Introducing Pack Four

Monitoring and evaluation (M&E) can tell us if and how well program activities are working. Program managers and donors want to be able to demonstrate results, understand how their programs are doing, and assess how their activities interact with other events and forces in their communities.

Monitoring and evaluation is a critical part of youth programming that should be incorporated at all stages of a program, starting from the beginning. This set of resources is designed as a series of sessions and activities to be used in conjunction with A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs (Adamchak S., Bond K., Maclaren L., et al. 2000). The materials can be adapted for program staff and managers with varying levels of experience and skills in M&E.

Framing the Issues and Concerns

Section 2 introduces “Key Issues in Monitoring and Evaluation,” and reviews the Logic Model framework presented in Pack One. The Logic Model framework is useful in specifying the program’s goals, objectives, and activities. Other definitions and concepts are also presented. Activities encourage participants to apply the framework, consider the stage of their program, and define the scope of their M&E activities.

In section 3 we focus on evaluation planning and more specifically on some “Management Concerns in M&E,” which managers and their teams will have to address in the course of the planning process. These include not only the scope and objectives of the M&E activities, but how these activities will be conducted and managed, who will be involved, and what resources are required. In a group activity, participants consider possible management challenges and how to address them.
Indicators and Data

Section 4 is about “Selecting Key Indicators” or measures of program results and outcomes. Different types of indicators reflect the stages of a program, its systems, and outcomes. Participants develop core indicators to respond to different types of program outcomes and activities.

Section 5 involves “Designing Tools and Instruments for Data Collection,” including surveys, monitoring and service records, and qualitative approaches such as PLA. In skills-building sessions, participants develop instruments and data collection approaches to correspond to the indicators developed in section 4.

Study Designs and Sampling

Section 6 introduces different “Study Designs” that enable evaluators to determine whether the program had any effect on the youth population it intended to reach. Participants participate in a “mock” randomized experiment as a way of discussing design methodologies and issues that may influence the study findings. These approaches require extensive skills and experience with research, and outside assistance is recommended.

In Section 7, we discuss different approaches to “Sampling,” or selecting a group of study participants as a model for the general population the program is trying to reach. Approaches to sampling are demonstrated with participants.

Data Collection and Analysis

Once the purpose of the evaluation has been determined, the indicators selected, and study design and sampling strategy have been agreed to, it is time to plan how to collect and analyze the data. Section 8 focuses on planning and preparing for “Data Collection,” selecting data collectors, and tips for collecting data on sensitive information with young people. Participants engage in role-plays and other activities that sensitize them to data collection challenges.

Section 9 presents key issues in “Data Analysis” and interpretation. These issues are then illustrated with a case study. Participants discuss issues related to the analysis and determine the key findings drawn from the analysis.

In Section 10, participants consider “Using Monitoring and Evaluation Data” to improve their programs. Using the case study from section 9, participants are asked to make recommendations to improve the program’s design and implementation.

Dissemination

Section 11 addresses the importance of “Communicating Results” from a program’s evaluation. The session encourages participants to strategize how to share results, identify and specify the audiences, and define the key messages. Participants apply these issues to the case study presented in section 9.
References


Activities

2. Key Issues in Monitoring and Evaluation
   Activity 2.1—Applying the Logic Model
   Activity 2.2—Where Are You and What Are You Doing for M&E?

3. Management Concerns in Monitoring and Evaluation
   Activity 3.1—Four Pearls
4. **Selecting Key Indicators**  
   Activity 4.1—Developing Program Indicators

5. **Designing Tools and Instruments for Data Collection**  
   Activity 5.1—Picture-story  
   Activity 5.2—Before and After – Timeline Analysis  
   Activity 5.3—Developing an Instrument  
   Activity 5.4—Instruments to Monitor and Evaluate Clinical Services

6. **Study Designs**  
   Activity 6.1—The Impact of ... Chocolate

7. **Sampling**  
   Activity 7.1—“Simon Says”

8. **Data Collection**  
   Activity 8.1—Data Collection Workplan  
   Activity 8.2—The Perfect Data Collector  
   Activity 8.3—Youth Role-plays for Data Collection

9. **Data Analysis**  
   Activity 9.1—Presentation of Evaluation Findings  
   Activity 9.2—Graffiti Walk

10. **Using Monitoring and Evaluation Data**  
    Activity 10.1—Improving the Sex Education Program

11. **Communicating Results**  
    Activity 11.1—Dissemination to Stakeholders
Key Issues in Monitoring and Evaluation

Introduction

Before monitoring or evaluating a program, it is critical to clearly state the program’s strategy and objectives. This section aims to:

- Discuss different levels of M&E.
- Review the Logic Model and its utility as a framework for program planning and M&E.
- Apply the Logic Model to specific YSRH programs.
- Determine what level of M&E is feasible within specific YSRH programs.
- Examine which M&E activities are carried out at different stages of a program.

Key concepts from Pack One, section 6, are also reviewed and presented verbatim in this section.

Issues

Some of the most important factors in the success of a program are its design, strategy, measurable objectives, stated outcomes, and activities that are clearly linked to those outcomes. These aspects of program design are directly linked to M&E because they require that programs state from the beginning what processes will take place, what results they intend to achieve, and how they will be measured. This section provides several tools and frameworks that programs use to facilitate the planning and design process. The results of the planning process then serve as the foundation for all M&E activity.

Using the Logic Model Framework in Defining Goals and Outcomes

(as also presented in Pack 1, section 6)

The Logic Model is a simple tool that allows us to:

- Clearly define desired health outcomes.
- Identify the protective and risk factors that influence those outcomes.
- Use program strategies that respond to more than one of the factors that affect YSRH outcomes.

Defining the Goal

A goal states the impact a program intends to have on a target population, the specific group the program is trying to affect. Goals can focus on health issues such as reduction of STIs, including HIV, among youth, or on social or development issues such as increasing girls’ education. In some cases, we are trying to prevent negative outcomes or health problems, while in others we are trying to promote positive outcomes and development.
Defining Behavioral Outcomes
Behaviors largely determine or contribute to health and development goals. They may be enacted as groups or individuals. Positive behaviors contribute to the improvement of a health goal, while negative behaviors impede the goal or contribute to health or development problems. The majority of youth programs focus on developing or changing behaviors, whether implicitly or explicitly.

Defining Protective and Risk Factors
We typically cannot shape or change behaviors directly. Rather, we must try to identify what determines or influences behavior and then affect those determinants. There are a number of reasons people give for engaging in particular behaviors, for example, using condoms, using drugs or alcohol, or not wearing a helmet or seatbelt in traffic. Most behaviors are determined or influenced by a variety of factors, and these depend on differences in settings, cultures, religious beliefs, political and economic conditions, and relationships. For young people especially, what they do is greatly influenced by who is involved in their lives and decisions, and the nature and quality of the relationships; the values they express; the behaviors they model; and the opportunities they provide. This is true for family, peers, health providers, teachers, religious leaders, or others.

Protective factors increase the likelihood of positive behaviors and decrease the likelihood of negative behaviors. Protective factors may be directly related to health outcomes, such as valuing condoms in the prevention of HIV, or they may be more general, such as a youth’s perception that he or she is cared for by parents.

Risk factors, in contrast, increase the likelihood that young people will engage in negative or health-compromising behaviors, or reduce their involvement in positive or negative behaviors.

Because both protective and risk factors affect behavior, it is important to consider both types of factors and not to ignore either group.

Identifying the Interventions
We can change these determinants or factors by developing groups of activities, or interventions. Interventions can help provide alternatives, address the perceived risks of unsafe behaviors, change social and cultural norms, make products more accessible, and promote institutional changes.

Establishing Objectives
Now that we have determined our goals and outcomes, we will translate these into measurable objectives:

- Goals define the overall impact your program hopes to have.
- Program outcomes are the specific results that your program hopes to achieve.
- Objectives are measurable statements of program outcomes.
There are two levels of objectives; those that are aimed at the population and those that relate specifically to the program.

**Population-level Objectives** state the intended results in terms of the target population. These results are directly related to the outcomes identified by your program. For example:

- Increase the average age at sexual initiation among youth ages 14-19 in our district in one year.
- Increase the percentage of youth ages 14-19 in our district who are actively involved in youth organizations that provide leisure activities.

**Program-level Objectives** state the intended results in terms of the structure, management, or operations of a program. For example:

- Train 30 peer educators to provide quality counseling to youth every six months.

Objectives should be **SMART**:

- **Specific**: Define who, what, and when.
- **Measurable**: Be expressed in quantifiable terms, or objectively verifiable in some way.
- **Appropriate**: Have a strong logical connection with the ultimate intended impact of the project and be appropriate in the given context.
- **Realistic**: Be achievable within the life of the project.
- **Time-bound**: Be expressed in terms of time—when it will be achieved.

**Defining the Scope of Evaluation**

Once we have determined our measurable population and program objectives, we can determine the scope of our evaluation. We can use the following definitions to help us distinguish different levels of M&E.

- **Monitoring** is the routine tracking of a program’s activities by measuring on a regular ongoing basis whether planned activities are being carried out.

- **Process evaluation** measures and analyzes how well program activities are being performed. Process evaluation can be based on monitoring data.

- **Outcome and impact evaluations** measure the extent to which program outcomes are achieved, and assess the impact of the program in the target population by measuring changes in determinants, behaviors, and health goals.

  - **Outcome evaluation** determines whether outcomes that the program is trying to influence are changing in the target population.
  - **Impact evaluation** determines how much of the observed change in outcomes is due to the program’s efforts.

**References**

Activities
Activities in this section are designed for participants to practice applying the concepts and principles of program design, stating clear and measurable objectives, and determining the scope of M&E activities.

Activity 2.1—Applying the Logic Model

Activity 2.2—Where Are You and What Are You Doing for M&E?

Activity 2.1—Applying the Logic Model

Time Estimate
45 minutes

Objective
• Practice using the Logic Model to clearly define health or development goals, desired social and behavioral outcomes, risk and protective factors, and program activities.

Materials
• Logic Model Worksheet  p. 422-423

Method
1. Introduce the Logic Model concepts and definitions to the whole group. Ask them to consider appropriate examples. Clarify questions about definitions.
2. Ask participants to form groups.
3. Explain that each group should discuss and clearly define their program goal, desired social and behavioral outcomes, risk and protective factors, and program activities.
4. Ask groups to fill in the Logic Model framework.
5. Review the groups’ work by asking a representative from each team to present their model. Invite feedback and questions from other teams. Discuss the qualities of well-stated goals, objectives, and outcomes.
Reflection Points

Country group outputs may resemble the following example from PLAN Bangladesh team:

**Program Goal:** Reduce sexual and reproductive health-related morbidities due to early marriage among adolescents.

**Desired Social and Behavioral Outcomes:** Reduced early marriage.

**Risk and Protective Factors:**
- Adolescents’ education level.
- Adolescents’ awareness level.
- Parents and communities’ awareness level regarding consequences of early marriage.
- Adolescents’ biological maturity and nutritional level.

**Program Activities:**
- Increase awareness of stakeholders (adolescents, parents, teachers, religious leaders, Department of Education, Ministry of Health, and local NGOs).
- Increase staff knowledge and skills regarding factors and group facilitation.
- Educate community on the Convention on the Rights of the Child; consequences of early marriage; and government policies for marriage and girls’ education.
- Facilitate formation of adolescent clubs and groups.

Suggestions for Facilitators

- Refer participants to the definitions provided on goals, outcomes, and objectives if they are having a hard time distinguishing these from each other. In discussing these statements, refer to those previously provided to see if they are phrased appropriately.
- It may be helpful to refer to an example of a Logic Model from an existing program. As you help participants fill out their own Logic Models, you can refer back to examples of goals, behavioral outcomes, risk and protective factors, and program activities.
<table>
<thead>
<tr>
<th>Define your program’s goal</th>
<th>Define your program’s desired social and behavioral outcomes</th>
<th>Identify the risk and protective factors that influence the behavioral outcomes your program desires</th>
<th>Identify program activities that you think will influence each factor</th>
</tr>
</thead>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Identifying Program Goals, Outcomes, Context, and Objectives</strong></td>
<td></td>
</tr>
<tr>
<td>1. What are the program’s goals?</td>
<td></td>
</tr>
<tr>
<td>2. What are the outcomes the program hopes to achieve?</td>
<td></td>
</tr>
<tr>
<td>3. What are the population-level objectives your program hopes to achieve (including objectives related to risk and protective factors)?</td>
<td></td>
</tr>
<tr>
<td>4. What are the behavioral population-level objectives your program hopes to achieve?</td>
<td></td>
</tr>
<tr>
<td>5. What are the program-level objectives?</td>
<td></td>
</tr>
<tr>
<td>6. What activities will the program implement?</td>
<td></td>
</tr>
<tr>
<td>7. Who are the stakeholders in the program?</td>
<td></td>
</tr>
<tr>
<td>8. How might the local political or cultural context affect the program?</td>
<td></td>
</tr>
<tr>
<td>9. What other conditions will influence program implementation, or participation by youth?</td>
<td></td>
</tr>
</tbody>
</table>
Activity 2.2—Where Are You and What Are You Doing for M&E?

