MODULE I

Monitoring and Evaluating Constructive Men's Engagement Programs

A Facilitator's Training Guide

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MEASURE Evaluation

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About this Module

This module is designed and intended to be used as a one and a-half day training session (12.5 hour) session that is delivered following the two-day training session on *Constructive Men's Engagement in RH: For Themselves, Their Partners, and Their Communities*. It is intended to be a basic introduction to monitoring and evaluation, and should be merely a first step in encouraging workshop participants to build their individual and organizational capacity to monitor and evaluate their programs.

Before facilitating this workshop session, we strongly encourage all facilitators to enroll in and complete the MEASURE Evaluation MENTOR online M&E fundamentals course that is available on the MENTOR page of the MEASURE Evaluation Web site at:

http://www.cpc.unc.edu/measure/training/mentor/

Taking this course before facilitating this session will familiarize facilitators with terms and concepts used in this module, and provide additional background that will enhance delivery of these concepts and facilitation of the workshop throughout the session.

We also encourage you to invite participants to register and complete this online course before they attend this workshop session. This will enable facilitators to ensure that all participants are entering this session with a basic level of understanding of monitoring and evaluation (M&E) concepts and terms. If it is impractical to request that participants complete the online course before this training session, consider encouraging them to take it following this session as a follow-up to reinforce the material introduced during this session. If lack of infrastructure or slow connection speeds prevent participants from taking this course online, a version of the course is available on CD, and can be ordered at:

http://www.cpc.unc.edu/measure/publications.

It is strongly recommended that the facilitator/trainer for this session be an M&E specialist or someone who has been trained in M&E. The times shown take into account questions, answers, and discussion. Discussion time may vary depending on participant's degree of familiarity with M&E concepts. Facilitators who have not been trained in M&E and who have not participated in M&E work in the field may have some difficulty answering participants' questions and productively facilitating group discussion.

Note that the icons below are also used throughout the module to provide important cues throughout the training module:

This clock icon appears at the beginning of each section or activity and gives you an estimate of how long each section or activity should take.

This flip chart icon appears whenever discussion or an activity should be recorded on flip chart paper for discussion, debriefing and posting in the training room.

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Facilitator's Guide

Background

This facilitator's guide provides essential information to organize and implement a **one-and-a-half-day** training session on monitoring and evaluating constructive men's engagement (CME) programs. Facilitators assist participants to develop key components of an M&E plan for each of the three key roles men play in reproductive health programs: clients, supportive partners, and agents of change.

Learning Objectives

By the end of this training module, participants will be able to:

- √ differentiate between monitoring and evaluation;
- √ write goals and smart objectives for CME programs;
- √ design a logic model for a CME program or strategy;
- √ Identify criteria for indicator selection;
- √ identify information sources for measuring CME; and
- √ discuss factors to consider when choosing an evaluation design for CME strategies.

As a facilitator, it is important to familiarize yourself with this guide and the accompanying Microsoft PowerPoint presentations and handouts. The pre-workshop planning sections of the guide cover essential information needed to prepare for the workshop. Detailed explanations of the presentations, participants' activities, and group work are presented next. The Microsoft PowerPoint presentation contains participatory activities designed to assist participants in applying key M&E concepts.

Suggested time durations are listed for each section and activity. Lunch and breaks have been inserted between activities but can be moved around as needed. The schedule can be modified if more or less time is available. However, we recommend that you do not alter the sequence of activities or omit any of the key sections of the module.

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Facilitator's Guide

Structure of the Guide

This guide is divided into several sections. The first section is pre-workshop planning and covers essential information needed to prepare to deliver the module. This section is followed by a brief recap of key concepts from both the IGWG gender integration and CME training workshops, which should precede the delivery of this module. These key concepts include overviews of the gender integration continuum and the three key roles men play in reproductive health programs. In addition, the challenges associated with monitoring and evaluating programs that utilize CME strategies are also presented, and are revisited and recapped as part of the conclusion of the training module. Subsequent sections are organized around the following three components:

M&E Fundaments introduces the fundamentals of M&E and leads participants through the definitions of monitoring and evaluation and the purpose of M&E. These sections also show how M&E fits into the program life cycle and covers the different components of M&E plans.

Frameworks discusses the importance and uses of frameworks in the process of developing plans for program monitoring and evaluation. This section discusses the specifics of conceptual frameworks, logic models, and results frameworks and includes an explanation of issues that are important to consider in designing frameworks that will be truly useful in the M&E process.

Indicators covers indicators and information sources for program monitoring and evaluation. This section covers the ideal characteristics of indicators as well as practical considerations in indicator selection, how to find or create appropriate indicators for CME strategies in the absence of standardized indicators, and issues around determining correct and precise metrics for indicator calculation. The section concludes with a discussion of factors to consider when choosing an evaluation design to evaluate CME strategies.

Facilitator note: As a general guideline, minimal time should be spent on the slides provided. The presentations should be short and focused on orienting participants to the exercises to be completed. Facilitators are responsible for guiding the groups through the exercises and providing ongoing feedback to individual groups as needed.

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Pre-Workshop Planning

Participant Selection

An important criteria for participant selection is involvement in programs that utilize constructive men's engagement (CME) strategies. Grouping participants based on their current work responsibilities or professional interests would enable participants to draw from each other's knowledge and experiences and create high quality and relevant M&E plan components for a given intervention area. The facilitator should foster cross-group interaction and support.

Give Participants Advance Information

In advance of the workshop, it is suggested that the facilitator send participants the workshop agenda so that they can begin to orient themselves to the monitoring and evaluation training. Also send participants a brief questionnaire that allows them to report anonymously on their levels of skill and knowledge in relevant M&E areas (see Appendix 1). Ideally, participants should complete the questionnaire before the workshop starts so that facilitators can appropriately target and adapt the training materials to the M&E skills of each participant group. Alternatively, the baseline questionnaire can be completed during opening activities.

Prepare Session Evaluation Form

Participants' evaluation of the workshop/training module is also important. Participants' evaluations can help identify specific problems with the workshop materials for the region/country or culture. It can also assess whether participants are satisfied with a specific component. There is a specific session evaluation form for the training on M&E of CME programs (see Appendix 2). Be sure to adapt the session evaluation form to reflect the training topics covered and to have printed copies available at the end of the CME M&E training.

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Pre-Workshop Planning (continued)

Assign a Note-taker

Facilitators should ensure that someone takes notes throughout the training session. These notes can provide useful references for charting problems that arise or progress during the session and act as a good memory tool.

Room Structure

Due to the participatory nature of the workshop, the workshop site should have plenty of space for a minimum of four subgroups of participants (each representing one of the IGWG CME case studies) to spread out and work separately without disturbing each other. There should be adequate wall space for each group to post the results of each activity on flip chart paper on the walls. If breakout rooms are used, they should not be far apart from each other and there should be one large room that can hold everyone.

It would be ideal to set up the room as a cluster of four to six tables (depending upon the size of your group and the number of case studies you opt to use) with room for facilitators and participants to walk between the tables. Participants will be asked to sit together as they will need to work jointly on the practice exercises and most of the activities using the case study examples. Place pens, markers, and Post-it notes in the center of each table. Signage should be prepared before participants arrive and be ready for placement on the tables and walls.

Facilitator Equipment and Materials

The suggested equipment and materials listed below should be prepared in advance of the session

- √ Liquid crystal display (LCD) projector and laptop computer with relevant Microsoft PowerPoint slides
- √ microphone
- √ flip charts (make sure there is plenty of flip chart paper available)
- √ pens
- √ name tags

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Pre-Workshop Planning (continued)

- √ multicolored markers for flip charts
- √ note pads
- √ colored construction paper (at least six different colors for creating table tents and labels for the CME case study groups)
- √ cordless presenter for ease of slide presentation (optional)
- √ pointer (recommended)

Participants' Materials

- √ agenda for the session
- √ complete copy of Microsoft PowerPoint presentations (printed in handouts) and other handouts (one set per participant)
- √ note pads (one pad per participant)
- √ pens or pencils
- √ flip chart paper (one flip chart per CME case study group)
- √ multicolored marking pens (one set per CME case study group)
- √ Post-it notes for creating program logic model (one package per CME case study group)
- √ non-marking tape (such as painters' tape) for posting flip chart paper on assigned wall space (one package per CME case study group)
- √ name tags
- √ baseline assessment questionnaires (one per participant if not administered electronically before the workshop)
- √ Session evaluation forms (1 per participant)

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Facilitator's Guide

Suggested Agenda

DAY ONE

I.	**Introduction, Learning Objectives, Agenda**	**30 minutes**
II.	**Setting the Context**	**40 minutes**
III.	**Definition and Purpose of Monitoring and Evaluation**	**110 minutes**
	Activity 1: Is It Monitoring or Evaluation?	15 minutes
	Activity 2: Develop M&E Questions	35 minutes
	Break	**15 minutes**
IV.	**Program Goals and Objectives**	**75 minutes**
	Activity 3: Is It a Goal or an Objective?	15 minutes
	Activity 4: Defining Program Goals and Objectives	45 minutes
	Lunch	**60 minutes**
V.	**Monitoring and Evaluation Frameworks**	**100 minutes**
	Activity 5: Identifying Logic Model Components	10 minutes
	Activity 6: Developing a Logic Model	45 minutes
	Break	**15 minutes**
VI.	**Indicator Selection — Part One**	**110 minutes**
	Activity 7: Selecting Program Indicators	45 minutes
	Wrap-up Day One	**5 minutes**

Facilitator note: The times shown take into account question and answer, and discussion. Discussion time may vary depending on participants' degree of familiarity with monitoring and evaluation (M&E) concepts.

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Facilitator's Guide

Suggested Agenda (continued)

DAY TWO

	Welcome and Review	**15 minutes**
VI.	**Indicator Selection — Part One (continued)**	**45 minutes**
	Activity 8: Assessing Program Indicators	45 minutes
VI.	**Indicator Selection — Part Two**	**120 minutes**
	Activity 9: Operational Definitions	40 minutes
	Activity 10: Specifying Indicator Metrics	40 minutes
	Break	**15 minutes**
VII.	**Information Sources**	**75 minutes**
	Activity 11: Identifying Information Sources	30 minutes
VIII.	**Evaluation Design**	**20 minutes**
	Closing Activities	**20 minutes**
	CME M&E Session Evaluation Questionnaire	10 minutes

Facilitator note: The times indicated in bold take into account the specified group/participants activities.

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30 minutes for section I

I. Opening Activities

Slide 1

Welcome, Introductions, Review of Workshop Objectives and Agenda

Materials

Slides, laptop, and LCD projector
Handouts
Assessment of Knowledge, Skills, and Needs questionnaire (found in Appendix 1)

It is a good idea you to arrive at the workshop site early to set up the equipment and the rooms. Wear a name tag to identify yourself as a facilitator and give participants their own name tags as they arrive. Have participants complete a sign-up sheet with their first name, last name, position, employer, mailing address, telephone number, fax number, and e-mail address.

