience with data methods and collection, continued.

| Method | Description | Uses |
|---|--|--|
| Record reviews | <ul style="list-style-type: none"> ▪ Involve the review and analysis of documents (e.g., agendas, outlines, intake and tracking forms, and other service records; financial records; calendars; process logs and forms) ▪ Use information routinely collected during the implementation of a program ▪ Are used to monitor and evaluate the implementation of a program ▪ Are used for analyzing existing program records and other documents not gathered or developed specifically for M&E | <ul style="list-style-type: none"> ▪ Collect some behavioral reports, such as from clinic records ▪ Verify self-reported data ▪ Determine changes over time |
| Describe your experience in conducting record reviews. | | |
| Describe the advantages and disadvantages of using this method to collect data on your program. | | |

Continued on next page

Table 8.4. Your experience with data methods and collection, continued.

| Method | Description | Uses |
|---|---|--|
| Observations | <ul style="list-style-type: none"> ▪ Are conducted to view and hear actual program activities ▪ May be focused on programs overall or participants in programs ▪ Involve instruments (e.g., protocols or guides, sometimes checklists) | <ul style="list-style-type: none"> ▪ Document program implementation ▪ Witness levels of skill/ability, program practices, and behaviors ▪ Determine changes over time. |
| Describe your experience using observations. | | |
| Describe the advantages and disadvantages of using this method to collect data on your program. | | |

Summary

To summarize this module:

- Data sources are the places where M&E data are obtained.
- Quantitative methods are structured or standardized approaches used to collect numerical data.
- Qualitative methods are semistructured or open-ended methods aimed at generating in-depth, descriptive information.
- Data collection methods include surveys and questionnaires, checklists, interviews and focus groups, record reviews, and observations.

Module 9:

Data Management

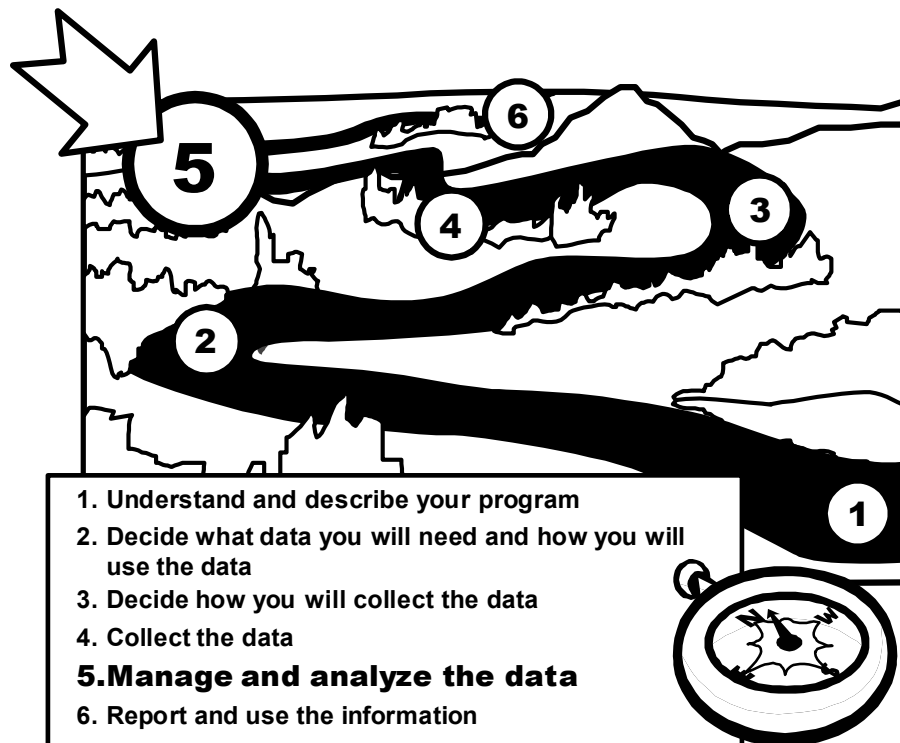
Module 9: Data Management

Overview

What this module is about

This module provides guidance on step 5 of the M&E process (Figure 9.1): how to manage data after they are collected. The module explains the process of transferring collected data from a raw form to a more usable format through data management.

Figure 9.1. Step 5 of the M&E navigator.



What you will learn

During this session, you will:

- discuss key elements of data flow
- learn or review the principles of data management
- learn about data processing and storage issues
- learn about data quality issues
- learn about *data analysis* issues.

By the end of this module, you should be able to:

- identify and describe data flow components
- create a data flow diagram for your program
- describe the key principles of data management
- explain key considerations for ensuring data quality
- discuss data analysis approaches
- develop a data management system for your program.

What Is Data Flow?

Definition

Data flow is 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.

Data flow includes:

- data collection
- data entry
- data synthesis
- data cleaning
- data quality checks
- data analysis.

If you understand the key elements of data flow, you will be able to understand how to manage data and provide data quality assurance.

Data flow diagram

A data flow diagram identifies:

- where data come from
- how and where the data are processed

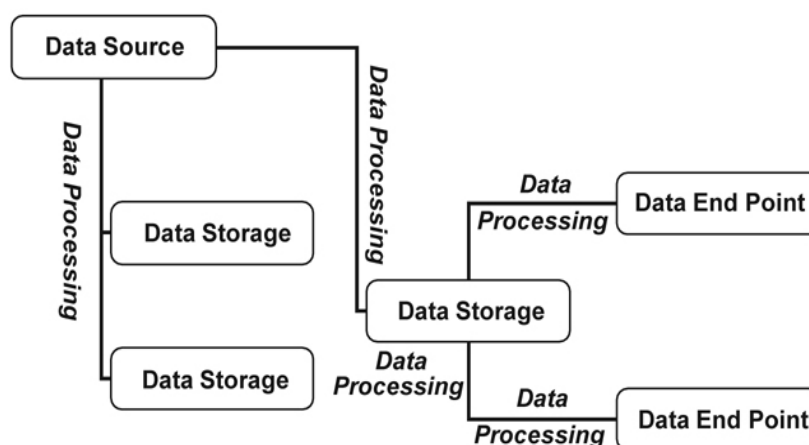
- how and where they are stored
- to whom or where they will be sent.

Drawing a diagram is a good way to clarify how the data in your system will flow from one point to another. Table 9.1 summarizes the elements that should go into a data flow diagram, and Figure 9.2 provides a sample data flow diagram.

Table 9.1. Data flow functional elements.

| Data flow element | Function |
|----------------------------|---|
| <i>Data source points</i> | Show where information comes from |
| <i>Data storage points</i> | Show how and where data are stored (these might be places to accumulate data over a period of time) |
| <i>Data processes</i> | Show when, how, and by whom data will be entered, synthesized, cleaned, and analyzed |
| <i>Data end points</i> | Show where information will go after it has been processed (may also become data sources) |

Figure 9.2. Sample data flow diagram.



- Use a data flow diagram to present a picture of how M&E data will move from data collection to data dissemination and use.
- Share your data flow diagram with key stakeholders to make sure they understand how data flow for your program.

Example

Study the farm workers' condom distribution program logic model (Figure 9.3). Next, look at Figure 9.4a, which shows data flow for this program. Figures 9.4b through 9.4e provide a series of related data flow examples and additional terminology about this program.

Figure 9.3. Farm workers' condom distribution program logic model.

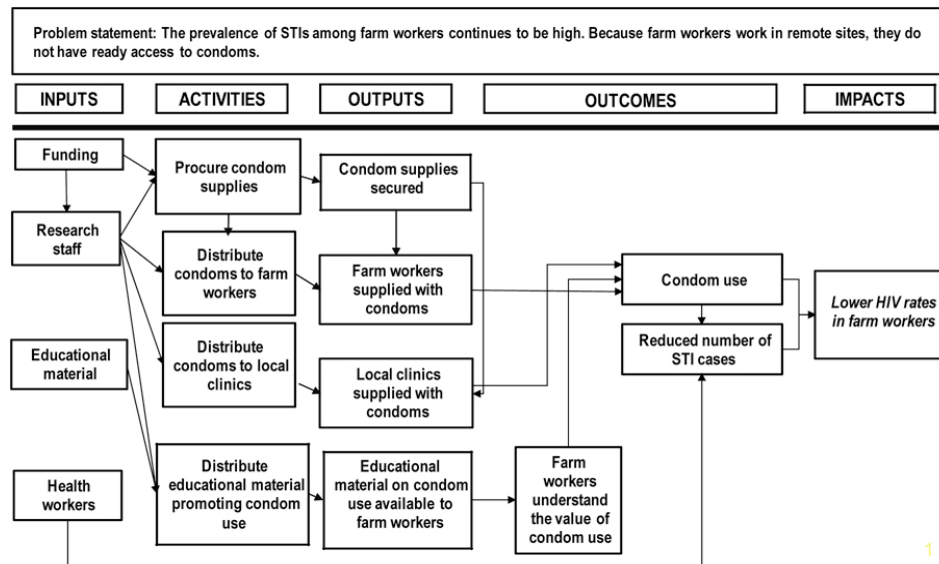
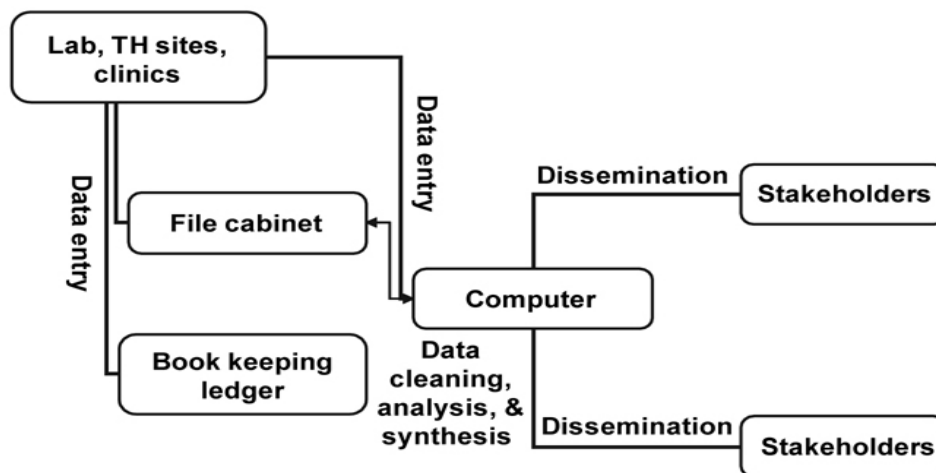
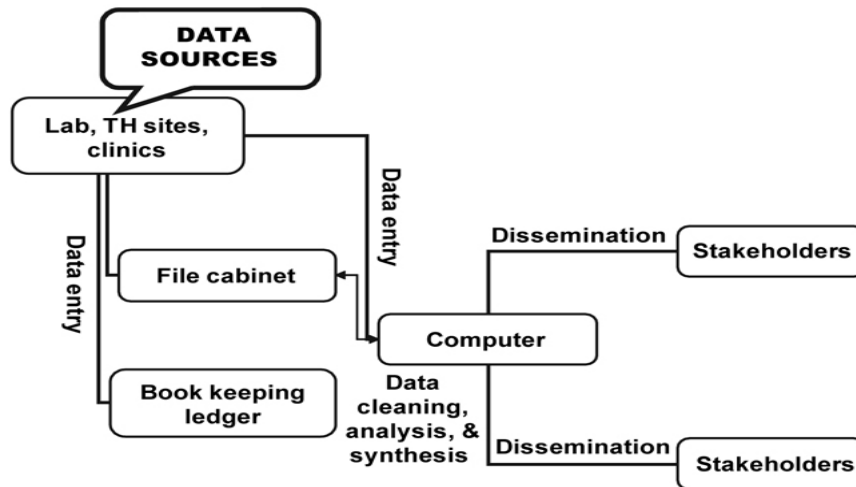


Figure 9.4a. Top-level data flow diagram for the farm workers' condom distribution program.



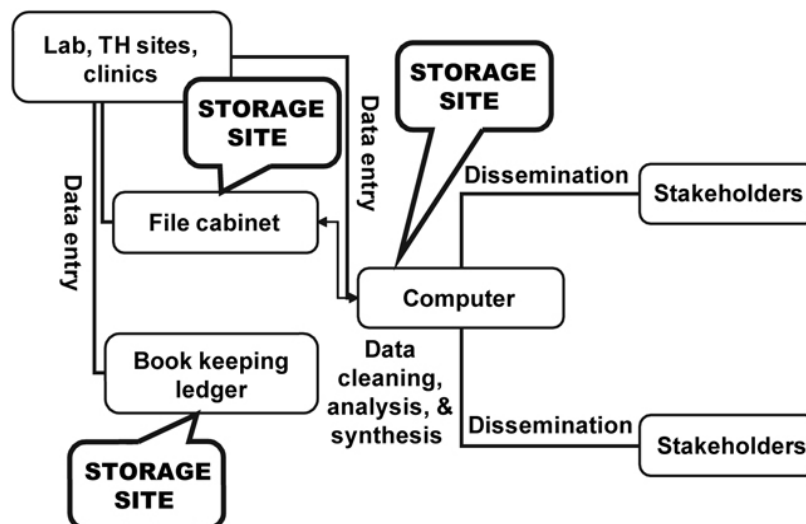
In Figure 9.4b, data sources are the clinics and traditional healer (TH) sites that are collecting information. Be sure to label your flow diagrams so that reviewers will understand your message.

Figure 9.4b. Data sources for the farm workers' condom distribution program.



