Monitoring HIV/AIDS Programs: Participant Guide

A USAID Resource for Prevention, Care and Treatment

Module 6: Monitoring and Evaluating Behavior Change Communication Programs

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Family Health International

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Table of Contents

Learning Objectives.....1

Overview of Behavior Change Communication 3

Developing Behavior Change Objectives and Behavior Change Communication Objectives 6

Monitoring Behavior Change Communication Programs.....6

Monitoring Methods and Tools 7

Data Analysis and Use 7

Evaluating Behavior Change Communication Programs 8

MODULE 6:

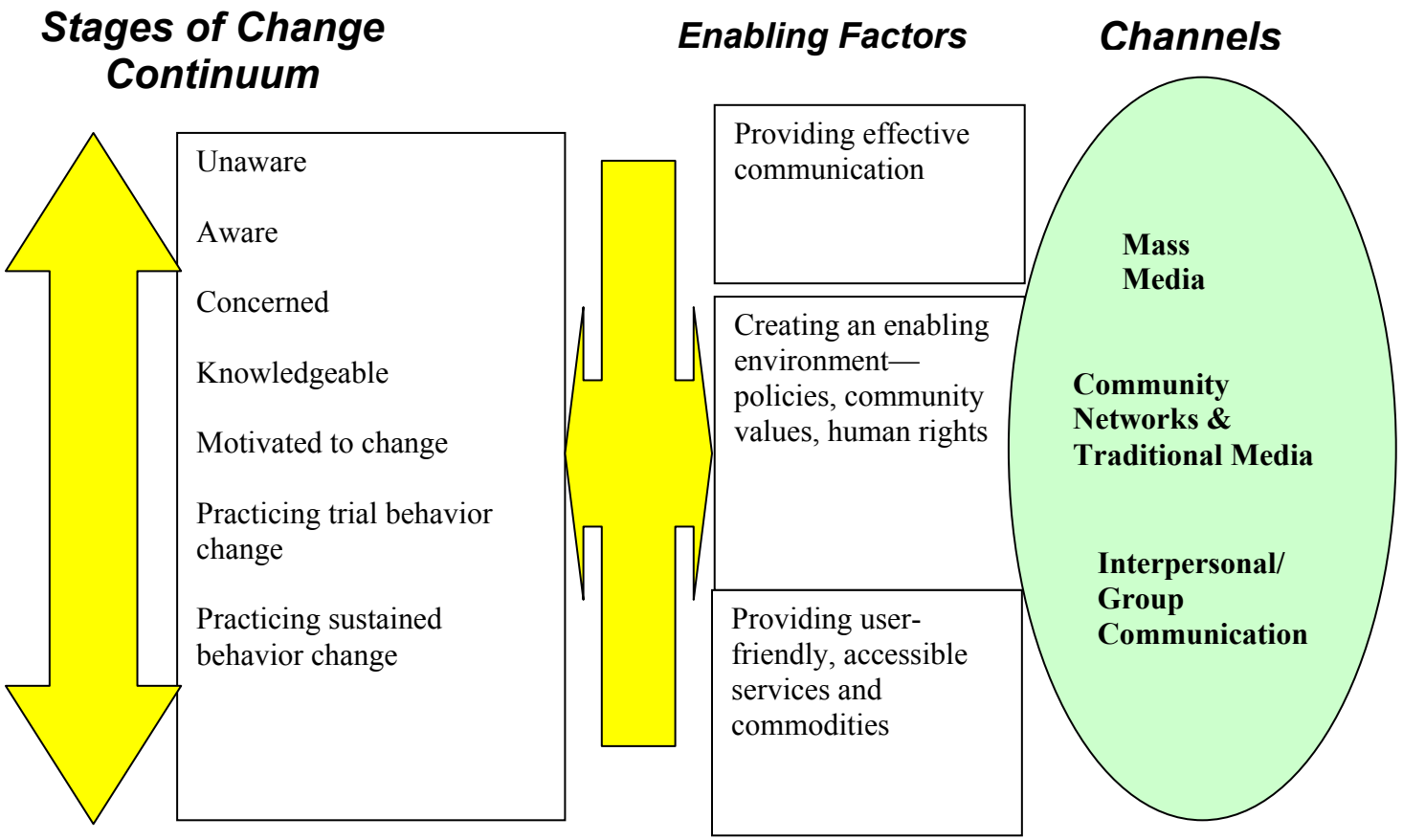
Monitoring and Evaluating Behavior Change Communication Programs

Learning 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.

