



ELEMENT 4

MONITORING AND EVALUATION

© SECTION 1: ESSENTIAL COMPLEMENT TO PROGRAM PLANNING

Begin at the Beginning. The plan for Monitoring and Evaluation (M&E) should be determined during your initial program planning process. Thinking about your evaluation indicators, or measures of success beforehand, helps anchor the program planning, and will save your organization time and energy in the long run. Waiting to evaluate an activity or program upon its completion is a very common and potentially irrevocable mistake, for evaluation information can prove to be invaluable information that can be included in your progress reports and grant proposals.

Identify and Engage Stakeholders. Stakeholders may include the program administrators, managers and staff; consumers of the services of those affected by the program; advisory boards or committees and funding officers.

Identify the Evaluation Team. In addition to the evaluator, who may be an outside consultant, specific staff members who are key to the evaluation process and whose job responsibilities will include program evaluation, e.g., the program manager and designated staff, should be identified as members of the program's evaluation team. Identifying a collaborative evaluation team will help ensure the evaluation will be an integral part of the program design, planning and implementation phases as well as at the end of the program.

Using Frameworks. Frameworks, like the Logic Model, can be useful for gathering and organizing numerous concepts in way that allows you to better view the end result of all your efforts. A program logic model provides an overall picture or road map of how the program is intended to work. It identifies the "problems" the program is addressing and links them with outcomes (both short-term/interim and long-term), interventions/activities, the program's theoretical assumptions ("Theory of Change") and the method by which outcomes, or movement toward the outcomes, will be measured ("Evaluation/Evidence of Change"). Utilizing the program logic model as an integral part of the evaluation process will enable you to stay better focused on outcomes, connect interim outcomes to long-term outcomes, link interventions and processes to the desired outcomes, and keep the underlying program assumptions in mind.

By describing how you expect to produce the desired outcomes, the logic model helps you determine whether the program’s assumptions are correct. The logic model will allow you to focus the evaluation on measuring each set of events in the model to determine what works, what doesn’t and for which population or group.

The logic model also provides an effective approach for evaluating complex problems that have long-term outcomes that will take years to achieve. The logic model identifies interim, more measurable outcomes during the proposed project period that are steps on the way to achieving the long-term outcomes. This will provide an effective way to chart the progress of the complex problems you have identified and allow for adjustments and improvements to be made along the way based on new information.

The chart below provides the basic components of a Logic Model, as well as a sample problem that is incorporated into the Logic Model framework.

SAMPLE LOGIC MODEL FOR HIV PROGRAMS	
Need or Problem	Providers are not familiar with current HIV treatment and care guidelines
Activity	Trainings and site visits to expert HIV provider centers
Target Population	Physicians, nurse practitioners, mental health providers who work with AAPIs
Rationale or Change Theory	Providers learn best from other providers and other peer leaders such as researchers
Outcome or Impact (based on objectives)	Providers are 50% more knowledgeable of current HAART treatments and co-morbidities
Performance Indicator	100% of all providers of HIV patients complete an HIV treatment checklist. 75% of checklists adhere to care management methods.

Based on Goals and Objectives. The purpose of evaluation is to answer two main questions: 1) “Are we achieving our goals and objectives?” and 2) “How can implementation of the program be improved?” The objectives may be process and/or outcome-oriented, as stated in the Goals & Objectives section. Once your agency and program stakeholders determine what your indicators are, you must decide how your program’s progress and success will be measured. The monitoring plan details what, how and when these measurements, i.e. the collection of data, will occur. Using the logic model framework throughout your program planning will help you link your performance indicators to your goals and objectives.

