A Guide to

Participatory Monitoring of Behavior Change Communication for HIV/AIDS

Getting the Community and Program Staff Involved in Assessing and Improving Programs

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A Guide to Participatory Monitoring of Behavior Change Communication for HIV/AIDS: Getting the Community and Program Staff Involved in Assessing and Improving Programs is designed to help key staff and community volunteers assess and improve their efforts to abate HIV/AIDS. The guide is meant principally for behavior change communication (BCC) program managers and staff, nongovernmental organization (NGOs), community-based organizations (CBOs), and community volunteers who are developing and implementing community-based HIV/AIDS communication programs. While it is primarily intended for use by program managers and BCC specialists, it focuses on the needs of program staff, community volunteers, and partners from NGOs and CBOs working at the frontline in close collaboration with communities.

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Acronyms

AIDS	Acquired immune deficiency syndrome
ARV	Antiretroviral
BCC	Behavior change communication
BSRDS	Bayualu Seeme Rural Development Society
CBO	Community-based organization
HCP	Health care provider
HIV	Human immunodeficiency virus
IA	Implementing agencies
M&E	Monitoring and evaluation
MOH	Ministry of health
NGO	Nongovernmental organization
ORW	Outreach worker
PE	Peer educators
PLHA	People living with HIV/AIDS
PM	Participatory monitoring
STI	Sexually transmitted infection
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WN	World Neighbors

Contents

Introduction

HIV/AIDS behavior change communication (BCC) programs typically engage a range of community partners in the planning and implementation of communication efforts. However, these community partners usually have little involvement in the monitoring and evaluation (M&E) of program efforts. This deprives both community members and programmers of an important opportunity to learn from their work and improve outcomes. In addition, frontline staff, such as peer educators (PEs) and outreach workers (ORWs), report on their activities but rarely take part in analyzing their impact. M&E information is overwhelmingly kept in the realm of M&E experts and managers. Frontline staff and community volunteers—who are essential to the success of any community-based communication program—miss out on being able to critically reflect on their activities and the program's progress as well as their own.

Participatory Monitoring (PM) aims to address this need. It allows frontline workers and community partners to continually assess their efforts. It encourages program staff and community members involved in BCC programs to learn from the program implementation process, enabling them to keep their fingers on the pulse of change in their communities. PM ensures that both staff and community partners remain involved participants and genuine stakeholders in the program process.

A Guide to Participatory Monitoring of Behavior Change Communication for HIV/AIDS: Getting the Community and Program Staff Involved in Assessing and Improving Programs was designed to help managers and BCC specialists support program staff—particularly those in the field—by providing a step-by-step process for how to develop a monitoring system that is responsive to the needs of local partners, program staff, and managers. The guide addresses the following questions:

Section I: What is participatory monitoring? This section explains what PM is and how it helps to improve the quality of programs. It describes the difference between traditional M&E and PM. It includes PM examples from the field.

Section II: Why do participatory monitoring? This section discusses the benefits of PM and provides examples from the field.

Section III: What are the steps involved in participatory monitoring? This section takes the reader through the steps needed to conduct PM, including how to:

1. Prepare the groundwork.
2. Decide who else should participate.
3. Decide what information is needed.
4. Determine indicators and benchmarks.
5. Gather, share, and analyze information.
6. Provide feedback and decide actions to improve program performance.

Specific PM tools are provided for each step. A training module for orienting stakeholders on PM can be found in Appendix II.

A wide array of participatory appraisal tools and materials about qualitative research methods is already available. This guide does not attempt to duplicate these. Instead, it aims to complement them by providing PM tools that use both traditional monitoring and participatory appraisal methods. It focuses on tools that are particularly useful for frontline workers in community-based programs. While many guides on qualitative and participatory methods concentrate on involving community members in project planning and activities, few focus on improving the critical reflection and learning process of PEs, ORWs, and other frontline workers in HIV/AIDS programs. This guide aims to fill that gap.

Section I: What is participatory monitoring?

Participatory monitoring (PM) is a process of people working together to learn, solve problems, and refine programs by gathering and using information.[1] It aims to make monitoring a useful process for all stakeholders—those interested in or affected by a program. PM helps stakeholders at every level define and measure success in their own terms by providing information about program progress that is accessible and meaningful. PM tools help stakeholders decide what information to collect to measure their progress, as well as how to collect, analyze, and disseminate the information. In analyzing information during the PM process, stakeholders also come up with solutions for future strategies and activities to improve program implementation.

Participatory techniques enhance qualitative methodologies by creating an interactive relationship with stakeholders that fosters dialogue and provides stakeholder perspectives on how to define success. What distinguishes PM from traditional monitoring and evaluation (M&E) is the active involvement of a range of stakeholders, such as program beneficiaries, staff from nongovernmental and community-based organizations (NGOs and CBOs), health care providers, project staff, and managers. Since HIV/AIDS behavior change communication (BCC) staff often work in close collaboration with local partners to carry out projects, building the capacity of local stakeholders to understand how well they are doing and how to improve their efforts is critical to program success and quality. PM approaches and their qualitative results can also complement traditional monitoring systems.

PM is not just another research process,
"It is a social, political, and cultural one too.
To be sustainable it requires openness,
a willingness to listen to different points of view,
recognition of the knowledge and role of different participants,
and an ability to give credit where credit is due."

(Guijt 1998)

While many of the PM methods mentioned below could be part of traditional M&E activities, what makes them different is that they are part of a process of stakeholders at every level working together to understand and solve problems and improve program approaches.

[1] Adapted from Reitbergen-McCracken 1998.

Principles of participatory monitoring

The aims and philosophies that guide PM are best expressed by the following key principles:

- **Co-ownership and diversity of perspectives:** A broad range of stakeholders forms a team that develops and carries out M&E activities. Special attention is given to ensuring that less traditional local stakeholders actively take part in the process.
- **Ongoing process:** The information collected is used for ongoing reflection, analysis of experience, learning, feedback, and refining program strategies.
- **Collective learning and decision-making:** Stakeholders work together to plan the PM process, gather and analyze evidence, and determine the next steps to improve program performance.
- **Capacity building:** Through the participatory approach, program managers build stakeholders' skills and capacities to take part in and continually improve program efforts.
- **Flexible design:** The PM strategy is tailored to the local context and adapted according to changes in need over time.

Differences between traditional monitoring and evaluation and participatory monitoring

There are many differences between conventional M&E and a PM approach (see Table 1). These differences involve differing aims and strengths and show that participatory approaches can complement a traditional M&E system.

Table 1: Differences between conventional and participatory monitoring

What is different about participatory monitoring[2]		
	Conventional M&E	**Participatory monitoring**
Who initiates?	Program manager(s)	Project stakeholders
Purpose	Donor accountability	Capacity building, ownership of results, multistakeholder accountability
Who evaluates?	External evaluator with specialized training in formal methodologies	Project stakeholders assisted by a PM facilitator
Terms of reference	Designed by donor(s) with limited input from project	Designed by project stakeholders
Methods	Surveys, questionnaires, semistructured interviews, focus groups	Range of tools and qualitative methods such as participatory learning and action exercises, testimonials, semistructured interviews, focus groups
Who gets the information?	Donor(s) and project manager(s)	Project stakeholders, including donors and project managers
Outcomes	Final report circulated in-house	Better understanding of local realities, stakeholders involved in decision-making around analysis and what to do with information, and adjustment of project strategies and activities to better achieve program results

[2] Adapted from Coupal 2001.

The degree of participation

The degree of participation in PM can vary widely depending on stakeholders' level of involvement in the project. It can be divided into four levels:

- Information dissemination: one-way flow of information
- Dialogue: two-way exchange of information
- Collaboration: shared control over decision-making
- Empowerment: transfer of resources and decision-making

In HIV/AIDS communication programs, just as in many other communication programs, it can be hard to progress beyond the information-sharing stage to meaningful dialogue. Collaboration and empowerment require stakeholders' deep involvement in managing the project, as well as in its implementation and monitoring. Some health programs do involve all stakeholders from the design stage to the end of the project when evaluation results are shared and disseminated; however, empowering all stakeholders in this process may not be possible. This is particularly true when a project involves a wide range of key members.

Another dimension of participation is the degree to which stakeholders are involved. A project has various stages: identification, planning, implementation, and M&E. The more stages that stakeholders are involved in, the greater the participation and opportunity to assure quality programming. HIV/AIDS communication programs tend to involve stakeholders in the early stages of a project and during program implementation, when peer educators (PEs) and community volunteers participate in carrying out the work. In general, frontline program staff and community stakeholders are rarely involved in M&E.

Whether stakeholders are engaged at key junctures or throughout a project's process, developing a real partnership between stakeholders, donors, implementing NGOs, community members, and marginalized groups is critical. Participatory approaches help to engage individuals in the groups' processes, no matter what their age, sex, social class, or educational background (Harvey n.d.). Everyone is involved in deciding when and how to monitor, evaluate, analyze, communicate, and use data (Estrella 1998). This kind of participation is seen as empowering people to lead their own development.

When do you conduct participatory monitoring for behavior change communication programs?