Time Estimate

30 minutes

Objectives

- Identify specific M&E activities in relation to a program’s stage of implementation.
- Define the scope for M&E.

Materials

- Three colored cards per organization, country, or group project (more if desired)
- “Flow of an M&E Effort Started at the Beginning of Your Program” hand-out  p. 424
- Large board with the following matrix showing nine blank squares

<table>
<thead>
<tr>
<th></th>
<th>Monitoring</th>
<th>Process</th>
<th>Outcome/Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Method

1. Ask participants to form discussion groups.
2. Give three colored cards to each group. Each color corresponds to:
   - Monitoring
   - Process
   - Outcome/Impact
3. Ask groups to discuss and fill in the three colored cards to indicate what they are doing in their programs in relation to the three areas of monitoring, process, and outcome/impact evaluation. (This may include indicators, activities, or systems being put into place.) You may need to review and discuss the definitions of monitoring, process, and outcome/impact evaluations provided in the previous section 2, “Key Issues in Monitoring and Evaluation.”
4. Ask groups to indicate what stage their programs are in: Early; Middle; or Late.
5. Invite all the groups to come up to the large matrix on the board and post their cards in the appropriate section.

6. Generate discussion by inviting groups to explain their projects. Discuss the quality of statements and determine whether they fit appropriately into the categories, or how they should be modified.

**Reflection Points**

*Group output on the M&E activities and project stages may include, for example:*

**Monitoring**

**Early**
- Develop peer education monitoring tools and reporting criteria.
- Set up management information system (MIS).

**Middle**
- Review project records and modify reporting forms.
- Fill in a checklist and conduct one-on-one interviews and group meetings.
- Map service points and clinic records.
- Provide supervision and feedback.
- Include monitoring indicators such as peer activities by attendance and level of activity; condom sales referrals; and number of youth using the youth corner.

**Late**
- Analyze data based on established MIS with standard format.
- Develop and modify software to support the monitoring systems and modification of tools and techniques on monitoring for staff.

**Process Evaluation**

**Early**
- Develop a checklist format and questionnaire, train staff, and conduct interviews.
- Develop a short-term action plan to overcome problems.
- Conduct a situation assessment with staff and community.

**Middle**
- Conduct process evaluation by using qualitative methods (FGDs and guidelines) and survey (structured questionnaire).
• Provide supervisory feedback at monthly meetings.
• Gather youth feedback at end of sessions and in suggestion boxes; conduct exit interviews at clinics; and enlist “secret shoppers” and mystery clients for internal and external evaluation.

Late
• Conduct client satisfaction surveys.

Outcome/Impact Evaluations

Early
• Conduct baseline survey to inform final evaluation and project outcomes.

Middle
• Conduct FGDs to determine message retention and use.
• Measure service utilization through referral system and consultation records.
• Conduct short-term population-level outcome measurement for program objectives.

Late
• Conduct follow-up survey and compare findings with those from baseline survey.

Suggestions for Facilitators

• Go through the attached table, “Flow of M&E Efforts,” at length to ensure that participants understand the differences between each stage.
• Ensure that participants are comfortable with the idea that this is a continuous process and that there is some overlap across stages.
• Encourage participants to think about the following questions: Where are you? What are the challenges? Where would you like to go next?
• Groups can work together in relation to where they are in their programs’ stages.
### Flow of an M&E Effort Started at the Beginning of Your Program

<table>
<thead>
<tr>
<th>Program Stage</th>
<th>Monitoring</th>
<th>Process</th>
<th>Outcome/Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early</strong></td>
<td>Set up MIS. Identify indicators and instruments. Plan for tracking program, data analysis, and reporting.</td>
<td>Assess systems development and functioning, including staff training and supervision. Provide early feedback. Assess if program is responsive to youth or if it needs any additions.</td>
<td>Identify objectives and indicators. Take baseline measurements. Create an outcome or impact evaluation plan.</td>
</tr>
<tr>
<td><strong>Middle</strong></td>
<td>Assess MIS system and data. Modify original system if inadequate or if program adds new components. If program is not performing as planned, launch process evaluation.</td>
<td>Conduct more formal mid-term process evaluation to assess quality of program performance. Determine coverage, or whether the program is reaching its intended audience.</td>
<td>Take mid-term measurements. Analyze short-term outcome measures, such as changes in knowledge, increase in use of programs, and changes in contextual factors. Provide feedback to program.</td>
</tr>
<tr>
<td><strong>Late</strong></td>
<td>Analyze data from tracking system to determine if you conducted the program as planned. Prepare and submit reports.</td>
<td>Analyze end-of-program measurements. Determine what was done to improve quality of program’s implementation. Make recommendations for program replication or expansion.</td>
<td>Take end-of-program (follow-up) measurements. Examine evidence of changes in outcomes. Depending on study design, conduct impact analysis to conclude whether outcomes are attributable to program activities. Report to donors and other stakeholders.</td>
</tr>
</tbody>
</table>
3. Management Concerns in M&E

Introduction

Monitoring and evaluation is one of the most important management tools. If used effectively, M&E can help a program achieve its goals and meet the needs of youth. Managing the process effectively means collecting relevant and valid data, carefully analysing the data, and enabling good decision-making at every stage of program implementation based on the available accurate information.

Monitoring and evaluation are often used interchangeably, but monitoring generally refers to a process of checking the status of the program by comparing the actual implementation of activities against a workplan. Evaluation is directed at measuring progress toward achieving goals and objectives, the quality of the program implementation, and program impact.

Issues

Conducting actual M&E activities will be discussed later. In this section, we will focus on planning the evaluation, and more specifically, on some of the issues that managers and their teams will have to address in the course of the planning process. The scope of an evaluation will depend on the goals and objectives as well as the availability of human, technical, and financial resources. In developing the evaluation objectives and in deciding the scope of the evaluation, there are a number of questions to consider:

Identify the M&E Objectives

• Why do you want to monitor and evaluate the program?
• What do you want to monitor and evaluate?
• Who needs what kind of information?
• How will they use the information and apply the results to improve the program?
• When should the program be monitored and evaluated?
• Where should the evaluation be carried out?

Decide on the Scope of the Evaluation

• Are you measuring short-term achievement of objectives or long-term impact of the program?
• Are you measuring the quality of the program interventions?
• Will the evaluation be conducted internally or by an external consultant?
• How will you involve others from the organization in the evaluation?
• How will you involve implementing partners in the evaluation?
• How will you ensure meaningful youth participation in the evaluation processes?
• How much time and money can you afford to spend on the evaluation?

Some of these questions are easier to address than others. In talking to program managers and partners during the YSRH seminar series and when visiting programs, the issues that were most on people’s minds and the most difficult to address were:

• How can programs ensure youth participation?
• How can partners be effectively involved in the evaluation?
• In deciding on internal or external evaluation, what are the benefits and challenges of each?
• How can M&E be managed with limited resources?

**Activity**

The activity in this section addresses the issues raised above.

**Activity 3.1—Four Pearls**

**Time Estimate**

1 hour

**Objective**

- Consider key management challenges in M&E and formulate ways to meet them.

**Materials**

- Five flip-charts. Four flip-charts listing the following issues (one issue per flip-chart): Youth Involvement; Partnering; Internal and External Evaluations; and Managing M&E with Limited Resources. Fifth flip-chart to be used for “issues.”
- Markers.
Method

1. Present the four flip-charts with the above referenced headings. Elicit key questions, concerns, or issues participants have relating to each of these areas, and write their responses on the fifth flip-chart.

2. Ask participants to pick two questions they would most like to address in each area, then ask them to come up to the flip-chart and check off which two questions they want to address during the session.

3. Add the check marks together to determine which most popular questions the group should address during the activity.

4. Write the two most popular questions on the “issues” (fifth) flip-chart under the different headings.

5. Briefly review the questions written underneath each of the headings.

Examples of questions identified by the seminar participants may include:

**Youth Involvement:**

*How can youth be most effectively involved in M&E activities?*

*What are the challenges and ethical considerations of involving youth in M&E?*

**Partnering:**

*How do you involve and manage partners in collecting and sharing information?*

*What are the challenges?*

**Internal and External Evaluations:**

*What are some of the advantages and disadvantages of internal evaluators?*

*What are some of the advantages and disadvantages of external evaluators?*

**Managing M&E with Limited Resources:**

*What are some of the challenges in designing M&E activities with limited time, budget, and staff?*

*How can you overcome these challenges?*

6. Ask each participant to choose one of the issues (youth involvement; partnering; internal and external evaluations; and managing M&E with limited resources) that they would like to focus on.

7. Ask participants to form discussion groups according to their interest in a particular issue.
8. After the groups have formed, ask them to discuss and answer the questions relating to the specific issue. Give them 15 minutes for discussion.

9. As a result of their discussions, ask the groups to come up with “Four Pearls;” recommendations for people working with these issues.

10. At the end of the session, reconvene the large group for feedback and facilitate further discussion.

**Reflection Points**

The group output may include examples such as:

**Youth Involvement**

How can youth be most effectively involved in M&E activities?

- The program should engage in a participatory process by actively involving youth in all steps of the evaluation process from the beginning.
- Youth should be involved in the situation analysis, community assessments, baseline surveys, M&E objectives and indicators development, and in discussions about the quality and quantity of program interventions.
- They can act as interviewers and peer supervisors, and give feedback on the analysis using personal logbooks or record books to record their perspectives and experiences.

What are the challenges and ethical considerations of involving youth in M&E?

- They are volunteers, so motivation, incentives, and sustainability of activities are a challenge.
- If working with different ethnic groups, there may be language, communication, or cultural barriers.
- There may be mobility issues since youth may not be able to travel on their own.
- There are usually high turnover and dropout rates with youth participants.
- Low educational levels and lack of social skills, especially among out-of-school youth is a problem.
- Confidentiality and privacy issues are big challenges.
- Parents may be suspicious of the program’s motives and refuse permission for their children to be involved.
- Project staff and partners may be uneasy about having youth so closely involved in the program evaluation; they may see it as threatening.
- The perceived power differences between youth and other stakeholders are a challenge.

**“Four Pearls”**

1. Ensure youth participation from the beginning of the project cycle.
2. Provide on-going support for knowledge and skills-building activities for youth.
3. Get regular feedback (as it builds ownership) from youth to improve the program.
4. Stress confidentiality and privacy.
Partnering

How do you involve and manage partners in collecting and sharing information?

- Project staff should have a clear understanding of the benefits of involving partners in the evaluation.
- Partners should see the contribution they can make and how they can gain from the process in terms of knowledge and skills development, and their ability to influence program direction and activities.
- Strive for transparent communication and equal decision-making power during the detailed planning processes.
- Everybody should be clear about each other’s roles and responsibilities.
- A method of resolving conflict and disputes should be discussed and agreed upon beforehand.
- Be prepared to spend time building partner capacity.
- Evaluation tools should be appropriate in terms of length and complexity.

What are the challenges?

- Time constraints; partners may not have time to be fully involved.
- Involving partners may seem time-consuming.
- Working with sensitive data, e.g., some young migrant workers do not have legal status in a country. Sexuality is a sensitive topic.
- Capacity of partners; they may have little experience in program evaluation.
- Partner organizations may not have the structures and management capacity to participate effectively.
- Partners have other priorities; they may be involved in other more interesting projects and not be motivated to fully participate.
- Partners may find the evaluation tools difficult to use.
- Partners may find the concept of evaluation threatening.

“Four Pearls”

1. Take time to fully involve partners in developing the M&E plan, being sensitive to their requirements and constraints.
2. Spend time clearly defining roles and responsibilities of each partner.
3. Hold regular meetings and informal consultations to review M&E planning and problem solving.
4. Find a common understanding and language for what is being measured.
### Internal and External Evaluations

**What are some of the advantages and disadvantages of internal evaluators?**

**What are some of the advantages and disadvantages of external evaluators?**

<table>
<thead>
<tr>
<th></th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal Evaluator</strong></td>
<td>Is familiar with the program; understands and is able to interpret context, stakeholder behaviors, and attitudes.</td>
<td>May know the program too well and find it difficult to be objective and unbiased.</td>
</tr>
<tr>
<td></td>
<td>Is known and therefore poses less of a threat to staff and partners; less likely to disrupt activities and cause anxiety.</td>
<td>May be part of the power and authority structure of the organization and their own personal agenda may influence their judgement.</td>
</tr>
<tr>
<td></td>
<td>Needs less time to learn about the organization and the program’s objectives.</td>
<td>May have limited evaluation experience.</td>
</tr>
<tr>
<td></td>
<td>May have a lower cost.</td>
<td>May be less acceptable to donors.</td>
</tr>
<tr>
<td></td>
<td>Can assist in the organization’s internal learning processes.</td>
<td>May be resistant to assist.</td>
</tr>
<tr>
<td><strong>External Evaluator</strong></td>
<td>Is more objective when collecting and analyzing data and presenting results. Can be expensive.</td>
<td>Has “fresh eyes” and a different perspective. Will need time to familiarise themselves with the project.</td>
</tr>
<tr>
<td></td>
<td>May have an approach and experience that could help build the capacity of project staff and partners.</td>
<td>May be demanding and not accept the ideas of others, and challenge accepted local knowledge.</td>
</tr>
<tr>
<td></td>
<td>May have good evaluation skills that are not available within the organization.</td>
<td>May have unrealistic and impractical recommendations.</td>
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<tr>
<td></td>
<td>If a native English speaker, may be able to produce better reports in English, which is more efficient for presentations.</td>
<td>May have language challenges if they are not a native English speaker.</td>
</tr>
<tr>
<td></td>
<td>Is outside the organization’s power structure.</td>
<td>May produce limited results that need to be interpreted.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May not really understand the goals and objectives of the program or its context.</td>
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</tbody>
</table>

### “Four Pearls”

1. Team up external and internal evaluators to plan and conduct the evaluation.
2. Write clear terms of reference and a scope of work for external evaluators.
3. Check references for external evaluators before awarding the contract.
4. Build evaluation expertise within your organization.
Managing M&E with Limited Resources

What are some of the challenges to designing M&E activities with limited time, budget, and staff?

