EVALUATION OF BEHAVIOUR CHANGE COMMUNICATION

SHORT COURSE HELD IN JOHANNESBURG, SOUTH AFRICA
FROM 9-10 MARCH 2012

Final Report March 29, 2012

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Photos by Jasmin Dirinpur, Adegboyega Faniyi and Zakari Congo
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<tr>
<td>DMS</td>
<td>Document Management System</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>GDC</td>
<td>German Development Cooperation</td>
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<td>GFD</td>
<td>Focus Group Discussion</td>
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<td>JiC</td>
<td>Join-in-Circuit</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MSM</td>
<td>Men having Sex with Men</td>
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<td>PROFILE</td>
<td>Programm zur Förderung von Innovation, Lernen und Evidenz in HIV – und Gesundheitsprogrammen der deutschen Entwicklungspolitik</td>
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<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TfaC</td>
<td>Theatre for a Change</td>
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<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>WRHI</td>
<td>Wits Reproductive Health and HIV Institute</td>
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INTRODUCTION

Behaviour Change Communication (BCC) programmes have become an integral part of many HIV prevention programmes. German Development Cooperation (GDC) supports the implementation of a range of interventions – e.g. peer education, the Join-in-Circuit (JiC), mass media campaigns, social marketing initiatives, Generation Dialogue around HIV and sexual and reproductive health (SRH), programmes for drug injectors. These programmes aim to reduce the risk of HIV transmission and contain the spread of the epidemic through sustained behaviour change and healthy choices.

The necessary know-how to demonstrate results and impacts of such interventions in a methodologically sound manner, however, often lags behind. In order to address this gap, GDC elaborated a Guidance Note and criteria for the evaluation of BCC programmes.

To further facilitate the understanding of such programmes and the application of monitoring and evaluation (M&E) methods in day-to-day work, a short course tailored around interventions supported by programmes of GDC was offered from 9-10 March, 2012 in Johannesburg, South Africa.

This report documents the proceedings, presentations and discussions of this short course.

CONTENT OF THE BCC EVALUATION TRAINING

The training was based on the Guidance Note elaborated by the Programme to Foster Innovation, Learning and Evidence in Health and HIV programmes of German development cooperation (PROFILE) and built directly on the personal experience of the participants.

The content of the training included:

1. Principles, concepts and frameworks of M&E of behavioural interventions including indicators
2. Introduction to different study types and designs of evaluations and data collection
3. Planning an evaluation: Workgroups, case presentations and examples of good practices
4. Research evidence available for typical BCC interventions supported by GDC
5. Managing an evaluation of a BCC intervention: Terms of Reference (ToR), supervising consultants/researchers, time frame and budget.

The programme of the short course can be found in annex 1.

OBJECTIVES OF THE TRAINING

The training aimed at:

1. Familiarizing participants with key principles of M&E of behavioural HIV prevention interventions
2. Updating participants on different evaluation and research designs for BCC interventions
3. Enabling participants to critically assess the available evidence and the validity of data on the effectiveness of such interventions
4. Familiarizing participants with important aspects to consider and steps to undertake when managing an evaluation of a BCC intervention
TARGET GROUP
The course was designed for programme managers, HIV focal points and programme staff responsible for the M&E of BCC programmes supported by GDC. The training was also thought as a refresher course by M&E experts who are responsible for conducting and monitoring the implementation and quality of evaluations.

FORMAT AND LEARNING METHODS
Input presentations by the trainers and participatory learning approaches such as group work, case studies and plenary discussion sessions were used.

DESIGN AND IMPLEMENTATION OF THE TRAINING
The training was designed and implemented by the following people:
- Dr. Catherine McPhail, Dr. Emily Venables, Nicolette Naidoo, Samantha Lalla-Edward (Wits Reproductive Health and HIV Institute)
- Paola Frattola (Consultant)
- Sabine Ablefoni, Jasmin Dirinpur, Dr. Stefan Weinmann (GIZ)
- Marianthi Vezertzi (Consultant)
- Presentation of case studies: Zakari Congo (GIZ Burkina Faso) Therese Ndikudze (GIZ Zimbabwe), Luise Haunit (GIZ Namibia) and Claire Walsh (GIZ Malawi).

DAY 1
WELCOME AND INTRODUCTION
Jasmin Dirinpur welcomed the participants and the presented the agenda of the training. Her presentation is available here:

[Download (686 kB)]

The participants then introduced themselves. A list of participants can be found in annex 2.

PRINCIPLES, CONCEPTS AND FRAMEWORKS OF M+E OF BEHAVIOURAL INTERVENTIONS INCLUDING INDICATORS
The theoretical background on BCC evaluation was presented by the Wits Reproductive Health and HIV Institute (WRHI) experts. This included:

i) A presentation on the principles, concepts and frameworks of M&E of behavioural interventions including indicators and

ii) An introduction on different study types and designs of evaluations, data collection, use and data analysis and basic statistics (see next chapter).

PRESENTATION ON THE PRINCIPLES, CONCEPTS AND FRAMEWORKS OF M+E OF BEHAVIOURAL INTERVENTIONS
The first presentation can be found here:

[Download (2.9 MB)]
Points clarified / discussed

- A good overview of the activities of our programme is needed (input and process monitoring) to allow to the programme attribute the results achieved to these activities. No parallel efforts are required; this should be a part of the routine M&E system of the programme.
- The term “use of outputs” should not be used anymore. See also guidance note page 14: “While “activities” is an internationally accepted dimension, “use of outputs” is not and should not be used any longer. Most items that have previously been subsumed under “use of outputs” are now being attributed to the outcome level.
- To evaluate / measure an indicator for which no direct data collection is possible, a proxy indicator (an indirect measure) can be used. For example, a proxy indicator for condom use could be the prevalence of Sexually Transmitted Infections (STI).
- Cost-effectiveness analysis is a form of economic analysis that compares the relative costs and outcomes (effects) of two or more activities, while cost-benefit analysis assigns a monetary value to the effect, e.g. HIV infections prevented.
- One could consider conducting a formative assessment before choosing indicators.