Ideally, a participatory process should begin at the planning stage of a BCC program. This allows community members and other stakeholders to express their needs during the project's design phase and helps to ensure their participation in each step of the PM process. It also allows PM to be more easily incorporated into the participatory assessments conducted at the initial stages of a project. PM can also be conducted at later stages. For example, if indicators have already been determined, complementary participatory indicators or benchmarks can be added to the list along with a time line to verify implementation. PM steps can take place throughout the implementation of a project. However, since PM is aimed at strengthening program efforts, to fully benefit from the PM findings, program staff need enough time to implement the improvements identified during the process.

Involving stakeholders from the beginning: the IMPACT project, Taraba State, Nigeria

Stakeholders with the IMPACT project in Taraba State in Nigeria were involved from the beginning and at each subsequent stage of that project. They participated in rapid and in-depth assessments, which were followed by a wider stakeholders' meeting to disseminate findings. During the assessments, community members helped to define questions and tools and participated in mapping, site inventories, focus groups, and ethnography. Following the assessments, program staff and stakeholders developed the project's BCC strategy that paved the way for key PM structures such as the BCC steering committee. BCC committee members and program staff who were trained in PM helped to build the capacity of other NGO partners and taught NGOs how to use peer education self-assessment tools. During quarterly feedback meetings, routine data analysis was disseminated to attending stakeholders.

Section II: Why do participatory monitoring?

Sexual behavior is profoundly rooted in local culture and norms and requires sensitivity and the participation of all stakeholders to effect change (De Koning 1996). Three decades into the AIDS epidemic, we still do not fully understand how communication affects sexual behavior, namely HIV/AIDS. Thus, there is an urgency to find best practices and to learn from past mistakes as soon as possible.

In talking about the importance of lessons learned in youth programs, Douglas Webb and Lynn Elliott write, "HIV prevention is more, however, than just a bio-medical intervention. It is also a social process, which includes factors difficult to assess by scientific or rigorous methods. More useful are discussions and sharing of experiences about 'effective practices.' Lesson learning, then, is a reflection that acknowledges the gradual accumulation of good practices in HIV programs, and supporting children affected by HIV/AIDS. These practices need to be analyzed to a consistent—and high—standard if they are to be confidently promoted" (Webb 2002). PM promotes such an analytical process for understanding the complexities of communication and behavioral change. The learning process catalyzed through PM can significantly strengthen HIV/AIDS communication efforts.

Participatory methodologies support the principle that people within communities are best placed to make decisions that affect their lives and that project design, implementation, and monitoring can be greatly improved with community stakeholders' participation. Community input can give more accurate information on environmental, social, and cultural issues that affect change and identify true local needs and priorities. Community members can also identify the most effective communication channels in their community, inform program managers of potential barriers to communication and behavior change, and suggest cultural norms and practices that can better address these obstacles.

AIDS has had a disproportionate impact on the poor, and now there is increasing evidence that 50 percent of those infected with HIV are women. These underserved groups are often excluded from taking part in decision-making. Actively seeking their participation in project design and the monitoring process helps to strengthen BCC efforts aimed at supporting positive practices to help curb the epidemic.

As the trend towards performance-based accountability grows, there is a greater demand for evidence-based results, new ways to ensure transparency, and methodologies for improving support to people in the field. By involving stakeholders and community members in the design, assessment, and monitoring of HIV programs and BCC interventions, program managers are helping to ensure the quality and performance of their programs. PM reinforces the principles of quality assurance by focusing on the community's needs, building effective teams, and strengthening stakeholder capacity. Mutual support and cooperation leads to increased commitment to improvement. PM also empowers staff to work towards the goal of high-quality programs by providing a more focused and strategic means of examining progress toward the achievement of an organization's goals. Data collected in the field are used to (1) identify opportunities for improvement, (2) identify and assess problems, (3) verify possible causes of

problems, (4) inform decision-making, (5) show if a quality intervention yielded improvement and by how much, and (6) monitor processes over time to see if the change or improvement is maintained. Overall, PM motivates partners to contribute their knowledge and skills, which ultimately improves individual and organizational performance.

Benefits of participatory monitoring in HIV/AIDS communication projects

There are several important benefits to using a participatory approach to monitor BCC programs for HIV/AIDS prevention. For example, PM:

Strengthens program results by involving stakeholders in the development of the monitoring frameworks and how the success of the program will be measured. Community participation helps to ensure that appropriate and culturally sensitive indicators will be used and results achieved (Toffolon-Weiss 1999). The process of analysis also keeps stakeholders engaged in the communication program's objectives and strategies.

Creates community ownership by including stakeholders and beneficiaries in the design, implementation, and evaluation of programs. Community participation helps close the gap between the way health professionals understand and interpret the reality and perspectives of different groups in the community.

Builds capacity by creating an ongoing process of learning among stakeholders that is based on the experiential learning cycle of experience, reflection, conclusions, and lessons learned (Kolb 1984). With PM, stakeholders use a broad range of tools to improve their analytical and problem solving skills and gain experience in monitoring and analysis. Stakeholders and program managers work together to analyze and solve problems, thereby developing partnership and collaboration skills. The PM process also teaches stakeholders how to make critical decisions about project implementation by being able to access and use information on how objectives are being met and resources are being used.

Capacity building project in Mexico: developing a participatory monitoring and evaluation plan

The purpose of this effort was to build the capacity of NGOs and voluntary groups involved in HIV/AIDS work to develop a PM plan. Specifically, the International HIV/AIDS Alliance saw a need to improve NGO strategic planning and to foster more effective and collaborative relations among isolated groups to expand their impact and sustainability.

To achieve this goal, the Alliance gathered a group of NGOs and community groups for an external relations training. This training provided a space for these groups to reflect on their work as well as their relationships with each other. It also enabled participants to develop a deeper understanding of their current activities and to rethink how they should orient their efforts and how they could incorporate or collaborate with other organizations.

Using participatory tools, the organizations and community groups analyzed their mission statements, goals, objectives, and work strategies. They shared their analysis with each other, which gave them an opportunity to compare experiences and to think through capacity-building strategies to work more effectively. The end of the training focused on planning practical steps on how to change current behaviors related to the risk of HIV/AIDS.

Results from this capacity building training included:

- Increased capacity of NGOs to use participatory tools that helped them visualize, analyze, and evaluate their work.
- Wider institutional application of PM beyond the project.
- Increased capacity of NGOs to demonstrate results.
- Increased capacity for evidence-based project planning.
- Increased information sharing, networking, and collaboration.

(Hughes 2002)

Enhances feedback among stakeholders and community members at all levels of the program, which promotes a sense of accountability to HIV/AIDS communication efforts. When project implementers and community members are able to give and receive feedback, they feel a more meaningful sense of involvement and ownership with the work. Continuous feedback also helps to narrow the gap between policy makers, program staff, and the community, which promotes better understanding among all stakeholders. As lessons learned are compiled and shared, institutions build on their experience and improve program design and implementation of future HIV/AIDS communication programs.

Participatory monitoring in the Nigeria IMPACT project

During the implementation of the USAID-funded IMPACT project in Lagos, Nigeria, program staff set up several mechanisms to regularly monitor project efforts. These included:

- Quarterly meetings for NGOs to exchange information about their BCC activities.
- Monthly meetings of the BCC steering committees to review program progress and determine the need for capacity building.
- Periodic exchange visits between NGOs to observe each other's BCC activities firsthand.

During the quarterly exchange meetings, some of the NGOs expressed difficulties with training programs for peer educators (PEs). They did not have enough trainers among their staff. Other NGOs with stronger training staff offered to help. Over time, as local NGOs matured on the project, they began to provide technical assistance through training and mentoring of younger NGOs. Using PM with close collaboration, they were able make up for each other's deficiencies and strengthen each other's efforts.

In Kano, a state in northern Nigeria that has a very religious and conservative culture, PM helped program managers negotiate in a sensitive and volatile political environment. Community members on the BCC steering committee helped to ensure that BCC activities were culturally appropriate and acceptable. Through this process, they were able to develop a successful full-length feature film on HIV/AIDS.

In addition to the regular meetings, stakeholders participated in a range of capacity building workshops where they learned new skills, including how to use PM tools. As a result of these workshops, many stakeholders developed their own participatory tools to monitor local activities.

Amplifies results of other M&E efforts. PM supports findings from traditional M&E efforts by helping to explain the cultural, socioeconomic, and political influences that contribute to project outcomes. It clarifies reasons for the success or failure of an intervention that traditional M&E activities may not have detected. It also gives a personal perspective to project goals, which can broaden the impact of an intervention at the community level**.** PM helps identify successful individual behavior change or barriers that prevented someone from being able to adopt risk reduction strategies. Participant stories and testimonials give life to quantitative data and, if shared with others, can affect attitudes and community norms. A community member who has changed his behavior can go on a radio show to discuss his story. Through the amplifying effect of mass media, one person's story has the potential to influence many lives.

Strengthens accountability and institutional learning at every level by creating a two-way flow of information. Rather than only flowing upward to benefit an organization's top echelon, information gathered by the PM system flows up and down to benefit everyone involved and encourages accountability at all levels. PM strengthens institutional learning by enabling organizations to keep track of their progress and build on areas of work where success is recognized. The PM process contributes to better strategic planning and program and staff development through the feedback mechanisms developed as part of the project (Estrella 2000).

