DEVELOPING MEANINGFUL M&E FRAMEWORK

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Joint Action program on reduction of HIV vulnerability related to population movement in the greater Mekong sub-region, Consultation Meeting, July11-13 2012, Bangkok, Thailand

In this session

- Revisit definitions of M&E
- Discuss frameworks used in program design
- Discuss process involved in the development of M&E framework

M&E

Monitoring	Evaluation
□ Is *routine* tracking	□ Is *episodic* assessment
□ Usually looks at key elements of program performance (inputs, process and outputs)	□ Usually looks at the change in targeted results that can be attributed to the program
□ Conducted through regular reporting	□ Measures how well the program activities have met expected objectives
□ To take corrective measures	□ Helps understanding the effectiveness, relevance and impact

Frameworks in program design

	Brief Description	Use in Program Management	Basis for Monitoring and Evaluation
Conceptual Framework	A diagram of a set of relationships between factors that are believed to impact or lead to a target condition	Helps determine which factor the program will influence	Does not form the basis of M&E activities but can help to explain program results
Result Framework	Logically links program objectives into strategic goals	Shows causal relationships between program objectives	Forms the basis of M&E activities at the objective level
Logic Model Framework	**Logically links inputs, processes, outputs and outcomes**	**Shows causal relationship between inputs and objectives**	**Forms basis of M&E activities at all program levels**

Logic model framework

- □ It is a framework that logically summarizes the intended outcomes of a program and the steps to attain those
- □ It describes the inputs, activities or processes, outputs, outcomes, and impacts of a program and how these elements work together to reach a particular goal
- □ It helps to identify key processes and can point to potential problems if goals are not achieved

Problem statement:

Input	Process	Output	Outcome	Impact
Input 1	Activity 1	Output 1	Outcome 1	Impact
Input 2	Activity 2	Output 2		
Input 3	Activity 3	Output 3	Outcome 2	
	Activity 4			
	Activity 5			
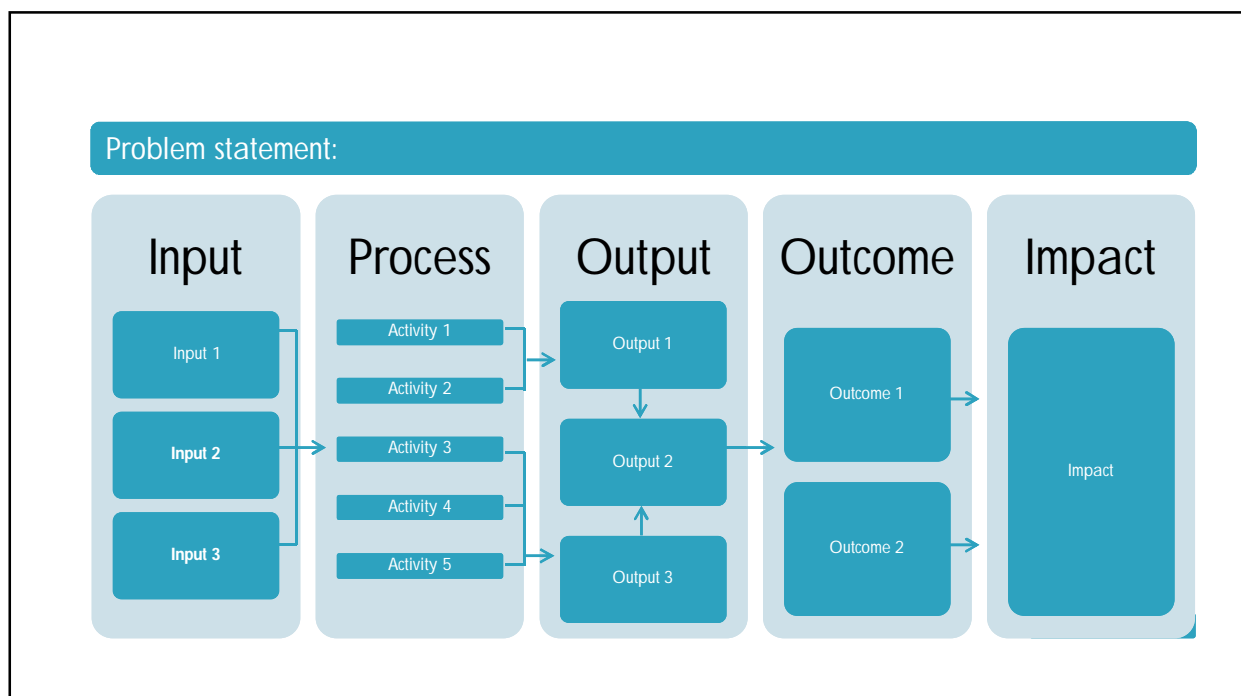
Constructing a logic model framework