INTRODUCTION TO DIFFERENT STUDY TYPES AND DESIGNS OF EVALUATIONS, DATA COLLECTION, USE AND DATA ANALYSIS AND BASIC STATISTICS

The second presentation of the WRHI experts can be found here. Note that there was no time for an in depth discussion on basic statistics. The group was rather directed to websites and texts that may assist.

Download (2.1 Mb)

Points clarified / discussed

- Randomized experiments: The pre- post-test control group design with random allocation to the intervention and control group is the most commonly used and methodologically strong design for an evaluation. This is however not possible with most approaches of GDC. In some cases it is difficult to define clear “interventions” while creating control groups can be problematic, as GDC focuses on Capacity Development.
- Many BCC evaluation studies have shown that there are some immediate effects as a result of BCC interventions; however these can decline over time.
- Long-term randomised controlled trials may not be ethical in a Sexual and Reproductive Health and Rights (SRHR) context, if interventions are found to be highly effective already during the period of the trial (e.g. as was the case with male circumcision trials). In these cases trials need to be interrupted.
- Quasi-experimental: some methods (e.g. matching) allow for construction of a control group during or at the end of the intervention.
- Cohort studies can be also retrospective.
- A cross-sectional survey implemented for the programme “Love Life” showed that the more young people were exposed to the programme, the less was their risk for HIV infection. However, the study design applied (cross-sectional study) was not “strong” enough to prove a causal relationship. Lower HIV risk was rather associated to than caused by the “Love Life” programme. It is possible that the young people who participated into the programme were more interested, informed and thus less vulnerable to HIV infection anyway.
- Cluster sampling could be used in introducing the HIV vaccines in schools and clinics.
- **Respondent driven sampling** is used for people hard to reach (e.g. sex workers, men who have sex with men). The use of vouchers is very crucial to be able to trace the chains of people (e.g. who was referred by whom to the programme, which regions people come from etc.). This sampling method allows generalizing more than snowball sampling. **Snowball sampling** makes no use of vouchers and is a more informal method than the respondent driven.

- **Interviewer’s bias** is the distortion of the response to an interview, questionnaire etc. due to the personality and/or the personal views of the interviewer or to a particular way of the interviewer posing the questions.

- In a **questionnaire** one should start with the less sensitive questions.

- **Focus Group Discussions (FGDs)**: e.g. a radio drama is played. A debate on this radio drama takes place on the base of a set of guiding questions. The results of FGDs are often used in market research.

- **Observation** should go over the implementation process, keeping a note book.

- **Participatory photography**: getting community to tell you about their lives through photos / visual images. This method is very appealing to funders.

- In the absence of an experimental design, **triangulation** plays an important role in substantiating links between the intervention and observed behaviour changes.

- **Dissemination**:
  - Is not a one-off activity
  - Is an ethical obligation, especially at the community level where the evaluation took place
  - Does not have to be a publication. One needs to be creative (e.g. dissemination through SMS).
INTRODUCTION TO CASE STUDY GROUPS

The group work on day 1 and 2 built upon four case studies implemented by GDC. Before embarking on group work the case studies were presented to the participants. The four case studies follow.

FEMALE GENITAL MUTILATION
The first case study presented comes from a programme implemented in Burkina Faso. The programme works on female genital mutilation (FGM). It was presented by Zakari Congo. The presentation is available here: Download (3.4 MB)

JOIN-IN-CIRCUIT
The second case study presented was from an HIV project in Zimbabwe. Theresa Ndikudze presented how Join-in-Circuit (JiC) is being implemented, monitored and evaluated by the project. Her presentation is available here: Download (720 kB)

THEATER FOR CHANGE
The case study on Theatre for a Change (TfaC) comes from Malawi and was presented by Claire Walsh. Her presentation is available here: Download (643 kB)

LIFE CHOICES “3 ½ LIVES OF PHILIP WETU”
This is an example from Namibia on a mass media campaign presented by Luise Haunit. Life choice “3 ½ lives of Philip Wetu” is an interactive DVD. The presentation is available here: Download (896 kb)
PLANNING AN EVALUATION (GROUP WORK)

The participants joined one of the four groups (FGM/JiC/TfaC/Philip Wetu). The guidance questions, developed by Paola Frattola, to support the group discussions around evaluation of the case studies can be found in annex 3.

RESULTS OF THE GROUP WORK

FEMALE GENITAL MUTILATION

The group prepared a power point presentation which is available here:

Download (169 kB)

Summary of the presented M&E System:

- The M&E System was well presented.
- It was suggested to consider other intervening factors that could also influence outcomes.

Indicators:

- Impact indicator is derived from BMZ prescribed indicators.
- MoH, MoSA, and the project share one common indicator in the national M&E system.
- Partners including MoH, MoSA, MoW, use the family planning indicator derived from GIZ, as a process indicator.

Data collection

- For the two intervention regions, the programme has implemented a specific baseline study in one of them. DHS data (FGM prevalence) was used as the baseline for the other region.
- Programme has however no written M&E Plan in place, but a number of individual elements of them.
- The overall impact has been shown to be difficult to attribute to the intervention solely.

Types of evaluation used

A) Outcome evaluation

- A yearly outcome evaluation to measure the knowledge and attitudes concerning FGM is conducted. This for internal GIZ purposes. (Increase by 25% knowledge of men, women, primary and secondary students)
- MoSA and MoEducation benefits from this evaluation, as the main partner. Other ministries however benefit- MoW, MoH.
- The workshops on advocacy, capacity building, where data is discussed and disseminated are successful.
- Positive unintended outcomes: other ministries are benefiting from the data collected.
- Collaboration with stakeholders and ministries for data collection is difficult.
B) Impact Evaluation

The impact indicator is reduction of the prevalence of FGM.

- At this point, it is difficult to attribute all changes to the programme.
- Net effects are the decrease in prevalence of FGM.
- It is hoped that at the end, the general reproductive health of women would be improved.
- The strong political commitment will to reduce the prevalence of FGM helps to avoid unintended effects of the intervention.