Benefits to management in the IMPACT project, Eritrea

Management staff working on a workplace peer education program at the Assab Salt Works in Eritrea recognized the benefits of PM. Peer education discussion groups were established for various levels of workers, and became popular forums for gathering and exchanging information. They also became important occasions to discuss program challenges and to resolve problems. When the program's management recognized how much learning and problem solving was going on in the discussion groups, they increased the number of groups and allotted time for the marketing manager to lead the effort. Managers also recognized that they too could benefit from a similar forum for management-level staff and subsequently formed a peer discussion group for managers.

As the competition for resources increases at the same time as the demand for demonstrated impact, there is a growing interest in PM for HIV/AIDS communication projects. Furthermore, the trend toward decentralization has created a need for new ways to improve oversight, ensure transparency, and increase support to people in the field (Estrella 2000). It is becoming essential that PM processes be put in place to strengthen the capacity of program managers and stakeholders to implement quality communication activities that lead to effective and sustainable HIV prevention and care programs.

Constraints of participatory monitoring

Involving a variety of stakeholders requires building the capacity of those implementing participatory approaches. This requires time, resources, and the commitment from stakeholders to appropriately plan and carry out needed training as well as implementing PM activities. The process can be unpredictable and result in unexpected consequences, a situation that requires special skills to properly facilitate. The PM process should be overseen by a person with good facilitation and mentoring skills who can provide ongoing support. This may put an extra burden on internal management and staff since conventional M&E is often conducted by an external expert. A participatory process also requires that program managers and staff give up some control, something not all people are comfortable with.

Participatory processes can be hindered not only by a lack of understanding, skills, and attitudes, but also because some stakeholders may not be used to being asked for their opinion. This is especially true when social, cultural, and political practices discourage the involvement of marginalized groups, such as women, youth, and certain ethic groups. The idea and practice of participatory approaches may take time for some to realize and appreciate (Mathur 2004). Moreover, participants have to take their involvement seriously and be willing to make decisions. Full participation is a process that will grow as the project progresses. The reality of staff and community's time constraints must also be anticipated. PM is a secondary responsibility for most stakeholders—many from the community—may be volunteering their time. Competing priorities and responsibilities need to be taken into consideration and respected. The benefits of the PM process to each stakeholder must outweigh the additional time they spend on PM activities, and participation is not always warranted. Program planners should carefully weigh when PM is needed and when it is not.

Community participation is now widely recognized as a basic principle of BCC programs, yet it is a complex process. People's participation has to be promoted; it takes time, resources, understanding, and perseverance but can be well worth the effort. The end result can be a dynamic and effective communication program that is relevant to stakeholder needs and more sustainable over the long term.

Reproductive health service for youth in Nepal

From 1998 to 2003, EngenderHealth and the International Center for Research on Women conducted a study on the effectiveness of participatory approaches in reproductive health programs that targeted youth in both rural and urban settings. They used two control sites, one rural and the other urban, which incorporated more traditional methods of program implementation. At these control sites a traditional needs assessment was conducted and the program design was based on current knowledge and practices.

At the study sites, participatory approaches were used from beginning to end—during the needs assessment, intervention design, and M&E. Two community-based advisory groups were set up to help facilitate and legitimize the participatory activities. One group was made up of youth and the other was made up of adults.

For youth, it is not clear how well participatory tools used in group settings can address private issues that may require confidentiality. Therefore, use of other methods such as surveys and one-on-one counseling were also used for triangulation. Further, due to the sensitivity of the issues, participatory processes required more time and more skills training for field staff.

After the formative research was conducted, project staff initiated a planning process with the community that ran over the course of several months. It involved sharing and discussing the assessment findings and subsequently creating youth task forces to develop interventions and an intervention plan. The study sites generated more ideas for comprehensive interventions that interested youth and facilitated better learning. This resulted in the development of the following interventions: adolescent-friendly services, peer education and counseling, an information and education campaign, adult peer education, youth clubs, street theater, efforts to improve livelihood opportunities, and teacher education. In contrast, the control sites only developed adolescent-friendly services, peer education and counseling, and teacher training interventions.

The action planning for the PM approach was time-consuming and required many resources. A substantial amount of pre-planning for the project team had to be done. It also required facilitators who were experts in both adolescent reproductive health and participatory approaches. Despite the extra work, the use of participatory approaches resulted in the improved capacity of the stakeholders as well as greater sustainability of the program.

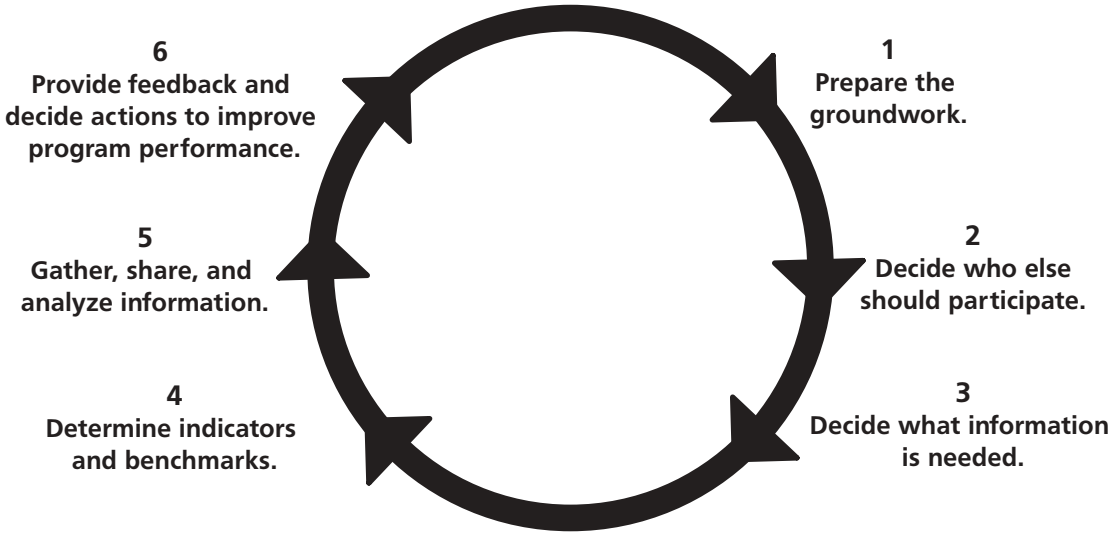
For the program evaluation, the qualitative, quantitative, and participatory methodologies used at the beginning were repeated at the end of the project to analyze any changes that occurred. The study and control sites were compared, and results pointed to a marginally greater improvement at the study sites. In addition, there were more positive capacity building and sustainability results.

(Mathur 2004)

Section III: What are the steps involved in participatory monitoring?

Participatory monitoring (PM) should ideally start at the beginning of a project and continue throughout its implementation. It should be integrated with the initial stages of the project design and planning process. This way, PM needs can be identified, baselines can be established, and capacities can be built from the onset. If projects are already established, PM can help project managers identify and integrate participatory methods into their project management and implementation plans. This section provides guidance on the steps involved in participatory monitoring of HIV/AIDS communication projects.

Overview of the steps



Step 1: Prepare the groundwork

In this step you will:

1.1 Ensure buy-in and develop a joint understanding of participatory monitoring

1.2 Ensure good facilitation of the participatory monitoring process

1.3 Work with the community to identify behavior and key communication issues

1.4 Clarify the aims and objectives of the project

- Tool: Overview of project aims and objectives.

1.1 Ensure buy-in and develop a joint understanding of participatory monitoring

Pre-planning is a critical component of the PM process and involves several tasks. First, identify stakeholders who will be involved. Stakeholders are defined as any person, group of people, or institution that has an interest in a particular project or set of activities (Webb 2002). They can include program managers, program staff, representatives from the ministry of health (MOH) and from implementing NGOs and CBOs, PEs, and beneficiaries of the BCC intervention. Stakeholders can help to lead and inform the project's design and implementation plan and see the PM process through to completion.

After defining the stakeholders, work with them to gain a joint understanding of PM and ensure their buy-in for the process. Provide an orientation on the principles and benefits of the PM process using the material and information presented in Sections I and II. If you have enough time during the orientation, elicit ideas from the stakeholders about their views on the definition and purposes of PM. For example, after introducing the definition and principles of PM, give participants a blank chart and ask them to fill in the differences between traditional M&E and PM. Discuss what they have written and review Table 1 in Section I. A module for orienting stakeholders on PM can be found in Appendix II of this guide.

1.2 Ensure good facilitation of the participatory monitoring process

It is important to engage a facilitator with PM expertise who can lead the PM effort and work through the six steps of the PM process with program staff and community members. The facilitator is not the "expert," but mainly acts as a catalyst and manager of the process (UNDP 1997). If the facilitator is a consultant rather than program staff, identify one staff member to act as the ongoing PM manager to ensure continuity when the lead consultant is not available. The facilitator should collaborate closely with the project manager and a representative group of stakeholders to plan the PM implementation process. The most important role of a good facilitator is to make the PM process responsive and relevant to the needs of the local stakeholders.

Good facilitation skills are critical to a successful participatory process. Since many stakeholders will take part in leading or facilitating different aspects of the PM process, make sure that all participants have a good understanding of facilitation skills. The following is a list of important personal skills and attitudes for good facilitation.