• Creating a common understanding about M&E by all stakeholders takes time.
• Having limited time and funds to help ensure real participation by youth and communities is challenging.
• Establishing an effective M&E system needs funds and staff with special skills.
• Sudden budget cuts mean funds are taken from the evaluation budget to protect the project activities.
• There are no funds to build team capacity, e.g., sending them on training courses or workshops.
• Conflicts between the staff team and partners can be caused by concerns over requests for incentive payments.
• Cannot make use of the evaluation findings, as there is too little money available for implementing new activities or adapting present ones.

“Four Pearls”

1. Use available data before considering special data collection.
2. Limit the scope of the evaluation to what you really need to monitor and evaluate.
3. Pool resources with other organizations and hold joint evaluations.
4. Choose program activities that are tried, tested, and known to be effective.

• M&E should be planned from the beginning as an integral part of the project. Hence, it should take a fairly significant proportion of the budget allocation. While budgets vary considerably, it is usually recommended that the M&E budget be approximately 10-15 percent of the overall budget.

• Project staff experience a variety of information demands from many different sources such as donors, project partners, their own organizations, and local authorities. While these demands are important considerations in planning for evaluation, the principal reason for evaluating the program is to improve it. Thus the evaluation should focus on what is being achieved against project objectives, solutions, or actions needed to revise and improve the program, and not just on identified shortcomings and how to remedy them. Through true participation, the evaluation will achieve greater relevance and accuracy. Stakeholders will be more motivated to work together to implement necessary changes to achieve the desired results.

Suggestions for Facilitators

• If possible, try to balance the numbers of participants in each group based on M&E experience and skill levels.
4. Selecting Key Indicators

Introduction

In order to evaluate a program’s process or outcomes, we need to state precisely what we plan to measure based on what the program aims to achieve, and what activities are actually carried out. Once we have defined the areas, issues, and scope of our M&E efforts, we select and modify indicators to match our program objectives and activities. This session includes how to:

• Define and explain indicators.
• Encourage participants to practice selecting and adapting indicators to their program context.

Issues

Indicators are defined as a measure of program objectives and activities. Indicators help determine whether goals are being met. Indicators should be:

• Consistent over time.
• Valid and reliable; measure the concepts they are supposed to measure and measure the same concept every time.
• Clear and stated with precise language.

Program design indicators measure whether, and to what degree, quality standards are used to design programs. For example:

• Level of youth involvement in determining selection criteria for peer educators, based on your program context.

Systems development and functioning (process) indicators measure whether a program’s systems are operating and how effectively they have prepared program personnel for implementation. For example:

• Number of peer educators trained to provide youth counseling.
• Percentage of peer educators who effectively communicate with others.

Implementation indicators measure whether and how many planned activities have been conducted with the target population. For example:

• Number of youth reached by peer educators and counselors.
• Percent of peer educators who demonstrate effective communication during contact with youth.
**Outcome indicators** measure changes in outcomes that the intervention is trying to influence in a population. For example:

- Percentage of youth who report condom use at last sex.
- Percentage of youth using health services who were referred by peer educators.

Indicators can be expressed in different forms. **Numeric indicators** are expressed as counts, ratios, proportions, rates, or averages. In evaluation terms, it is important to state indicators as percentages, ratios, and proportions so you can see what was achieved in relation to the denominator, or the total possible number. **Non-numeric indicators**, also referred to as qualitative or categorical, are expressed in words.

**References**


**Activity**

**Activity 4.1—Developing Program Indicators**

<table>
<thead>
<tr>
<th>Time Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop indicators for the main areas of M&amp;E program activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Four signs with Community Mobilization; Youth-friendly Services; Peer Education; and Life-Skills/Sexuality Education or other program types written on them.</td>
</tr>
</tbody>
</table>
Method

1. Post the four signs on different walls in the room.

2. Ask participants to stand next to the sign that best reflects the focus of their programs.

3. Divide the group into the categories listed above according to where they are standing. Ask each group to develop a package of indicators for their program. Lists can be adapted from the indicator tables provided in “A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs” (Adamchak S., Bond K., Maclaren L., et al. 2002). These indicator stages include design, systems development, implementation, and outcomes.

4. Refer participants to the Logic Model and ask them to consider the stages of the program and the objectives, activities, and indicators that may be appropriate for each stage.

Reflection Points

- Group output may resemble the example from Bangladesh on the following page.

Suggestions for Facilitators

- Encourage groups to use their own experience and examples, but also to consider other approaches.

- Provide hand-outs of the indicator tables from “A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs” referenced above. The hand-out will help participants select indicators appropriate for each program activity.
## Bangladesh Participants Example

### GOAL: To improve the sexual and reproductive health of young people ages 10-24

#### Behavioral Outcome

*To increase by x% the health service-seeking behavior of youth who have sexual and reproductive health problems.*

- Percent of young people in target area that are aware of existing services.
- Percent of young people who can identify symptoms or problems.
- Percent of young people with symptoms who attend appropriate health facility.

### Design Stage

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activities</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| To design a program that will enhance availability, accessibility, and utilization of YSRH services for targeted youth population. | • Needs assessment.  
• Assessment of the existing service delivery system.  
• Assessment of availability of BCC and training materials at health facilities.  
• Conceptualization of the program. | Assessment Results  
• % of health facilities currently providing YSRH services.  
• % of health facilities with adequately trained staff for YSRH services.  
• % of health facilities with dedicated area or space for YSRH services.  
• % of youths targeted.  
• Projected # of youths requiring YSRH services in a year.  
• Amount of BCC and training materials by type available at health facilities.  
Design  
• Estimated requirement of physical infrastructure, and financial and other resources for each health facility.  
• # of outreach clinics to be combined with the health facilities. |

### System Development and Functioning Stage

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activities</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| To establish an institutional system to accomplish the overall project objectives in a planned manner. | • Plan strategic locations for youth-friendly service delivery points.  
• Develop protocols for training and service delivery.  
• Develop linkages and referral mechanisms.  
• Recruit and train staff.  
• Develop a detailed implementation plan.  
• Establish an effective M&E system. | • # of facilities located within short walking distance for youth.  
• % of facilities with separate and/or convenient hours for YSRH services.  
• # of protocols developed for training health facility staff.  
• # of staff to be newly recruited.  
• # of staff requiring YSRH training.  
• # of different types of training materials to be customized. |

### Implementation Stage

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activities</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| To operationalize the detailed implementation plan. | • Deliver service from health facilities.  
• Supervise and monitor.  
• Report periodically.  
• Document and disseminate. | • % of youths who were provided youth-friendly RH services.  
• % of youths receiving services from health facility who report satisfaction in compliance with the protocols.  
• # of new youth clients or patients by type of services provided from each facility.  
• # of follow-up youth clients or patients by type of services provided from each facility.  
• % of youths referred to and from different referral centers.  
• % of health facilities receiving timely and adequate supportive supervision.  
• % of health facilities receiving timely and appropriate logistics support. |
Designing Tools and Instruments for Data Collection

Introduction

Once we have defined our indicators, we need to select data collection methods for collecting data, and designing instruments. An instrument is a tool that program staff or evaluators use to collect information. This session:

- Provides a brief overview of data collection methods.
- Encourages participants to build skills in selecting methods and designing instruments to correspond to their indicators and evaluation objectives.

Issues

Methods for Monitoring and Process Evaluation

Monitoring data allows you to track whether your program is reaching its desired audience, whether systems are developed and functioning, and whether activities are implemented as planned. Process evaluation helps you to assess the quality of the program’s performance, activities and events, and participants’ reactions to the program. Monitoring and process evaluation data are collected using a variety of methods, including:

- Checklists.
- Inventories of facilities and services.
- Key informant interviews.
- Staff surveys.
- Program or service client interviews.
- Observations.
- Focus groups or participatory learning activities.
- Mapping.

Collecting data for monitoring and process evaluation should not detract from program implementation but should provide useful information for assessing program performance and future planning.

Methods for Outcome and Impact Evaluation

Conducting outcome and impact evaluations will require other data collection techniques such as population and community surveys.

Surveys are conducted either in the specific target population or in a community for a representative sample that will enable you to define the program baseline and monitor change before and after the program’s implementation.

Outcome evaluation determines whether outcomes that the program is trying to influence are changing in the target population.

Impact evaluation determines how much of the observed change in outcomes is due to the program’s efforts.
Tips for Selecting Methods

Data collection methods should be selected based on:

- Available existing data.
- Need for new data.
- Capacity and availability of staff to help with data collection.
- Need for outside assistance.
- Timing of data collection.
- Use of multiple data collection methods.
- Available budget.

Above all, keep data collection simple.

Advantages of Quantitative Methods

Quantitative methods are used when you need to collect numerical data. Quantitative methods (e.g., structured surveys) have many advantages. They include:

- Enabling collection of consistent and comparable data.
- Providing cost-effective data collection from large populations.
- Protecting privacy through self-administered surveys.
- Ensuring standardized data collection over time.
- Enabling findings to be generalized to larger populations.
- Allowing data collection of larger sample sizes because they are less time-intensive.

Advantages of Qualitative Methods

Qualitative methods involve descriptive or text information. Qualitative methods have many advantages. They include:

- Obtaining views of different groups.
- Exploring social and cultural dimensions.
- Identifying local terms.
- Developing vocabularies for programs.
- Revealing unintended project results.
- Assessing program goals that are difficult to quantify.

Choosing and Adapting Instruments

The methods and instruments you choose should be adapted to the program’s stated objectives and indicators, and to the socio-cultural context in which you are collecting data. See the “Tips for Developing Surveys” at the end of this section.
References


Activities

The activities in this section encourage participants to develop and design instruments and data collection methods that reflect their program objectives and indicators. These include:

Activity 5.1—Picture-story
Activity 5.2—Before and After – Timeline Analysis
Activity 5.3—Developing an Instrument
Activity 5.4—Instruments to Monitor and Evaluate Clinical Services

Activity 5.1—Picture-story

Time Estimate

30 minutes

Objective

• Introduce a technique to explore sensitive issues with youth.

Materials

• Colored markers
• Large drawing paper or flip-chart paper
Method

1. If appropriate, invite participants to sit in a circle on the floor.
2. Ask for a volunteer facilitator and a volunteer note-taker.
3. Ask the group to discuss and draw pictures representing the progression of the development of the relationship between two young people. As the participants draw and discuss the scenario, the facilitator should ask probing questions and the note-taker should record the discussion. Note: Artistic talent is not necessary—cartoons and stick figures are fine.
4. When the drawings are finished, invite someone from each group to present the drawing and highlight its features. Invite participants to comment.

Reflection Points

- Pay attention to the participants’ dialogue. Listen to their responses to the techniques and their level of involvement.
- Assess how the exercise helps facilitate dialogue, elicits special terms or “scripts;” debates; disagreements; embarrassing issues; or confusion. These points will help to indicate culturally-defined expectations for relationships.

Suggestions for Facilitators

- This technique can be used with youth as well.
- Encourage groups to creatively portray the events. This might include, for example, drawing speech and thought bubbles, and using colors and diagrams.
- This is a less structured activity that usually generates considerable discussion and ideas. Allow time for these relaxed exchanges.
- Ask participants to identify and discuss some of the issues from the second reflection point above.
- Summarize the following points with participants:
  - Explain the method’s purpose.
  - Explore specific issues that were raised in the dialogue and drawings. For example, what are the gender expectations and who initiates relationships and why?
  - Develop a list of probing questions.
  - Document the discussion.
Activity 5.2—Before and After: Timeline Analysis

**Time Estimate**

30 minutes

**Objective**

- Introduce a technique to document program activities, reflect on participant involvement, and determine stakeholder responses to activities.

**Materials**

- Large sheets of paper taped together length-wise
- Markers

**Method**

1. If appropriate, ask participants to sit in a circle on the floor.
2. Put the paper in the middle of the circle and draw a timeline along its length, marking today’s date in the middle to indicate the present.
3. Ask participants to fill in the timeline, indicating what they have done during the past year in YSRH and marking future actions for the coming year. As participants write in events, ask them to describe what happened during the activities, what other events took place, what they did, and what they learned and thought of the activity.
4. When participants have filled in the timeline, generate a group discussion by discussing the progression of events, participant involvement, and responses.
5. Ask participants to discuss how this timeline analysis can help shape future plans.