Evaluation indicator

An impact evaluation would look into indicators that measure a reduction in the prevalence of FGM:

- Decreasing FGM prevalence of girls aged 0-14 years by 50% at the end of the programme in 2015.
- Outcome indicators measure the increased knowledge of and attitudes towards FGM.

Evaluation design

A future impact evaluation will use a cross sectional collection of data in a follow-up period with the same data set that was used for the baseline study.

- Quantitative evidence will be collected through questionnaires and structured interview.
- Qualitative evidence will be collected through in-depth interviews & focus group discussion.
- Mothers and children are interviewed and results are correlated.

Sampling methods

- A non-probability sampling method would be used.

JOIN-IN-CIRCUIT

The group started its work by reviewing and commenting on the result chain of the JiC in Zimbabwe. A lot of time was dedicated in reaching a common understanding on terminology. The comments on the result chain were the following:

- The impact was “number of HIV new infections, STIs and teenage pregnancies in the project regions decrease”. It was felt that young people should be included for the number of HIV new infections and STIs.
- The objective was “young people (aged 15-24 years) in the project regions engage increasingly in protective behaviour and make use of adequate health services”. The groups
thought that it was actually two objectives: 1) “young people (aged 15-24 years) in the project regions engage increasingly in protective behaviour” and 2) “young people (aged 15-24 years) in the project regions make use of adequate health services”.

- Instead of “use of outputs” it was proposed to use the term “immediate outcome”. This was “youth is informed on HIV/AIDS and SRH and has access to youth-friendly services”.
- **Outputs**: 1) people trained 2) manual developed etc.
- **Activities**: 1) Training of trainers in JiC 2) training of JiC facilitators (and all other activities of the programme).

The group proposed the following **indicator**:
Percentage of trained youth that accessed the services increased by x%

After in detail discussions, the group agreed that the method used by the programme for data collection is meaningful. Sex-disaggregated data is collected on a daily basis. This data is then compiled into quarterly reports. Additionally, feedback is regularly provided by the trained NGOs. The group also addressed the necessity of collecting data from different entry points, e.g. from the service providers and from the beneficiaries.

The groups underlined the need to adapt and evaluate even already widely used and evaluated tools such as JiC, if these are applied in a totally new context.

The methods of evaluation that are being used by the programme are a variety of qualitative and quantitative data. With regard to the qualitative methods, the programme (among others) randomly selects participants and based on a set of guiding questions, conducts its FGDs.

The group also recommended compiling a good practice report and sharing this with other stakeholders in the country.

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**THEATER FOR CHANGE**

The group started its work by reviewing the **goal and objective** of the TfaC Education programme and discussing whether these are **SMART**.

- **Impact (Goal):** To reduce the risk of HIV infection and promote HIV prevention and communication strategies among primary school teachers, learners and parents.
- **Objective:** Target groups demonstrate the knowledge, attitudes and abilities to protect themselves and others from HIV infection.

Feedback provided by the group on the stated goal and objective was that both formulations were too broad and should be rephrased to be more concise.

The group further discussed **terminology** and that it is critical to have a common understanding on what is meant by **attitude**, what distinguished attitude from **ability**, and ability from **practice**.

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1 Notes from Jasmin Dirinpur.
Whereas HIV-related transmission and knowledge on protection is rather easy to capture and most surveys include standardized questions on this, measuring HIV-related attitudes is more difficult. Questions (here of medical personnel) could be for example:

White, married women, age 40-45, would you test her for HIV? Would you treat someone who is HIV positive?

TfaC uses observation of theatre to capture abilities / assertiveness / resilience. See assessment tool below used by facilitators to assess participants. Standardization workshops to address the problem of subjectivity bias were discussed. The tool is promising but not a validated method yet.

The underlying theory of change would require changes in knowledge first, before shifts in attitudes and abilities/behaviour/practices could happen. However, observed and persisting knowledge-do gaps pose a challenge to evaluation of BCC strategies.

The group then reviewed TfaC indicators used to capture behaviour change (and preceding changes in knowledge and attitudes). These are as follows:

- Pre-service teachers have comprehensive knowledge of HIV transmission, prevention and treatment
- % of pre-service teachers reporting increased knowledge on malaria prevention
- Pre-service teachers have a positive attitude to HIV prevention strategies
- Pre-service teachers demonstrate the ability to say no to sex
- Pre-service teachers report they know how to use a female and male condom
- % of female and male pre-service teachers reporting condom use
- Number of pre-service teachers going for HTC
- Learners have comprehensive knowledge of HIV transmission and prevention and treatment
- Learners report that they speak to an adult about HIV
- Learners have a positive attitude to HIV prevention methods

A spontaneous reaction was that these are far too many indicators to observe and report on which makes a proper analysis a daunting task. The group therefore thought a prioritization of indicators to be useful. However, expect one indicator on pre-service teachers ability to resist to sex which is an internal “nice-to-have” indicator, all others are “have-to-need indicators” given the donor requirements.

The “nice-to-have” indicator was further reflected upon as an example for a very sensitive, hard to capture / measure aspect of behaviour change (see also assessment tool above).

TfaC beyond behaviour change aims to capture changes in the fields of advocacy and capacity building. Indicators here were briefly discussed and were found to be rather at the output (e.g. Numbers of trainings, Number of schools with fully functioning procedures etc.) than at the outcome level.

The group further exchanged on data collection and the social desirability bias in data on sexual and HIV-related behaviours. Parts of the problem could be circumvented by use of data from health
facilities, or use of proxy indicators (e.g. teenage pregnancy or STI prevalence as proxies for unprotected sex).

