MODULE 6:

Monitoring and Evaluating Behavior Change Communication Programs

Monitoring HIV/AIDS Programs

A FACILITATOR'S TRAINING GUIDE

A USAID RESOURCE FOR PREVENTION, CARE AND TREATMENT

Family Health International

Impact Implementing AIDS Prevention and Care Projects

USAID

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

A USAID Resource for Prevention, Care and Treatment

Module 6: Monitoring and Evaluating Behavior Change Communication Programs

September 2004

Family Health International

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MODULE 6:

Monitoring and Evaluating Behavior Change Communication Programs

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

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

Learning Objectives

The goal of this workshop is to build participants' skills monitoring behavior change communication (BCC) programs and planning program evaluations with emphasis on behavior change communication objectives.

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

- Describe the different components of a behavior change communication program that need to be monitored.
- Develop behavior change communication-specific process indicators.
- Identify appropriate monitoring and evaluation methodologies and tools.
- Identify the different data uses and how they influence data collection and analysis.
- Identify possible evaluation questions and determine when and if an evaluation is necessary.

Session Overview and Schedule

TIME		TOPIC	TRAINING METHOD
8:30-8:45	15 min	**A. Welcome and Introductions**	*Facilitator Presentation*
8:45-10:00	75 min	**B. Overview of Behavior Change Communication**	*Group Exercise, Facilitator Presentation*
10:00-10:15	15 min	**BREAK**	
10:15-11:00	45 min	**C. Developing Behavior Change Objectives and Behavior Change Communication Objectives**	*Group Exercise, Facilitator Presentation*
11:00-11:15	15 min	**D. Monitoring Behavior Change Communication Programs**	*Group Exercise, Facilitator Presentation*
11:15-12:00	15 min	**E. What to Monitor**	*Group Exercise, Facilitator Presentation*

Session Overview and Schedule

TIME		TOPIC	TRAINING METHOD
12:00-1:00	60 min	**LUNCH**	
1:00-1:30	30 min	**E. What to Monitor** (cont'd)	*Group Exercise, Facilitator Presentation*
1:30-2:00	30 min	**F. Monitoring Methods and Tools**	*Group Exercise, Facilitator Presentation*
2:00-3:00	60 min	**G. Data Analysis and Use**	*Group Exercise, Facilitator Presentation*
3:00-3:15	15 min	**BREAK**	
3:15-4:00	45 min	**H. Evaluating Behavior Change Communication Programs**	*Facilitator Presentation, Group Discussion*
4:00-4:30	30 min	**I. Wrap-Up**	*Q & A Session*

Materials

- Flipchart paper and stand
- Markers
- Pens or pencils
- Tape or Blue-Tac
- Pieces of paper
- Evaluation Form
- Examples of BCC Process Data Collection Tools (if available)
- Handout: Illustrative Indicators List
- Handout: Examples of BC Objectives and BCC Objectives
- Handout: What to Monitor in BCC Programs
- Handout: Data Analysis
- Worksheet: Data Analysis and USe
- Handout: How to Develop an Effective BCC Strategy
- Signage: BCC Strategy Steps (12 cards)
- Handout: Comprehensive of HIV/AIDS Prevention, Care, and Support
- Handout: Process of Behavior Change
- Worksheet: Hypothetical Program Scenarios
- Worksheet: Table for Planning Data Analysis, Interpretation, and Use
- (Note: the Behavior Change Communication for HIV/AIDS: A Strategic Framework will be distributed as a separate document)

A. Welcome and Introductions

8:30-8:45	15 min	**A. Welcome and Introductions**	*Facilitator Presentation*

1. Introduction and Objectives

Activity 1: Welcome Participants and Group Introductions

Thank participants for arriving on time and remind them (in a humorous way) that anyone who arrives late will be subject to shame and humiliation from the whole group.

Ask participants to introduce themselves by giving their name and telling the group the thing that they dislike most and the thing that they like most. (This can initiate the issue of behaviors that participants like and dislike, which can be used for the BC and BCC discussion.)

Because this module is being delivered after Core Module 1 (Introduction to Monitoring and Evaluation) and Core Module 2 (Collecting, Analyzing, and Using Monitoring Data), participants will be familiar with each other. Therefore, each morning during this time the facilitator can take about 15 minutes to review with the participants the material they learned in the preceding modules. This provides an excellent opportunity to generate energy among the group by asking the participants to quiz each other. This review activity can be light, energetic, and even humorous. Encourage participants to stand up or do something else physical as they ask or answer their questions.

Activity 2: Overview of Workshop Objectives and Agenda

The facilitator should explain and clearly list the objectives for the session.

The goal of this workshop is to build your skills in monitoring behavior change communication programs and in planning a program evaluation.

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

- Describe the different components of BCC programs that need to be monitored.
- Develop BCC-specific process indicators.
- Identify appropriate monitoring and evaluation methodologies and tools.
- Identify the different data uses and how they influence data collection and analysis.
- Identify possible evaluation questions and determine when and if an evaluation is necessary.

There will be a 15-minute mid-morning break, lunch will be from 12:00 to 1:00, and there will be a 15-minute mid-afternoon break. We will finish by 5:00 p.m.

B. Overview of Behavior Change Communication

8:45-10:00	75 min	**B. Overview of Behavior Change Communication**	*Group Exercise, Facilitator Presentation*

Materials

- Flipchart paper and stand
- Markers
- Pens or pencils
- Tape or Blue-Tac
- Pieces of paper
- Handout: How to Develop an Effective BCC Strategy
- Signage: Bcc Strategy Steps (12 cards)
- Handout: Comprehensive of HIV/AIDS Prevention, Care, and Support
- Handout: Process of Behavior Change

8:45-9:00 (15 min)

1. Overview of Behavior Change Communication

Question and Answer Exercise

This is an excellent opportunity to generate energy by engaging all participants. Divide the participants into two equal groups, with each person in group one facing a person in group two to form pairs. Give each participant a small piece of paper and a pencil. Ask those in group one to write on the piece of paper any one question that comes to mind and those in group two to write any one answer that comes to mind. The rule is that they will not read out or discuss the questions or answers they have. When they are finished writing the questions and answers, have each pair read out, first the question and then the answer. This exercise helps to facilitate the discussion on BC and BCC and can give an illustrative example of both communication methods.

The facilitator then asks the participants what they learned from this exercise. Discuss how one-way communication is ineffective in most cases. Link the participants' responses from above and take it up to the issue of BCC.

The facilitator then highlights the next activities: What is Behavior Change (BC)? and What is Behavior Change Communication (BCC)?

9:00-9:15 (15 min)

2. Introduction to Behavior Change Communication

Activity:
The facilitator starts this session by asking participants to share things from their practical life experience:

1. Ask participants if any of them have gone through the process of behavior change (e.g., Has anybody stopped smoking? or Has anybody who used to have more than one sexual partner reduced their number of partners to one or none?) and ask them how and why they changed that behavior.

2. Following the description of these experiences, pick out one experience and take the class through the stages that ones passes through to achieve the desired behavior change. Alternatively, the facilitator can use an example such as the following:

Somebody who quit smoking, and the why and how of quitting:

- Can't smoke wherever they want
- Smoking makes their mouth and clothing smell bad
- Financial problem
- Noticed on TV and/or radio messages about the disadvantages of smoking, and so on

3. Make it clear to the participants that there are lots of steps/stages a person must pass through before achieving the desired behavior change.

4. Using the participants' experience or the example, start the following session on discussing the basics of BCC and BC.

9:15-9:30 (15 min)

3. Definition of Behavior Change Communication

Materials

- Flipchart paper and stand
- Markers
- Tape
- Handout: Process of Behavior Change

Activity 1: Group Work—Definition of BC and BCC

Divide the participants into four groups. Two groups will work on the definition of Behavior Change (BC) and two groups will work on the definition of Behavior Change Communication (BCC).

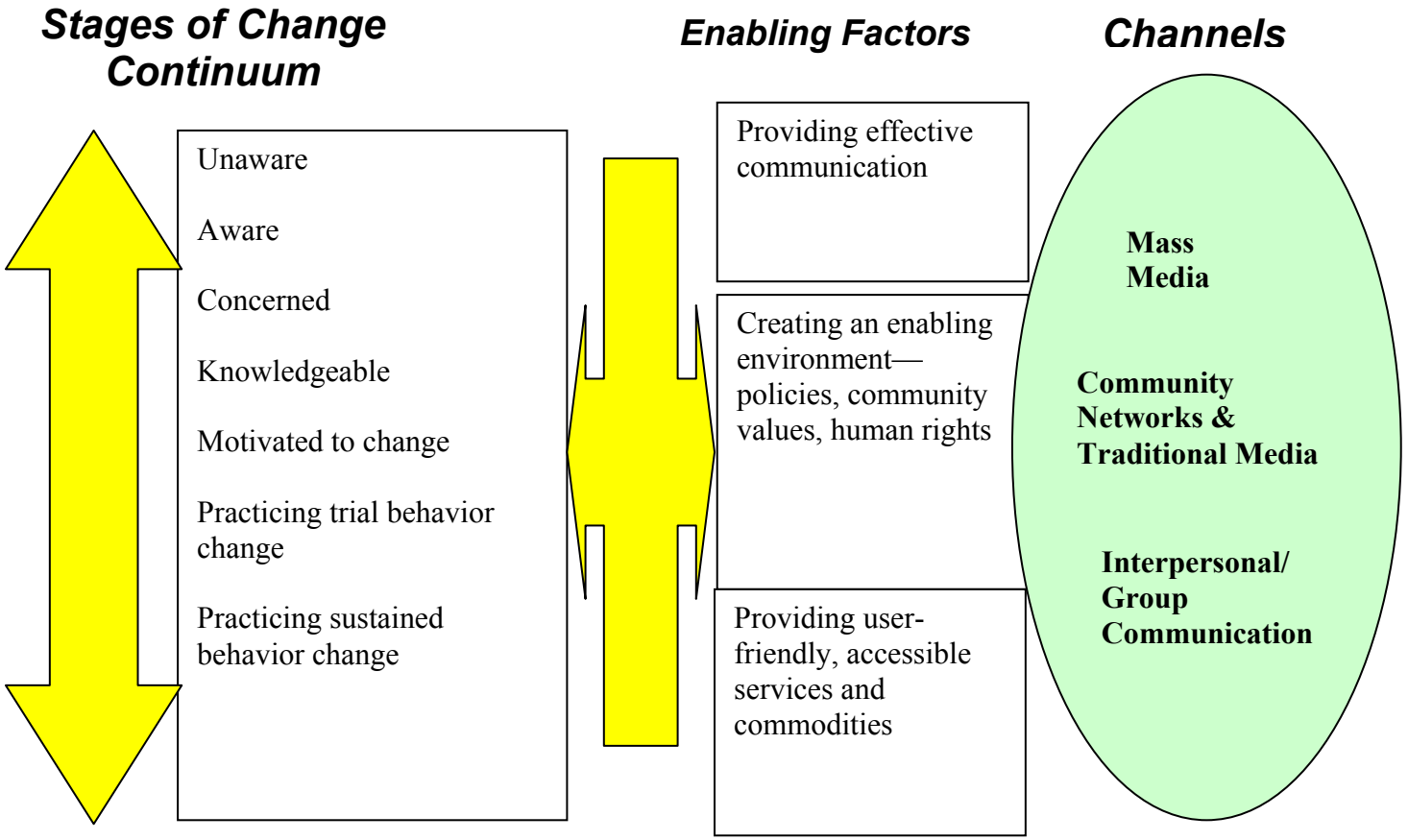
1. Tell participants that each member of the group will try to define/describe BC or BCC (whichever term the group is assigned) using a phrase of three words. Each individual should come up with the phrase that he or she thinks best defines BC or BCC and write it on the group's flipchart. While doing this, members of the group are not to discuss their definitions each other.