**Reflection Points**

- A timeline analysis can be a useful tool. It allows stakeholders to look at a program in a comprehensive manner, bringing many program activities together in one view. An ideal timeline analysis should show an interrelation between all of the program activities. If program activities seem unrelated, the stakeholders should explore why.
• One senior project staff member usually conducts program reviews. This participatory approach encourages input from a larger number of individuals involved in the project, including the beneficiaries.

Suggestions for Facilitators

• After completing this activity, ask participants to consider what groups would benefit from being involved in such a process. Possible groups include youth, health care providers, teachers, community members, and program staff.

Activity 5.3—Developing an Instrument

<table>
<thead>
<tr>
<th>Time Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop questionnaires/instruments to measure selected indicators.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Flip-charts</td>
</tr>
<tr>
<td>• Markers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask participants to form groups and explain that they are going to develop an M&amp;E instrument (a form or a guideline) that will correspond to selected indicators.</td>
</tr>
<tr>
<td>2. Ask the groups to select two methodologies that they have been exposed to in the training.</td>
</tr>
<tr>
<td>3. Ask them to develop an instrument that could include process indicators, monitoring indicators, or outcome indicators. It should include, both qualitative and quantitative indicators, if appropriate.</td>
</tr>
<tr>
<td>4. When the groups have drawn up their instruments, invite a representative from each team to present their ideas.</td>
</tr>
<tr>
<td>5. Invite all participants to comment on the planned instruments.</td>
</tr>
</tbody>
</table>
Reflection Points

- Group output may include, for example, the instrument developed by a team from Bangladesh (see next pages). **Note: This group worked through the task by first establishing goals, then objectives (long-term, mid-term, and short-term). From there they determined indicators, then developed the instruments. They outlined who would supply the data and then produced a survey form.**

Suggestions for Facilitators

- Allow plenty of time for group work and encourage participants to produce detailed forms.

### Example from Bangladesh Team

<table>
<thead>
<tr>
<th>Unwanted Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL</strong></td>
</tr>
<tr>
<td><strong>OBJECTIVES</strong></td>
</tr>
</tbody>
</table>

**Short-term**

- Conduct baseline assessment of YSRH situation together with the community and stakeholders.
- Identify, select, and train care providers and peer educators on YSRH issues.
- Develop appropriate training and awareness-raising curricula and packages.
- Increase knowledge and skill of formal and informal care providers in YSRH issues.

**Mid-term**

- Increase access to and availability of YSRH services.
- Establish social marketing through trained formal and informal providers.
- Increase care-seeking behavior in target adolescents.
- Count number of functional youth clubs or groups involved in YSRH services.
- Increased awareness of parents on YSRH issues.

**Long-term**

- Reduce prevalence of reported unwanted pregnancy.
- Reduce prevalence of reported cases of reproductive tract infections (RTIs)/STIs.
- Increase age of first childbirth.
- Increase community capacity for managing YSRH-related services.

- Organize meetings on YSRH issues in the community.
- Baseline assessment carried out.
- Number of trainees participating in training sessions.
- Number of meetings organized in the community.
- Number of YSRH initiatives organized by community members.

- Number of facilities that provide YSRH services.
- % of youths using YSRH services.
- % of youths referred by stakeholders.

- % of reported unwanted pregnancy among target youth.
- % of sexually active youth currently using modern contraceptive methods.
- % of youth receiving treatment for RTIs/STIs.
- Mean age of first childbirth.
- Number of facilities that provide YSRH services managed by the community.
**Goal**
To contribute to development of a healthy nation by reducing YSRH-related morbidity among youth.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicator</th>
<th>Method</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce prevalence of reported unwanted pregnancy</td>
<td>% of reported unwanted pregnancy among target youth.</td>
<td>Population survey</td>
<td>All youth</td>
</tr>
<tr>
<td></td>
<td>% of sexually active adolescents currently using modern contraceptive methods.</td>
<td>Population survey</td>
<td>All youth</td>
</tr>
<tr>
<td></td>
<td>% of youth demonstrating knowledge of relevant YSRH topics.</td>
<td>Population survey</td>
<td>All youth</td>
</tr>
<tr>
<td></td>
<td>% of youth attending a sex education session.</td>
<td>Population survey</td>
<td>All youth</td>
</tr>
</tbody>
</table>

**Survey Questionnaire**

**Section I: Identification**

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
</table>

**Section II: Unwanted Pregnancy**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Have you ever had sexual intercourse?</td>
<td>Yes No</td>
</tr>
<tr>
<td>If Yes: for males, go to 2.3; for females, continue</td>
<td></td>
</tr>
<tr>
<td>2.2 If yes, have you ever been pregnant?</td>
<td>Yes No</td>
</tr>
<tr>
<td>If No: Go to 3.1</td>
<td></td>
</tr>
<tr>
<td>2.3 Are you or your partner currently using any family planning methods?</td>
<td>Yes No</td>
</tr>
<tr>
<td>2.4 Please name the method you or your partner are currently using. (circle the method)</td>
<td></td>
</tr>
<tr>
<td>a. Oral pills</td>
<td>b. Condoms</td>
</tr>
<tr>
<td>d. Norplant®</td>
<td>e. IUD</td>
</tr>
<tr>
<td>3.1 Did you attend any sessions on YSRH?</td>
<td>Yes No</td>
</tr>
<tr>
<td>3.2 Please tell us three ways to avoid pregnancy</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
<tr>
<td>3.3 Do you know where the services are available?</td>
<td>Yes No</td>
</tr>
<tr>
<td>3.4 Please name the services offered in each facility you know.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility</th>
<th>Services</th>
</tr>
</thead>
</table>

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[314]
Activity 5.4—Instruments to Monitor and Evaluate Clinical Services

**Time Estimate**

45 minutes

**Objective**

- Develop skills in designing tools used to monitor service statistics and elicit client feedback.

**Materials**

- “Sample Youth Service Statistics Tracking Sheet” hand-out  p. 425
- “Sample Client Interview Form” hand-out  p. 426
- Flip-chart

**Method**

1. Explain that the session will be looking at effective ways to monitor service statistics and interview clients to evaluate services. The session will be divided into two short exercises. The first exercise will look at service statistics. The second will look at client interviews.

2. Ask participants to imagine that they are designing a service statistics tracking sheet for adolescent clients. Ask the group to brainstorm a list of information that they would want the sheet to track. This could include issues such as age, gender, type of service, source of referral, and new or returning clients.

3. Hand out a copy of the “Sample Youth Service Statistics Tracking Sheet.” Ask participants to review the tool and assess if the information that is listed on the flip-chart can be tracked using the tool that is provided.

4. Discuss any changes that could make the tool more effective.

5. Tell the participants that they will now be looking at the use of client interviews. Ask the group to reflect on and share the benefits of collecting information from client interviews. Highlight the fact that client interviews can ensure that services are being provided in a quality manner and that clients are able to provide feedback on how to improve services.

6. Ask the group to brainstorm a list of issues that they would like to know as a result of the client interview. Issues may include the following:
   - Client's reason for attending the clinic.
• How the client heard about the clinic.
• If the hours of the clinic are convenient.
• Days and times that are most convenient.
• Level of satisfaction with the services offered.
• Quality of treatment by clinic staff.
• Perception of confidentiality at clinic.
• Perception of costs at clinic (expensive or affordable).
• Suggestions for improvement.
• Client had access to family planning services regardless of age.
• Whether or not issues such as STI/HIV were discussed during the clinic visit.
• Client’s knowledge of various reproductive health issues after clinic visit.

7. Review the list once it is completed and add any important issues that were not shared by the group.

8. Provide participants with copies of the “Sample Client Interview Form.” Review the tool and ask the group if they can suggest any improvements to the form. If there is an issue that the interview form does not address, ask the group to develop an additional question for the form.

**Reflection Points**

• Any data collection tool must be developed with a clear idea of what information is desired.
• Data collection tools must collect certain basic information about a client if the program intends to disaggregate the data.
• When developing any tool, efforts should be made to make it as simple and short as possible. Long and complicated data collection tools may be ignored by clinic staff members.

**Suggestions for Facilitators**

• During the first brainstorming exercise, ask participants to be specific about what types of services they would want to track at their clinic. Ask participants to list these.
• During both brainstorming exercises, ask probing questions that will help participants consider issues to include on the lists.
### Sample Youth Service Statistics Tracking Sheet

**Clinic Name**

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>New/Return</th>
<th>Purpose of Visit</th>
<th>If FP:</th>
<th>If referred, from:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family Planning</td>
<td></td>
<td>Peer Ed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RH Counseling</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RH Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pregnancy Related</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>STI/HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Condoms #: _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pills # cycles:__</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Injectable</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>IUD</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>EC</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Family Planning</td>
<td></td>
<td>Peer Ed.</td>
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<td></td>
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<td></td>
<td>RH Counseling</td>
<td></td>
<td>Other</td>
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<td></td>
<td></td>
<td></td>
<td>RH Information</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Pregnancy Related</td>
<td></td>
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EC - emergency contraception; FP - Family Planning; HIV - human immunodeficiency virus; IUD - Intrauterine device; PAC - post abortion care; RH - reproductive health; STI - sexually transmitted infection
Sample Client Interview Form

Site: _______________________________________________

Date: ______________________________________________

Directions: Introduce yourself to the client. Explain that you are interested in learning what the client thinks about the services provided at this facility. Explain that you’d like to conduct a brief interview to learn about the client’s experience at the facility and to get the client’s suggestions for how services might be improved. Stress that the interview is confidential and that the client’s name will not be used. Adapt the questions listed here to your facility and the client you are interviewing. Record any additional information the client volunteers. Thank the client for his or her assistance.

1. Why did you come to this facility?
2. Is this your first visit or a return visit?
3. Did you get what you came for? If not, why not?
4. How long did you have to wait before receiving services? Was this an acceptable waiting time?
5. During your visit, how well were you treated by the staff at the facility?
6. Were you instructed to return for a follow-up visit? If yes, was an appointment scheduled?
7. Were you referred to someone else for other services? If yes, why?
8. What was the best thing about your experience during this visit?
9. What was the worst thing about your experience during this visit?
10. Would you return here for services? If not, why?
11. Would you refer your friends here?
12. What do people in the community say about the services provided at this facility?
13. Can you suggest specific ways that we could improve services at this facility?
14. Is there anything else you would like to tell us?

Tips for Developing Surveys

Surveys are one of the most commonly-used evaluation tools because they are a cost-effective way to gather comparable information from a large group of people. Surveys may be self-administered – completed by the respondent using a pencil and paper – or administered by an interviewer who completes the form by filling in the respondent’s answers.

When designing surveys, you may choose to use either open-ended or closed questions, depending on your needs. Open-ended questions do not have a pre-determined response, and allow respondents to reply in their own words. Closed questions are accompanied by a list of possible responses from which the respondent selects. Open-ended questions often result in a greater depth of understanding, while responses to closed questions can be more quickly analyzed.

When developing a survey instrument, keep in mind the following rules:

• **Be clear.** Try to avoid questions that can be interpreted in different ways. For example, if you ask a nurse, “How many patients did you see last week?” she might respond, “Who do you mean, me or the clinic?” Focus group discussions can help clarify interpretations of terminology before you finalize your survey instrument.

• **Use simple language that is not condescending.** Try to strike a balance between using simple language and seeking complex information.

• **Plan the survey well.** Only include questions that you are sure you will analyze. Cluster your questions by topic so that respondents don’t become frustrated, confused, or annoyed by repetition. Begin with less sensitive questions first.

• **Make use of skip questions.** For example, if a respondent reports that they have never been pregnant, the survey should skip them over any questions pertaining to their experience with pregnancy.

• **In providing possible responses, make the lists exhaustive and exclusive.** This is especially important when you want respondents to check only one response. Also give respondents the option of answering “Don’t know.”

• **Don’t ask two questions at once.** For example, asking, “When did you leave home and go to work on your own for the first time?” wrongly assumes that all respondents left home before going to work for the first time, and that they went to work when they left home. To explore these issues, it is better to use a series of questions focusing on each step.

• **If translating a survey, back translate to ensure accuracy.** Effective translation includes back translation. First, work closely with a bilingual translator who is a native speaker of the language you are translating into. Next, ask a native speaker of the language the survey was translated from to translate the survey back into that language. The two versions should be essentially identical. If not, correct errors in translation.

• **Confidentiality is vital.** A respondent’s name should not be written on the survey. Most evaluators assign a code to keep track of respondents.

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When conducting a survey interview, also keep in mind the following:

- **Decide how simple or how complex you want the interview to be.** Topics for individual interviews can range from a handful of simple, open-ended questions that take a few minutes to conduct, to a detailed survey that may take an hour or more to conduct.

- **Be sensitive to the environment.** Be aware of the image you are projecting, and aim to build trust with the respondent. For example, if you arrive in a Land Rover with a driver, you may be identified as an “official” person, influencing the respondent’s perception of you.

- **Make introductions and explain the purpose of the survey.** Explain why you are conducting the survey, and ask permission for the interview to commence.

- **Familiarize yourself with the survey instrument.** You must be able to read the survey items without stumbling over words and phrases, know how to follow skip patterns, and understand the correct procedure for probing and recording responses.

