



CORE MODULE 1:
**Introduction to
Monitoring and Evaluation**

Monitoring HIV/AIDS Programs
A FACILITATOR'S TRAINING GUIDE
A USAID RESOURCE FOR PREVENTION, CARE AND TREATMENT



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Monitoring HIV/AIDS Programs: A Facilitator's Training Guide

A USAID Resource for Prevention, Care and Treatment

Core Module 1: Introduction to Monitoring and Evaluation

September 2004

Family Health International



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The set of draft modules was pilot-tested in Zambia in July 2003. Before the pilot-testing, a core team of trainers came together and spent a week revising, upgrading, rewriting, and, ultimately, improving each training module to ensure the best training possible. For this hard work, the following individuals deserve special mention: Sara Hersey, Mike Merrigan, Joseph Kamanga, Bright Drah, Adedoyin Adedayo, Dulce Chahin, Edward Wandia, Seynabou Kasse, Mananza Kone, Addis Tefsfaye, Hilary Bishop Ezeh, Rangsim Airawanwat, Nguyen Thanh Son, Niyongere Audace, Sabina Yasmin, and Donna Sacknoff. FHI would like to thank those who participated in the FHI global M&E training course (Zambia, July 2003) and the Asia Regional training course (Thailand, October 2003) for providing insightful comments that were used in reviewing and finalizing the modules.

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Introduction

At the country level, Family Health International's (FHI) country offices and local staff manage its HIV/AIDS prevention, mitigation, and care interventions. This modular monitoring and evaluation training course is intended for use in training both FHI country program staff and implementing partner staff, with the overall goal of building and enhancing the skills required to conduct and carry out quality monitoring and evaluation activities. Ultimately, this will lead to improved programs whose goals are to prevent the spread of HIV and to provide care and support to those already infected with HIV.

The following FHI publications were extremely useful in developing the modules:

- *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers* (FHI, 2001)
- *Developing a Comprehensive Monitoring and Evaluation Work Plan for HIV/AIDS and STI Programs: A Facilitator's Training Manual* (FHI, 2001)

It is our hope that by using this modular M&E training package, training participants will be able to:

- Distinguish between process-, outcome-, and impact-level evaluations
- Explain the different monitoring and evaluation conceptual approaches and frameworks
- Identify key stakeholders in program monitoring and evaluation
- Identify methods for overcoming barriers to effective monitoring and evaluation
- Identify appropriate indicators for each technical area
- Design systems to manage and use data and provide feedback to appropriate staff
- Apply general monitoring and evaluation concepts and methods to specific technical areas (e.g., HBC, STI, BCC, VCT, OVC, PMTCT, and clinical care) and to overall program management
- Design country/site-specific monitoring flow process based on organizational structure (e.g., single country office, field office, or regional office)
- Design and implement a monitoring and evaluation work plan for a country/site program, taking into consideration donor requirements

Course Design

This modular monitoring and evaluation training course is made up of a series of modules that includes three core modules, which are compulsory and must be taken by all participants, and seven optional technical area modules, which participants will benefit from based on the technical components of program implementation at their specific country/site level.

Core Modules

- Core Module 1: Introduction to Monitoring and Evaluation
- Core Module 2: Collecting, Analyzing, and Using Monitoring Data
- Core Module 3: Developing a Monitoring and Evaluation Work Plan

We strongly suggest that Core Modules 1 and 2 precede the other modules because they provide the background monitoring and evaluation context on which the technical area modules build. Core Module 3 should be taken at or toward the end of the course because it brings together conceptual M&E information with the specific technical area information required to develop a monitoring and evaluation work plan.

Optional Technical Area Modules

The technical area modules focus on issues within specific technical areas while applying the monitoring and evaluation concepts that are covered in the core modules. The technical area modules are:

- Module 4: Community Home-Based Care Programs
- Module 5: Sexually Transmitted Infection Prevention and Care Programs
- Module 6: Behavior Change Communication Programs
- Module 7: Voluntary Counseling and Testing Services
- Module 8: Orphans and Vulnerable Children Programs
- Module 9: Prevention of Mother-to-Child Transmission Programs
- Module 10: Clinical Care Programs

Training Methodology

The overall training approach used in these modules is based on adult learning theory and is a combination of lectures, discussions, small group work, interactive practical exercises, and role-plays.

CORE MODULE 1:

Introduction to Monitoring and Evaluation

This Monitoring and Evaluation series is based on the assumption that Core Module 1 (Introduction to Monitoring and Evaluation) is always the first module, that it is followed directly by Core Module 2 (Collecting, Analyzing, and Using Monitoring Data), which is followed by one or more of the optional technical area modules (Modules 4 through 10), and that in all cases the final module is Core Module 3 (Developing a Monitoring and Evaluation Plan). The specified sequence is shown below:

1. *Core Module 1: Introduction to Monitoring and Evaluation*
2. *Core Module 2: Collecting, Analyzing, and Using Monitoring Data*
3. *Optional Technical Area Modules 4 through 10*
4. *Core Module 3: Developing a Monitoring and Evaluation Plan*

Learning Objectives

The goal of this workshop is to build the skills of participants in the monitoring of HIV/AIDS prevention and care programs.

At the end of this session, participants will be able to:

- Understand concepts, methods, and tools for intensive and participatory monitoring of HIV/AIDS prevention and care programs
- Identify ways to overcome barriers to conducting effective program monitoring
- Identify key stakeholders in program monitoring and evaluation
- Select appropriate indicators for measuring program outputs and outcomes
- Conduct HIV/AIDS program monitoring using appropriate methods and tools

Note: *While this training focuses primarily on monitoring, participants will also be introduced to the concept of evaluation, including when and how to conduct an evaluation, what resources are required, and how to use the evaluation results.*

Session Overview and Schedule

TIME		TOPIC	TRAINING METHOD
8:30-9:00	30 min	A. Welcome and Introductions	Facilitator Presentation
9:00-9:20	20 min	B. Training Norms and Agenda for the Week	Facilitator Presentation
9:20-9:40	20 min	C. What Is Monitoring and What Is Evaluation?	Facilitator Presentation, Group Discussions
9:40-10:00	20 min	D. Opportunities and Barriers	Facilitator Presentation, Group Discussions
10:00-10:15	15 min	BREAK	
10:15-11:05	50 min	E. Comprehensive Monitoring and Evaluation Framework	Facilitator Presentation, Group Work

Session Overview and Schedule

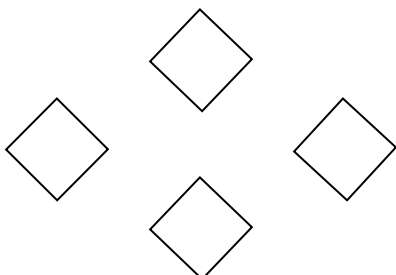
TIME		TOPIC	TRAINING METHOD
11:05-12:00	55 min	F. Levels of Monitoring and Evaluation and Responsibilities	<i>Facilitator Presentation</i>
12:00-1:00	60 min	LUNCH	
1:00-2:00	60 min	G. Goals, Objectives, and M&E Questions	<i>Facilitator Presentation, Group Exercises</i>
2:00-2:45	45 min	H. Selecting Indicators	<i>Facilitator Presentation, Group Activity</i>
2:45-3:00	15 min	BREAK	
3:10-4:00	60 min	I. Monitoring Methods and Tools and Introduction to the Global Spreadsheet	<i>Facilitator Presentation, Small Group Activity</i>
4:00-4:45	45 min	J. Monitoring and Evaluation Work Plan Overview and Introduction	<i>Q&A Session</i>
4:45-5:00	15 min	K. Wrap-Up	

Materials

- Flipchart paper and stand
- Markers
- Pens or pencils
- Tape or Blue-Tac
- Evaluation Form
- Facilitator Reference: Options for Opening Introductions
- Handout: Example Indicators (slips of paper)
- Handout: Illustrative Indicators List
- Handout: Study Designs
- Overhead: Study Designs (optional)
- Handout: Comprehensive Monitoring and Evaluation Framework
- Signage: Types of Monitoring and Evaluation
- Handout: Outline of M&E Work Plan
- Handout/Overhead: Monitoring and Evaluation Pipeline
- Handout: Key Elements of M&E Work Plan
- Handout: Evaluation Research Questions: Outcome, Impact, Output, Input
- Handout: Types and Objectives of M&E
- Handout: Who Should Do What?
- Handout: Country Monitoring and Evaluation Matrix
- Handout: Steps in Developing a Monitoring Plan
- Handout: Project Descriptions
- Worksheet: Project Description
- Handout: Illustration for Input, Output, Outcome, and Impact
- Workbook for M&E Work Plan Development (distributed separately by facilitator)

Facilitator Note:

Set the room up in clusters of 2 to 4 desks with room to walk between them for both the Facilitator and participants, such as shown below for 20 participants. The Facilitator can walk into the center, and walk through and around. Participants are asked to take a completely different seat each day so they have a new perspective, point of view, and neighbor. This helps people get to know each other.



Place a cup/basket with pens, markers, and notepaper in the center of each table cluster. Place nametags, manuals, and handouts on the tables before the participants arrive. Before participants enter the classroom/training space, hang on the wall a long piece of butcher paper (lengthwise) or multiple pieces of chart paper right next to each other to form one long chart, and fill in the titles as indicated below. This is the Conocimiento chart.

Welcome the participants to the workshop as they come in and invite them to fill out the Conocimiento chart (*conocimiento* [konos ee myen' toe] is Spanish for knowledge). Other training team members can then add their information, after most participants have filled it out. (As the lead facilitator begins, one member of the training team adds up the numbers in each column to get the total years of teaching, years in HIV work, and age, and provides these to the lead facilitator when asked. Keep this chart up-to-date during the week's workshop, as you can then refer to it to show examples of concepts such as mean, quantifiable, and so on, as you touch on these terms in the data module during this training. You can also review them before the M&E Work Plan module to determine what groups to break participants into for developing their work plans and make the seating arrangement at the table clusters for that day.)

Conocimiento Chart							
Name	Age	Gender	Country where I work	Type of program or intervention	How long I worked in HIV prevention and care	My favorite aspect of monitoring/evaluation	My greatest challenge regarding monitoring/evaluation

Source: *Each One Reach One*, curriculum developed for inmate peer educator training for prisons and jails in the United States.

Facilitator Note: Some participants may not feel comfortable filling out some or all of the chart for various reasons, such as literacy/writing skills and/or privacy. Encourage them to participate as much as they feel they can and allow them to not complete any area that is not comfortable to them.

A. Welcome and Introductions

8:30-9:00	30 min	A. Welcome and Introductions	Facilitator Presentation
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8:30-8:45 (15 min)

Facilitator Note: The main point of this activity is to identify and highlight the strengths and experiences that the participants bring to the training. Therefore, it is not only the facilitators who are bringing important information to the training, but also the participants, who have valuable experience and skills to share. It is important to facilitate this activity early in the training to set a tone that is based on universal learning by the entire group and not didactic “expert” teaching by the facilitators.