Opening Activities

Suggested components for opening activities include the following:

1. **Opening statements by organizers and collaborating partner/host site representative**
2. **Introduction of facilitators**

   Things appropriate to include could be experiences in M&E workshops and other training and experiences in different countries or in the region where the current training workshop is being held.

3. **Introduction of participants**

   Because this module should be delivered after the IGWG Gender and CME primers, participants should be familiar with each other. Therefore, the facilitator can take about 10 minutes to review with participants the materials they learned in the preceding module. This provides an excellent opportunity to energize the group by asking the participants to ask questions of each other, quiz each other, and see who has the answer. This review activity can be light and energetic.

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I. Opening Activities

Slide 2

4. Workshop goals and learning objectives

Explain that the goal of this training module is to build participants' skills in monitoring and evaluating the integration of CME strategies into reproductive health programs. Explain that this session will familiarize participants with key M&E concepts, terminology and M&E frameworks; enable them to write program goals and SMART objectives; develop a logic model; enable them to identify criteria for indicator selection; identify information sources for measuring CME program outputs and outcomes; and enable them to discuss factors to consider when choosing an evaluation design.

5. Time structure and the session's agenda

Take time to review the session agenda and timing for both days. Be sure to cover timing for lunch and breaks, etc.

6. Assignment of participant groups by IGWG CME case study

Many of the activities provided in this module will utilize a small-group format using the IGWG case study examples that were introduced during the CME primer module. These case studies are provided in a separate document file (Adobe Acrobat pdf file) along with the module materials, and should be printed for both the facilitators and participants. Once the participants have grouped themselves, assess whether the groups are equally sized, and adjust as necessary. The size of your participant group will determine how many groups you ultimately assign (and how many of the six case studies you use). The ideal small group size would be five to seven people. Larger groups will make full participation for all participants challenging. Once the groups are set, select a case study for each group making sure that you choose case studies that represent each of the three roles men play in reproductive health (RH) programs (clients, supportive partners and agents of change).

Facilitator note: Facilitators should write the objectives and agenda for this module on flip charts that will be spread around the room.

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I. Opening Activities

Slide 2 (continued)

7. **Orientation to the workshop site (location of toilets, telephones, refreshment, etc.)**

8. **Any outstanding practical issues** (e.g., lodging, meals, transportation, funding, etc.)

9. **Baseline assessment by participants**

   (If participants have not returned the baseline assessment questionnaire, ask them to complete it at this point.) After the baseline assessment questionnaires have been completed and submitted, ask participants if they have any questions on the objectives and agenda for the session.

   Before going on to the first section of the module, check if each participant has the training packet (consisting of Microsoft PowerPoint slides printed in handouts and other session handouts, including the CME case study examples). Inform participants that they will be recording the results of their small group activities on the flip chart paper placed on their tables. Direct each group to the section of the wall where they will tape the flip chart paper documenting the results of their group activities.

Facilitator note: Highlight that the session is based on universal learning by the entire group. Participants also bring important information and experiences to the training and should feel free to share their experiences and skills with the group.

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I. Opening Activities

Suggested Activities for Participant Introductions

15 minutes

- Option 1: Allow each participant to introduce him or herself with time for a few comments. Do not allow any one person to go on too long. Make notes on introductions if this will help you get to know participants better.
- Option 2: Split participants into pairs and have each interview the other. Then go around the room with the pairs presenting each other to the group. Let participants speak for themselves about the goals that they hope to accomplish as a result of the training.
- Option 3: On a flip chart, document the various goals as participants report them. After everyone has introduced themselves, review goals on a flip chart, noting those that are already included in the session plan and others that can be met during the training with a little tweaking. For goals that do not fit into the session plan exactly, identify options for obtaining additional information or other resources for those participants.

Exercise: Fears and Expectations

Give participants two different colors of paper for writing their fears and expectations regarding the session. Tell participants which color to use for each category. Give the following instructions:

> Working individually, list on the sheets of paper provided (1) your expectations about the session and then (2) your fears and concerns. Write legibly and use large print. Do not put your name on the sheets of paper.

Upon completion, the sheets of paper should be collected by the facilitator and groped by color. The facilitator should review the sheets briefly and draw out similarities and uniqueness of ideas. Following the presentation, the sheets should be taped to the wall and displayed throughout the day.

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40 minutes for section II

II. Setting the Context

Defining Gender Integration, Slide 3

10 minutes

Materials

Slides, laptop, and LCD projector
Microsoft PowerPoint handouts

1. Explain that before we can monitor and evaluate any program, we need to know the nature of the program and identify the programs goals, objectives, major activities and components.
2. Recap the key messages from the previous two-day training sessions on Constructive Men's Engagement in RH: For Themselves, Their Partners, and Their Communities.
3. Recap the key elements of IGWG gender-integration continuum, and review the following definitions with participants:

Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being a woman or a man. The social definitions of what it means to be a woman or a man vary among cultures and change over time. Gender is a socio-cultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality.

Gender-based constraints are factors that inhibit either men's or women's access to resources or opportunities of any type. They can be formal laws, attitudes, perceptions, values, or practices (cultural, institutional, political, or economic). For example:

- Customary laws dictating that only men can own land is a gender-based constraint on agricultural production, since it can prevent women from producing or marketing crops or obtaining credit.

Facilitator note: Explain that although a program proposal or program plan may state program activities and intentions, these are often outdated or incomplete. Asking key program staff for scenarios of what one might expect to see at program sites sometimes provides a better description of program activities or components.

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II. Setting the Context

Defining Gender Integration, Slide 3 (continued)

- A law that prevents pregnant teenagers from attending school is a gender-based constraint since it places girls at a disadvantage relative to boys in obtaining an education.
- An HIV/AIDS program that is located in an antenatal clinic could constitute a gender-based constraint if men are reluctant to get tested in this setting.

Gender blind is defined as the absence of any proactive consideration of the larger gender environment and specific gender roles affecting program/policy beneficiaries. Gender blind programs/policies would give no prior consideration for how gender norms and unequal power relations affect the achievement of objectives, or how objectives impact on gender.

Gender aware strategies are ones that refer to explicit recognition of local gender differences, norms, and relations and their importance to health outcomes in project design, implementation, and evaluation. This recognition derives from the analysis or assessment of gender differences, norms, and relations in order to address gender equity in health outcomes.

Gender exploitative strategies are ones that refer to approaches to project design, implementation, and evaluation that take advantage of rigid gender norms and existing imbalances in power to achieve the health program objectives.

Gender accommodating strategies are ones that acknowledge the role of gender norms and inequities, and seek to develop actions that adjust to and often compensate for them. While such projects do not actively seek to change the norms and inequities, they strive to limit any harmful impact on gender relations.

Gender transformative strategies are ones that transform gender relations and actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives.

Facilitator note: Explain that although a program proposal and program plan may state program activities and intentions, these are often outdated or incomplete. Asking key program staff for scenarios of what one might expect to see at program sites sometimes provides a better description of program activities or components.

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II. Setting the Context

Levels of Intervention, Slide 4

10 minutes

Materials

Slides, laptop, and LCD projector
Microsoft PowerPoint handouts

Tell participants that, in thinking about CME initiatives, it is important to remember the three key roles that men play in RH programs. (This slide is animated; before showing the answers, ask participants if they remember what these roles are from the earlier CME sessions. These issues were introduced in the earlier CME session.) Remind participants that they previously discussed the roles men play in RH programs. Ask participants if they remember what the three key roles men play in RH programs are:

ANSWERS:

Clients: Those receiving RH services

Supportive partners: Actively engaging as a full partner in the RH issues in their relationship from family planning to ensuring that their partner and children receive needed care.

Agents of change: As leaders in shifting community and cultural norms, attitudes and behaviors toward women and girls and their place in families, communities, and society at large.

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II. Setting the Context

M&E Challenges (slides 5-6)

20 minutes

Materials

Markers
Flip chart paper

This part of section II is designed so that participants can discuss particular challenges they face when conducting M&E activities for CME programs or strategies.

1. Introduce this segment by saying that all programs present particular opportunities and challenges to conducting M&E. It is important to know what some of these are up front so that we are able to overcome the challenges. Participants should be directed to complete the exercise described below. The purpose of the exercise is to discover what participants see as challenges to the successful monitoring and evaluation of CME programs.

2. Each group should work separately and write on flip chart paper the challenges of doing effective monitoring and evaluation giving special attention to the IGWG CME case study they have been assigned. Allow 10 minutes to complete this step.

3. Bring the participants together. Have each group present the challenges that it identified. Fill in the discussion with the challenges presented in slides 5-6.

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

5. Ask all participants to keep these challenges in mind as well as ways to overcome these challenges when they return to their jobs.

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M&E Fundamentals

Sections III and IV introduce the fundamentals of M&E and lead participants through the definitions of monitoring and evaluation and the purpose of M&E. These sections also show how M&E fits into the program life cycle and covers the different components of M&E plans.

110 minutes for section III

III. Definition of Monitoring and Evaluation

Slides 7-10

Brainstorming Session: What is monitoring? What is evaluation?

15 minutes

Materials

Flip charts and markers
Handout 1: Is It Monitoring or Evaluation?

1. This section is designed to clarify participants' concepts regarding monitoring and evaluation. Following the discussion of M&E challenges, ask participants to come up with a list of what monitoring is. Then ask participants to come up with a list of what evaluation is. Lead the group by asking them to shout out what words come to mind when they think of monitoring and when they think of evaluation. Organize the ideas into two columns: "What is monitoring?" and "What is evaluation?".

2. Next lead a discussion of how the two terms are different:

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

As the discussion progresses, facilitators should add insights or remarks on connections and parallels between words offered by participants to reflect monitoring or evaluation and the ideas in the slides to validate the knowledge that participants may bring to the training.

Facilitator note: Some participants may have preconceived ideas about monitoring and evaluation, which can prevent them from moving forward. At this point, it is important to emphasize that monitoring and evaluation are like the two sides of a coin. You need both "sides" to give you a better understanding of how your program is working.

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III. Definition of Monitoring and Evaluation

Slides 7-10 (continued)

3. Fill in the discussion with the following points:

   - Monitoring is an ongoing, continuous process; requires data collection at multiple points throughout the program cycle, including at the beginning to provide a baseline. Monitoring means tracking changes over time.

4. Emphasize that monitoring addresses the following questions:

   - Are activities carried out as planned?
   - What services are provided, to whom, when, how often, for how long, and to what context?
   - Are the services accessible?
   - Is the quality of services adequate?
   - Is the target population being reached?

5. Then, define evaluation.

   - Evaluation measures how well the program activities have met expected objectives and attributes changes in outcome to the program or intervention. Evaluation requires data collection at the start of the program to provide a baseline and again at the end rather than at repeated intervals during program implementation; a control or comparison group; and a well-planned study design.

6. Point out that evaluation addresses the following questions:

   - What outcomes are observed?
   - Does the program make a difference?
   - To what extent is the program responsible for the observed changes?