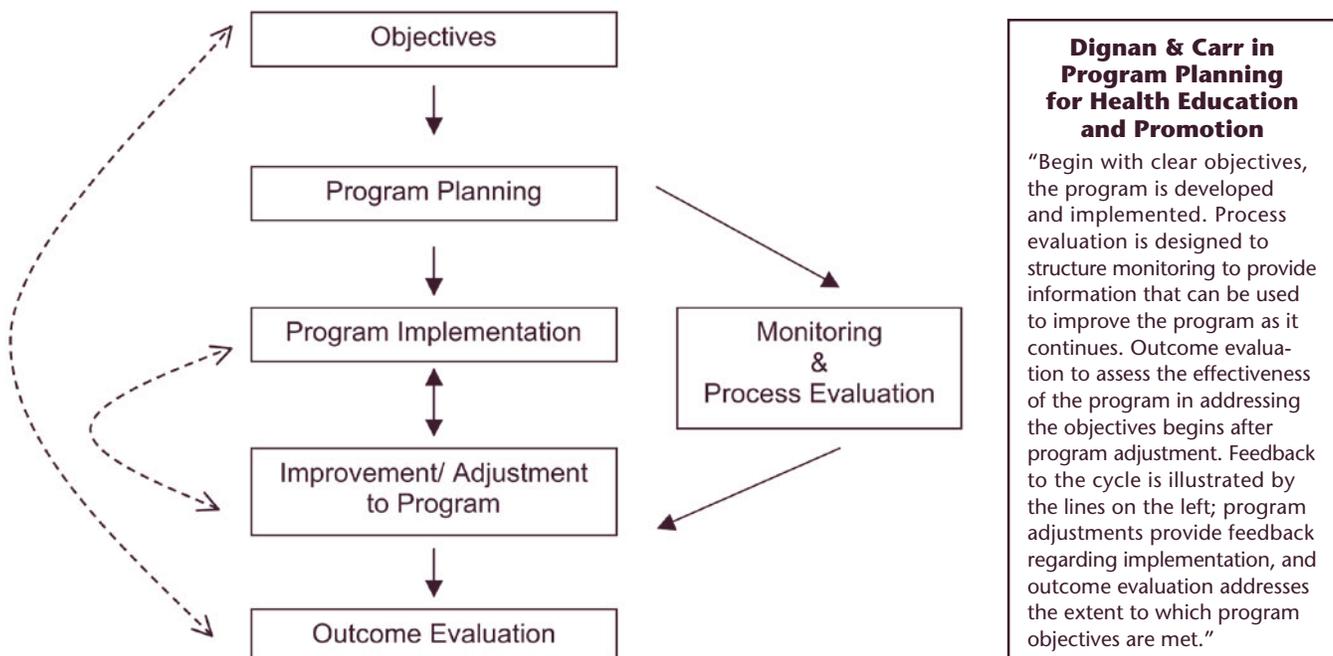
Identify the Evaluation Questions. The evaluation questions focus the evaluation and establish the evaluation’s parameters by specifically identifying which aspects of the program will be addressed. Involving stakeholders in the prioritization of evaluation questions helps develop a realistic focus for the evaluation and prevents last minute attempts to evaluate an aspect of the program without accessible data.

Methodical Measurement. Evaluation is the actual aggregating, analyzing and reporting of that data. The Centers for Disease Control and Prevention (CDC) defines evaluation as: “the systematic collection and analysis of information for the purpose of assessing and improving the quality of the design, implementation, and effectiveness of an action program.” The more deliberate the data collection, the more useful your conclusions will be. Consistent and periodic evaluation throughout a program allows for your agency to check program timelines and adjust the program while you still have the opportunity to do so. Evaluation asks the following types of questions:

- Are activities proceeding according to the timeline/schedule?
- What can be done to overcome obstacles or to improve the activity?
- Are the short-term outcomes materializing according to plan?
- Is the community need being filled satisfactorily? To the level we expect?
- In retrospect, can we identify any best practices?
- Can we identify any lessons learned?

As you can see, planning for M&E before your program is implemented encourages meaningful and timely information collection, since evaluative data is oftentimes difficult, if not impossible to recreate or regenerate once a program is completed. The following diagram and quote by Dignan and Carr further illustrate how process and outcome evaluation are integrated with the planning and implementation flow.

RELATIONSHIP BETWEEN M&E AND PROGRAM DEVELOPMENT



© SECTION 2: BUILDING AN INTEGRATED EVALUATION PLAN

Comprehensive. Your choice of indicators depends largely on what milestones of success you would like to measure – process, outcomes or impact.

- Process evaluation indicates how well activities are being completed, units of services being accumulated, etc.
- Outcomes evaluation indicates how well program objectives are being met.
- Impact evaluation indicates how well program goals are being met.

Ideally, the study and critique of any program will involve all three evaluation measures because when combined, they will yield information that answers three important questions regarding your program:

- Are the program deliverables being delivered?
- Is the program making a change in the targeted community?
- And most importantly, is the change in the community in the right direction and to the extent desired?

Be mindful that relying solely on one or two evaluation indicators may give you an incomplete picture of how your program is filling a community need. For instance, merely implementing an activity (process) will not guarantee a positive change in the community you're serving; and inversely, a positive change in the community may not be automatically attributed to your agency's program.

Timely. Ideally, monitoring and data collection will be conducted on activities as they occur, and the analysis of your outcomes will be conducted when each set of activities is completed. However, unless your agency is conducting evaluation research, it is unlikely you'll have sufficient time and resources to do this. It is important to develop an M&E system with methods that are feasible for your agency to maintain, and that yields data that is useful for the purposes of your program. Keep in mind that regardless of how often or how much evaluation data you collect (process or outcome-focused), the sooner you gather, analyze and summarize your data, the more accurate and relevant your results will be. And the more quickly you'll be able to make program adjustments, and include the information in your program reports.

If your agency is utilizing impact evaluation indicators, your data may not be collected or analyzed until significant program activities are implemented. However, your agency may wish to review its impact indicators on community need annually and shortly after your program ends.

© SECTION 3: DEVELOPING MEANINGFUL INDICATORS

The usefulness of evaluation information is dependent on the indicators you select and how your measurements are developed.