Skills needed for good facilitation

- Ability to listen and engage in dialogue and mutual learning.
- Ability to recognize that other people's perceptions are usually different, though no less valid than one's own.
- Ability to be flexible, open and willing to change, capable of critical self-awareness, and possessing a capacity for self-evaluation.
- Ability to envision and commit to making oneself redundant, to "handing over the stick" to local people.
- Ability to encourage trust and create an environment of sharing and reflection.

(Aubel 2004; Alliance 2003; UNDP)

PM should take into account local conditions. Its approach must continually evolve and adapt to specific circumstances and the needs of the project.

1.3 Work with the community to identify key behavior and communication issues

Use tools and exercises, such as qualitative tools, community mapping, and Venn diagrams (diagrams that show relationships and linkages between groups), to identify key information sources, communication channels, and barriers to communication related to HIV/AIDS and faced by the community at risk. For example, tools can help stakeholders understand how to assess important influences on behavior and information sources on sexual and reproductive health related to HIV/AIDS. They can also help them measure the influence on sexual and reproductive health decision-making and analyze power dynamics of household communication related to HIV/AIDS. Using these tools to establish a baseline for principal issues and then again at periodic intervals over time can help stakeholders understand the effects of project interventions on behavior change.

As part of the project planning stage, conduct participatory exercises along with community needs assessments and participatory appraisals. If they have not already been conducted, consider doing some of these exercises to better understand the communication concerns and needs of your community. This will help to strengthen the community's ownership of BCC activities, as well as efforts to monitor their effectiveness. Identify the primary themes and concerns that emerge from the exercises and discuss the implications of these findings with the community and program stakeholders.

1.4 Clarify the aims and objectives of the project

Together, the facilitator, PM manager, and other key stakeholders should familiarize themselves with the project's existing or planned M&E system and related documents such as the proposal, baseline data, and project reports. Then, openly discuss the following four basic questions:

1. What are the overall aims of the project?
2. What are the behavior change objectives of the program? Behavior change objectives are the **actions** or **changes** in behavior the program hopes to achieve or influence. While behavior changes may not have been specified in project documents, they can be inferred from project goals and from a behavior mapping exercise.
3. What are the behavior change **communication** objectives of the program? The BCC objective is the intention to act or the intermediary variable that affects the action or behavior. Communication objectives address the changes that assist the process of behavior change at various levels: individual, community, and environmental/policy.
4. What are obstacles and issues that might arise during the PM process?

"Overview of project aims and objectives" is a tool that provides some examples and can help organize program information.

Tool: Overview of project aims and objectives

Overall aims	Behavior change objectives	Behavior change communication objectives	Potential obstacles
Reduce HIV/AIDS. Reduce stigma related to HIV/AIDS.	▪ Increase condom use. ▪ Increase appropriate sexually transmitted infection (STI) care-seeking behavior. ▪ Delay sexual debut. ▪ Reduce number of partners. ▪ Increase use of voluntary counseling and testing (VCT) services.	**Individual level** ▪ Increase knowledge. ▪ Promote essential attitude change, e.g., • Increase perception of risk or change attitudes toward condom use. • Promote acceptance among communities of youth sexuality and the value of reproductive health services for youth. Improve skills and sense of self-efficacy. **Community level** ▪ Reduce stigma and discrimination. ▪ Stimulate community dialogue . ▪ Create demand for information and services, e.g., • Create demand for appropriate STI services. • Create demand for information on HIV/AIDS. **Policy/environmental level** ▪ Reduce stigma and discrimination. ▪ Lead policy makers and opinion leaders toward effective approaches, e.g., • Interest policy makers in investing in youth-friendly VCT services (services must be in place). ▪ Promote services for prevention, care, and support, e.g., • Increased healthcare-seeking behavior for STIs, tuberculosis, and VCT.	**Individual** Health care providers not trained to provide youth-friendly services. **Community level** Services not yet prepared to handle increased demand. **Policy** Considerable resistance and stigma. Need creative ways to engage policymakers.

Step 2: Decide who else should participate

In this step you will:

2.1 Map the flow of monitoring information and feedback in your project

- Tool: Map of the flow of monitoring information and feedback

2.2 Identify other key actors that should be involved in participatory monitoring

2.3 Plan logistical and administrative arrangements

2.1 Map the flow of monitoring information and feedback in your project

Review project documents to understand the existing or planned monitoring information system for your BCC intervention. Then, draw a map of how information flows from the community to the central level office in your project. (See "Tool: Map of the flow of monitoring information and feedback" that follows.) The map should show each key community or program member from whom information about BCC is collected. For example, information may flow from BCC beneficiaries to community volunteers to PEs to NGO supervisors to MOH district BCC managers, to MOH national BCC managers and program managers at NGO headquarters' communication units to M&E experts. Follow the directions in the tool to develop your information flow map and identify any problems in the flow of information and feedback in the existing M&E system. Discuss with key stakeholders how the PM process could complement the M&E system to address some of these problems. The following illustration (see next page) is an example of what such a map would look like. In this illustration, there are problems in the feedback flows between staff and the community, from the district level managers down to the community beneficiaries. The direct flow of information from community volunteers to PEs is also problematic. In addition, there are planned feedback flows from M&E experts to NGO supervisors, PEs, and community beneficiaries.

Tool: Map of the flow of monitoring information and feedback

Purpose

To identify strengths and weaknesses of, and key actors for, a project's planned or existing monitoring information system.

Directions

Step 1: Draw a map of how information flows from the community to the central-level office in your project. The map should show each key community or program actor from whom information about BCC is collected. For example, these may include:

- Community members
- Community volunteers
- PEs
- NGO supervisors
- MOH clinic counselors
- MOH district/state-level BCC managers
- MOH national-level BCC managers
- NGO headquarter communications unit
- M&E experts
- Donors
- Research organizations

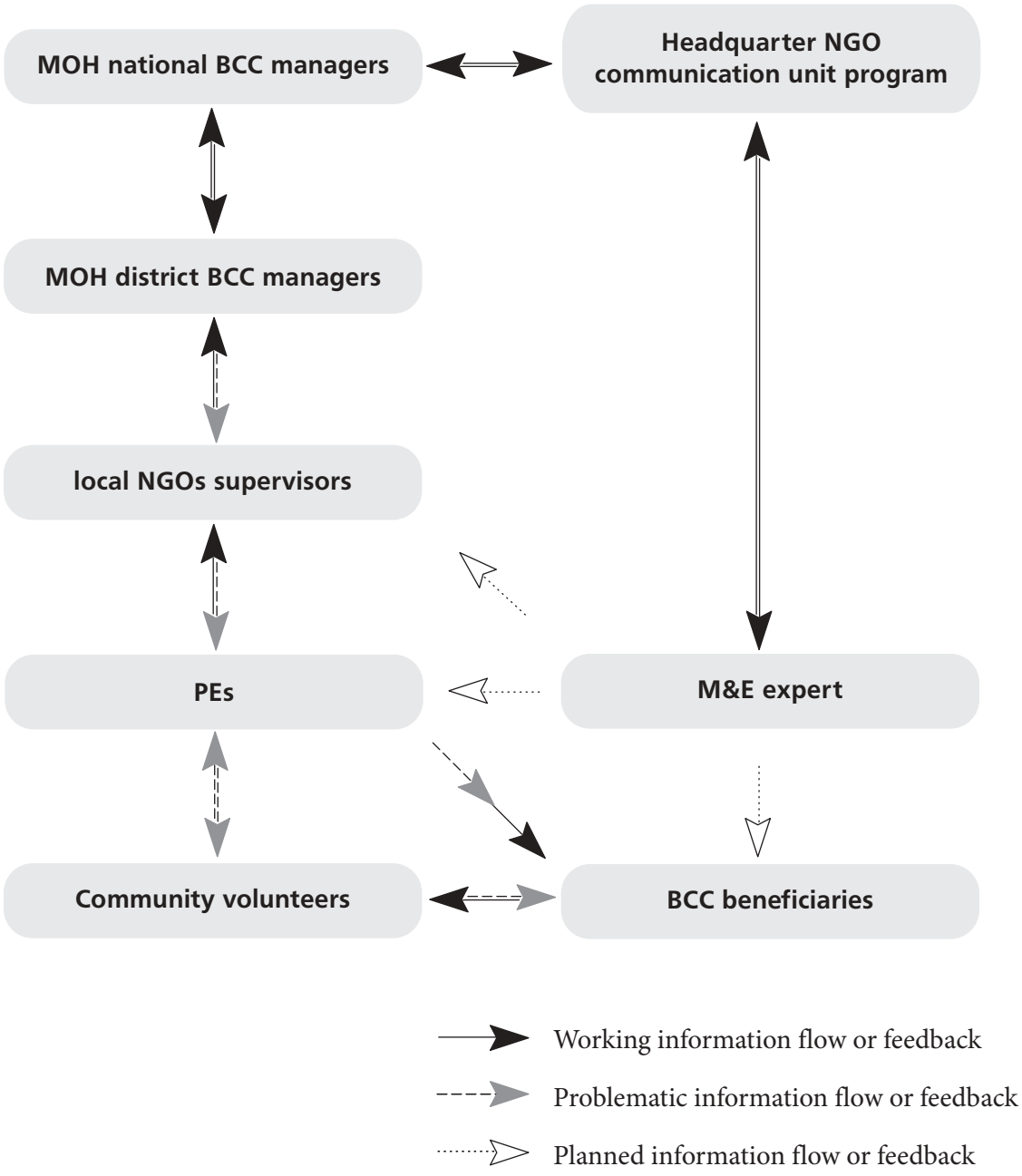
Step 2: Connect each of these actors with arrows to indicate the flow of information.