2. After each member has written his or her phrase on the flipchart, each member of the group should put a tickmark next to the phrase he/she thinks best defines BC or BCC. While doing this, members are not to discuss their thoughts with each other.

3. After everyone has put a tickmark next to a phrase, ask the groups to make a definition of BC or BCC using the concept that has the most tickmarks (the phrase with the most tickmarks is the one that the members of the group have agreed best defines BC or BCC).

4. One member from each group then presents the group's work (i.e., the definition) to all of the participants. (This will help the facilitator to determine if the participants understand the basics of BC and BCC and will facilitate the discussion when the facilitator gives the definitions of BC and BCC.)

Process of Behavior Change



Activity 2: Definitions of BC and BCC

Facilitator presents the definition and process of behavior change (BC) and steps in developing a BCC strategy to provide the context for the training session.

Definitions:

- **Behavior change (BC):** Comprehensive process in which one passes through the stages of: Unaware >> Aware >> Concerned >> Knowledgeable >> Motivated to change >> Practicing trial behavior change >> Sustained behavior change

- **Behavior change communication (BCC):** Interactive process with communities (integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; to promote and sustain individual, community, and societal behavior change; and to maintain appropriate behaviors.

Role of BCC in HIV/AIDS

BCC programs play the following major roles in HIV/AIDS prevention, care, and impact mitigation programs:

- Increase knowledge
- Stimulate community dialogue
- Promote essential attitude change
- Advocate for policy changes
- Create a demand for information and services
- Reduce stigma and discrimination
- Promote services for prevention and care

Effective BCC can:

- **Increase knowledge** by ensuring that people are given the basic facts about HIV and AIDS in a language or visual medium (or any other medium) that they can understand and relate to.
- **Stimulate community dialogue** by encouraging community and national discussions on the basic facts of HIV/AIDS and the underlying factors that contribute to the epidemic, such as risk behaviors and risk settings, environments and cultural practices related to sex and sexuality, and marginalized practices (e.g., drug use).
- **Promote essential attitude change** by leading to appropriate attitude changes about topics like perceived personal risk of HIV infection, belief in the right to and responsibility for safe practices and health-supporting services, provision of compassionate and non-judgmental services, open-mindedness concerning gender roles, and the basic rights of those vulnerable to and affected by HIV and AIDS.
- **Reduce stigma and discrimination** through communication about HIV prevention and AIDS mitigation that addresses stigma and discrimination and attempts to influence social responses to them.
- **Create a demand for information and services** by spurring individuals and communities to demand information on HIV/AIDS and appropriate services.
- **Lead policymakers and opinion leaders toward effective approaches** to the epidemic.
- **Promote services** for (1) prevention, care, and support for people with STIs, injection drug users, and orphans and vulnerable children; (2) VCT for mother-to-child transmission; (3) support groups for PLHA; (4) clinical care for OIs; and (5) social and economic support.
- **Improve skills and sense of self-efficacy** by focusing on teaching or reinforcing new skills and behaviors, such as condom use, negotiating safer sex, and safe injection practices. This can contribute to a sense of confidence in making and acting on decisions.

1. After the presentation on BC, provide some examples and ask for examples from the participants (describe the different processes that one passes through to change a behavior).

2. Clearly point out the differences between BC and BCC.

3. Distribute the Handout: Comprehensive HIV/AIDS Prevention, Care, and Support and discuss how BCC fits into it.

9:30-10:00 (30 min)

4. Process of Behavior Change

Materials

- Markers
- Tape
- 12 Cards, one for each BCC Strategy Step
- Handout: How to Develop an Effective BCC Strategy

Facilitator Note: BCC has its roots in behavior change theories that have evolved over the past several decades. FHI BCC practitioners use a combination of theories and practical steps that are based on field realities, rather than relying on any single theory or model. Psychologists developed the stages of change theory in 1982. **The rationale behind "staging" people is to tailor therapy to a person's needs at his/her particular point in the change process.** When changing behavior, the individual, community, or institution goes through a series of steps, sometimes moving forward, sometimes moving backward, and sometimes skipping steps. Even when new behaviors have been adopted, the individual, community, or institution, under certain circumstances, may revert to old behaviors. The following is an illustration of the stages of the behavior change continuum, enabling factors, and channels. (see Handout: Process of Behavior Change).

Steps in Developing Behavior Change Communication

The 12 steps for developing BCC are:

1. State program goals
2. Involve stakeholders
3. Identify target populations
4. Conduct formative BCC assessments
5. Segment target populations
6. Define behavior change objectives
7. Define BCC strategy and M&E plan
8. Develop communication products
9. Pretest
10. Implement and monitor
11. Evaluate
12. Analyze feedback and revise

A well-designed BCC strategy should include:

- Clearly defined BCC objectives
- An overall concept or theme and key messages
- Identification of channels of dissemination

- Identification of partners for implementation (including capacity-building plan)
- A monitoring and evaluation plan

Activity 1: Framework for BCC Design

Briefly introduce the framework for BCC design (Handout: How to Develop an Effective BCC Strategy).

Activity 2: BCC Strategy Developing Steps

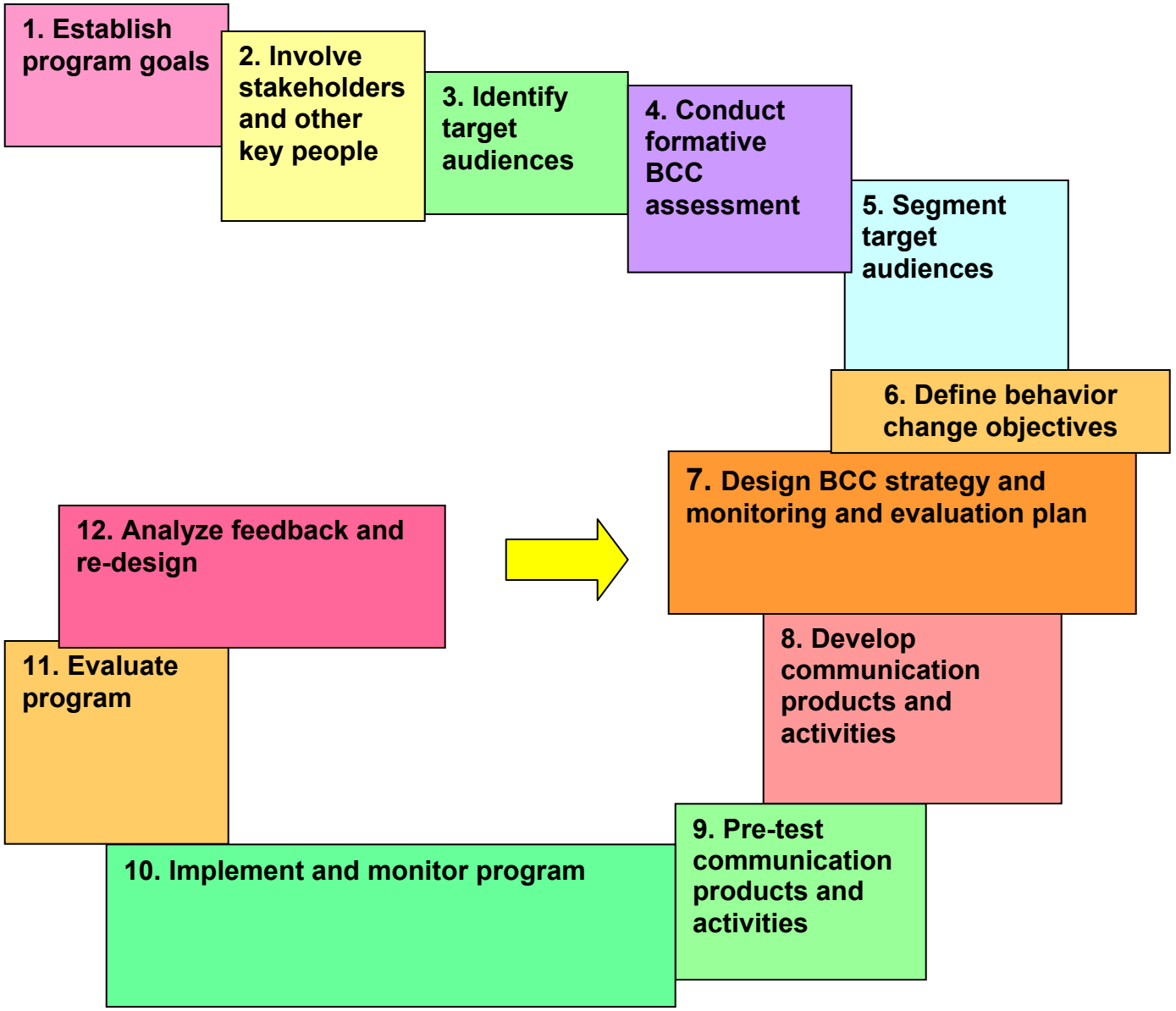
The facilitator should:

1. Prepare 12 cards printed with the 12 steps for developing a BCC Strategy. (See appendix.)
2. Have participants form a circle so that all participants can see. Put each card on the floor, beginning with step 1, and explain what it means.
3. Describe each step and help participants identify the steps at which the participants (especially those involved in M&E of their BCC program) should be involved and play a major role.

Facilitator Note: Participants will probably be involved mostly in steps 4, 6, 7, 9, 10, 11, and 12.

10:00-10:15	15 min	**BREAK**

How to Develop an Effective BCC Strategy



C. Developing Behavior Change Objectives and Behavior Change Communication Objectives

10:15-11:00	45 min	**C. Developing Behavior Change Objectives and Behavior Change Communication Objectives**	*Group Exercise, Facilitator Presentation*

Materials

- Flipcharts
- Markers
- Handout: Examples of BC Objectives and BCC Objectives
- Worksheet: Hypothetical Program Scenarios

BCC Program Goal:
Example of BCC program goal: Reduce HIV prevalence among young people in urban settings in *X* country.

Given the above BCC program goal, what are some behavior change objectives and behavior change communication objectives?