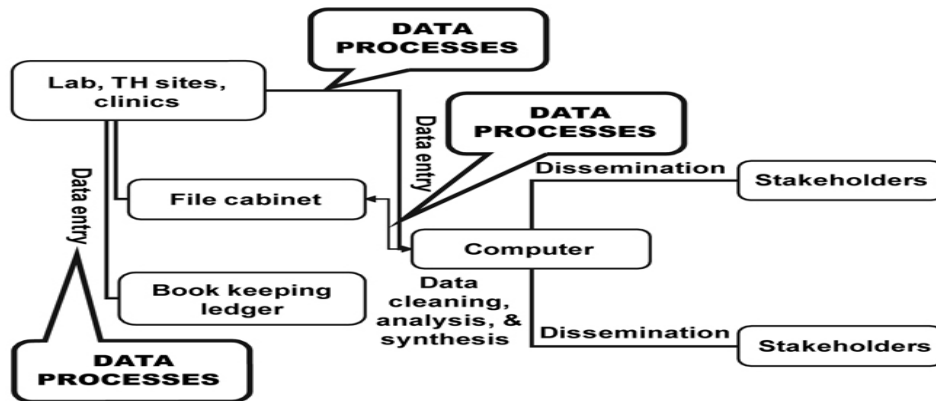
In Figure 9.4c, *storage site* refers to the physical location where collected data are stored (e.g., client care logs/registers, computer files). Data storage can be a basic office file cabinet, or it can be done electronically using *data management* and analysis programs, such as Epi Info, SAS, SPSS, Microsoft Access, or Microsoft Excel.

Figure 9.4c. Storage of farm workers' condom distribution program data.



In Figure 9.4d, *data processes* labels show when, how, and by whom data will be entered, managed, cleaned, and analyzed. Label your flow diagrams, and indicate when a specific data process activity would take place (e.g., data entry, data cleaning) and who would conduct the activity (e.g., field data collector).

Figure 9.4d. When and how data will be entered, as well as by whom.

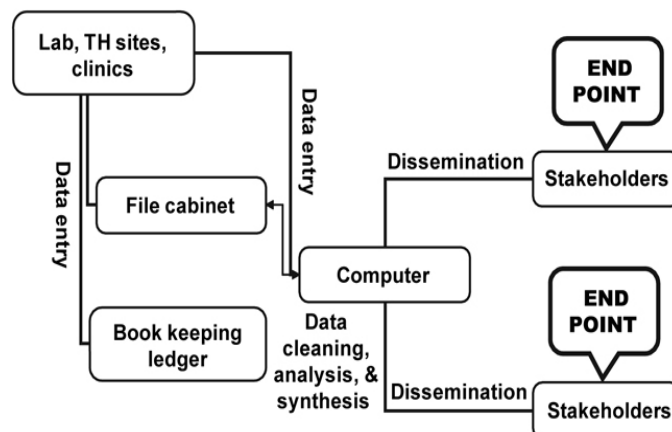


In Figure 9.4e:

- *data end points* are where the information will go after it has been entered, synthesized, cleaned, and analyzed
- examples of data end points include other program staff or institutions or individuals external to your organization (e.g., program funders, program beneficiaries, local government).

Data end points may become data sources if the information needs to be sent to other stakeholders.

Figure 9.4e. Data end point for the farm workers' condom distribution program.



Activity

Activity 9.1. Develop your program's data flow diagram.

Activity 9.1 is a two-part activity. Working alone or in a group, create a data flow diagram for your program.

Directions for Part 1:

Develop a preliminary list of the four elements of your program's data flow.

1. In Table 9.2, consider the following elements:
 - Where will the data come from (data source points)?
 - Where will they be stored (data storage points)?
 - How will the data be processed, and who will process them (data processes)?
 - Where will the data be sent (data end points)?
2. Write each of the four elements of your program's data flow diagram into the worksheet provided below.

Directions for Part 2:

Now, create a data flow diagram.

1. Refer to the data source points, processes, storage points, and end points you identified in Part 1.
2. Draw your data flow diagram in the space provided in Table 9.2.
3. Draw lines showing how these elements are connected.

Table 9.2. Develop the parts of your program's data flow diagram.

| Data source points | Data processes |
|--------------------|----------------|
| | |

Continued on next page

Table 9.2. Develop the parts of your program’s data flow diagram, continued.

| Data storage points | Data end points |
|---------------------|-----------------|
| Data flow diagram | |
| | |

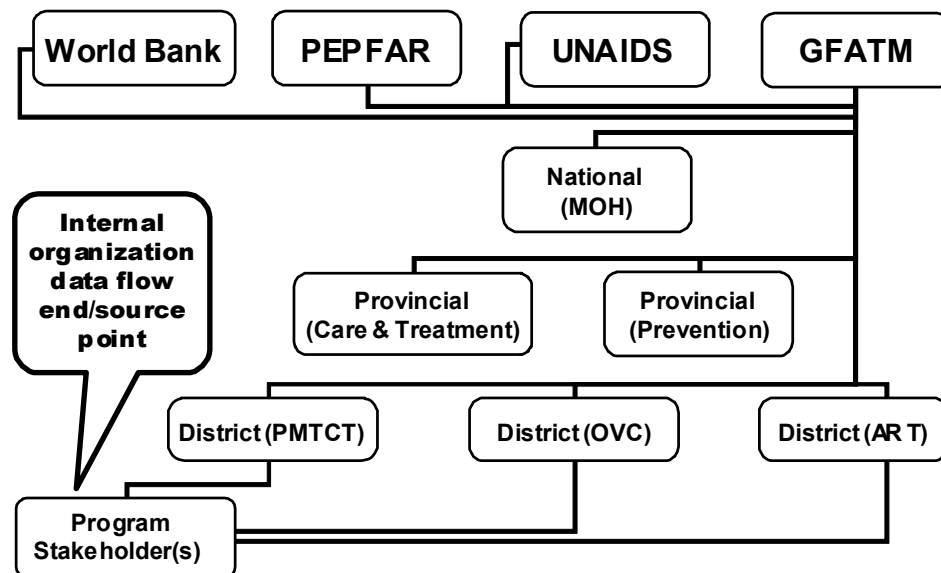
Data Flow Beyond Your Program

As shown in Figure 9.5, data may not always stay with the initial end points. The data may be reported to other stakeholders to support decision-making processes at other levels, such as community, district, provincial, national, and global levels.

The data may go through another round of data entry, cleaning, synthesis, analysis, or dissemination.

Data can also flow in the other direction. Reports are often sent back and forth between stakeholders. For example, data may be sent to the MOH, which may provide feedback.

Figure 9.5. Data flow beyond your program.



Data Management

Data management is the process that facilitates the effective transfer of the data from their raw form to a more usable format. You will need to consider who, what, when, and where for each of the following processing steps in managing data:

- Data entry
- Synthesis
- Cleaning and analysis
- Quality assurance.

Do it early

Organize your data management needs process before you actually collect data. Make sure to:

- consider who will be involved in the data management process and their resources and skills
- agree on a standardized approach and predetermined formats
- ensure the security and confidentiality of data.

Do it often

Store and enter data as they come in. To facilitate this, consider:

- regularly updating records
- establishing a data entry and storage schedule
- providing feedback to improve the system.

Activity

Activity 9.2. Design your data management process.

This is the first part of a two-part activity. You will complete it later in the module. Use Table 9.3.

Directions for Part 1:

1. You may do this activity as a group or individually. Read and answer the following questions, using Table 9.3:
 - Who is or should be involved in your data management process and why?
 - Is there is an agreed-upon, standardized approach and predetermined formats you are using to guide your data management process? If not, why not?
 - What steps do you take to ensure the security and confidentiality of data?

2. Briefly describe your process in Table 9.3 for:

- updating your program records
- entering and storing program data
- monitoring and improving the system.

Table 9.3. Part 1 of your data management process.

| Questions | Your response |
|--|---------------|
| Who is or should be involved in your data management process and why? | |
| Is there an agreed-upon, standardized approach and predetermined formats you are using to guide your data management process? If not, why not? | |
| What steps do you take to ensure the security and confidentiality of data? | |
| What is your process for: <ul style="list-style-type: none"> ▪ updating your program records? | |
| <ul style="list-style-type: none"> ▪ entering and storing program data? | |
| <ul style="list-style-type: none"> ▪ monitoring and improving the system? | |

Do it organized

It is important that your processes and procedures for managing data are:

- systematic
- understandable to your staff and your funders
- able to support the use of data storage systems that provide quick and easy retrieval of needed information.

Making sure your data management systems are organized will:

- help ensure that multiple people (e.g., new staff, funders) can access, understand, and use data
- allow *data quality* to be compared over time
- make it easier to identify areas for improvement
- help build institutional memory.

A critical piece to staying organized will be setting up good systems for data storage management. When developing processes and procedures for data storage, consider:

- what information needs to be stored
- who needs access to the information and when
- how the information will be stored
- how to determine what information to keep and what to discard.

Do it well

Doing it well means:

- considering if data will be entered into electronic databases using data entry programs or techniques to identify errors and inconsistencies between variables, such as a mother who is entered as being younger than her children
- not overinterpreting data or indicators when your confidence in data quality is low
- not underinterpreting data or indicators when your confidence is high.

Activity

This is the second part of Activity 9.2. Use Table 9.4.

Directions for Part 2:

1. Read and answer yes or no to the questions listed below about your data management process.
2. Next, if your answer is no to any of these questions, think about and briefly describe what your organization needs to do (your action step) to get these things in place.

Table 9.4. Part 2 of your data management process.

| Question | Yes | No | If <u>no</u>, your action step |
|---|------------|-----------|---------------------------------------|
| Do you have a documented process for data management? | | | |
| Are these documents used by staff? | | | |
| Is there a description of the procedures for data storage management? | | | |
| Does it outline: <ul style="list-style-type: none"> ▪ what information needs to be stored? | | | |
| <ul style="list-style-type: none"> ▪ who needs access to the information and when? | | | |
| <ul style="list-style-type: none"> ▪ how information will be stored? | | | |
| <ul style="list-style-type: none"> ▪ what information to keep and what to discard? | | | |

Data Quality

Data quality directly affects your ability to provide stakeholders with accurate information that will inform their decisions about a program. Often, people believe their data are of good quality simply because they trust that data management processes will automatically produce accurate, interpretable, and usable data.

Not paying attention to the quality of data throughout the management process can have significant costs to a program, including:

- the use of additional resources to take corrective actions
- reduced stakeholder confidence and support
- missed opportunities to identify strengths or gaps in program activities
- the need to address incorrect decisions made on bad data.

Therefore, you must:

- 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.

Ensuring high-quality data requires careful attention in:

- designing and implementing data management systems
- providing written instructions for how to use data collection instruments and tools
- documenting processes for data entry, cleaning, and management
- monitoring data collection activities on an ongoing basis
- taking proactive steps to correct problems that compromise the quality of data.

The documentation of quality assurance efforts and inconsistent results will help data users understand the limitations of the data and ways to improve data collection procedures.

Key principles of data quality

Table 9.5 summarizes six key principles of data quality and provides examples of how they apply to different stages of the data management process.

Table 9.5. Data quality principles.

| Principle | Examples |
|---|--|
| <i>Precision</i> —data are collected, analyzed, and interpreted at an appropriate level of detail to answer the M&E questions | You need to answer the following question: What percentage of female and male VCT clients who were tested received their test results in the past year? You would need to collect data on gender, C&T visits, and date of visits. If any of these variables were missing from the data source (e.g., service delivery log, client records) or data storage site (e.g., on the data entry forms, in the data entry database), the data would lack precision. |
| <i>Reliability</i> —repeated measures of the same variable have the same results; data are collected consistently | This principle is most relevant to data sources. For example, if you are collecting data on the number of staff trained across multiple VCT sites, you need to make sure that all sites are including the same types of training events in their count. Some sites might consider staff meetings as a training event, whereas others might only count trainings that included course objectives and curricula. |
| <i>Validity</i> —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 that 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. For example, you ask the client if his previous HIV test result was positive. If he is interpreting <u>positive</u> as a good result, that is, he does not have the HIV infection, he will respond <u>yes</u> , which is not valid for what you want to know. |
| <i>Integrity</i> —data are accurate from the time they are collected to the time they are reported | The integrity of the data needs to be ensured at each stage of data flow. The staff at the data source collecting the data must be accurate in recording data on the data collection forms. When data are entered into the database (at the storage site), they must be entered accurately. Data processes should include documentation for how data will be entered and cleaned. Maintaining data integrity at the data dissemination stage means that data are reported without intentional bias or manipulation. |

| | |
|--|--|
| <i>Completeness</i> —all intended data are collected. | Data should be collected and entered to maximize the completeness of information. It should include all eligible people or units and all data variables. If key variables are missing, then the amount of data you have available to analyze and report on will be reduced and may compromise your ability to make conclusions about the findings. |
| <i>Timeliness</i> —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. For example, if 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, then the data will be underestimated. |

ActivityActivity 9.3. Ensure data quality in your programs.Directions:

1. Review the program data flow diagram you developed earlier (Table 9.2).
2. Use Table 9.6 to describe three steps/actions your organization takes or needs to take to ensure data quality at each stage of data flow.

Table 9.6. How will you ensure data quality in your program?

| Stage of data flow | Steps/actions to ensure data quality | |
|---------------------|--------------------------------------|--|
| Data source points | 1. | |
| | 2. | |
| | 3. | |
| Data storage points | 1. | |
| | 2. | |
| | 3. | |
| Data processes | 1. | |
| | 2. | |
| | 3. | |
| Data end points | 1. | |
| | 2. | |
| | 3. | |

Data Analysis

Once data are collected, entered, and cleaned, the next step in the data flow and management process is data analysis. Data analysis will enable you to determine whether and how your program has achieved its objectives. Data analysis is often categorized as qualitative or quantitative (Table 9.7).

Table 9.7. Kinds of questions answered by qualitative and quantitative analysis.

| Type of analysis | ... answers these questions |
|---|--|
| <i>Quantitative data analysis</i> is the process of presenting and interpreting numerical data. | <ul style="list-style-type: none"> ▪ What is the percentage of condoms that were distributed in the target community? ▪ What is the average number of patients 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? |
| <i>Qualitative data analysis</i> is used to interpret, examine, compare and contrast, and understand relevant patterns or themes within data. | <ul style="list-style-type: none"> ▪ 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? |

Integrated approach

Although the two approaches differ substantially in their objectives and characteristics, qualitative and quantitative analysis methods are complementary.

Appendix B contains more information about additional resources on data analysis.