1. Introduction

Welcome participants and introduce yourself and other members of the team.

The goal of the training is to build your skills for project and program monitoring and evaluation for HIV/AIDS care and prevention programs.

The objectives of this week’s training workshop is to give you the information and tools you need to:

- Better understand issues, conceptual approach, and framework for monitoring and evaluating HIV/AIDS/STI prevention and mitigation programs and care and treatment programs
- Identify ways to overcome barriers to conducting effective program monitoring and evaluation
- Identify key stakeholders in program monitoring and evaluation
- Select appropriate monitoring methods and develop/and or adapt required monitoring tools for general and specific programs and technical areas
- Select appropriate indicators for measuring program outputs and outcomes
- Identify major steps involved in planning for data collection, processing, and reporting for program monitoring and evaluation
- Map data flow and identify who is responsible for monitoring the quality of data
- Understand how to analyze, present, and interpret data
- Understand how data can be used for advocacy and decision-making
- Develop and/or review and implement a monitoring and evaluation work plan for your country or site program, taking into consideration your donor, country, site, and government requirements.

Indicate the Conocimiento Chart and acknowledge that there is great wisdom among the gathered group—from “school” knowledge to life experience—and that we will all be learning much from one another in this training. Explain that this chart represents the total knowledge the group brings to this training. Briefly review/highlight some of the comments written by different members of the group in some of the categories. Make sure to identify the “totals,” such as the total number of years working in the area of HIV/AIDS. This allows you to recognize the experience within the group. For example you may say “that there are 252 years of life experience within this group. Therefore the group holds a great deal of wisdom and knowledge that they may be able to use and share with others on top of the information and skills that we (the facilitators) bring to the training.”

8:45-9:00 (15 min)

Facilitator Note: Select one of the options described in Facilitator Reference: Options for Opening Introductions in the appendix for opening the week, to create an opportunity for participants to get to know one another and gain a sense of who they are working with. You may select either option or create your own. Option 1: Do you use first names in these workshops across all cultures? You can certainly address each other as “Mr. ____” and “Ms. ____” if you think you and your participants are more comfortable with a more formal tone. Following is a refreshing icebreaker, and people sing in many cultures—this can weave cultures and voices together. Option 2: This is not only a good icebreaker to get people moving, but also shows people how much they have in common.

Example: “The Wind Blows” Similarities and Differences Exercise

- If the size and shape of the room allows, ask participants to create a circle of their chairs. Remove your own chair so that you are standing to introduce this activity. “This is an activity called ‘The Wind Blows,’ and it is similar to a child’s game that in some countries is called Musical Chairs. I will say something that is true for me, and if it is also true for you, you must get up and find a new seat.”
- Note that if anyone has mobility issues they should feel free to stay in their place in the circle and not move around, but rather imagine when they would move if they share things in common.
- Begin with an easy one: “The Wind Blows for someone who ... did not eat breakfast this morning.” Assist everyone to get up and find a new seat (including you). Whoever is left standing leads the next round.
- Encourage participants to say something that is true for them (let them know that it does not have to be serious, but that it can be any light and easy thing) and help them start their sentence by saying “The Wind Blows for someone who ...” and everyone then changes seats.
- Continue this for another few rounds and then during the chaos of everyone finding their seats “find” yourself standing as the one without a seat. This brings you back into the center, where you can now go deeper into content that is connected to this workshop series.
- Say, “Now I am going to say a truth regarding what I find challenging about evaluation...” and let them continue it for a few rounds with their own shared challenges. Then find yourself in the middle again to say “Now I am going to say what I enjoy about evaluation” and so on.

Source: S. Joshua Volle, PhD, Family Health International

B. Training Norms and Agenda for the Week

9:00-9:20	20 min	B. Training Norms and Agenda for the Week	Facilitator Presentation
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Create Training Norms

Cover the agenda for the week, as appropriate:

- Day 1: Core Module 1: Introduction to Monitoring and Evaluation
- Day 2: Core Module 2: Collecting, Analyzing, and Using Monitoring Data
- Day 3: Option 1: Orphans and Other Vulnerable Children Programs
Option 2: Sexually Transmitted Infection (STI) Prevention and Care Programs
- Day 4: Option 1: Voluntary Counseling and Testing Services
Option 2: Behavior Change Communication Programs

- Day 5: Option 1: Community Home-Based Care Programs
 Option 2: Prevention of Mother-to-Child Transmission Programs
- Day 6: Core Module 3: Developing a Monitoring and Evaluation Work Plan
 Option 1: Clinical Care Programs

Talk about and review this day’s agenda with participants.

C. What Is Monitoring and What Is Evaluation?

9:20-9:40	20 min	C. What Is Monitoring and What Is Evaluation?	<i>Facilitator Presentation, Group Discussions</i>
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Materials

- Handout : Evaluation Research Questions: Outcome, Impact, Output, Input
- Handout: Illustration for Input, Output, Outcome, and Impact
- Signage: Types of Monitoring and Evaluation
- Overhead: Study Designs
- Handout: Study Designs

Facilitator Note: Watch your pace—keep it lively, energetic, and moving forward because it is primarily the dynamic of them listening to you for 1 hour, and you have a lot to cover. The idea is to discuss the basic concept and terminologies of M&E and harmonize comprehension of language and concept, so that the participants and facilitators “speak the same language.” Many people view M&E with preconceived ideas, which can prevent them from carrying out the necessary activities. This section is designed to allow participants to clarify their concepts about monitoring (primarily) and about evaluation (secondarily), to share their feelings about M&E, and to discuss the value of M&E and the particular opportunities and barriers they will confront when conducting M&E activities.

Brainstorming Session: What Is “Monitoring?” and What Is “Evaluation?”

Ask each table group to come up with a list of what Monitoring and Evaluation (M&E) is and what it is not. Give them 5 minutes to discuss. Lead the group in a full discussion on M&E. Do this by quickly going from group to group and asking them to shout out one thing at a time while you write it down on the flip chart. Organize the ideas into two columns: “What M&E is” and “What M&E is not.” Then ask each table to come up with a definition for “monitoring” and a definition for “evaluation.”

- What is Monitoring?
- What is Evaluation?

Facilitator Note: Signage (signage begins on page 25 of appendix) should be prepared before participants arrive and be ready for placement. The signs should be placed evenly around the walls of the room in clockwise order. They should be laid out in this way to focus on the concepts of Formative Assessment, Process, Impact/Output, etc., as well as on what stage of the process you are in and what you are doing with these different approaches. Walk over and refer to the Input/Output and then the Outcome/Impact signs to indicate and dramatically emphasize these as you mention them throughout the day. It is useful to keep these signs posted during the next module (Core Module 2: Collecting, Analyzing, and Using Monitoring Data) as well.

Next facilitate a discussion about how the two are different:

- How are they different?
- How do they fit together?

Fill in the discussion with the following points:

Definition:

Monitoring is the routine process of data collection and measurement of progress toward program objectives.

- Monitoring involves counting what we are doing.
- Monitoring involves routinely looking at the quality of our services.

Definition:

Evaluation is the use of social research methods to systematically investigate a program's effectiveness.

- Evaluation requires study design.
- Evaluation sometimes requires a control or comparison group.
- Evaluation involves measurements over time.
- Evaluation involves special studies.

Facilitator Note: Focus the participants on WHY it is important to conduct Monitoring and Evaluation (e.g., as a management tool to improve the design and implementation of programs, fund raising, to fulfill reporting requirements).

At the end of the discussion, introduce the idea that most implementing partners and agencies are not expected to carry out rigorous evaluation, but that we rely on them for routine monitoring and data collection. In addition, country offices have the added responsibility of not only monitoring their programs and sub-agreements, but also of thinking about what needs to be evaluated and when it needs to be evaluated.

D. Opportunities and Barriers

9:40-10:00	20 min	D. Opportunities and Barriers	<i>Facilitator Presentation, Group Discussions</i>
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Introduce this segment by saying: “All settings present particular **opportunities** and **barriers** to conducting monitoring and evaluation work. It is important to know what these are up front so that we are able to use our strengths and overcome the barriers.”

Ask the participants to state opportunities they see to carrying out M&E, and then ask them to state barriers to conducting M&E. Facilitators should write the participants' responses on the flipchart in two columns: “Opportunities” and “Barriers.”

Now ask for 8 volunteers: 4 to be barriers and 4 to be M&E specialists who will try to convince each barrier, one at a time, through discussion and explanation, that the barrier can be dropped. If and when the person playing the barrier feels they are convinced, they will cross the room and join the other group.

Ask all the participants to keep these opportunities and barriers in mind for ways to build on their opportunities and for ways to overcome their barriers as they go through the week.

10:00-10:15	15 min	BREAK
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E. Comprehensive Monitoring and Evaluation Framework

10:15-11:05	50 min	E. Comprehensive Monitoring and Evaluation Framework	<i>Facilitator Presentation, Group Work</i>
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Materials

- Handout: Comprehensive Monitoring and Evaluation Framework
- Handout/Overhead: Monitoring and Evaluation Pipeline

Review the following: Formative Assessments, Monitoring (inputs, process, outputs, and measuring quality), and Evaluation (assessment of outcome and impact). Refer to the definitions and key concepts discussed previously during the training.

Overview of Monitoring and Evaluation Framework

- Monitoring and evaluation takes place at multiple stages of a program. At each stage we gather different information that comes together to demonstrate how the project has been conducted and what has occurred as a result. It is important to identify at the outset how we will gather the information for each level of evaluation.
- It is also important to keep in mind that some of these stages overlap and can, in different situations, represent different levels. For example, outcome-level data on risk behaviors of target groups can be used to evaluate the effectiveness of a program or set of programs without associating the changes with any single program.
- Remind participants that the framework presented below is a general framework for discussion purposes and that it has fluid boundaries.
- Use the Handout: Comprehensive Monitoring and Evaluation Framework. Walk around the room placing the signs for each type of M&E on the wall and next to each sign quickly explain the four main types of evaluations.

Comprehensive Monitoring and Evaluation Framework

Types of Monitoring and Evaluation:			
Formative Assessments and Research (concept and design)	Monitoring (monitoring inputs, processes, and outputs; assessing service quality)	Evaluation (assessing outcome and impact)	Cost-Effectiveness Analysis (including sustainability issues)
Questions Answered by the Different Types of Monitoring and Evaluation:			
<ul style="list-style-type: none"> • Is an intervention needed? • Who needs the intervention? • How should the intervention be carried out? 	<ul style="list-style-type: none"> • To what extent are planned activities actually realized? • How well are the services provided? 	<ul style="list-style-type: none"> • What outcomes are observed? • What do the outcomes mean? • Does the program make a difference? 	<ul style="list-style-type: none"> • Should program priorities be changed or expanded? • To what extent should resources be reallocated?

Facilitator Note: You do not have to read the chart above word-for-word because participants have the handouts with the exact wording (e.g., you can just indicate “methods”). Also think about explaining each highlighted word so everyone is in agreement and has the same understanding of the definitions.

