

Designing communication strategies that work

Implementing the SIM process

September 2009

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, we help provide appropriate health technologies and vital strategies that change the way people think and act. Our work improves global health and well-being.

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Introduction

This guide introduces a new approach to developing communication strategies at PATH. The SIM process—derived from strategy development, intervention redesign, and monitoring and evaluation (M&E)—represents a first attempt to systematize three concurrent and interlinked strands of activity in the start-up phase of PATH communication for social change projects. The SIM process is the result of learning from more than a decade of communication programming in the Kenya Country Program, refined and augmented through consultations with communications professionals in other PATH projects worldwide.

Currently at PATH, all three strands of the SIM process exist separately and are often adversely affected by varying levels of priority. Sometimes they are weakened by a lack of uniform definition across projects. The word *strategy*, for instance, is defined in different ways, often used interchangeably with *intervention* or *activity plan*. At other times, low funding levels could force some part of the SIM process to be devalued or left out.

This document proposes a nuanced and formal definition of *strategy* as a logical approach derived from a deep understanding of local culture and conditions. Similarly, while redesigning interventions to make them relevant to project needs and communities has been a part of project start-up, it has often not been listed explicitly as a step. Also missing have been the steps by which an intervention can be made responsive to the communication strategy on the one hand, and monitoring and evaluation on the other. The SIM process proposes a way to systematically customize intervention templates so that they are strategic and uniquely relevant to the project context.

The SIM process' most challenging — and as yet untried — recommendation concerns weaving the M&E design together with the processes of communication strategy development and intervention redesign. This elevates M&E to a more central and pivotal position within project design, but also calls for significant paradigm shifts in collaboration between PATH professionals from different disciplines.

This document proposes an ideal approach that can be formally instituted in the start-up and development of a project or program. Within the reality of project development, however, it may not be feasible to implement all elements of the SIM process as outlined here. Project managers may decide to use parts of the SIM process as it applies to their needs and timeline.

The authors assume that this document will be used by professionals well-versed in project terminology and usages and who also have access to more detailed references. For example, when we mention focus group discussions we assume that the reader knows what they are and how they are conducted.

As a work in progress, this document's next version will be compiled after we receive feedback from practitioners on the ground who have tried to include the SIM process in their work.

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1. Designing the communication strategy

The secret of a communication strategy that works is that it has been translated into relevant and strategic interventions, which have been monitored and evaluated to yield the evidence necessary to demonstrate its effectiveness. These three activities — developing a strategy, designing interventions based on it, hand in hand with a strong plan for monitoring and evaluation — are at the heart of PATH's SIM approach.

This chapter explains how to develop a field-ready communication strategy as the first stage of PATH's SIM approach. Together with redesigning and customizing interventions (Chapter 2), and monitoring and evaluating interventions (Chapter 3), the instructions here can help you design a communication strategy that supports your project's goals, is responsive to the community's needs, and focuses on measurable results.

Designing a communication strategy is a five-step process:

1. [Review the literature.](#)
2. [Conduct formative research.](#)
3. [Develop draft communication strategy.](#)
4. [Review proposed interventions.](#)
5. [Finalize communication strategy.](#)

The first step, reviewing the literature, begins with the funded project proposal. The proposal includes a description of the health problems the project addresses and a logical basis for the project. The second step, conducting formative research on the project's subject, adds depth and understanding of the health problems that may not have been thoroughly investigated during the proposal stage. The third step, development of the draft strategy, entails outlining the overall strategic approach. It includes an in-depth examination of critical planning components, such as audiences, objectives, and monitoring and evaluation. This planning work can be used in the intervention redesign stage.

Step four includes reviewing the design of your proposed interventions to determine if they will effectively meet your goals. Finally, finalizing the communication strategy ensures that the linkages between strategy and planning are complementary and creates a document that is ready for implementation.

These guidelines are meant to provide health communication experts with direction in developing a communication strategy for their projects. In order to derive the most effective communication strategy, we recommend that you follow all five steps. What is most important, however, is that the final communication strategy is built on fundamental, current knowledge and lays out a strategic plan for addressing health problems with communication activities that are practical, well understood, and effective.

1. Review the literature

STRATEGY Step 1

Before you begin to develop a communication strategy, you must thoroughly understand the health issues your project is designed to address. Following these steps can help ensure that you understand current thinking and knowledge in your project's subject area.

1. Identify the health issues. Most often, health issues are identified along with project objectives and audiences in the proposal document.

2. Gather available information. A variety of existing sources can provide information for you. Some examples are government, university, or health professional organization reports; published articles or literature; published research reports; compilers of health statistics; results from polling companies; statistical compendiums; and project results or knowledge from programs working in the field.

Research helps us better understand aspects of the health issues, such as:

- Possible causes and preventive measures.
- Effects of the health problem on individuals and communities.
- Possible solutions, treatments, or remedies.
- Environmental, historical, social, economic, or cultural circumstances that affect the health issue.
- Who is affected (the potential intended audience for your project), including age, sex, ethnicity, economic situation, educational level, causative, or preventive behaviors.
- Attitudes or beliefs of the target population about the issue.
- Current practices of the target population around the issue, including why people behave in certain ways and barriers to behaving in a positive way.
- Why the health issue is considered a problem, including its incidence or prevalence and whether it is a government priority.

If you find that the available information is significant and up-to-date, you may decide additional formative research is unnecessary. On the other hand, you may find that the data do not offer enough insights into the health issues, their resolution, or knowledge about those who are affected. If this is the case, you may decide you need to conduct further formative research.

3. Write the literature review. After research is complete, write a concise literature review that summarizes the findings of the research and suggests additional areas for exploration.

2. Conduct formative research

STRATEGY Step 2

Formative research involves using a combination of information-gathering methods with key audiences to fill in information and data gaps identified through the literature review. Formative research can capture information about the attitudes, beliefs, and practices of your audience, as well as data on social, cultural, political, or economic realities that affect them.

Some important guidelines to consider when designing formative research are:

- Identify the research questions or objectives for your research.
- Outline exactly what you want to learn from the research.
- Identify the best data collection methods for your needs.
- When possible, use a mix of approaches or methods for your research. This can help ensure that you get an accurate picture of your intended audience and the problems they face.

There are two types of research you might conduct: qualitative and quantitative. Quantitative research measures a problem's frequency, as well as actions and trends. Qualitative research provides depth of understanding. It is exploratory, allows insights into behavior and trends, and may be subjective in that it uses intuition and past experience to make inferences and propose direction that may not be explicit in the information.

Ideally, quantitative research should precede qualitative research. This allows for more in-depth processing of information obtained using quantitative methods, specifically on what people know, think, and do. This mixed-method approach gives you the opportunity to check the data you collect from different methods. It can allow you to identify and compare key elements of the research that arrive through different mechanisms.

Formative research methods

You can use several different formative research methods:

Focus group discussions (FGDs): Focus group discussions are planned discussions designed to capture people's perceptions in a nonthreatening environment. Working from a discussion guide, a skilled moderator facilitates a one-to two-hour discussion among eight to twelve participants who meet in person. The moderator keeps the session on track while the participants speak freely and spontaneously.

Interviews: Using a list of open-ended questions, a researcher conducts an interview with a member of the project's audience. Using this somewhat structured interview format, the respondent is free to give opinions on topics that may be tangential to the issue at hand. These interviews can take 30 minutes to two hours and may be conducted at a wide variety of locations. Although interviews are more time-intensive, they are often one of the richest sources of information and ensure the respondent is not influenced by others.

Surveys: Surveys are characterized by large numbers of respondents—100 or more. They often use questionnaires that contain predominantly close-ended questions that are designed to answer a specific set of research queries. Surveys are often used in planning and assessment to obtain information on knowledge, attitudes, behaviors, and behavioral intentions.

Observational studies: In observational studies, researchers watch and record behaviors in their natural settings. Often, these studies are used to understand barriers to behavior change and the real-life conditions that influence behavior. The ongoing observation may or may not be declared to the subjects.

Case studies: A case study is an in-depth description of activities, processes, and events that occur during a project. Case studies use observation, interviews with key personnel, and document review for data collection.