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III. Definition of Monitoring and Evaluation

Slides 7-10 (continued)

7. Define impact evaluation.

   - The real key in impact evaluation is isolating program effect from the effect of non-program factors. This involves a rigorous research design, such as:
     - Randomization: constructing a sample by randomly allocating the experimental units (clients, cases, couples, etc.) across treatment and control groups.
     - Multi-level, longitudinal analysis: studies that track their subjects over a longer timeline collecting data over a long period of time, and analyzes them from various perspectives (or levels).

   It is important for participants to understand that change can happen if there is no program. Facilitators may illustrate this point by asking participants whether they have changed their diet in the past two years. Why did they change their diets? Potential answers may include: (1) exposure to information on the radio, television, and magazines advising people to cut down on their fat consumption; (2) doctor's advice (health reasons); (3) an increase in the price of meat making it difficult for them to eat meat on a daily basis. Some of these changes in diet happened not because of a communication program but because of other factors. Summarize by stating that impact evaluation is trying to find out whether it is a program that is responsible for a given change.

   Impact evaluation also involves a relatively high level of scientific and statistical expertise. Therefore, in most M&E applications, the focus is on monitoring – but periodic impact assessment is also essential.

Facilitator note: Introduce the idea that most implementing partners and agencies are not expected to carry out rigorous evaluation, but that they rely on routine monitoring and data collection. Sometimes whether a program relies on monitoring or evaluation depends on donor requirements and the quality and completeness of routine data.

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III. Definition of Monitoring and Evaluation

Activity 1: Is It Monitoring or Evaluation? Slide 11

15 minutes

Check to see if participants know whether the following situations are monitoring or evaluation.

- The Ministry of Health (MOH) wants to know if CME programs focusing on transforming gender norms and increasing safe sex practices are reducing the prevalence of STIs and HIV.

  Answer: This is evaluation because this MOH wants to know the impact that the program is having on the prevalence of STI and HIV.

- Your donor/funding agency wants to know how many couples your RH program has counseled in the past year, and whether they make family planning (FP) decisions jointly.

  Answer: This is both. It is monitoring, because the donor wants to track the services provided to ensure that you provided the level/amount of services you committed to providing. It is also evaluation, because finding out whether couples are making decisions jointly requires more rigorous inquiry than monitoring will provide. Thus, this would be considered evaluation.

- A community leader is interested in finding out the number of boys and men that are being reached by a media campaign they are conducting to transform thinking about intimate partner violence (IPV).

  Answer: This is monitoring because the community leader wants to count the number of men and boys reached.

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III. Definition of Monitoring and Evaluation

Slide 12

5 minutes

Conclude by stating that the purpose of monitoring and evaluation is to measure program effectiveness. M&E can be used to demonstrate to planners, donors, and decision-makers if programs have truly had a measurable impact on outcomes of interest. M&E helps program implementers make informed decisions about program operations. It helps programs make the most effective and efficient use of resources. It helps also to determine exactly where a program is right on track and where implementers need to consider making corrections. M&E also helps one come to objective conclusions regarding the extent to which a program can be judged a "success." In other words, monitoring and evaluation together provide information necessary to guide strategic planning, to design and implement programs and projects, and to allocate, and re-allocate resources in better ways.

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III. Definition of Monitoring and Evaluation

Monitoring and Evaluation Questions, Slide 13

5 minutes

One of the first things program managers should ask themselves is where they want the program to take them. A careful selection of the questions a program wants answered through M&E would help in the development of a monitoring and evaluation plan and related M&E activities. M&E questions help focus and provide structure to M&E activities.

Present examples of key monitoring and evaluation questions by reading aloud the bulleted list on slide 13.

Participants' Activity

If the participants are fairly advanced and relatively familiar with the basics of M&E, launch a discussion of:

- what questions or issues are best raised or addressed through monitoring; and
- what questions or issues might be better to raise or address through evaluation.

Answers

Were resources made available to the program in the quantity and at the times specified by the program plan?

Answer: Monitoring

Were the program activities carried out as planned?

Answer: Monitoring

Did the target population benefit from the program and at what cost?

Answer: Monitoring

Which program activities were more effective and which were less effective?

Answer: Evaluation

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III. Definition of Monitoring and Evaluation

Monitoring and Evaluation Questions (continued)

Did the expected changes occur? How much change occurred?

Answer: Evaluation

Can improved health outcomes be attributed to program efforts?

Answer: Impact evaluation

Did the target population benefit from the program and at what cost?

Answer: Monitoring (did the target population benefit from the program?) and evaluation (at what cost?)

Different Stakeholders Need Answers to Different Questions

Remind the group that different stakeholders are interested in different types of questions. If time permits, refer back to the set of questions on slide 13 and ask participants to specify which types of stakeholders would be interested in each question.

Facilitator note: M&E questions should be developed and prioritized jointly by program staff, evaluation personnel, donors, and other stakeholders. The most useful M&E questions reflect a diversity of stakeholder perspectives, key components of a program or project, your most important information needs, and resources available to answer the questions.

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III. Definition of Monitoring and Evaluation

Activity 2: Develop M&E Questions, Slide 14

35 minutes

Participants will now develop specific monitoring and evaluation questions that would be appropriate to the IGWG case study example they have been assigned.

1. Ask participants to work together in their assigned small groups.
2. Instruct participants to focus on formulating one monitoring question and one evaluation question that are relevant to the program scenario detailed in their assigned case study.
3. Encourage participants to create monitoring and evaluation questions that are meaningful to the program scenario detailed in their assigned case study.

   Tell participants that their questions should be linked clearly to a specific component of the logic model and have clear implications for improving conditions in CME program or strategy detailed in their assigned case study. Participants might want to ask themselves: How will the results of the proposed evaluation question be used to improve conditions?

   At this point, participants do not need to choose specific indicators. They will choose their indicators later in the day.
4. Have each group record its M&E questions on flip chart paper and post it on the group's assigned wall space.
5. After each group has presented its questions, invite comments and feedback from the other participants on the appropriateness of the M&E questions.

Facilitator note: Let participants know that, in real life, some programs might want to "answer it all" questions. Caution against this approach and provide some general remarks about how it is important to narrow the evaluation question to a feasible number and scope given time, staff experience, and program resources.

MEASURE Evaluation

IGWG

III. Definition of Monitoring and Evaluation

Activity 2 (continued)

6. Provide constructive comments and guidance during the discussion.

   Experience shows that some participants will confuse monitoring (process/output) questions and evaluation (outcome) questions. As you listen to possible evaluation questions, ask yourself whether participants are making this common error.

7. Provide additional guidance on prioritizing evaluation questions at the end of the discussion (see CDC, 2009).

   It is important to let participants know that even though all questions may be interesting, it is crucial to narrow the list of questions to those that will be particularly helpful for M&E of their programs and that can be answered given program resources, including staff expertise, funding, and time. Ideally, M&E questions should:

   - be important to program staff and stakeholders;
   - address important program needs;
   - reflect goals, objectives, and strategies of their programs;
   - be answered with available resources, including funds and program expertise;
   - be answered within the available time frame; and
   - provide information for program improvement.

If the groups' M&E questions are not meaningful or linked directly to their respective program objectives or logic model, tell participants that you are confused about how the question will improve their program and ask them to explain this to you. The explanation will help you to see if you have missed an important justification or whether the group needs to readjust the M&E question.

MEASURE Evaluation

IGWG

III. Definition of Monitoring and Evaluation

Activity 2 (continued)

15 minutes (optional, not included in section III's total time given in agenda)

If time permits, have participant assess their M&E questions.

Ask participants go through each of their proposed M&E questions and consider them with respect to the questions below. Under real program conditions, if participants cannot provide a clear "yes" answer to A-G for each of their M&E questions, then the M&E question should be reformulated or omitted from the list:

A. Is someone interested in the question?

B. Have I ensured that no questions are omitted that may be important to some stakeholder?

C. Do I know why each question is important and/or valuable to the program?

D. Do I have a sufficient set of questions to achieve the purpose of the evaluation?

E. Is it feasible to answer the questions given what I know about the resources for evaluation (including, funding, staff expertise, and resources)?

F. Is each question worth the expense of answering it?

G. Will I use data from these questions?

Once each group has finished presenting, facilitators should use the opportunity to differentiate between monitoring questions and evaluation questions.

MEASURE Evaluation

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III. Definition of Monitoring and Evaluation

M&E across the Program Life Cycle, Slide 15

5 minutes

A program or project typically passes through distinct stages from the time its starts until the time it ends. These stages are collectively referred to as the program or project life cycle. On slide 16, five different stages are identified. These stages are sequentially: (1) Assessment; (2) Strategic Planning; (3) Design; (4) Implementation/Monitoring; and (5) Evaluation. The way that a program or project is divided into stages may differ somewhat from place to place and from program to program but the stages shown in slide 16 are basic. Often there is no clear separation between the stages of the program life cycle.

How does M&E fit into the program life-cycle?

Phase I—Assessment: At this stage, M&E activities verify and map out the extent of a health problem. M&E helps to answer questions about the number and characteristics of the target population in order to address the problem. Needs assessment can help to design a new program or justify why an existing program should be continued or discontinued.

Phase II—Strategic Planning: At this stage, M&E activities provide more detailed information needed to make decisions about how to allocate money and effort in order to address the identified health problem.

Phase III—Design Stage: Once there is agreement on program goals and objective, the next step is to decide what strategies should be followed in order to address the identified health problem. M&E activities may include pilot-testing, testing alternative methods of service delivery, and cost-benefit analysis.

Facilitator note: Discourage participants from being bogged down with the terminology that should be used to describe the different life cycle stages. The two important points to emphasize are: (1) M&E occurs at all stages of the program life cycle; and (2) M&E should be an integral part of program design.

MEASURE Evaluation

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III. Definition of Monitoring and Evaluation

Slide 15 (continued)

Phase IV—Implementation/Monitoring: At this stage, monitoring activities answer questions about what services are provided to whom, when, and how. Activities are monitored at regular intervals to make sure that things are on track and heading in the right direction. For example, monitoring activities focus on producing regular information to answer questions about whether a program or project is being implemented as planned, whether implementation varies from site to site, ad what problems are encountered. The information derived from monitoring helps to address implementation problems in a timely way.

Phase V—Evaluation: At this stage, the program has become established and it is time to take stock and evaluate what works well, and equally important, what does not work as well. Evaluating the outcomes and impact of a program or project marks the end of the journey in the program life cycle and identifies what the next step should be. Once this is done, programs are ready to embark on their next life cycle.

Facilitator note: Strategic planning and the development of an M&E strategy should go hand in hand because M&E activities themselves require the allocation of resources—so these activities must be built into the project's budget.

MEASURE Evaluation

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III. Definition of Monitoring and Evaluation

Key Elements of an M&E Plan, Slide 16

15 minutes

Materials

Handout 1: Sample Outline of an M&E Plan

Developing an M&E plan is an important step in making sure that you collect information you need to monitor and evaluate your program. Although this workshop does not include participants writing an M&E plan, it is important for participants to understand the full set of issues that, ideally, stakeholders should agree upon and document for a program's M&E plan to be complete.

1. Facilitate a discussion about key elements of an M&E plan.

Facilitators should begin this section by asking participants whether their programs have M&E plans and what sections their plans include. Write down sections mentioned by participants on a flip chart.