1. Formative Needs Assessments

The Formative Needs Assessment should be conducted during the planning (or re-planning) stage of a prevention program to identify program needs and resolve issues before a program is widely implemented. This is the point where flexibility is greatest and program sponsors have more freedom to make decisions about how to proceed with implementation.

During a Formative Needs Assessment, the following issues are explored:

- a) Identifying the need for interventions
- b) Defining realistic *goals and objectives* for interventions
- c) Identifying feasible program strategies
- d) Setting program targets

The Formative Needs Assessment can be used as an exploratory tool and to help project managers adjust objectives to changing situations. It is also used to identify unacceptable or ineffective intervention approaches, designs, and concepts.

Methods of conducting a Formative Needs Assessment include:

- Reviews of existing information
- Focus group discussions
- Individual in-depth interviews
- Participant observations
- Short surveys with structured questionnaires

The main limitation of a Formative Needs Assessment is its inability to be generalized to other projects.

2. Monitoring

Monitoring is the routine process of data collection and measurement of progress toward program objectives.

There are **three main domains** of information required in a monitoring system:

1. **Inputs**—Resources going into conducting and carrying out the project or program. These could include staff, finance, materials, and time.
2. **Process**—Set of activities in which program resources (human and financial) are used to achieve the results expected from the program (e.g., number of workshops or number of training sessions).
3. **Outputs**—Immediate results obtained by the program through the execution of activities (e.g., number of commodities distributed, number of staff trained, number of people reached, or number of people served).

Monitoring addresses the following questions:

1. To what extent are planned activities actually realized? Are we making progress toward achieving our objectives?
2. What services are provided, to whom, when, how often, for how long, and in what context?
3. How well are the services provided?
4. What is the quality of the services provided?
5. What is the cost per unit service?

Monitoring also assesses the extent to which a program or project:

1. Is undertaken consistently with each design or implementation plan
2. Is directed toward the specified target group

3. Evaluation

What is evaluation?

Facilitator Note: Post the responses on a flipchart. Then use the definition to fill in the gaps.

Evaluation is the use of social research methods to systematically investigate a program's effectiveness.

Evaluation is used for the following:

1. To assess the changes in the target group (e.g., changes in risk behavior)
2. To assess the extent to which objectives have been met. It is the process of determining the effectiveness of a program or a project.
3. To track the **outcomes** and **impacts** of programs or projects at the larger population level, as opposed to the program or project level:
 - **Outcomes**—Short-term or intermediate results obtained by the program through the execution of activities
 - **Impact**—Long-term effects (e.g., changes in health status). This can be through special studies with wide district, regional, or national coverage.

Evaluation addresses the following questions:

1. What outcomes are observed?
2. What do the outcomes mean?
3. Does the program make a difference?

Evaluations are conducted to find out what has happened as a result of a project or program or a set of projects and programs. Conducting evaluations is very challenging for several reasons:

Facilitator Note: Ask participants to come up with 2 or 3 reasons why evaluations are challenging, and then fill in with the following.

1. Rigorous study design that includes a comparison or control group
2. Finding a way to measure the effects of your project or program separate from other projects and programs in the same target group or geographic area
3. Insufficient staff (who can coordinate and guide evaluation design and implementation, including when evaluation is conducted by an external body)

4. Lack of skill in evaluation design, data collection methods (both quantitative and qualitative), analysis, write-up, and dissemination
5. Insufficient financial resources (NGOs face a multitude of pressing priorities and may not be able to spare or raise the extra money needed)

Outcome and impact evaluation is intimately connected to process monitoring. Process information can help the evaluator understand *how* and *why* interventions have achieved their effects and, perhaps, what *specifically* is making the difference. Examining outcome and impact indicators without assessing program implementation might lead to erroneous conclusions about the effectiveness of the interventions.

4. Cost-Effectiveness Analysis

Cost-effectiveness helps managers and planners make decisions about the use of their budgets and funding. With this information decision-makers can make choices about how to allocate their funds and decide whether or not the funds are being spent appropriately and whether they should be re-allocated.

This entails combining the results of monitoring data and cost data.

Facilitator Note: Facilitator should elicit more thoughts on this from the participants.

F. Levels of Monitoring and Evaluation and Responsibilities

11:05-12:00	55 min	F. Levels of Monitoring and Evaluation and Responsibilities	<i>Facilitator Presentation</i>
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Materials

- Handout/Overhead: Monitoring and Evaluation Pipeline

11:05-11:10 (5 min)

Within their groups, ask participants to identify what type of M&E each of the following situations represent (Responses are: Formative Assessment, Monitoring, Evaluation, or Cost-Effectiveness):

1. USAID wants to know how many sex workers have been reached by your program this year.
2. A local community-based organization wants to start addressing HIV in its community with a comprehensive BCC program and starts by collecting key bits of information to find out who is most in need of the services.
3. After a year of conducting your program, you want to know if the budget is being spent in the most efficient way.
4. A country director is interested in finding out if the VCT services provided in public clinics are being carried out according to national standards of quality.
5. The National AIDS Commission wants to know if the programs being carried out in the capital province are changing the risk behaviors of men who have sex with men in that province.

11:10-11:25 (15 min)

Multidimensional Approach to Collecting Different Types of Monitoring Data

In the previous section, we saw how different key players in the HIV epidemic conduct different levels of M&E. Program Managers and M&E planners must balance what is ideal or preferred against what is feasible, relevant, and essential when deciding how to evaluate a particular intervention or program. To this end, it may be useful to define M&E efforts in three different dimensions:

- Individual project dimension
- Country program dimension
- National dimension

Using this **multidimensional approach** to set priorities for the degree of rigor needed to monitor and evaluate programs may alleviate some of the tension that inevitably arises when universal, standardized monitoring and evaluation practices conflict with the objectives of individual projects.

Facilitator Note: Using the flipchart, re-create the M&E pipeline one step at a time as you describe the three different dimensions detailed below. Do not use the terms “all,” “most,” “some,” or “few” on the flipcharts, but instead at each level (Input, Process, Output, Outcome, and Impact) fill in the appropriate level discussed below (i.e., individual project, country program, national level) in the box for the M&E level discussed. This will show the concepts of “all,” “most,” “some,” and “few.” At the end of this session, refer to the Handout/Overhead: Monitoring and Evaluation Pipeline.

Individual Project Dimension

One can think of the individual project dimension, also referred to as implementing partners or agencies, as an area of service delivery that does not require a rigorous research design to judge its proficiency unless it is piloting a new intervention or responding to an unanswered research question. Individual projects carrying out standard intervention strategies that have been found effective in similar settings should focus their monitoring and evaluation activities on formative assessments (when needed for project planning), monitoring activities, and capacity-building assessment. Only a demonstration project would justify a more rigorous research design.

Country Program Dimension

Within a country program dimension, several categories of evaluation should be emphasized. The country offices of collaborating agencies are interested in supporting implementing partners with the collection and assessment of data to design projects and programs. They are also interested in working with the implementing partners (IPs) to collect the input, process, and output data generated from monitoring their project activities. They should also be thinking about when they may need to conduct a formal evaluation of a project or set of projects. They also will often be providing assistance to the National AIDS Commission (NAC) or National AIDS Control Program (NACP) to establish surveillance systems to measure high-risk behaviors in addition to conducting special studies as required for their programs.

Country offices will want to work with the IPs to provide them with feedback on their progress, help them identify where they need to change their programs, and identify problem areas and ways to overcome them. The information is also needed for reporting to funders. The data could also be used by the country office to adjust its funding patterns and balance its programs to meet needs of community.

National Dimension

Within the national dimension, several categories of monitoring and evaluation should be emphasized: intervention outcomes, socioeconomic impact, and changes in societal norms. The guiding principle is

that, where multiple donors are conducting interventions with overlapping target groups, evaluations are best if focused on country or regional programs, rather than on individual projects. This especially makes sense in behavioral surveys, where it is difficult to isolate the effects of individual projects funded by different donors. In addition, this approach may cost less.

Evaluation activities will reflect each country's information needs as shaped by the stage of its epidemic, its political and social environments, its capacity for research, and available financial resources.

The following illustrates the roles and responsibilities at each level/dimension:

- **Implementing Agencies**
 - Formative needs assessment
 - Monitoring of inputs, process, and outputs
 - Collecting and aggregating data from frontline project personnel (e.g., peer educators, outreach workers, and home-based care volunteers)
 - Feedback of results to target populations
 - Reporting to sponsors and partners
 - Using results for ongoing program implementation

- **Country Offices of Collaborating Partners**
 - Formative needs assessments
 - Aggregating and synthesizing results from all implementing agencies
 - Coordinating M&E activities across projects
 - Feedback of results to communities and target groups
 - Reporting to donors (based on reporting requirements)
 - Reporting to government agencies as required
 - Providing support and technical assistance for district-, regional-, or national-level M&E activities (e.g., behavioral studies and biologic surveys)
 - Disseminating results
 - Using program results for ongoing program implementation and advocating for required policy changes

- **National Level**
 - National formative needs assessment
 - Aggregating results from collaborating partners
 - Providing feedback to collaborating partners and implementing agencies on results of M&E activities undertaken by the government
 - Maintaining ongoing biologic and behavioral surveillance system
 - Using M&E results to advocate for policy formulation and changes

11:25-12:00 (35 min)

Group Activity (Monitoring and Evaluation Questions)

Divide the participants into three groups (Individual Projects, Country Programs, and National Level).

Tell the participants that you will read a set of monitoring and evaluation questions. After each question is read, each group will decide:

1. Is this information that we would be responsible for collecting?
2. If this is information we will collect, at what level of M&E does this belong—Input, Process, Output, Outcome, or Impact?

If the group’s level of programming is responsible for responding to this question, send two representatives to the appropriate sign for the M&E level where this question belongs.

Monitoring and Evaluation Questions

- How well-trained and prepared are the peer educators?
- How many staff members are available to do the work?
- What percent of the target population is using condoms with non-regular partners?
- Has the prevalence of HIV decreased?
- Has the target population increased its use of STI clinics in the target area?

Facilitator Note: Include the questions listed below if time permits.

- How supportive of HIV prevention work is the institution’s policy environment?
- Have the STI rates decreased among the target population?
- Have referrals to voluntary counseling and testing sites increased?
- How appropriate is the media campaign for this target population?
- Has the social structure improved to support people living with HIV?
- How many condoms have been distributed in the past 6 months?
- Has correct knowledge of HIV/STI transmission increased among the target population?

Facilitator Note: It is important to keep this moving forward quickly because there are only a few minutes left for both the writing and walking portions of this exercise. It is also important to provide a supportive environment for your learners. Do not focus on the fact that people standing in the incorrect place are “wrong”; rather, have those standing in the correct place invite the others in a friendly way as a community to come over to them and join their community. “Hey, now they know, and what a marvelous thing.” Be playful.
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Wrap up the session by referring again to the Handout/Overhead: Monitoring and Evaluation Pipeline, which has been used by numerous others for a number of years and is included in the appendix. Then ask participants for additional questions or comments.