- Step 1: State the problem that the program intends to address
- Step 2: Consider the related inputs that are necessary to address the problem
- Step 3: Add activities and indicate relationships between activities, and inputs and activities, as applicable
- Step 4: Add outputs that are expected from the activities and indicate applicable relationships between activities and outputs
- Step 5: Add expected outcomes and indicate applicable relationships within outcomes and with impact
- Step 6: Add expected impact

Components of logic model framework

- **Inputs:** Resources used in a program, such as money, staff, guidelines, materials etc.
- **Activities:** Services that the program provides to accomplish its objectives, such as outreach, materials distribution, counseling sessions, workshops, and training sessions for counseling/testing (C/T) counselors
- **Outputs:** Direct products or deliverables of the program, such as intervention sessions completed, people reached, materials distributed, or number of people who received HIV test results
- **Outcomes:** Program results that occur both immediately and some time after the activities are completed, such as changes in knowledge, attitudes, beliefs, skills, access, or behaviors
- **Impacts:** Long-term results of one or more programs over time, such as changes in HIV infection, morbidity, and mortality etc.

Problem Statement: HIV Infection rates continue to rise, understanding the importance of people knowing their HIV status, developing risk reduction strategies and accessing treatment and care services.

Inputs	Activities	Outputs	Outcomes	Impacts
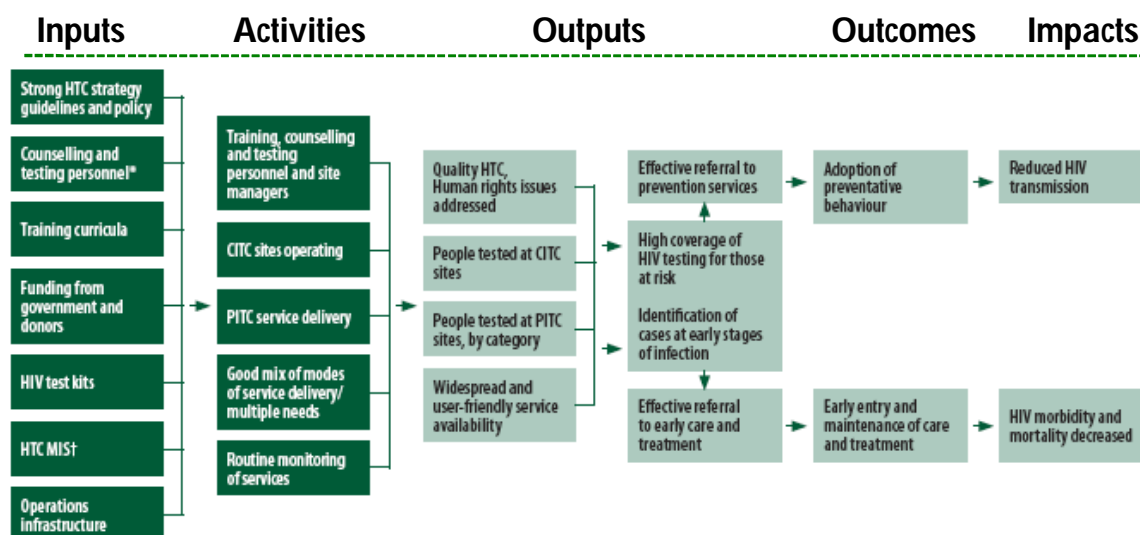
In conclusion

- It is essential that all components are clearly stated since the design of the program. Vague activities are hard to implement and to monitor
- Different frameworks are used for M&E with its own strengths and limitations. Logical Model Framework is widely used to monitor and evaluate HIV programs
- Developing a M&E plan while designing a program provides better opportunity to think out potential problems and identify possible solutions early-on
- Early attention to M&E also helps in building a program that has an increased chance to succeed
- Properly evaluated successful programs provide opportunities to replicate strategies in similar setting elsewhere

References

□ Monitoring the Declaration of Commitment on HIV/AIDS: guidelines on construction of core indicators: UNGASS/UNAIDS (2010).