- Do participants' programs have M&E plans?
- What sections do the M&E plans include?

2. Distribute or refer to Handout 1: Sample Outline of an M&E Plan.

It is important to emphasize that M&E plans can be organized in many ways but that there a number of elements that should be included in an M&E plan for the M&E plan to be complete.

3. Compare the sections in the M&E plan template with the list compiled from participants' responses.

- What is missing from their program's M&E plans?
- What additional components do their M&E plans include?

Facilitator note: Wrap up this section by mentioning that there is no single ideal M&E plan template that will fit every situation. The sections of a M&E plan will depend on a program's objectives and activities. A national M&E plan would look very different from a program M&E plan. Ask participants for additional questions or comments.

MEASURE Evaluation

75 minutes for section IV

IV. Program Goals and Objectives

Slide 17-18

15 minutes

1. State the purpose of this section.

Monitoring and evaluation begins with identifying program goals and objectives. Goals and objectives are the core of every M&E system. In this section, we will focus on the following issues:

- What is the difference between a goal and objective?
- How can we write goals and objectives so that they can be easily monitored and evaluated?

2. Define a goal.

Goal: A broad statement of a desired long-term outcome of a program.

- An end the program strives to attain; a way of focusing attention on what you want to attain in the future. Why are goals important? Keep in mind the statement: "The trouble with not knowing where you are going is that you might end up somewhere else."
- How do you know a goal when you see one? There is no single clear-cut performance measure that will indicate whether the goal has been met.

3. Provide examples of goals.

Wrap up this slide by reading out the examples provided on slide 18.

4. Present the following tips for writing program goals.

These tips are not on the slides but will come in handy for Activity 3.

- Each goal should contain only one idea.
- Keep goal statements separate from statements of how goals are to be attained.
- Separate goals from indicators. The two are related but they are not the same.

IGWG

IV. Program Goals and Objectives

Slide 17-18 (continued)

- Distinguish between goals and activities.
- Keep the goal focused, clear, and crisp.

5. Be sure to note that CME is a program strategy, NOT a goal.

Efforts to engage men and boys constructively should be addressed at the objective level, and are a means to achieving larger health program goals.

Facilitator note: Before proceeding to the next session, ask participants if they have questions or comments.

MEASURE Evaluation

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IV. Program Goals and Objectives

Slides 19-20

Materials

Slides, laptop, and LCD projector
Microsoft PowerPoint handouts

1. Highlight how objectives differ from goals.

Objectives are statements of desired, specific, realistic, and measurable program results.

- Criteria against which program outcomes are measured.

2. Introduce the SMART acronym (slide 19).

- (S) Specific –Does it cover one rather than multiple activities?
- (M) Measurable—Can it be quantified? Can it be counted in some way?
- (A) Appropriate— Is the objective important to the work we are doing?
- (R) Realistic—Can the objective be achieved with the resources available?
- (T) Time-bound—Does the objective give a time frame by which the objective will be achieved?

3. Review how to write program objectives (slide 20).

A properly-stated objective is action-oriented, starts with the word "to" and is followed by an action verb. Objectives address questions of what, who, how much, and when, but not why or "how. Objectives are stated in terms of desired outcomes for specific individuals, groups, or organizations, not activities to be performed.

Facilitator note: When writing objectives, it is recommended to specify the amount of change expected to occur—in other words to define a specific target. However, baseline data might not be available. We will later discuss how to define targets.

MEASURE Evaluation

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IV. Program Goals and Objectives

Activity 3: Is It a Goal or an Objective? Slide 21

15 minutes

Materials

Handout 3: Is It a Goal or an Objective?

Distribute Handout 3: Is It a Goal or an Objective? If an Objective, is it SMART? Why or Why Not?

The objective of this activity (described as Activity 3.2 in the handout) is to enable participants to differentiate between goals and objectives and see what results they can get using the SMART test.

- **To increase equality between men and women**

  Answer: This is a goal. It is long-term and cannot be measured using a single outcome.

- **To increase the percentage of couples receiving RH services who report making FP decisions jointly from 20% in 2007 to 50% by 2010**

  Answer: This is a SMART objective.

  - (S) Specific – It is precise about what it wants to achieve (changes in joint family planning decision-making)
  - (M) Measurable – It can be quantified by calculating what percent of couples report making FP decisions compared with all couples surveyed.
  - (A) Appropriate— We don't have any information about the program but the objective as stated is relevant to established CME strategies regarding men as supportive partners.
  - (R) Realistic—We don't have any information about the resources and personnel available but we can assume that the objective be achieved with the resources available.
  - (T) Time-bound—The objective gives a time frame by which the objective will be achieved: between 2007 and 2010.

MEASURE Evaluation

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IV. Program Goals and Objectives

Activity 3 (continued)

- **To increase the number of men who bring their children for immunizations and other clinic visits by 30%.**

  Answer: This is an objective but it is NOT SMART.

  - (S) Specific — It is not sufficiently precise about what it wants to achieve because it does not specify the age of the children.
  - (M) Measurable — It can it be quantified by tracking the number men who show up with their children at the clinic.
  - (A) Appropriate — We don't have any information about the program but the objective as stated is relevant to CME strategies.
  - (R) Realistic — We don't have any information about the resources and personnel available but we can assume that the objective can be achieved with the resources available.
  - (T) Time-bound — The objective does not give a time frame by which the objective will be achieved.

A SMART version of this objective would be: To increase the number of men who bring their children aged 0-11 months in for immunizations and other clinic visits by 30% by 2008.

- **To improve health outcomes for men and boys.**

  Answer: This is a goal. It is long-term and cannot be measured using a single outcome.

- **To decrease men's sexual risk taking.**

  Goal or objective? The debate continues with this one. It seems like a goal, but is really a very poorly defined objective.

  - Save reworking this one for Activity 3.2, if time permits. If not, pull the answer to the rewritten objective from Activity 3.2.

MEASURE Evaluation

75 minutes

IV. Program Goals and Objectives

Activity 3 (continued)

- **To shift men's attitudes, beliefs and practices regarding early marriage.**

  This is another very poorly defined objective. Remember CME is a strategy, not a program goal. Also, this objective is not time bound, specific or results-oriented. It could be measurable, if it were more specific, but this one is tricky, and needs rewritten.

  - Save reworking this one for Activity 3.2, if time permits.

- **To increase the percent of men who question norms about masculinity from 2007 to 2010 .**

  This is an objective. Yet, it is tricky, because it is time bound, but it is still not specific enough to be measurable and needs work.

  - Save reworking this one for Activity 3.2, if time permits.

Activity 3.3 – Improving Goals and Making Objectives Smarter (if time permits): If time permits, refer to Activity 3.3 in Handout 3. The objective of this exercise is to enable participants to differentiate goals from objectives and to provide practical experience in writing SMART objectives. Divide the participants into four or five groups. Ask each group to choose one statement from the list of program goals and objectives provided in Handout 3. Make sure that no two groups choose the same statements. For each statement, the group should decide whether the statement is a goal or an objective. If a goal is considered to be poorly stated, the group should rewrite the goal. If an objective is considered to fail the SMART test, the group should provide the reasons why and rewrite the objective in order to make it SMARTer. Have one group member present the group's decisions to all participants and invite comments from the participants.

Facilitator's note: If time permits, invite participants to share some of their program goals and objectives and use them as a basis for discussion, and improvement. During this discussion, it is important not to put individuals who offer their objectives on the spot. Rather, facilitators should maintain an atmosphere of support and encouragement, affirming that the objective is relevant but it would be better if the objective met the SMART test. Then facilitators should allow participants to use the SMART acronym to adjust the objectives, as necessary.

IV. Program Goals and Objectives

Activity 4: Defining Program Goals and Objectives
Slide 22

45 minutes

1. Ask participants to remain in their small groups from the previous activity.

2. Instruct participants to develop one goal and two objectives that would appropriate to the CME programs and or strategies highlighted in their assigned case study.

3. Ask participants to answer the following questions in reference to the CME program or strategy highlighted in their assigned case study:

   - In the long run, what should be different in the community, or the "target population" as a result of a program being delivered to address the problems you identified? What are the changes you hope for, even recognizing your program may only be playing a small part in achieving these changes? These changes would be your goals. Some of them may be quite general and broad. Remind participants that: *Constructive Men's Engagement is a program strategy, NOT a goal. Efforts to constructively engage men and boys should be addressed at the objective level, and are a means to achieving larger health program goals.*

   - In the shorter term, what changes do you hope will occur in the community or the "target population" as a result of your program being delivered to address the identified problems in the case study? What short-term changes are needed in order to achieve the goal you have just specified? These are your objectives. These objective should not only address the RH outputs/outcomes you wish to effect, but also the gender norms you hope to transform by constructively engaging men. Do your objectives pass the SMART test?

4. Give participants 15 minutes for this part of the exercise. Tell each group to choose a recorder and a presenter. Have each group record their goal and objectives on a flip chart and post it on the group's assigned wall space.

5. Give each group five minutes to report out and invite comments.

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IV. Program Goals and Objectives

Activity 4 (continued)

Experience indicates that most groups will need assistance to keep their presentations within the allotted time frame. For this activity and subsequent ones, consider appointing a time keeper who can keep track of the time and let presenters know when their time is almost up. Depending on the time available, consider allowing a few minutes at the end of each presentation for comments from the other groups. Each activity presents an opportunity for participants to learn from each other.

8. Provide constructive feedback to each group.

It is important that facilitators provide constructive feedback during the presentations.

The following is an example of a **poorly written goal**:

Increase awareness of traditional gender norms.

Why is this goal poorly written?

- The goal does not refer to the major health problem to be addressed. Participants should ask themselves: "Why is it important to increase knowledge? What do we think will happen if knowledge is increased?"

The following is an example of a **poorly written objective**:

Train 60 peer educators to promote the ability to advocate joint decision-making among couples regarding family planning.

Why is this objective poorly written?

- This objective refers to a strategy or activity, not a change sought among a target population. Why does the organization want to train peer educators — what change is sought?

MEASURE Evaluation

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IV. Program Goals and Objectives

Activity 4 (continued)

- The objective is not time-bound. In what time period is the change expected to occur?
- The focus population is not specified. Among whom and where will the change occur? For this program, is the change to be achieved among the peer educators or among the people that the peer educators will reach?
- The terminology is not clear? What does the ability to advocate and promote joint decision-making mean for this program? How will the program recognize it when it occurs?

Let participants know that the following verbs are considered inappropriate for objectives:

- train
- provide
- produce
- establish
- create
- conduct

MEASURE Evaluation

Frameworks

Section V discusses the importance and uses of frameworks in the process of developing plans for program monitoring and evaluation. This section discusses the specifics of conceptual frameworks, logic models, and results frameworks and includes an explanation of issues that are important to consider in designing frameworks that will be truly useful in the M&E process

100 minutes for section V

V. Monitoring and Evaluation Frameworks

Slide 23-24

10 minutes

Materials

Slides, laptop, and LCD projector
Handout 4: Conceptual Model for Understanding Cross-Generational Relationships
Handout 5: Identifying Logic Model Components
Handout 6: Logic Model Examples for Training Program

In this section, you will discuss the importance and uses of frameworks in the process of developing plans for program monitoring and evaluation. We will cover the specifics of conceptual frameworks, logic models, and results frameworks.