Step 3: Draw other arrows (→, ↔, ←) to indicate when feedback is provided in response to an information flow on a regular basis (e.g., through weekly or monthly meetings). Use a broken line (---) to indicate problems with an information flow, and a dotted line (….) to indicate an information flow that is planned but not yet operating.

Step 4: If the project connects behavior change efforts at the community level to mass media, include those links in your information flow. For example, project managers may report stories about the behavior change of individuals in the community to radio programs. These programs, in turn, communicate BCC messages back to the community as well as to a broader audience, influencing and/or reinforcing messages about HIV/AIDS and stigma.

Step 5: Identify areas where the flow of information and feedback need to be improved in the project. Discuss how the PM process might help to address these problems.

Flow of monitoring information and feedback map



2.2 Identify other key actors that should be involved in participatory monitoring

Using the map you have developed, ask whether BCC messages are getting to the people who need them to determine whether BCC efforts are meeting community needs. Decide whether there are particular actors who may need assistance or special monitoring tools to get the information they need to effectively implement BCC activities.

Make a list of other stakeholders you would like to involve in PM efforts, including the actors you identified from the map exercise. The PM process can be as extensive or as limited as appropriate to the context of a particular HIV/AIDS communication project or activity. It can involve one or two stakeholders for a specific problem or numerous stakeholders in the design and implementation of a comprehensive assessment. In some cases, programs have adopted advisory boards where certain stakeholders are represented. Other programs have developed BCC steering committees in which key stakeholders working on BCC are engaged in the PM process. Consider the following when finalizing your list of stakeholders and deciding on the appropriate level of participation in a PM process:

- The range of stakeholders you want to involve.
- The type of information you want to collect.
- Who would benefit from greater involvement in M&E.
- Whose skills and knowledge need an opportunity for improvement.

2.3 Plan logistical and administrative arrangements

Plan the logistical and administrative arrangements needed for involving the stakeholders, including the following:

- Decide on how PM will be implemented (e.g., through workshops followed up by periodic update meetings or via BCC steering committees).
- Determine the capacity building required for the involvement of different stakeholders.
- Develop a timeline for the PM process.

Make a plan for building stakeholders' capacity, where appropriate. Be sure that your plan includes an orientation schedule about the principles and purpose of PM (as mentioned in "Step 1: Prepare the groundwork") and a strategy for training stakeholders on how to conduct PM. Also, plan regular meetings and information exchanges (e.g., monthly, quarterly, annually) on the PM process with the PM staff and facilitators.

Step 3: Decide what information is needed

In this step you will:

3.1 Determine how to change your planned or existing monitoring system into a participatory monitoring system

3.2 Consult key stakeholders to understand what they want to learn through the participatory monitoring process

- Tool: List of key questions

3.3 Begin to plan the participatory monitoring strategy

- Tool: A participatory monitoring strategy

3.1 Determine how to change your planned or existing monitoring system into a participatory monitoring system

Work together with key stakeholders to review the current or planned M&E system and identify what additional information and processes are needed to make it more participatory. Refer to the flow of information and feedback map developed in "Step 2: Decide who else should participate." Ask the following questions:

- What does the existing M&E system tell you about the progress you are making toward achieving the BCC objectives?
- What information is missing from the existing system about monitoring progress toward fulfilling the BCC objectives?
- How can your PM approach be used to fill in the gaps of the existing M&E system?

3.2 Consult key stakeholders to understand what they want to learn through the participatory monitoring process

PM helps to answer critical questions about program achievements. Consult with all key stakeholders to understand what they would like to learn through the PM process. Work with them to think through the types of questions they would like to answer about their work and the project's overall progress. This may take some time and several discussions and exercises. However, clarifying these questions at the beginning of the PM process helps to tailor monitoring tools to program needs and prevents wasting efforts in gathering unnecessary information.

Work with the key stakeholders to develop a list of questions they want to answer through the PM process. These questions may range from how well the BCC program is being implemented to whether BCC messages are reaching the intended audience and whether the messages are having an impact on the key communities at risk. See "Tool: List of key questions" that follows for questions that might be relevant to your BCC program. Through this process explore questions about the nature of dialogue and depth of discussion in the community about HIV/AIDS. Find out whether the topics of discussion and questions are changing over time as people learn more about HIV/AIDS and ask more sophisticated questions. For example, if a group of peers exposed to a peer education program started out by asking questions about the relationship between mosquito bites and HIV infection and graduated to asking specific questions about services and how to access those services, this could indicate a greater willingness to use services and ultimately change behavior to reduce risk. The evolution in the types of questions they asked may suggest a progression along the continuum of behavior change, from interest in improving knowledge to intention to act. Also look at issues about stakeholder participation, collaboration, and capacity building in communication efforts.

Tool: List of key questions

The following list provides examples of questions that might be relevant to an HIV/AIDS BCC program. Using this list, develop your own list of key questions for your program.

Implementation

- How well are BCC activities being implemented?
- What is the knowledge and skill level of the program implementers? What needs to be changed for them to successfully carry out their responsibilities?

Reach and impact

- Are BCC activities reaching the intended audiences? If not, why?
- What is the impact of BCC activities on knowledge, attitudes, and practices of the community?
- What is the community's perception of the messages?
- How do BCC activities and training programs need to change to improve their impact?
  - Under what circumstances do they work, and why do they not work?
  - What is needed to improve impact?

Depth of discussion

- What are the opportunities for dialogue with and feedback from community members about progress in and barriers to communication about HIV/AIDS?
- How effective are these opportunities?
- How are the kinds of questions community members are asking changing over time?
- How do the questions show a greater understanding of HIV/AIDS?
- How do the questions reflect improvements in knowledge, attitudes, and behavior?

Stakeholder participation

- What is the range of actors/stakeholders taking part in BCC activities?
- At what stage are stakeholders participating in BCC activities during implementation, planning, and/or M&E?
- What is the depth of participation—one-way communication, two-way communication, joint decision-making, or transfer of control over decision-making resources?

Collaboration

- Have stakeholders worked together on BCC activities?
- What kind of coherence is there in the BCC approach and key messages?
- How are BCC activities reinforcing each other?

Capacity building

- What is the impact of the collaborative process on the capacity of implementing agencies?
  - Skills: organizational development, planning, partnership
  - Information exchange and learning
- How does the collaborative process improve the ability of NGOs to provide quality services?

In order to develop the list of questions, it may be helpful to divide stakeholders into smaller groups to draft the questions. For instance, you may want to have one meeting with managers and BCC leaders for the project and another meeting with program staff and volunteers. It is important to have a diverse group of stakeholders in order to get a comprehensive understanding of issues and community realities. An external facilitator may be helpful in this process. Some stakeholders may feel more at ease articulating their concerns and negotiating their differing interests with an outsider. Be sure to be sensitive to power differences and the ease of communicating within a group of various stakeholders.

3.3 Begin to plan the participatory monitoring strategy

Starting with the key list of questions, begin developing a PM strategy using "Tool: A participatory monitoring strategy," which follows. This tool provides some examples for this exercise that might be relevant to your project. Use the tool to (1) describe key BCC activities related to questions identified in the substep 3.2 above, (2) list key questions related to your BCC intervention, (3) decide what information is needed to answer the key questions, (4) list the tools needed to gather the information, (5) identify who will use the tools, and (6) define the frequency with which the tools will be used.

At this point, only complete the first two columns of the tool. Using your full list of key questions from the substep 3.2 above:

1. List the key BCC activities related to the questions.
2. Select a few of the most important questions you would like to answer for each BCC activity and write them in the first column. To narrow down the list, think about the most important questions related to each BCC activity listed in the first column. Depending on the needs of your program, you may want to ensure that all BCC activities are covered by at least one question and related tool.

Leave the other columns blank until you complete "Step 4: Determine indicators and benchmarks and Step 5: Gather, share, and analyze information." Below is an example of the tool that has been completed as well as a blank copy for you to use in planning your PM strategy.