Stakeholder Workshop: This method was developed at PATH to supplement the findings of formative research. It provides an independent exploration of social and cultural values as well as knowledge, beliefs, and attitudes. Stakeholder workshops are qualitative research. They use techniques and processes that are especially effective in exploring taboo topics. Researchers gather information through observing participants during role-plays and simulations in which they create, interact with, and resolve imaginary situations.

The purpose of the workshop is to better understand what people know, think, or do about certain issues by simulating interactive scenarios that will draw out participants' views and opinions. Often, people are more likely to honestly reveal how they regard certain situations during these creative processes than they are when asked direct questions.

The Stakeholder Workshop, a unique PATH process of qualitative research, can supplement findings from other Formative Research methods with deep qualitative insights into community issues. For details on how to conduct one, see Appendix 1.

The Stakeholder Workshop should not be confused with the Communication Strategy Workshop, described on page 11 and in Appendix 2.

3. Develop a communication strategy draft

STRATEGY Step 3

The word “strategy” may be among the most poorly understood in health programming. Many interpret it simply as another word for plan, and treat the activity plan or implementation plan as the program strategy. However, a good plan tells you what to do, and perhaps how to do it. A strategy tells you why.

The communication strategy is a document that uses findings from formative research to propose how the project should be structured and rolled out so that it is most effective within a specific cultural and social setting. It contains the guiding principles as well as the defined mechanism for implementation.

The communication strategy is a logical document. Its recommendations must be derived from the findings and insights of research. Behavioral theories as well as environmental, societal, and cultural nuances that support the strategy may be cited. At this stage, the communication strategy you compile is a draft document. As it develops, it will acquire greater detail.

To move quickly and easily toward implementation, the data in the communication strategy document can be structured around target audiences since implementation typically is driven by audiences and their geography.

A communication strategy document includes:

Background and findings: A presentation of the consolidated findings from completed research.

Strategic guidelines: Logically derived strategic insights from research that guide the development or adaptation of communication interventions. A strategic guideline may consist of three essential elements: the guideline itself, a rationale for the guideline based on the research findings, and a recommendation for a possible approach to a communication intervention.

Audience profile: A general description of audiences who will be addressed through the communication interventions. The description may include common characteristics, stages of behavior change, barriers to behavior change, risk perception, efficacy, social networks, and how information is received for both primary and secondary audiences.

Communication objectives: Outline what the interventions should achieve. You can further refine objectives as the communication strategy unfolds and interventions are developed.

Messages framework: Outline messages for communicating with audiences. The message framework is meant to be used as a reference guide during the

What is a strategic guideline?

Here is an example of a strategic guideline within a communication strategy document:

Strategic guideline: *Open and unrestricted communication between men, women, and youth within families should be used create new avenues for identifying health risks and problems, and seeking solutions cooperatively.*

Supporting evidence: *Research demonstrates that partitions exist within families and govern what may be said, to whom, when, and why. Many of these constraints are developed from sociocultural issues and gender dynamics, and they become perceived roles of different family members. Often interventions target these groups individually, thereby inherently increasing the barriers they are trying to eliminate. Improving the quality of communication between members of a family may strategically affect how they identify, share, and address issues of health, and incite new levels of trust and confidence in each other.*

Recommendation: *Engage entire families in facilitated discussion groups to open up new communication channels and to begin identifying problems, predicaments, barriers, and information gaps as well as to collaborate on solutions.*

development of communication materials or activities, but is by no means meant to be used verbatim. The framework can include benefit statements if audience behavior changes, key messages or support points to encourage behavior change, and desired action from the audience.

Channels: Mass media channels include broadcast radio, TV, and print, which can reach large populations. Mid media channels includes emerging technologies such as mobile phones, social networking sites like Facebook and Twitter, and the Internet. Traditional channels include community theater, peer education, and dialogue-based approaches.

Interventions: Communication interventions are the activities that generate the messages and content that help catalyze behavior and social change. Depending on the channels being used and the strategic guidelines, interventions would vary. On mass media channels, they could be celebrity endorsements, testimonials campaigns and so on. In traditional channels like community theater or dialogue groups, they could include role play, figureheads, incomplete stories, and other techniques.

See Chapter 2 for details on how to redesign and customize interventions to your project. See Chapter 3 for how to develop a Monitoring and Evaluation plan.

Monitoring and evaluation plan: The final component of the communication strategy is the M&E framework. This plan outlines key measurable indicators for monitoring the project, as well as markers for success. The methods you use for measuring should be referenced. (See Chapter 3 for more information.)

Who should develop the communication strategy?

There are two ways to develop a communication strategy from research data so that it is sensitive to community issues. Each has its merits.

Specialists develop the strategy. In this, communication specialists develop the communication strategy after careful study of all the insights and experiences gathered from the community as well as the research data. Ideally, two to three people who have participated in previous stages of the draft's development will write the strategy document, with one person as the lead writer. Typically, the team will work together to craft the content of the strategy, but one person may be primary writer. It is especially useful in this method if the **Stakeholder Workshop** (see Appendix 1) is conducted during research stage.

Specialists work with community stakeholders to develop the fundamentals of the strategy. In this, Communication specialists conduct a final communication strategy workshop with community and other stakeholders to develop the fundamental elements of the strategy. As in the previous method, the actual writing of the strategy document may be done by a team of two or three people, with a lead writer. A more detailed description of how to conduct a **Communication Strategy Workshop** is in Appendix 2.

Neither method should be regarded as more or less sensitive to the community. The former is more dependent on the high quality of analysis of one or two specialists. The second method may reflect a more average level of analysis but draw more directly on the thinking of a larger group of community members.

4. Review design of proposed interventions

STRATEGY
Step 4

Refer to Chapter 2 to ensure that the proposed interventions conform to the strategic guidelines of the project and meet the needs of the project and its beneficiaries effectively. Chapter 2 will help you learn to examine interventions in close detail and redesign or adapt interventions for greater impact.

5. Finalize the communication strategy

STRATEGY
Step 5

After you have a draft resulting either from a communication strategy workshop or the written work of communication specialists, you can finalize your communication strategy. A small group that includes one or two writers may undertake this task. This is the time to make sure that all details relevant to findings, strategic guidelines, audiences, and interventions are complete and up-to-date.

The writers review the document with a particular eye for ensuring that the strategic guidelines adequately inform the interventions and implementation. At this stage, the writers will also finalize elements of the communication strategy that require further information, for example, finalizing the M&E plan and making adjustments after the intervention redesign process. An important activity at this stage is to tailor recommended interventions against the financial realities and available resources within the project so that the final document is realistic.

The communication strategy is a living document. It should be reviewed annually throughout the life of the project, and its recommendations refined and updated in light of actual experience on the ground.

2. Redesigning the interventions

The majority of communication interventions tend to be variations on a small number of generic activities such as peer education or community theater. Redesigning a general intervention ensures that it conforms to strategic guidelines or guiding principles of a communication strategy, and enhances its effectiveness in specific situations. You can redesign an intervention at the beginning of a project, in the course of the planning stage, or during the life of the project.

Strategic guidelines derived from research guide the development or adaptation of an intervention to increase its effectiveness in local cultures and conditions. A guideline may recommend strategic approaches for interventions. For example, a strategic guideline for a peer education intervention might suggest:

Youth are highly susceptible to peer influence, especially in unstructured environments where they feel a freedom to be themselves and interact with one another. As a result, to achieve maximum impact, interventions should consider using participatory dialogue instead of formal classroom-based activities. In these venues, youth will be more likely to influence each other effectively.

Family discussion groups are another example of an intervention. A strategic guideline for this type of intervention might suggest:

Open and unrestricted communication between men, women, and youth within families may create new avenues for identifying health risks and problems and seeking solutions cooperatively. The use of forums that cultivate an atmosphere of sharing and engagement between family members helped by trained facilitators may be an effective mechanism for change.

Intervention redesign is a three-step process:

1. Understand the intervention.
2. Adapt the intervention using strategic guidelines.
3. Justify the new intervention design.

1. Understand the intervention

INTERVENTION Step 1

Before you can begin to adapt an intervention to specific cultures or conditions, you must understand what the intervention is and how it is supposed to work. These steps can help you understand an intervention thoroughly.