Summary

To summarize this module:

- Data flow is the process of moving data from the point where they were collected to the point where they will be processed into formats that are usable by stakeholders.
- Data flow includes data collection, data entry, data synthesis, data cleaning, data quality checks, and data analysis.
- A data flow diagram identifies where data come from, how and where the data are processed, how and where they are stored, and to whom or where they will be sent.
- Data management is the process that facilitates the effective transfer of the data from a raw form to a more usable format.
- Key principles of data management are do it early, do it often, do it organized, and do it well.
- Key principles of data quality are precision, reliability, validity, integrity, completeness, and timeliness.
- Data analysis is often categorized as qualitative and quantitative.

Notes

Module 10:

Sharing M&E Findings

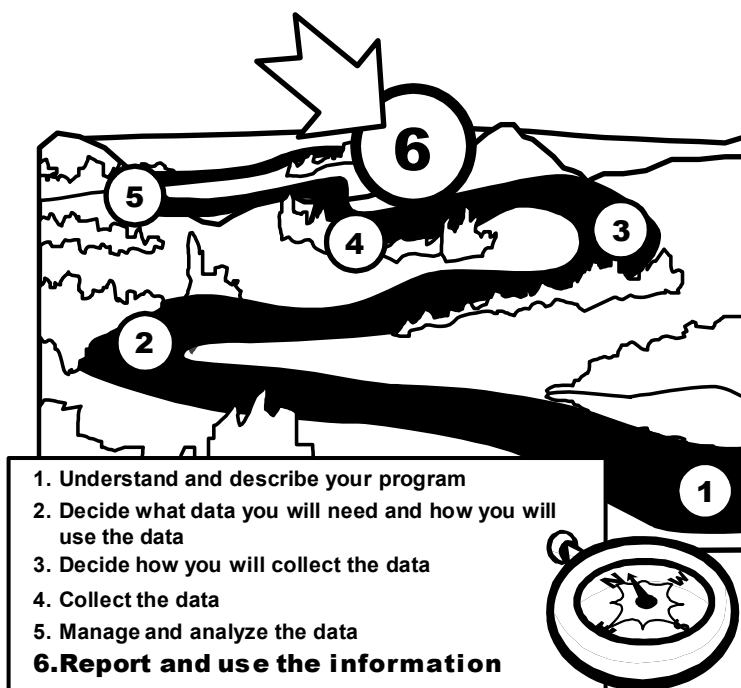
Module 10: Sharing M&E Findings

Overview

What this module is about

In covering the last step in the M&E navigator (Figure 10.1), this module discusses why it is important to share data and ways for sharing M&E data for use by program stakeholders. The module explains how to decide what to share and how and when to share data. The module also provides an overview of various *visual aids* that can be used to display data.

Figure 10.1. Step 6 of the M&E navigator.



What you will learn

During this session, you will:

- learn the importance of sharing M&E findings
- discuss what, with whom, when, and how to share M&E data
- learn ways to share M&E data.

By the end of this module, you should be able to:

- select methods for sharing your M&E data
- identify stakeholders you will share data with
- determine when you will share M&E data
- describe various visual aids you can use to display data.

Why Share M&E Findings?

There are several reasons for sharing findings from the M&E activities with colleagues and key stakeholders:

- To improve program management functions
- To enhance stakeholder support
- To advocate for additional resources or policies
- To contribute to the global knowledge of what works (i.e., best practices)

Improve program management

Sharing M&E findings about a program can help improve the management of that program in a variety of ways. For example, you will be able to:

- 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.

Enhance stakeholder support

Sharing M&E findings with key external stakeholders can help strengthen your program in a variety of ways. You will be able to:

- help stakeholders and the community understand what the program is doing
- help ensure social, financial, and political support for the program
- help establish or strengthen your network of individuals and organizations with similar goals.

Advocate

Program managers and staff will need to advocate for resources and policies. Sharing your findings with key stakeholders, especially funding agencies, is a good way to:

- raise awareness about a 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.

Contribute knowledge

Sharing information with key stakeholders is a way to contribute to M&E knowledge. All programs in a particular region or country or with a similar focus can draw on these lessons, learning from your experience. Contributing to the body of lessons learned and best practices strengthens all HIV programs.

Sharing Information

Your audience

Your M&E program findings will be of interest to many audiences:

- Beneficiaries
- Surveillance system personnel
- HIV program managers
- Your own program staff
- Politicians/policy makers
- International agencies
- The private sector.

What to share

You will need to determine what specific information should be shared. In making this determination, you will need to know the following:

- The audience and their information needs and expectations
- What is required:
 - What will they use data for?
 - How often do they need information?

Your audience may be interested in some of the following information:

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

The only way to know the audience's needs is by asking. Knowing these needs will help you select an appropriate format for presenting your data.

When to share

Consider the best time to share findings from M&E activities:

- M&E findings should be shared and used throughout the program, not just at the end of a program cycle or year.
- It may be helpful to link the sharing of M&E findings to donor reporting and budget cycles. Even if this is not required by donors, regular dissemination of M&E findings and lessons learned can be impressive to donors and can serve as a basis for increasing or sustaining support for programs.
- Appropriate timing can increase the attention that is given to data (e.g., on World AIDS Day, during a major HIV/AIDS or donor conference). Avoid releasing routine health data during major events (e.g., election campaigns).

Activity

Activity 10.1. Whom do you or could you share information with?

Directions:

1. Work alone or in a group on Activity 10.1.
2. Give four examples in Table 10.1.

Table 10.1. Whom I share M&E information with, what I share, and how often.

| With whom? | What information? | How often? |
|------------|-------------------|------------|
| | | |
| | | |
| | | |
| | | |

How to share information

M&E findings can be shared in many ways. Some of the most useful and common methods for sharing information are:

- reports
- presentations
- press conferences
- memos
- success stories
- radio spots
- posters
- fact sheets
- brochures.

We will not spend a great deal of time discussing audiences and how to share information at this time. Table 10.2 includes more ideas on how to share information.

Table 10.2. Whom are you sharing information with?

| Audience | Reasons for communicating and possible ways to present | Advantages |
|-------------------------------|---|---|
| Beneficiaries | <p>Disseminating lessons learned to the beneficiaries of programs is an important way to build community support for your program:</p> <ul style="list-style-type: none"> ▪ Community meetings ▪ Media | <ul style="list-style-type: none"> ▪ Allows for immediate exchange of impressions and reactions ▪ Enhances image in the community |
| Surveillance system personnel | <p>How do surveillance system personnel make a difference?</p> <ul style="list-style-type: none"> ▪ Dissemination workshops ▪ Training | <ul style="list-style-type: none"> ▪ Allows for immediate exchange of impressions and reactions ▪ Provides an opportunity for staff personnel to see if they are making a difference in the program |
| HIV program managers | <p>Program managers might like to receive information about why program decisions were made:</p> <ul style="list-style-type: none"> ▪ Regularly scheduled sessions for data feedback ▪ Reports | <ul style="list-style-type: none"> ▪ Allows for immediate exchange of impressions and reactions ▪ Provides an opportunity for staff personnel to see if they are making a difference in the program |
| Program staff | <p>Periodic staff meetings devoted to discussing M&E results can engage staff in collectively making program adjustments:</p> <ul style="list-style-type: none"> ▪ Regularly scheduled sessions for data feedback ▪ Dissemination workshops ▪ Training | <ul style="list-style-type: none"> ▪ Allows for immediate exchange of impressions and reactions ▪ Provides an opportunity for staff personnel to see if they are making a difference in the program |

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Table 10.2. Whom are you sharing information with?

| | | |
|--------------------------------------|--|--|
| Politicians/ policy makers | <p>MOHs and other government officials may like to get updates on the achievements of programs and organizations:</p> <ul style="list-style-type: none"> ▪ Brief presentations ▪ Fact sheets ▪ Brochures ▪ Success stories | <ul style="list-style-type: none"> ▪ Can be edited and revised so that the content can be shaped to maximum effect ▪ Provides a permanent record of activities ▪ Enables stakeholders to take time in reviewing the message and providing appropriate feedback ▪ Enhances image in the community ▪ Increases stakeholder satisfaction |
| Donors/ international agencies | <p>Donors require accountability as part of their stewardship of funds:</p> <ul style="list-style-type: none"> ▪ Reports ▪ Fact sheets ▪ Presentations | <ul style="list-style-type: none"> ▪ Can be edited and revised so that the content can be shaped to maximum effect ▪ Provides a permanent record of activities ▪ Enables stakeholders to take time in reviewing the message and providing appropriate feedback ▪ Enhances image in the community ▪ Increases stakeholder satisfaction |
| Private sector | <p>Private-sector companies may be interested in knowing program achievements (e.g., trucking companies, condom manufacturers):</p> <ul style="list-style-type: none"> ▪ Brief presentations ▪ Fact sheets ▪ Brochures ▪ Success stories | <ul style="list-style-type: none"> ▪ Enables stakeholders to take time in reviewing the message and providing appropriate feedback ▪ Enhances image in the community ▪ Increases stakeholder satisfaction |

| | | |
|-------|--|--|
| Media | <p>Media are an important way to disseminate lessons learned:</p> <ul style="list-style-type: none"> ▪ Present lessons learned that tell a story ▪ Press conferences ▪ Press releases | <ul style="list-style-type: none"> ▪ Can be edited and revised so that the content can be shaped to maximum effect ▪ Enhances image in the community |
|-------|--|--|

Activity

Activity 10.2. Describe ways you have shared and ways you would like to share information.

Activity 10.2 has two parts. Use Table 10.3 during this activity.

Directions for Part 1:

1. Do this activity individually or as a small group. If you are working as a small group, you may choose methods that group members have tried or methods that you have worked on together.
2. Part 1 is about three methods that you have tried for sharing information. Use Table 10.2 to remind you of possibilities.
3. Fill in Table 10.3.

Directions for Part 2:

1. Fill in Table 10.4.
2. Part 2 is about two ways you would like to try to share data that you think might work well in your country. Use Table 10.2 to remind you of possibilities.

Table 10.3. Methods you have used to share information.

| Methods you have used to share information | Questions about your use of that method |
|--|---|
| Method 1 that you have tried: | Who was the audience? |
| | What were the advantages and disadvantages of this format? |
| | Was this format successful in communicating findings with the given audience? |
| | If so, what do you think contributed to the success? |
| | If not, what were the barriers? |

Continued on next page

Table 10.3. Methods you have used to share information, continued.

| Methods you have used to share information | Questions about your use of that method |
|--|---|
| Method 2 that you have tried: | Who was the audience? |
| | What were the advantages and disadvantages of this format? |
| | Was this format successful in communicating findings with the given audience? |
| | If so, what do you think contributed to the success? |
| | If not, what were the barriers? |

Continued on next page

Table 10.3. Methods you have used to share information, continued.

| Methods you have used to share information | Questions about your use of that method |
|--|---|
| Method 3 that you have tried: | Who was the audience? |
| | What were the advantages and disadvantages of this format? |
| | Was this format successful in communicating findings with the given audience? |
| | If so, what do you think contributed to the success? |
| | If not, what were the barriers? |

Table 10.4. Methods you would like to try to share information.

| Methods you would like to try to share information | Questions about your use of that method |
|--|--|
| Method 1 that you would like to try: | Who is the audience? |
| | Why would you be communicating with this audience? |
| | What format or method are you using now to communicate with this audience? |
| | What do you think will be the advantages of communicating in this way? |
| | What do you think will be the barriers? |

Continued on next page

Table 10.4. Methods you would like to try to share information, continued.

| Methods you would like to try to share information | Questions about your use of that method |
|--|--|
| Method 2 that you would like to try: | Who is the audience? |
| | Why would you be communicating with this audience? |
| | What format or method are you using now to communicate with this audience? |
| | What do you think will be the advantages of communicating in this way? |
| | What do you think will be the barriers? |

Visual Aids

In some cases when you are sharing information, it may be helpful to use visual aids. Visual aids may be an easier-to-understand way to present data. Ideally, visual aids should convey an understanding about the data that would not be readily apparent if they were described in text.

Any presentation can be improved by the use of appropriate visual aids. Some of the most common visual aids are:

- tables
- charts
 - *line graphs*
 - *bar graphs*
 - *pie charts*
- maps
- photographs.

Figures 10.2 through 10.6 show examples of the most common visual aids.

Figure 10.2. Example table showing the number of patients attending a VCT clinic, by day.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| 10 | 15 | 20 | 40 | 5 |

Figure 10.3. Example line graph showing the number of patient visits, by day.

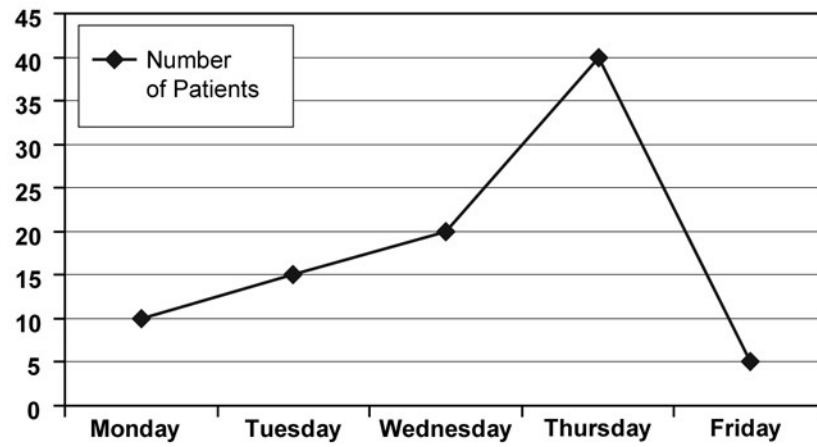


Figure 10.4. Example bar graph showing condom use among women and men.