Tool: A participatory monitoring strategy					
BCC activity	**Key question**	**Information needed**	**Monitoring tool**	**Completed by**	**Frequency**
BCC steering committee	Is the BCC steering committee fostering ▪ Collaboration? ▪ Strategic planning? ▪ Participation? ▪ Resource mobilization? ▪ Use of monitoring data?	▪ Degree of collaboration ▪ Status of the strategic plan ▪ Degree of participation ▪ Degree of resource mobilization	Spider web of collaboration	Members of BCC steering committee	Twice a year
BCC steering committee	What are the strengths and weaknesses of BCC interventions and project management?	Clarity on the following: ▪ Are objectives being achieved? ▪ How are BCC messages being received? ▪ Impact data ▪ Skills of program implementers	BCC checklist ▪ Qualitative research tools ▪ Surveys ▪ Testimonies	Members of BCC steering committee	Twice a year
Community sensitization/ mobilization	Have the questions asked by community members and the depth of discussion changed over time?	Type of questions asked by community members during the session	Questions asked checklist for implementing agencies (IA)	IA staff	Per activity
Peer education	Do PEs have the knowledge, attitudes, and skills to work effectively with individuals and groups?	▪ Knowledge of PEs ▪ Attitudes of PEs ▪ Skills of PEs	Self assessment of PEs	PEs	Quarterly
Peer education	Are the peers learning from PE sessions? Are they asking different questions over time?	Type of questions asked by whom	Questions asked checklist for PEs	PEs/PE supervisors/ Outreach coordinators	Monthly
Counseling	Are those counseled learning from counseling sessions? Are they asking different questions over time?	Type of questions asked by people living with HIV/AIDS (PLHAs) during the counseling sessions	Questions asked checklist for counselors	Counselors/IA staff	Monthly

Tool: A participatory monitoring strategy					
BCC activity	**Key question**	**Information needed**	**Monitoring tool**	**Completed by**	**Frequency**

Step 4: Determine indicators and benchmarks

In this step you will:

4.1 Consider the range of potential qualitative and quantitative indicators and benchmarks

- Tool: Examples of types of key indicator and benchmarks

4.2 Work with stakeholders to identify indicators relevant to them

- Tool: Measuring success card sorting exercise

4.3 Determine the information needed to answer key questions

4.1 Consider the range of potential qualitative and quantitative indicators and benchmarks

Once you have defined your questions, work together with stakeholders to decide on the specific indicators needed to answer the questions and measure change over time. While the program will most likely have indicators that were determined by donors and program planners, stakeholders can play an important role in adding to and/or refining these indicators according to what is appropriate for the local context.

An indicator is a measure of the progress made towards an objective, or a marker or target to show progress has been made (Webb 2002). Indicators are usually a marker or standard by which achievement of objectives is measured; for example, number of people trained, number of youth reporting consistent condom use, number of people referred for VCT, etc. Indicators help program managers measure what has been achieved, whether the needs of the intended beneficiaries have been met, and whether the best strategies have been pursued.

Useful indicators for HIV/AIDS communication programs can be of several types:

- **Program process indicators** are used to assess whether program activities are being carried out as planned (e.g., number of PEs trained).
- **Communication process indicators** are used to assess whether changes in communication about HIV/AIDS are occurring at the community level.
- **Behavioral outcome indicators** are used to assess whether changes in behaviors are occurring.
- **Impact indicators** are used to assess whether desired program impacts were achieved.

See "Tool: Examples of types of key indicators and benchmarks" that follows for examples of the types of indicators described above. While this tool focuses on some indicative quantitative indicators, qualitative indicators such as stories of individual behavior change and a community mapping of barriers to individual risk reduction can be particularly helpful to the PM process.

Tool: Examples of types of key indicators and benchmarks

Program process	Communication process	Key behavioral outcomes	Impact
▪ Number of trainings held ▪ Number of people trained ▪ Number of PEs talking to key community at risk ▪ Number of BCC materials distributed ▪ Number of members of the community referred to VCT services	▪ Key barriers to individual risk reduction and HIV prevention (identified through problem tree analysis and diagrams) ▪ Key channels/resources for communication and information about HIV/AIDS prevention (identified by community mapping) ▪ Number of individuals who discussed for the first time a key behavior change (abstinence, mutual fidelity, delaying sex, or using a condom) with a sexual partner/health provider/ counselor ▪ Number of people who discussed for the first time with a peer/family member/sexual partner that they were going for STI treatment/HIV testing ▪ Number of people who broadcast a key behavior change (abstinence, mutual fidelity, delaying sex, or using a condom) on mass media ▪ Change in frequency and type of questions asked related to HIV/ AIDS and STIs emerging from community dialogue processes ▪ Number of phone-ins and write-ins to radio/television in response to interventions	▪ Number of people who reported using a condom during each sexual act ▪ Number of people who report having fewer sexual partners ▪ Number of people who went for STI treatment ▪ Number of people who sought treatment for AIDS ▪ Number of people who provide care to or visit PLHA ▪ Number of people who went for HIV testing	▪ HIV/AID prevalence ▪ Percent impact of HIV/AIDS mitigated ▪ Degree of openness in discussing HIV/ AIDS ▪ Number of death certificates that list AIDS as cause of death

In addition to gathering data on indicators, it is important to include qualitative benchmarks in PM strategies. Qualitative benchmarks may include factors inhibiting open dialogue between PEs and community members or reasons members do not attend education sessions on HIV prevention. Qualitative data provides insights into attitudes, beliefs, motives, concerns, and behaviors of the BCC recipients. It can also show barriers to behavior change, trends, or patterns as well as help interpret qualitative findings. Using qualitative benchmarks in a PM strategy enables program managers and stakeholders to better understand why

objectives are being met or not. For example, if you find that adolescents are not seeking STI treatment, qualitative research may reveal that the clinic does not have "youth-friendly" hours and that youth are forced to seek these services at the same time as adults who know them in the community. A simple adjustment to clinic hours may greatly improve your intervention.

Whenever possible community members should be involved in and lead participatory exercises.

Types of qualitative research include focus group discussions, in-depth interviews, participant observation, semistructured exit interviews, informal group sessions or meetings, and participatory mapping processes, all of which can contribute to compelling stories and/or case studies about the impact of BCC activities. Because many useful qualitative research methods and participatory appraisals exist, this manual will not duplicate these efforts, except to encourage program managers to include qualitative research methods in their PM strategy. Whenever possible community members should be involved in and lead participatory exercises. Many qualitative methods have been developed specifically for use in low-literate community settings and can galvanize community involvement in a way that is not possible with quantitative methods.

4.2 Work with stakeholders to identify indicators relevant to them

There are advantages to using global indicators as well as locally defined ones. Consistent global indicators help to compare and identify trends over time and across different cultures and geographic areas. Locally defined indicators, selected by stakeholders involved in the process, enable program staff to measure whether or not the project has achieved important community objectives. Using of local indicators also helps stakeholders learn from the PM process (Webb 2002), and using both global and local indicators allows stakeholders to measure the complementary global and community aspects of an HIV communication program.

Collaborate with other stakeholders to determine appropriate indicators and qualitative benchmarks for success related to the questions identified in "Step 3: Decide what information is needed." Stakeholders should work together to incorporate their different perspectives on how program success is defined. Knowledge about M&E may vary among partners. Therefore, for stakeholders to play an active role in developing and monitoring indicators, it may be necessary to introduce them to the basic concepts of M&E, if they have not already had such an orientation. Use "Tool: Measuring success card sorting exercise" that follows as an introduction to indicators and for helping stakeholders collaborate on the selection of potential indicators.

When resources for capacity building are severely limited or when donors have predetermined indicators, program managers can opt to have stakeholders choose a limited number of additional benchmarks for their PM process.

Tool: Measuring Success Card Sorting Exercise

Purpose

- To enable participants to explore how they measure success and become familiar with the concept of indicators.
- To enable participants to discover why information and indicators are important to them.

Materials needed

- Cards, markers, and tape or pins

Directions

Step 1: Define the goal of your program: Take down participants' ideas on flip chart paper and ask them to select the most important one or two overall goals.

Step 2: Define markers of success by asking participants to write one marker of success on a card. Participants can write up to three markers of success. Explain that a marker of success is the measure of progress toward your program goal. In other words, it tells you how you will know whether your program is successful or not. Markers help you measure whether your efforts are achieving the desired objectives.

Step 3: Ask participants to post their markers on the wall. Then ask them to sort the markers. Let them decide how to sort them. Ask them to explain how they have sorted them.

Step 4: If needed, suggest additional ways to sort the markers:

a. **Sort by distance from the goal.** Tell participants to imagine a road going towards the goal. Markers are like road signs that tell how near you are to your destination. In this case the destination is the program goal. Some markers are closer to the goal and some are far away. A marker is a measure of progress along the road toward the goal. Ask participants if some markers are closer to the goal than others. Explain that the **goal** is an *IMPACT* indicator; the markers nearest the goal (e.g., knowledge, attitudes, and practices) are *OUTCOME* indicators; and the markers furthest away (e.g., training, supervision, VCT center, etc.) are *PROCESS* indicators.

b. **Sort according to type of indicators.** For example:

- Outcome
- Process
- Availability
- Quality
- Coverage
- Utilization

4.3 Determine the information needed to answer key questions

Once you have looked at the range of possible indicators, return to your key questions from "Step 3, Tool: A participatory monitoring strategy. Use your list of key questions and potential indicators to complete column three, "Information needed" in the tool.

Think about who has access to the information you need. Do PEs and ORWs collect this information? Or do supervisors and managers collect it? Decide who is best positioned to gather the information and complete column four in the tool.

Step 5: Gather, share, and analyze information

In this step you will:

5.1 Adapt or create tools to collect the needed information

- Tools: See Appendix I: Tools for implementing Step 5.