1. Develop a consensus description of the intervention. Identify different ways in which the same intervention has been described in other projects and literature. For example, if the proposed intervention is peer education, look for descriptions of peer, education, and peer education.

2. Unpack the descriptions. If the proposed intervention is community theater, for example, ask *Who constitutes the community from the project's point of view? What is theatrical about the intervention? How does it differ from other forms of popular theater in the same area?*

Similarly, if the intervention is peer education, ask *Who is a peer? For example, is a doctor's peer a fellow doctor, a patient, or a weekend beer buddy? Why is a group of peers seen as more suitable than those who are not peers? What models of communication are available other than education? Is education the most appropriate mechanism to use?*

3. Identify gaps and differences in how team members perceive the intervention. Ask specific questions to pinpoint discrepancies:

- What are the minimum and maximum numbers of people who may participate in an activity?
- Who should participate and who should not participate?
- Where does the intervention take place and how long should it last?
- What information should be shared, how, and by whom?
- What are the indicators of success?

By the end of this step, your team should see the need for consensus on the planned intervention, and should reach a good deal of agreement on the details of the intervention itself.

4. Develop a consensus description of each intervention. Based on the preceding discussion, craft working descriptions of each proposed intervention that everyone can agree with, and that meet the proposal's objectives. Note that it is advisable to retain the naming conventions followed in the proposal to avoid confusion among donors.

2. Adapt the intervention

INTERVENTION Step 2

Whether you are adapting an existing intervention or creating a new one, use your project's strategic guidelines to inform its development.

1. Understand the strategic guidelines. Read the strategic guidelines in the communication strategy. Review the guidelines as well as the recommended approach. Identify other projects that have used similar approaches and study how they were implemented.

2. Examine how well the intervention currently follows the strategic guidelines. Using the criteria developed in the previous step, examine the intervention to assess its fit with the strategic guidelines and the extent of adaptation needed.

For example, if the intervention is family discussion groups, look at how well that intervention will contribute to the creation of open and unrestricted communication between men, women, and youth within families. Will this forum allow families to identify health risks and seek solutions together? Is there another intervention that would be more effective?

Step 2 can not be undertaken until the communication strategy guidelines are ready (see *Step 3 of Communication Strategy design, page 10*). The Communication Strategy design team should work closely with the Intervention team here.

3. Understand the community networks of the target audience. Use the research data and the communication strategy to understand the social networks of each of your target audiences. If this data is unavailable, examine the feasibility of conducting a network assessment. Ask questions to enhance your understanding of the social network of a particular audience:

- What is in the social network of the target audience?
- What is the relationship between the target audience and other members of the network? How do they influence each other?
- Will the intervention be more effective if it targets audiences individually, or will it likely be more successful if some people in the social network are also included? What data exists arguing for and against each option?
- If the intervention deals only with the identified audience in isolation, what else can be done to lessen the influence of the network on the audience, as needed?
- What challenges would be faced by working with the entire social network? What advantages would accrue?
- What kind of indicators would be required to evaluate outcomes of interacting with networks?

4. Adapt the intervention to the strategic guidelines. Based on the discussion, change or adapt the activity so that it conforms to the strategic guidelines.

5. Discuss what a redesigned intervention would look like. For example, if the guideline states "open and unrestricted communication between men, women, and youth within families could create new avenues for identifying

health risks and problems and seeking solutions cooperatively,” you might ask questions like:

- What is meant by open and unrestricted communication?
- What type of communication should occur within families and how?
- How do we measure open and unrestricted communication within families as a result of this activity?
- How will we know that we are adhering to the strategic guidelines? What would it look like if families identified health risks and problems and sought solutions together?

It is important for the M&E team to participate in this process, both to understand the emerging intervention, and also to sharpen its understanding of possible indicators.

6. Develop a description of the new, redesigned intervention: Based on the preceding discussions, develop a two-page description of the redesigned intervention, including details of activity, target audience, logistics, outreach, content, goals and objectives, messages, and possible indicators.

3. Justify the new intervention design

INTERVENTION Step 3

Before you put an intervention into practice, carefully assess its potential for success.

1. Discuss the evidence base for the proposed intervention design. Is the intervention adapted from a proven process or a promising one? If promising, what is promising about it? What is your hypothesis of why the activity will work? What would you like an evaluation to prove?

2. Make a case to support the adapted intervention design. How will the revised intervention better achieve the project's goals and objectives? What are the intervention's strengths and weaknesses?

3. Identify the intervention's outputs. Discuss specific outputs of the activity, for example, behavior change stories, evaluation data, community-identified problems paired with solutions for implementation, or a collection of questions asked to determine depth of inquiry.

4. Design a pilot phase for the intervention, if possible. Where can you test the redesigned intervention before it is applied to the entire project? Discuss the steps, process, and cost of designing a pilot intervention.

5. Identify cross-intervention synergies. Discuss which results of an intervention could serve as stimuli for another. For example, stories and questions emerging from discussion groups could be used for a radio show; listening to the radio could be an activity for discussion groups.

6. Discuss options for scaling-up. Not all interventions may be scalable. Discuss elements of the intervention that could be scaled-up. What are the limits to scaling up? At what point during scale-up would quality and effectiveness be adversely affected? If the project is too specific to the setting to be capable of scale up, discuss the reasons.

This is an important stage for the participation and the inputs of the M&E team, as well as the strategy design team to assess how well the intervention serves the project's needs, and whether it has any budgetary or logistical implications.

3. Monitoring and evaluating the project

Planning for evaluation should start at the beginning of the communication strategy design process, take strong cues from intervention redesign, and evolve throughout the remainder of the project. To achieve this, we recommend designing evaluations in an integrated and participatory fashion. Ultimately, our aim is to make sure we produce reliable, relevant, and respected evidence that demonstrates to our donors and others that promising new interventions are effective and worthy of scale-up.

An integrated M&E approach consists of three phases, each with its step-wise activities.

1. Formulate evaluation options.
2. Develop the evaluation plan.
3. Conduct and disseminate evaluation activities.

The 13 steps that comprise M&E, when integrated with the 5 steps of strategy development and 3 steps of intervention redesign activities, constitute an integrated approach that can help ensure a high-quality, integrated, and systematic plan.

Phase 1

1. Formulate evaluation options

Before you begin to compile your evaluation plan, take the time to thoroughly understand the project's strategy and goals and to organize the development process. Both will help you efficiently write an effective plan later on. There are four steps to formulating evaluation options:

1. Understand the project.
2. Identify and assess the project theory.
3. Design a conceptual model.
4. Define objectives and research questions.

1. Understand the project

M&E Step 1

In order to effectively formulate evaluation options, you must first understand what the project is all about and what needs to be evaluated. This includes:

- Determining the objectives of the project and the interventions.
- Deciding on the purpose of M&E activities.
- Understanding the project's resource and capacity levels.

At this point in the process, we recommend a review of project documentation, including proposals and work plans. This is a time of exploration and discovery. The issues that the project will address must be identified and then clarified.

Issues that the evaluation will address may be defined differently by different stakeholders. The evaluator's role is to help define or clarify the issues in a way that makes them amenable to improvement and that further explores evaluation options.ⁱ During this time, you should begin to understand what needs to be e-valuated, the level of funding you have, where the evaluation will take place, and which staff members are available to help you.ⁱⁱ

Getting to know firsthand as much as you can about the project, its staffing and organizational structure, and where intervention activities are going to take place is essential.

You will need to know:

- What is the project's organization plan?
- What are the functions and activities of the project?
- How is the project organized?
- Who are the key audiences?
- Is the project set up so that the intervention is likely to be carried out?
- What are some of the organizational issues, concerns, blocks, or bottle-necks?
- Acting and integrating early ensures that the monitoring and evaluation research process is more participatory and collaborative.ⁱⁱⁱ

2. Identify and assess the project theory

M&E
Step 2

The evaluator must determine early on whether a project can be evaluated. To begin, you might ask, *What is the project theory?*^{iv} *Is it implicitly or explicitly stated?*

Often, the project theory is implicitly stated. In these cases, questions to ask include, *What are the project's assumptions about what is supposed to happen?* Often there is a cause-and-effect sequence in which certain activities are instigating causes of social benefits. *Can a causal diagram (factorial design) be drawn?*^v

Close involvement with project team members who are designing a communication strategy will greatly accelerate and enhance this process. You should participate with team members in conducting a literature review and formative research (formative evaluation). You may even be commissioned to carry out these activities on behalf of the team. (For more information, see Steps 1 and 2 in Chapter 1.)