- The challenge to measure the results was that this was not a concrete intervention with a clearly defined beginning and end (e.g. there was no control over the amount of DVDs distributed and the share of “facilitated” presentations of the film).
- The group proposed a cross-sectional representative population survey that asks questions of exposure (whether the respondent has watched the film, and if yes, facilitated?) and questions with regard to knowledge, attitudes and behaviour. By doing so, one could possibly come up with knowledge about “cove Claire Walsh rage” (e.g. have men having sex with men (MSM) been exposed) and with some kind of correlations, e.g. have those exposed a better knowledge on HIV/AIDS and other attitudes. In addition a dose-response-effect relationship could be assessed. However, this design does not allow establishing a causal relationship.
- Another option could be in-depth interviews and FGDs at the workplaces where the DVD was shown. In this way one could possibly draw some conclusions and adjust the training accompanying the DVD accordingly.
- In addition, one could examine whether the uptake in Voluntary Counselling and Testing (VCT) increased (or not) at the services where the film was shown.
- It would be also interesting to ask the people accessing the services whether they have been exposed to the film.
- Unfortunately, no baseline data can be collected any more as the film has already been distributed and is continued to be distributed. There are already many people that have been exposed.
- The experts from WITS also proposed the following:
  - The programme could find out whether other larger surveys are planned and use the opportunity to integrate exposure questions into the survey (this approach to add questions to an ongoing survey is also called “piggybacking”, for an example see Working Paper by Pascaline Dupas: “Education and HIV/AIDS Prevention: Evidence from a randomized evaluation in Western Kenya”, 2006, with Esther Duflo, Michael Kremer and Samuel Sinei. *World Bank Policy Research Working Paper Series 4024*).
  - Find, if possible, a population where the DVD was not shown and do a pre-and post-test. Moreover, the programme could follow-up six months afterwards.
  - Conduct a formative research to see where the DVD was used and where not and which were the results. This does not have to necessarily be a big and costly survey.
  - Embed the tool into a programme, so that its M&E will be integrated into the larger M&E system of the programme.
FEEDBACK DAY 1

This is the feedback on day 1. For the evaluation of the whole training, please go to chapter “Feedback and closure” and to annex 6 and annex 7.

- The input of the experts was very much appreciated by the participants. According to their feedback, it provided a wealth of information along with some practical solutions. For some participants, however, the morning presentations were a bit fast and somewhat academic, taking into consideration the short duration of the training.
- It would be good to have handouts to make notes during the presentations, as well as copies for each person for the group work.
- One participant said that the guiding questions for the group work were somehow difficult; it would be nice, if the participants were provided with result chains.
- Also, it was challenging that the participants did not have common understanding and much time was dedicated into the discussion of the definitions.
- It would be also interesting to hear about:
  o How to integrate HIV mainstreaming interventions into already existing M&E systems (this specific request was taken into account and integrated into programme of Day 2; see annex 8).

DAY 2

RESEARCH EVIDENCE AVAILABLE FOR TYPICAL BCC INTERVENTIONS SUPPORTED BY GDC

Day 2 started with a presentation by Jasmin Dirinpur on research evidence available for typical BCC interventions supported by GDC. The presentation is available here: [Download (2.9 MB)]

Points discussed with regard to use of research / knowledge into practice translation

- In Nigeria, an evaluation was carried out in schools. The questionnaire was approved by the authorities. But, when the results were ready, these could not be disseminated because of sensitive issues included in the report, e.g. homosexuality.
- Line of communication for the dissemination of evaluation results conducted by GDC: First approval at the country level (from the partners, the team and leader and the country director) is required. Then the team leader can forward the results of the evaluation to the head office.
- In preparation of an upcoming evaluation, GIZ Document Management System (DMS) should be more widely used to see what evaluations have been already conducted and learn from them.
- Challenges and how to deal with them: unexpected results; budget, time and resource constraints; different expectations from different stakeholders; potential gap in time horizons of researchers and policy makers.

MANAGING AN EVALUATION OF A BCC INTERVENTION: TORS, SUPERVISING CONSULTANTS/RESEARCHERS, TIME FRAME AND BUDGET

Three of the four groups continued their work from day 1. This was a more practical exercise that required an M&E system already in place. This was not the case for the case study from Namibia. The members of this group joined one of the other three.
The guidance questions for the group work on day 2, developed by Paola Frattola, can be found in annex 4. The aim of the group work was to come up with work plans to conduct an evaluation.

To further facilitate the group work, the participants were provided with the following documents:

- Planning and Managing an Evaluation (107 kB)
- Monitoring and Evaluation Workplan and Budget (44 kB)

**RESULTS OF THE GROUPS WORK**

**FEMALE GENITAL MUTILATION**
The group came up with the following work plan for evaluation:

M&E work plan and budget to implement an impact evaluation of the FGM project in Burkina Faso

Indicator: Reduction of FGM Prevalence by 50% in girls aged 0-14 years in Burkina Faso

Methodology: External evaluation (8-10 months)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
<th>Responsible person</th>
<th>Budget or Number of Working Days</th>
<th>Expected outcomes</th>
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<tr>
<td>Initial planning stages</td>
<td>4-6 months</td>
<td>Project coordinator and staff</td>
<td>According to current costs</td>
<td>Authorisation of evaluation plan</td>
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<tr>
<td>1. Partners and stakeholders will be informed about the intended evaluation.</td>
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<td>2. Development of ToR - If the tender is above 20,000 Euros, a tender process will be used. Below this amount, the best consultant out of three best offers received, will be selected.</td>
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<td>3. A meeting with the successful consultants to discuss the ToR-methodology, budget, design of evaluation, meeting schedules &amp; any other important items in the ToR before signing the contract.</td>
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<td>4. Authorisation from the ethical committee, for the proposal, sample</td>
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5. A letter from the relevant Ministry is obtained and shared to relevant partners - regional directors, other ministries and community members.