5.2 Analyze the information and validate results through triangulation

5.1 Adapt or create tools to collect the needed information

Once indicators have been determined, stakeholders need tools, such as simple participatory exercises and qualitative methods, to gather the information to answer their questions. The use of these tools provides direction and a clear process for gathering essential information and simplifies data collection and analysis. Using a variety of PM tools allows stakeholders with different capacities to benefit from the information without being overburdened by the data collection process.

Types of PM Tools

Participatory rapid assessment tools

- **Visualized analysis:** Venn diagrams, matrix scoring, transect walk, spider web, pile sorting, rating scales, community mapping, flow diagrams, and seasonal calendars
- **Interviews:** Focus group discussions, intercept interviews, exit interview
- **Group and team dynamics methods:** Community meetings, group-transect walks, team review sessions, and lessons learned exercise

Audio-visual tools: Videos, storytelling, popular theater, songs, photos, and voice

Quantitative tools: Community surveys, structured interviews, structured observations

Anthropological tools: Participatory observation, oral testimonies

(Adapted from Estrella 1998)

Many useful monitoring tools already exist. Rather than trying to reinvent the wheel, program managers should explore the range of existing tools that might meet their needs if adapted to their context and objectives. A variety of participatory tools from the social sciences and participatory rapid appraisals can be adapted to fit the needs of specific program settings. These tools can be a vehicle for group discussion, reflection and sharing, and formulating conclusions and action plans (Aubel 2004). The qualitative methods used for PM include semistructured interviews, focus groups, surveys, direct observation, and case studies, along with a number of other more participatory and interactive tools. PM also involves traditional M&E tools. Participatory tools can involve the use of innovative methods, such as photo and video documentation, to document new perspectives. These nontraditional methods capture stakeholders' voices and poignant physical expressions, help them think creatively about what results matter, and provide a fresh format for sharing program efforts.

Facilitators and stakeholders can adapt existing tools to their needs by adjusting indicators and questions as appropriate. Some basic principles should be kept in mind when adapting the tools (see box below). Tools should be adapted based on the context and project-specific criteria. Ideally, PM tools should include an opportunity for analysis, reflection, and contemplation of program results. Below are some principles for adapting PM tools to your program needs.

Principles for adapting participatory monitoring tools

PM tools and techniques should:

- Obtain only needed information.
- Complement the approach and philosophy of the project.
- Be perceived by the community participants as a way to help them address their questions and problems, not simply as information about them gathered by and for outsiders.
- Involve end-users in both data gathering and analysis.
- Match the skills and aptitudes of participants.
- Adapt to fit peoples' day-to-day activities and normal responsibilities.
- Provide timely information needed for decision-making.
- Produce results that are reliable and, even if not quantitative, credible enough to convince others.
- Be consistent in complexity and cost to match the level of evaluation called for (e.g., simple, routine versus more comprehensive, major evaluations).
- Reinforce community solidarity, cooperation, and involvement.
- Be gender-sensitive, with special efforts to include women.

(Estrella 1998)

Appendix I: Tools for implementing Step 5 contains several tools that are particularly relevant for HIV/AIDS communication programs. The following table provides a synopsis of these tools, their users, and intended use.

PM Tools for Program Staff and Volunteers involved in HIV/AIDS BCC Programs		
Tool	**Users**	**Intended Use**
BCC intervention monitoring checklist	Local partners, staff, managers	To help reinforce BCC objectives of a project and to ensure that the main standards for BCC are being met in delivering the interventions.
Spider web: assessment of collaboration	Groups of local partners, staff, managers	To enable BCC steering committees to assess their coordination of BCC activities to promote the prevention of HIV/AIDS. Categories covered include participation, collaboration, monitoring, strategic planning, and resource mobilization.
Peer educator training needs self assessment	PEs	To enable PEs to assess their attitudes, knowledge, and skills related to promoting HIV/AIDS prevention and care.
Health care provider training needs self assessment	Health care providers (HCPs)	To enable HCPs to assess their own attitudes, knowledge, and skills related to promoting HIV/AIDS prevention and providing nursing care and clinical management of PLHA.
Summary checklist for questions asked	Staff from local IAs and supervisors of PEs	To help IA staff and supervisors monitor how the questions asked by community members are changing over time.
Supervisor's checklist for observation of counselors	Supervisors of counselors, in collaboration with counselors	To enable supervisors to identify through observation the skills of counselors, as well as potential gaps in performance and facility support.
Supervisor's checklist for observation of pes	PE supervisors, in collaboration with PEs	To enable supervisors to identify through observation the skills of PEs, as well as potential gaps in performance and facility support.
Local level tracking	Program actors, community volunteers	To help local level program actors and volunteers keep track of their HIV/AIDS-related BCC activities.
Environmental mapping **(See substep 1.3)**	Community members, facilitated by program staff	To enable community members to identify the key actors and institutions influencing their behavior.

5.2 Analyze the information and validate results through triangulation

Analyzing program results periodically helps stakeholders see how well program objectives are being met and make course corrections as needed. It is important to build on successes and assess shortcomings well before the project is over.

By using more than one tool to gather information towards achievement of program objectives, data gatherers can crosscheck information or triangulate end results to reduce bias and other challenges in data collection. Triangulation involves using different sources of information or different methodologies to answer the same questions. Many PM activities still use or require traditional M&E tools such as surveys and questionnaires to complement and triangulate evaluation findings (Aubel 2004, Webb 2002). Triangulation helps to compare the PM process with results from the project's formal M&E system.

Once the data has been collected, stakeholders will need to discuss what the information shows about how and why the results were achieved and the impact of the participatory process on stakeholders' capacity. Involve two or more facilitators to lead these discussions as well as help finalize findings and conclusions and draft recommendations. Facilitators can help relevant stakeholders build a consensus on what the information reveals and about program results and processes. Stakeholders will also need to critically reflect on problems and successes, understand the impact of their efforts, and use the information for making decisions and identifying future action. This analysis and reflection create opportunities to reinforce BCC messages and the skills of behavior change agents.

This process allows different stakeholders to articulate and present their needs, interests, and expectations. It also enables people to understand the views and values they share; work through their differences; develop longer-term strategies; and carefully research and plan actions that fit their contexts, priorities, and operating styles. Consider the following when analyzing and discussing information (Estrella 1998):

- Compare the relationship between project or program objectives and the needs and interests of stakeholders.
- Learn the impact of the activities.
- Review the process by which the project operated and how decisions were made.

Program results can be documented through written reports or other methods such as participatory meetings or/and using visual aides to help keep the information easy to understand. It is important to use a variety of approaches for disseminating information to ensure that it is accessible to everyone involved.

Evaluating an integrated reproductive health program: India case study

Three years after a reproductive health component was integrated into existing programs of the Bayualu Seeme Rural Development Society (BSRDS), World Neighbors (WN) developed and implemented an evaluation plan. The objectives of the evaluation were to (1) examine impact, outcome, and process; (2) determine lessons learned for future use; and (3) develop the capacity of NGO staff for self-evaluation.

First, the WN India director, WN reproductive health coordinator, and consultant met to plan the evaluation. It was decided at this meeting that they would also use a comparison village and that they would use a short questionnaire in addition to participatory tools. WN and BSRDS staff then clarified the objectives of the evaluation and determined the key questions to be answered. In addition to the reproductive health outcomes, this meeting added savings and credit, agriculture, and women's status as outcomes to also be measured.

WN and BSRDS developed an evaluation plan by listing the information that would be needed and what questions could be asked to get that information. They developed tools on how to get the information, which included participatory tools as well as surveys, records and reports. WN also developed a questionnaire for women in both female comparison and study groups.

A three-day training was conducted for eight reproductive health workers from various partner NGOs who were willing to serve as facilitators and interviewers. The purpose of the training was to familiarize the reproductive health workers with the objectives of the project, the key questions of interest to program planners, survey methodology, data collection techniques, participatory methods, and how to use PM tools. Key tools were field tested with two women's groups who were not conducting reproductive health activities.

The actual gathering of information took nine days. A two-day data analysis workshop was held with WN, BSRDS, and two of the reproductive health workers. On the first day the group reviewed the notes from the participatory exercises, the questionnaire, and interview notes, and summarized the major findings by topic. On the second day, the group went back to key questions and answered them with their key findings. They also identified lessons learned and made recommendations. The team produced a final report with the following lessons learned from the process:

- The principle of triangulation was important.
- Planning and pretesting the evaluation tools was invaluable.
- The evaluation process required a lot of teamwork.
- Facilitators noted a need for caution and privacy when asking sensitive questions.
- There was a need to strengthen record keeping and reports.

(Neighbors 2002)

Step 6: Provide feedback and decide actions to improve program performance

In this step you will:

6.1 Provide feedback to all key stakeholders

- Tips for conducting effective stakeholder feedback sessions
- Tool: Feedback planning chart

6.2 Work with key stakeholders to analyze the information, determine lessons learned, and plan next steps

- Lessons learned exercise

6.1 Provide feedback to all key stakeholders

All key stakeholders need to know how project activities and plans are progressing. These include direct program beneficiaries, program staff, ORWs, PEs, community leaders, civil society organizations, activist groups, government and political leaders and donors. In addition to the feedback associated with the regular monitoring process, throughout the life of a project have stakeholders come together for a series of consultations to agree on the main lessons learned from the information collected through the PM system. Use written reports, PowerPoint presentations, or creative communication methods (e.g., photographs, video, community theater) to share the PM information and results with as broad a range of stakeholders as possible. Some of the creative methods may be particularly effective at the community level with nonliterate communities, as well as with donors and other policy makers who suffer from information fatigue.