Behavior Change (BC) Objective:
Building on the earlier session, the facilitator should ask participants to define BC objectives.

Objective: A specific, measurable, and time-bound result

What changes in behavior does the program intend to achieve? Objectives should include changes in knowledge, attitudes, or intentions to change behaviors. While behavior changes may not have been specified in project documents, they can be inferred from project goals.

Examples of behavior change (BC) objectives include:

- Increase condom use
- Increase appropriate STI care-seeking behavior
- Delay sexual debut
- Reduce number of partners

The facilitator should ask participants to add to the list, write all the suggestions on a flipchart at the end of the session, distribute Handout: Examples of BC Objectives and BCC Objectives, and use it to summarize and clarify the difference between behavior change objectives and behavior change communication objectives.

Behavior Change Communication (BCC) Objectives
BCC objectives are related to specific issues identified when assessing the situation, knowledge, attitudes, and skills that may need to be altered to work toward behavior change and program goals.

Examples of behavior change communication (BCC) objectives include:

- Increase perception of risk or change attitudes toward use of condoms
- Increase demand for services
- Create demand for information on HIV and AIDS
- Create demand for STI services
- Interest policymakers in investing in youth-friendly VCT services (services must be in place)

- Promote community acceptance of youth sexuality and the value of reproductive health services for youth (services must be in place)

Brainstorming and Group Work Exercises

1. Facilitator must remind participants that at Step 6 of the BCC Strategy design (defining BC and BCC objectives) they come into play. Ensure that participants understand this session because it sets the foundation for: (a) what to monitor and (b) what to evaluate.

2. Begin by asking participants to define goals and SMART objectives, as learned in previous modules.

3. Write a definition of a program goal on one flipchart for future reference (Goal: The hoped-for result of a program or project).

4. Write the definitions of a behavior change (BC) objective and a behavior change communication (BCC) objective.

Facilitator Note: Facilitator must make sure that the participants know the difference between and can clearly distinguish between BC objectives and BCC objectives.

5. Discuss and give out examples of BC objectives and BCC objectives. Facilitator can use examples of BC and BCC objectives provided in the handout. Use the list of BCC objectives above to remind participants about the need for well-designed and implemented formative needs assessment because BC objectives and BCC objectives are generated from the information gained from formative assessments.

6. Ask participants to provide more examples of BC and BCC objectives. The facilitator should ask participants to add to the list and to write all of the suggestions on a flipchart.

7. Divide the participants into four groups. Distribute one of the four different scenarios (Worksheet: Hypothetical Program Scenarios)that were developed on the basis of BCC formative assessments to each group. Ask each group to develop SMART BCC objectives based on the findings of their scenario.

8. Ask each group to present its work and a brief introduction to their case from the scenario and to field comments and questions from the other participants.

9. At the end of the session, distribute Handout: Examples of BC Objectives and BCC Objectives and use it to summarize and clarify the difference between behavior change (BC) objectives and behavior change communication (BCC) objectives.

D. Monitoring Behavior Change Communication Programs

11:00-11:15	15 min	**D. Monitoring Behavior Change Communication Programs**	*Group Exercise, Facilitator Presentation*

Materials
- Flipcharts
- Markers

Facilitator Note: Introduce the session using the text on the need for participatory monitoring in BCC. Use the text below to outline the reason for participatory monitoring.

Participatory Monitoring
Participatory monitoring—a process of evidence-based learning for action in collaboration with stakeholders—aims to improve our understanding of results while also strengthening local capacity, institutional development, and sustainability of efforts. Participatory monitoring endeavors to put the power to define and measure success in the hands of the people that programs are intended to benefit. The premise is that understanding what works in programs should not be the exclusive domain of evaluation experts, donors, and international program planners. Rather, the people on the ground, those most affected by a program, should also understand.

Continue by referring to the session on monitoring and the issues surrounding monitoring for "quality" and monitoring for "quantity."

For participants, the monitoring method will depend on the objective of the monitoring (e.g., monitoring for coverage, timely implementation, quality, or process of BCC).

Monitoring may be *quantitative* or *qualitative*:

- ***Quantitative*** monitoring (measures *quantity*) tends to document numbers associated with a program, such as:
  - **How many** truck drivers were reached
  - **How many** BCC materials (by type) were distributed
  - **How many** counseling sessions were held
  - **How many** peer educators were trained

  - It focuses on **which** and **how often** program elements are carried out. Quantitative monitoring tends to involve record-keeping and numerical counts.

  - Explain that the activities in the project/program timeline of activities should be closely examined to see what kinds of monitoring activities might be used to assess progress. Explain that the monitoring system and its associated activities should be integrated into the project timeline.

- ***Qualitative*** monitoring (measuring quality) asks questions about how well the elements are being carried out. Questions such as:
  - **How** are peoples' attitudes changing toward abstinence, fidelity, or condoms?
  - **How** effective is a film in conveying intended BCC messages to target populations?

- This type of information and feedback often uses such qualitative methods as in-depth interviews and focus group discussions.

Group Discussion: Determining "Participants" in BCC the Monitoring Process

During this session, the facilitator should lead a discussion and generate examples of participants who will all be involved in monitoring a BCC program or activity. Examples should be drawn from existing or previous BCC programs. Start by asking the following questions:

- Who are the key players in your BCC program (e.g., in-school youth peer education program)?
- Who should be involved in monitoring the program?
- What role will each identified category of persons play?

Activity: Qualitative and Quantitative Monitoring in the Context of BCC

1. Introduce the session by referring back to the session on monitoring and the issues surrounding monitoring for "quality" and monitoring for "quantity."

2. Bring up the issue of qualitative and quantitative monitoring in a BCC program and differentiate between qualitative and quantitative monitoring by providing examples in the context of a BCC program.

4. Discuss with the participants the fact that the monitoring method will depend on the objective of the monitoring (e.g., monitoring for coverage, timely implementation, quality, or process of BCC). This will help make the transition to a discussion about what to monitor in a BCC program.

E. What to Monitor

11:15-12:00	15 min	**E. What to Monitor**	*Group Exercise, Facilitator Presentation*

Materials

- Flipcharts
- Markers
- Tape
- Handout: What to Monitor in BCC Programs

Monitoring Questions for Behavior Change Communication Program

Facilitator Note: Key areas to monitor in BCC programs include implementation, coverage, quality, and the BCC process. Refer to Handout: What to Monitor in BCC Programs for examples.

Activity: Monitoring Questions—Group Work

- Divide the participants into four groups.
- The facilitator then selects four volunteers as ambassadors for the facilitator. Give each ambassador one key area of what to monitor: (1) **implementation**, (2) **coverage**, (3) **quality**, or (4) **process of behavior change communication**. Each ambassador will spend five minutes with each group and ask members of the group to discuss "what to monitor?" in area he/she was given. The question asked by the ambassador could be something like: "What do you monitor in the area of implementation in a BCC program?"

- Each ambassador will take notes and summarize on a flipchart each group's discussion for the whole group.
- Ask participants to refer to the example monitoring questions in Handout: What to Monitor in BCC Programs for further clarification.
- Summarize the discussion with feedback from the large group and the generated list of monitoring questions.

12:00-1:00	60 min	**LUNCH**

E. What to Monitor (cont'd)

1:00-1:30	30 min	**E. What to Monitor** (cont'd)	*Group Exercise, Facilitator Presentation*

Materials

- Flipchart paper and stand
- Markers
- Tape or Blue-Tac
- Handout: Illustrative Indicators List
- Handout: What to Monitor in BCC Programs

2. Developing Process Indicators for Behavior Change Communication Program

Facilitator Note: Facilitator should remind participants of the nature of indicators while building on the key issues identified in Core Module 1: Introduction to Monitoring and Evaluation.

Define process indicators and review the characteristics of process indicators using the following:

- Valid/reliable
- Practical and useful
- Direct
- Objective

Activity: Developing Indicators

Divide participants into the same groups they were in when they developed BCC objectives for the four different scenarios.

Using Worksheet 2 (with the monitoring areas and questions), ask participants to select from the previously developed monitoring questions or from those in the Handout: What to Monitor in BCC Programs (or to come up with new monitoring questions) in any one area that they find applicable to their developed BCC objectives.

Ask participants to develop two or more indicators for each objective based on the monitoring questions. Facilitator/participants can refer to the list of example process indicators in Handout: Illustrative Indicators List.

Ask each group to present its process indicators and provide feedback and clarifications.

Facilitator summarizes and wraps up, reminding participants about the quantitative and qualitative nature of monitoring.

3. Wrap-Up

Facilitator Note: The facilitator can refer to the following textbox to add to the discussion when summarizing the session.

Peer Education: The following are examples of some of the *quantitative* questions that might be asked: How many sessions did the peer educator hold with the adolescent risk group? How many adolescents attended each session? What and how many brochures were distributed during these sessions? Following are some of the *qualitative* questions that might be asked: What kinds of questions are people asking? Are the kinds of questions people ask changing over time? From the point of view of the target audiences, what are peer educators doing right/wrong? What could be done better? Client-Provider Interaction: Following are examples of some of the *quantitative* questions that could be asked: How many service providers in which locations received counseling cards? When service providers saw clients about STI/HIV/AIDS, in how many instances were counseling cards used (client exit interviews)? Following are examples of some of the *qualitative* questions that could be asked: Do clients understand the purpose of the services being provided? Are all of the clients' questions being answered during the client/provider interactions? Do clients feel that the providers are meeting their needs?

F. Monitoring Methods and Tools

1:30-2:00	30 min	**F. Monitoring Methods and Tools**	*Group Exercise, Facilitator Presentation*

Materials
- Flipchart and paper
- Markers

Monitoring may be *quantitative* or *qualitative*.

1. Quantitative Methods and Tools for Data Collection (To Assess Implementation [e.g., Reach])

Quantitative monitoring tends to document numbers associated with the program and tends to involve record keeping and numerical counts. This type of information is often obtained by using such quantitative methods as service statistics and distribution records.

Quantitative Methods	Quantitative Tools
Reviewing BCC materials distribution	Distribution logbook
Periodic site visites	Check-list or questionnaire
Periodic review of implementation reports (e.g., peer educators reports, supervisor's report, training reports)	Checklist, questionnaire, peer educator activity sheet, client/patient referral form
Periodic compilation of service statistics	Tally sheet

2. Qualitative Methods and Tools for Data Collection (To Assess Quality and Qualitative Effectiveness)

Qualitative monitoring (measuring quality) asks questions about how well the elements are being carried out. This type of information and feedback is often obtained by using such qualitative methods as in-depth interviews and focus group discussions.

Qualitative Methods	Qualitative Tools
Focus group discussions	Focus group discussion guide
Direct observation	Observation checklist
In-depth interviews (e.g., to monitor and track changes in questions emanating from target groups and audiences during the course of project implementation)	Interview guides
Content analysis of materials	Content analysis checklist
Pre-testing of materials with target population	Pre-test checklist
Mystery clients (e.g., in peer education)	Checklist

Activity: Monitoring Methods and Tools

Briefly discuss the above examples and show the different types of tools.