- **Probe responses and rephrase open-ended questions.** Open-ended questions should be presented in a neutral way. If you unknowingly hint at the “right” answer, respondents may try to provide it. Probing and rephrasing questions during an interview is helpful to explore respondents’ real feelings, especially when they give short answers. Often the best probe is patient silence; verbal probes might be “In what ways?” or “Anything else?”

- **Be sensitive to the time the interviewee has available.**
6. Study Designs

Introduction

Many program managers ask the question, “How do we know whether our program had any effect on the youth we reached?” This question can be answered by conducting evaluation studies that use specific study designs. This session introduces different types of study designs and discusses what types of questions can be answered by each. The designs addressed include:

- Randomized experiments.
- Quasi-experiments.
- Non-experimental designs.

Issues

Experimental studies are needed in order to know whether observed changes in a population were due to a specific program’s activities. There are a number of different ways to do these studies, and selecting a design will depend on the types of questions to be answered, resources, time, and feasibility issues. Several factors differentiate one design from another:

- Whether a “control” or “comparison” group is used.
- How participants are assigned to intervention and control groups.
- The timing of data collection in relation to program implementation.
- The complexity of statistical analysis required.

Even with study designs, we still may not fully know the impact of our program because:

- Other events or conditions may contribute to changes in outcome indicators.
- Changes may take place within the individuals being studied over time.
- Participants may be predisposed to particular behaviors and outcomes.

Randomized Experiments

In randomized experiments, participants are randomly assigned to a group. The intervention group will receive an intervention. The control group will not. We use a random assignment study design when:

- The intervention has not started yet.
- Staff or other professionals know how to conduct random assignments.
- Financial resources and technical ability are available.
- There are no ethical issues in withholding the program from the control group during the study.
**Pre-test post-test control group design**

In this type of study design, we:

- Randomly assign persons, facilities, and/or communities to experimental and control groups.
- Take measurements before and after the intervention.
- Measure impact as the difference between changes in outcome indicators for the intervention and control groups.

**Post-test only control group design**

In this design, we:

- Randomly assign persons, facilities, and/or communities to the experimental and control groups.
- Take measurements only after the intervention.
- Measure impact as the difference between outcome indicators for the experimental versus the control groups at some point after program implementation.

**Quasi-experiments**

With quasi-experiments, we use similar experimental groups. However, the groups are selected through non-random methods. Control groups are selected by matching characteristics seen as important to outcomes sought by a program. We should use a quasi-experimental design when:

- Conditions do not exist to use a randomized assignment design.
- Characteristics for matching groups have been identified.
- Groups exist who are an appropriate match for those characteristics.
- There are no ethical issues in withholding the program from the control group during the study.

**Non-equivalent control group pre-test post-test design**

In this design, we:

- Create experimental groups by matching characteristics thought to be important.
- Take measurements before and after the intervention.
- Measure impact as the difference between changes in outcomes.

**Non-equivalent control group post-test only design**

In this design, we:

- Create experimental groups by matching characteristics.
- Measure outcomes only after the intervention.
- Measure impact as the difference between outcome indicators for both groups at some point after implementation.
**Generic control design**

Generic control study design compares changes in outcome measures to the status of the general population. A population for which control data are available must be similar to the characteristics and composition of the program population. Outcome indicators must also be relevant to the program. Survey data must be collected for both groups during the same approximate time period.

**Non-experimental designs**

With non-experimental designs, there is no use of comparison or control groups. Non-experimental designs include the following:

- Time-series design.
- Pre-test post-test design.
- Post-test only design.

*Time-series design* takes measurements of outcome indicators for a program’s target population before and after the intervention. Indicators prior to implementation are used as a comparison. Trends in indicators are compared prior to and after implementation. In order to use this design, a sufficient number of observations over time (at least three) are required to establish trends before and after implementation.

The *pre-test post-test design* measures outcomes for a program’s target population before and after implementation. We then test observed changes for statistical significance. However, because we do not have a control group, it is difficult to know whether changes are due to program activities versus other factors.

*Post-test only design* is the weakest of the non-experimental designs. It does not allow us to measure changes in outcome indicators over time or differences between those exposed to programs and those not exposed. Even so, it can measure:

- Program coverage.
- Characteristics of those reached.
- Reasons why youth may not use the program.

**References**


**Activity**

This activity engages participants in a “mock” study design to illustrate relevant questions, issues, and challenges.

*Activity 6.1—The Impact of...Chocolate*
Activity 6.1—The Impact of...Chocolate

Time Estimate

40 minutes

Objective

• Illustrate an experimental study design and discuss its strengths and weaknesses.

Materials

• Small pieces of chocolate or sweets
• Pieces of paper (one per participant)
• Flip-chart
• Markers

Method

1. Explain that in this activity we are going to conduct an experiment.

2. Introduce the hypothesis: That chocolate significantly increases participant satisfaction with the workshop.

3. Randomly assign groups by asking participants to stand in either of two corners of the room, depending on the letter of their first name: A-M in one corner and N-Z in the other.

4. Explain that you are using a pre-test post-test control group design. Randomly assign the two groups into an intervention group and a control group by flipping a coin.

5. Ask all participants to think about a way to measure workshop satisfaction. They may propose the following:
   0 = not satisfied
   1 = neutral
   2 = satisfied
   Ask them to write their level of satisfaction with the workshop on one side of the paper.
6. Ask participants to calculate the average score for each group by adding up the scores and dividing by the number of participants in each group. Write the pre-test scores for each group on the flip-chart.

7. Hand out pieces of chocolate to each participant in the intervention group and allow a little time for the “intervention” to take effect.

8. Ask the participants in both the intervention and control groups to write their level of satisfaction with the workshop again on the opposite side of their pieces of paper.

9. Record the post-test scores on the flipchart.

10. Ask the participants to calculate changes in satisfaction (see below).

   In the intervention group: Significant increase in satisfaction
   - Pre-test: 16/12 = 1.33
   - Post-test: 20/12 = 1.60

   In the control group: Significant decrease in satisfaction
   - Pre-test: 23/17 = 1.35
   - Post-test: 21/17 = 1.23

11. Ask the question: Can we conclude that chocolate does increase satisfaction?

12. Explain that we need to look at other factors, such as who had candy before the test started.

13. Introduce the next activity. Explain that you will now use a post-test only control group design. Switch the intervention and control groups. Give chocolate to the new intervention group. Ask each group to measure their satisfaction scores.

14. Ask participants to consider: If we take the randomized groups and only measure the after-effect, what can we conclude? Is it useful without a pre-test?

15. Elicit participant responses. Some examples may include:
   - It has some utility but not as much as with a pre-test.
   - We can’t show how much of the change resulted.
   - A placebo usually hides the bias or contamination of intervention.
   - The effect may depend on factors like dose and timing.
   - Maybe one group has easier access to chocolate (or whatever) outside the intervention.
   - There could be historical or extraneous events happening.
   - There should not be ethical issues, e.g., the ethics of keeping an intervention from a group.
Reflection Points

• The issue of study designs can sometimes intimidate participants who do not have a research background. It is important to illustrate the points of the design in an experiential manner and to encourage open discussion.

Suggestions for Facilitators

• This “experiment” can be done in a number of ways, obviously by substituting the “intervention tool” (chocolate) with other items.
• The activity is quite complex but by going through the steps slowly, participants can learn and discuss the factors involved with different study designs.
Introduction

When monitoring and evaluation efforts require that additional data be collected, it may not be possible to collect data from all those involved in or exposed to the program. As a result, data are collected from a sample, or subset, of the population. Sampling allows you to collect data from a smaller number of people that represents the whole group. This session reviews different approaches to sampling, including:

- Census versus sample.
- Probability sampling.
- Non-probability sampling.

This session is intended to engage participants in the sampling process and make the topic easier to understand.

Key Sampling Terms

Population—The group of people you want to generalize to, and thus sample from. This may include different levels of specificity:

- All people in your country.
- All youth.
- All youth with HIV/AIDS.
- All youth that use reproductive health services.

Theoretical population—All the people in the population of interest; for example, youth drug users in country X.

Accessible population—Those from the theoretical population you have access to.

Sample—A part of a whole selected to represent the whole.

Units or elements—Person or entity from whom you will collect data. This could be a young person, a parent, teacher, service provider, or other.

Cluster—An aggregated group of elements from which you will collect data; for example, a classroom, school, clinic, or youth group.

Sampling frame—A list of the accessible population; a plan for how to contact them to assure the sample is representative of the population. If you were doing a phone survey and selecting names from the telephone book, the telephone book would be your sampling frame.

Bias—The result of systematic error in a sampling process. You may not be able to perfectly identify the population. You may not have access to all of the population, or you may not have a complete and accurate sampling frame. In additional, all those included in the sample may not participate or stay through the survey.

1 Based on a presentation by Simon Baker, HORIZONS, The Population Council, Bangkok, Thailand.
Types of Sampling

Probability sampling—A sampling method that uses some form of random selection and involves a process that assures different units in your population have an equal probability of being chosen. Two examples of this would be picking a name out of a hat and generating random numbers from a computer.

Simple random sampling—Units or elements are chosen at random so each has an equal chance of selection.

Systematic sampling—The first element or unit is chosen at random and subsequent elements are chosen at a fixed interval (such as every 10th person) until you reach the desired sample size.

Stratified random sampling—The population to be sampled is divided into homogeneous subgroups based on characteristics considered important for measurement. This method represents the overall population plus key subgroups and has more statistical precision than simple random sampling.

Cluster sampling—A simple random sample of clusters is chosen from a sampling frame such as a classroom or school. Then, a simple random sample of individuals within each cluster is selected.

Multi-stage sampling—This method, used for larger geographic areas, is similar to cluster sampling but uses several stages. For example, if we sampled Bangkok residents, we would sample clusters of city regions, and then take a stratified sample within clusters. In this case, we would have a two-stage sampling process with stratified samples within cluster samples.

Non-probability sampling—Sampling that does not involve random selection. This method is appropriate under certain circumstances:

- When evaluating smaller youth programs, where statistical properties of probability sampling may not apply.
- With programs that work with subgroups of youth, such as street children or drug users, where it is difficult to construct a sampling frame.
- When specialized knowledge or specific information is desired.

Convenience sampling—A sample is drawn on the basis of opportunity, for example, youth attending an activity, or young people at a particular “hang-out.”

Quota sampling—A sample frame is defined and a sample is chosen from the list, but not at random.

Purposive sampling—A sample with a particular “purpose,” or desire for specialized information with predefined groups in mind.

Snowball sampling—Data are collected from a small group of people with specialized characteristics, who are then asked to identify other people like them. Data are then collected from those referred, and they, in turn, are asked to identify others like them. This process continues until a target sample size has been reached. This method is especially useful when trying to reach populations that are inaccessible or hard to find.
References

Activity
This activity guides participants through definitions and types of sampling by engaging them as potential samples. It illustrates the strengths and weaknesses of different approaches to sampling in an interactive manner.

Activity 7.1—“Simon Says”

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<table>
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<tr>
<th>Objective</th>
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<tr>
<td>• Introduce the principles of sampling and different approaches to sampling.</td>
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<th>Materials</th>
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<tr>
<td>• Overhead projector and slides with definitions</td>
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<td>• Sample survey, as described below</td>
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<th>Method</th>
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<tr>
<td>1. Conduct a snap survey. Hand out a brief questionnaire with predefined questions. These might include questions that:</td>
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<td>• Prompt no response (sex, age).</td>
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<td>• Reflect the diversity of a group (religion or other issue or characteristic).</td>
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<tr>
<td>• Address an issue of the moment about which people might have an opinion (e.g., the World Cup).</td>
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<td>• Address specialized knowledge, specific to location or population (e.g., cricket, naming the Australian Prime Minister).</td>
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<td>Develop the questionnaire to be easy, non-threatening and fun. Keep in mind that it will be used to illustrate different forms of sampling.</td>
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2. Begin with a census. Ask participants to introduce themselves by telling their name, how much experience they have had with sampling, and where they are from. Once participants have finished, ask them to identify what they have just done.

Participants may respond that you have taken a census. Point out that a census is the most complete way to get information, and that if it is possible to conduct one, they should.

3. Introduce key terms. Review the key sampling terms outlined in the section above. Prior to giving each definition, elicit definitions from participants. Summarize by providing stated definitions.

4. Illustrate different types of sampling.

   a) Simple random sampling
      Introduce definitions as stated above. Go over information on how to select the sample with the computer. Using a list of participant names, run through an Excel randomizing feature. Choose a small sample to show the problems with small sample size (10% sample), and to illustrate the need to over-sample. Ask participants to select a particular characteristic such as religion or hobby and see if the people in the sample are representative of the whole group. Ask the group if the sample is representative, and if it is not ask them to identify reasons why.

   b) Stratified random sampling
      Introduce definitions as stated above. Divide people into country groups (or by another group identification). In this case, a range of countries (9-10) was represented. Take a random sample from within each group, for example, every 4th person. Look at the sample. Ask participants how religion (or another characteristic) is represented. Is there an increase in the broader number of religions represented? Ask the participants to look at the person or people selected per group. Ask them if that person is representative of the strata.