1. **Explain why frameworks are useful for M&E (slide 23).**

   Introduce this section by saying that "it is easier to see how the pieces of your program fit together if you build a framework for monitoring and evaluation." Explain that frameworks help to clearly define the relationship among factors key to the implementation of a program. Frameworks also serve as a foundation for selecting appropriate and useful M&E indicators.

2. **Review conceptual frameworks and how they are used for M&E (slide 24).**

   An important point to make is that there are many ways of explaining a conceptual framework. Fundamentally, a conceptual framework is an organized way of thinking about all the factors that may influence a program's outcomes and how they are related to one another. A conceptual framework can help programs decide what to do and explain why they are doing things in a particular way and the paths that lead from one aspect of the program to another. Conceptual frameworks are often influenced by other people's ideas and research, and show the complete context that affects a program's outcomes, including factors that a beyond a program's control. If you design a conceptual framework, it helps you clarify which assumptions and conditions must be met for program success.

V. Monitoring and Evaluation Frameworks

Slide 25

Slide 25 shows a conceptual framework that was developed by the Health Community Partnership in Ethiopia, and served as a basis for their study that sought to assess whether inequitable gender norms were a gateway factor that negatively affects multiple health outcomes, including HIV infection and birth spacing.

Specifically, the model illustrates how gender inequity and gender norms affect both attitudes toward condom and other contraceptive use as well as how those attitudes affect actual contraceptive use; and ultimately, significant health outcomes including HIV-transmission, total fertility rates, and maternal mortality.

The important thing to highlight is that the developers of the model hypothesized that gender inequity filtered through gender norms, which were identified as the gateway factor to attitudes and behaviors that affect health outcomes.

This conceptual framework also posits that, by addressing gender inequities and shifting gender norms, attitudes toward condom and other family planning method use could be transformed. These transformed attitudes and beliefs would then lead to increased condom and other family planning method use and, ultimately, reduce HIV transmission and increase birth spacing.

Inform participants that another example of a CME-related conceptual framework is presented in Handout 4.

Facilitator note: Explain that identifying factors that influence health behaviors (whether they be related to men as clients, men as supportive partners, or men as change agents) can help program planners to identify and target groups that are at the greatest risk.

IGWG

V. Monitoring and Evaluation Frameworks

Slides 26-28

Logic Model and its Components

10 minutes

Materials

Slides, laptop, and LCD projector

This step of the workshop is particularly important because logic models often form the basis for program monitoring and evaluation. Introduce this segment by saying that we will talk now about logic models (slide 26). The logic model is important because it is the only framework that specifies inputs and that can point directly toward indicators for program monitoring (slide 27). A complete logic model makes it possible to isolate discrete portions of the program implementation process, which in turn makes it possible to monitor and evaluate discrete portions of that program.

1. Define logic model components and provide examples (slide 28)

- **Input** — The various resources that go into a program. For example, what kind of staff, equipment, materials and funding are at your disposal.
- **Process** — Activities or the actual interventions that take place. For example, conduct an education campaign on women's rights
- **Output** — The direct product of the a program's activities. For example, the number of educational activities you sent to various sites.
- **Outcome** — The short-term or intermediate results of the program. A short-term outcome example is "increased number of men who recognize signs of preeclampsia in their pregnant female partners." An intermediate-term outcome example is "increased number of men who get their preeclamptic female partners timely and necessary medical attention."
- **Impact** — The long-term outcome of the program (for example, reduced HIV incidence among men or decreased maternal mortality in your community).

MEASURE Evaluation

V. Monitoring and Evaluation Frameworks

Activity 5: Identifying Logic Model Components

Slide 29

10 minutes

Materials

Handout 5: Identifying Logic Model Components

1. Distribute Handout 5. Each of the components provided in the handout corresponds to one of the five components of the logic model: input, process, output, outcome, or impact.

2. Ask the participants to decide which component the scenario illustrates.

Component 1: The number of group education sessions where fathers learned how to bathe a baby. (Answer = Output).

Component 2: In the next year, we expect to see an increase of 10 percent in the proportion of fathers who take their children under the age of 12-months for immunization, compared with the previous year. (Answer = Short-term outcome).

Component 3: Your community has procured computers, office supplies and other necessary equipment for the local community-based intervention that is working to promote fathers' role in caring for children under five. (Answer = Input).

Component 4: Religious leaders working with your project hold a series of community meetings for men and boys to manage anger and resolve conflict in the context of couple relationships. (Answer = Process).

Component 5: You want to promote public awareness of how gender norms affect men and boys themselves and their partners and families, so you collaborate with local radio stations to develop a series of radio spots on inequitable gender norms and their consequences. (Answer = Process).

Component 6: Through local surveys and the use of comparable data, you learn that a higher proportion of young men in your community believe that cooking for the family and taking care of the home are a woman's most important roles. (Answer = Input or Outcome. This depends upon how the data is used).

Component 7: An increase in the percentage of men who believe that a woman can say no to sexual relations in any circumstance. (Answer = Short-term outcome).

Component 8: An overall decrease in the prevalence of intimate partner violence in the community. (Answer = Long-term outcome).

V. Monitoring and Evaluation Framework

Logic Model Components

Slides 30

5 minutes

Materials

Handout 6: Illustrative Logic Model

Present the illustrative logic model for a provider training program (Slide 30)

Past experience indicates that specific examples of program logic models help participants understand the basic principles. This example of a logic model presents a straightforward view of a project designed to increase use of male-focused family planning services. The logic model components are:

Inputs: human and financial resources to design and print BCC materials.

Process: Development and distribution of the materials and making sure the community leaders know about these materials (such as a brochure) and promote them in their community.

Output: Materials distributed to potential clients.

Outcome: An increase in couple's knowledge of family planning and reproductive health and shared decision making around FP usage, which will lead to an increased demand for family planning.

Impact: Fewer unintended pregnancies.

Note that a second logic model example is provided in **Handout 6**.

Facilitator note: Explain that once you develop a logic model for your M&E plan, you can refine the outcomes you want to measure. Monitoring short-term and intermediate outcomes can provide valuable information about how the program is functioning and whether activities are accomplishing what they were intended to do. Long-term outcomes are often difficult to measure on an annual basis given that it takes a long time to demonstrate change.

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V. Monitoring and Evaluation Frameworks

Logic Model Components

Slide 31-32

5 minutes

Role of a Logic Model

As we mentioned before, logic models link the resources that a program needs to address a particular problem, how it will address them (the activities), and what are the expected results (immediate and intermediate outcomes and long-term goals).

What are the benefits of a logic model?

- Helps to clarify what resources a program has to work with, what it is doing and what it hopes to achieve.
- Helps to develop consensus among people.
- Helps to communicate succinctly what your program is about.

When do you use a logic model?

- During program planning to make sure that the program or project is logical and complete.
- During evaluation planning to focus the evaluation.
- During fundraising to structure and streamline grant writing.

MEASURE Evaluation

IGWG

V. Monitoring and Evaluation Frameworks

Activity 6: Developing a Logic Model, Slide 33

45 minutes

Materials

Post-it notes
Tape
Flip chart paper and markers

Prior experience indicates that creating a logic model is one of the most challenging and thought-provoking activities in M&E training. It is especially important for facilitators to provide intensive assistance and feedback during this exercise. Do not wait until the end of the exercise to give feedback to each group. Rather, move from group to group, listen to the discussions, provide advice, and make yourself available for questions as they arise. The following guidelines for developing a logic model, derived from WHO (2000) are quite useful in providing guidance to the groups.

- Post-it notes (small pieces of note paper with adhesive on one side) are useful for creating logic models. If each component of the model (e.g., a single activity our output or outcome) is written on one Post-it note, it would be easier to edit the model. If Post-it notes are not available, small pieces of paper backed with tape can be used instead.

Groups should be given adequate space to create their model on their assigned wall space or on a large flip chart that will later be posted on the group's assigned wall space.

Facilitator note: Tell participants that after they draft each component of the logic model, they should consider the "if-then" relationship between the components. If they cannot make a connection between each component of the logic model, they should identify the gaps and adjust their work. This may mean revising some of their activities to ensure that they are able to achieve their outcomes, or revising intended outcomes to be feasible with available resources.

MEASURE Evaluation

IGWG

V. Monitoring and Evaluation Frameworks

Activity 6 (continued)

1. Have the participants return to their small groups from previous activities.
2. In the interest of time, instruct the participants to develop a logic model for one to three program activities specified in their assigned case study. Note that both example logic models detail a single activity, so participants can create one logic model per activity, or one logic model for multiple activities.
3. Allocate 20 minutes for this activity.
4. Have each group assign a presenter to present the logic model to all participants.
5. Tell participants that once their logic model is complete, they should take time to revisit and review their work.
6. During the presentations, provide the following guiding questions (especially the first two questions) to help the participants evaluate each groups' logic model as though this were a real program.
    - Have you expressed your outcomes in terms of change?
    - Do activities, outputs, and outcomes relate to each other logically (the if-then relationship)?
    - Does your organization/program have adequate resources to implement the activities and achieve the desired outcomes? If you need further resources, is that reflected in your activities?
    - Have you included all the major activities needed to implement your program and achieve the expected outcomes?
    - Would the activities listed enable someone who is unfamiliar with your program to understand its scope?

Facilitator note: Let participants know that, in real life, once programs have a draft of a diagram showing the connections between their activities, outputs, outcomes and impact, it is common to revise it several times.

MEASURE Evaluation

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V. Monitoring and Evaluation Frameworks

Results Frameworks

Slides 34-36

15 minutes

Results Frameworks

This portion of the section describes result frameworks, which are the type of framework used by USAID in its performance monitoring plans. The presentation on results frameworks should be brief. Note that participants will not be developing a results framework for their proposed program activities in this workshop session.

1. What is a result?

Begin by asking participants to define a result. A result is a describable or measurable change in state that is derived from a cause and effect relationship. Results are the effects generated by a program.

2. Describe the purpose of a results framework.

Let participants know that a framework focused on program results does the following things:

- clarifies the points at which results can be monitored and evaluated;
- shows the causal relationships between the incremental results of the key activities all the way up to the overall objective or goal; and
- measures the effectiveness of the projects related activities every step along the way.

3. Explain the following notations used in results frameworks.

SO strategic objective
IR intermediate result

Facilitator note: Explain that it is not necessary for a program to design and use all 4 types of framework for monitoring and evaluation. However, it is important to know the differences between the types of frameworks and how they are used.

MEASURE Evaluation

V. Monitoring and Evaluation Frameworks

Results Frameworks (continued)

4. Refer participants to Handout 7 and describe the illustrative results framework provided on slide 36.

Facilitators should tell participants that we will not be covering logical frameworks in this workshop. However, the handouts provide a subsection of a logical framework for a program that aims at improving social justice in the villages of the Central Himalayas of northern India (found in Additional Materials). In addition, the handouts provide a table summarizing the role of the different frameworks in M&E.