12:00-1:00	60 min	LUNCH
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G. Goals, Objectives, and M&E Questions

1:00-2:00	60 min	G. Goals, Objectives, and M&E Questions	<i>Facilitator Presentation, Group Exercises</i>
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Materials

- Worksheet: Project Description
- Handout: Who Should Do What?

1:00-1:15 (15 min)

1. Goals and Objectives

The core of any M&E system is the **goals** and **objectives** of the program to be monitored and evaluated. If the program goals and objectives are written in such a way that they can be easily distinguished from one another and measured, the job of the M&E specialist will be much easier. Unfortunately, many times these goals and objectives are not written so that they can be easily monitored or evaluated.

In this section, we focus our attention on how to write goals and objectives so that they are easily monitored and evaluated. We will then look at another important part of the M&E system; that is, the questions that you and your team would like to have answered as the result of your programs.

What is the difference between a goal and an objective?

- **Goal**—General statement that describes the hoped-for result of a program (e.g., reduction of HIV incidence). Goals are achieved over the long term (5-10 years) and through the combined efforts of multiple programs.
- **Objective**—Specific, operationalized statement detailing the desired accomplishment of the program. A properly stated objective is action-oriented, starts with the word “to,” and is followed by an action verb. Objectives address questions of “what” and “when,” but not “why” or “how.” Objectives are stated in terms of results to be achieved, not processes or activities to be performed.

Let’s take the example of a peer education program. In developing a new peer education program, you would want to meet with the implementing agency and the key stakeholders who will be included in the program and in the monitoring and evaluation of the program.

- Who might these key stakeholders be? (Answers might include school administrators, local community leaders, and local AIDS committee members.)
- Do you think it would be possible to include someone from the population you are serving?
- How might that help? (Answers might include: to define project objectives and to identify strategies and activities.)

2. SMART Objectives

Introduce **SMART Objectives**, and as you do this, write the following on a flipchart:

S	—	Specificity
M	—	Measurability
A	—	Attainability
R	—	Relevance
T	—	Time

- (S) Specificity — Is it specific? Does it covers only one rather than multiple activities?
- (M) Measurability — Can it be measured or counted in some way?
- (A) Attainability — Is the objective actually doable? Can we achieve this goal?
- (R) Relevance — How important is this objective to the work that we are doing? How

- (T) Time – relevant is it to achieving our goal?
 - Does the objective give a timeframe by when the objective will be achieved, or a timeframe during which the activity will occur?
- What would be some of the goal(s) for a peer education program?
- Write one of those goals on the top of a flipchart page as “Goal: xxx.”
- Now what are some objectives that might fit under that particular goal?
- Write one of those objectives under the goal as “Objective: xxx.”
- Now let’s take a look at this objective. Is there a way we can present it more clearly to define the quantity, quality, and time frame of this aspect of the program?

Facilitator Note: Adjust the objective with the group’s input.

1:15-1:30 (15 min)

Small Group Activity

- First ask participants to look at the Worksheet: Project Description. Describe and explain the worksheet and then tell them they will be using it throughout the remainder of the day to work on each section and to build the description of their fictitious program.
- Next, distribute the Handout: Project Descriptions, assigning one of the projects to each group.
- Ask each group to come up with one Goal and three SMART Objectives for the M&E system. Give them 10 minutes for this part of the exercise and allow 5 minutes for a quick review of what they learned and what they observed in this process.

Project Descriptions

(Handout)

Project A: HIV/AIDS/STP peer education project for female sex workers

Project A is a peer education project for female sex workers in Nulama District. Activities include the training of peer educators and supervisors (one-on-one and through group education), distribution of BCC materials, and referrals for STI treatment.

Project B: Namuna voluntary counseling and testing (VCT) program

Namuna is an NGO providing VCT services to pregnant women in District Y through a community health center. Its activities include raising awareness about HIV/AIDS in the community through outreach activities and special events (e.g., drama, music, and dance), training counselors, counseling and testing for HIV, and referral of HIV-positive women to the State General Hospital for enrollment in the PMTCT program, and referral of HIV-positive women to the local care and support group.

Project C: Religious leaders against HIV/AIDS

The Local AIDs Committee of District Bululu has received funds from the National AIDS Committee of Jamkoso country to facilitate participation of religious leaders within the district in HIV/AIDS prevention and care. Some of the activities include advocacy, training of clergy, special activities during special religious holidays, and distribution of BCC materials.

3. Developing Monitoring and Evaluation Questions

Careful selection of the questions you want answered through monitoring and evaluation will greatly help you develop your M&E processes and work plan. At the outset of the planning process, program managers should ask themselves where they want the program to take them. Many of these questions will be reflected in the goals and objectives. This is a good place to begin when looking at questions that we want answered and that we want to further develop into M&E questions.

- Was the activity carried out as planned?
- Did it reach its target market?
- Did any changes in exposure to HIV infection result?
- How will the risk behaviors of the target population be affected?
- What sort of coverage do you expect to have?
- Did STI/HIV incidence change?
- How much did it cost?

Small Group Activity

1:30-1:45 (15 min)

Tell each group to refer back to their previous group activity where they developed a goal and a set of objectives. Now ask each group to look at these goals and objectives and ask them to come up with at least two monitoring questions and at least two evaluation questions. Give them 15 minutes for this exercise and tell them to record their questions on the Worksheet: Project Description.

1:45-2:00 (15 min)

Call time, reconvene the group, and ask each group to present 2 monitoring questions and 2 evaluation questions. Make clarifications and fill in the gaps using the following example M&E questions:

- How many counselors were trained?
- How many peer educators were trained?
- How many clients, at the VCT site, received their test results (by gender and age)?
- How many clients were referred to care and support groups?
- What is the proportion of sex workers who used condoms with their last client?
- What percent of referred clients actually received services in the past 3 months?

As a wrap-up, remind participants that different players within the system answer different questions. Refer back to the original set of questions and ask participants to specify: **Who should do what?**

Who Should Do What?	(Handout)
<ul style="list-style-type: none">• Was the activity delivered as planned? (IAs monitor project inputs and outputs)• Did it reach its target market? (IAs monitor outputs, IAs/Country Offices assess coverage)• What sort of coverage do you expect to have? (IAs monitor outputs, IAs/Country Offices assess coverage)• Did any changes in exposure to HIV infection result? How will the risk behaviors of the target population be affected? (National authority carries out behavioral surveillance)• Did STI/HIV incidence change? (National authority carries out sero-surveillance)• How much did it cost? (IAs monitor project inputs and outputs)	

H. Selecting Indicators

2:00-2:45	45 min	H. Selecting Indicators	Facilitator Presentation, Group Activity
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Materials

- Handout: Example Indicators (slips of paper)
- Handout: Illustrative Indicators List

2:00-2:15 (15 min)

1. Selecting Indicators

Now that we have SMART objectives, you will want to list all of your objectives for the program you're designing and take each objective through this test. Once you've done this, you can move on to selecting what might be the most appropriate **indicators** (i.e., the things to look at that will help you monitor how you are progressing in achieving your objectives).

Indicators are clues, signs, and markers as to how close we are to our path and how much things are changing. These point to or indicate possible changes in the situation that may lead to improved health status.

For example, if you are driving in a car and the gas gauge shows you are low on gas, it is not actually the gas you are looking at, but rather you are looking at an "indicator" of the amount of gas you have.

Examples of indicators for HIV programs are:

- # VCT sites set up in the past year
- # clinicians trained in syndromic management of STIs in the last 6 months
- # children provided with psychosocial counseling in the past 3 months
- % men who have sex with men reporting condom use at last act of anal intercourse
- # HIV-infected pregnant women started on Navirapin

One of the critical steps in designing and conducting an M&E system is selecting the most appropriate indicators. Indicators should always be directly related to your project or program objective, so the process of selecting indicators can be fairly straightforward if the program objectives have been presented clearly and in terms that define the quantity, quality, and timeframe of a particular aspect of the program (SMART).

Even with well-defined objectives, however, selecting evaluation indicators requires careful thought of both the theoretical and practical elements. The following questions can be helpful in selecting indicators:

- Have the definitions of the indicators been tested and can objectives be measured accurately (**operational**) and **reliably**?
- Will the indicators measure only what they are supposed to measure (**valid**)?
- Are there areas of overlap in the content of the indicator with that of other indicators; is it **specific**, or is it too general?
- Will the indicators be able to measure changes over time (**sensitivity**)?
- What resources (human and financial) do the indicators require? (**affordable, feasible**)
- Are there alternative measures that should be considered?
- Will multiple indicators be able to help clarify the results of the primary objective?

Operational	Should be measurable or quantifiable using tested definitions and reference standards.
Reliable	Should produce the same results when used more than once to measure the same condition or event.
Valid	Should measure the condition or event it is intended to measure.
Specific	Should measure only this condition or event.
Sensitive	Should reflect changes in the state of the condition or event under observation.
Affordable	Should represent reasonable measurement costs.
Feasible	Should be able to be carried out in the proposed data collection system.

Let's look at our objective. What indicators might we select to monitor to determine if the objective is being met?

Facilitator Note: Refer to the objectives developed earlier by the group at the beginning of the section on SMART objectives.

Facilitator Note: List these indicators under the objective; have the group discuss if the indicators they've chosen fit when viewed through this next "lens," and adjust accordingly.

Selecting indicators and setting targets is usually done during program planning, preferably with input from the implementing agency and key stakeholders. To establish benchmarks (i.e., items or amounts to measure) and activities that are measured as either done or not done (e.g., # regional meetings held, final report written) and that are realistic for the target population, resource allocation, and type of intervention, it is useful to refer to previous interventions done in similar settings.

2:15-2:30 (15 min)

Group Activity

- Distribute 2 or 3 indicators from the list of examples below to each table.
- Ask them to discuss the indicators they have and decide what level of M&E it falls into and whether or not it has the characteristics of an indicator. Ask them to check off the box for the M&E level and all the appropriate boxes for the characteristics that the written indicator has.
- Next have one member of each table tape the indicators on the wall underneath the appropriate M&E level.
- After all groups have found their program level, facilitate a discussion about which indicators are where and why. Ask questions that help them grasp the various levels of M&E, who would be expected to carry them out, and what characteristics they have.

Example Indicators (refer to Handout: Illustrative Indicators List)

- Number of condoms currently available
- Access to radio and television stations
- Government support for media campaign
- Computer equipment to create materials
- Knowledge of correct routes of HIV transmission

- Proportion of newly enrolled HBC clients who have received nutritional education in the past 12 months
- Number of MSM peer educators trained in the last 12 months
- Quality of peer education services
- Percentage of men using condoms with sex workers in the last 12 months
- Percentage of target population having used a condom in last sexual act with non-regular partner
- Prevalence of urethritis among men in the last year
- Prevalence of reactive syphilis serology among women attending prenatal care clinics
- HIV prevalence among women under 25 years of age in prenatal clinics
- Proportion of young women under 18 year of age who had sex with men over 30 years of age in the last year
- Proportion of men who had sex with sex workers in the past year

Finally, we need to be aware that funders, international agencies, and government and local stakeholders also have an interest in the work we are doing and have required many standardized indicators to collect and report. Let's look at two sources of standardized indicators:

1. USAID and UNAIDS Prevention Indicator Guide Books
2. USAID Expanded Response Indicator Guidance

2:30-2:45 (15 min)

Now turn back to your previous activity where you developed a goal, objectives, and questions (Worksheet: Project Description). For the next few minutes, select indicators that you can use to measure progress toward objectives and goals.