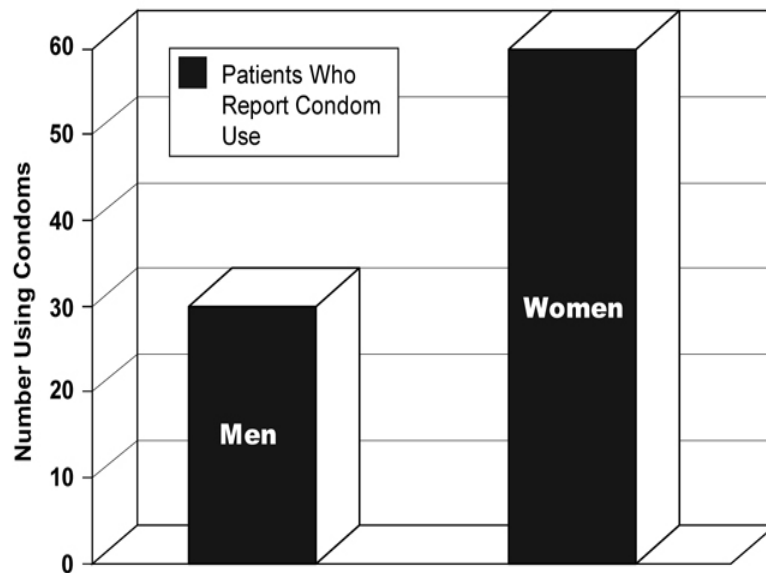


Figure 10.5. Example pie chart showing the percentage of people who receive condoms, by age.

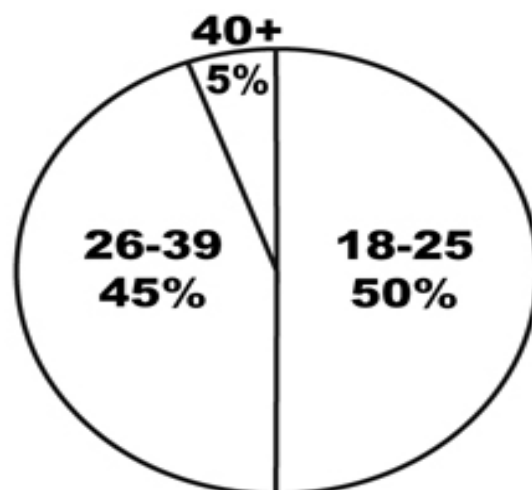
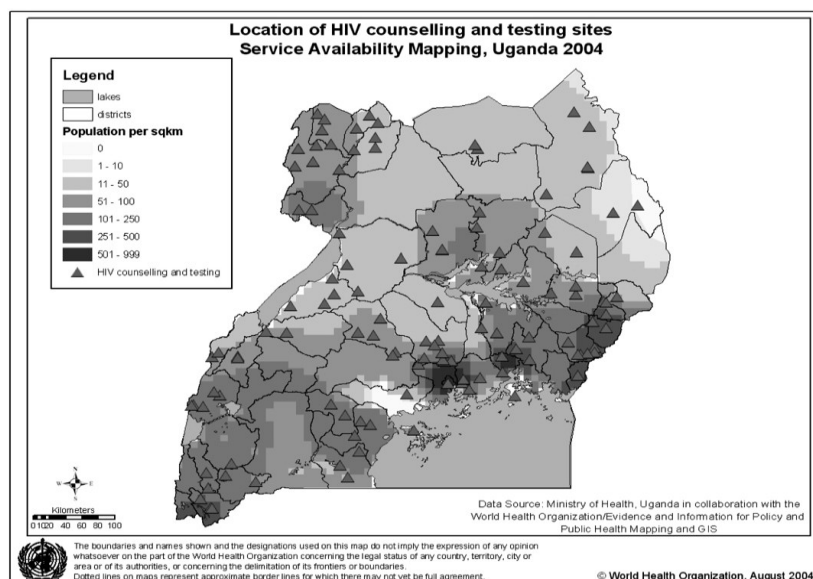


Figure 10.6. Example map showing the location of HIV C&T sites in Uganda.



Activity

Activity 10.3. Develop visual aids for the information provided.

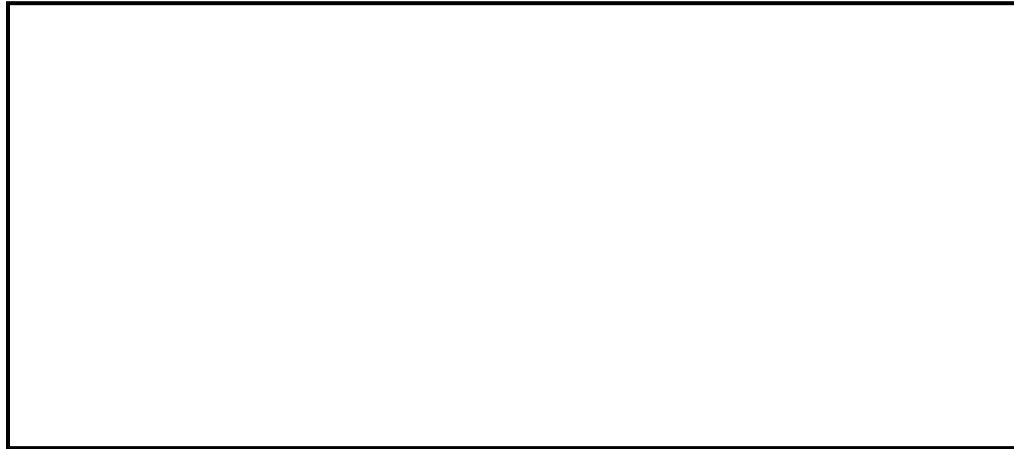
Directions:

1. Work individually or in a small group.
2. For each case outlined below, develop a visual aid for the information provided.

Information: Planning your staffing

A maternal and child health clinic supervisor wants to plan for the heaviest client visit days so that she has enough staff to meet the demand. She has the clerk look through the next month of patient appointments and finds that the average planned attendance will be 35 people on Monday, 12 on Tuesday, 23 on Wednesday, 42 on Thursday, and 6 on Friday.

Draw a visual aid below that she can show to her staff to explain this.

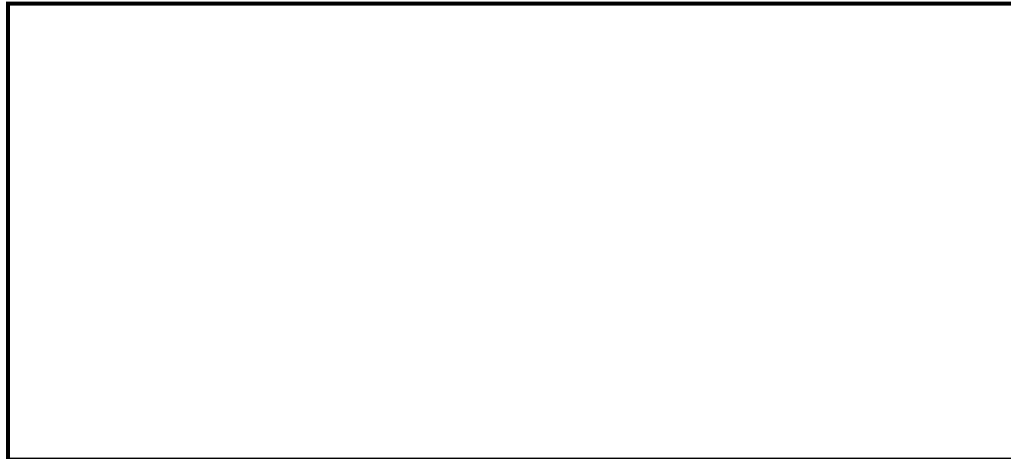


Information: Showing the need for additional facilities

The YouthAID CBO is meeting with a possible donor. The program wants to explain why it needs additional facilities.

- In 2003, when the program started, 42 disadvantaged youth took part.
- In 2004, the program was suspended for lack of funding.
- In 2005, 31 youth took part.
- In 2006, 44 youth took part.
- In 2007, 41 youth took part.


Draw a visual aid below that YouthAID can show to the donor.



Information: The need for an additional data entry clerk

The provincial VCT program manager wants to determine if VCT clinics within the province are located in places most accessible to clients. So, the program wants to determine what proportion of the 400 clients visiting the VCT clinics are coming from each district within the province: district 1, 75 clients; district 2, 125 clients; district 3, 50 clients; district 4, 30 clients; and district 5, 120 clients.

Draw a visual aid below that the provincial VCT program manager can use to show this.



Summary

To summarize this module:

- Sharing findings from M&E can improve program management functions, enhance stakeholder support, help one advocate for additional resources or policies, and contribute to the global knowledge of what works.
- The audience for sharing information can include beneficiaries, surveillance system personnel, program managers, program staff, politicians and policy makers, international agencies, and the private sector.
- You need to determine what specific information should be shared.
- Consider the best time to share findings from M&E activities with stakeholders.
- Use appropriate formats for sharing M&E data (e.g., reports, presentations, fact sheets).
- Use visual aids to present data that would not be readily understood if described in text

Notes

Module 11:

Building M&E Capacity and Assessing Readiness

Module 11: Building M&E Capacity and Assessing Readiness

Overview

What this module is about

This module discusses the role of building M&E capacity within programs and how program capacity building efforts relate to national M&E system capacity building. It also provides guidance on how to assess general program readiness to support M&E activities.

What you will learn

During this session, you will:

- discuss the importance of building M&E capacity
- review an organizing framework for a functional national HIV M&E system
- discuss considerations for developing an M&E plan
- discuss the importance of assessing M&E readiness
- review key considerations in assessing readiness.

By the end of this module, you should be able to:

- describe the 12 components of a functioning national M&E system
- complete questions on M&E readiness assessment.

M&E Capacity Building

In addition to being involved in implementing one or more of the M&E activities for your program, you might also be asked to help your program build capacity in M&E. To make sure that M&E is a routine part of programs, you need to have mechanisms in place for:

- supporting program staff, partners, consultants, or other implementers of M&E activities so they can perform their jobs effectively
- ensuring that there are enough resources to carry out and sustain M&E activities
- assisting organizations, agencies, and institutions in establishing and maintaining comprehensive systems for planning, implementing, and managing the M&E activities that support programs at the community, district, provincial (regional), and national levels.

What is capacity building?

Capacity building is the process of improving the ability of persons, groups/organizations, and/or systems to meet objectives, address stakeholders' needs, and, ultimately, perform better.

Through various processes and activities, capacity building focuses on strengthening the knowledge, skills, and abilities of individuals, groups/organizations, and/or systems to perform better at tasks related to achieving particular goals and objectives.

Why is it important?

In the past, M&E has been seen as being mandated by funders for program accountability only. This perspective fostered a climate where the development of M&E capacity within organizations and at district, provincial, and national program levels was considered to be a low priority by many development agencies and governments.

Increased commitment and funding to address the expanding HIV/AIDS epidemic has resulted in a growing global demand for the other two purposes of M&E beyond accountability:

- improving programs
- increasing knowledge about what works and why.

Fulfilling all three purposes of M&E requires a fully functioning M&E system that is a formal and routine part of an organization's activities.

Organizing Framework for an M&E System

In 2004, global partners agreed on the Three Ones as management principles to guide countries' responses to HIV:

- 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 multisector mandate
- One agreed country-level Monitoring and Evaluation System.

In support of the third One, through a subcommittee of the UNAIDS Monitoring and Evaluation Reference Group, development partners have created an organizing framework for a functional national, multisectoral HIV M&E system.

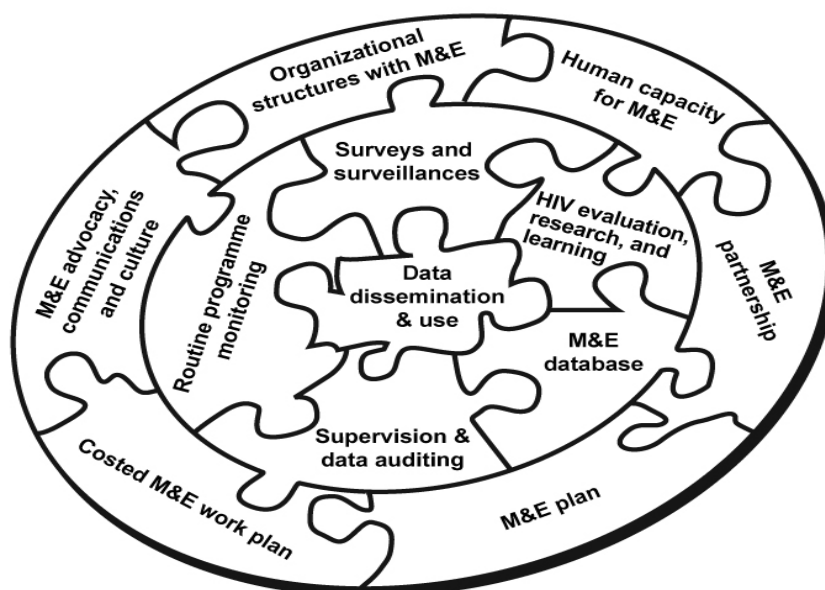
Twelve components of an M&E system

The organizing framework presents 12 components of an M&E system (Figure 11.1), which are considered relevant across national-level partners (including national AIDS coordinating authorities, MOHs, umbrella organizations for civil society and the private sector, and other government ministries) and subnational-level partners (including local governments, health facilities, and other implementers of HIV services).

The framework is intended to facilitate:

- identification of strengths and weaknesses of the 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.

Figure 11.1. Twelve components of a functioning M&E system.



The outer ring in Figure 11.1 represents 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.

The middle ring focuses on the key functions of the system—collecting, capturing, and verifying data:

- Routine HIV program monitoring
- Surveys and surveillance
- National and subnational HIV M&E databases
- Supportive supervision and data auditing
- HIV evaluation, research, and learning agenda.

The center of the diagram represents the central purpose of the M&E system—using data for decision making:

- Data dissemination and use.

How your program relates to a national M&E system

Your program's M&E activities should be consistent with and feed into the national HIV M&E system in your country. This means not only do you need to implement M&E of your program's activities, but also you need to contribute to building capacity within your own organization and other agencies involved in the national system.