Ask participants to review the tools.

Divide the group into the same four groups. Ask each group to identify the most suitable tools for data collection (qualitative and quantitative) for the indicators.

Distribute copies of examples of BCC process data collection tools (if available from the participants or from the facilitator).

G. Data Analysis and Use

2:00-3:00	60 min	**G. Data Analysis and Use**	*Group Exercise, Facilitator Presentation*

Materials
- Handout A: Data Analysis
- Worksheet B: Data Analysis and Use
- Worksheet C: Table for Planning Data Analysis, Interpretation, and Use
- Worksheet D: BCC Formative Assessment Results and Scenarios (optional)

2:00-2:30 (30 min)

1. Analyzing Data

Materials
- Handout: Data Analysis

Facilitator should describe key areas of **program performance**: estimates of coverage, bias in participation, types of services delivered, intensity of services provided to different target groups, and reactions of participants to the services provided.

Program performance data are analyzed for the following reasons:

- To compare results from different program sites. This allows the program manager to gain an understanding of the sources of diversity in program implementation and outcomes (e.g., staff, administrative/management systems, targets, local environment).

- To see if program implementation conforms to program design.

Begin by asking the participants, "What are some ways that the data can be 'housed' or managed?"

Facilitator Note: The effort here is to get participants to identify different databases that they can use to store the data and run basic analysis (e.g., Excel, Access, and others).

Ask participants to refer to Handout: Data Analysis and lead a discussion about what they understand from the dummy tables and the analyses presented.

Take suggestions and continue with the discussion. We need to define the objective of data analysis, bearing in mind what we ultimately want to use the data for. Data can be "housed" in several ways.

Lead the group in a discussion about some of the challenges of data management for BCC programs.

2:30-3:00 (30 min)

2. Using Data

Materials
- Worksheet: Data Analysis and Use
- Worksheet: Table for Planning Data Analysis, Interpretation, and Use

Data can be used for:
- Improving performance (e.g., hire more staff, train staff, buy more supplies)
- Feedback to program staff (e.g., regular staff meetings, including field staff)
- Decision-making about future direction of program (e.g., scaling-up services/expanding coverage, identifying new geographical areas and/or other services to be added to program)
- Reporting to donors and policymakers
- Communicating program's successes and challenges to community (e.g., newspaper articles, press conference, town hall meeting, and so on)
- Fundraising (proposal writing)

Activity 1: Using Monitoring Data
Ask participants to share their experiences reporting their program's performance and communicating with donors, government officials, and the community. Identify any obstacles and possible solutions.

Facilitator can then summarize the discussion and share his/her experience in these areas.

Activity 2: Using Monitoring Data—Role-Play
Divide participant into four groups and distribute Worksheet: Data Analysis and Use.

Ask participants to prepare a presentation based on the data and information in the worksheet.

Assign each group one type of group/stakeholder (either program manager, donor, target audience, or community representatives) to which they must present.

Encourage the groups to present dramatically, using graphs or other visuals to help the audience appreciate and reflect on the reality of the differences when presenting data to different stakeholders.

3:00-3:15	15 min	**BREAK**

H. Evaluating Behavior Change Communication Programs

3:15-4:00	45 min	**H. Evaluating Behavior Change Communication Programs**	*Facilitator Presentation, Group Discussion*

Materials
- Flipchart
- Markers
- Tape

- **Assessing the outcome and impact of a program.** Evaluation should answer the questions: What outcomes are observed? What do the outcomes mean? Does the program make a difference?

- **BCC program evaluation is part of the overall HIV/AIDS prevention, care, and support program.** It is important that the evaluation questions to be used are included in the general program evaluation plan. Questions should be based on and refer to the general program behavior change communication and behavior change goals.

- **Systematic application of social research procedures for assessing the conceptualization, design, implementation, and utility of social intervention programs.**

A. Review the distinction between monitoring and evaluation, and present the level at which evaluation is considered (i.e., program outcome). There are also instances where BCC objectives are better evaluated than monitored.

- Behavior change goals
  - Increase appropriate STI care-seeking behavior
  - Delay sexual debut
  - Reduce number of partners
  - Increase condom use

- Behavior change communication objectives
  - Increase safer sexual practices (e.g., more frequent condom use, fewer partners)
  - Increase incidence of healthcare-seeking behavior for sexually transmitted infections, tuberculosis, and voluntary counseling and testing

B. Special considerations in evaluating behavior change

- It is difficult to change peoples' behaviors.
- It takes several years of program implementation before behavior changes occur to the extent that they can be observed.

- It is difficult to measure behavior change and collect data (sensitive questions about sexual behaviors, fidelity, illegal activities).
- It is difficult to link program activities to observed behavior change because of other, outside influences.
- Implication: The timing of the outcome evaluation is important. It should not be done prematurely.

C. Possible BCC outcome evaluation questions

- What is the impact on the knowledge levels of the target/general population?
- What is the impact on attitudes and beliefs about HIV/AIDS?
- What is the impact on at-risk behaviors (e.g., sexual, drug abuse, needle sharing) among the target/general population?
- What is the impact on stigma against people living with HIV/AIDS?
- What is the impact on discrimination against people living with HIV/AIDS?
- What is the impact on service utilization (e.g., health, HIV/AIDS, legal, economic, social, psychological)?

D. Methods for evaluating BCC program outcomes

- Behavioral surveillance surveys
- Special studies
- Adding questions on communication interventions in BSS to assess reach and quality of interventions
- Social mapping
- Surveys (e.g., knowledge, attitudes, and practices survey)

E. Planning for an outcome evaluation

Review the basic steps in planning for an outcome evaluation:

1) Determine if an evaluation is required or necessary.
2) Determine the objectives of the evaluation
3) Choose a methodology.

Facilitator can refer participants to information discussed in Core Modules 1 and 2.

Activity 1:
Remind participants of the distinction between *monitoring* and *evaluation* that they discussed in Core Module 2: Collecting, Analyzing, and Using Monitoring Data.

Brainstorm with the participants about what BCC program evaluation means to them.

Describe what it means and describe to the participants that BCC program evaluation involves the same process as BCC program monitoring (objectives, evaluation questions, indicators, evaluation tools, analysis methods, and interpretation of evaluation).

Activity 2:
Encourage participants to discuss if an evaluation of their program is recommended. If yes, have them discuss the kinds of evaluation questions that should be asked and when and by whom the evaluation should be conducted.

I. Wrap-Up

4:00-4:30	30 min	**I. Wrap-Up**	*Q & A Session*

Materials

- Flipchart
- Markers
- Tape
- Evaluation Form

Ask participants for two major lessons they learned during the workshop.

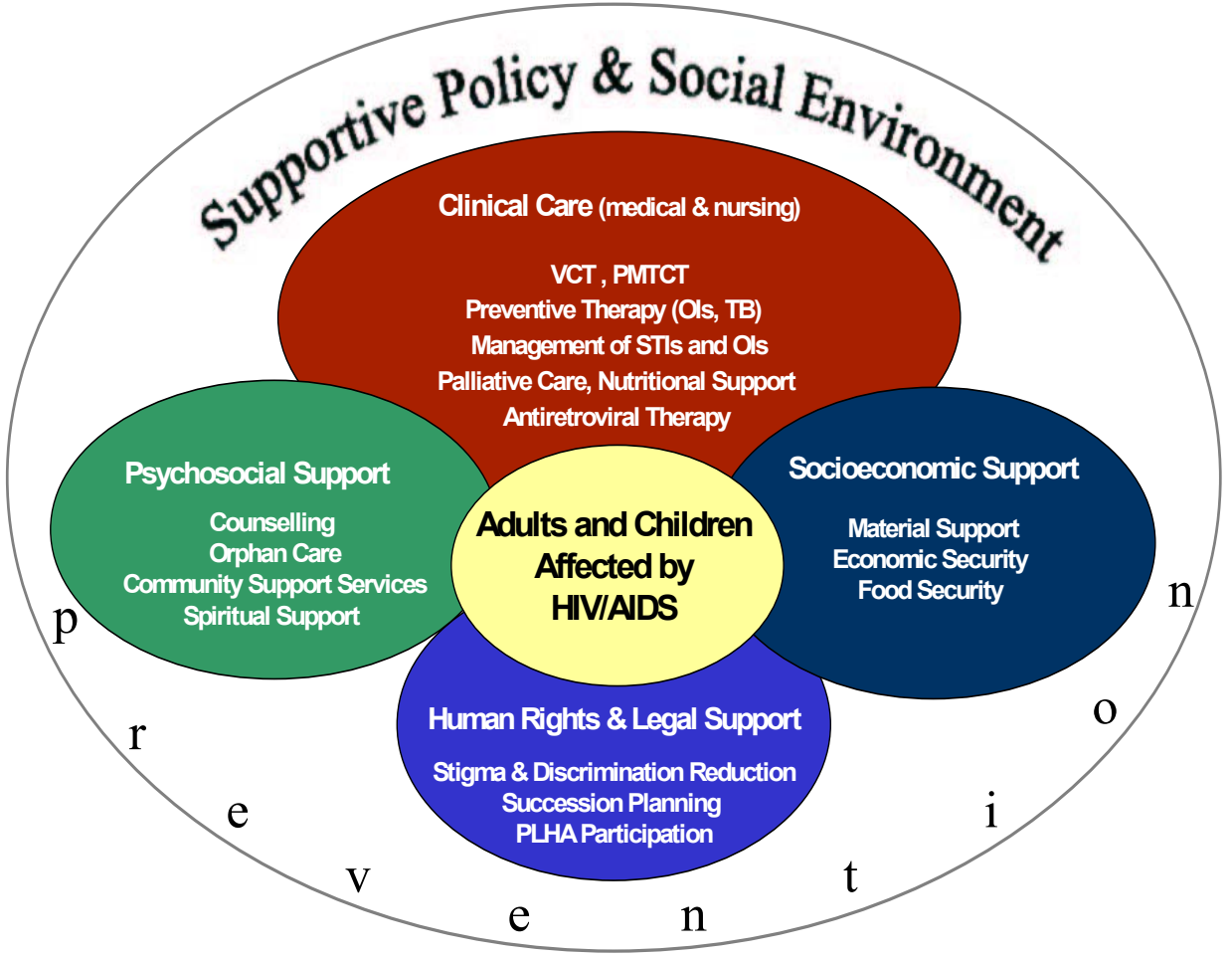
Write each of the lessons mentioned on a flipchart (or ask a participant to do so).

Distribute the evaluation form and ask participants to fill it out and submit it before leaving the classroom.