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<tr>
<th>Implementation of the evaluation</th>
<th>8 weeks</th>
<th>Consultant (s) and M&amp;E officer</th>
<th>According to costs in the contract</th>
<th>A commented draft evaluation report</th>
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<tbody>
<tr>
<td>1. Implementation of the evaluation by the consultant.</td>
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<td>2. Supervision of the consultants in order to ensure quality.</td>
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<tr>
<td>3. First draft of the evaluation from consultants is received, and feedback is provided.</td>
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<tr>
<th>Dissemination of results</th>
<th>8 weeks</th>
<th>Consultant, M&amp;E officer, key partner</th>
<th>According to costs in the contract</th>
<th>A printed final report</th>
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<tbody>
<tr>
<td>1. Dissemination of final draft to partners for their comments.</td>
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<td>2. Workshop to disseminate results for partners and stakeholders.</td>
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<tr>
<td>3. Dissemination workshops in regions</td>
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<td></td>
</tr>
<tr>
<td>4. After receiving the final comments from relevant stakeholders, an inclusive report will be printed.</td>
<td></td>
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</tr>
<tr>
<td>5. Distribution of final report.</td>
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</tr>
</tbody>
</table>
The ToR of the consultant should include the following:

- Review relevant documents and conduct a literature review
- Submit an evaluation plan, including details on the study design and the budget needed
- Implementation:
  - Training interviewers
  - Pre-test of questionnaire
  - Revision of questionnaire
  - Conduct study
- Data entry and analysis
- Draft report
- Revise the draft report
- Final draft report
- Validation workshop with stakeholders / partners
- Final evaluation report

### JOIN-IN-CIRCUIT

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
<th>Responsible</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening for a consultant</td>
<td>Within two weeks (3 working days)</td>
<td>Team leader: overall responsibility, Programme officer(s): quality assurance</td>
<td></td>
</tr>
<tr>
<td>Inform the partners about the upcoming evaluation – (involving the partners during the whole evaluation process!)</td>
<td></td>
<td>Consultant: conduct the evaluation, analyze and present the results Partner(s): facilitation, coordination and ownership</td>
<td></td>
</tr>
<tr>
<td>Develop the ToR for the evaluator / consultant</td>
<td>1 month (5 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis of the programme’s already existing data and monitoring tools of the programme and these of other programmes / countries (e.g. pre- and post-test questionnaires, FGDs etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a concept note on the evaluation process, the tools and data sources to be used (e.g. FGDs, health centre data etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selection and training of the implementation team</td>
<td>1 week (3 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-testing of the chosen tools and necessary adaptation</td>
<td>2 weeks (5 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection and analysis</td>
<td>1 month (20 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compiling, reviewing and validating the report</td>
<td>3 weeks (10 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissemination (e.g. workshop, media etc.)</td>
<td>Continuous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedback of the partner on the way forward</td>
<td>1 week (1 day)</td>
<td></td>
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</tr>
</tbody>
</table>

### THEATER FOR CHANGE

1. **What are the key activities in the operational plan of our evaluation?**

Theatre for a Change (TfaC) has a very limited budget to conduct an evaluation for the Education Programme for the 2011 – 2012 programmatic year. TfaC currently works in ten Teacher Training Colleges with approximately 1,000 pre service teachers and with 4,000 primary school learners in approximately 150 primary schools. There are TfaC staff members based at the Teacher Training

---

2 Notes from Claire Walsh.
Colleges, so evaluating that population using a representative sample is achievable and low cost. TfaC will conduct an evaluation at this level using the existing plans.

The challenge with evaluation lies at the primary school level. The primary schools TfaC works in are distributed nationwide in rural areas – the schools are not close together and difficult to get to. Most schools take two hours to drive to from the closest city or town. In addition there is a fuel crisis in Malawi. Fuel cannot be easily sourced, meaning if TfaC sends teams to the field there is a strong possibility they will be stranded until the next fuel delivery. This is a risk to the budget as TfaC has to continue paying for the stranded staff’s accommodation or resort to black market fuel¹. This presents a logistic and, thus, financial problem.

Therefore, the main focus of TfaC’s planning is the primary school section of the Education Programme because it presents the most challenges. The main activity for the primary school evaluation would be a small evaluation of five schools across the region per year. The same questionnaire used at the baseline will be used at the endline. Qualitative interviews and focus groups will be conducted where the budget allows. If TfaC conducts an endline evaluation of five schools over the 3-year period of the grant, then at the end have surveyed 10% of total schools will have been surveyed. If an external consultant is hired this data can contribute to his final evaluation.

2. What are the time frames for the operational plan of our evaluation?

The evaluation will be done at the end of the school year in June. Data collection in the form of the questionnaire will occur simultaneously in one day and interviews will be conducted over the space of two weeks. Data analysis and the first draft of the report will take two-three weeks because it will be done internally and TfaC has to take into consideration the staff’s other responsibilities.

3. Who is to perform the evaluation?

TfaC cannot afford an external evaluator, so TfaC will have to use its staff members. However, TfaC thought that it could train primary school mentors to conduct the evaluation and interview so there would be capacity for subsequent years. At the end of the project cycle TfaC would have an independent evaluator who would be able to use the data gathered over the years to inform his/her evaluation.

4. What resources will we need for our evaluation?

TfaC can likely complete this evaluation with short, photocopied questionnaires that will be given to staff members when they return to the office in April. They will then administer them during their monitoring visits in the last semester and provide a brief capacity building training on evaluation to the mentor. Depending on budget and time, the TfaC staff members will complete some focus group discussions as well.

5. What shall be included in the ToR of our evaluators?

¹ Currently, the black market is selling fuel at 600 / L. The price at the pump is 290 / L.
Even though TfaC plans on conducting an internal evaluation, it is important to involve the stakeholders – mentors and primary school administration. It would be good to write up a short overview of the evaluation plan and inform them (as well as ask them to participate) of any additional responsibilities.

6. **How will the results be translated and disseminated?**

The group proposed some creative ways to disseminate our results to the participants and stakeholders. TfaC has a radio show that is broadcasted nation-wide and could dedicate a radio show to the results of the evaluation.

**FEEDBACK AND CLOSURE**

The meeting was officially closed by Sabine Ablefoni from the sector project PROFILE and the participants were requested to provide their feedback on the training.