This will rely on ensuring that your organization:

- has a focal person with responsibility for M&E functions
- has a sufficient number of qualified M&E staff
- fulfills its defined M&E functions
- has demonstrated commitment to M&E among its leadership
- develops and implements an M&E plan that is linked to the national M&E plan
- participates in national M&E technical working groups
- forms partnerships and communicates with other agencies involved in the system at the national and subnational levels.

In addition, processes should be in place for:

- regularly assessing and strengthening M&E capacity among key staff and/or stakeholders
- strengthening reliability and efficiency of data collection and management systems
- establishing and maintaining standardized procedures and protocols to ensure objectivity, credibility, and rigor of the M&E data generated
- producing, sharing, and utilizing high-quality M&E data to support program improvement efforts.

M&E Plans

An M&E plan is a starting point for formalizing M&E as an integral part of your program. It documents the specific M&E activities that need to be carried out and the required resources needed to do them. Ideally, an M&E plan is developed during the design and planning phases of a program.

It 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.

Key elements of an M&E plan

Key elements of an M&E plan include:

- a description of the program
- the purpose of the M&E activities and objectives
- M&E questions
- a 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 or complete M&E activities
- a timeline for when M&E activities will be carried out and completed.

Table 11.1 provides a description of the key components that should be addressed in each element of the M&E plan.

Table 11.1. Key elements of an M&E plan.

| Element | Component | Descriptions/Examples |
|--|---|---|
| Description of program | Program summary narrative | Broad description of the problem or situation that the program seeks to address; program goals and objectives; how the program plans to improve the problem or situation (inputs and activities); and the expected changes that would occur as a result of the program (outputs and outcomes) |
| | Description of program components | Specific, detailed description of the problem statement, inputs, activities, outputs, outcomes, and impacts |
| | Program logic model | Graphic display of the functional relationships between the components, with a logic model |
| 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; and how outcomes will inform decisions |
| M&E questions | List of M&E questions | Consider the program's and stakeholder's needs/wants; prioritize them on the basis of the resources and capacity to answer questions; and make sure the questions are measurable |
| Description of data to be collected | Prioritized measures and indicators | Describe the data needed to answer the M&E questions; describe the relevant measures and indicators; and outline potential sources for the data |

Continued on next page

Table 11.1. Key elements of an M&E plan, continued.

| | | |
|--|---|--|
| 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, and the method that each tool supports |
| | Description of data management process | Who, what, when, and where data will be processed; data storage systems; data quality assurance processes; and data flow diagram |
| | Description of data dissemination plans | What data will be shared, with whom, reasons for sharing, timelines, and formats |
| Descriptions of who will implement various aspects of the plan | Description of the roles and responsibilities of persons involved in the implementation of M&E activities | Who will be involved in implementing each activity (may include program staff, organizational administrative staff, stakeholders, and consultants) |
| Resources needed to implement the plan or complete M&E activities | 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 |
| Timeline for when M&E activities will be carried out and completed | Schedule for completing M&E activities | For each M&E activity, include subtasks, responsible individual(s), and target completion date |

Determining M&E Readiness

Not all programs are equally ready to develop an M&E plan. Getting a general sense of your program's readiness to support M&E activities is a first step in making M&E a routine and institutionalized part of your organization. The information presented in the modules in this course and the activities you completed provide the basis for the information you will need to determine the status of:

- key M&E priorities for your program or programs you provide TA to
- the relationship of these priorities to the national agenda, the national M&E plan, and/or PEPFAR
- specific M&E data needs for your program or programs you support
- resources available or needed to support M&E activities
- essential elements/components within your M&E structure.

Assessing M&E readiness can also 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.

Consider the following when determining what is needed to support your organization's readiness for building an M&E system:

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

Activity

Activity 11.1. Your M&E readiness assessment.

Directions:

1. Activity 11.1 may be done individually or in a small group.
2. Review each question in the M&E readiness assessment (Appendix F). For the program you currently work on or provide TA to, write a brief description of the status of the activity; the related actions/next steps; responsible parties and timeline; resources needed; and TA needs.

Summary

To summarize this module:

- Mechanisms need to be in place for supporting implementers of M&E activities, ensuring there are enough resources to carry out M&E, and providing TA in establishing and maintaining M&E activities.
- Capacity building is the process of improving the ability of persons, groups/organizations, and/or systems to meet objectives, address stakeholders' needs, and, ultimately, perform better.
- Fulfilling all three purposes of M&E requires a fully functioning M&E system that is a formal and routine part of an organization's activities.
- The organizing framework for a functional national, multisectoral HIV M&E system consists of 12 components.
- Your program's M&E activities should be consistent with and feed into the national HIV M&E system in your country.
- An M&E plan is a starting point for formalizing M&E as an integral part of your program.
- Getting a sense of your program's readiness to support M&E activities is a first step in making M&E a routine and institutionalized part of your organization.

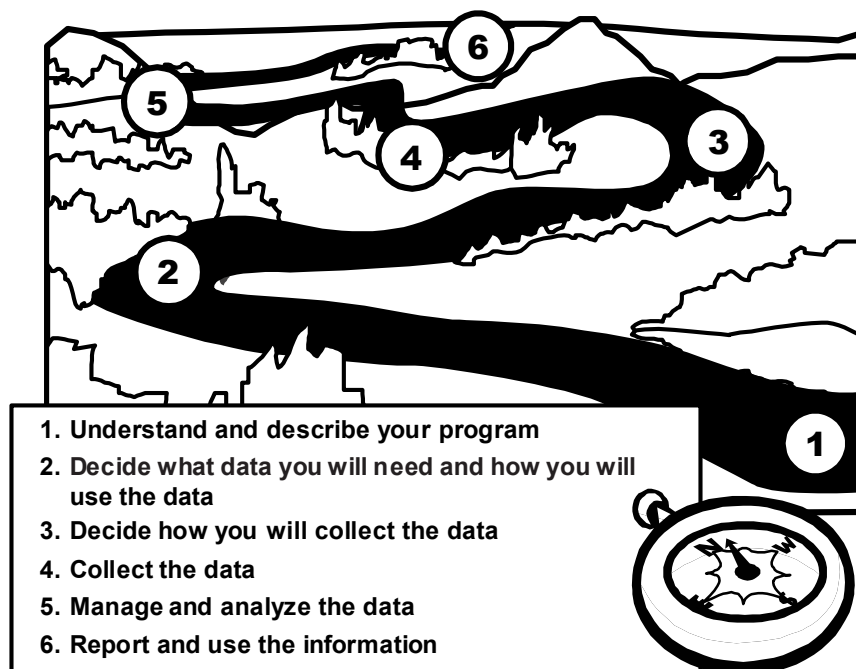
Notes

Course Summary

Course Summary

Using the M&E navigator as a guide (Figure 12.1.), this course provided you with a six-step process for integrating M&E concepts, approaches, and methods into HIV programs.

Figure 12.1. The M&E navigator.



To provide a context for implementing the six steps, this course first reviewed:

- basic concepts of M&E and how M&E is used for program improvement (Module 1)
- key M&E terms, methods, and models used by M&E professionals worldwide (Module 2)
- the role of PEPFAR in supporting countries' national response to HIV (Module 3).

Below are the steps discussed for integrating M&E into your programs, as well as practical guidance on activities for implementing these steps:

- Step 1. Understand and describe your program:
 - Logic models as a tool for describing your program; when and how to develop them (Module 4)
 - How to develop program goals and objectives and methods for ensuring that objectives are SMART (specific, measurable, appropriate, realistic, and time-based) (Module 5).
- Step 2. Decide what data you need and how you will use the data (Module 6):
 - What would be useful information to know about a program?
 - Who would be interested in that information?
 - What concrete things would they use it for?
 - What type of M&E questions should be developed to obtain this information?
- Step 3. Decide how you will collect the data (Module 7):
 - How to select and use appropriate program measures and indicators, including how to establish baseline, target, and goal measures
 - Global and national indicators.
- Step 4. Collect the data (Module 8):
 - Review of the various sources for collecting relevant M&E data
 - The range of quantitative and qualitative methods available to gather information about the program.
- Step 5. Manage and analyze the data (Module 9):
 - The data flow process of moving data from where they are collected to where they will be processed
 - The data management process of transferring collected data from a raw form to a more usable format
 - Principles of data quality.
- Step 6. Report and use the information (Module 10):
 - The importance of sharing information
 - How to share information, including visual aids for presenting data
 - Whom to share information with
 - When to share information.

The course ended with a discussion of the importance of and key considerations for building M&E capacity (Module 11) to ensure that M&E becomes institutionalized within programs. There is a tool for you to assess your program's readiness to integrate M&E into its activities.

M&E activities, capacity, and priorities will differ depending on a given country's situation. Appendix E provides an optional module that discusses the role of M&E in the national response of your country. This overview should help you better understand how specific programs you manage or support are connected to the national response and priorities.

Notes

Appendices

Appendix A: Glossary of Terms

| | |
|-------------------------------------|---|
| Academic research | Primary aim is to advance knowledge and understand the theoretical relationship between variables. |
| Activities | The services that the program provides to accomplish its objectives, such as outreach, materials distribution, counseling sessions, workshops, and training. |
| Appropriate | One of the key elements for developing SMART objectives or indicators. Assessing appropriateness will help one determine if an objective or indicator links well with the overall problem and desired effects of the program. |
| Bar graph | 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 its value. |
| Baseline measure | Represents the value of an indicator at the beginning of a program; it reflects the status of an indicator before program implementation begins. |
| Behavior change communication (BCC) | A multilevel tool for promoting and sustaining risk-reducing behavior change in individuals and communities through the distribution of tailored health messages using a range of communication methods. |
| 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. |
| Cause-and-effect relationship | The relationship between two events, where the effects of one event (e.g., using program funding to implement a set of activities) are perceived to have caused another event (e.g., generation of program outputs, outcomes, impacts). |
| Community-based organization (CBO) | A private, nonprofit organization that is representative of a community or significant segments of a community and that provides a specific set of services to individuals in a community. |
| Completeness | All intended data are collected. |
| Data | Specific quantitative and qualitative information or facts that are collected. |
| Data analysis | The processes of systematically applying statistical and logical methods to describe, summarize, and compare data. |
| Data end points | Sources where the information will go after it has been entered, synthesized, cleaned, and analyzed in a data flow diagram. |
| Data flow | The movement of data within a given source (e.g., organization, department, individual) to another point and the related data management processes. |
| Data management | The processes that facilitate the effective transfer of the data from their raw form to a more usable format. |
| Data processes | Illustrate when, how, and by whom data will be entered, synthesized, cleaned, and analyzed in a data flow diagram. |
| Data quality | The features and characteristics that ensure data are accurate, reliable, valid, timely, and complete. |
| Data source points | Illustrate where information comes from in a data flow diagram. |
| Data sources | The places where M&E data are obtained. |

M&E for National Program Planning and Management

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| Data storage points | Represent how and where data are stored, and may serve as a repository for accumulating data over a period of time in a data flow diagram. |
| Data use plan | A document describing the potential program changes that might be made on the basis of M&E data, the steps needed to make those program changes, the roles of those who would need to be involved, and what strategies will be used to ensure that M&E data are used. |
| Disease surveillance | Ongoing systematic collection, analysis, and interpretation of data that describe diseases and their transmission in populations. |
| Effectiveness studies | Evaluate the effectiveness of a program or intervention in the setting or under the conditions in which it was initially implemented. |
| Efficacy trials | Examine whether an intervention can work under ideal circumstances and look at whether the intervention has any effect at all. |
| Evaluation | The periodic collection of information about the activities, characteristics, and outcomes of programs in order to make judgments, improve effectiveness, or identify lessons learned. |
| Focus group | A qualitative research technique used in evaluation or research in which a group of 8 to 12 participants of a common demographic or set of interests is led through a discussion of a topic by a moderator to obtain perceptions and opinions, suggest ideas, or recommend actions about the given topic. |
| Formative evaluation | Involves the collection and use of information needed to plan programs and initiatives. This information 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). |
| Framework | A structure for describing a set of concepts, methods, or strategies that is used to plan or guide decision making. |
| Goal | A broad and general statement about desired program intentions, generally reflecting wider community concerns and interests. |
| Goal measure | A longer term measure of progress that represents the desired value of an indicator at the end of a given period; it reflects the status of an indicator after a set number of years of services has been provided. |
| Harmonization | The process through which two or more key stakeholders (e.g., WHO, USG, UNAIDS) work to minimize differences in policy, technical approach, standards, etc., to ease the reporting burden of countries. |
| Impact evaluation | Involves the use of data about HIV infection and other long-term effects at the jurisdictional, regional, and national levels and focuses on the rise or fall of disease incidence/prevalence as a function of HIV/AIDS programs. |
| Impact monitoring | Involves the use of data about HIV infection and other long-term effects at the jurisdictional, regional, and national levels and is often conducted as a part of disease surveillance. |
| Impacts | The long-term results of one or more programs over time, such as changes in HIV infection, morbidity, and mortality. |
| Indicators | Selected measures of a few important data elements of a program that stakeholders believe best represent progress or changes in quality over time. |

M&E for National Program Planning and Management

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| Inputs | The resources used in a program, such as money, staff, materials, and supplies. |
| Input/output monitoring | The use of information to describe the individuals served, the services provided, and the resources used to deliver those services. |
| Integrity | Data are accurate from the time they are collected to the time they are reported. |
| Intervention | A strategy or approach that is intended to change an outcome or to alter the course of an existing condition. |
| Interviews | Generally one-on-one meetings used to gather detailed, qualitative descriptions of how programs operate and how stakeholders perceive them. |
| Iterative | The process through which each level of a program logic model is reviewed and assessed to identify gaps in logic or the relationship between program components. |
| Line graph | A line graph is used to show how one factor changes over time. Each segment of line represents one item of data. |
| Logic model | A program design, management, and evaluation tool that describes the main elements of a program and explains how these elements work together to reach a particular goal. |
| M&E pipeline | Depicts the various levels of M&E effort required by any given number of programs and how the data output at one level will serve as the input of the next level. |
| M&E plan | A documented plan for tracking the specific M&E activities that need to be carried out and the required resources needed to do them. |
| Measurable | One of the key elements for developing SMART objectives or indicators that quantifies the amount of resources, activity, or change expected. |
| Measures | Data to describe people, services, or situations using characteristics such as age, size, magnitude, and level. |
| Monitoring | The ongoing collection of information about the activities and operation of a program. |
| Needs assessment | A systematic process to determine the service needs or demands of a given target population. |
| Objective | Is a statement of desired, specific, reasonable, and measurable program aims. |
| Operations research | Interdisciplinary science that uses scientific methods (e.g., mathematical modeling, statistics, algorithms) to help inform decisions about the operations within an organization. |
| Outcome evaluation | Uses data about outcomes collected before and after a program for those who participated as well as with a similar group that did not participate in the program being evaluated. |
| Outcome monitoring | Involves the basic tracking of measures related to desired program outcomes. |
| Outcome objective | More precise objective statements that can help measure the specific outcomes achieved as a result of implementation efforts over a given period of time. |
| Outcomes | The 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. |