Appendix

Module 6:
Monitoring and Evaluating
Behavior Change Communication Programs

Comprehensive HIV/AIDS Care and Support



ESTABLISH PROGRAM GOAL (S)

INVOLVE STAKEHOLDERS AND OTHER KEY PEOPLE

IDENTIFY TARGET AUDIENCES

CONDUCT FORMATIVE BCC ASSESSMENT

SEGMENT TARGET AUDIENCES

DEFINE BEHAVIOR CHANGE OBJECTIVES

DEFINE BCC STRATEGY AND M&E PLAN

DEVELOP COMMUNICATION PRODUCTS AND ACTIVITIES

PRE-TEST COMMUNICATION PRODUCTS AND ACTIVITIES

IMPLEMENT AND MONITOR PROGRAM

EVALUATE PROGRAM

ANALYZE FEEDBACK AND RE-DESIGN

Table for Planning Data Analysis, Interpretation, and Use

Objective	M&E Questions	Indicators	Tools	Analysis Methods	Interpretation

Examples of BC and BCC Objectives

Program Goal:
Reduce HIV prevalence among young people in urban settings in X country

Behavior Change Objectives:

- Increased condom use
- Increased appropriate STI care-seeking behavior
- Delayed sexual debut
- Reduced number of partners
- Increased safer sexual practices (more frequent condom use, fewer partners)
- Increased incidence of healthcare-seeking behavior for STIs, TB, and VCT
- Increased use of universal precautions to improve blood safety
- Immediate and appropriate use of STI services
- Use of VCT services
- Consistent condom use
- Increased blood donations (where appropriate)
- Improved compliance with drug treatment regimens
- Adherence by medical practitioners to treatment guidelines
- Increased use of new or disinfected syringes and needles by injection drug users
- Decline in stigma associated with HIV/AIDS
- Reduced incidence of discriminatory activity directed at PLHA and other high-risk groups

Behavior Change Communication Objectives:

- Increase perception of risk or change attitudes toward use of condoms
- Increase demand for services
- Create demand for information on HIV and AIDS
- Create demand for appropriate STI services
- Interest policymakers in investing in youth-friendly VCT services (services must be in place)
- Promote acceptance among communities of youth sexuality and the value of reproductive health services for youth (services must be in place)
- Increased self-risk assessment
- Increase confidence in condom use
- Increase knowledge about HIV/AIDS, STIs, and VCT and demand for services
- Increase in discussion about HIV/AIDS and STIs
- Increase in knowledge about universal precautions
- Increase and deepen knowledge about STI and VCT services
- Improve attitudes and behavior among healthcare and other service delivery workers who interact with PLHA, sex workers, injection drug users, and other marginalized groups

Note: Indicators should be developed based on BCC objectives

Hypothetical Program Scenarios

Project A:

In country X, FHI supports a behavior change communication program. The recent behavioral surveillance survey (BSS) found that HIV infection among injecting drug users (IDUs) is at 4 percent. FHI is planning to start a peer education program and condom promotion in detoxification camps with the overall goal of reducing HIV prevalence among IDUs.

What can you suggest as objectives for the start of the BCC program?

Project B:

In country XX, FHI supports a behavior change communication program. The country has a program targeting men who have sex with (MSM). That program found that large numbers of the clients of male sex workers are MSM living in a large MSM community. Now FHI wants to start a BCC program.

What can you suggest as objectives for the start of the BCC program?

Project C:

An NGO in country Y conducted a BCC formative assessment on three different high-risk groups, one of which was long-distance truck drivers. Previous studies noted that HIV prevalence in this group is very high. The BCC assessment revealed that truck drivers' knowledge of HIV/AIDS and their perception of their own risk are very low. The NGO now intends to start a BCC program that targets truck drivers. The NGO's overall goal is to reduce HIV prevalence among truck drivers in country Y.

What can you suggest as objectives for the start of the BCC program?

Project D:

An NGO in country XXX conducted a BCC formative assessment on three different high-risk groups, one of which is out-of-school youth. The BCC assessment findings revealed that out-of-school youth's knowledge of HIV/AIDS is low, their perception of their own risk is very low, and they tended to have multiple sexual partners. The NGO intends to start a BCC program that targets out-of-school youth.

What can you suggest as objectives for the start of the BCC program?

Behavior Change Communication Programs: Areas to Monitor (page 1 of 3)

Capacity-building in BCC:

Process monitoring:

1. How many BCC training session or workshops have been conducted within the past week/month/quarter/year?
2. How many persons received this training?
3. Who received the training (e.g., media professionals, peer educators, policymakers)?

Qualitative monitoring:

1. Has the training or technical assistance increased stakeholders' BCC knowledge and skills?
2. How many participants were satisfied with the training?

Effectiveness monitoring:

How many of the participants were able to apply the knowledge and skills developed in the workshop to their work (e.g., development of BCC strategic plan, revision of M&E system)?

Mass media/media targeted at specific population groups (TV, radio, print):

Process monitoring:

1. How many radio/TV shows on HIV/AIDS have been conducted within past week/month/quarter/ year?
2. How many BCC materials have been developed and disseminated?

Qualitative monitoring:

How many of these media products met FHI criteria for sound BCC materials?

Effectiveness monitoring:

1. How many people understand the messages and materials that have been disseminated?
2. What is their reaction to these messages?
3. Has there been a change in the community's attitudes and beliefs about HIV/AIDS and prevention and control interventions (e.g., condoms are now seen as preventing the disease and not just for family planning purposes)?
4. How many people were able to recall certain messages?
5. How many people were reached by the messages?

Community mobilization:

Process monitoring:

1. How many community leaders have participated in BCC strategy development?
2. How many community events (e.g., theater events, concerts) focusing on HIV/AIDS were held within the past week/month/quarter/year?
3. How many people attended these community events?

Behavior Change Communication Programs: Areas to Monitor (page 2 of 3)

Effectiveness monitoring:

1. Has the community established a strategic/action plan for HIV/AIDS?
2. Has there been an increase in funding for HIV/AIDS prevention and control?
3. Has the process of developing a community action plan been participatory and involved a wide variety of stakeholders, in particular PLHAs?
4. Did the community events that were organized involve participation by PLHAs?
5. What was the community's response to the events?
6. Has there been an increase in demand for certain HIV/AIDS services (e.g., VCT sites)?
7. If yes, has this demand been met?

Interpersonal/group communication:

Process monitoring:

1. How many peer educators are active?
2. What kinds of services are peer educators providing?
3. How many people do peer educators counsel per week/month/quarter/year?
4. How many condoms did the peer educators distribute per week/month/quarter/year?
5. How many people did peer educators refer to HIV/AIDS services per week/month/ quarter/year?
6. How many interpersonal BCC contacts have been made (one-to-one or group)?
7. How frequently are the peer educators supervised?

Qualitative monitoring:

1. How many clients are satisfied with the services provided by the peer educators?
2. Do clients understand the purpose of the services being provided (e.g., in counseling)?

Effectiveness monitoring:

1. What kind of questions do people ask?
2. Are these questions changing in nature over time?
3. Are people changing their risky behaviors?

Comprehensive BCC strategy:

1. Are the same key messages being conveyed to the target population in the various approaches and channels?
2. Are messages adequately coordinated with service and supply delivery and other communication activities?

Monitoring may be Q*uantitative* or Q*ualitative*.

- ***Quantitative*** monitoring (measuring *quantity*) tends to document numbers associated with the program, such as *how many* posters were distributed, *how many* were posted, *how many* counseling sessions were held, *how many* times a radio spot was on the air. It focuses on which and how often BCC program elements are being carried out. Quantitative monitoring tends to involve record-keeping and numerical counts.

Behavior Change Communication Programs: Areas to Monitor (page 3 of 3)

- The activities in the project/program timeline should be closely examined to see what kinds of monitoring activities might be used to assess progress. The monitoring system and its associated activities should be integrated into the project timeline.

- Refer to the flipchart with the list of *quantitative* monitoring questions and indicators that was generated earlier by the groups.

- ***Qualitative*** monitoring (measuring *quality*) will ask questions about how *well* the elements are being carried out. Questions may include: *How* are peoples' attitudes changing toward abstinence, fidelity, or condoms? *What* is the influence of BCC activities on real or incipient behavior change? *How* does information permeate the risk community? and so on. To get at this type of information, which will also work as part of the feedback system, qualitative methods such as in-depth interviews and focus group discussions are often used.

- Based on the previous presentations on the stages of change and BCC development process, what are some of the key issues to take into consideration in monitoring BCC?

Some issues to consider:

- Key audiences are changing, requiring repeated assessment of effectiveness of BCC products.
- Information and communication demands change quickly (according to the changing nature of the HIV epidemic and the changing national response), requiring a flexible BCC strategy to be in place.
- The integration of BCC into different sectors makes cohesive monitoring and evaluation a challenge.
- Planners need to consider the stages of change when developing BCC objectives.

Examples of What to Monitor in BCC Programs

Group 1: Monitoring ***implementation*** of activities

Example monitoring questions:

- Are activities taking place on schedule at the planned frequency?
- Are training sessions being conducted as planned?
- Are peer educators identified and recruited as planned?
- Are supplies and services needed to support safe behavior (condoms, VCT services) available and affordable to the audience?

Group 2: Monitoring ***coverage*** of the program

Example monitoring questions

- Are planned numbers of the audience being reached over time?

Group 3: Monitoring ***quality*** of BCC and BCC products

Example monitoring questions:

- Is the right target audience being addressed?
- Are the messages appropriate considering the stage of the epidemic in the country and the changing attitudes in the community? (e.g., messages focus on prevention but ignore care and support or messages aim to increase awareness but ignore stigma)
- Are the messages taking into consideration the changing national policies on HIV/AIDS treatment and care and support? For example, are messages raising knowledge about viral load as criteria for receiving ARV treatment?
- Are the changing needs of the audience being captured?
- Do the messages appeal to the target audience's perceived needs, beliefs, concerns, attitudes, present practices, and readiness to change?
- Do the messages model the skills needed to change behaviors?

Group 4: Monitoring ***process*** of BCC (Refer to the 12 steps for developing an effective BCC strategy.)

Example monitoring questions:

- Are program goals stated and well defined?
- Are relevant stakeholders involved in BCC development, implementation, and monitoring?
- Does the intervention include follow-up mechanisms to reinforce and encourage the maintenance of newly acquired attitudes and behaviors?