2:45-3:00	15 min	BREAK
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I. Monitoring Methods and Tools and Introduction to the Global Spreadsheet

3:10-4:00	60 min	I. Monitoring Methods and Tools and Introduction to the Global Spreadsheet	Facilitator Presentation, Small Group Activity
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Materials

- Introduction to Global Spreadsheet

3:00-3:15 (15 min)

1. Methods for Monitoring and Evaluation

What do we mean by methods?

Facilitator Note: Solicit the participants' thoughts and supplement them with comments like: "Methods refer to scientific designs or approaches to collecting data."

These methods may be *quantitative* or *qualitative*.

Solicit participants' thoughts on what the terms mean, how they are different, and how they can be used together. Supplement with information from the following:

- **Quantitative Monitoring** (measuring how much, how many, *quantity*) tends to document *numbers* associated with the program, such as *how many* posters were distributed, *how many* were posted, *how many* counseling sessions were held, *how many* times a radio spot was on the air, *how many* truck drivers were trained as outreach workers and so on. It focuses on which and how often program elements are being carried out. Quantitative monitoring tends to involve record-keeping and numerical counts. The activities in the project/program timeline of activities should be closely examined to see *what kinds of monitoring activities* might be used to assess progress. The method for monitoring *and* its associated activities should be integrated into the project timeline.
- **Quantitative Methods** are those that generally rely on structured or standardized approaches to collect and analyze numerical data. Almost any evaluation or research question can be investigated using quantitative methods because most phenomena can be measured numerically. Some common quantitative methods include the population census, population-based surveys, and standard components of health facility surveys, including a facility census, provider interviews, provider-client observations, and client exit interviews.

Facilitator Note: Refer to the flipchart and handouts of the lists of M&E questions generated by the group and the handout on M&E questions. Indicate quantitative monitoring questions and indicators.

- **Qualitative Monitoring** (*quality; qualitative*) answers questions about *how well* the program elements are being carried out. Includes question on topics like: changes in people's attitudes toward abstinence, stigma, fidelity, care and support, or condoms; the influence of program activities on real or incipient behavior change; how information permeates the at-risk community; and so on. This type of information can also work as part of the feedback system.
- **Qualitative Methods** are those that generally rely on a variety of semi-structured or open-ended methods to produce in-depth, descriptive information. Some common qualitative methods include focus group discussions and in-depth interviews.

It is possible to use both quantitative methods and qualitative methods in a complementary way to investigate the same phenomenon:

- One might use open-ended, exploratory (qualitative) methods to investigate what issues are most important and to decide what language to use in a structured questionnaire.
- Alternatively, one might implement a survey and find unusual results that cannot be explained by the survey, but that might be better explained through open-ended focus group discussions or in-depth interviews with a subgroup of survey respondents.

Facilitator Note: Refer to the flipchart and handouts of the lists of M&E questions generated by the group and the handout on M&E questions. Indicate qualitative monitoring questions and indicators.

2. Tools for Monitoring and Evaluation

Whereas a **method** refers to the scientific design or approach to a monitoring, evaluation, or research activity, a data collection **tool** refers to the instrument used to record the information that will be gathered through a particular method.

- Tools are central to quantitative data collection because quantitative methods rely on structured, standardized instruments like questionnaires. Tools (such as open-ended questionnaires or checklists) are often also used in qualitative data collection as a way to guide a relatively standardized implementation of a qualitative method.
- Tools may be used or administered by program staff or may be self-administered (meaning that the program participant or client fills in the answers on the tool). If tools are to be self-administered, there should be procedures in place to collect the data from clients who are illiterate. Space, privacy, and confidentiality should be observed.

Some common *quantitative* M&E tools include:

- Sign-in (registration) logs
- Registration (enrollment, intake) forms; checklists
- Program activity forms
- Logs and tally sheets
- Patient charts
- Structured questionnaires

Examples of *qualitative* M&E tools include:

- Focus group discussion guide
- Direct observation checklist
- In-depth interview guide

It is worth noting that similar tools may be known by different names; this exercise is designed to expose the participants to different types of forms, but the participants must be flexible about what these tools might be called.

Remind the participants that the information about methods and tools will be expanded on during the second day of training.

3:15-3:30 (15 min)

Group Work

Ask participants to turn back to their project work and expand their worksheet to include the type of method used to measure the indicators (quantitative or qualitative) and identify some of the tools they would use.

Wrap up with the discussion of lessons the participants have learned today, and what they may have discovered.

3:30-4:00 (30 min)

3. Introduction to Global Spreadsheet for Reporting Process Indicators

Now let's take a look at the global spreadsheet for reporting data results:

Introduce the global spreadsheet to participants, discussing the objectives, uses, and some of the challenges. (You may also want to refer to the computer session handout/worksheet that is included in Core Module 2: Collecting, Analyzing, and Using Monitoring Data).

Introduce the FHI Global Excel spreadsheet for reporting process indicators.

Facilitator Note: During the presentation on the global spreadsheet, refer participants to “Entering Data into Global Spreadsheet,” which they have in their folders from Core Module 2.

J. Monitoring and Evaluation Work Plan Overview and Introduction

4.00-4:45	45 min	J. Monitoring and Evaluation Work Plan Overview and Introduction	<i>Q & A Session</i>
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Materials

- Workbook for M&E Work Plan Development (distributed separately by Facilitator)
- Handout: Outline of M&E Work Plan
- Handout: Country Monitoring and Evaluation Matrix
- Handout: Key Elements of M&E Work Plan

Facilitator Note: In facilitating this session, it is important to focus on the requirements for the category and type of course participants (e.g., country office staff or implementing agency staff). Use the following questions in a clarification exercise during the training to establish what is required from whom and to establish the process for developing either a monitoring plan by an implementing agency or an M&E plan by a country office or an implementing agency, depending on the scope of the activities.

What is an M&E work plan?

What is required at the country office level? At the implementing agency level?

What is the process for developing a country office M&E work plan? An implementing agency monitoring plan?

What are the components of an M&E work plan?

What are the components of a monitoring plan for implementing agencies?

Facilitator Note: The following is a brief review and discussion of the main points related to the monitoring and evaluation work plan (as covered in this introductory module)

It is important to distinguish for the participants between the two levels (i.e., country office and implementing agency levels) and the requirements at both levels.

An M&E work plan is required for each country office and a monitoring plan is required for each implementing agency. However, in some instances, certain implementing agencies may also be required to develop an M&E work plan consistent with the outline contained in this session.

Why Develop an M&E Work Plan?

Some possible answers may be the following:

- Show how goals/objectives are related to results
- Describe how objectives will be achieved/measured

- Identify data needs
- Define how the data will be collected and analyzed
- Describe how results will be used
- Anticipate resources needed for M&E
- Show stakeholders how program will be accountable

Facilitator Note: The reasons given for developing an M&E work plan are also relevant for developing a monitoring plan.

Distribute and refer to the Handout: Outline of M&E Work Plan.

The content and organization of an M&E work plan are flexible. They should be appropriate for the level (e.g., country, region, district, community, or organization) and the program areas.

Now let us review the organization of an HIV/AIDS M&E work plan as we move into thinking more about planning for data collection, processing, and use.

Outline of M&E Work Plan	(Handout)
<ul style="list-style-type: none"> • Introduction • Context • Overview of Program Goals and Objectives • Logical Framework Monitoring <ul style="list-style-type: none"> • Monitoring Matrix • Description of Data Sources (Forms), Data Flow, and Quality • Data Analysis, Plan Dissemination and Use of Results Evaluation • Evaluation Matrix • Description of Data Source (Methodology) • Data Flow and Quality • Data Analysis Plan • Dissemination and Use of Results Timeline • Staffing and Technical Assistance Needs • Budget • Appendices (sample tools and questionnaires) 	

Steps in Developing a Monitoring Plan	(Handout)
<ul style="list-style-type: none"> • Identification of staff or person(s) responsible for development of monitoring plan • Identification of staff or person(s) responsible for data collection, analysis, and report writing • Data management, reporting, and use <ul style="list-style-type: none"> • Monitoring Matrix • Description of Data Sources (Forms), Data Flow, and Quality • Data Analysis, Plan Dissemination, and Use of Results • Appendices (sample tools) 	

Facilitator Note: Distribute copies of the Workbook for M&E Work Plan Development or Monitoring Matrix (as required) contained in the appendix and inform participants that they need to begin to use the workbook and or the monitoring matrix to complete sections as the training progresses.

Now we will review an important component of the M&E plan, the Handout: Country Monitoring and Evaluation Matrix (Appendix).

Recall, at the program level, the foundation of the M&E work plan is the M&E matrix. It organizes (in tabular form) the objectives, activities, indicators, methods, and tools used to gather information, the parties responsible for data collection, and the frequency (or periodicity) of data collection.

Review the main components of a monitoring and evaluation matrix (Handout: Country Monitoring and Evaluation Matrix in the appendix; also contained in the Workbook for M&E Work Plan Development).

Are there any questions or comments?

K. Wrap-Up

4.45-5:00	15 min	K. Wrap-Up	
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Materials

- Handout: Evaluation Form

Discussion Points:

- Establishing the appropriate M&E plan depends on the objectives of the project. Different objectives require different types of M&E. For each type of monitoring or evaluation, there are several possible approaches. Successful M&E designs cater to the local context and the intended objective.
- It is important to include both qualitative and quantitative indicators; the indicators must be workable/applicable.
- All programs monitor inputs, process, and outputs; some also evaluate outcomes. The evaluation of impact belongs at the regional/district/province and national levels.
- Implementers are wary of evaluating their programs and finding faults; implementers fear that their funding will be cut.

Ask participants to describe two major lessons they have learned during the workshop. Write each of the lessons mentioned on a flipchart (or ask a participant to do so).

Distribute the workshop Evaluation Form to participants and ask them to fill it out and submit it before leaving the classroom.