Ongoing discussions with the project manager, careful study of the communication strategy, and knowledge of the proposed intervention activities will help you understand the overall project theory. Health communication and behavior change interventions based on a communication for social change approach usually have some common elements, including critical assumptions about what needs to happen and expected outcomes.^{vi} Look for these elements and engage in further discussions with members of the project team to get their understanding of the project logic.

3. Design a conceptual model

M&E Step 3

Every research effort needs a road map to help guide activities. A conceptual model is a useful organizing tool to guide you through the evaluation process. It increases both methodological rigor and the chances that the data you gather and analyze will produce reliable information. It can help you link your planned evaluation activities to the communication strategy and intervention guidelines, and explain the evaluation plan in a clear and logical fashion. It can also help you lay out your analysis.

Teams should consider putting together a project conceptual model and a companion work plan aimed at measuring the success of the project. The work plan should integrate the communication strategy, redesign rationale and tailored activities, and the evaluation plan.

Ongoing discussions with the intervention redesign team can further tailor the conceptual model to reflect local realities and understanding of the proposed activities and outcomes.

A good example of how an integrated conceptual model is laid out is included in *Communication for Social Change: An Integrated Model for Measuring Process and Its Outcomes*,^{vii} which is listed as a resource in Appendix 3. Because it draws on many of the principles outlined in the CSC approach, this is a practical resource for both program developers and evaluators using the SIM process. *Diffusion of Innovations*, also listed in Appendix 3, is another good resource and forms the basis for the CSC approach.^{viii}

What is a conceptual model?

It is a road map consisting of:

- A basic rationale for evaluation.
- Guiding principles.
- Communication objectives.
- Audiences and proposed intervention activities.
- Logic and key definitions and concepts that provide understanding.
- A literature review.

4. Define objectives and research questions

M&E
Step 4

The key to conducting a good evaluation lies in clearly formulating:

- Evaluation objectives.
- Research questions that reflect the evaluation objectives.
- Appropriate methods for data collection that match the key research questions.
- Analysis that matches those questions.
- A well-designed evaluation plan should include a list of two to four clear, understandable evaluation objectives that are tied to the communication strategy and the deeper description and rationale of the interventions—what the evaluation actually aims to measure. Accompanying this should be a list of questions that will define what kinds of information will be gathered for each type of evaluation.^{ix}

Arriving at your final evaluation objectives and research questions should be a collaborative process. Project team members should meet in order review the objectives of both the communication strategy and the evaluation. Together, brainstorm the questions you want answered. Questions should address primary intervention activities and expected outcomes.

A cross-mapping exercise is useful for integrating M&E objectives with the communication strategy and recommendations from the intervention redesign team (Table 1). This will help ensure that the evaluation plan is fully integrated into different project components.

Table 1. Suggested template for conducting a SIM objectives cross-mapping exercise.

Communication objectives	Evaluation objective <i>The aim of the evaluation is to:</i>	Intervention activity and rationale	Key questions to be addressed in the evaluation
Communication Objective 1			
Communication Objective 2			

What you need to know to complete this exercise:

- **Column 1- Communication objectives.** These objectives are determined during Step 3 of developing the communication strategy (Chapter 1). They are clear statements of what is expected to be achieved through the communication intervention, and will be refined as the project moves ahead. Objectives that are specifically covered in the intervention plan should be listed in this column.

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- **Column 2 - Evaluation objectives.** Using guidance from the communication strategy and intervention redesign process, develop specific evaluation objectives. For example, if a strategic communication objective is to deepen the quality of community enquiry, an evaluation objective may be to provide evidence on the extent to which the quality of community enquiry is deepened.
 - **Column 3 - Intervention activity and rationale.** These are the specific intervention activities that have been selected for redesign; they are developed further in the redesign strategic guidelines. Steps 3 and 4 of the intervention redesign (Chapter 2) are helpful in understanding the link between proposed activities and strategic guidelines, and exactly what is supposed to happen during the activity.
 - **Column 4 - Key questions.** Key questions include those related to how the intervention was delivered (e.g., how many dialogue groups were conducted? How many facilitators were trained?) To keep the communication strategy process integrated with the evaluation plan, questions about outcomes should be specific and address the relationship between a specific intervention activity and an expected outcome (e.g., to what extent did dialogue group attendance result in a change in behavior, attitudes, or knowledge gained? To what extent can we attribute the observed outcome to dialogue group attendance and not to some other activity?)

Phase 2

2. Develop the evaluation plan

Now you are ready to begin the process of designing the project's evaluation plan. This phase has five steps, following the previous four of Phase 1:

5. Select evaluation type and design.
6. Develop indicators.
7. Define study populations.
8. Select data collection methods.
9. Build an MIS system.

5. Select evaluation type and design

Different types of evaluations and designs answer different kinds of questions (Table 2). They yield different kinds of information and demonstrate different levels of methodological rigor. Selection depends on the specific circumstances of the project, including:

- Information needs.
- Resource levels.
- Timeframe.
- Skills of the evaluation team.
- Methodological rigor needed.
- Need for demonstrated ownership of the evaluation process.

Table 2 (on the following page) highlights types of evaluation commonly used during a project life cycle. It shows you what a comprehensive evaluation framework looks like.

It is worth pointing out that a true impact evaluation is very seldom required for a health communication project evaluation. Impact evaluations look at results from a broad sweep of interventions by different agencies or by defined and measurable health indicators.

M&E

Step 5

Table 2. Common project evaluations in a typical project life cycle and their purpose.^{x,xi xii xiii}

Evaluation	Purpose
Project planning	
Needs assessment/ situation analysis	Define the specific problem and the magnitude and scope of the problem.
Early design phase	
Formative/process evaluation	Furnish information that will guide project design. In the SIM process, this is formative research, outlined in Step 2 of Chapter 1.
During implementation	
Process evaluation	Track project implementation once it is launched and provide preliminary information about its effectiveness. It should assess whether the intervention is: Being implemented according to plan. Addressing different communication channels. Using appropriate messaging with appropriate audiences. Meeting other outlined process objectives. Gathering descriptive information for replication or project expansion. Assessing quality of any training required to deliver the intervention.
Midterm evaluation	An interim review of both process and outcomes evaluation data with the aim of: Providing some evidence to make midcourse corrections in project. Assessing whether data will be able to meet the aims of the evaluation. Addressing the primary purpose of process evaluation.
Effectiveness evaluation	Measures the overall effectiveness of an intervention.
Summative (outcomes) evaluation	Measures the extent to which change occurs, consistent with project objectives. Outcomes typically include both short-term outcomes and longer-term impacts. Short-term outcomes include intervening factors that are believed to lead to behavior change. Longer-term impacts are the health behaviors in question.
Impact evaluation	Can assess the ultimate objective of the health promotion project, such as reduction in fertility, morbidity, or mortality. These generally require longer observation periods with population-based data.
Cost-effectiveness evaluation	Determine the efficacy of a project in achieving given intervention outcomes in relation to project costs.

Choosing an appropriate evaluation design

Behavior change and communication programs are under increasing pressure to demonstrate that programs are worthwhile, effective, and efficient. As a result, the appropriateness of the evaluation design is a primary concern.

Increasingly complex projects will use multiple types of evaluations and designs that specify the logic needed to demonstrate their effect. Program evaluation recognizes three general types of evaluation design (Table 3): experimen-

tal, quasi-experimental, and observational.^{xiv} The designs most commonly used in behavior change communication intervention program evaluations are quasi-experimental and observational.

Each design produces different levels of evidence, so careful thought must go into selecting the right one. The project objectives, timelines, resources, stakeholder and donor expectations, and the skill of the evaluation team are crucial considerations.

Most importantly, try to use the most rigorous design possible, given availability of time and resources and the requirements of stakeholders including the funder. Stakeholders may want to be directly involved in the evaluation of project activities, warranting a more participatory process.^{xv} They may want to know whether the project “made a difference,” and may not clearly understand that different types of evaluation produce different levels of evidence with different levels of rigor. No matter which design is selected, each has its limitations. These limitations should be carefully spelled out in the evaluation plan.