Process of Behavior Change



Overview of Behavior Change Communication

Definitions of BC and BCC:

- **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.

Process of Behavior Change

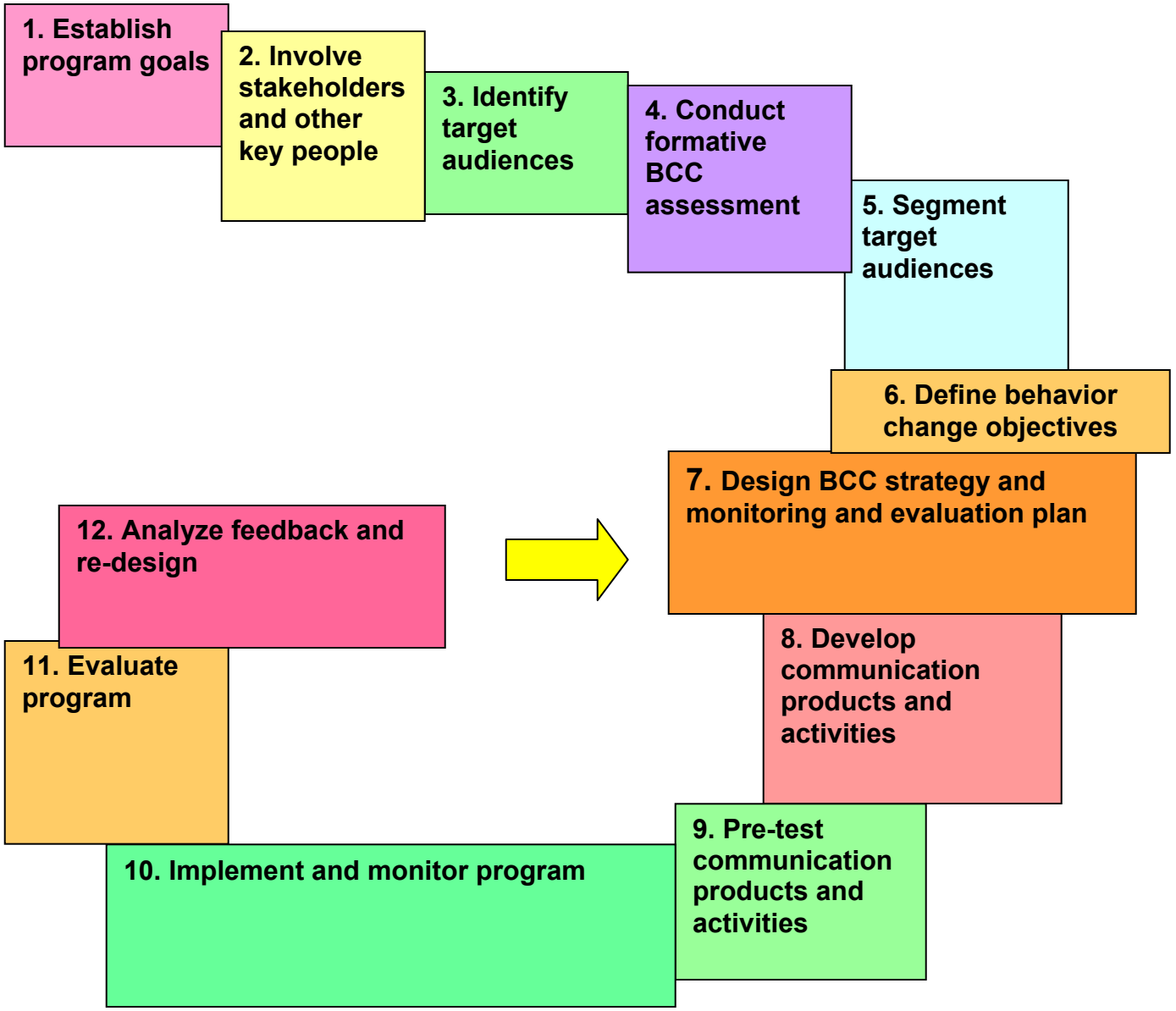
The 12 steps for developing BCC are:

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

How to Develop an Effective BCC Strategy



Developing 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)

Monitoring Behavior Change Communication Programs

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.

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.

Monitoring Methods and Tools

Monitoring may be *quantitative* or *qualitative*.

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

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

Data Analysis and Use

Analyzing Data
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.

Using Data

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)

Evaluating Behavior Change Communication Programs

- **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.