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Sample Questionnaire:
The Simon Baker General Knowledge Survey

Age:
Sex:
Religion:
Who do you think will win the World Cup?
Who likes cricket?
Who is the Prime Minister of Australia?
Which team is going to win the Australian Football League this year?
c) **Cluster random sampling**
Introduce definitions as stated above. Divide the group into an illustrative sample of those who live in the highlands or lowlands, or urban or rural areas. Select a cluster of highlanders and lowlanders. From each cluster, select individuals. Ask the participants if this sample is representative of highlanders and lowlanders based on religion or another characteristic.

d) **Multi-stage sampling**
Introduce definitions as stated above. Illustrate this process with the example of sampling Bangkok residents or residents of another large geographic area. Ask participants to discuss some of the challenges and advantages of this approach.

e) **Non-probability sampling**
Ask participants for definitions or each type of non-probability sampling, as listed above. Possible examples for this kind of sampling might include gathering information about drug users, rare events, illegal activities, or sensitive issues. Illustrate how you would conduct each type of non-probability sampling, using participants as examples.

- **Accidental or haphazard** – Interview a “person on the street” to get information (select a real life situation).
- **Purposive** – Ask if there is someone who knows about Australia to find out who the Prime Minister is (or another question from the sample survey).
- **Snowball** – Ask two volunteers to interview participants about a particular interest. The volunteers should then ask for “referrals” to others in the group that may know about that interest and interview them as well.

**Reflection Points**

- Encourage participants to consider and conclude when each approach to sampling is most appropriate.

**Suggestions for Facilitators**

- Provide a PowerPoint presentation with the activities so that participants can read the definitions and consider the sampling approach as they are going through the experiential sampling illustrations.
- This activity will work best with a large group of at least 20 participants. If your group is small, make sure everyone in the room participates to have the largest sample size possible. A smaller group also will allow you to illustrate the challenges a small sample size creates.
- Check participants’ understanding after introducing each type of sampling. The facilitator can refer to practical examples to clarify what these sampling methodologies look like in actual research.
8. Data Collection

Introduction

Once the purpose of an evaluation has been determined, the indicators have been selected, and study design and sampling strategy have been agreed upon, it is time to plan how to collect and analyze the data. Planning data collection from young people about sensitive issues presents a number of challenges. This session will focus on:

- Planning for data collection and developing a workplan.
- Preparing for data collection.
- Selecting data collectors.
- Identifying useful tips for data collection.

Developing a Workplan

The quality of data collected is dependent on good planning and preparation. Activity 8.1 looks at the tasks involved in planning for data collection, including the roles and responsibilities of those involved, the activity timeline, and budget requirements.

Many of the tasks identified in Activity 8.1 are similar to those for any evaluation. However, in preparing to collect data from young people, the program needs to:

- Address specific ethical concerns.
- Prepare written guidelines for conducting data collection.

Ethical Considerations

Observing ethical standards protects study participants from the risk of negative consequences as a result of their participation. Making sure such ethical considerations are addressed helps build honest and respectful relationships with communities and youth, which in turn lead to improvements in the quality of the collected data. Although most YSRH programs already have ethics guidelines for working with youth, it is still worthwhile to review these or develop new ethical standards to ensure that professional and moral principles are upheld throughout the collection.

When developing ethical standards, there are a number of issues that should be addressed, including:

**Community consultation**—Obtaining community input while developing survey instruments is important. Communities may have strong views on the appropriateness of asking youth sensitive questions about sexuality and these views should be taken into consideration. They can also guide you on how to best approach more sensitive issues within their cultural framework.
Parental consent—Guidelines concerning parental consent differ from country to country. They are dependent upon each country’s laws as well as accepted norms. There may be other circumstances that should be taken into account, for example, if potential participants are in-school youth, authorities may be able to give the necessary permission for them to participate in the study as long as it takes place during school hours.

Informed consent—Youth must understand what they are being asked to do and how the information they provide will be used. The language of any consent waiver must be easy for young people to understand. Data collectors should be trained on how to ask for consent and fully appreciate the concept of informed consent. The legal requirements about disclosure of information about potentially illegal activities must also be taken into account. Laws on this may differ, but if you are bound by law to disclose to authorities any information about specific activities (e.g., drug use) you must make this clear to participants at the beginning of the interview.

Privacy and confidentiality—Every possible precaution must be taken to ensure maintain participant anonymity from the collected data. Data collectors must understand the importance of confidentiality and that privacy is to be maintained during data collection.

Voluntary participation—Every effort should be made to avoid having youth feel pressured to be involved in the data collection. This pressure may be well intentioned. For example, an enthusiastic teacher, community leader, or peer may try to exert influence on youth to be involved. In addition, data collectors must also appreciate that when working with youth there is often a higher than expected refusal rate.

Youth in distress—Some of the collected information may be highly sensitive. Some of the questions may distress the respondents. While every effort should be made to ensure that data collectors are sensitive and empathetic, they may not be able to appropriately handle a distressed participant. If there is a risk of this occurring, then ensure that a trained counsellor is available to work with respondents.

Preparing Written Guidelines

Practical guidance for data collectors on how to collect data is essential; guidelines help to standardise data collection and thus reduce bias and random errors. Provide instructions on handling problems and questions that might arise during the data collection. Other programs may have already developed such guidelines. Network with other agencies to see what already exists, as it may be possible to adapt them for your purposes.
References


Activities

The following activities address a number of issues around data collection that can be used with program staff, youth, and partners.

Activity 8.1—Data Collection Workplan

Activity 8.2—The Perfect Data Collector

Activity 8.3—Youth Role-plays for Data Collection

Activity 8.1—Data Collection Workplan

Time Estimate

45 minutes

Objective

• Discuss issues to be addressed when developing a data collection workplan.

Materials

• “Workplan Worksheet” hand-out p. 427-428
• Pens and paper
• Whiteboard and markers
**Method**

1. Ask participants if they have used any data collection work-planning tools in the past, and if so, what were they and how helpful were they.

2. Take comments from a few participants as insight into their experiences and perspectives.

3. Request that participants form groups or pairs, preferably within their own project staff or country teams.

4. Hand out the “Workplan Worksheet” and request that participants, using their own project as an example, work through the questions on the work-planning sheet. They will have approximately 25 minutes to complete this exercise.

5. At the end of the allocated time, ask for comments and suggestions about the potential usefulness of the worksheet, experiences participants have had in planning for data collection, lessons learned, and tips they would like to share with others.

**Reflection Points**

- Remember that seasons and special celebrations may significantly influence data collection quality and timelines.

- Tasks often take longer than anticipated, and you may want to build some flexibility into your timeline to accommodate this.

- Microsoft Project is an excellent computer package for developing data collection plans and Gantt charts.

- Financial and administrative staff should be involved in planning, since this will help them understand your task and how they can best assist you in the data collection process.

**Suggestions for Facilitators**

- You can not expect a detailed plan within the timeframe allocated for this exercise. Rather than expecting participants to complete the sheet, ask them to:
  - Focus on reviewing the questions for relevance to their own work planning needs.
  - Add additional questions or make comments to improve the worksheet.

- If it is important that participants complete the exercise, you may want to ask them to spend additional time outside the sessions to work on it.
Workplan Worksheet

Data Collection

This worksheet is designed to help you and your team plan and prepare data collection activities by outlining required tasks. For each of the identified tasks, answer the questions related to:

1. Roles and responsibilities for each task.
2. Timelines for each task.
3. Financial and technical resources needed to complete each task.

Data Collection Planning and Tasks

These include:

- Undertaking detailed planning meetings and obtaining partner and stakeholder agreements.
- Gaining special permissions as required within your environment (e.g., parental consent, district authority approval, and ethics committee approval).
- Recruiting technical assistance (including agreeing on scopes of work).
- Recruiting data collectors.
- Developing ethical standards for data collection.
- Writing guidelines for conducting data collection.
- Training data collectors.
- Pre-testing data collection indicators, instruments, and procedures.
- Revising the instruments.
- Undertaking data collection.
- Transcribing the data.
- Entering the data.
- Analyzing the data.
- Writing reports.
- Translating reports.
- Reviewing results and agreeing to changes in project activities.

Working through the list of tasks above, answer the following questions.

1. Roles and Responsibilities

Within the project team:

- Who will assume overall responsibility for the task?
- Who will be directly involved in the task?
- How will you keep other stakeholders informed of your progress?
Outside the project team:
- What role will technical assistance play in the process?
- What will be the potential roles and responsibilities of project partners and how will these be decided?
- What will be the potential roles and responsibilities of youth, communities, and local authorities and how will these be decided?

2. Timelines
Estimate how long each of these activities may take to achieve, and develop a Gantt chart to illustrate the timeline.

3. Financial and Technical Resources
When developing budgets for data collection, there are many variables to consider, including:
- The scope of the evaluation.
- Whether an internal or external evaluation is planned.
- Whether quantitative or qualitative data collection (or a combination of both) is to be used.
- Geographical location, population density and distribution, and difficulty finding respondents.

Against the line items below, develop a budget for data collection that includes:
- Project staff salaries and expenses.
- External technical assistance (local or international) costs.
- Recruitment costs (data collectors and technical assistance).
- Data collector training costs.
- Data collector fees.
- Meeting costs (including dissemination meetings).
- Equipment; computers, tape recorders, etc.
- Forms and stationery.
- Communications; telephone, fax, etc.
- Data handling.
- Report writing.
- Interpreters and translation costs.
- Transportation and accommodation costs.
Activity 8.2—The Perfect Data Collector

Time Estimate

30 minutes

Objective

• Identify the characteristics and skills required in a data collector working with youth.

Materials

• Flip-chart paper
• Markers
• Tape

Method

1. Ask participants to form groups of four or five people. (No more than five people in each group).

2. Hand out paper and colored pens to each group. Explain that in this activity group members will work together to draw a visual representation of a perfect data collector.

3. Ask the groups the following question:

   When you are looking to recruit data collectors to work with youth, what characteristics and skills should you be looking for?

4. Explain that groups are free to draw the visual representation in any way they like, and should take 15 minutes to complete the drawing.

5. Invite groups to post their pictures around the room and walk around discussing each other’s drawings.

6. Ask the group to reconvene and discuss the similarities and differences in the results. List the main characteristics and skills identified from the drawings and discussions.
Reflection Points

- Some of the characteristics and skills identified may include: *is friendly and open-hearted, has good social skills, is able to maintain confidentiality, is non-judgmental, is a good listener, is able to explain the concept of informed consent, shows respect for youth, is patient and kind, knows how to accurately collect data.*

Suggestions for Facilitators

- Encourage groups to use their imagination, and to be as creative as they like with their representations.
- This lively and fun visual activity can be adapted to a range of situations, e.g., the perfect facilitator.

Activity 8.3—Youth Role-plays for Data Collection

Time Estimate

75 minutes (possibly longer depending on the size of the group)

Objective

- Help build data collectors’ skills and help them anticipate situations that may arise in the course of collecting data.

Materials

- Pens and paper

Method

1. Ask participants to form groups of three for a role-play activity.
2. Explain that two participants in the group are to act out a YSRH data collection scenario and the third person is to observe and take notes during the interaction.
3. Ask one participant to be the interviewer and one to act as a young person being interviewed. Ask them to role-play the interview process, using their own data collection instrument. If not yet available, develop a short questionnaire for the purposes of the role-play.

4. Away from the group, ask the note-takers to observe the role-play and pay special attention to the following issues:
   - Building rapport.
   - Negotiating informed consent.
   - Getting answers to difficult questions.

5. Ask the participants to take about 15 minutes for the role-play.

6. At the end of the role-play, generate discussion by asking:
   - The interviewer to describe his or her experience during the role-play and how he/she felt the interview went—was he/she able to build rapport and get the information he/she needed?
   - The interviewee how he or she felt about being interviewed?
   - The note-taker to feed back what they wrote about the interaction.

From the discussion, ask the participants to identify tips for data collection with youth.

**Reflection Points**

Tips for data collection may include:

- *Rapport is essential for good data collection.*
- *Privacy is essential—people will not talk if they fear being overheard, or in some circumstances, being seen during the interview.*
- *Sensitive questions should be avoided at the beginning of the interview.*

**Note: other tips that may not come out of the discussion in this session include:**

- Taking account of the season and timing of the data collection; it may be difficult to find youth at certain times of the year.
- Around times of national holidays and celebrations, youth may have more opportunities to socialize and meet sexual partners. Thus they may answer certain questions differently at this time.
- If planning a household-based survey, you may find that youth are not at home. Before the survey, map out the area to find out where there are hostels, military training camps, factory dormitories, and other settings where youth are likely to be staying.
- Include time and funds for calling on respondents again. Youth have high absentee rates and you may find you have to return to see them more than once.
- Have adequate numbers of field supervisors and coordinators to support the data collectors and ensure that ethnical standard are maintained.
Suggestions for Facilitators

- To help liven up the role-play, bring in a picture or article from a newspaper for the interviewer to use during the interview rather than using a data collection instrument. You may also want to incorporate suggestions from the previous activity, “The Perfect Data Collector,” to demonstrate “DO’s and DON’Ts” of interviewing.

- A role-play can be used as a data collection instrument. Young people may feel less inhibited and embarrassed if they are asked to role-play situations rather than talk about them.