Tips for selecting the right design

Consider the following:

- Needs of key stakeholders.
- Questions you are investigating (what, why, or how questions).
- Process you will follow.
- What you are measuring.
- What methods you are using.
- Who will perform each activity (including analysis and interpretation).
- How the results will be used and disseminated.

Certain intervention activities may require a special design for evaluation (Table 3, below). An intervention emphasizing creating healthy peer networks provides a good example. Social network analysis for outcomes-level research requires specific and sometimes costly design considerations. The evaluator may opt instead to do a smaller, nested qualitative descriptive study that describes the depth and breadth of social networks to which samples of the target audiences belong.

The challenge of project evaluation is the trade-off between methodological rigor, ownership of the process by the project team, and the evidence stakeholders expect from evaluation efforts. This will always require negotiation, and you should always make decisions in consultation with the full project team.

Table 3. Common evaluation designs used in health communication evaluation research.

Experimental designs

Use random assignment to compare the effect of an intervention on one or more groups with the effect on an equivalent group or groups that did not receive the intervention. Experimental designs are currently not recommended for most community-based projects because they are not feasible and suffer from some major problems, including ethical concerns, contamination, and lack of control over co-occurring external events.

Quasi-experimental designs

Make comparisons between nonequivalent groups and do not involve random assignment to intervention and control groups. Statistical controls often are included in this type of design to offset some of the major problems associated with it, but controls require a skilled data analyst to implement and carry out.

Observational designs

We recommend considering use of this design to conduct special studies as part of a mid-term evaluation or within a broader outcomes evaluation study. These include, but are not limited to, longitudinal, cross-sectional surveys, qualitative ethnographic studies, and case studies. Periodic cross-sectional surveys (e.g., KAP surveys) can also inform your evaluation.

6. Develop indicators

M&E Step 6

Indicators are clues, signs, or markers that measure one aspect of a project and show how close it is to its desired path and outcomes. They provide benchmarks for demonstrating the achievements of a project. The M&E plan should include descriptions of the indicators used to monitor project implementation, achievement of goals, and objectives.

Table 4 outlines a useful framework developed by PATH's M&E Strengthening Initiative for compiling a comprehensive indicator list. The left column lists the evaluation objectives, followed by the kinds of indicators you need in order to address each objective. The right column provides a brief description of the indicator areas you need to address.

Table 4. Template for developing a comprehensive list of indicators for any project evaluation.

Evaluation objective/ indicator area	Description of indicators
1. What evidence exists to indicate that the intervention has reached the people for whom it was intended (target audiences defined in the communication strategy)?	
(a) Audience	What is the population? Subpopulation? Community?
(b) Context	Socioeconomic and sociodemographic characteristics of target audience and other relevant background characteristics.
2. What evidence exists to demonstrate that the intervention has been delivered as outlined by the redesign guidelines?	
(c) Domains of interventions	Where did intervention activities take place? Community, national, state, etc.
(d) Content	Messages, information – what was delivered?
(e) Channel	The medium or vehicle for content.
(f) Cost	Is there a value to the intervention?
3. What evidence exists to demonstrate that the target audiences adopted new knowledge, attitudes, behaviors, or practices that were outlined in the strategic communication strategy?	
(g) Change	What happened? Process, outputs, outcomes, impact.

Developing an evaluation plan that covers each of these areas is not always possible. Early in the process you will need to decide which levels to cover. Once you have determined your focus, it is important to recognize that indicators for communication-related activities serve the same purpose as they do for any other type of project.

Deciding between types of indicators

Indicators can be quantitative or qualitative. Quantitative indicators are numeric and are presented as numbers or percentages. Qualitative indicators are descriptive observations and can be used to supplement the numbers and percentages provided by quantitative indicators. They complement quantitative indicators by:

- Adding to information about the context in which the project has been operating.^{xvi}
- Providing rich descriptions about how people get things done and paying close attention to what happens locally.
- Situating human behavior in its broader social context.^{xvii}

Indicators provide M&E information crucial for decision-making at every stage of project implementation. Indicators of program inputs measure the specific resources that go into carrying out a project or program (for example, number of clinical staff conducting counseling sessions each month at a clinic or health facility). Indicators of outputs measure the immediate results obtained by the program (for example, number of multivitamins distributed or number of staff trained, number of workshops conducted). Outcome indicators measure whether the outcome changed in the desired direction and whether the change signifies success.

An important part of an indicator is the metric, or the calculation or formula on which it is based. Calculation of the metric establishes the indicator's objective value at a point in time. Even if the factor itself is subjective or qualitative, like the attitudes of a target population, the indicator metric calculates its value at a given time objectively.

Developing an indicator list

After you have decided upon indicator areas (Table 5), you will need to select specific indicators.

Indicators should be independent, that is, nondirectional and variable in any direction. For instance, an indicator should measure the number of clients receiving counseling rather than an increase in the number of clients receiving counseling. Similarly, the contraceptive prevalence rate should be measured, rather than the decrease in contraceptive prevalence.^{xviii} Indicator values should be easy to interpret and explain, but they also must follow the SMART criteria—specific, measurable, action-oriented, relevant, and time-bound. Appendix 3 lists examples of indicators designed to measure specific interpersonal communication activities that have been used in past behavior change projects at PATH.

Finally, your indicator list should be consistent with international standards and other reporting requirements. Examples of internationally recognized standardized indicators and their associated frameworks appropriate for CSC interventions are listed in Appendix 3. They should be viewed as resources only, and adapted for the specific target audience using pretesting and validation studies. Each project is unique, so be wary of forcing project activities into specific frameworks with standardized indicators. Each evaluation should be open to unintended processes outcomes that may fall outside of any existing framework.

Tips for selecting specific indicators

Select indicators requiring data that realistically can be collected with the resources available.

Select at least one or two indicators (ideally, from different data sources) per key activity or result.

Select at least one indicator for each core activity (e.g., training event, social marketing message, etc.).

Select no more than 8-10 indicators per area of significant program focus.

Use a mix of data collection sources whenever possible.

Attributes of a good indicator

Produces the same results when used repeatedly to measure the same condition or event.

Measures only the condition or event it is intended to measure. Reflects changes in the state or condition over time.

Represents reasonable measurement costs.

Defined in clear and unambiguous terms.

7. Define study populations

M&E
Step 7

You will need to define the study population and develop a sampling strategy that addresses the target audiences identified in the communication strategy and intervention redesign. If your evaluation requires a sampling method, consider the following:

- Time and resources available, including the size of research teams needed.
- Size and magnitude of the intervention activities and who is participating.
- Indicators you plan to use.
- The target audience you are considering and intervention activity you are examining.
- Sources of data.
- To keep the evaluation integrated, focused, and precise, outline an appropriate sampling strategy for each specific intervention activity in the communication strategy (see columns highlighted in yellow in Table 5). You must decide on sampling units and the appropriate strategy for selection early in the process. You can use the following worksheet, which contains several examples, to determine how and when sampling should occur. You should make this determination with each intervention activity being evaluated.

Table 5. Defining the study population and sampling: a worksheet.

Intervention activity	Target audience (study population)	Indicator/s	Data collection method	Sampling strategy (one example)
Dialogue groups (N=200 groups @ 10 participants per group 2,000)	Youth aged 18-24 (N=2,000 enrolled DG participants)	Changes in knowledge levels on HIV/AIDS transmission	KAP survey	Stratified random sampling: All DG participants from a 20% random sample of functioning DGs in Districts A for a total sample size of 400 DG participants.

8. Select data collection methods

M&E Step 8

Selecting data collection methods occurs in conjunction with choosing indicators and when study populations are being defined (Steps 6 and 7) and as program designers more clearly define target audiences during the redesign phase. The strongest evaluations use a mixed-method approach to data collection. The importance of combining different methods is well-documented. It ensures data triangulation—the comparison of data on one topic generated by different methods. These techniques can be qualitative or quantitative, and none of these methods is inherently better than the others. Rather, it is a question of deciding which method will best measure the reality you are observing and how you are going to use the data.^{xix} You can consult a number of sources as you select your data collection methods.^{xx xxi xxii xxiii xxiv xxv xxvi xxvii xxviii xxix} Some are listed in Appendix 3.