□ The Monitoring and Evaluation Toolkit HIV, Tuberculosis, Malaria and Health and Community Systems Strengthening. The Global Fund to Fight AIDS, Tuberculosis and Malaria. 2011

□ Monitoring and evaluation of health systems strengthening: An operational framework WHO, Geneva. October 2010

□ Guide for monitoring and evaluating national HIV testing and counselling (HTC) programmes: field-test version. WHO 2011

□ National AIDS Programmes. A Guide to Monitoring and Evaluation. UNAIDS (2000)

□ National AIDS Programmes. A guide to indicators for monitoring and evaluating national HIVAIDS prevention programmes for young people. WHO (2004)

□ Contents used in this presentation were adopted from M&E coursework available on Global Health eLearning Center at http://www.cpc.unc.edu/measure/training/online-courses/related-online-courses/m-e-frameworks-for-hiv-aids-programs.html

COMPONENTS OF A M&E SYSTEM

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Joint Action program on reduction of HIV vulnerability related to population movement in the greater Mekong sub-region, Consultation Meeting, July11-13 2012, Bangkok, Thailand

In this session

- Review an example of logical model framework
- Discuss basics on indicators
- Discuss targets and timeline
- Discuss steps in developing program M&E system

JAP Area 2

- JAP Area 2: To promote community-based approaches that reduce HIV vulnerability
- Strategic Objective 2.2: To provide awareness and information on HIV prevention and HIV care services to migrants, mobile population, and affected communities (hereinafter referred as migrants)

Activity-1

- **Pre-departure orientation to migrants on HIV prevention, and access to HIV prevention, care and support services in destination countries**
  - Pre-departure training in the to perspective migrants, mobile populations and families at the community
  - Pre-departure information provided to migrants – related to accessing HIV/AIDS services; potential risks for each occupation and risk reduction measures-departure orientations in partnership with destination countries
  - Reach the migrants and learn more about their conditions

Activity-2

- **Mapping of available service for migrants, study on migration pattern and migrant's needs assessment**
  - Formally identify and institutionalize CBOs/NGOs working with affected populations; SO government is aware of who is working with and what work is being done
  - Program that would map and understand the migrants; analysis of motivations for migration; analysis of specific vulnerability context; specific understanding of occupations and mobility (movement – from source country)
  - Get information from migrants themselves; partnership with NGOs and use of community networks to understand migrants
  - Lao – profile of migrant population to develop appropriate and specific information (i.e. sex workers); including potential risks (part. for women)

Activity-3

□ **Peer led outreach based HIV prevention intervention with referral to VCT, treatment and care services**