What to Monitor in BCC Programs

Group 1: Monitoring ***implementation*** of activities **What should the monitoring questions be?**
Group 2: Monitoring ***coverage*** of the program **What should the monitoring questions be?**
Group 3: Monitoring ***quality*** of BCC and BCC products **What should the monitoring questions be?**
Group 4: Monitoring ***process*** of BCC (Refer to 12 steps of developing BCC.) **What should the monitoring questions be?**

Illustrative Indicators List

Example Outcome Indicators

Knowledge of HIV prevention among targeted population
No incorrect knowledge of AIDS
Condom use at last risky sex
Condom use at last commercial sex (reported by sex worker, reported by client)
Condom use at last male-male anal sex
Men and women seeking treatment for STIs
Young people with multiple partners in last 12 months
Age mixing in sexual relationships

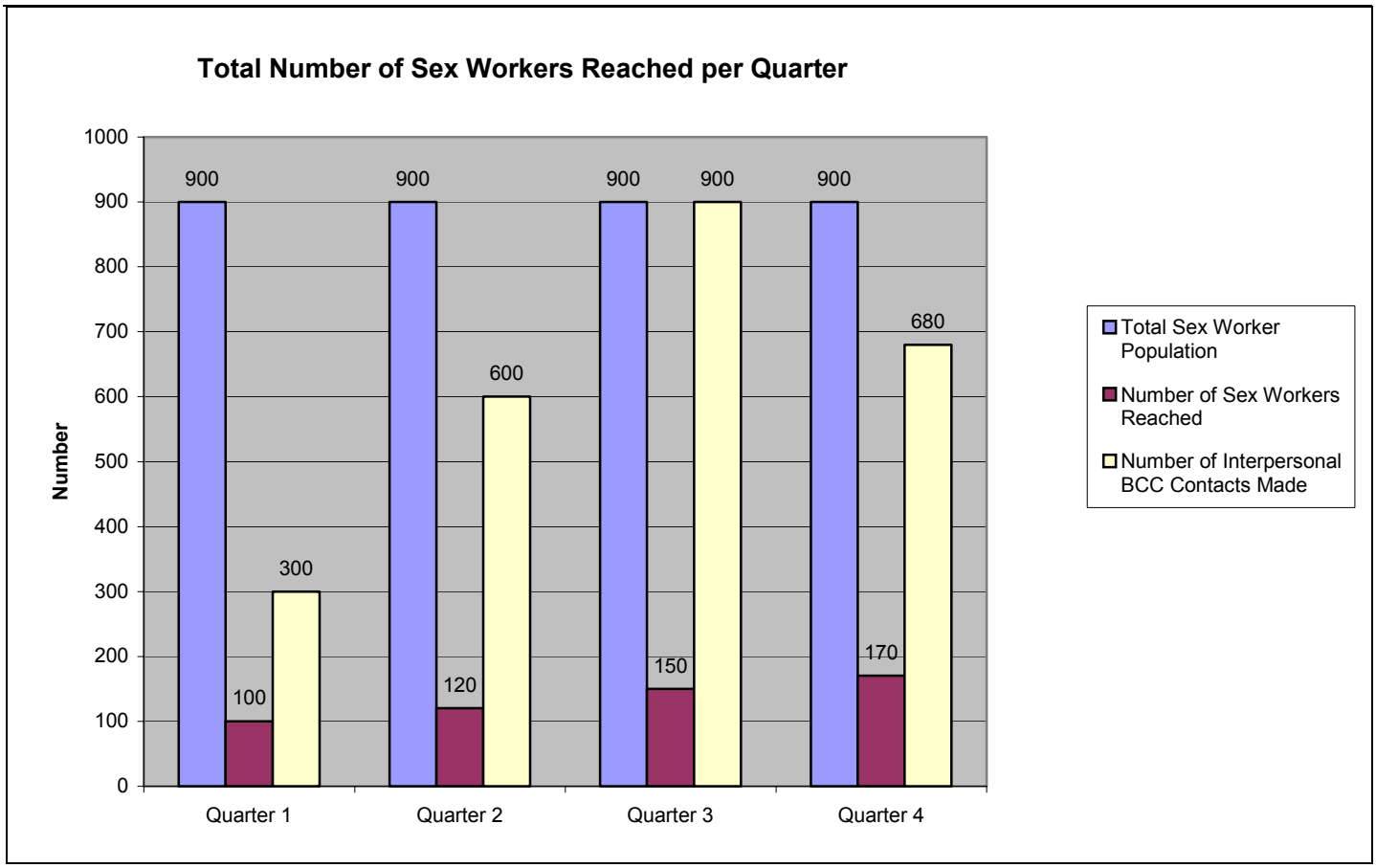
Example Process Indicators

target population reached
IEC events conducted
IEC campaigns
IEC materials developed
IEC materials products disseminated
formative studies/assessments conducted
BCC or targeted interventions training sessions conducted (by focus of training)
people trained
BCC workshops conducted
workshop participants (by focus of workshop)
condoms sold/distributed
organizations receiving BCC technical assistance
BCC materials and guidelines developed and produced
advocacy activities (by focus) implemented
people reached
active field workers (by targeted group) and by sex and age
supervisors
new field workers
peer educator services provided per targeted group (e.g., STI referral, ABC message, condoms, drug treatment/rehabilitation referral, sterile needles)
supervisors
new field workers
peer educator services provided (e.g., STI referral, ABC message, condoms, VCT)
group education activities (by focus)
participants
new contacts by peer educators
peer educator referrals for STI care
persons referred by peer educator accessing services (e.g., STI, VCT)
targeted population reached with educational programs
condoms distributed to the target population
condom sales outlets open in the area during this timeframe
condom free outlets open in the area during this timeframe
condom demonstrations provided to targeted population
#, type, and frequency of activity/channel (print, radio, TV, theater/song/video, hotline/call-in radio show, newspapers, or lectures/presentations)
Print coverage and estimated readership
Amount of time on radio and TV and estimated audience
hotline calls (by reason for call, age, sex of caller)
visitors to Web sites (by interest subject)
new organizations, businesses, and media outlets participating in program

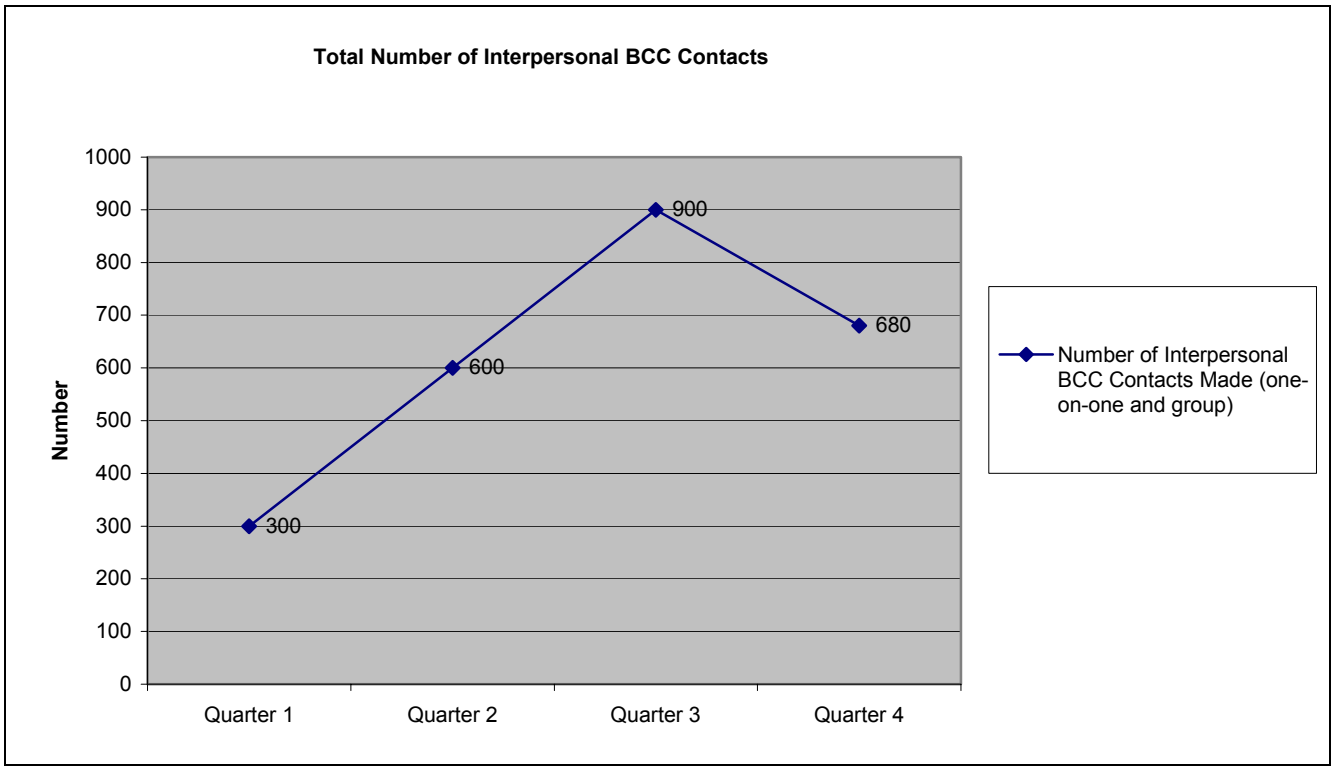
Data Analysis

Street-Based Sex Work Intervention in City X					
No.	**Indicators**	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
1	Number peer educator trained/number peer educators involved in project activities	25/22	22	21	21
2	Number of target population reached with BCC/Total target population	100/900	120/900	150/900	170/900
3	Number of counseling sessions by peer educators per quarter	18	22	36	40
4	Number of condoms distributed	33,000	39,600	49,500	35,000
5	Number of condoms distributed by peer educators per quarter	1,500	1,800	2,357	2,671
6	Number of interpersonal BCC contacts made (one-to-one and group)	300	600	900	680