CSC interventions use a number of data collection methods (Figure 1). Two sources provide excellent guidance on using CSC tools in data collection: *Who Measures Change? An Introduction to Participatory Monitoring and Evaluation of Communication for Social Change* and *Buying Research: A Customer's Guide*.^{xxx xxxi} Appendix 3 contains information on both of these sources as well as other documents that can help you with use, sampling, and analysis.^{xxxii}

Figure 1. Common methods for collecting data in CSC evaluations.

Interview Individual Not structured, open-ended Semi-structured, open-ended Questionnaires Narratives/oral testimonies Group-based Group interviews Focus group discussions	Observations Structured Open Participant Community mapping Videotaping
Innovative qualitative techniques Draw and write Diaries Essays Theater and role plays Story-based Photo voice Mystery client Ranking exercises Seasonal calendars	Facility- or program- based Facility or product audits Sign-in registration logs Attendance logs Enrollment forms Session logs and tally sheets Patient charts Anthropometry Biomarker Inventory tracking

Avoiding unsuitable methods

Unsuitable method selection is a common error made in evaluation research. Try to be systematic in your selection process using the criteria outlined next.

Does the method:

- Make it possible for project participants and the intervention team to actively participate in telling their story?
- Address their questions and concerns?
- Complement the overall approach in the communication strategy?
- Match skills of those participating in data collection activities?
- Match the flow of ongoing intervention activities?
- Provide timely information?
- Produce results that are viewed as valid and reliable by stakeholders?
- Show sensitivity toward gender differences?
- Provide the level of complexity outlined in the evaluation design?
- Gather only the information needed?

9. Build an MIS system

Any evaluation plan that is effective, efficient, and well-designed will have a well-defined MIS or Management Information System. A relational database such as Microsoft Access or Visual FoxPro can help manage different kinds of data and produce regular progress reports to inform both project staff and project participants.

Software solutions are extremely flexible and helpful in managing data gathered by evaluations that measure different units of analysis, such as individuals, sites, communities, and health facilities. Data stored in a relational database can be easily exported into most statistical packages or Microsoft Excel using open database connectivity features. Textual data can be easily imported into Microsoft Word. Through a conversion process, the software systems can move data into textual data analysis software, such as ATLAS.ti or QRS International NVivo.

The data management plan should take into account the study design, sampling, units of analysis, and the different types of data being collected, as well as the type of analysis you want to carry out. This latter point is sometimes overlooked, resulting in poor data treatment and a waste of valuable time and resources. A good data management program also ensures that results can be disseminated in an ongoing and timely fashion.

To streamline the process, compile a data map while choosing indicators and developing data collection tools, reflecting the flow of data from collection in the field, through preparation for analysis, and on to being sorted and organized for analysis. A data MIS map that is well thought-out is indispensable, especially if multiple sites are involved and observation occurs over several years.

M&E
Step 9

Phase 3

3. Conduct activities and disseminate findings

While these steps appear to come late in the process of conducting monitoring and evaluation, it's important to note that you should be thinking ahead to many of them as you begin designing a project evaluation plan. This phase has four steps, following the nine in Phases 1 and 2.

10. Develop an analysis plan.
11. Pilot M&E activities and pretest tools.
12. Conduct routine monitoring activities.
13. Disseminate findings.

10. Develop an analysis plan

When assembling an integrated data analysis plan, it is critical to remember that the data you generate from an evaluation will have many purposes. Choosing the right data analysis technique will depend on the type of data you have to analyze, your indicators, and the questions you are trying to answer. Importantly, it also depends on the skill level of the data analyst and the time allocated for the analysis. When planning the analysis, consider the type of reporting format and the intended audience. Step 13 provides more information on this last point.

A good analysis plan should be developed early in the M&E planning process. The project team can help you identify questions or issues emerging during intervention that early analysis of the data can address. One team-based approach is the use of a worksheet in a table format. Through discussions led by the evaluator, the team can plan the analysis, periodically review the plan, and be actively involved in data interpretation and presentation of data results.

The worksheet organizes the analysis plan according to indicator. It contains the following information:

- Indicators selected to answer evaluation questions.
- How the indicator will be constructed (in many instances this will be a composite measure for quantitative data).
- The program objective (obtained from the communication strategy document).
- The evaluation questions.
- Type of data being collected.
- Analysis approaches.
- Interpretation and reporting format.

M&E

Step 10

Using the worksheet as a guide, you can add to this information using a descriptive format.

Common problems in analysis plans

Common problems that evaluators encounter when creating comprehensive analysis plans include:

- **Poorly stated outcomes measures.** Clearly stated outcomes measures should include primary and secondary outcomes. Specific data elements (for example, questionnaire items for quantitative data or thematic areas for qualitative data) should be identified and should correspond with the indicator.
- **Poorly laid out analysis steps.** Different indicators have different kinds of data, usually qualitative or quantitative. Whenever possible, develop a set of analysis steps for each type of data.
- **Poorly developed outcomes measures.** Sometimes, an indicator may be complex and is best measured with multiple questions or items. Most indicators that are of interest for CSC interventions are not readily observable, and so are made up of several items. As a result, composite measures are usually part of an M&E analysis plan. Composite measures are often misused or developed incorrectly. Four types are often used by sociobehavioral researchers: cumulative indexes that can either be norm or criterion referenced, Guttman scales, Likert scales, and semantic differential scales. If composite measures are not developed properly, the robustness of that indicator is lost and the results can become suspect. Recommended sources for further reading are listed in Appendix I ^{xxxiii xxxiv}
- **Inadequate time allocation for analysis.** Often, the time allocated for analysis is cut short, especially with textual data. In these cases, the story of the intervention is not represented completely. If you follow our suggestions for developing and deploying an analysis plan, you most likely will save valuable time and money and ensure that analysis is better tailored to the overall project. You'll also increase the chances that your analysis will yield optimal results. A good analysis includes time for interpretation of findings, which should be a continuing process represented in the overall project timeline. Recommended reading on how to set up a good analysis plan for different kinds of data are listed in Appendix I. ^{xxxv xxxvi xxxvii xxxviii xxxix}

11. Pilot M&E activities and pretest tools

M&E Step 11

An often overlooked aspect of M&E projects is determining if the field research team—whether in-house, assembled, or contracting research partners—has the necessary skills, local contacts, and know-how to complete the plan. Agard-Hanson and Yoder provide an excellent checklist of things to consider when picking or assembling a good research team.^{xi}

The most important goal of piloting and pretesting is to find out what is working well—and what can go wrong. These activities should be carried out with a larger team of observers who can provide valuable feedback on what is working, what is not working, and how you might improve operations. We strongly recommend that team members who designed the communication strategy and interventions, those who are implementing intervention activities, and stakeholders vital to the success of the project participate as observers.

We also recommend getting feedback from members of different target audiences. Working closely with the program intervention team, you can do this in a number of ways, including informal interviewing, group discussion, or even a formal feedback session. This step is vital to ensuring that all activities are set up properly, evaluation activities are fully aligned with the rest of the intervention, and data collection activities are acceptable to participants. Once the pilot exercise is complete, the team should return from the field and thoroughly debrief. Then, carry out a review of the early data; revise protocol, including procedures and tools; and identify recommendations on improving the process.

Brief the project team and stakeholders on findings from the pilot exercise, including discussions of problems and concerns and corrections you have made. The briefing can be accomplished in a series of informal meetings or through a one-day workshop. Once it is complete, you are ready to begin routine monitoring activities.

Tips for planning for a field research exercise

- Prepare a realistic budget to conduct research activities.
- Prepare a detailed work plan and timetable for field activities that includes task assignments and leads for the different activities included.
- Finalize the protocol.
- Assemble a qualified research team.
- Prepare contracts with consulting partners as needed.
- Carry out a training needs assessment and conduct training with research team.
- Conduct early field visits to data collection sites.
- Meet with necessary personnel.
- Determine whether target audiences are available for data collection activities.
- Secure appropriate ethical approvals and permission from local population.
- Arrange local logistical arrangements, including any collaboration that is needed.