Appendix

Core Module 1: Introduction to Monitoring and Evaluation

Options for Opening Introductions (Facilitator Reference).....	1
Illustration for Input, Output, Outcome, and Impact (Handout)	2
Project Descriptions (Handout)	3
Project Description Worksheet (Worksheet).....	4
Key Elements of M&E Work Plan (Handout).....	5
Who Should Do What? (Handout)	6
Comprehensive Monitoring and Evaluation Framework (Handout)	7
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Options for Opening Introductions

Option 1: Singing Introduction

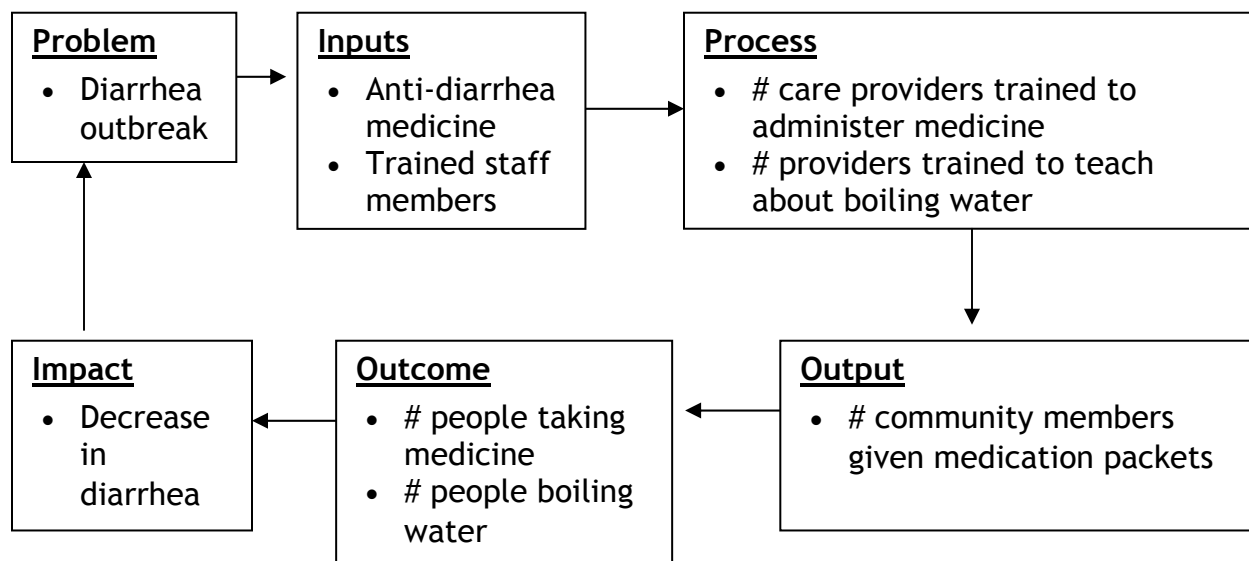
Ask participants to stand in a loose, open circle (as much as they can form one given the size and configuration of the room). Show them the following as an example, say your own name in singsong. For example, if your name is “Lisa,” you would say “Lee-sah” and ask everyone to repeat it after you using the same singsong tone. Have the next participant say their name in a different style of singsong, and have everyone repeat that, and then repeat Lisa’s again. Third member says their name in a new singsong style, everyone repeats, and again repeats Lisa’s, 2nd participant, 3rd participant, and so on. The song gets longer as each participant adds his/her name.

Option 2: “I’ve Never” Penny Game

In small groups (these can be the table clusters) each participant is given 5 pennies (or a similar small item). Each person takes a turn going around the circle stating something that they have NEVER done. If someone else in the group has done that thing, then that person must drop a penny in a cup at the center of the group/table. The last person in the group to have a penny is the winner of that round. (Optional: The winners of each group could play a final round with their own group members cheering them on.) This method gets people laughing and lets everyone learn a little bit about everyone else in a fun way. It takes about 15 to 20 minutes.

[Source: Patty Sadallah, Strength in Partners, Inc., GRP-FACL listserve]

Illustration for Input, Output, Outcome, and Impact



Project Descriptions

Project A: HIV/AIDS/STP peer education project for female sex workers

Project A is a peer education project for female sex workers in Nulama District. Activities include the training of peer educators and supervisors (one-on-one and through group education), distribution of BCC materials, and referrals for STI treatment.

Project B: Namuna voluntary counseling and testing (VCT) program

Namuna is an NGO providing VCT services to pregnant women in District Y through a community health center. Its activities include raising awareness about HIV/AIDS in the community through outreach activities and special events (e.g., drama, music, and dance), training counselors, counseling and testing for HIV, referral of HIV-positive women to the State General hospital for enrollment in the PMTCT program, and referral of HIV-positive women to the local care and support group.

Project C: Religious leaders against HIV/AIDS

The Local AIDS Committee of District Bululu has received funds from the National AIDS Committee of Jamkoso country to facilitate participation of religious leaders within the district in HIV/AIDS prevention and care. Some of the activities include advocacy, training of clergy, special activities during special religious holidays, and distribution of BCC materials.

Project Description Worksheet

Name of Project (ABC): _____

Goal	Objectives	Monitoring Questions	Indicators	Method(s)	Data Collection Tools

Key Elements of M&E Work Plan

- **Scope of the evaluation**
- **Methodological approach**
- **Implementation plan**
- **Plan for disseminating the results**

Who Should Do What?

Was the activity delivered as planned?

- IAs monitor project inputs and outputs

Did it reach its target market?

- IAs monitor outputs, IAs/Country Offices assess coverage

What sort of coverage do you expect to have?

- IAs monitor outputs, IAs/Country Offices assess coverage

Did any changes in exposure to HIV infection result? How will the risk behaviors of the target population be affected?

- National authority carries out behavioral surveillance

Did STI/HIV incidence change?

- National authority carries out sero-surveillance

How much did it cost?

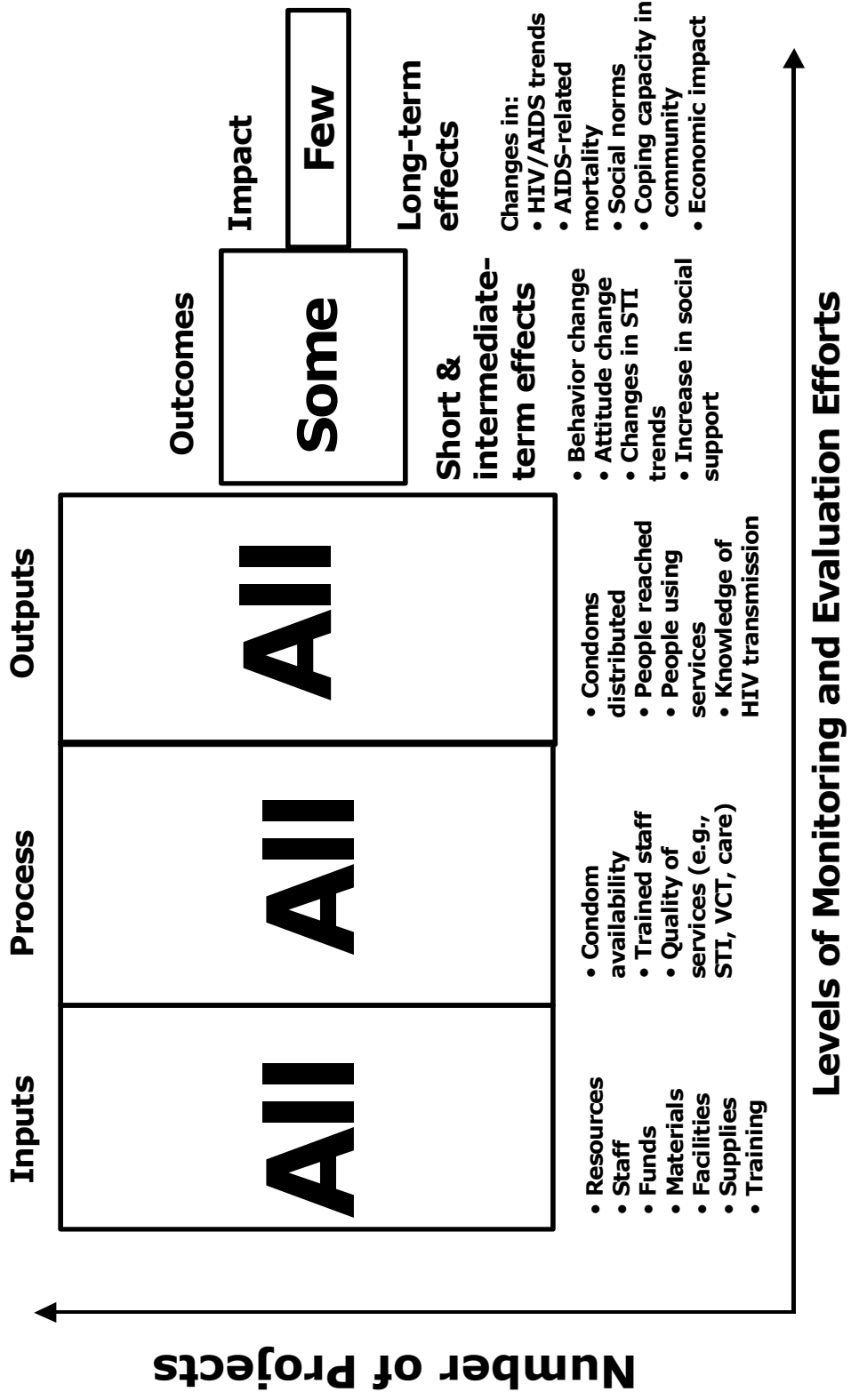
- IAs monitoring project inputs and outputs

Comprehensive Monitoring and Evaluation Framework

Types of Evaluation:			
Formative Assessments and Research (concept and design)	Monitoring (monitoring inputs, processes and outputs; assessing service quality)	Evaluation (assessing outcome and impact)	Cost-Effectiveness Analysis (including sustainability issues)
Questions Answered by the Different Types of Monitoring and Evaluation:			
<ul style="list-style-type: none"> • Is an intervention needed? • Who needs the intervention? • How should the intervention be carried out? 	<ul style="list-style-type: none"> • To what extent are planned activities actually realized? • How well are the services provided? 	<ul style="list-style-type: none"> • What outcomes are observed? • What do the outcomes mean? • Does the program make a difference? 	<ul style="list-style-type: none"> • Should program priorities be changed or expanded? • To what extent should resources be reallocated?