- It is important to “de-role” at the end of a role-play session. Give participants an opportunity to debrief and share their feelings about the exercise.
Introduction

Once data are collected and prepared, they can be analyzed. Data processing involves a systematic organization of qualitative or quantitative data. Data analysis enables you to assess whether and how your program has achieved its objectives. This section:

- Discusses different types of data processing.
- Introduces types of data analysis for different levels of evaluation.
- Suggests ways of analyzing qualitative and quantitative data.
- Provides a case example of a YSRH program’s analysis.

Processing M&E data requires several steps. These include:

**Field editing** – systematically reviewing field notes, transcripts, and findings from interviews and questionnaires. Data should be reviewed for completeness.

**Transcription** – thoroughly recording transcripts or verbatim records of what was said during a group discussion or interview. This is generally involved with qualitative data.

**Coding** – a process of organizing and assigning meaning to quantitative and qualitative data.

**Data entry** – data from a small number of sites or respondents can usually be tabulated by hand. However, with larger samples, data are usually entered into a computer. Many statistical software packages have data entry programs.

**Data cleaning** – checking for and correcting data entry errors. Some software packages have built-in systems that check data entry errors.

**Data analysis** enables us to draw conclusions about our programs.

With **baseline surveys**, analysis reveals:

- Participants’ gender, age, marital status, schooling, residence, and other important characteristics.
- Frequency of specific behaviors and risk and protective factors.

In **monitoring and process evaluations**, analysis reveals:

- Program quality.
- Program coverage and exposure.
- Program functions.

In **outcome and impact evaluations**, analysis reveals:

- If and how the program achieved its intended results.
- What portion of changes in outcome indicators occurred as a result of the program.
Data analysis will also allow you to make the following comparisons:

- Actual results versus program targets.
- Actual progress to projected timeframe.
- Results across program sites.
- Program outcomes versus control or comparison group outcomes.

**Qualitative analysis** can be presented in different forms:

*Case studies* are based on transcripts of respondents’ narratives. They tell a person’s story and interpretation of a program. Cases can be individuals, organizations, programs, groups, or policies.

*Process analysis* depicts, through narrative descriptions, a program’s implementation stages and how these are linked to outcomes. These can be presented visually as flowcharts or other graphics, and can illustrate how programs function and what types of actions are required.

*Causal flowcharts* depict a sequence of events, revealing how things work or how processes occur. They can be presented as part of a process analysis, or can help to explain how people interpret cause and effect.

A *taxonomy* is presented as a diagram of terms to illustrate how respondents relate categories of language and meaning. Taxonomies can be used to assess youth’s understanding of reproductive health problems before or after participating in a program, or to compare participants’ perceptions with those of non-participants.

**Quantitative analysis** involves the presentation of statistics.

*Descriptive statistics* are used to describe the general characteristics of the data set, and include frequencies, counts, averages, and percentages. These data can be used to identify patterns by certain characteristics.

*Inferential statistics* allow the evaluator to generalize findings to the population based on probabilities. They rely on statistical significance or the odds for or against the probability that something happened strictly by chance.

There are several ways to analyze data related to program-level objectives:

- Compare results to the targets you initially set to assess your program’s implementation.
- Assess program objectives related to quality and coverage by comparing results to baseline data.
- Combine monitoring data and qualitative data to assess program functioning and processes at any stage of the program.
- Compare changes in indicators over time to measure program outcomes.
- Compare results across sites to assess variation in implementation and performance.
- Compare changes in indicators with a control or comparison group to determine program impact.
References


Activities

Activity 9.1—Presentation of Evaluation Findings

Activity 9.2—Graffiti Walk

Activity 9.1—Presentation of Evaluation Findings

<table>
<thead>
<tr>
<th>Time Estimate</th>
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<tbody>
<tr>
<td>45 Minutes</td>
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<table>
<thead>
<tr>
<th>Objective</th>
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<tbody>
<tr>
<td>• Present a case study of a YSRH program with analyzed data for discussion of findings.</td>
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<tr>
<th>Materials</th>
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<tr>
<td>• “Case Study” (could also be presented as a PowerPoint presentation)</td>
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<th>Method</th>
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<tr>
<td>1. As a large group, present the findings from the case study.</td>
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<td>2. Ask participants if they have any questions.</td>
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<tr>
<td>3. Discuss the questions at the end of the case study. Ask participants to consider the strengths and weaknesses of the analysis and of the program.</td>
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<th>Reflection Points</th>
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<tr>
<td>Participants may have many questions not only about the analysis, but also about the program’s implementation. These may include:</td>
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<tr>
<td>• The feasibility of delivering a long curriculum.</td>
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<td>• How to introduce it into the system.</td>
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</table>
• How to recruit and train teachers.
• Curriculum content; skills versus facts.
• How to develop specific messages.

Suggestions for Facilitators

• This approach is useful for presenting analyzed data. The selected case study could be the one provided below, or another example from an experimental or quasi-experimental design that demonstrates changes in YSRH behaviors.
• Program staff may be more concerned with the findings related to programming, rather than with discussing the methodologies, analysis, or strengths and weaknesses of the findings. It is important to create a balance in the discussion.

Case Study: Programming for HIV Prevention in Thai Schools—Operations Research with Thailand’s Rajaphat Institutes

Project Rationale

Many factors influence the capacity of school-based programs to demonstrate measurable changes in young people’s attitudes and behaviors regarding sexuality and HIV and AIDS prevention. These may include the quality of the teaching, the content of curricula and lesson plans, and the willingness of young people to accurately report on their sexual behavior. Hoping to gain greater insight into how school-based programs can help young people build positive attitudes and healthy behaviors, PATH and the Population Council developed a quasi-experimental operations research program to explore this question in Thailand. PATH was responsible for the work’s implementation and the Population Council oversaw the data collection and analysis.

Thailand was chosen as one of the intervention sites, because patterns of sexual behavior in Thailand are changing, and young people are becoming sexually active at younger ages. Most young people know about HIV and AIDS from the media and some school programs, but few feel vulnerable or at risk. Because younger people are staying in school for longer periods of time, it is possible to reach large numbers of youth through the school system. However, some school features and the Thai school system make implementing quality HIV/AIDS education a challenge.

The Thai government has allowed HIV/AIDS and family planning education in the school system for a long time. However, without training and support, teachers have tended to stick to teaching basic facts of anatomy and hygiene rather than broaching sensitive and more complicated topics such as premarital sexual behavior, homosexuality, or relationships. Despite a range of sexual lifestyles being practiced, Thai society has strong social norms about appropriate sexual behavior, particularly for women, and many teachers have found it difficult to raise issues that contradict these norms. At the same time, a relatively free and thriving media industry uses sensationalized portrayals of sexual behavior for

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1 This case study was prepared by Waranuch Chinarasopak, Rebecca Firestone, and Katherine Bond, and was based on findings from an upcoming report by HORIZONS.
advertising and marketing purposes. Without the benefit of clear guidance from teachers or parents, who are also uncomfortable discussing sexual matters with their children, young people are left to figure out sexual behavior primarily on their own or with their peers. PATH and the Population Council chose to work with Thailand’s system of Rajaphat Institutes, four-year colleges that specialize in preparing teachers, as the study sites. The Rajaphat Institutes were chosen because evidence suggested that some college-age students are sexually active, and working with the Rajaphat Institutes could open up strategic opportunities for in-service training with Thailand’s next generation of teachers.

**Evaluation Research Design**

PATH and the Population Council’s operations research program was an opportunity to determine whether a rigorously designed, implemented, and evaluated curriculum could positively influence young people’s attitudes and behaviors. The quasi-experimental design included three intervention sites and three control sites. Once intervention and control sites were established, a pre-test was conducted to gauge students’ attitudes and behaviors regarding HIV/AIDS and sexual activity. The intervention sites involved 1,143 second-year students (approximately 19-20 years old), with 1,262 students in the control schools. Sufficient students had to be recruited at each site to meet sample size calculations for statistical significance. Data were collected with a specialized computer program, Audio Computer-Assisted Self-Interview (ACASI), because researchers involved in the project thought that young people would be more willing to accurately report their sexual behaviors in a highly-private setting without having to interact personally with any researchers. Two rounds of post-tests were also conducted, three months and then six months after the intervention was completed. Group discussions were also conducted among youth and teachers.

**The Strategies**

**Introduce Project and Recruit Schools**

PATH and the Population Council worked with the national-level Office of the Rajaphat Institutes’ Council to recruit schools. The formal participation of this central coordinating body on the Project Management Committee and Project Advisory Board gave the project necessary support and facilitated the introduction of the project to all of the Rajaphat Institutes. Project staff then met with schools that expressed interest in participating, and schools were selected on the basis of whether they wanted to act as intervention or control sites.

**Characteristics of sexuality education programs proven to influence positive behaviors:**

1. Accurate and explicit information about the risks of unprotected sex and prevention measures.
2. A clear focus on reducing one or more sexuality behaviors that lead to unintended pregnancy, STIs, or HIV infection.
3. Behavioral goals, contents, and teaching methods are appropriate to the age, sexual experience, and culture of the students.
4. Activities address social pressures related to sexual behavior.
5. Use of a variety of participatory teaching methods that help students personalize information.
6. Communication skills, modeling, and practice.
7. Sufficient length of time to complete information activities.
8. On-going support and enhanced training for teachers.

control sites and whether they had the facilities for data collection and intervention implementation. At each intervention site, a senior school administrator agreed to coordinate project activities at the site and recruit faculty and students.

**Place Curriculum in the School Day Schedule and Recruit Faculty**

After discussions with school administrators and faculty, project staff agreed to hold the AIDS curriculum on Wednesday afternoons when there was time for extra-curricular activities. Thirty-five teachers were recruited on a voluntary basis according to availability. This faculty was randomly assigned to a class of 35-50 students, and they generally did not know the students before they began the activity.

**Develop Curriculum Using Proven Behavior Change Principles and Participatory Approaches**

PATH staff conducted a series of FGDs and in-depth interviews with faculty and students to assess content needs for the new curriculum. They found that students had little ability to realistically assess their HIV risk, had substantial misunderstandings about HIV and AIDS, and were heavily influenced by societal norms about gender and sexuality. Project staff then conducted an extensive review of international experience in developing HIV and AIDS curricula and chose to ground the Rajaphat Institute curriculum on the concept of experiential learning, as well as a set of principles for effective sexuality education programs. Knowing the time constraints that teachers face, the PATH team eventually developed a curriculum with eight modules of 100 minutes each, with the following learning objectives:

- Learn how to prevent HIV infection.
- Be able to assess personal risk.
- Feel motivated and intend to adopt safe behaviors.
- Learn and practice protective behaviors and skills.
- Be aware of social pressures that can lead to unsafe behavior.

Project staff summed up the ultimate goal of the curriculum as helping young people think, analyze, and make decisions. A range of activities were included in the lesson plans to encourage students to feel comfortable asking questions and expressing themselves, using participatory approaches like role-plays and hands-on demonstrations that would be more likely to engage young people and encourage them to personalize the information.
Develop Training Process for Facilitators

Even with a clear curriculum, educators still require training to become familiar with potentially sensitive content and new teaching methods. PATH developed a three-day training of trainers course for the teachers in the intervention schools to prepare them to teach the new curriculum. Recognizing that teaching HIV and AIDS education required substantial changes in personal attitudes towards sexuality as well as teaching practices, the training took a comprehensive approach, covering topics related to the content of HIV and AIDS education and the use of participatory teaching processes. The course had the following aims:

- Understand young people and their environment.
- Introduce the goals and content of sexuality education.
- Explore attitudes and values toward HIV, AIDS, and sexuality.
- Experience participatory learning and child-centered approaches and introduce the process of behavior change.
- Understand curriculum objectives and learning activities.
- Become equipped with information on HIV and AIDS and key skills in facilitating HIV and AIDS and sexuality training.

The training course put a special emphasis on introducing and modeling facilitation skills, as these skills were relatively new to most of the trainees and required teachers to change how they communicated with students and presented information. Essentially, they were asked to think of themselves as facilitators rather than teachers. Trainees were also asked to explore their own attitudes toward young people, sexuality, and HIV risk to help them become more comfortable communicating with their students.

Provide Follow-up, Monitoring, and Support

Follow-up, support, and monitoring were provided to the facilitators throughout the eight weeks during which the curriculum was implemented. The faculty were asked to fill out evaluation forms each week after completing a module, and project staff conducted classroom observations to monitor how facilitators used the lesson plans and their training. After each observation, project staff discussed the experience with the teachers and provided tips and advice. Mid-course and wrap-up meetings were also held with all of the facilitators to solicit their reflections on the experience of teaching the curriculum and suggestions on how to improve it. Project staff found that follow-up and monitoring were necessary to reinforce the training that facilitators had received and to support them in their own experiential learning process. Facilitators demonstrated different capacities in adopting the curriculum. Many of them found it difficult to be comfortable with the process. Support from project staff and the opportunity to discuss their experiences with other teachers gave several of the facilitators the encouragement they needed.
Outcomes

When assessing outcomes among students, the project had the benefit of rigorously-collected quantitative ACASI data as well as qualitative data from FGDs and in-depth interviews. Findings included:

*A statistically significant increase in condom use among sexually active students* – 41 percent of the target group were sexually active at baseline. Of this group, only 30 percent reported regular condom use. Female students with partners in the intervention group reported a statistically significant increase in condom use in the last four months, while increases among males were not significant. These data are presented in Graphs 1 and 2 below.