Indicators

Sections VI and VII cover indicators and information sources for program monitoring and evaluation. These sections cover the ideal characteristics of indicators as well as practical considerations in indicator selection, how to find or create appropriate indicators for CME strategies in the absence of standardized indicators, and issues around determining correct and precise metrics for indicator calculation.

155 minutes for section VI, part one

VI. Indicator Selection — Part One

Introduction to Indicators, Information Sources, and Evaluation Design

15 minutes

Materials

Slides and handouts

The CME M&E module now discusses the importance and uses of indicators, information sources, and evaluation designs in M&E planning and implementation. We begin with a discussion of indicators. Facilitators should tailor this presentation to participants' prior knowledge of measurement issues. Please be aware that if participants are relatively new to M&E, it might be necessary to discuss basic concepts in greater detail.

The focus of the group activities is to align indicators and the data to be used for measuring them with the program activities and logic model that participants developed earlier for their assigned CME case study. The more closely all of these things are aligned with each other, the more useful M&E will be for measuring and documenting program effectiveness. Sound indicators and information systems, and systematic data collection are the best way to inform people about what a program does, how it functions, and what the program has accomplished. Without this, any claims about what a program has achieved would be open to criticism.

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VI. Indicator Selection—Part One

Slides 37-40

15 minutes

Materials

Slides and handouts

1. What is an Indicator?

The next few slides provide necessary background information to help participants make good decisions about indicator selection. Introduce this section by telling participants that once they have taken each objective through the SMART test and designed their M&E framework, they can move on to selecting indicators.

> **Indicators (slide 38)** are specific, observable and measurable characteristics that can be used to show the progress a program is making toward achieving a specific outcome.

An indicator is what you look at in order to monitor how you are progressing in achieving your objectives. In other words, indicators are clues, signs, and markers that show how close we are to achieving our objectives and how much things are changing.

2. Characteristics of Good Indicators (slide 39)

A critical step in designing an M&E system is to select the most appropriate indictors. What makes a good indicator? Below are characteristics of good indicators. Although some of these concepts may seem abstract, it is important for all participants to have a basic understanding of what is presented.

> **Valid:** An indicator is valid when it is an accurate measure of the activity, output, or outcome of the program. The following question can be helpful: Will the indicator measure only what it is supposed to measure?

> **Reliable:** An indicator is reliable when it is possible to measure it consistently over time, regardless of the observer or respondent, that is, when it minimizes measurement error. A reliable indicator

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VI. Indicator Selection—Part One

Slides 37-40 (continued)

produces the same results when used more than once to measure the same condition or event.

Precise: An indicator is precise when it is operationalized with clear, well-specified definitions.

Timely: An indicator is timely when it is measured at appropriate intervals relevant to the program goals and activities.

Programmatically important: An indicator is programmatically important when it is linked to a public health impact or to achieving the objectives that are needed for impact.

Mention that comparability of indicators is also important. Where possible, indicators should be structured using comparable units and denominators and in other ways that will increase understanding of program effectiveness across different population groups and program approaches.

It is important to emphasize that while indicators measure change, their definition should not indicate a direction of change (slide 40). For example, rather than write "Increase in the proportion of men who accompany their female partners for at least one antenatal care visit", write "Proportion of men who accompany their female partners for at least one antenatal care visit." Later, if you have data for at least two different points in time, the data will show whether this proportion increased, decreased or stayed the same.

Facilitator note: Explain that selecting indicators is usually done during program planning, preferably with input from key stakeholders. The indicator characteristics that we have just discussed are ideals that we strive for. Later slides will discuss a number of caveats and tradeoffs that are often necessary when selecting indicators.

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VI. Indicator Selection—Part One

Slide 41

Common Indicator Metrics

5 minutes

Materials

Slides and handouts

The purpose of this portion of the section is to be sure that participants understand what the term "metric" refers to and to help them recognize formats of indicators. This slide does not intend to present recommended or good indicators or to cover all types of metrics used in calculating indicators.

1. Begin by defining "metric."

Definition: The metric is a precise explanation of the data and the calculations that will give the measurement or value of the indicator.

2. Present the four common indictor metrics and provide examples.

a. Counts: Indicators can be simple counts of things, such as:

- number of deliveries where a male partner was present; or
- number of men who advocated against early marriage in their community in the past six months.

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VI. Indicator Selection—Part One

Slide 41 (continued)

b. Calculations: Indicators can involve calculations (for example, percentages, rates, or ratios), such as:
   - percentage of men who accompanied their female partner for antenatal care during the last pregnancy; or
   - percentage of men who discussed FP with their partner in the past two weeks.

c. Index, composite measures: Indicator metrics can also be complex:
   - Gender equitable men (GEM) scale, a validated sensitive and culturally relevant tool that can be used to assess changes in attitudes among men and boys in programs, as well as subsequent STI/HIV risk, is an example.
   - Sexual relations power scale (SRPS), is another example. This tool measures power in sexual relationships and to investigate the role of relationship power in sexual decision-making and HIV risk. The SRPS contains two subscales that address two conceptual dimensions of relationship power: relationship control and decision-making dominance.

d. Thresholds: Presence, absence; pre-determined level or standard (for example, 80% of providers believe men should be present for at least one prenatal visit).

Facilitator note: Emphasize that the metric is the most important part of what comprises an indicator. Defining good metrics is absolutely crucial to the usefulness off an M&E plan. A good metric clarifies what is being measured and does it in such a way that each value measured for the indicator is exactly comparable to values measured at another time.

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VI. Indicator Selection—Part One

Slide 42

5 minutes

Common Challenges in Indicator Selection

Slide 42 presents common challenges in indicator selection and errors that people commonly make when choosing indicators. Before discussing the slide, invite participants to share challenges they have faced in selecting indicators. List these challenges on flip chart paper. Next, review Slide 42.

- Choosing an indicator that program activities cannot affect
- Choosing an indicator that is too vague

  Tell participants that it is important to use clear and precise words and phrases to state your indicators. If the indicator is open to many interpretations, this will make it difficult for people to interpret M&E results.

- Data needed for indictors do not currently exist and cannot realistically be collected

  Tell participants that if the data needed to collect their indicators are not available, then new information will need to be collected. It is important to assess how easy or difficult it would be to collect those data. Some of the factors that they should consider when determining how feasible it is to collect the data are staff resources and expertise, logistical requirements (e.g., transport, printing, vehicles), time, and cost.

- Selecting an indicator that does not accurately represent the desired outcome
- Too many indicators

Facilitator note: Tell participants: "If you drop, add or modify indicators during the program's implementation, then you may not be able to assess why changes are occurring in your target population. If you have already begun your M&E effort and discover that your indicators are not specific enough, it is advisable to add indicators than to change existing ones" (Adamchak et al., 2000).

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VI. Indicator Selection—Part One

Slide 43

5 minutes

Materials

Flip chart and markers

How Many indicators Are Enough?

Introduce this slide by stating that a frequent question is "how many indicators should my program have?" Output indicators relate directly to program activities, but it is often the case that programs select more output indicators than are necessary or advisable. Having too many indicators will burden the project in terms of data collection and analysis. Review the guidelines for indicator selection that are presented in slide 43 and emphasize the following points.

1. Avoid indicator "overkill." The number of indicators should be manageable, keeping in mind data available and project resources for M&E (both human and monetary) .
2. It is best to select one or two indicators for each key activity or result.
3. There should be at least one outcome indicator for each objective.
4. It is wise to vary the data sources used for indicators.

Facilitator note: Inform participants that while it is a good idea not to overload an M&E plan with too many indicators, it can be risky to rely on a single indicator to measure any significant effect of a program or project. If the data for that one indicator become unavailable for some reason, or other problems occur, it will be difficult to make the case that your program or project has made a difference.

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VI. Indicator Selection—Part One

Slide 44

10 minutes

Factors to Consider When Selecting Indicators

After presenting slide 43, begin this section by asking participants: "In your experience, what factors other than desire to select the best and most appropriate indicators, have affected the selection of M&E indicators? Give specific examples."

1. Post participants' responses on a flip chart.
2. Then use slide 44 and the accompanying speaker notes to fill in the gaps and provide further explanation of the following factors that may affect indicator selection in the field:
    - links to program activities as shown through frameworks
    - a program's information needs for decision-making
    - data availability
    - resources
    - programmatic or external/donor requirements
    - standardized indicators (if available)

Facilitator note: The key message is that in an ideal world, indicators judged to be the highest quality and most useful would be the ones selected to monitor and evaluate program activities, but in field settings, many other factors intervene.

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VI. Indicator Selection—Part One

Slide 45

10 minutes

CME-Focused Indicator Examples

Here we are focusing on examples of indicators that measure behavioral change that can also serve as a proxy for assessing the effectiveness of gender integration in your programs.

Indicators that are percentages are stronger indicators; but at times, using these will not be possible, because you will not have a denominator. For the final example, if this is not part of a survey that provides the denominator, then this indicator would have to be changed to a count/number.

1. Review each of the examples provided.
2. Have participants identify the indicator metric; whether the indicator is measuring an output or an outcome; and the CME strategy/male role being measured.

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VI. Indicator Selection—Part One
Activity 7: Selecting Program Indicators
Slides 46-48

45 minutes

Materials

Flip chart and markers

1. Introduce Activity 7: Selecting Program Indicators. Introduce this activity by stating that by having good indicators for our program , we can more precisely measure (and not guess at) whether program objectives are being met. Moreover, having good indicators strengthens our confidence in claims made about the program.
2. Have participants return to small groups from previous activities where they developed goals, objectives, and M&E questions for their assigned CME case study.
3. Instruct participants to select three indicators that their group might use to measure progress towards their program goals and objectives using the logic model they created in Activity 6.

   Let participants know that at this time they do not need to concern themselves with measurement tools and sources of data. All they need to do now is write down, using simple language, some reasonable indicators for their program. Tell participants that they should select the most appropriate indicators, keeping in mind the resources available to collect and analyze data. It is useful for them to remember they should include only those indicators that are feasible and best reflect the outcomes that they are attempting to measure. Tell participants to think about which indicators will truly provide information useful to project staff in knowing whether the program is on the way to meeting its objectives (output indicators) and whether the objectives have been achieved (outcome indicators)

4. Ask participants to discuss the indicators they have chosen and decide into which component of the logic model the indicator falls. Use the example provided on slide 47 to demonstrate how to link logic model components to indicators.

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VI. Indicator Selection—Part One

Activity 7 (continued)

5. Next, have one member of each group tape the indicators on the assigned wall space.
6. After 15 minutes have each group present their indicators.
7. After all groups have presented their indicators, facilitate a discussion about which indicators are where (input, output, outcome, or impact) and why.

   Have participants discuss if the indicators they've chosen fit when viewed through the "lens" presented in slide 48 and adjust accordingly. As a facilitator, your major tasks in this regard are to:

   - have the participants assess whether the indicators are logically linked to the group's activities and M&E framework;
   - have the participants assess whether the indicators that have been selected are good indicators;
   - ask the group to explain how the indicators might be used for program decision-making and for what decisions; and
   - ask the group to assess whether data are available to measure the proposed indicators.