Monitoring and Evaluation Pipeline

MONITORING EVALUATION



Illustrative Indicators List (page 1 of 6)

Behavior Change Communication

- # trainings
- # peer SWs trained in IEC/BCC/BCI
- # peer youth trained in IEC/BCC/BCI
- # peer men trained in IEC/BCC/BCI
- # uniformed services peers trained in IEC/BCC/BCI
- Total # individuals trained in IEC/BCC/BCI
- # SW reached one-on-one by peers
- # youth reached one-on-one by peers
- # men reached one-on-one by peers
- # uniformed services reached one-on-one by peers
- Total # people reached one-on-one
- # group meetings held
- # SW reached through group activity by peers
- # youth reached through group activity by peers
- # men reached through group activity by peers
- # uniformed services reached through group activity by peers
- Total # people reached by group activity
- # street theatre performances
- # SW reached through street theatre performances by peers
- # youth reached through street theatre performances by peers
- # men reached through street theatre performances by peers
- # uniformed services reached through street theatre performances by peers
- Total # people reached by street performance
- # other IEC events
- # SW reached through other IEC events by peers
- # youth reached through other IEC events by peers
- # men reached through other IEC events by peers
- # uniformed services reached through other IEC events by peers
- Total # people reached by other IEC events
- Total # people reached
- # IEC events conducted
- # radio spots aired
- # IEC materials (flyers and posters) developed
- # IEC materials (flyers and posters) disseminated
- # formative studies/assessments conducted

Voluntary Counseling and Testing

- # trainings
- # counselors trained in VCT
- # lab technicians trained in HIV testing (if rapid tests, specify)
- # females provided HIV pre-test counseling
- # females accepting to test for HIV
- # females receiving HIV test results and post-test counseling
- # females testing positive for HIV
- # females testing HIV-positive referred for other care & support services
- # males provided HIV pre-test counseling
- # males accepting to test for HIV
- # males receiving HIV test results and post-test counseling
- # males testing positive for HIV
- # males testing HIV-positive referred for other care & support services
- Total # clients who received pre-test counseling at VCT centers

Illustrative Indicators List (page 2 of 6)

Voluntary Counseling and Testing (cont'd)

Total # clients tested for HIV at VCT centers
 % all clients seen in site accepting to test for HIV
 Total # clients receiving post-test counseling and results at VCT centers
 % all clients testing for HIV who receive results
 Total # clients testing positive for HIV
 % clients testing positive for HIV
 Total # clients referred for other care services
 % all clients referred to other care services
 # support groups
 # people participating in support groups
 # new VCT sites established
 Total # VCT sites with USAID assistance

Sexually Transmitted Infections

syndromic management trainings
 # healthcare professionals trained in providing STI services according to international standards
 # women served
 # women diagnosed with syphilis
 % women diagnosed with syphilis
 # women treated for syphilis
 % women treated for syphilis
 # women diagnosed with other STIs
 % women diagnosed with other STIs
 # women treated for other STIs
 % women treated for other STIs
 # women referred for HIV testing
 % women referred for HIV test
 # men served
 # men diagnosed with syphilis
 % men diagnosed with syphilis
 # men treated for syphilis
 % men treated for syphilis
 # men diagnosed with other STIs
 % men diagnosed with other STIs
 # men treated for other STIs
 % men treated for other STIs
 # men referred for HIV testing
 % men referred for HIV testing
 Total # people served
 Total # clients treated for STIs at STI clinic according to international standards
 Total # clients referred for HIV counseling & testing
 % all clients referred for HIV testing
 # STI clinics with USAID assistance

Prevention of Mother-to-Child Transmission

PMTCT trainings (includes VCT, ARV administration, infant feeding counseling, family planning, counseling or referral)
 # healthcare providers trained in the provision of PMTCT services
 # women who attend antenatal clinics with PMTCT services for a new pregnancy
 # women with known HIV infection among those seen at antenatal clinics that offer PMTCT services
 # pregnant women attending at least one ANC visit at a PMTCT site who accept HIV testing

Illustrative Indicators List (page 3 of 6)

Prevention of Mother-to-Child Transmission (cont'd)

- % pregnant women attending at least one ANC visit at a PMTCT site who accept HIV testing (J25/H25)
- # pregnant women testing positive for HIV
- % pregnant women testing positive
- # women who test positive who receive HIV test results and post-test counseling
- % women testing positive who receive HIV test results and post-test counseling (stratified by sero-status)
- Total # HIV-positive women seen in the last quarter (previously known status and tested) (Sum I25, L25)
- # all pregnant women counseled about PMTCT
- % all women counseled about PMTCT
- # HIV-positive women counseled about breastfeeding
- % HIV-positive women counseled about breastfeeding
- # HIV-infected pregnant women who receive a complete course of ARV prophylaxis to reduce the risk of MTCT
- % HIV-infected pregnant women who receive a complete course of ARV prophylaxis to prevent MTCT
- # HIV-positive women counseled on or referred for family planning
- % HIV-positive women counseled on or referred to family planning
- # women enrolled or referred to a comprehensive care program
- % all positive women enrolled or referred to a comprehensive care program
- # children born to HIV-positive women who test HIV-positive at 15 months or 18 months
- # USAID-supported health facilities providing at least the minimum package of PMTCT services that includes: care and treatment, ARV prophylaxis, infant feeding, family planning counseling or referral
- infants receiving ARV prophylaxis for PMTCT

Orphans and Other Vulnerable Children

- # trainings conducted on how to care for OVC
- # service providers and caretakers trained in caring for OVC
- # income generating activity trainings
- # households trained in income generating activities
- # OVC trained in income generating activities
- # job skill trainings
- # households trained in job skills
- # OVC trained in job skills
- # households receiving food support
- # households receiving financial support
- # households receiving emotional support
- # households referred for health care
- Total # households receiving support
- # OVC receiving food support
- # OVC receiving financial support
- # OVC receiving psychosocial support
- # OVC referred for health care
- # OVC placed into school for the first time
- # OVC placed in school after an extended absence (1 month or more)
- Total # orphans and/or vulnerable children receiving care and support
- # OVC programs with USAID assistance

Illustrative Indicators List (page 4 of 6)

Home-Based Care

- # trainings
- # individuals trained in home-based care
- # clients visited in the last quarter that are less than 15 years old
- % all clients who are less than 15 years
- # clients visited in the last quarter, between 15 and 19 years old
- % all clients who are between 15 and 19 years old
- # clients visited in the last quarter, between 20 and 24 years old
- % all clients who are between 20 and 24 years old
- # clients visited in the last quarter, 25 years old and older
- % all clients who are 25 years old or older
- # individuals reached by community and home-based care programs
- # clients provided with medical support
- # clients provided with psychosocial support
- # clients referred to clinic or health facility
- # family members trained in caring for PLWHA
- # households served
- # USAID assisted community and home-based care programs

Clinical Care

- # trainings on clinic-based care conducted
- # individuals trained in providing clinic-based care
- # trainings conducted on the provision of OI services
- # health providers trained to provide OI services
- # trainings conducted on the treatment of TB/HIV co-infection
- # healthcare professionals trained in treating TB/HIV co-infection
- # trainings on the provision of TB prophylaxis
- # service providers trained in the provision of TB prophylaxis
- # trainings in other infectious diseases (other than TB) and HIV
- # service providers trained in treating HIV-infected individuals with infectious diseases other than TB
- Total # trainings
- Total # service providers trained
- # current HIV patients less than 15 years old previously enrolled
- % current previously enrolled patients that are less than 15
- # current HIV patients aged 15 to 19 previously enrolled
- % current previously enrolled HIV patients that are aged 15-19
- # current HIV patients aged 20 to 24 previously enrolled
- % current previously enrolled HIV patients aged 20 to 24
- # current HIV patients aged 25 and older previously enrolled
- % current previously enrolled HIV patients aged 25 and over
- Total # current patients previously enrolled
- # new HIV-positive patients less than 15 years old enrolled
- % new patients less than 15 years old enrolled
- # new HIV patients aged 15 to 19 enrolled
- % new patients 15 to 19 years old enrolled
- # new HIV patients aged 20 to 24 enrolled
- % new patients aged 20 to 24 enrolled
- # new HIV patients aged 25 and older enrolled
- % new patients aged 25 and older enrolled
- Total # new patients enrolled
- # HIV-positive patients less than 15 years old who died
- % patients less than 15 years old who died

Illustrative Indicators List (page 5 of 6)

Clinical Care (cont'd)

- # HIV-positive patients aged 15 to 18 who died
- % patients aged 15 to 19 who died
- # HIV-positive patients aged 19 to 24 who died
- % patients aged 20 to 24 who died
- # HIV-positive patients aged 25 and older who died
- % patients aged 25 and older who died
- Total # patients who have died
- Total # current HIV-positive patients served
- # current positive patients eligible for ART
- % current positive patients eligible for ART
- # individuals with advanced HIV infection receiving ART
- % eligible patients on ART
- # of patients on ART who received or are receiving adherence counseling
- % patients on ART who received or are receiving adherence counseling
- # of people receiving nutritional care and support services
- % people receiving nutritional care and support services
- # people receiving food assistance
- # HIV-infected individuals receiving treatment for infectious diseases other than TB
- # individuals receiving drugs for prevention or treatment of OIs
- % current patients on OI prophylaxis
- # patients referred for STI care
- % all patients referred for STI care
- # HIV infected individuals receiving TB prophylaxis
- % HIV-positive patients receiving TB prophylaxis
- # HIV-positive patients diagnosed with active TB
- % HIV-positive patients diagnosed with active TB
- # HIV-infected individuals receiving TB treatment
- % HIV-positive patients receiving TB treatment
- # HIV-positive patients receiving treatment for other infectious diseases
- % HIV-positive patients receiving treatment for other infectious diseases
- # patients receiving psycho-social support
- # people referred to a TB clinic
- # USAID assisted ART programs

Injecting Drug Users

- # harm reduction trainings
- # service providers trained in harm reduction
- # peer educators trained
- # people reached
- # people referred for treatment
- # bleach kits distributed
- # vitamin supplements distributed

Capacity-Building

- # capacity-building training sessions conducted
- # training participants
- # workshops conducted
- # workshop participants
- # HIV/AIDS-related drug commodities procured
- # HIV/AIDS organizations assisted with proposal development
- # HIV/AIDS organizations assisted with organizational management

Illustrative Indicators List (page 6 of 6)

Capacity-Building (cont'd)

- # grants awarded
- # projects/programs designed
- # organizations strengthened
- # TAs provided
- # HIV/AIDS organizations provided with TA
- # materials/guidelines developed to build capacity
- # organizations assisted with M&E
- # M&E systems established

Coordination, Leadership, Collaboration

- # global guidelines/standards developed
- # indicators developed/refined
- # conferences coordinated
- # collaborative events (in-country)
- # agencies involved in collaborative events

Policy Development

- # training sessions conducted(policy capacity-building)
- # training participants
- # advocacy activities implemented
- # people reached
- # networks, NGOs and coalitions formed
- # new organizations involved in advocacy efforts
- # HIV/AIDS plans developed (policy level)
- # budgets developed
- # policies developed
- # IEC materials developed (for policy)
- # IEC materials disseminated (for policy)
- # IEC campaigns conducted (for policy)
- # tools developed (for policy)
- # tools disseminated (for policy)
- # strategies/guidelines developed (for policy)

Evaluation Research Questions: Outcome, Impact, Output, Input

1. What percent of the target population is using condoms with non-regular partners?
(Outcome)
2. Has correct knowledge of HIV/STI transmission increased among the target population?
(Output)
3. How many condoms have been distributed in the past six months?
(Output)
4. Has the target population increased its use of STI clinics in the target area?
(Output)
5. Has the social structure improved to support people living with HIV?
(Impact)
6. Have STI rates decreased among the target population?
(Outcome)
7. Have referrals to voluntary counseling and testing sites increased?
(Output)
8. How supportive of HIV prevention work is the institution's policy environment?
(Input)
9. How trained and prepared are the peer educators?
(Output)
10. How appropriate is the media campaign for this target population?
(Output)
11. Has the prevalence of HIV decreased?
(Impact)
12. How many staff members are available to do the work?
(Input)

Example Indicators (page 1 of 3)

(cut into slips of paper for handing out to individuals)