- ◘ Distribution of IEC material
- ◘ Community forums
- ◘ Following identification, then develop/build capacity of CBOs to work with community in developing/providing.
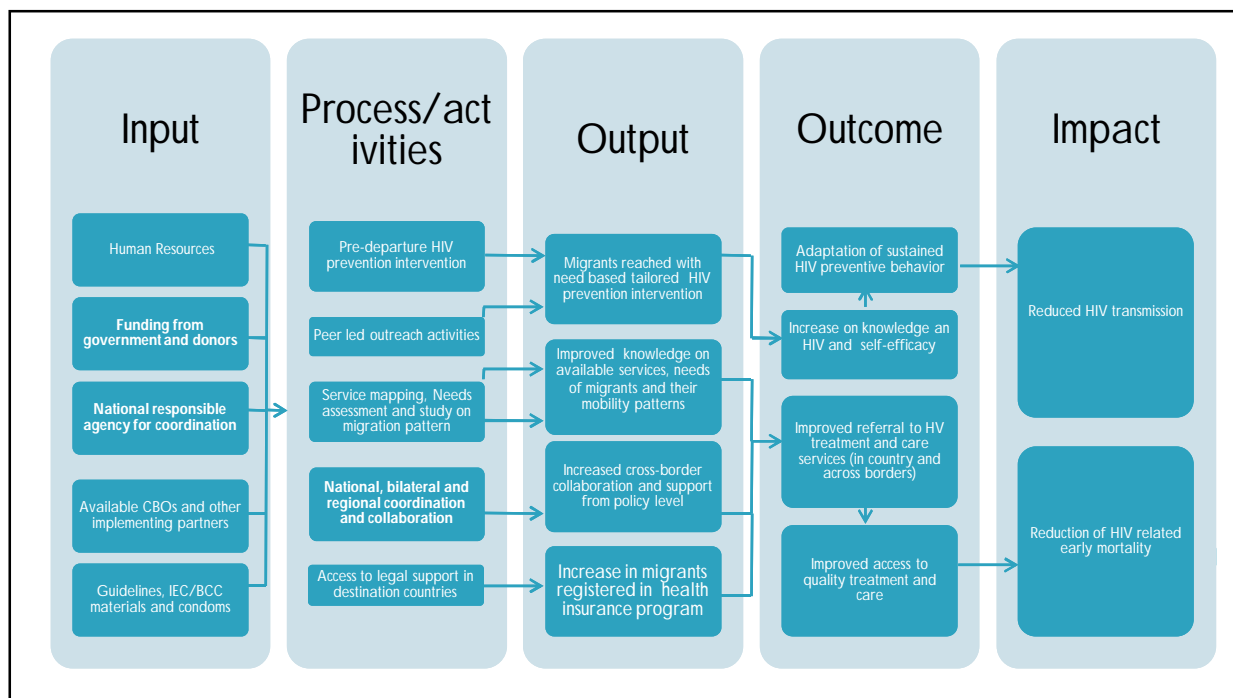
Activity-4

□ **In-country, cross-border and regional coordination and collaboration**

- ◘ FP; Government and civil society collaboration, HIV national focal point, Ministry of Public health and provincial level.
- ◘ Interaction and coordination between civil societies at both sides of the border
- ◘ Pre-departure program needs to be coordinated at host countries (i.e. ensure services for migrant as contained in the information package is available)
- ◘ Intensive workshop
- ◘ Bilateral coordination and cooperation at cross-border for prevention programs (i.e. awareness raising for legal and illegal migrants)
- ◘ Mechanisms between and among CSOs in receiving and sending countries; Mechanisms for coordination between CSOs and governments
- ◘ Forum where CSOs and governments to have an exchange in addressing migrant issues

Activity-5

- **Access to legal support in destination countries**
  - Activities to link migrants with legal support, not just health services

Logical framework (example)

- Goal: To Reduce vulnerability and promote access to HIV prevention, treatment, care and support among migrants, mobile population, and affected communities in GMS countries.
- JAP Area 2: To promote community-based approaches that reduce HIV vulnerability
- Strategic Objective 2.2: To provide awareness and information on HIV prevention and HIV care services to migrants, mobile population, and affected communities (hereinafter referred as migrants)
- Problem Statement: Migrants are in increased risk of acquiring HIV and often face difficulties accessing basic HIV prevention, care and support services. A peer led intervention with proper access to quality care is proven to be an effective intervention

Input	Process/activities	Output	Outcome	Impact
Human Resources	Pre-departure HIV prevention intervention	Migrants reached with need based tailored HIV prevention intervention	Adaptation of sustained HIV preventive behavior	Reduced HIV transmission
Funding from government and donors	Peer led outreach activities	Improved knowledge on available services, needs of migrants and their mobility patterns	Increase on knowledge an HIV and self-efficacy	
National responsible agency for coordination	Service mapping, Needs assessment and study on migration pattern		Improved referral to HV treatment and care services (in country and across borders)	
Available CBOs and other implementing partners	**National, bilateral and regional coordination and collaboration**	Increased cross-border collaboration and support from policy level		Reduction of HIV related early mortality
Guidelines, IEC/BCC materials and condoms	Access to legal support in destination countries	Increase in migrants registered in health insurance program	Improved access to quality treatment and care	

Monitoring?