Graph 1: Sexually active female students who reported using condoms every time or most of the time with a partner in the last four months

Graph 2: Sexually active male students who reported using condoms every time or most of the time with a partner in the last four months
Better knowledge of condom use, particularly among young women
Young women who had not had sex reported fairly low levels of knowledge of condom use at baseline, while only 71 percent of young sexually active women reported knowing how to use condoms. In contrast, young men were more knowledgeable, although again, those who were not sexually active reported lower levels of knowledge. After the intervention, both women and men reported higher levels of knowledge about condom use, although the difference was most remarkable for young women.
Students less embarrassed about buying condoms – Young men, whether or not they had had sex, were generally less embarrassed about buying condoms than young women. However, both young men and young women reported being less embarrassed about purchasing condoms after the intervention and in comparison with students at the control schools. For young women, whether or not they had sex, and for young men who had not had sex, this trend was sustained six months following the intervention.
**Increased communication among partners about HIV and AIDS** – Young women and men who reported being sexually active reported significant increases in communication with their partners about HIV and AIDS. Changes were most noticeable among young sexually active men.

**Increased positive attitudes towards PLHAs** – Reported attitudes towards PLHAs were generally low among students in intervention and control schools at baseline. Following the intervention, students in the intervention schools were more likely to report that they would be willing to study with an HIV-positive student and/or teacher. These students were also more willing to buy food from an HIV-positive shopkeeper.
Findings among Facilitators

From discussions with facilitators at the three intervention sites, project staff found that the faculty involved had gone through a substantial process of change as they learned how to talk about sex and use participatory methods. These changes included:

- Increased knowledge and understanding of HIV/AIDS.
- More positive attitudes towards young people’s sexuality and towards PLHAs.
- Increased interest in and willingness to use participatory and interactive learning methods.
- Stronger facilitation skills.
- Increased communication and better relationships with students.
- Greater commitment towards teaching about HIV/AIDS.

Teachers provided the following comments relating to their participation:

“In the Thai education system in general we tend to teach students to listen. This curriculum equips us to teach students to think and to plan ahead by providing exercises over real situations. I think this curriculum is very useful in letting students practice critical thinking skills.”

“In working with young people we have to establish relationships and gain their trust. Then they will talk to us more and dare to come for counseling. As teachers, we have to be flexible, respect differences, allow our students to express their opinions, and be non-judgmental. There is no right or wrong when dealing with attitudes or values. Young people today live in a different environment and may have different views from ours. We are only the facilitators who can help them learn and encourage them to think.”

Challenges

**High student-teacher ratios**—Most of the teachers in the intervention were responsible for groups of 35-50 students. This is standard for Thai classrooms, but working with large groups of students makes it more difficult to develop an open, trusting, and respectful environment to facilitate interactive learning.

**Teacher attitudes and ability to change**—Despite training and follow up, some teachers found it difficult to be comfortable with the interactive techniques included in the curriculum. These educators had to radically change their roles in the classroom from being the absolute authority to becoming a facilitator and coach. This meant that they had to accept a diversity of opinions and accept the possibility that they might not have answers to students’ questions. Many of the facilitators felt they had to put substantially more time into preparing to teach the modules, which was often stressful.

**Talking about sexuality and sexual behavior**—This was also challenging for many of the facilitators. Some of the teachers had their own misconceptions about reproductive and sexual health prior to the training, and these had an effect on how comfortable they felt talking with their students. As a result, some facilitators skipped over sensitive topics.
Questions for Discussion

1. Based on the evaluation design, which changes in outcomes can be attributed to the intervention?

2. What other reasons may have contributed to the reported changes?

3. What may have accounted for the differences in reports between male and female students?

4. What other factors could the intervention have addressed?

5. What can we learn about the approach to teaching?

6. What other information and analysis would be needed to draw more definitive conclusions about the impact of this intervention?

Activity 9.2—Graffiti Walk

Time Estimate

20 minutes

Objective

• Reflect on the presentation, reinforce points, and clarify questions.

Materials

• Six flip-chart sheets with headings. Post each one on a different wall or corner of the room. The headings for the flip-chart pages include:
  1. ACASI Pre-Post Test
  2. Group Discussions with Teachers
  3. Group Discussions with Youth
  4. Observations
  5. Process Evaluation Indicators
  6. Outcome/Impact Indicators
Method

1. Give each participant a marker or suggest that they share one if needed.
2. Point to the flip-chart sheets posted around the room and review the headings.
3. Ask participants to walk up to the flip-charts and write something that they learned from the presentation about the PATH YSRH program.

Reflection Points

Participant outputs may include, for example:

**ACASI Pre-Post Test**
- Hi-tech and anonymous.
- Good for sensitive data.
- Fun – is an interesting and curious activity for youth.
- Reduced interviewer bias.
- High logistics requirements and expensive.
- Only for computer literate population.

**Group Discussions with Teachers**
- Teachers are role models.
- Some teachers can be good HIV/AIDS educators.
- Every teacher can teach if he/she has the will, training, and support.
- This teaching methodology is student-centered and participatory.
- Teachers were initially apprehensive.
- Student involvement needs to start at an earlier age.

**Group Discussions with Youth**
- In the right situation youth are willing to talk about contentious issues.
- Youth in the intervention group were more open to talking about sex than the control group.
- It is possible to get data on the number of students using condoms.

**Observations**
- Teachers can become more friendly and open.
- Confidence and active participation among female students is important.
- Female students seemed more involved in the program.
- The diagrams used to depict the final outcomes were difficult to understand.
**Process Evaluation Indicators (program objectives)**

- Build teachers’ knowledge and confidence in issues of sexuality and HIV and AIDS.
- Build teachers’ capacity to adopt a youth-centered approach.
- Build supportive environments for learning and facilitating HIV and AIDS and sexuality education in schools.
- Develop and test youth curricula.
- Develop and carry out unbiased M&E research of project impact.

**Outcome Impact Indicators (population objectives)**

- Increased communication between teachers and students on HIV/AIDS and unwanted pregnancy issues.
- Increased knowledge about safe sex.
- Increased positive attitudes toward PLHAs in the intervention group.
- Increased condom use.

**Suggestions for Facilitators**

- This activity was used to summarize what participants had learned from a presentation about the PATH YSRH program, but the idea of a “Graffiti Walk” can be adapted to suit any other presentation or program.
- For different presentations or programs, use the basic idea of flip-chart sheets with alternative headings.
Introduction

Using and disseminating a program’s M&E results can have many benefits. Monitoring and evaluation results can help improve a program and broaden our understanding of what works in YSRH activities. This session provides an overview of the benefits and uses of M&E data and encourages participants to use evaluation results to make program improvements.

Issues

Improve program design and implementation

Using the results of M&E can help improve program interventions. As you learn about how and why a program works, you can make decisions about program direction and use of resources. If you identify weaknesses early in the program you can make necessary modifications.

Strengthen the program institutionally

Using results from M&E efforts, program staff can communicate what influence the program is having on policy makers, community members, families, and young people. Staff can also identify how well the program is meeting its objectives, and whether there are ways they can improve the program’s progress. Sharing M&E findings with the community can help strengthen support for a program, broaden a project’s network, and give appropriate recognition to those involved.

Advocate for resources

Strong program results and evidence of effectiveness are among the best tools to advocate for continued or expanded investment in youth programs. Results can also be used to make a case among policy makers that policy support is needed or that certain policies should be modified. Involving participants in documenting and disseminating findings can help make a more compelling advocacy case.

Scale up program efforts

Once programmers have determined how well the program has achieved its results and what systems and operations were required to achieve these results, they are in an excellent position to expand the program’s reach and “scale up.” Monitoring and evaluation can help programmers determine what key components were needed for the program’s success and replicate or institutionalize those components for broader impact.
References


Activity

The activity in this section encourages participants to consider what changes they would make to a program based on the M&E findings.

Activity 10.1—Improving the Sex Education Program

**Activity 10.1—Improving the Sex Education Program**

**Time Estimate**

20 minutes

**Objective**

- Reflect on program evaluation results and make suggestions for improvements.

**Materials**

- Flip-charts
- Markers

**Method**

1. Ask participants to form discussion groups.
2. Ask groups to list five things that could be done to improve a program using data analysis.
3. Explain that the improvements might relate to design, curriculum, staffing, training, management, information, key content, or anything else.
4. When groups have come up with their lists, invite representatives from each team to present their ideas and compile a “master list” on a flip-chart.
5. As each representative presents, ask him/her to only offer new suggestions for the list (rather than repeating existing ideas).
Reflection Points

Based on the specific example presented in section 9, participant suggestions for improvements might include:

- Start working with younger youth groups.
- Get youth, student, teacher, and government participation in curriculum development and M&E plans.
- Mobilize youth groups, set up a Web site, organize art competitions, and use the mass media.
- Conduct qualitative analysis of student lifestyles (especially of their relationships and interactions with teachers).
- Ensure continuity of teacher training and offer problem-solving support for teachers.
- Establish a control group for teachers.
- Address gender bias.
- Scale up.

Suggestions for Facilitators

- Note that in some experimental sex education programs, there may be constraints to developing a quality local program. For example, donors may want to assess the programs in different settings under specific conditions.


11. Communicating Results

Introduction

Disseminating and communicating the results of a program evaluation can lead to increased program support and broader attention to the issues at hand. Communicating results requires that we:

• Decide how to share results.
• Identify and specify audiences.
• Define the message.

This section provides an opportunity for participants to consider strategies and messages for dissemination based on actual evaluation results.

Issues

Reasons for Sharing Results

Sharing and communicating results from evaluations can have a number of benefits. When considering a communication strategy, a program should determine the specific reasons for disseminating results:

• Increase public awareness about young people’s reproductive health status and needs.
• Encourage communities to support youth.
• Improve coordination among agencies working with youth.
• Advocate for policy change.
• Encourage increased resources for youth programs.
• Provide lessons learned for other in-country and international programs.

Defining Your Audience

There are a number of potential audiences that would be interested in YSRH program evaluation results. Communication strategies must consider audience perspectives and positions, and an appropriate format to reach them. The intended audience may consist of one or a combination of the following groups:

• Youth
• Community organizations
• School administrators
• Parents
• Religious organizations
• Media
• Policy makers
• Government officials
• Advocacy groups
• Funding agencies

Defining the Message

Once the audience has been defined, the strategy should carefully consider the message or messages to be conveyed. Generally, a communication approach should:

• Share positive and negative findings.
• Clarify statements using direct and concise language.
• Be logically organized.
• Make appropriate use of illustrations and examples.

References


Activity

This activity is designed to stimulate group discussion about forming key messages for different audiences based on the findings of a program’s evaluation.

Activity 11.1—Dissemination to Stakeholders

Activity 11.1—Dissemination to Stakeholders

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<th>Time Estimate</th>
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<td>40 minutes</td>
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<table>
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<tr>
<th>Objective</th>
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<td>• Plan a YSRH dissemination campaign for stakeholders.</td>
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<th>Materials</th>
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<tr>
<td>• Flip-charts</td>
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<td>• Markers</td>
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### Method

1. Explain that this activity focuses on presenting key messages to YSRH stakeholders.
2. Ask participants to form four discussion groups.
3. Ask each team to choose one group of stakeholders they would like to focus on (youth, parents, teachers, or policy makers).
4. Ask groups to reflect on the following questions:
   - What are the key messages?
   - How would you present them?
5. Urge the groups to be creative in their planning.
6. When groups have prepared their campaigns, invite a representative from each team to present their dissemination strategy.
7. Invite feedback from other participants and open the discussion.

### Reflection Points

Group outputs may include elements such as these:

**Youth**
- **Key Message:** “Teens break the silence for safe sex.”
- **Format:** Logo and sticker to go with an annual youth campaign (Youth Day).

**Parents**

Group 1:
- **Key Message:** “No more denials: sex is happening.”
- **Activity:** Talk-show about youth ready to discuss sexuality issues. Are parents?
- **Refer to the increased perception of risks:** What can parents do to help?

Group 2:
- **Key messages:** “Kick HIV/AIDS out of Thailand” (use Thai boxing image) and “Join the battle with your children against HIV/AIDS.”
- **Activities:** Give key information on HIV/AIDS and fact sheets; form parents’ network and work with Parents and Teachers Associations (PTAs); do orientation programs for parents; and share reports about the intervention.
**Teachers**

- Show that youth are becoming more comfortable talking about sex.
- Address fears and concerns among teachers by doing a COPE® exercise with all the teachers and administrators. Allow everyone a chance to express their opinions.
- Address the problem of teachers who teach sex education being stigmatized by other teachers (who think that this is encouraging sex).

**Policy Makers**

- Include everybody in M&E activities.
- Show what is going well and what has been achieved.
- Focus on one key message for policy makers and be consistent.

**Suggestions for Facilitators**

- This activity can stimulate innovative approaches for reaching stakeholders. It works like a brainstorming session and can be done more than once with the same group after a period of time has elapsed. Remember that the issues and messages may change over time.