Number of condoms currently availableInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive Feasible Affordable

Access to radio and television stationsInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive Feasible Affordable

Government support for media campaignInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive Feasible Affordable

Computer equipment to create materialsInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive Feasible Affordable

Knowledge of correct routes of HIV TransmissionInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive Feasible Affordable

Example Indicators (page 2 of 3)

(cut into slips of paper for handing out to individuals)

Proportion of newly enrolled HBC clients who have received nutritional education in past 12 monthsInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive
Feasible Affordable

Number of MSM peer educators trained in past 12 monthsInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive
Feasible Affordable

Quality of peer education servicesInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive
Feasible Affordable

Percentage of men using condoms with sex workers in past 12 monthsInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive
Feasible Affordable

Percentage of target population having used a condom in last sexual act with non-regular partnerInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive
Feasible Affordable

Example Indicators (page 3 of 3)

(cut into slips of paper for handing out to individuals)

Prevalence of urethritis among men in past yearInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive Feasible Affordable

Prevalence of reactive syphilis serology among women attending prenatal care clinicsInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive Feasible Affordable

HIV prevalence among women under 25 years of age in prenatal clinicsInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive Feasible Affordable

Proportion of young women under 18 year of age who had sex with men over 30 years of age in past yearInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive Feasible Affordable

Proportion of men who had sex with sex workers in past yearInput Process Output Outcome Impact Operational Reliable Valid Specific Sensitive Feasible Affordable

Study Designs

A. Experimental Studies

- Randomized controlled trials

B. Quasi-Experimental Studies

- Controlled trials with no randomization

C. Observational Studies

- Cohort studies with concurrent controls
- Cohort studies with historical controls
- Case-control studies

D. Cross-Sectional Surveys with No Control Groups

- Repeated surveys in target populations
- Pre-post interventions surveys

Study Designs

1. Narrative Observational Study Design

The observer is asked to record events in as much detail as possible and in the order in which they occur. The observer uses a pre-constructed guide that includes a list of important activities to watch for.

The observer notes the different activities that take place and the number of people from the target population who are involved with each activity. The observations of all activities are aggregated at the end of the month to show the number and types of activities and the number of participants.

2. Experimental Studies

Randomized Experiments

To identify which the best type of intervention among three types, three isolated military bases were selected, each of which was randomly assigned to one type of intervention. A fourth military base that would receive no intervention was also identified. Baseline and follow-up data were collected from each of the bases and then compared.

3. Quasi-Experimental Studies

Controlled Trials with No Randomization

To assess the effectiveness of a particular peer education model, the model was implemented at one military base, which was used as the experimental base. At a second military base, the model was not implemented; that base was used as the control. Baseline and follow-up data were collected for the two bases and the results were compared. Due to limited resources and funding, the model initially could be implemented at only one base. If the model were found to be effective, it was then offered to the second base.

4. Cohort Studies

With Concurrent Controls

Military recruits living in bases in or near major metropolitan areas were compared with recruits living in rural bases. The economic characteristics of the recruits were held constant. The two groups, followed over time, were compared to see if the location of the base affected the recruits' frequency of condom use with non-regular partners

5. Cross-Sectional Surveys with No Control Groups

Pre- and Post-Interventions Surveys

To determine a training program's effect on recruited peer educators, trainees were assessed for their skill at interacting with peers and their knowledge of the information. The peers' skills and knowledge levels were assessed again after training.

Types and Objectives of Monitoring and Evaluation

M&E Objectives	Types of M&E	Approaches to M&E	Tools
1. Program design	1. Baseline 2. Formative	<ul style="list-style-type: none"> • Quantitative • Qualitative • Participatory • Costing 	
2. Ongoing monitoring of process	1. Monitoring of input, process, output, and quality	<ul style="list-style-type: none"> • Quantitative • Qualitative • Participatory • Costing 	
3. Determine whether objectives are achieved (“best practices”)	1. Evaluation of outcome/impact 2. Special studies 3. Research	<ul style="list-style-type: none"> • Quantitative • Qualitative • Participatory • Costing <p>Needs to include comparison group:</p> <ol style="list-style-type: none"> a. Over time (compare pre- and post-intervention data) b. Control group (compare intervention group to non-intervention group) 	
4. Program refinement/redesign (M&E for decision-making) (“lessons learned”)	1. Program review of monitoring data 2. Special studies	<ul style="list-style-type: none"> • Quantitative • Qualitative • Participatory • Costing <p>Comparison groups?</p>	
5. Accountability at program level	1. Monitoring data 2. Program review results 3. Evaluation with comparison group	<ul style="list-style-type: none"> • Quantitative • Qualitative • Participatory • Costing 	

Outline of M&E Work Plan

- Introduction
- Context
- Overview of Program Goals and Objectives
- Logical Framework
- Monitoring
 - Monitoring Matrix
 - Description of Data Sources (Forms), Data Flow, and Quality
 - Data Analysis Plan
 - Dissemination and Use of Results
- Evaluation
 - Evaluation Matrix
 - Description of Data Sources (Methodology), Data Flow, and Quality
 - Data Analysis Plan
 - Dissemination and Use of Results
- Timeline
- Staffing and Technical Assistance Needs
- Budget
- Appendices (sample tools and questionnaires)

Steps in Developing a Monitoring Plan

- Identification of staff or person(s) responsible for development of monitoring plan
- Identification of staff or person(s) responsible for data collection, analysis, and report writing
- Data management, reporting, and use
 - Monitoring Matrix
 - Description of Data Sources (Forms), Data Flow, and Quality
 - Data Analysis, Plan Dissemination, and Use of Results
 - Appendices (example tools)

Country Monitoring and Evaluation Matrix

Strategic Objective:

Example:

Intermediate Results:

Example:

Activities/Inputs	Indicators				Sources of Data and Collection Methods	Frequency of Data Collection	Responsible Person(s) and Team
	Process	Key Outputs	Key Outcomes	Definition of Key Outcome Indicators			
Examples of Objectives:							

Formative Assessments and Research (Concept and Design)

Monitoring

(Monitoring Inputs, Processes, and Outputs;
Assessing Service Quality)

Evaluation

(Assessing Outcome and Impact)

Cost-Effectiveness Analysis

(Including Sustainability Issues)

Inputs

Process

Outputs

Outcome

Impact

Workbook for M&E Work Plan

DRAFT

“ _____ ” (COUNTRY)

HIV/AIDS/STI

“ _____ ” (PROGRAM NAME)

**MONITORING AND EVALUATION
WORK PLAN**

“ _____ ” (DATE)

Contents

1. Introduction
2. Goals and Objectives of Country Program
3. Monitoring and Evaluation Questions
4. Methodology
 - Monitoring
 - Evaluation Research
 - Monitoring Quality of Services
5. Special Studies
6. Data Flow
7. Management Information System and Data Feedback
8. Implementation
9. Evaluation Matrix and Proposed Timeline
10. Follow-Up System on Reporting Requirements
 - Data Dissemination and Use
 - Process Monitoring Tools

1. Introduction¹

Monitoring and evaluation (M&E) should be an essential element of every program, providing a way to assess the progress toward achieving the program goals and objectives and to inform key stakeholders and program designers about the results. For M&E to be successful and to provide useful results, it must be incorporated into the program in the design stage. That is, planning an intervention and developing an M&E strategy should be inseparable and concurrent activities. To ensure the relevance and sustainability of M&E activities, project designers, in collaboration with national and local stakeholders and donors, must work in a participatory manner to develop an integrated and comprehensive M&E work plan.

Projects at all levels, whether they consist of multiple integrated projects or single interventions, should include an M&E work plan. Such plans will guide the design of M&E, highlight what information or data need to be collected, describe how best to collect it, and specify how to disseminate and use the results of M&E.

This comprehensive Monitoring and Evaluation Work Plan Template describes the overall purpose of M&E, presents specific M&E evaluation questions, M&E methods, and M&E tools, shows how to determine what data should be collected and how, describes M&E data flow, specifies resources that will be necessary and who will implement M&E, and presents a basic M&E plan timeline and plans for dissemination and data use.

2. Goals and Objectives of Country Program

3. Monitoring and Evaluation Questions

An important aspect of the monitoring and evaluation plan is to clearly state what are the crucial questions of interest that can be answered through M&E activities. By stating these questions at the beginning, M&E specialists are better prepared to design tools, instruments, and methodologies that will gather the needed information.

¹ Taken from *Monitoring and Evaluation Guidebook*, Chapter 2, Developing an integrated and comprehensive monitoring and evaluation plan, by Deborah Rugg and Stephen Mills, in process.

Monitoring and Evaluation Questions (USAID Core Indicators)

4. Methodology

Monitoring

Explain how the work plan will record the activities and the processes followed in implementing activities.

Evaluation Research

Describe the methods that will be used or have been used to answer these questions.

Monitoring Quality of Services

5. Special Studies

6. Data Flow

This section describes how the data will flow from the frontline workers who are responsible for carrying out the activities (e.g., clinic staff, home-based care providers, and peer educators) to the funders, as well as how the feedback to the frontline staff will take place.

7. Management Information System and Data Feedback

8. Implementation

For each of the main systems of data collection, organizations and/or individuals must be identified to oversee the collection of the data.

Activity	Organization or Individuals to Oversee Data Collection

9. Evaluation Matrix and Proposed Timeline

The following matrix depicts the objectives, their related activities, the variables to be monitored and evaluated, and the methods for conducting the evaluations. This matrix is built on a conceptual monitoring and evaluation framework that draws on all stages of M&E to provide an overall picture of the program. The variables listed in the “Input” column are those items that account for the resources that exist within the NGOs to carryout this program. The items listed in the “Output” column are variables that can be expected to occur as a result of the program. The “Outcomes” are short-term, immediate effects that may result from this program.

Country Monitoring and Evaluation Matrix

STRATEGIC Objective 1:
USAID Intermediate Objective:

Activities/Resources	Indicators				Sources of Data and Collection Methods	Frequency of Data Collection	Responsible Person(s) & Team
	Outputs	Key Outputs	Key Outcomes	Definition of Key Outcome Indicators			
1) • • •							
2) • •							

Activities/Resources	Indicators				Sources of Data and Collection Methods	Frequency of Data Collection	Responsible Person(s) & Team
	Outputs	Key Outputs	Key Outcomes	Definition of Key Outcome Indicators			
•							
3)							
•							
•							
•							

Illustrative Timeline

Activities to Assess	Year One				Year Two				Year Three	
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	First Quarter	Second Quarter

Follow-Up System on Reporting Requirements

Each implementing agency (IA) agrees to specific reporting requirements, and these requirements may differ for each IA. The country office has developed a follow-up system that has been effective in making sure that IAs not only submit the required information, but also that they submit it on time.

Data Dissemination and Use

What information should be distributed?

Who needs the information?

How does the information get distributed?

PROCESS MONITORING TOOLS

The information from these tools is intended for use by the in-country program manager to monitor the activities and benchmarks of program activities.



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