The participants were generally satisfied with the training. Many of them said that they are now more aware of the necessity to conduct a methodologically sound evaluation of BCC interventions. They also appreciated the knowledge they gained on how to conduct an evaluation (both through the input of the experts on day 1 and the group work) and the opportunity they had to share experiences with other colleagues. The main point of critic was that the training was too short and partly too theoretical. Note that that training was already tailor-made to four GDC case studies. No specific suggestions were made by the participants on how this training could become more tailor-made. Possibly PROFILE could follow this up on this with the participants.

Also refer to annex 5 for an overview of participants expectations expressed prior to the training, to annex 6 for their feedback on what they did take home from the training and annex 7 for the evaluation chart on specific aspects of the training.
<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 March 2012</td>
<td>Day 1</td>
<td>8:30-9:00</td>
<td>Registration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9:00-09:15</td>
<td>Welcome and Introduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>09:15-10:00</td>
<td>Principles, concepts and frameworks of M+E of behavioural interventions</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>including indicators</td>
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<tr>
<td></td>
<td></td>
<td>10:00-10:15</td>
<td>Coffee break</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10:15-11:15</td>
<td>Introduction to different study types and designs of evaluations, data</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>collection, use and data analysis, and basic statistics</td>
</tr>
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<td></td>
<td></td>
<td>11:15-12:15</td>
<td>Introduction to case study groups</td>
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<tr>
<td></td>
<td></td>
<td>12:15-13:00</td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Start of group work Day 1</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>13.00–16:00</td>
<td>Planning an evaluation (based on chapter 1.4 of guidance note)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Moderated Group Work / Parallel working groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Developing an evaluation plan for the different types of interventions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>presented in case studies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>End of group work Day 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>16:00 – 16:30</td>
<td>Coffee break</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16:30 – 17:30</td>
<td>Planning an evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Presentation of evaluation plans and discussion of group work results</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>in plenum / Feedback from Wits Team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17:30 – 18:00</td>
<td>Feedback Day 1 and Outlook Day 2</td>
</tr>
<tr>
<td>10 March 2012</td>
<td>Day 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>08:30 – 09:30</td>
<td>Research evidence available for typical BCC interventions supported by</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>German development cooperation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Start of group work Day 2</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>09:30 – 12:30</td>
<td>Managing an evaluation of a BCC intervention: TORs, supervising</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>consultants/researchers, time frame and budget</td>
</tr>
<tr>
<td></td>
<td></td>
<td>End of group work Day 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12:30 – 12:45</td>
<td>Feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12:45 – 13:00</td>
<td>Conclusion and farewell</td>
</tr>
</tbody>
</table>
## ANNEX 2: LIST OF PARTICIPANTS

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ablefoni</td>
<td>Sabine</td>
<td>Programme officer, Germany</td>
</tr>
<tr>
<td>Ahawo</td>
<td>Komi Alain</td>
<td>Guinea, Programme manager</td>
</tr>
<tr>
<td>Awad</td>
<td>Nadia</td>
<td>FP and country programme officer, South Sudan</td>
</tr>
<tr>
<td>Baansner-Weiks</td>
<td>Friederike</td>
<td>technical advisor AWISA, South Africa</td>
</tr>
<tr>
<td>Ba’athar</td>
<td>Jamal</td>
<td>Programme officer, Yemen</td>
</tr>
<tr>
<td>Beldzik</td>
<td>Claudia</td>
<td>FP, South Africa</td>
</tr>
<tr>
<td>Bock</td>
<td>Stefanie</td>
<td>HIV advisor, Uganda</td>
</tr>
<tr>
<td>Congo</td>
<td>Zakari</td>
<td>M&amp;E officer, Burkina Faso</td>
</tr>
<tr>
<td>Dirinpur</td>
<td>Jasmin</td>
<td>Programme officer, Germany</td>
</tr>
<tr>
<td>Edzeame</td>
<td>Juliette Selom</td>
<td>P&amp;M manager and FP, Ghana</td>
</tr>
<tr>
<td>Faniyi</td>
<td>Joseph Adegboyega</td>
<td>FP, Nigeria</td>
</tr>
<tr>
<td>Frattola</td>
<td>Paola</td>
<td>Consultant, Germany</td>
</tr>
<tr>
<td>Gerber</td>
<td>Tatjana</td>
<td>FP, Malawi</td>
</tr>
<tr>
<td>Haefner</td>
<td>Kristin</td>
<td>Technical Advisor, Zambia</td>
</tr>
<tr>
<td>Haunit</td>
<td>Luise</td>
<td>FP, Namibia</td>
</tr>
<tr>
<td>Heinze</td>
<td>Frauke</td>
<td>FP and programme manager, Zambia</td>
</tr>
<tr>
<td>Koerbel</td>
<td>Marion</td>
<td>FP, Malawi</td>
</tr>
<tr>
<td>Kubaj</td>
<td>Sandy</td>
<td>FP, Rwanda</td>
</tr>
<tr>
<td>LuczakSantana</td>
<td>Karolina</td>
<td>M&amp;E specialist, Mozambique</td>
</tr>
<tr>
<td>Maweu</td>
<td>Irene</td>
<td>FP, Kenya</td>
</tr>
<tr>
<td>Muhemeri</td>
<td>Bizibu Michel</td>
<td>FP and Programme component manager, DRC</td>
</tr>
<tr>
<td>Naegele</td>
<td>Elisabeth</td>
<td>Coordinator, Mozambique</td>
</tr>
<tr>
<td>Namdiero</td>
<td>Audrey</td>
<td>Young professional, South Africa</td>
</tr>
<tr>
<td>Nasser</td>
<td>Raed</td>
<td>Expert, Yemen</td>
</tr>
<tr>
<td>Nzikudze</td>
<td>Theresa</td>
<td>FP, Zimbabwe</td>
</tr>
<tr>
<td>Oviedo de Mock</td>
<td>Ana Mercedes</td>
<td>FP, Uganda</td>
</tr>
<tr>
<td>Subklew-Sehume</td>
<td>Friederike</td>
<td>Director research and systematic learning Lovelife, South Africa</td>
</tr>
<tr>
<td>Vezertzi</td>
<td>Marianthi</td>
<td>Consultant, Germany</td>
</tr>
<tr>
<td>Walsh</td>
<td>Claire</td>
<td>M&amp;E manager Theatre for Change, Malawi</td>
</tr>
<tr>
<td>Weinmann</td>
<td>Stefan</td>
<td>Programme Component Manager, Germany</td>
</tr>
<tr>
<td>Weissmann</td>
<td>Annette</td>
<td>FP, Cameroon</td>
</tr>
<tr>
<td>Witte</td>
<td>Corinna</td>
<td>Programme officer, Yemen</td>
</tr>
<tr>
<td>Zoungrana</td>
<td>Guy Evariste Andre</td>
<td>FP and programme component manager, Burkina Faso</td>
</tr>
<tr>
<td>Lalla-Edward</td>
<td>Samantha</td>
<td>Researcher WRHI SA</td>
</tr>
<tr>
<td>Naidoo</td>
<td>Nicolette</td>
<td>M&amp;E WRHI SA</td>
</tr>
<tr>
<td>Mac Phail</td>
<td>Catherine</td>
<td>Researcher WRHI SA</td>
</tr>
<tr>
<td>Venables</td>
<td>Emilie</td>
<td></td>
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</tbody>
</table>
ANNEX 3: GUIDANCE QUESTIONS GROUP WORK DAY 1