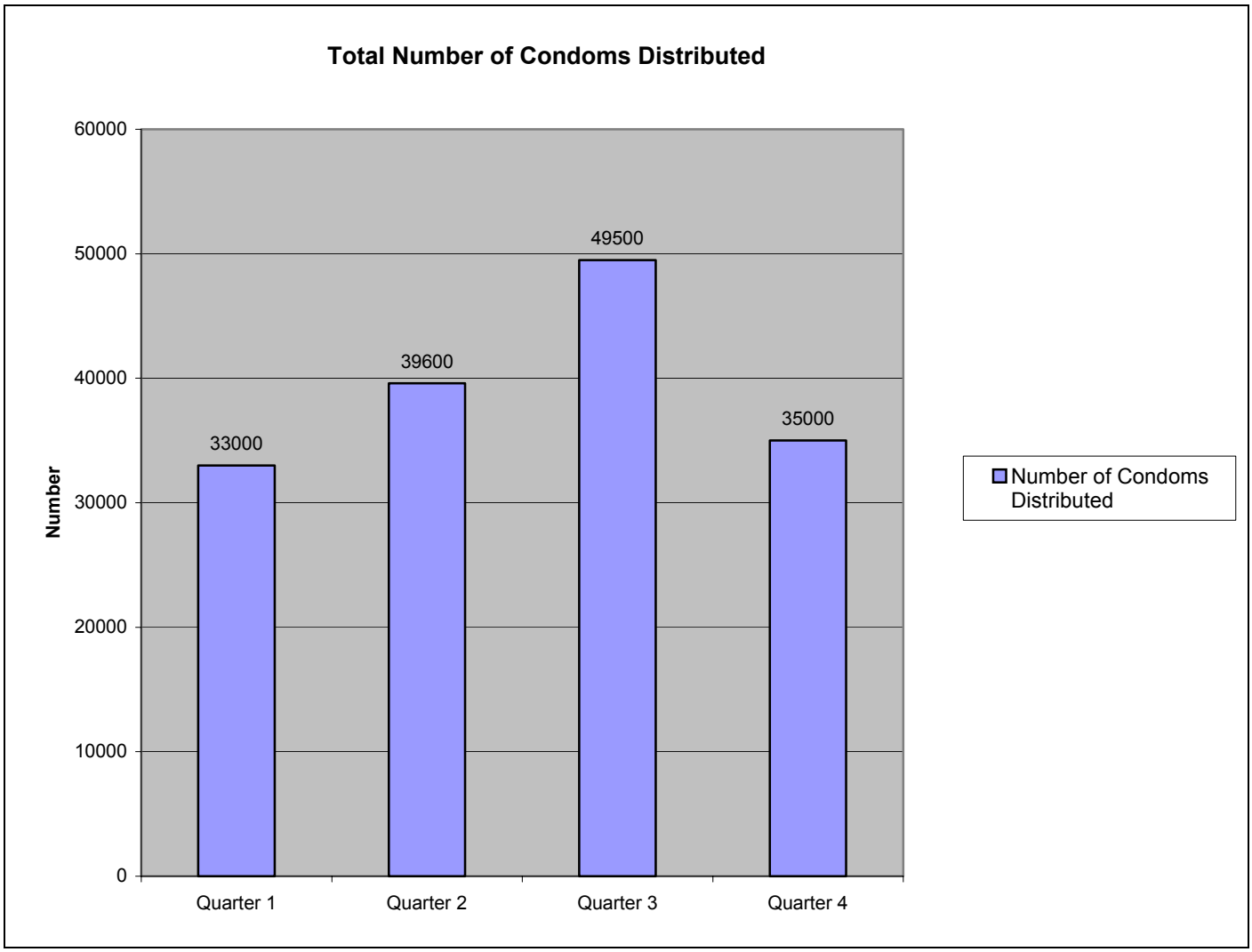
Number of Target Population Reached with BCC	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
Total target population	900	900	900	900
Number of target population reached	100	120	150	170
Number of interpersonal BCC contacts made	300	600	900	680



Total number of interpersonal contacts made per quarter (one-to-one and group)	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of interpersonal contacts made	300	600	900	680



Total Number of Condoms Distributed per Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of condoms distributed	33,000	39,600	49,500	35,000



Data Analysis and Use

Group Exercise Worksheet for Data Interpretation and Dissemination

In hypothetical country X, FHI supports a comprehensive BCC program for hotel-based sex workers. The sub-agreement period was for July 2002 to June 2003. The implementing agency must submit its report to FHI before July 30. The subcontractor has the following data.

	Indicators	Q1	Q2	Q3	Q4	Total
A1. Group meetings						
A1.1	Number of group meetings	13	15	40	38	106
A1.2	Number of participants in group meetings	168	186	230	206	790
A1.3	Number of participants that are female	168	186	157	140	651
A1.4	Number of participants that are male	0	0	73	66	139
A2. Peer education sessions						
A2.1	Number of one-to-one peer education contacts	3,650	3,842	4,187	2,734	14,413
A2.2	Number of individuals for whom this is first contact with the IA	2,555	1,722	2,138	711	7,126
A2.3	Number of contacts who are < 25 yrs	1,095	3,041	2,493	1,395	8,024
A2.4	Number of contacts who are female	3,650	3,842	2,796	1,586	11,874
A2.5	Number of contacts who are male	0	0	1,391	1,148	2,539
A3. Training sessions on HIV/AIDS counseling and communication for staff						
A3.1	Total number of counseling and communication staff	33	33	33	33	132
A3.2	Number of staff received initial training	33	0	3	2	38
A3.3	Number of staff received follow-up training	33	33	30	31	127
B1. Condoms distributed/sold						
B1.1	Number of condoms distributed for free at group and peer sessions	65,950	50,850	34,020	22,130	172,950

Group Exercise Worksheet for Data Interpretation and Dissemination for Donor

In hypothetical country X, FHI supported a comprehensive program for hotel-based sex workers in two cities by two different organizations—K2 & M2—from July 2002 to June 2003. These two implementing agencies (IAs) submitted their indicator reports to FHI. FHI's country officer will prepare reports for FHI's yearly review meeting based on the following data.

Implementing Agency K2		**Q1**	**Q2**	**Q3**	**Q4**	**Total**
A1. Group meetings						
A1.1	Number of group meetings	13	15	40	38	106
A1.2	Number of participants in group meetings	168	186	230	206	790
A1.3	Number of participants that are female	168	186	157	140	651
A1.4	Number of participants that are male	0	0	73	66	139
A2. Peer education sessions						
A2.1	Number of one-to-one peer education contacts	3,650	3,842	4,187	2,734	14,413
A2.2	Number of individuals for whom this is first contact with the IA	2,555	1,722	2,138	711	7,126
A2.3	Number of contacts who are < 25 yrs	1,095	3,041	2,493	1,395	8,024
A2.4	Number of contacts who are female	3,650	3,842	2,796	1,586	11,874
A2.5	Number of contacts who are male	0	0	1,391	1,148	2,539
A3. Training sessions on HIV/AIDS counseling and communication for staff						
A3.1	Total number of counseling and BCC communication staff	33	33	33	33	132
A3.2	Number of staff received initial training	33	0	3	2	38
A3.3	Number of staff received follow-up training	33	33	30	30	126
B1. Condoms distributed/sold						
B1.1	Number of condoms distributed for free at group and peer sessions	65,950	50,850	34,020	22,130	172,950

Implementing Agency M2		**Q1**	**Q2**	**Q3**	**Q4**	**Total**
A1. Group meetings						
A1.1	Number of group meetings	50	68	151	131	400
A1.2	Number of participants in group meetings	250	513	2146	1,234	4,143
A1.3	Number of participants that are female	150	187	518	546	1,401
A1.4	Number of participants that are male	100	326	1,628	688	2,742
A2. Peer education sessions						
A2.1	Number of one-to-one peer education contacts	100	275	2,054	5,370	7,799
A2.2	Number of individuals for whom this is first contact with the IA	100	152	426	424	1,102
A2.3	Number of contacts who are < 25 yrs					0
A2.4	Number of contacts who are female	100	177	1,096	2,370	3,743
A2.5	Number of contacts who are male	0	98	958	3,000	4,056
A3. Training sessions on HIV/AIDS counseling and communication for staff						
A3.1	Total number of counseling and communication staff	33	33	33	33	132
A3.2	Number of staff received initial training	33	0	5	1	39
A3.3	Number of staff received follow-up training	33	33	27	32	125
B1. Condoms distributed/sold						
B1.1	Number of condoms distributed for free at group and peer sessions	5,439	7,676	12,219	20,029	45,363

Group Exercise Worksheet for Data Interpretation and Dissemination for Target Audience

In hypothetical country X,FHI supports a comprehensive program for hotel-based sex workers. The implementing agency wants to share the one-year program accomplishments with the target audience. The IA arranged a dissemination workshop to share the following program monitoring data.

	Indicators	Q1	Q2	Q3	Q4	Total
A1. Group meetings						
A1.1	Number of group meetings	13	15	40	38	106
A1.2	Number of participants in group meetings	168	186	230	206	790
A1.3	Number of participants who are female	168	186	157	140	651
A1.4	Number of participants who are male	0	0	73	66	139
A2. Peer education sessions						
A2.1	Number of one-to-one peer education contacts	3,650	3,842	4,187	2,734	14,413
A2.2	Number of individuals for whom this is first contact with the IA	2,555	1,722	2,138	711	7,126
A2.3	Number of contacts who are < 25 yrs	1,095	3,041	2,493	1,395	8,024
A2.4	Number of contacts who are female	3,650	3,842	2,796	1,586	11,874
A2.5	Number of contacts who are male	0	0	1,391	1,148	2,539
A3. Training sessions on HIV/AIDS counseling and communication for staff						
A3.1	Total number of counseling and communication staff	33	33	33	33	132
A3.2	Number of staff received initial training	33	0	3	2	38
A3.3	Number of staff received follow-up training	33	33	30	30	126
B1. Condoms distributed/sold						
B1.1	Number of condoms distributed for free at group and peer sessions	65,950	50,850	34,020	22,130	172,950

BCC Formative Assessment Results and Scenarios (Optional Activity)

Scenario 1: PMTCT

Formative research indicates that most women (83 percent) in the district where you work are afraid to get an HIV test. You want to set up a PMTCT program, but the women say that their husbands do not want them to be tested, and they are afraid that their neighbors will find out that they are getting an HIV test.

Scenario 2: Home-Based Care

Formative research indicates that approximately 15 percent of all the PLHA in your district are too ill to go to the clinic to get medical care. Most people in the community (90 percent) are not aware of any of the options for care. In addition, families of ill individuals have stated that they are afraid to ask for help because they fear their neighbors will find out that someone in the family is sick with HIV.

Scenario 3: PMTCT-Plus

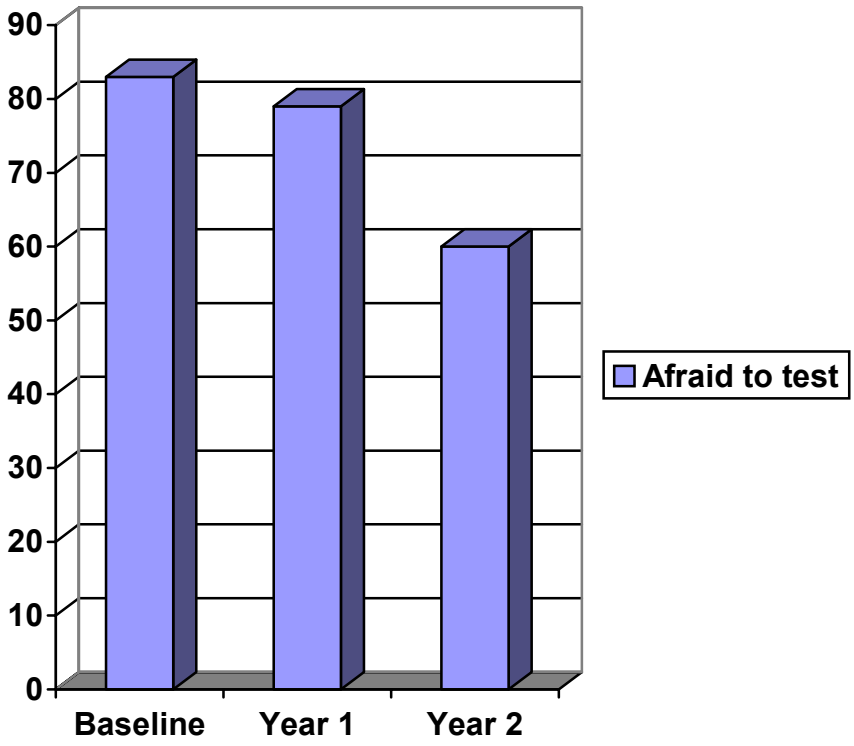
You already have a PMTCT program and have carried out some data collection activities in an effort to find out what happens to the women after they leave your clinic. Through key informant interviews and focus group discussions with previous patients, you discover that of the HIV-positive women who give birth at the clinic, 75 percent do not tell anyone in their families or communities that they are HIV-positive when they return home out of fear of being thrown out of the family. Also, 90 percent of them do not follow-up with the referrals you give them for psychosocial support and clinic-based care.