Facilitator note: Sometimes, it is difficult to determine if an indicator is an output or outcome because an output for one program or project might be considered an outcome for another program or project. For example, the indicator "number of service providers trained in the past year to provide male-focused reproductive health services" may be considered an output indicator since it gives information about the activities being implemented. However, it might be considered an outcome indictor for a program or project that focuses on increasing access to reproductive health services for men and boys. An important rule of thumb is that outputs are program-based and outcomes are population-based. Another important thing to remember is that the indicator should relate to the program objectives.

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VI. Indicator Selection—Part One

Activity 8: Assessing Program Indicators

45 minutes

Assessing Selected Indicators

- Have the participants assess whether the indicators can be realistically collected given available resources for monitoring and evaluation.
- Have the participants discuss whether there are government or donor requirements for measuring the proposed indicators.

For activity 8, facilitators will need to work closely with participants to ensure that they identify the full range of issues for the different indicators that are proposed. Although there are no perfect indicators, facilitators should be provocative and push participants beyond the use of generally used but sometimes weak indicators by.

Wrap Up

After all the indicators have been reviewed, wrap up for the day by asking each participant to name one important thing he or she learned today.

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Welcome and Review

DAY TWO

15 minutes

Facilitators should thank participants for coming on time and review the day's agenda.

The activities for Day Two include the following:

- Participants will define metrics for the indicators chosen for their intervention category.
- Participants will learn how to measure common composite indicators.
- Participants will learn how to set indicator targets.
- Participants will learn common sources of information for measuring indicators.
- Participants will learn guidelines for choosing an evaluation design.
- Facilitators will then obtain constructive feedback from participants about ways to improve the CME M&E session.

Remind participants to return to their CME case study small group. Like Day One, today's activities will occur mostly at the group level. Take about 10 minutes to review with participants the material they learned the previous day, using the slides and handouts from the previous day to guide the review. This can provide an excellent opportunity for participants to quiz each other and generate energy among the group.

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120 minutes for section VI, part two

VI. Indicator Selection—Part Two

Slides 49-50

Anatomy of an Indicator Metric

5 minutes

The next two slides go into further detail about how to calculate different types of indicators. We will start with counts and percentages and then move on to composite indicators.

1. Explain that it is important to understand what goes into an indicator before we move on to discuss how they are selected and developed.

2. Refer to the speaker notes as you present the two examples that are listed on slides 49-50.

3. Note that the indicator on slide 49 is a count. The indicator on slide 50 is a percentage.

The key messages are as follows:

- For counts, specify what/who qualifies to be counted.
- For percentages, always specify the numerator and the denominator.

Facilitator note: Emphasize that the metric is the most important part of what comprises an indicator. Defining good metrics is absolutely crucial to the usefulness off an M&E plan. A good metric clarifies what is being measured and does it in such a way that each value measured for the indicator is exactly comparable to values measured at another time.

VI. Indicator Selection—Part Two

Activity 9: Operational Definition of Indicators

Slide 51

40 minutes

Materials

Flip chart and markers
Handout 8

1. Introduce Activity 9 by stating that one of the characteristics of a good indicator is that it should be defined in precise, unambiguous terms that clearly describe exactly what is being measured. While this characteristic may seem obvious, many indicators are not defined in clear terms and include terminology that could be improved upon. The more you spell out in the indicator, the less room there will be for confusion or complications.
2. Have participants return to their CME case study small groups.
3. Distribute the terms from the list below so that at least two groups will work separately on the same term.
    - prevalence of early marriage
    - percentage of men with gender-inequitable norms among men
    - percentage of women who have control over household resources
4. Ask each group to discuss the assigned term and then write down an operational definition for the indicator on flip chart paper.
5. After 15 minutes, have one member of each group tape the definition on its assigned wall space and present the definition.
6. Reconvene and have participants discuss and improve the definitions as needed.

Facilitator note: The different definitions groups develop will show how many different ideas can be conveyed by terms that are often considered obvious when used in indicators. This should highlight the importance of a precise definition of an indicator. Explain that better clarity of wording in indicators contributes to the validity in the use of the indicator.

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VI. Indicator Selection—Part Two

Slide 52

Composite Indicators: Brainstorming Session

10 minutes

Materials

Slides, laptop, and LCD projector
Handouts of slides
Flip chart and markers

1. Start the discussion on composite indicators by brainstorming for five minutes, using the following questions as a guide: How can we measure men's attitudes, or changes in attitudes, beliefs and/or norms? What question can we ask?
2. Write down participants' suggestions on a flip chart.
3. Ask participants which question would be a good representation of general attitudes and beliefs. If there are several suggestions, ask participants how would we know if any one question is a good representation of general attitude.
4. Follow-up with the following question: How would we scale each question?
5. Next ask participants how they would combine answers to the questions to come up with a single indicator?
6. Finally ask participants whether all questions are equally important, and if not, what value or weight would they assign to each question of attitude if they were to collect all of these questions in a survey.
7. Then, referring to the speaker notes on slide 52, discuss the advantages and disadvantages of composite indicators.

Facilitator note: The key messages is that in order to determine individual beliefs or norms, it is often necessary to bring together responses from several questions and construct a composite indicator. However, composite indicators are difficult to construct . They may send misleading policy messages if poorly constructed.

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VI. Indicator Selection—Part Two

Slide 53-54

How Do You Measure Gender Norms? One Example: GEM Scale

5 minutes

Materials

Slides, laptop, and LCD projector

Handouts of slides

Handout 9

1. **Distribute Handout 9 and recap the key aspects of the GEM scale.** The GEM scale is a tool that can be used to assess changes in attitudes and reductions in HIV/STI risk in men and boys in programs. Focus on the evaluation study design (pre-test, post-test design with a six-month follow-up).

   This is the study design that was used by an organization to determine the impact of different combinations of gender-focused activities on attitudes toward gender norms and HIV/STI and violence risk among young men (GEM scale). The intervention consisted of multiple components. Intervention one consisted of group education. Intervention two consisted of group education plus a community-based lifestyle social marketing campaign. The control group received a delayed intervention. For each group, the organization conducted pre - and post-surveys. Participants in the intervention groups were followed over one year. Participants in the control group were followed over nine months as the intervention was introduced to various areas through a phased approach. The control group got the intervention nine months after it was introduced to intervention group one and intervention group two. The organization triangulated data sources by also conducting in-depth interviews with a sub-sample and with intimate partners to validate what was obtained in the post-test surveys.

Facilitator note: Drawn from the Pulerwitz (2000) presentation, "Measuring the impact of gender-focused interventions." If there is time, slides from this presentation could be included to further detail the GEM scale method and findings.

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VI. Indicator Selection — Part Two

Activity 10: Specifying Indicator Metrics, Slide 55

40 minutes

Activity 10 provides an opportunity for participants to determine correct and precise metrics for accurately calculating the indicators that their groups had selected to measure progress towards their program objectives.

1. Have participants return to the small groups from their previous activities.
2. Instruct participants to define the metrics for each of their indicators and record the metrics on flip chart paper. Participants should provide the following:
    - definition of the indicator
    - exact way the indicator will be measured and calculated (including the numerator and denominator, where applicable)
    - clarification of terms used in the indicator definition and how these terms will be measured
3. Have the group post their indicator metrics on their assigned wall space and assign a member to present the indicator metrics to all participants.
4. Facilitators should also provide feedback to the groups. Look for clarity of wording, which is important to reduce confusion and measurement error. Encourage participants to think of different ways to construct metrics for the proposed indicators using different data and to think of the different implications of the indicators as differently constructed.

Facilitator note: A single indicator may have more than one metric.

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VI. Indicator Selection — Part Two

Slide 56

Indicator Reference Sheets

10 minutes

Materials

Handout 10: Indicator Reference Sheet

Refer participants to Handout 10, Indicator Reference Sheet. An indicator reference sheet has several functions:

- It serves to document the indicators used to measure progress towards program goals and objectives.
- It can be used to ensure data quality and to encourage programs to update their data.

Facilitators should explain that the contents of an indicator reference sheet enables the following questions be to answered:

1. Is the indicator easy to interpret correctly?
2. How is the indicator representative of the issue or area being considered?
3. What is the shortest time period for showing change?
4. Is there a baseline or reference value for assessing change over time in the value of the indicator?
5. What degree of change could be expected?
6. Is the indicator based on data that are updated at regular intervals?
7. Do the data allow for national or international comparability?
8. Is the indicator well-founded and of good quality?
9. How sound are the data collection and statistical methods?

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VI. Indicator Selection—Part Two

Slide 57

Setting Indicator Targets

10 minutes

Materials

Slides and handouts

Begin this session by stating that once we have selected our indicators, it is important to set targets for those indicators in order to assess how much change or improvement has been achieved.

What is a target?

A target is the value that an indicator is expected to reach by a particular point in time. Setting targets can be a helpful method to clarify the results a program aims to achieve and, in so doing, help to focus program efforts. Targets also provide benchmarks against which program performance can be judged.

Next:

1. Ask participants to call out a few (for example, two or three) performance targets that their projects or programs have established for CME-related indicators.
2. Ask for a volunteer to write these targets on a flip chart.
3. Then ask participants calling out those targets what factors their programs usually consider when setting targets. For example, how do their programs decide on what value to assign a particular target. It is important to note that depending on their level of participation in the design phase of a program during which targets are usually set, participants who called out their program's CME performance targets may or may not know how those targets were set.

Facilitator note: Great care must be taken in choosing targets. Well-set targets can be valuable tools but poorly set targets can be damaging to program morale if they are too ambitious, or too easy, to attain. When setting targets, one needs to choose a point in time at which the target is expected to be reached.

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VI. Indicator Selection—Part Two

Slide 57 (continued)

4. Continue by discussing the challenges in target setting and then present the various approaches that can be used to set targets. Refer to the speaker notes for this slide.
5. Conclude by stating that it is also important for participants to document how they have set their targets so that they can repeat the process the next time around.
6. Tell participants: "Note that the indicator reference sheet also requires you to describe the rationale that was used in setting targets in the field labeled 'Rationale for Selection of Baselines and Targets.'"

Facilitators may also highlight that, with some targets, it is useful to have a clear idea of where a program expects performance to be at key times during the year. For example, benchmarks (or milestones) can be established to demonstrate progress towards the program objective or target for the associated indicator.

75 minutes for section VII

VII. Information Sources

Slide 58

Types of Information Sources

15 minutes

Now it is time to move forward with the task of discussing information sources for proposed indicators. Facilitators may begin by soliciting participants' thoughts on qualitative and quantitative information sources, how they are similar and how they are different. There are basically two types of information sources, depending on whether or not indicators are measured in numbers: (1) quantitative and (2) qualitative. The following information can be used to supplement the slide and speaker notes:

Quantitative Information

Quantitative information sources are used to measure indicators through numbers. For example, if one objective of the program is to increase access to services for men and boys, we could construct a quantitative indicator by computing the percentage of males who received comprehensive care. Under ideal circumstances, this percentage would total 100%. Quantitative data are useful for tracking trends and highlighting differences. Quantitative information sources also provide data that are easy to analyze statistically. The data can also be easily translated into graphs. However, without further analysis, quantitative data cannot explain how or why differences occur.

