

Organizing framework

The investigation of any problem starts by asking pertinent questions that serve to initiate and organize the response. Such questions might include: what is the problem? What are the contributing factors? What can be done about the problem? Once a programme response has been implemented, questions may include: is it working? And once a reasonable period of time has passed, is the programme reaching enough people to make a difference in the resolution (or severity) of the problem? These basic questions provide a simple and pragmatic way to organize the resources necessary to build an M&E system. The framework provided in Figure 2 depicts the essential information needed for programme decision-making, design and improvement (Rugg et al., 2004). In this document, the framework is being used to identify the information needed to plan, monitor, and evaluate HIV prevention programmes for most-at-risk populations. The framework is a useful tool for organizing a collective, coordinated and unified response to information gathering by national or subnational programmes and all their partners and donors. It provides a step-by-step sequence for planning data collection over time, serving as a 'roadmap' where the answers to questions at one step provide the basis for the questions and information needed at the next step. It also allows everyone involved to identify their role and contribution to the M&E system.

The framework is divided into the following eight steps:

1. Identifying the problem

The first step in the framework is identifying the problem. In the case of HIV, we initially seek to identify the nature, magnitude and course of the overall epidemic and related sub-epidemics. This information typically comes from surveillance systems, special surveys and epidemiological studies. This first step may also include questions about the nature and magnitude of the programmatic response to date. Situation analysis, gap analysis and response analysis are the typical information-gathering activities that seek information about programme status from, for example, related documents, informant interviews and field observations. The surveillance methods used in this first step are also used in the last step when we determine overall impact and collective effectiveness of combined programme efforts, thus closing the loop in the iterative process of programme planning, implementation and evaluation.

2. Determining the contributing factors of risk of infection

In the second step, we seek to determine the contributing factors and determinants of risk of infection. This information is usually obtained from rapid assessments; knowledge, attitude and behaviour surveys; epidemiological risk factor studies; and determinants research. The results at this step help in the design of appropriate interventions.

3. Determining which interventions might work in ideal circumstances

The third step focuses on determining which interventions might work under ideal circumstances by reviewing the available evidence from research-driven protocols (efficacy trials) or evaluations of interventions conducted under specific field conditions (effectiveness studies). Where insufficient evidence exists, evaluation studies may need to be implemented to support evidence-based decision-making. This is an important step, although it is often not sufficiently funded nor is sufficient time allowed to obtain and analyze results in the rush to 'do something'.

4. Determining which interventions and resources are needed

The fourth step should be linked closely with the findings from the third step and involves determining which interventions and resources are needed. This question is usually addressed through needs, resource and response analysis, and will include an assessment of current programmes and estimated coverage. The use of information for strategic planning and management of programmes is an area that needs considerable strengthening, and several donors have committed to devoting extra resources in this area.

5. Assessing the quality of interventions

The fifth step seeks to assess the quality of interventions by asking questions about their implementation. Process monitoring, evaluations, and other forms of quality assessments are typically performed at this step and especially as new programmes are getting underway.

6. Examining the extent of programme outputs

Similarly, the sixth step seeks to examine the extent of programme outputs, answering questions of 'how many?' and whether the programme is being implemented as planned and reaching its intended target population. Typically this information should be routinely collected in a project record-keeping system.

7. Examining programme outcomes

The seventh step examines programme outcomes and answers questions about intervention effectiveness. Typical evaluation methods include intervention outcome studies with control or comparison groups, operations research, health services research, formative research, and other special studies.

8. Determining overall programme effects

The final step focuses on determining overall programme effects and collective effectiveness. Building on the answers to the questions at previous steps, information from population-based surveys and other surveillance activities are once again used to answer questions at this final step. In addition, the systematic collection of programme-related qualitative data assists in interpreting programme outcomes and impact and contributes to our understanding of what is or is not working. Such information could also identify unexpected results and community perceptions that influence programme results and cannot be answered using trend data alone.

Chapter organization

The chapters in this guide provide the methods and approaches used to answer many of the questions posed in this framework. As this guide focuses more narrowly on M&E methods and approaches rather than on planning a comprehensive response, the attention is on those steps that correspond most closely with this topic. Thus, not all steps in the framework receive equal attention here.

After the introduction and background,

- Chapter 3 presents methods of population size estimations, an important component of the situation analysis and problem identification, the first question in the framework;
- Chapter 4 discusses assessing the contributing factors;
- Chapter 5 presents process M&E;
- Chapter 6 discusses methods to track programme uptake and coverage;
- Chapter 7 covers assessing intervention effectiveness using outcome evaluation studies;
- Chapter 8 discusses monitoring outcome and impact indicators and the role of surveillance;
- Chapter 9 covers assessing collective effectiveness through triangulation methods.

And finally, the methods and examples presented in the last two chapters are also relevant to the first step in the framework, that of problem identification, as the framework reflects an ongoing cycle of feedback of information regarding the nature and magnitude of the epidemic and the response.

Figure 2. A Public Health Questions Approach To Unifying HIV Monitoring And Evaluation.



Source: Rugg et al. (2004). Global advances in HIV/AIDS monitoring and evaluation. New Directions for Evaluation. Hoboken, NJ, Wiley Periodicals, Inc.