M&E for National Program Planning and Management

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| Outputs | The direct products or deliverables of the program, such as number of trainings completed, people reached, and materials distributed. |
| Pie chart | A circle divided into a series of segments to usually show percentages or proportions; each segment represents a particular item of data. |
| Post-test counseling | Provides an opportunity for a counselor and client to talk about the client's understanding of the test results. |
| Precision | When data are collected, analyzed, and interpreted at an appropriate level of detail to answer M&E questions. |
| Pre-test counseling | Provides an opportunity for a counselor and client to talk about the HIV testing process, the meaning of positive and negative test results, the client's potential risks, ways to reduce risk, and the client's intended plan of action once he or she has received the test results. |
| Problem statement | A detailed description of a problem, as well as its causes and those affected, that will be addressed by a given intervention or program. |
| Process | An organized set of activities that utilize a given set of inputs to achieve specific outputs. |
| Process evaluation | The use of more detailed information about how a program was delivered, differences between the intended population and the population served, and access to a program. |
| Process objective | More precise objective statements that can be used to measure the implementation process of a program. |
| Program components | The key building blocks that describe how a program will use a specific set of resources to implement a given number of activities and the results if the activities are implemented. |
| Program development | The ongoing systematic process that reflects the steps involved in planning, implementing, and monitoring and/or evaluating a program. |
| Qualitative | The characteristics of something being described rather than an exact numerical measurement. |
| Qualitative data analysis | Is used to interpret, examine, compare and contrast, and understand relevant patterns or themes within data. |
| Qualitative methods | Semistructured or open-ended methods aimed at generating in-depth, descriptive information. |
| Quantitative | Involves the measurement of a quantity or an amount. |
| Quantitative data analysis | The process of presenting and interpreting numerical data. It often involves descriptive statistics and inferential statistics. |
| Quantitative methods | Structured or standardized approaches to collect and analyze numerical data. |
| Realistic | One of the key elements for developing SMART objectives or indicators that can be achieved given available resources and the plans for implementation. |
| Reliability | Repeated measures of the same variable have the same results; data are collected consistently. |
| Seroconversion rate | The rate at which antibodies can be detected on antibody tests. |
| Situational analysis | An in-depth process to develop an understanding of the needs of a specific target population in a given setting using a combination of data-gathering techniques. |

M&E for National Program Planning and Management

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| SMART objective | Method for writing evaluable objectives to ensure they are specific, measurable, appropriate, realistic, and time-based. |
| Specific | One of the key elements for developing SMART objectives or indicators that identifies events or actions that will take place. |
| Staircase model | A series of M&E-related public health questions along with a step-by-step process for understanding the relationship between program components, data sources, and methods that can be used to provide the answers to these questions. |
| Stakeholders | Anyone who has an interest in a program. |
| Storage site | Refers to the physical location where collected data are stored. |
| Target measure | Represents the desired value of an indicator at the end of a period of time (e.g., the end of a funding cycle); it reflects the status of an indicator after a period of service provision. |
| Time-based | One of the key elements for developing SMART objectives or indicators that specifies a time when they will be achieved. |
| Timeliness | Data collection, entry, submission, use, and reporting should occur with appropriate frequency and schedule. |
| Validity | The measure really measures what is intended. |
| Visual aids | Ways to present data that are easier to understand than if the information were in text. |
| Voluntary counseling and testing (VCT) | The process of providing individuals with professional counseling before and after an HIV test in order to help them be better prepared to receive and understand their test results. |

Notes

Appendix B: References and Reading

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- World Health Organization et al. (2004, June). *Monitoring and evaluation toolkit: HIV/AIDS, tuberculosis and malaria*. Geneva: World Health Organization. Retrieved January 17, 2008, from http://www.who.int/hiv/pub/epidemiology/me_toolkit2004/en/.

Appendix C: Links

M&E Resource Web Sites

| | |
|---------------------------------|---|
| African Evaluation Association | http://www.afrea.org |
| American Evaluation Association | http://www.eval.org |
| Australasian Evaluation Society | http://www.aes.asn.au |
| Canadian Evaluation Society | http://www.evaluationcanada.ca |
| European Evaluation Society | http://www.europeanevaluation.org |
| French Evaluation Society | http://www.sfe.asso.fr |
| MandE News | http://www.mande.co.uk |
| SI/M&E Field Officer Web site | http://www.globalhivevaluation.org |

PEPFAR-Related Web Sites

| | |
|---|---|
| President's Emergency Plan for AIDS Relief (PEPFAR) | http://www.pepfar.gov/ |
| Centers for Disease Control and Prevention (CDC), Global AIDS Program (GAP) | http://www.cdc.gov/nchstp/od/GAP/ |
| Health Resources and Services Administration (HRSA) | http://www.hrsa.gov |
| U.S. Agency for International Development (USAID) | http://www.usaid.gov |
| U.S. Census Bureau (BUCEN) | http://www.census.gov |
| U.S. Department of Commerce (DoC) | http://www.commerce.gov |
| U.S. Department of Defense (DoD) | http://www.defenselink.mil |
| U.S. Department of Health and Human Services (HHS) | http://www.hhs.gov |
| U.S. Department of Labor (DoL) | http://www.dol.gov |
| U.S. Department of State (DoS) | http://www.state.gov |
| U.S. Food and Drug Administration (FDA) | http://www.fda.gov |
| Peace Corps | http://www.peacecorps.gov |

Appendix D: Answers to Activities

Module 2: Understanding M&E Terms and Models

In Six Types of M&E

Answers to Activity 2.2. What happens if information is missing? (page 20)

A *behavior change communication (BCC)* program was planned and implemented. Increased condom use was the expected outcome. We will consider two outcomes: one negative outcome and one positive outcome.

Figure 2.3. What happens if part of the information is missing?



The negative outcome:

- Condom use was measured, and it did not change.
- Program staff did not monitor the implementation. They do not know who was actually reached by the program, how the program was actually delivered, or how to interpret possible problems.

The positive outcome:

- Condom use was measured and increased by a great amount.
- Other programs want to replicate this BCC process, but program staff did not monitor implementation. They do not know what caused the great increase in condom use.

The questions:

- What caused the lack of change or change in condom use?

This cannot be determined with the information provided since program staff in both cases did not monitor implementation and do not know who was reached and how the program was delivered, or if there were problems with implementation.

- How does the lack of implementation monitoring data affect the staff's ability to improve the program?

Monitoring data often provide information about what resources were used, as well as how they were used. Monitoring data can also provide a snapshot of what activities were conducted and how they relate to the results. If the program is not monitored, program staff may have a difficult time determining what aspects of implementation (resources and/or activities) will need to be changed.

Module 2: Understanding M&E Terms and Models

In Six Types of M&E

Answers to Activity 2.3. Practice using M&E terminology. (page 21)

YouthAID, a *community-based organization (CBO)*, is providing services to reach high-risk, out-of-school adolescent youth. The CBO plans to provide three 1-hour sessions to cover basic information about HIV transmission and to teach condom use skills. The intended outcome is to increase HIV knowledge and condom use. The CBO plans to use the Healthy Youth Curriculum to facilitate these sessions, and it estimates that this program will target 100 adolescents per quarter.

1. Students in the YouthAID program are asked to complete the Youth Risk Behavior Survey (YRBS), administered nationally and annually as a way of tracking their and other youths' behaviors. What type of M&E activity is being conducted?
Outcome monitoring. These data could also be used as part of a formative evaluation to determine who is at risk and, therefore, what types of services they may need.
2. The YouthAID program manager sits in to observe service delivery to see if the health educator is following the Healthy Youth Curriculum. The manager also asks participants how satisfied they were with the sessions once they are completed. What type of M&E activity is being conducted? *Input/output monitoring.*
3. The MOH and other partners have put in place HIV/AIDS surveillance systems and have been reviewing data collected from these systems for

the past 3 years to determine trends in the disease. What type of M&E activity are they conducting? *Impact monitoring.*

4. A sample of participants in the YouthAID program are given HIV tests at the beginning of the program. They are tested repeatedly over a 5-year period to learn if they have seroconverted (become HIV positive). These *seroconversion rates* are compared with those of youth who are not involved with the program. What type of M&E activity is being conducted? *Outcome evaluation.*
5. YouthAID staff administer a behavioral questionnaire to participants before the service delivery begins and 3 months after service delivery ends. Staff give the same questionnaire in the same time periods to a similar group of youth who did not receive the services. The results of these surveys are compared to see if there were changes in behavior and if the two groups differed. What type of M&E activity is being conducted? *Outcome evaluation.*
6. YouthAID staff keep a record of the number of youth who attended each session, as well as participants' genders and ages. Staff also keep a record of the numbers and types of educational materials distributed to these participants. What type of M&E activity is being conducted? *Input/output monitoring.*
7. YouthAID staff conduct a needs assessment to learn more about the factors that put their population at risk for HIV. They use this information to plan their service delivery for this population. What type of M&E activity are they conducting? *Formative evaluation.*
8. YouthAID staff conduct a client *focus group*, but once the group is complete, no one ever transcribes the audiotapes of the group discussion or looks at the information that emerged from this discussion. The tapes sit in a box in the back office. What type of M&E activity are they conducting? *This is not monitoring or evaluation. This is simply data collection.*

Module 4: Using a Logic Model to Describe Your Program

In Logic Model Components

Answers to Activity 4.2. Identify PMTCT example logic model components. (page 44)

Problem statement:

HIV rates have been rising among pregnant women and infant children in your country. The risk of HIV transmission from mother to child is significant during pregnancy and delivery (although particularly around the time of delivery). Breastfeeding provides an additional risk for postpartum transmission.

Table 4.3. Identify the program components of a logic model.

| Program component | Input | Activity | Output | Outcome | Impact |
|---|-------|----------|--------|---------|--------|
| Access to antenatal care (ANC) services will increase | | | | ✓ | |
| HIV morbidity and mortality will decrease | | | | | ✓ |
| Access to antiretroviral (ARV) prophylaxis will increase | | | | ✓ | |
| Access to HIV testing will increase | | | | ✓ | |
| Supply of ARV drugs | ✓ | | | | |
| Supply of breast milk substitute | ✓ | | | | |
| Clients receive test results, post-test counseling, and referrals | | | ✓ | | |
| Access to and use of infant feeding counseling will increase | | | | ✓ | |
| Distribute ARV prophylaxis | | ✓ | | | |
| Funding from GAP, government, and other donors | ✓ | | | | |
| HIV incidence among infants will decrease | | | | | ✓ |
| Pregnant HIV-positive women receive infant feeding counseling | | | ✓ | | |
| Supply of HIV rapid test kits | ✓ | | | | |
| Infant HIV rates will decrease | | | | | ✓ |

Appendix D: Answers to Activities

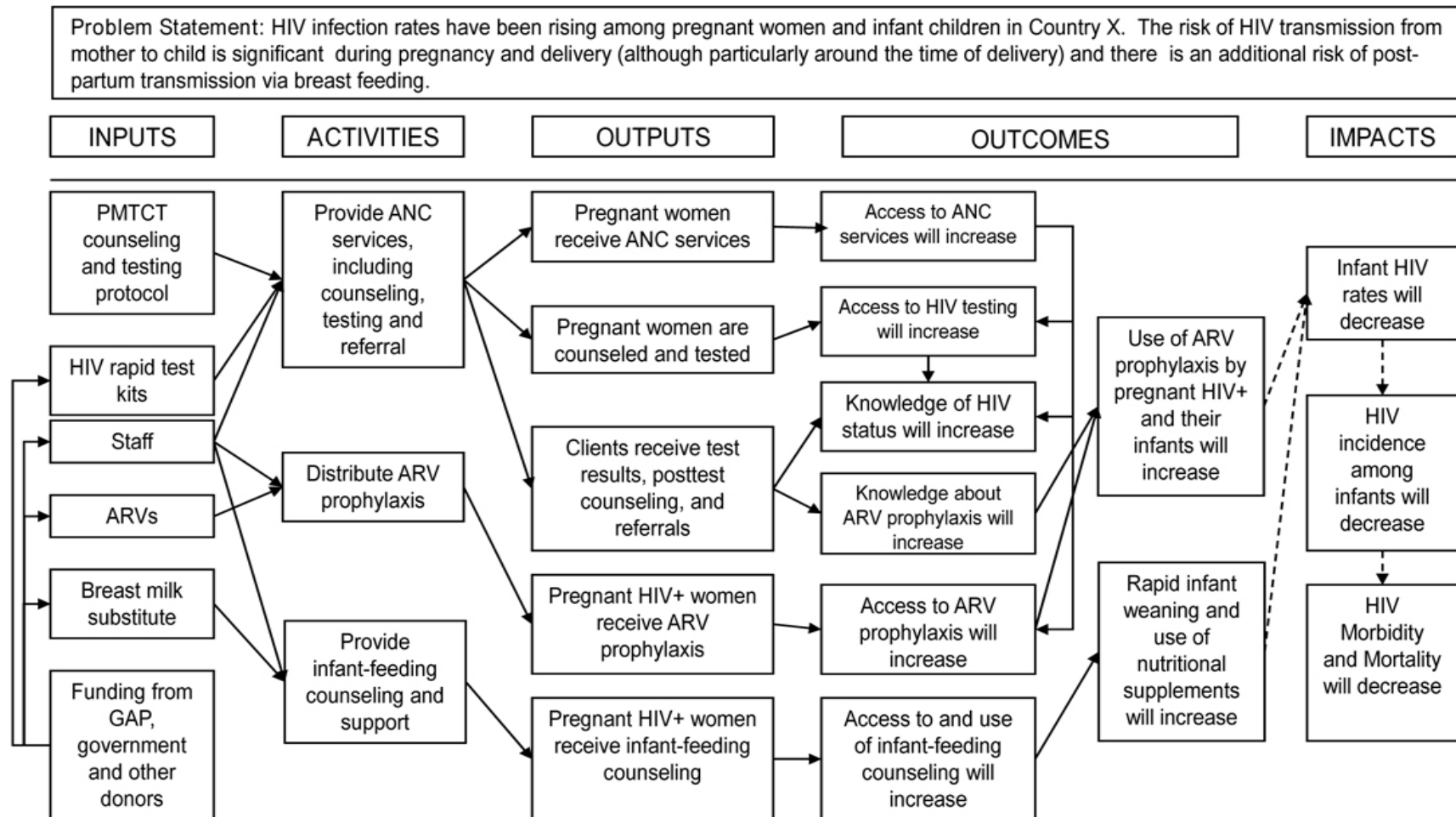
| Program component | Input | Activity | Output | Outcome | Impact |
|---|-------|----------|--------|---------|--------|
| Knowledge about HIV prophylaxis will increase | | | | ✓ | |
| PMTCT C&T protocol | ✓ | | | | |
| Knowledge of HIV status will increase | | | | ✓ | |
| Provide ANC services, including counseling, testing, and referral | | ✓ | | | |
| Pregnant HIV-positive women receive ARV prophylaxis | | | ✓ | | |
| Rapid infant weaning and use of nutritional supplements will increase | | | | ✓ | |
| Pregnant women are counseled and tested | | | ✓ | | |
| Pregnant women receive ANC services | | | ✓ | | |
| Provide infant feeding counseling and support | | ✓ | | | |
| Staff | ✓ | | | | |
| Use of ARV prophylaxis by HIV-positive pregnant women and their infants will increase | | | | ✓ | |