Qualitative Information

Qualitative information sources are NOT numerical. One distinct advantage of qualitative data is that they can help one to understand the context in which trends and differences occur and to interpret quantitative data. Qualitative data also present the unique view points of people being studied. For example, if we are interested in the well-being of men and boys as an outcome of our program, we may not have a good quantitative indicator. We could conduct qualitative research to ask male clients about their physical and mental well-being and their health status. We could tape-record their responses and identify themes that reflect their well-being and perceptions. In this case, words reflecting what clients say, not numbers, provide the source of data.

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VII. Information Sources

Slide 58 (continued)

Qualitative information sources will not be discussed in detail in this module. However, facilitators may use the following questions to guide a discussion about qualitative data:

- What do you think are some of the qualitative methods that can be used in monitoring and evaluation?

  Examples of qualitative methods: focus group discussions, in-depth interviews, case studies, observation studies, document studies.

- What are some of the advantages of qualitative data?

  Advantages: Ideal for finding out who, what, when, where, and why; provides greater level of depth and detail; useful for researching sensitive questions, attitudes, motivations, and perceptions; does not require large sample size; does not require expertise in statistics (but should use a systematic analytical approach).

- What are some of the disadvantages of qualitative data?

  Disadvantages: Fewer subjects tend to be studied; difficulty generalizing to the larger population; inappropriate for collective behavioral data; some qualitative surveys are time consuming.

Allow participants to share some of their own experiences and to describe some of the qualitative methods they use in their own programs.

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VII. Information Sources

Slide 59-60

15 minutes

Facilitators may open the discussion of quantitative data sources with, "Let us take a look at some of the sources of quantitative and qualitative data." Then facilitators should:

1. present the various quantitative and qualitative information sources and examples of each information source;
2. describe the types of data that CME programs and strategies can derive from each information source, as presented in the speaker notes of the slide; and
3. if time permits, conclude this section with the activity described next.

Optional Activity: Advantages and Disadvantages of Information Sources

15 minutes

Begin by telling participants that all data sources rely on individuals providing information and each type of information source has advantages and disadvantages. Next, give one type of quantitative data source to each group/table and ask each group to discuss the following issues.

- What are the advantages of using this source of information?
- What are the disadvantages of using this source of information?
- Have your programs used this type of information source before? In what way?

Facilitators should ask each group to organize their responses into two columns on a flip chart, labeled "Advantages" and "Disadvantages." Give participants 15 minutes for this activity. Then reconvene the entire group.

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VII. Information Sources

Answer Sheet for Optional Activity

Ask each small group to present the results of its discussion. Note that crime statistics and behavioral surveillance surveys are not as commonly used as the other four information sources. Fill in the gaps using the answer sheet provided below.

Some Advantages and Limitations of Selected Information Sources

1. Population-based surveys
   - Advantages: Representative of general population; no selection bias; wide range of outcome level indicators can be collected; provides estimates of program coverage; tend to use well-tested instruments and have well-built in systems for data quality control.
   - Disadvantages: May not be representative at lower administrative levels, such as districts; not conducted frequently enough — typically every three to five years; expensive; cannot detect small changes or changes over short periods of time without large samples; not suitable for some types of information such as retrospective attitudes — recall bias often of concern.

2. Facility surveys
   - Advantages: Can cover both public and private facilities; contains more detailed information than is typically available in routine health information systems; can be tailored to specific program needs or timed so that they coincide with program implementation; can be combined with population surveys to demonstrate whether changes in the service environment are leading to improved health outcomes at the population level. Quality control is easier than in a routine health information system.
   - Disadvantages: Survey design and analysis can be complex, expensive, time consuming; if they are stand alone surveys, there are concerns about sustainability because the data are less connected to ongoing program decision-making; information is rapidly outdated and, unless the facility survey is repeated, the data are not available regularly; there are sample size constraints. The facility survey can be costly depending on whether it is representative at the national or sub-national level. There may be small client sample sizes for some services.

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VII. Information Sources

Answer Sheet (continued)

3. Health service statistics
    - Advantages: These data are routine (i.e., continuously reported) so they are more suitable for frequent reporting. They are derived from existing information systems so new data collection may not be necessary. Unlike surveys, they are available at lower administrative levels, such as districts. Because they are an integral part of the health system, they can be directly linked to health actions.
    - Disadvantages: There are variations in quality, completeness, and timeliness of reporting across facilities. It is difficult to provide coverage estimates because of problems in estimating the denominators for routine-based coverage rates. The data may only cover government health facilities, which may give an incomplete picture of the utilization of health services. Double-counting may be a problem.

4. Program statistics
    - Advantages: These data are routine (i.e., continuously reported, so they are more suitable for frequent reporting). They are derived from existing information systems, so new data collection may not be necessary.
    - Disadvantages: There may be variations in the quality, completeness, and timing of reporting, depending on the number of implementing organizations involved. It is difficult to provide coverage estimates because of problems in estimating the denominators for coverage rates. Double-counting across implementing organizations may be problematic.

5. Qualitative studies
    - Advantages: Ideal for finding out who, what, when, where, and why; provides greater level of depth and detail; useful for researching sensitive questions.
    - Disadvantages: Fewer subjects tend to be studied; difficulty generalizing; inappropriate for collective behavioral data; some are time consuming.

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VII. Information Sources

Activity 11: Identifying Information Sources, Slide 61

30 minutes

Begin this activity by stating: "Once you have chosen the basic indicators for your program, you must specify the sources of data for measuring them." Some indicators may be measured in more than one way. In such cases, participants should be clear about which data source they will use when measuring the indicator.

1. Have participants return to small groups from their previous activities.

2. Instruct them to look at the indicators that their group had selected to measure progress towards their program goals and objectives. Groups should identify the potential sources of data needed for measuring each indicator.

3. Also ask participants to discuss the following question: What challenges might you face in using these potential sources of data?

4. After 10 minutes, reconvene and have one member of each group present the information sources and possible challenges associated with using them.

When groups report back, facilitators should ask participants, as applicable, what other data sources could be used for calculating their proposed indicators and how the indicator metrics would change if these alternative sources of data were used.

As participants discuss challenges to using their proposed data sources, facilitators could devise hypothetical situations for particular data sources. For example, facilitators could ask the following:

- Suppose a DHS has been delayed for 24 months. What would you do?
- Suppose the budget for M&E data collection efforts has been cut in half. What would you do?

MEASURE Evaluation

20 minutes for section VIII

VIII. Evaluation Design

Slides 62-65

Begin this section, with slide 62, by informing participants that there are a number of ways to design evaluation studies, no single way is best. The key is to select the evaluation design or designs that fit your program or situation. This module does not describe evaluation designs in detail, but presents the practical realities of choosing an evaluation design in program settings. Facilitators should recap by asking participants: "Why do an evaluation?" and "What is impact evaluation?"

1. Next present the guidelines on how to decide which study design is appropriate, using slide 63 and its associated speaker notes.

2. Then present the following four key messages:
    a. Impact evaluation needs a specific study design.
    b. The study design depends on what questions a program needs to answer.
    c. The choice of design should be influenced by the resources that a program has.
    d. Often, program managers and M&E planners must balance what is ideal and preferred against what is feasible when deciding on a specific evaluation design.

3. Participants should be directed to consult with sampling experts or statisticians for specific advice on designing evaluation studies.

Facilitator note: Highlight that when designing an evaluation study, programs/projects should be sure that available time and resources are adequate to implement the design.

IGWG

VIII. Evaluation Design

Slides 62-65 (continued)

4. State that there are methodological issues and challenges associated with each evaluation design. Refer participants who would like to know more about evaluation designs to Fisher and Foreit (2002).

5. As you explain slide 64, emphasize that in impact evaluation, programs often have to decide two things: the number of times to collect data and the amount of time between data collection points. In terms of the number of times to collect data, more is not always better. The decision should depend on the evaluation questions, resource limitations, and practical constraints. Some evaluation designs require only one data collection point, while some require at least two data collection points. In many cases, more frequently repeated data collection is not necessary to answer evaluation questions.

6. Slide 65 describes how specific impact evaluations need specific designs. Conclude by highlighting that when monitoring and evaluating CME programs, the confidentiality, safety and well-being of clients must be top priority at all times.

MEASURE Evaluation

20 minutes

Closing Activities

Slides 66-71

Materials

Slides

Session evaluation questionnaire

Closing activities provide an opportunity for participants to pose remaining questions. After this question and answer session, facilitators should do the following:

1. Recap and reframe the M&E challenges presented on slides 66-67, as well as the standards for M&E activities (slide 68) using the speaker notes provided.
2. Then, ask participants to describe the two most important things they learned during the workshop. Write each of the points mentioned on a flip chart or ask a participant to do so.
3. Distribute the CME evaluation questionnaire (found in Appendix 2) to participants and ask them to fill it out and submit it before leaving the room.
4. Distribute certificates of participation, as appropriate.
5. Remind participants that, every year, MEASURE Evaluation provides intensive training workshops on M&E. These workshops are typically of one to three weeks duration and can offer participants the opportunity to build on what they learned in this workshop over the past two days. Interested participants may find the training workshop schedule on the MEASURE Evaluation Web site at:

   http://www.cpc.unc.edu/measure/training

6. Slides 69-71 provide a list of references and a disclaimer. More detailed references are given on the next page of this guide.
7. After the workshop is finished, remember to take the time to collect the session notes, which can provide a record of how long different activities took, questions that arose, and how well certain sections of the module worked.

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APPENDIX 1

Assessment of Knowledge, Skills, and Needs

Monitoring and Evaluating Constructive Men's Engagement Programs

1) What is your knowledge level in terms of monitoring and evaluation of in each of the following categories of constructive men's engagement programs or strategies? (Rate your knowledge level on a scale of 0 (none) to 9 (outstanding)).

Men as Clients _____

Men as supportive partners _____

Men as Agents of Change _____

2) What is your knowledge level of the following forms of data collection? (Rate your knowledge level on a scale of 0 (none) to 9 (outstanding)).

Population-based Surveys _____

Qualitative Methods (focus groups, in-depth interviews, etc.) _____

Health Service Statistics _____

Program Statistics _____

Facility Surveys (client exit interviews, clinic observations

Community-based Needs Assessment _____

3) How would you rank your skill level in each of these areas? (Rate your skill level on a scale of 0 (none) to 9 (outstanding)).

Program Planning _____

Program Implementation _____

M&E plan development (e.g., frame-works, data collection strategies, etc.) _____

M&E data collection (e.g., survey of community, conducting focus groups, etc.) _____

4) What are the two knowledge areas/skills you would like to strengthen most? (List two knowledge areas/skills from those listed in questions 2 and 3 above).

Knowledge Area/Skill #1 _____

Knowledge Area/Skill #2 _____

APPENDIX 2