Scenario 4: Clinic-Based ARV Therapy

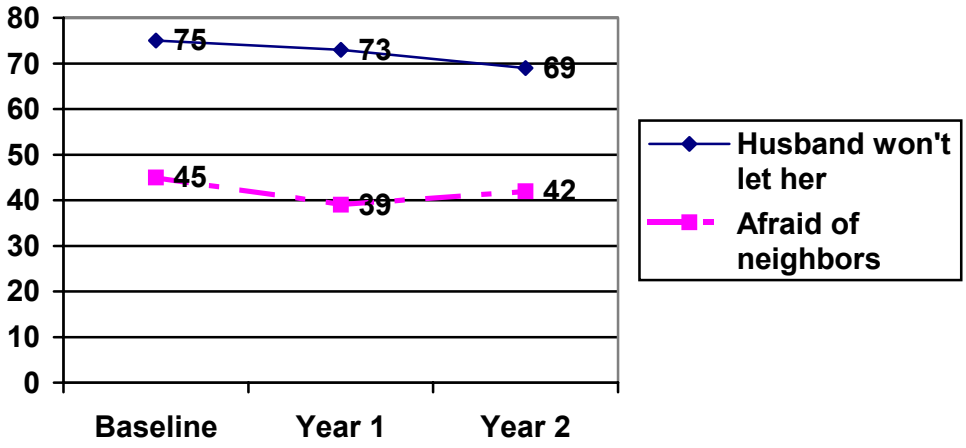
Your new clinic is now open, and you are prepared to start providing ARV therapy. However, only two people have come into the clinic in the past three months. You conduct some basic data collection in the community to find out why so few are coming to the clinic, and you find out that most people (95 percent) do not know that clinical services are available.

Scenario 1: PMTCT and BCC Data Set

General-Population Women's Level of Fear to Participate in VCT, Over Two Years of Project



Reasons Women Gave for Being Afraid to Participate in VCT Over Two Years of Project



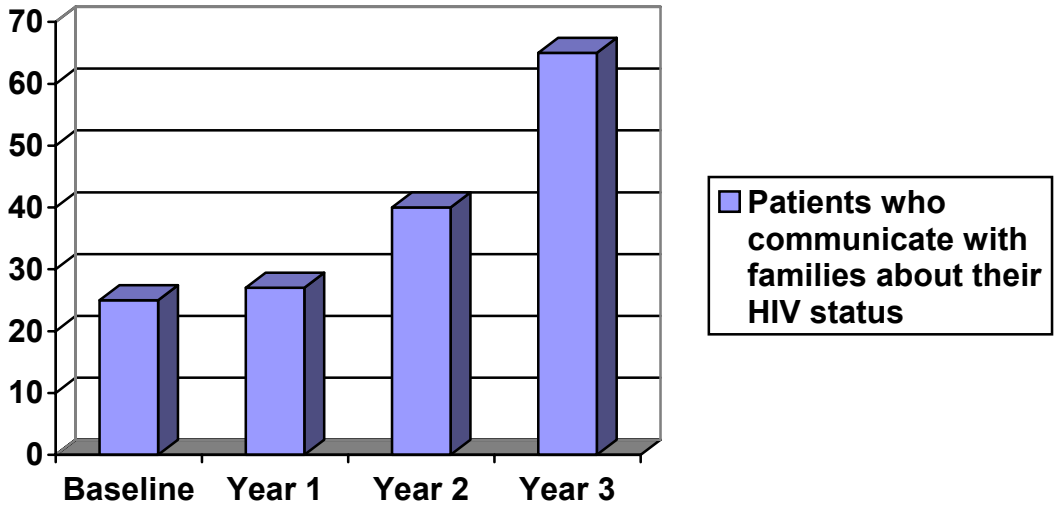
Scenario 2: Home-Based Care Data

Key indicators related to an HBC BCC campaign include the following: community awareness of care programs, perceived stigma among family members, and PLHA too ill to come into clinics for care.

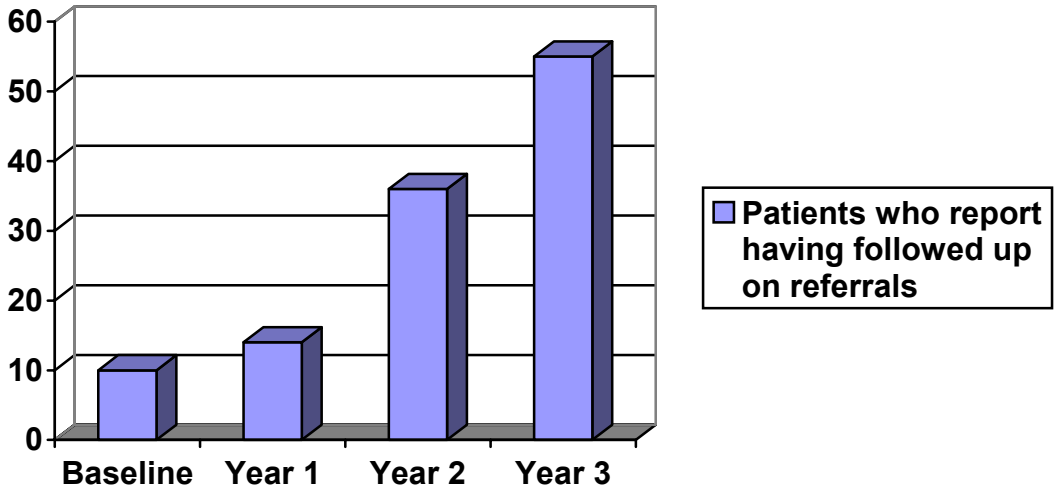
Variable	Baseline	Year 1	Year 2
Percent of PLHA too ill to come into clinics	15%	20%	25%
Percent of district adult community members who are aware of care options	10%	50%	85%
Percent of families of PLHA who are afraid that neighbors will find out someone in the family is ill with HIV	80%	75%	40%
Number of very ill patients enrolled in HBC	1,000	1,025	1,060
Number of HBC providers	50	55	52

Scenario 3: PMTCT-Plus

Percent of Female Patients Who Tell Their Families about Their HIV Status after Delivering in a PMTCT Program, Over Three Years of Program

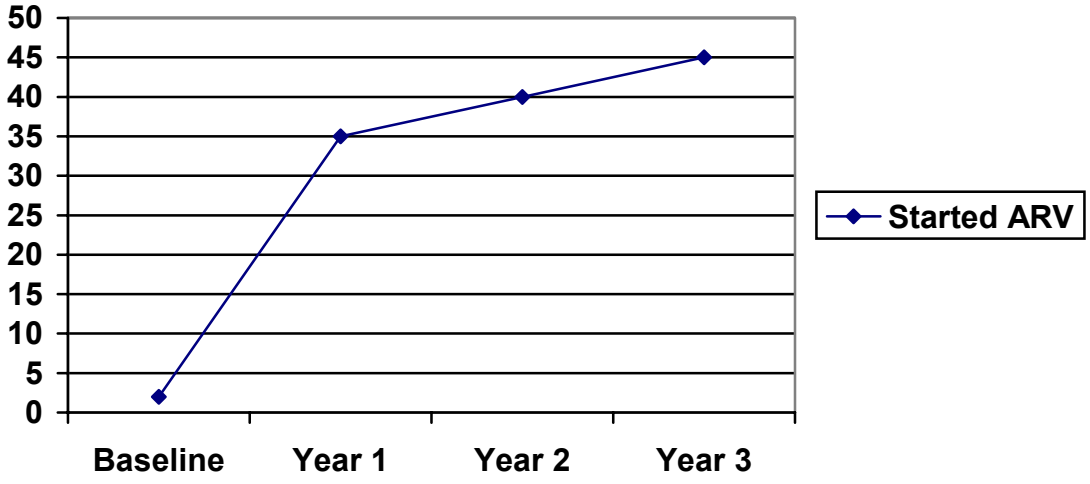


Percent of Post-Delivery Female Patients Who Report Successfully Keeping Referral Appointments for Follow-up Care, Over Three Years of Program

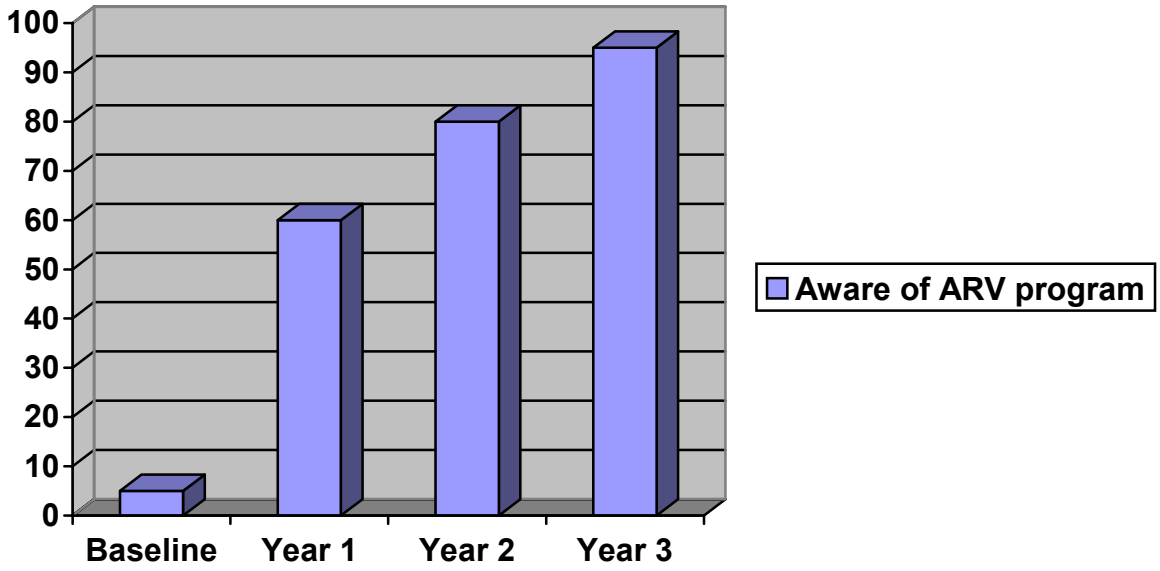


Scenario 4: Clinic-Based ARV Therapy

Number of HIV-Positive Patients Enrolled in ARV Therapy Over Life of Project



Awareness of Availability of ARV Therapy Clinical Program in the Community



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