- What are the key success factors?)(priority)
- Can we quantify the output? (measureable)
- How are we going to measure it? (feasible)
- How often and when we are going to measure it? (time-bound)
- Is it possible to get this information from the existing sources? (cost effective)
- How are we going to use the information? (use)
- How expensive it is to measure it? (affordable)

Indicators

- Indicators are measurable characteristic or variable, which represent project progress
- Monitoring and evaluation requires indicators that are specific, measurable, attainable, relevant, and time-bound (SMART)

Sample indicator (and what it is looking at ?)

- Inputs:
  - Amount in USD made available for the implementation of HIV prevention, care and support program among on migrants (financial commitment)
  - Number of BCC materials (posters, brochures) made available for the program (use of existing recourses/saving)
- Activities:
  - Number of migrants reached through pre-departure orientation program (improved coverage)
  - Number of migrants reached though peer led outreach based interventions (improved coverage)
  - Number of cross-border collaboration meetings held (improved, coordination, collaboration and referral-**proxy**)
  - Number of migrants receiving legal assistance for registration in health insurance program (Improved access-**proxy**)

Sample indicator (and what it is looking at ?)

- Output:
  - Number of migrants reached with need based tailored HIV prevention intervention (improved coverage)
  - Percentage of migrants registered in health insurance program (improved access)
  - Percentage of migrants correctly identifying at-least three methods of HIV transmission (improved knowledge)
  - Number of migrants who are referred to and have received at-least one service from HIV health service center (improved coordination and referral)
  - Number of migrants present with standard ART transfer card in health facility of the home country (improved referral)
- Outcome:
  - Anti Retroviral Therapy coverage among migrants (Improved access)
  - Percentage of migrants reporting the use of a condom their most recent sexual encounter(Improved HIV preventive behavior)
- Impact:
  - Number of new reported HIV infection among migrants (Reduced incidence)

Targets and timeline (Indicator data sheet)

Indicators	Baseline value	Source/date	Quarterly Targets				Cumulative target
			Y1	Y2	Y3	Y4	
Number of migrants reached though peer led outreach based interventions	NA	NA	0	200000	470000	1700000	1700000
Number of migrants receiving legal assistance for registration in health insurance program	NA	NA	0	12000	45000	100000	10000
Number of migrants who are referred to and have received at-least one service from HIV health service center	NA	NA	0	3000	15000	35000	35000
Number of migrants present with standard ART transfer card in health facility of the home country	NA	NA	0	100	1500	15000	1500
Anti Retroviral Therapy coverage among migrants	2%	UNGASS Reports (GMS) -2010	NA	5%	NA	15%	NA
Percentage of migrants reporting the use of a condom their most recent sexual encounter	47%	IBBS (GMS) - 2101	NA	65%	NA	85%%	NA
Number of new reported HIV infection among migrants (	12000	NAP	13000	11000	10000	7000	NA

Defining indicators (according to the program context)

- Purpose
- Applicability
- Data collection frequency
- Measurement tool
- Method of measurement
- Numerator and Denominator
- Interpretation

M&E design process (remaining tasks)

- Define M&E process and Information flow for the program
- Recording and reporting tools
- Reporting timeline and cycles
- Recording and reporting responsibilities (country level and regional level)
- Validation of data and data quality assurance
- Feedback process (regular, coordination sharing meetings, annual reviews)
- M&E capacity building and supportive supervision
- Dissemination of information
- Data protection and confidentiality issues
- Evaluation through Internal and external review

In conclusion

- SMART indicators makes it easy to measure and interpret
- Using standard indicators and adopting pre-devolved/tested tools ensures consistency and comparability across the member countries
- It is important to distinguish between program M&E and information collection functions like active surveillance, mapping, outreach based information collection etc. These form basis for M&E but are activities under regular implementation.
- It is possible that a lot of program information are already inside existing national M&E system, IBBS etc. Using existing data sources saves money, time and mostly importantly reduces reporting burden to already overburdened people.
- Defining roles, timeline and process very clearly early-on helps in smooth implementation of M&E functions
- Choosing only optimal number of indicators makes the system light and practical
- Ensuring participation of all stakeholders in planning process develops ownership of the M&E system and the program as a whole

Resources

- Monitoring the Declaration of Commitment on HIV/AIDS: guidelines on construction of core indicators: UNGASS/UNAIDS (2010).
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