Short Course on BCC Evaluation

Johannesburg, March 9 to 10, 2012

Group Work

Planning and Managing an Evaluation on the basis of case studies from Burkina Faso, Malawi, Namibia and Zimbabwe

Discussion Outline (By Paola Frattola)

Purpose of the group work is to discuss interactively. Start for each discussion item with the intervention which has been the basis of the case study of your working group. At the end of each session, the results of the four working groups shall be presented to the plenum.

Session I

Friday March 9, 2012

1.00 p.m. to 4.00 p.m.

1) Discuss assets and needs of our behavioural intervention’s monitoring and evaluation system. Develop ideas how our behavioural intervention’s monitoring and evaluation system could be improved.

   - Do we have „smart” goals and objectives?
     o Specific
     o Measurable
     o Achievable
     o Relevant
     o Time bound

   - Has the results chain been properly developed?
     o Inputs
     o Activities
     o Outputs
     o Outcomes
     o Impacts

   - Is the „Logic Model” of our intervention working? Does it cover all goals and objectives?

   - Do the indicators follow the RAVESS model? Yes, if they are
     o Reliable
     o Appropriate
     o Valid
     o Easy
     o Sensitive
     o Specific
- Is the data collection appropriate for our monitoring and evaluation system?
  o Data Sources
  o Base Line
  o Frequency of data collection

- In which way our data will be analyzed?
  o Regular
  o Management response system to monitoring and evaluation results

2) Discuss steps to your evaluation

a) Guiding Questions Cluster 1: What are the reasons to conduct an evaluation? Does the intervention require an evaluation? Why to evaluate?

- What kind of evaluation would be appropriate?
  o Activity evaluation
    ▪ How is the programme implemented?
    ▪ Are activities delivered as intended?
    ▪ Fidelity of implementation?
    ▪ Are participants reached as intended?
    ▪ What are participants’ reactions?
  
  o Outcome evaluation
    ▪ To what extent are desired changes occurring?
    ▪ Are goals met?
    ▪ Who is benefiting / not benefiting?
    ▪ How benefiting / not benefiting?
    ▪ What seems to work / not to work?
    ▪ What are unintended outcomes?
  
  o Impact evaluation
    ▪ To what extent can changes be attributed to the programme?
    ▪ What are the net effects?
    ▪ What are final consequences?
    ▪ Cost effectiveness: Is the programme worth resources it costs?
    ▪ Cost per unit of effect?

- Which questions do we want to evaluate and how do we want to prioritize these questions?

- Which indicators are appropriate for our evaluation?

- Which data does already exist / is easily accessible?

- Do we have any guidance on what works (e.g. research results)?
  b) Guiding Questions Cluster 2: How to evaluate?

- How shall our evaluation design look like?
  o Quantitative evidence / methods
- Structured Interview
- Self-administered Interview
- Questionnaire design

  o Qualitative evidence / methods
    - In-depth Interviews
    - Focus group discussions
    - Participant observation
    - Cognitive mapping
    - Participatory research

  o Sampling Methods
    - Probability methods
    - Non-probability methods
Purpose of the group work is to discuss interactively. Start for each discussion item with the intervention which has been the basis of the case study of your working group. At the end of each session, the results of the four working groups shall be presented to the plenum.

Session II

Saturday March 10, 2012

9.30 a.m. to 12.00 p.m.

Discuss necessary steps to manage the evaluation of a BCC intervention

1. What are the key activities in our operational plan of our evaluation?

2. Which time frames has our operational plan of our evaluation?

3. How much will our evaluation cost (working days)?

4. Who is to perform the evaluation?

5. What shall be included in the ToR of our evaluator/s?

6. How the results of the evaluation will be translated and disseminated?
ANNEX 5: EXPECTATIONS OF THE PARTICIPANTS

The expectations of the participants were to the extent possible integrated during the design of the training. The team of participants was quite heterogeneous.