Module 4: Using a Logic Model to Describe Your Program

In Adding Details to the VCT Program Logic Model

Answers to Activity 4.3. Develop a PMTCT logic model. (page 51)

Figure 4.10. Create a logic model for a PMTCT program, using boxes and arrows.
Answer key



Module 5: Developing Goals and SMART Objectives

In Goals and Objectives

Answers to Activity 5.1. Identify goals and objectives. (page 67)

Table 5.1. Goal or objective?

| Item | Goal or objective? |
|---|--------------------|
| Provide home-based care services to 200 families in the province by the end of the project year. | <i>O</i> |
| Provide VCT services throughout the country. | <i>G</i> |
| Increase the number of people on care and treatment. | <i>G</i> |
| Within the next 6 months, train 50% of clinic staff in the delivery of pre- and post-test counseling. | <i>O</i> |
| Provide community grants for HIV-related income generation activities. | <i>G</i> |
| Increase the number of girls receiving life skills training within the district by 75% within the next 2 years. | <i>O</i> |

Module 5: Developing Goals and SMART ObjectivesIn SMART MethodAnswers to Activity 5.2. Rewrite objectives so they are SMART. (page 74)

Table 5.3. Rewriting objectives.

| Original objective | SMARTer objective | Comments |
|--|---|--|
| Reduce HIV prevalence in the district. | Reduce HIV prevalence among 14- to 18-year-olds by 30% within the district by 2009. | The SMARTer objective provides more specific details regarding who will be targeted, when the objective will be achieved, and the degree of change to expect. |
| Provide HIV testing services to 100 mine workers in the community within 6 months of program year. | No need to rewrite the objective; it includes specific, time-based, and measurable components. | No change. |
| Provide TA in the development of laboratory quality assurance protocols. | Write and disseminate quality assurance protocols for 6 of the 10 national laboratories in the province by the end year 2 of the program. | The SMARTer objective specifies the number of laboratories for which quality assurance protocols will be developed. It also provides a timeframe for when this will happen and when. |
| Original objective | Your new objective | Your comments |
| Train ART clinic staff. | <i>Train staff from 10 ART clinics within the district by the end of the second project year.</i> | <i>The SMARTer objective specifies that 10 clinics within one district will be targeted for staff training, and it provides a timeframe (end of second project year).</i> |
| Deliver 500 care packages for patients of 50 hospice facilities within the first project year. | <i>No need to rewrite the objective; it includes specific, time-based, and measurable components.</i> | <i>No change.</i> |
| Increase the number of community members receiving HIV risk | <i>Increase the number of community members receiving HIV reduction</i> | <i>The original objective specified whom and what would happen, but it did not</i> |

Appendix D: Answers to Activities

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| reduction informational packages. | <i>informational packages by 50% by the end of year 3 of the project.</i> | <i>indicate when this would happen and how much change to expect. The SMARTer objective indicates that the activity should happen by the end of year 3 and that there would be a 50% increase in the number of community members receiving information.</i> |
|-----------------------------------|---|---|

Module 6: M&E Data Uses and Users

In How M&E Questions Fit Into a Logic Model

Answers to Activity 6.1. Write VCT M&E questions. (page 82)

Table 6.1. Add four additional VCT program questions that can be answered with M&E.

- Objective 1: By the end of the first program year, 98% of clients tested will receive their HIV test results.
- Objective 2: By the end of the first program year, 50% of clients receiving positive test results will begin a treatment program.

| What are additional questions you could ask about this VCT program using M&E? | What would you do if you had an answer to that question (how could you use the data)? |
|---|--|
| Example: <i>What proportion of the clients tested received their HIV test results by the end of the first program year?</i> | Example: <i>If the target of 98% was not achieved, one could do a follow-up assessment to determine why clients may not be returning to receive their results. This information could be used to develop a strategy to address this problem.</i> |
| <i>What proportion of the clients receiving positive test results began a treatment program by the end of the first program year?</i> | <i>Determine whether there are a significant number of clients not accessing treatment and investigate possible reasons for this. These data can be used to assess the effectiveness of current strategies and suggest improvements.</i> |
| <i>What proportion of HIV-positive clients were referred to ARV, support, and home-based counseling services?</i> | <i>Develop strategies for improving the process of linking HIV-positive clients to available treatment, care, and support services within their communities. Use these data to determine whether adequate support services exist within the community and, if not, advocate for additional services.</i> |
| <i>What proportion of HIV-positive, pregnant females were referred to and accessed available PMTCT services?</i> | <i>Strengthen processes for linking HIV-positive pregnant women to available PMTCT services within their community.</i> |
| <i>What proportion of trained nurses followed the protocol for providing pre- and post-test counseling to clients?</i> | <i>Assess levels of staff adherence to counseling protocols as a quality assurance measure and develop strategies for increase adherence levels, if necessary. Findings might suggest helpful improvements to the protocol.</i> |

Module 7: Measures and Indicators

In What Are Measures?

Answers to Activity 7.1. Practice selecting measures. (page 99)

Table 7.1. Practice selecting measures.

| M&E question: Were 98% of the clients who received pre-test counseling actually tested by the end of year 1? | | |
|---|--------------------------------|--|
| Proposed measures | Your selections (check) | Why did you choose/not choose this measure? |
| Number of individuals counseled | ✓ | <i>This measure provides the total number of clients to be considered (i.e., all counseled).</i> |
| Number of individuals tested | ✓ | <i>The second measure provides the number who received the service of interest (i.e., testing).</i> <i>Both of these measures are needed to answer this question.</i> |
| Number of individuals (by sex) who received test results in supported C&T sites | | <i>This measure would not be selected because it could underreport the number of individuals counseled and tested. This measure only provides us with the number of individuals who received their test results. It does not provide us with data on the number of individuals who did not receive their test results.</i> |
| Number of test kits purchased | | <i>This measure would not be selected because it does not provide you with data that would answer the M&E question.</i> |

Module 8: Data Sources and Data Collection Methods

In Data Collection Methods

Answers to Activity 8.1. Data sources and methods for a VCT program. (page 127)

Figure 8.3. Relationship between logic model components, objectives, questions/uses, measures, data sources, and data collection methods.

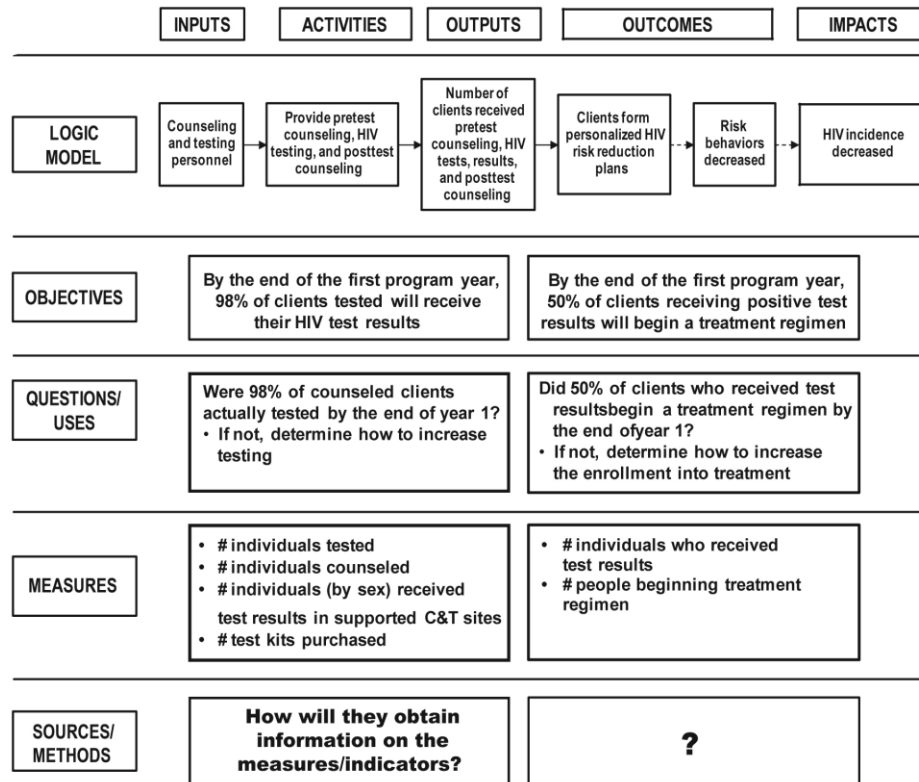


Table 8.3. Your suggested methods and sources for collecting data.

| Data required | Method and your reason for choosing it | Possible sources |
|---|---|--|
| Number of individuals tested | <i>Record review</i> | <i>Client service records, patient registers</i> |
| Client perceptions about the quality of C&T services | <i>Observation, interviews, focus groups</i> | <i>Notes from training sessions, clients, focus group participants</i> |
| Evaluation of C&T training provided to counselors | <i>Observation, key informant interviews</i> | <i>Counselors who participated in C&T training, notes from training sessions</i> |
| Extent of behavior change 1 year after C&T sessions | <i>Survey, questionnaire</i> | <i>Participants of C&T sessions</i> |
| Number of individuals (by sex) who received test results in supported C&T sites | <i>Record review</i> | <i>Aggregate-level (e.g., district, provincial) C&T site records</i> |
| Number of test kits purchased | <i>Record review, checklists</i> | <i>Inventory records, test kit purchase orders</i> |

Module 10: Sharing M&E Findings

In Visual Aids

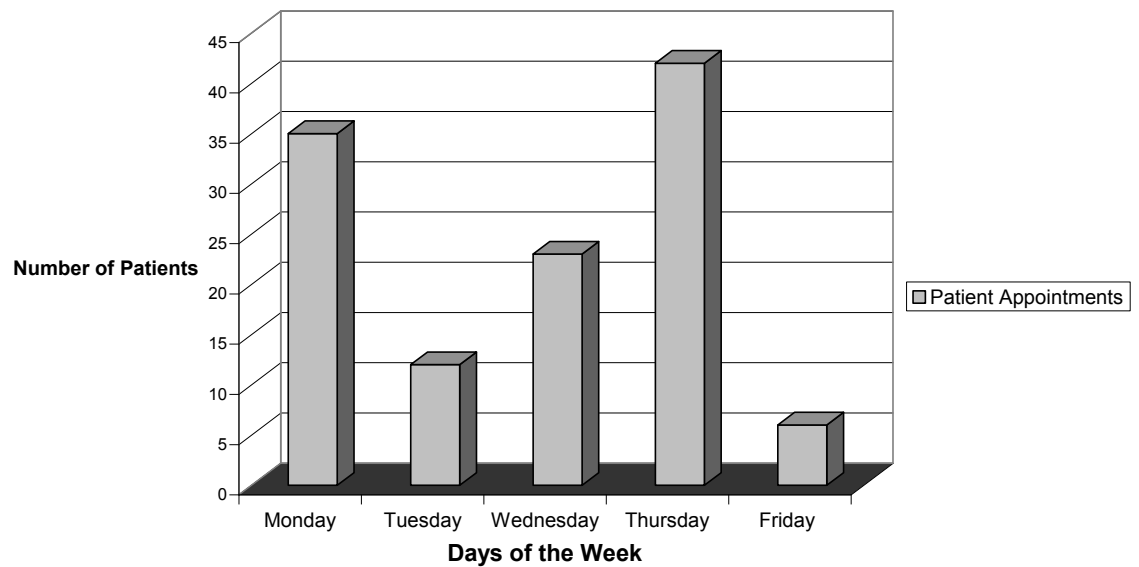
Answers to Activity 10.3. Develop visual aids for the information provided. (page 171)

Information: Planning your staffing

A maternal and child health clinic supervisor wants to plan for the heaviest client visit days so that she has enough staff to meet the demand. She has the clerk look through the next month of patient appointments and finds that the average planned attendance will be 35 people on Monday, 12 on Tuesday, 23 on Wednesday, 42 on Thursday, and 6 on Friday.