General criteria for measuring program success and progress are:

1) Method of information collection appropriate and sensitive to targeted group

(e.g., Verbally interviewing immigrants or substance users vs. utilizing questionnaires or writing their answers while they speak)

Different approaches to collecting information will yield slightly different results as people process and/or answer questions differently depending on who asks the question, who is present when they're answering the question, and how they perceive their answers will affect them or the interviewer.

2) Measured with the same method and using the same media

(e.g., One-to-one focused interview vs. focus group, phone survey vs. mailed survey, direct observation vs. participant recollection)

Again, because the method in which information is collected influences the information itself, it is best to use the same methodology across time and studied individuals. Media for collecting the information, such as print, web, phone, should also be consistent.

3) Consistent indicators over time or populations

(e.g., using the same topics, questions, response options)

Consistent indicators are critical when making direct comparisons. For example, if in the first year of a program you use a rating scale of 1 to 10 to measure the comfort level of providers documenting a patient's sexual history, and in the second year you utilize a scale of 1 to 3, your "comfort level" indicators, because they weren't consistent between the two years will yield results that are less significant than if you had used indicators that were identical.

4) Comparison of the same or similar populations

(e.g., providers with providers, MSM's with MSM's, teens with teens).

Depending on the type of evaluation you are utilizing, you may wish to study your clients or patients and compare them before and after they participate in your agency's program. Or you may wish to compare the groups of program participants to a similar group that has not participated in your program.

5) Measure processes or outcomes directly attributable to the agency's program and activities

(e.g., "increased knowledge of needle exchange program" or "learned HIV prevention techniques from Agency X" instead of general "increased knowledge of HIV prevention")

To the extent possible, link an evaluation indicator to a service or aspect of your prevention program that is unique to your program, or else specify "learned/received information/ accessed services from Agency X."

© SECTION 4: MEASURING RESULTS: QUANTITATIVE VS. QUALITATIVE DATA

The Right Kind of Information. Data can be categorized as qualitative and quantitative. Both types of information are valid. The type of data you choose to gather will depend on: 1) the questions you would like to answer, 2) the availability of data, and 3) the nature of the persons, objects or events you want to examine. You will likely need to collect some qualitative and some quantitative data at various points of your program evaluation, so it is helpful to be familiar with both. The table below compares and contrasts the general differences between these two types of data.

QUANTITATIVE	QUALITATIVE
<ul style="list-style-type: none"> • Counts tangibles; uses structured measures; yields rates, averages 	<ul style="list-style-type: none"> • Yields descriptions; in-depth; characterizes perceptions, attitudes, behaviors
<ul style="list-style-type: none"> • Answers what, how many, how often, when 	<ul style="list-style-type: none"> • Answers what, why, how, allows for context
<ul style="list-style-type: none"> • Numeric results 	<ul style="list-style-type: none"> • Narrative results
<ul style="list-style-type: none"> • Data may be aggregated and queried (searched) 	<ul style="list-style-type: none"> • Data less “generalize-able” to a larger population
<ul style="list-style-type: none"> • Calculations and statistical analysis may be performed 	<ul style="list-style-type: none"> • Patterns or trends in data less apparent
<ul style="list-style-type: none"> • More uniform interpretation and analysis of data 	<ul style="list-style-type: none"> • Subject to variable interpretation or analysis
<ul style="list-style-type: none"> • More “duplicable” results – repeated data collection will yield similar data (assuming no change in time or population) 	<ul style="list-style-type: none"> • Less “duplicable” results – repeated data collection may yield dissimilar data
<ul style="list-style-type: none"> • Inflexible data collection methods 	<ul style="list-style-type: none"> • More flexible data collection methods; adaptable to subject
<ul style="list-style-type: none"> • Ideal for studying large sample sizes 	<ul style="list-style-type: none"> • Ideal for studying small sample sizes or total populations that are small in #.
<ul style="list-style-type: none"> • Methods include: Surveys, Questionnaires, Mining of Databases 	<ul style="list-style-type: none"> • Methods include: Focus groups, Case studies, Participatory and Non-participatory observation

© BIBLIOGRAPHY

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DHHS, Health Resources and Services Administration HIV/AIDS Bureau – Tools for Grantees – Logic Models/ Flowcharts <http://hab.hrsa.gov/tools/spnsgrantees.htm>

Health Canada On-line, Departmental Program Evaluation Division (DPED), NGO/HISI RFP Logic Model Teleconference Training Material - Introduction to HIV/AIDS Project Monitoring and Evaluation, August 2003
http://www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/aboriginal/ngo_intro.html

Wong-Rieger D, David L. Causal evaluation of impact of support workshop for HIV+ men. *Can J Public Health*. 1993 Jan-Feb;84 Suppl 1:S66-70

© ADDITIONAL RECOMMENDED RESOURCES

The Centers for Disease Control and Prevention, Steps in Program Evaluation
<http://www.cdc.gov/eval/steps.htm>.