<table>
<thead>
<tr>
<th>Use gained knowledge for fight against female genital mutilation and improve capacity of association of PLWHIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, Supports Ministry of Public Health, where evaluation of BCC is needed plus knowledge will be shared with technical staff of the programme</td>
</tr>
<tr>
<td>M+E of WPP and HIV activities regarding BCC, providing advice for coordinators and partner organizations</td>
</tr>
<tr>
<td>Yes, introduce a quality monitoring system, revise and redefine indicators</td>
</tr>
<tr>
<td>Yes, strengthen the Planning and Monitoring Development, integrate tools currently doing KAP surveys and routine analysis of monitoring data</td>
</tr>
<tr>
<td>Provide better monitoring tool for peer educators, provide assistance for NGO’s and government agencies</td>
</tr>
<tr>
<td>New in position</td>
</tr>
<tr>
<td>M+E the implementation of HIV BCC programme within the road construction sector (e.g. Education of focal persons), M+E of peer education programme of the NGO Afya Mzuri</td>
</tr>
<tr>
<td>Share knowledge with team and integrate a broader range of tools</td>
</tr>
<tr>
<td>Integrate M+E in BCC interventions</td>
</tr>
<tr>
<td>Formulate measureable indicator and evaluation of the indicators achievement</td>
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<tr>
<td>Integrate new tools in BCC and monitoring of BCC, strengthen M+E system of the programme</td>
</tr>
<tr>
<td>Improve quality of BCC evaluation, transfer knowledge to focal persons/ staff members</td>
</tr>
<tr>
<td>Gained knowledge will be integrated in evaluation of internal WPP and in impact evaluation of different interventions integrated last year</td>
</tr>
<tr>
<td>Support partners in developing result PM+E</td>
</tr>
<tr>
<td>Use the information gained for the programme, as multiplier for staff and partners</td>
</tr>
<tr>
<td>Experiences with joint in circuit; BCC via rural radios; plan to elaborate a M&amp;E system for these activities</td>
</tr>
<tr>
<td>Improve quality of M+E, share knowledge with technical staff and counterparts</td>
</tr>
<tr>
<td>Update evaluation design, enhance assessment of available evidence and data on the effectiveness the approaches</td>
</tr>
<tr>
<td>Update evaluation and research designs, enhance assessment of the evidence and validity of data</td>
</tr>
<tr>
<td>Update M+E system, share knowledge with team and partner organizations</td>
</tr>
<tr>
<td>Integrate new M+E designs in daily work</td>
</tr>
<tr>
<td>Change of methods within GIZ Uganda, therefore need to know alternative methods to measure impacts of HIV interventions, refreshing/sharing knowledge</td>
</tr>
<tr>
<td>Integration of evaluation and research designs, increase evidence base of interventions</td>
</tr>
<tr>
<td>Integrate and share knowledge in the implementation of internal and external HIV MS and all steps of M+E</td>
</tr>
<tr>
<td>Integrate knowledge into impact evaluation, promote and integrate it in partners planning and implementation framework</td>
</tr>
<tr>
<td>Support and share knowledge with partners, improve evaluation systems of BCC interventions</td>
</tr>
</tbody>
</table>
ANNEX 6: FEEDBACK 1

“What will you take home with you from the training?”

- Better idea of how to plan and implement an evaluation
- Valuable insights from colleagues in the field
- Reasons for evaluating BCC well explained
- A meeting rather than training
- An overview of some of the already existing M&E evaluations in BCC
- A better understanding on M&E methodologies and tools applicable to my work
- The importance of M&E in every intervention
- Need to better plan evaluation right from the beginning of the programming (including budget)
- Practical guide from the working group (guiding questions)
- Need to better exchange on knowledge, research, research methods in the different programmes
- Got a lot of theoretical background and information on M&E. More practical work and examples would have been good. Overall valuable experiences
- Awareness that we have to improve our M&E considerably! Some frustration about the training
- Contacts / Information of different interventions
- Having not participated in an evaluation, I will take back the knowledge I gained and begin to question the reliability, validity and appropriateness of an upcoming impact evaluation
- A more comprehensive view of M&E and especially recommendation for my PO on how to improve the M&E system and how to address challenges
- Some ideas on evaluation tools, e.g. qualitative and quantitative data
- A lot of theoretical and less practical methods of community level
- I found the group work highly valuable. It was a great opportunity to share experiences. I wish there were more opportunities to learn more from other people and I felt the course was a little too presentation heavy. In the groups it was clear people needed practical help to solve their problems. Found the handouts and templates very helpful. The presenters and organizers were professional and friendly. Thanks!
- Make better use of evaluation results as they are costly and resource intensive
- There is a variety of approaches to evaluation. It is about finding the best fit for the organization. Rather striving for quality than scale. Evaluation results will improve through liaison with researchers & a stronger practitioner / researcher dialogue
- Allow for better learning from each other
- Power point is not the overall method!
- Importance of making a working plan
- Information and experience to implement the M&E system (JiC) in my country
- Contacts and knowledge and motivation
- Headquarters to give out more precise and feasible (also budget wise) guidelines about necessary M&E
- Next time provide safe sex commodities (condoms)
- We don’t have safe sex commodities such as condoms in the hotel (a WPP and external mainstreaming FP) in a HIV high prevalence country!
<table>
<thead>
<tr>
<th>Overall satisfaction</th>
<th>0</th>
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<td>Quality of presentations</td>
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<tr>
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<td>Group work</td>
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<tr>
<td>Learning effects</td>
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<td>x</td>
</tr>
<tr>
<td>Exchanging ideas with other participants</td>
<td>12</td>
<td>x</td>
</tr>
<tr>
<td>Environment/hotel</td>
<td>12</td>
<td>x</td>
</tr>
<tr>
<td>Organisation/logistics</td>
<td>9</td>
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</table>
ANNEX 8: LAST INPUT ON HOW TO INTEGRATE M&E OF HIV MAINSTREAMING

At the end of day 1, one of the training expectations expressed was to address the issue of how to integrate the M&E of HIV mainstreaming activities. Sabine Ablefoni discussed this issue with the people interested on this topic after the end of the training. Here you can find the input based on the example of the REMAKI programme in DRC presented by M. Muhemeri and S. Ablefoni:

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Discussion concerning the integration of a relevant outcome indicator

– Suggestion of the group to integrate an indicator measuring the level of knowledge on HIV prevention among the targeted population (see sheet Illustrative indicator list, example outcome indicator proposed by the trainers from Wits).
– Necessity to adapt the M&E system of the programme in order to integrate this indicator for further evaluation.