12. Conduct routine monitoring activities

M&E Step 12

Ongoing data collection, data analysis, and program feedback should be an integrated and iterative process. It is critical that these activities remain integrated with ongoing intervention activities because different audiences may want to hear about different results at different stages of the project. Ongoing results can provide valuable feedback on a project's interventions, especially when the evaluation plan includes a midterm evaluation and a process for receiving ongoing feedback.

13. Disseminate findings

M&E Step 13

Program evaluations provide useful information to a variety of audiences. To ensure that findings have maximum impact, you need a dissemination strategy that answers three critical questions:^{xli}

- Who are the potential users of the findings?
- Which particular findings will be of most interest to each user group?
- What are the best media channels to reach each user group?

Determining a dissemination strategy

A good^{xlii} dissemination strategy uses a variety of formats to reach a variety of audiences. Most practitioners agree that the key is to have frequent small meetings with stakeholders throughout the evaluation process. These meetings allow you to anticipate questions and concerns that may be raised about your final report or at final seminars.

Evaluators should begin discussing dissemination activities with project staff as early in the process as possible. Dissemination can have important implications for budget, timeline, and staff capacity. Some dissemination activities are relatively inexpensive. Others, such as national dissemination workshops, publication preparation, and attendance at international conferences, may have considerable cost implications. These activities may require help from people with expertise beyond the capacity of your team, such as publications or graphics specialists.

Dissemination formats differ in their content, style, and delivery depending on their audiences. Some may require thorough details. Others may be interested in hearing only what works and recommendations for scaling-up. It is important to carefully gauge content and work with media specialists whenever possible to package the findings in a readable and understandable format. Table 6 presents some common dissemination activities. You can use it as an activity template for developing your own dissemination plan.

Table 6. Dissemination formats.

Formats and dissemination activities	Suggested target audiences
Workshops (local, regional, national, international) that may include a variety of formats.	Local NGOs Participating communities National- or district-level administrators (school, health, etc.) Scientific community Local and national press
Oral presentations	Same as above
Print media (technical reports, fact sheets, briefings, posters)	Donors or funders, national-level administrative agencies, advocacy groups, policy decision-makers

Multimedia (video documentaries, oral stories, photographs)	General policy, policy decision-makers, advocacy groups
Peer-reviewed publications	Scientific or practitioner global or regional community
Conferences	Scientific community, policy decision-makers
Online (World Wide Web)	Global practitioner community
Mass media (TV, radio, newspapers, press release)	General public

Regardless of the dissemination format, tailor content to the particular audience. Provide clear and simple key findings and recommendations and do not use jargon. Illustrations, charts, and other visuals are a powerful means of synthesizing sometimes complex findings. Illustrative examples drawn from narratives, observations, or other data sources make findings even more compelling.

Writing the final technical report

An evaluation study always includes a final technical report. The report should be detailed, technically sound, and of high quality. Good technical reports should always present key information about the project.^{xliii xliv xlv}

Finally, we recommend consulting members of the project team regularly while writing the report. Consult them about the content of the report, the presentation, and the interpretation of the findings. They should provide information on how the project was implemented, problems or challenges encountered and how they were overcome, and their recommendations for future projects.

Appendix I

Conducting a Stakeholder Workshop

Use the following steps as a guide to conducting a community stakeholder workshop.

1. List issues to explore. Work with the project team to draw up a list of issues to explore. These issues might include findings from the previous research, issues to be validated, gaps in knowledge, and even just plain hunches.

2. Develop simulations and an agenda. Once you have identified the issues, develop sessions, games, or simulations around them. We have included several examples below. All of these simulations can be changed and adapted to fit a wide variety of scenarios. In addition, new activities may be created or adapted from existing methodologies.

Tested types of simulations include:

Epidemic: This game helps reveal the point at which people will take preventive or responsive measures in reaction to an illness or disease. Create a theoretical, rapidly growing epidemic—you can use Ebola or another disease. Advance the epidemic by stages, increasing the number of deaths and the amount and quality of information available. At each stage, assess behavior of participants to ascertain what actions they are taking to protect themselves as the epidemic draws closer (e.g., taking preventive measures, thinking about leaving the city, sending family members away).

Standing room only: Ask participants to act as administrators of 150 beds in a hospice for people with AIDS. There is only one bed left, but there are five requests for help. Assign people to play these five candidates. Each candidate pleads his or her case and the administrator must decide which candidates are allowed. The facilitator will probe and challenge decisions as the administrator speaks.

Family ties: This simulation helps you learn how families interact on health issues and decision-making. First, develop eight to ten “secrets” about the issue you are exploring. The secrets outline roles participants will play during the simulation, and include a description of the secret situation and the age, gender, and role in the family of the participant with the secret. Once you have written the secrets, divide participants into family groups of seven people each. Designate one person in each group as the reporter, responsible for interviewing participants and maintaining a data collection sheet. In each round, one person takes a secret, reads the description, and becomes the family member with that secret. This person studies the secret and decides on the appropriate action to take in the situation. The reporter notes what action is taken (e.g., keep it a secret, tell so and so, do such and such). Once the action has been taken, members of the role-playing family consider how they would react to the decision. The reporter asks others if they would keep or disclose the secret and generates discussion about possible consequences for the action.

Duration: 2.5–3 days

Goal: To develop deep insights on community issues and predicaments, especially in taboo areas that are difficult to explore directly.

Audience: Heterogenous, representing dissimilar sections of the same community.

Method: Role-plays and simulations.

Critical: An alert and insightful team of observers to watch participants and take detailed notes on their observations.

Who is at risk? To ascertain risk perceptions in a community, tell participants that someone in their community is suffering from a disease because of his or her behaviors. Describe the scenario in detail. Ask participants to think of this person, but not to mention his or her name. What does he or she do? How old is he or she? Where does he or she live? What is it that he or she does that affects health? What advice would you give this person if you had the chance?

Truth or dare? Give participants statements and ask them to challenge those statements. Are these true or false? Facilitate discussion.

A different perspective: Divide groups by sex or age. Ask the women to pretend to be men and the men to pretend to be women. Give them a topic or issue to discuss—for example, what problems do you face in regard to health? Relationships? Family? What can you do about these problems? Bring the groups back together to share and discuss.

Budgeting: What's your priority? Create some general scenarios for families along with a fixed amount of monthly funds. Ask groups to budget the money according to the scenarios. For example, a family consists of mother, father, and three children, ages 10 years, 5 years, and 3 months. The youngest continues to have diarrhea. Discuss how they prioritize events and determine how to spend their budget.

Figureheads: A figurehead is a leader in a community whom people go to for advice. Participants identify figureheads in their community and volunteers agree to play each role—for example, religious leader, doctor, or politician. Other participants role-play a fictional situation in front of the figureheads. Each situation has a dilemma. The person with the problem seeks advice from the figureheads. After hearing the various responses, participants may comment on the advice the figureheads give.

After you have compiled your simulations and agenda, you can continue planning your workshop.

3. Identify and invite participants. The workshop deliberately places diverse and socially dissimilar audiences in close interaction. For example, in a workshop in Nepal, priests, sex workers, doctors, youth activists, and mothers attended together. Because they represented such different perspectives, the resulting interactions were deeply provocative and insightful. During the workshop, participants are requested not to share their social status or official title. This helps set the basis for an egalitarian interaction.

4. Identify the observer team. Identify a team of three to five observers in advance of the workshop. This team performs a key role in monitoring sessions, taking notes, and sharing its observations every evening during a daily review. The team does not participate in workshop simulations or activities.

5. Develop a facilitator's guide and brief the team. Since several people participate in the facilitation team and the observers' team, it is important to develop a detailed, session-by-session guide to the workshop. Take the entire team—facilitators and observers—through the guide before the workshop. At the end of the briefing, the team should be familiar with the contents of the workshop as well as with its roles and duties during the workshop.

6. Conduct the workshop. The facilitators should remain flexible in adapting to the participants' best working speed. The workshop timetable is typically set to suit the speed of the participants rather than hurrying them. Since listening to and observing the participants are vital, at no point should they feel that they are being rushed. It may be necessary to drop one or two sessions in order to keep the workshop going at a comfortable pace.