Draw a visual aid below that she can show to her staff to explain this.

Patient Clinic Attendance

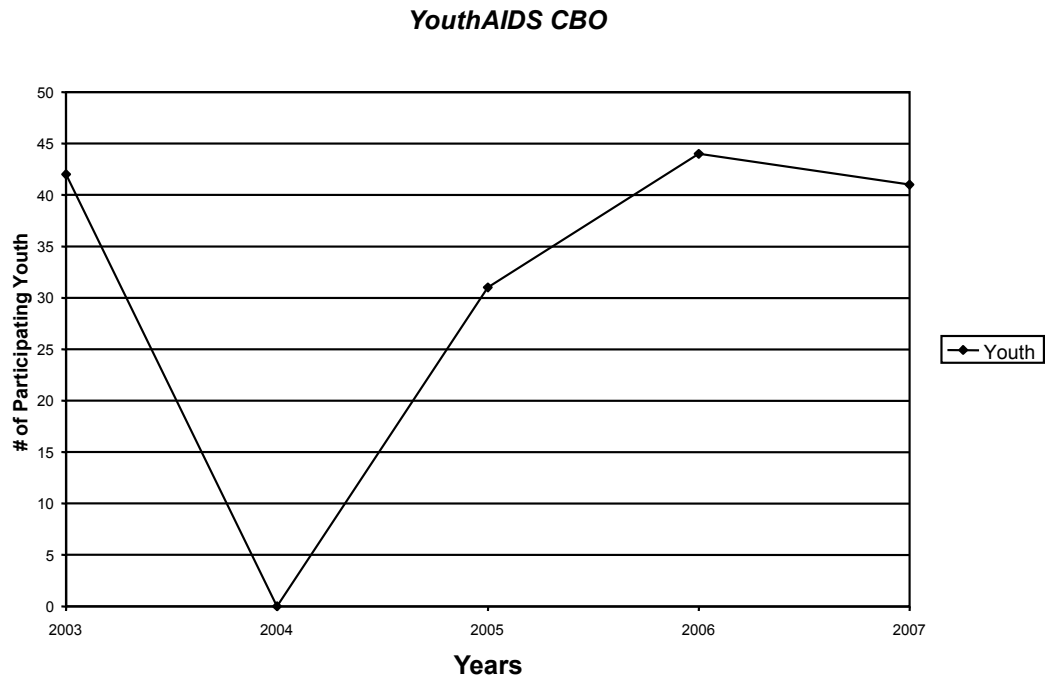


Information: Showing the need for additional facilities

The YouthAID CBO is meeting with a possible donor. The program wants to explain why it needs additional facilities.

- In 2003, when the program started, 42 disadvantaged youth took part.
- In 2004, the program was suspended for lack of funding.
- In 2005, 31 youth took part.
- In 2006, 44 youth took part.
- In 2007, 41 youth took part.

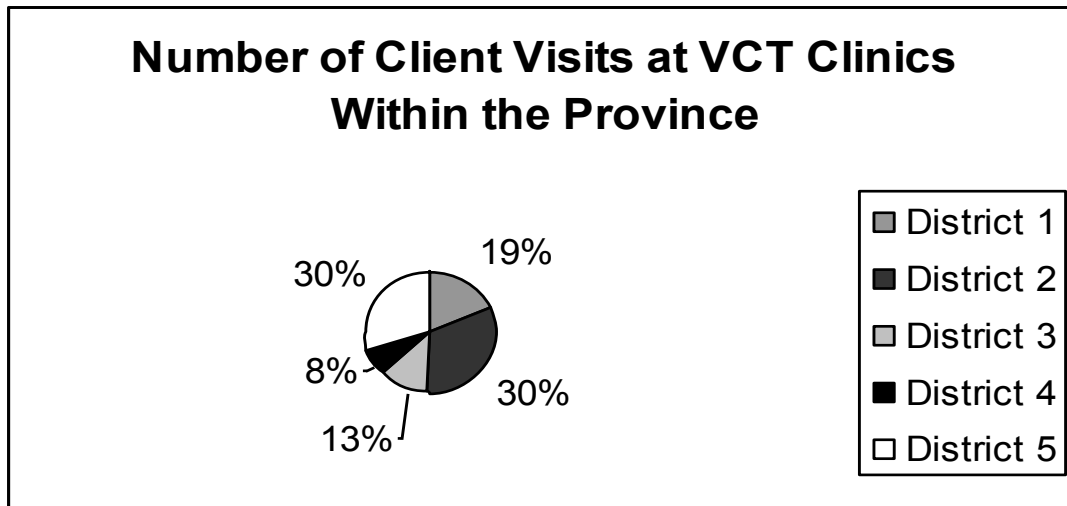
Draw a visual aid below that YouthAID can show to the donor



Information: The need for an additional data entry clerk

The provincial VCT program manager wants to determine if VCT clinics within the province are located in places most accessible to clients. So, the program wants to determine what proportion of the 400 clients visiting the VCT clinics are coming from each district within the province: district 1, 75 clients; district 2, 125 clients; district 3, 50 clients; district 4, 30 clients; and district 5, 120 clients.

Draw a visual aid below that the provincial VCT program manager can use to show this.



Appendix E: Applying M&E in Your National Program (Optional Module)

Overview

What this module is about

Your M&E efforts occur in the context of your country's epidemic, your country's programmatic response, and M&E activities being done by colleagues in a wide variety of settings. To help you understand this context, this module will provide a framework for reviewing the relationship between national M&E activities in your country and the M&E activities you will undertake.

Before you begin this module, you will need to collect and review your country's national strategic plan and national M&E plan. If you do not have access to this information:

- you can view the sample versions provided in this appendix if you are working alone
- you can work with other participants attending the training and use their materials.

What you will learn

During this session, you will review information from your country to determine your:

- national perspective and response to the HIV/AIDS epidemic
- national strategic plan for responding to the epidemic
- M&E of the national response.

By the end of this module, you should be able to describe:

- your national strategy to respond to the epidemic
- your national M&E plan and how it relates to the national response
- implementers' roles and responsibilities for your national M&E plan.

Three Information Topics

You need to know what currently exists in your country to plan M&E projects. The three main topics to consider are your country's:

- national response to the epidemic
- national strategic plan
- M&E of the national response.

Where to find information

You can learn more about your national response from:

- MOH, National AIDS Council (NAC), or other key national stakeholder agencies in your country
- background documents, such as national strategic plans and annual reports
- documents from international stakeholder agencies supporting national HIV/AIDS programs in your country.

We will spend some time summarizing findings from your review of key national documents.

Worksheet E.1 begins on the next page. Before completing it, take a few minutes to review or reacquaint yourself with the key national documents you have.

Directions:

1. Work alone or in a small group.
2. For each category listed under the three topic areas in Worksheet E.1, use the worksheet to summarize the information you discovered from your review of the key national documents.

Worksheet E.1. Organizing your country's data.

| Topic 1: The National Strategy to Respond to the Epidemic | | |
|---|-------------------------|--|
| Category | Summary of key findings | Documents where information can be found |
| <ul style="list-style-type: none"> Overview of the national strategic plan | | |
| <ul style="list-style-type: none"> Purpose, goals, and objectives | | |
| <ul style="list-style-type: none"> Role in providing a framework for the national response | | |

Continued on next page

| Topic 1: The National Strategy to Respond to the Epidemic, continued | | |
|---|--|--|
| <ul style="list-style-type: none"> ▪ Description of how the national strategic plan was developed | | |
| <ul style="list-style-type: none"> ▪ Whether it is a plan for the health sector only or a multisector plan | | |
| <ul style="list-style-type: none"> ▪ Description of guiding principles | | |

Continued on next page

| Topic 1: The National Strategy to Respond to the Epidemic, continued | | |
|---|--|--|
| <ul style="list-style-type: none"> ▪ Key strategies for achieving objectives | | |
| <ul style="list-style-type: none"> ▪ Structure of the strategic plan | | |
| <ul style="list-style-type: none"> ▪ Key priority or focus areas | | |

Notes on Topic 1: The National Strategy to Respond to the Epidemic

| Topic 2: Monitoring and Evaluation of the National Response | | |
|---|-------------------------|--|
| Category | Summary of key findings | Documents where information can be found |
| <ul style="list-style-type: none"> Current national, provincial (regional), and district-wide M&E activities | | |
| <ul style="list-style-type: none"> Related challenges, successes, and lessons learned | | |
| <ul style="list-style-type: none"> Link between national strategic plan and national-, provincial-, and district-level M&E systems | | |

Continued on next page

| Topic 2: Monitoring and Evaluation of the National Response, continued | | |
|---|--|--|
| <ul style="list-style-type: none"> Goals and objectives of the national M&E system | | |
| <ul style="list-style-type: none"> Components of the national M&E system | | |
| <ul style="list-style-type: none"> Key persons responsible for coordinating level M&E activities | | |

Continued on next page

| Topic 2: Monitoring and Evaluation of the National Response, continued | | |
|---|--|--|
| <ul style="list-style-type: none"> ▪ The national M&E plan and its broad and specific purpose | | |
| <ul style="list-style-type: none"> ▪ Key national indicators | | |
| <ul style="list-style-type: none"> ▪ Link between the M&E plan and global initiatives/indicators | | |

Notes on Topic 2: Monitoring and Evaluation of the National Response

Activity

Look now at M&E activities for your program.

Directions:

1. You can do this activity either individually or as a small group.
2. Identify one or more M&E activities for each category in Worksheet E.2.

Worksheet E.2. M&E activities for your program to date.

| For my program, we... | Name of one (or more) of your activities/add comments | Relationship to national M&E efforts |
|---|---|--------------------------------------|
| Hoped for but did not initiate this activity | | |
| Planned but did not initiate this activity | | |
| Initiated but did not complete this activity | | |
| Completed but did not take steps to ensure this activity is ongoing | | |
| Have ensured this activity is ongoing | | |

Continued on next page

Worksheet E.2. M&E activities for your program to date, continued.

| | | |
|--|--|--|
| Discussed whether this M&E activity was successful and why | | |
| Discussed challenges or barriers to implementing this M&E activity and why | | |
| Discussed how M&E activity supports national-level M&E efforts | | |

Appendix F: M&E Readiness Assessment

Directions: This tool was designed to help you determine your readiness to implement and manage ongoing M&E activities for programs you manage or support. This tool will help you assess the status of key planning activities, processes for obtaining and using data, and efforts to build M&E capacity for a specific program. The information you provide can serve as a guide for setting M&E priorities to build and strengthen the M&E system that supports your program(s). Please review each question and provide a brief description of the status of each activity, the related actions/next steps, and, if possible, the responsible parties, timeline, resources, and any technical assistance needs. Questions will be discussed throughout the training. Please see related module topics, noted in each heading, as a reference for the questions.

| M&E readiness questions | Status/description | Actions/next steps | Responsible parties/ timeline (deadline/target) | Resources needed | Technical assistance needs |
|---|--------------------|--------------------|---|------------------|----------------------------|
| Setting the Stage for M&E | | | | | |
| Describing the program (Module 4) | | | | | |
| 1. Do you use logic models (or other frameworks) to describe the components of program(s) you manage or provide support to? | | | | | |
| Developing Goals and Objectives (Module 5) | | | | | |
| 2. Are there clearly stated goals and SMART objectives for the programs you manage or provide support to? | | | | | |

Appendix F: M&E Readiness Assessment

| M&E readiness questions | Status/description | Actions/next steps | Responsible parties/ timeline (deadline/target) | Resources needed | Technical assistance needs |
|--|--------------------|--------------------|---|------------------|----------------------------|
| Setting the Stage for M&E, continued | | | | | |
| Developing M&E questions (Module 6) | | | | | |
| 3. Are there M&E questions to address information needs regarding your program(s)? | | | | | |
| M&E uses and users (Module 6) | | | | | |
| 4. Have you assessed key stakeholders and their information needs for the programs you manage or provide support to? | | | | | |

Appendix F: M&E Readiness Assessment

| M&E readiness questions | Status/description | Actions/next steps | Responsible parties/ timeline (deadline/target) | Resources needed | Technical assistance needs |
|---|--------------------|--------------------|---|------------------|----------------------------|
| Setting the Stage for M&E, continued | | | | | |
| M&E uses and users (Module 6), continued | | | | | |
| 5. Have you identified stakeholder uses of M&E data that are or will be collected regarding programs you manage or support? | | | | | |
| Obtaining and Using Data | | | | | |
| Measures and indicators (Module 7) | | | | | |
| 6. Which global and/or national key indicators are related to the programs you manage or support? • Are there additional program indicators or measures for which data need to be collected? | | | | | |

Appendix F: M&E Readiness Assessment

| M&E readiness questions | Status/description | Actions/next steps | Responsible parties/ timeline (deadline/target) | Resources needed | Technical assistance needs |
|--|--------------------|--------------------|---|------------------|----------------------------|
| Obtaining and Using Data, continued | | | | | |
| Data sources (Module 8) | | | | | |
| 7. Which data sources are needed to address the related M&E questions and indicators? | | | | | |
| Data collection, management, and analysis issues (Module 9) | | | | | |
| 8. Do the programs you manage or support have processes and protocols for data collection and data management? | | | | | |

Appendix F: M&E Readiness Assessment

| M&E readiness questions | Status/description | Actions/next steps | Responsible parties/ timeline (deadline/target) | Resources needed | Technical assistance needs |
|--|--------------------|--------------------|---|------------------|----------------------------|
| Building M&E Capacity | | | | | |
| Sharing M&E findings (Module 10) | | | | | |
| 9. Do the programs you manage or support have processes in place for sharing M&E data? | | | | | |
| Developing your M&E plan (Module 11) | | | | | |
| 10. Has an M&E plan been created that includes a description of the individuals who are responsible for coordinating and implementing M&E activities for a given program or set of programs? | | | | | |
| 11. Does the M&E plan include a description of how M&E will be operationalized for a given program or set of programs (budget, timelines, key milestones, etc.)? | | | | | |



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