7. Review observations. Conduct a review of observations and findings from the day's proceedings with the facilitators and observers every evening. These findings should be printed, shared, and validated with the participants the following morning.

At the end of the workshop, present participants with the results of other formative research to compare against workshop findings and determine areas of convergence and divergence. Work with participants to develop a single consolidated list of findings, which they agree represents community reality.

Appendix 2

Conducting a Communication Strategy Workshop

A communication strategy workshop convenes the project team, including technical advisors and monitoring and evaluation staff, implementing partners, representatives from target audiences, and community-level and government-level stakeholders. Participants discuss and prioritize specific problems and their causes and effects, as well as whether the problems can be addressed with communication interventions. Within each health problem, participants identify and describe audiences, objectives, messages, and interventions.

The workshop produces data and analyses that outline the project's goals, objectives, audiences, message framework, communication channels or interventions, and monitoring and evaluation framework. Using this information, a communication specialist drafts the strategy.

Use the following steps as a guide when conducting a communication strategy workshop.

1. Review the formative research and project proposal documents.

Share the findings and insights available from the formative research and ask the participants to suggest additions or changes to the findings. Any suggested changes should be challenged and defended.

2. Develop an agenda. A workshop usually lasts four to five days and requires two to three facilitators and a secretary. The length of the workshop depends on the number of health issues that must be addressed. Ideally, your focus will be confined to one issue, for example, family planning. When the range of areas is broad, the project staff may prioritize areas where achieving impact is critical. The agenda usually contains the following:

- **Day 1:** Overview of project and presentation of formative research. Identify and prioritize health issues. Participants identify the problems they think are most significant.
- **Day 2:** Health problem analysis. Small groups analyze problems, including causes and effects, and demonstrate why the problems should be addressed.
- **Day 3:** Audience analysis. Small groups identify and analyze the primary and secondary audiences for each health issue. They identify specific, measurable, appropriate, realistic, and timely objectives for the audience of each issue.
- **Day 4:** Message framework. Determine benefit statements and factual and emotional support points for each identified audience.
- **Day 5:** Interventions or communication channels. For each objective, describe activities that will help the project achieve its goals and objectives. These activities may be more closely scrutinized during the intervention redesign process, which takes place after the strategy is developed. (See Chapter 2 for more information.) Developing a monitoring and evaluation

Duration: 5 days

Goal: To develop the communication strategy in discussion with selected stakeholders.

Participants: Project team, technical advisors, M&E staff, implementing partners, representatives from target audiences, community and government stakeholders.

Method: Structured analysis using visual methods such as VIPP cards.

framework is a highly skilled activity which should be treated as a basic exercise rather than the final one. Participants should try to develop indicators that can reliably measure processes, outcomes, and impact of interventions. (See Chapter 3 for more information.)

3. Identify and invite participants. Participants are project staff, including technical advisors, program implementers, and M&E officers; implementing partners; representatives of target audiences; and community and government stakeholders. Total participation can range between 20 and 40 people.

4. Prepare for workshop with facilitators. Designate roles and responsibilities to facilitators.

Keep in mind that the workshop is most effective when it uses a visual approach. Visual presentation, display, and explanation of the components in a communication strategy allow people to create clear links from the health issue to the interventions. We recommend an approach developed by UNICEF, Visualization in Participatory Programming (VIPP). Using a series of presentations and practical examples, facilitators explain terminology and requirements to participants. Participants then work in small groups to create and present visual information that becomes the cornerstone of the communication strategy. Go to www.ikap-mmsea.org/document%20new/VIPP%20Manual.pdf for more information.

It's important to plan the workshop well in advance. The VIPP approach, for example, requires multicolored cards in various shapes and sizes that take time to produce.

5. Conduct the workshop. Since most of the workshop depends on small group work, discussion, and consensus, facilitators must be alert to balancing quality results with available time. Facilitators should always provide examples of the type of information they are looking for from the participants and circulate among the groups to provide guidance and answer questions. The groups should present their work and collect feedback from others. Often this results in great debate and discussion. As facilitators, it's important to encourage this healthy discussion, yet keep the group focused and moving forward. Thus, it's often effective to present the agenda on a day-by-day basis to accommodate changes in the timing of activities.

Appendix 3

Measurement frameworks useful for CSC interventions*

Author	Citation	Comments
Parks W, Gray-Felder D, Hunt D, Byrne A.	Who Measures Change? An Introduction to Participatory Monitoring and Evaluation of Communication for Social Change. Communication for Social Change Consortium, 2005. Available at: http://www.communicationforsocialchange.org/publications-resources.php?id=283	Useful for measuring a participatory approach to program development, evaluation, social networks, etc.
Bertrand JT, Escudero G.	Compendium of Indicators for Evaluating Reproductive Health Programs. MEASURE Evaluation Manual Series, No. 6. Vol.1. August 2002. Available at: http://www.measureprogram.org/ .	Useful for programs, including individual and health systems intervention activities.
Davies R, Dart J.	The "Most Significant Change" (MSC) Technique: A Guide to Its Use. Available at: http://www.mande.co.uk/docs/MSCGuide.pdf	Useful for measuring a participatory approach to program development and evaluation.
Adamchak S, Bond K, MacLaren L, Magnani R, Nelson K, Seltzer J.	A guide to monitoring and evaluating adolescent reproductive health programs. Focus on Young Adults, Tool Series 5, 2000. Pathfinder International: Washington DC. Available at: http://www.poline.org/docs/1384/153241.html	Useful for developing individual-level behavior change indicators.
Figueroa ME, Kincaid LD, Rani M, Lewis G.	Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes. Communication for Social Change Working Paper Series, The Rockefeller Foundation and Johns Hopkins University Center for Communication Programs, New York, 2002. Available at: http://www.communicationforsocialchange.org/pdf/socialchange.pdf	Useful for interventions employing communications for social change. Indicators for multiple units of analysis.
Nastasi BD, Schensul SL, de Silva KT, Schensul JJ.	The Participatory Intervention Model (PIM): A Framework for Conceptualizing and Promoting Intervention Acceptability. School Psychology Quarterly 15(2): 207-232 (2000).	Helpful for developing indicators to assess acceptability of intervention among key stakeholders.
Rehle T, Saidel T, Mills S, and Magnani R, editors.	Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries. Family Health International: Arlington, VA, 2006. Available at: http://www.fhi.org/en/HIVAIDS/pub/Archive/evalchap/index.htm	Useful for CSC interventions focusing on sexual and reproductive health outcomes.
Aubel J.	Participatory Program Evaluation Manual: Involving Program Stakeholders in the Evaluation Process. Dakar: Catholic Relief Services, 2004. Available at: http://www.poline.org/docs/1512/274303.html	Useful for developing indicators aimed at gauging extent of stakeholder participation in intervention activities.
Church M, Bitel M, Armstrong K.	Participation, Relationships and Dynamic Change: New Thinking on Evaluating the Work of International Networks. Available at: http://networkedlearning.ncsl.org.uk/knowledge-base/research-papers/participation-relationships-and-dynamic-change-madeline-church-2002.pdf	Useful for developing social network indicators.

Amon J.	Behavioral Surveillance Surveys (BSS): Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV. Available at: http://www.fhi.org/en/HIVAIDS/pub/guide/bssguidelines.htm	Has compendium of indicators used with behavioral surveillance survey in populations at risk of HIV.
Inter-Agency Working Group (IAWG) on the Role of Community Involvement in ASRH.	Community Pathways to Improved Adolescent Sexual and Reproductive Health: A Conceptual Framework and Suggested Outcome Indicators. December 2007. Washington, DC and New York, NY: Inter-Agency Working Group (IAWG) on the Role of Community Involvement in ASRH. Available online at: http://www.pathfind.org/site/DocServer/IAWG_CI_Working_Paper_FINAL_WEB_6_17_08_key.pdf?docID=12161	A paper developed by the Inter-Agency Working Group (IAWG), advocates for a better articulation of community-involvement processes and for more comprehensive measures of outcomes of community-involvement interventions.

*These resources each include indicator lists that are tailored for BCC or CSC interventions. They can serve as useful starting points for developing project-specific indicator lists.

Appendix 4

Additional References

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