The following tips are for effective stakeholder consultations, presenting how project activities are progressing, and lessons learned.

Tips for effective stakeholder feedback sessions

- Plan well and make sure there is adequate time and budget for community events and meetings.
- Give local organizations and leaders a clear role in designing the process and selecting groups who participate at the event.
- Make sure the plans and ground rules are clear and acceptable well in advance. In particular make sure that stakeholder expectations are not inflated and that their views on the process are seriously considered.
- Ensure an appropriate diversity of stakeholders.
- Make sure adequate information is in relevant language and style.
- Maximize transparency. Make available as much documentation as possible about the project.
- "Receive as well as transmit," listen carefully to and note stakeholders' experience and opinions.
- Send key participants a report on the meeting shortly afterwards and invite corrections/omissions.
- Send stakeholders the final report or a brief about the decisions made as a result of their input.
- Follow up after the consultation process, especially if it is possible to offer opportunities for collaboration.
- Engage governments to the fullest extent possible, and encourage a positive spirit of government-civil society partnership.

(Adapted from Clark 2000)

Create mechanisms to share the information that has been gathered with all key stakeholders. As BCC programs are in the process of development, it is important to think about the community structures that can be used to facilitate feedback within the program. A good example is a project BCC steering committee, which gives community leaders and representatives of community organizations and government a role in planning and overseeing the progress of a BCC program.

Feedback should be an ongoing process at all levels. It enhances the flow of communication, connecting the sender and the receiver in a process of exchange and learning. Just as money is regarded as the lifeblood of business, feedback is the lifeblood of effective two-way communication. It is an indispensable component of BCC. Feedback mechanisms should be designed with program participants in mind and led by them rather than by experts. Use tools like the following feedback planning chart to assess and plan for feedback mechanisms.

Tool: Feedback planning chart			
Audience	**Messages**	**Ways to communicate**	**Frequency**
Clients and community members	▪ Program respects and solicits community feedback on how the program is working and not working for the community ▪ Improvements on program staff and community relations, strategy for HIV/AIDS messaging and education, outreach and approach to other populations ▪ Recognition of the community's input and problem-solving contribution to improve program	▪ Interpersonal communication ▪ Bulletin boards ▪ Community meetings	Monthly, or more frequent
		▪ Surveys	Every three months
Site staff	▪ Achievements: program goals and objectives progress report, client feedback, community feedback ▪ Improvements for staff and additional training ▪ The importance of teamwork and respect for participation ▪ The importance of input and participation from community	▪ Program updates and review of program goals and objectives at staff meetings ▪ Interpersonal communication	Every two weeks
		▪ Surveys ▪ Newsletter, best practices	Every three months
Upper-level management	▪ Achievements: program goals and objectives progress report, client feedback, community feedback ▪ Improvements for staff and additional training ▪ What clients and community members are saying about program ▪ What support upper-level management can give to staff	▪ Site visits ▪ Meetings ▪ Reports, surveys, best practices	Every six months

Audience	Messages	Ways to communicate	Frequency
Local media groups and other organizations	▪ Program respects and solicits others' feedback on how the program is working and not working ▪ Best practices and creative solutions to common problems ▪ Opportunities for working together to solve problems	▪ Site visits ▪ Meetings ▪ Reports, newsletters, best practices	Every three months
Government, donors, and other funding resources	▪ Achievements: program goals and objectives progress report, client feedback, community feedback ▪ How their support has helped ▪ Any areas in which further support could help to resolve recurring or on-going problems.	▪ Site visits ▪ Meetings ▪ Reports, newsletters	Annually

(Adapted from EngenderHealth 2003)

6.2 Work with key stakeholders to analyze the information, determine lessons learned, and plan next steps

Key stakeholders need opportunities to analyze information gathered through a project, determine key lessons learned, and plan next steps. As information is collected, it should also be accompanied by feedback about the results. For example, when PE supervisors collect information from PEs about their BCC activities, PE supervisors should facilitate a discussion about the implications of the results, conclusions about how activities have effected meaningful communication and behavior change, and a plan for how activities and communication approaches might be improved.

Use tools, such as the following lessons learned exercise, to talk with stakeholders about the implications of the information and to get feedback about their work plan and the program. Based on the knowledge and insights gained from new information, community members and other stakeholders should discuss their different perspectives on how to improve the program process and its interventions. They should also discuss whether and how program priorities and other practices should be changed. Finally, they will need to develop an action plan to implement these recommendations to improve program performance.

Lessons learned exercise

Objective

To enable groups/teams of program collaborators to collectively analyze activities they have carried out and develop lessons based on both successes and constraints.

Note: This exercise is useful for documenting processes and outcomes and can be carried out by all program participants, regardless of the intervention or level in which activities are being carried out.

Overview

After an activity or series of activities has been carried out, have the program implementers sit together to discuss what they have done and to develop lessons learned. These lessons will help them improve their activities in the future. Development of the lessons learned is based on examining both the strengths/successes and the weaknesses/constraints encountered in the implementation of the BCC activities. The lessons learned will enhance ongoing programming as well as information sharing with other programs, donors, or various organizations involved in HIV/AIDS communication.

Resources needed

Material resources

- Flip chart paper
- Marking pens
- Masking tape
- A notebook entitled "lessons learned"

Human resources

- A good group facilitator who knows how to get participants to share and clarify their ideas

Time required

The length of time required for the exercise will depend on the number of different activities and aspects of each activity covered. It can vary from a few hours to several days.

Steps to follow in using the exercise

Before beginning the exercise, explain to group participants: (1) the objective of the exercise, (2) that the ideas of all group members are important in the discussion, and (3) that lessons should be developed based on both the successes and the constraints of the program. Mention that normally in M&E activities the focus is on "what went wrong." The successes are not usually as well analyzed but can offer much to learn from as well. This exercise identifies both strengths and weaknesses.

Step 1: Prepare flip chart paper as shown:

Lessons learned table

Key aspect of each activity	
Positive aspects/successes/strengths	**Lessons learned**
Constraints/problems/weaknesses	**Lessons learned**

Step 2: Identify with participants the aspects of the activity to be discussed. For example, if the group has carried out a community mobilization activity involving theater on HIV/AIDS prevention, key aspects that could be discussed in the exercise might include: collaboration between different organizations, resource mobilization, and attendance by the general public.

Step 3: Write down positive aspects/strengths and constraints of each activity being discussed and develop a lesson learned for each one following these instructions:

- **a.** Discuss a positive aspect/strength of the activity being discussed. First, focus on the strong/positive points and then address the weaknesses. In this example, based on the key aspects of the community festival to be discussed, the facilitator should ask participants to identify/discuss "what worked well" or "what was successful." These "positive aspects/strengths" should be discussed one by one. Before writing anything in the flip chart table, the facilitator should ask participants to come to a consensus on the key strengths or positive points they want to record and help them to formulate those ideas in a clear and concise fashion.
- **b.** Once this is done the facilitator should write those ideas in the table. Next, for each key "positive aspect/strength" the group should develop a "lesson learned." It is strongly suggested that you work horizontally across the table; in other words, after you clarify one "positive point," immediately discuss the lesson learned for the future before going on to other "observation points."
- **c.** Each lesson learned should include two elements: (l) What should be done in the future? and (2) Why is it important to do so? Both of these elements are important if the formulated lesson is to be understood and if others are to be convinced they are important to respect in the future. The lessons learned should be formulated in such a way that they can be understood on their own, i.e., without referring back to the positive point.
- **d**. Lastly, highlight any important action points in the lessons learned. Indicate a point person to take responsibility for following up on the action point.
- **e.** After discussing and developing lessons based on the strengths/successes, the same procedure should be followed to deal with the constraints/weaknesses encountered.

In the table on the next page you will find examples of strengths, weaknesses, and lessons learned, related to "collaboration between different organizations" in the community festival on maternal and neonatal health.

Example of Lessons Learned Table

Key aspect: Collaboration between different organizations	
Positive Aspects/Successes/Strengths	**Lessons Learned**
Overall there was good collaboration and coordination between the different organizations. Preparation for the community mobilization started three months ahead of time. This gave all organizations plenty of time to identify and schedule human and other resources to contribute to the event.	It is important to begin planning all inter-organizational events several months ahead of time in order to ensure good coordination and collaboration between various partners.
Each organization contributed human and other resources for the event based on their specific strengths.	Organizations have many internal resources (material, human etc.), which can be mobilized for interagency effort. This reduces the need to seek outside funding for such events.
Constraints/Problems/Weaknesses	**Lessons Learned**
While all organizations were anxious to help with the festival, strong leadership was missing to coordinate the planning and implementation. The person chosen to coordinate the event was often not available due to her other professional responsibilities.	For future interagency activities, a committee of either two or three persons should be chosen to share responsibility for coordination of the event. If this is done, each of the coordinators will have fewer tasks to carry out and if one is sometimes unavailable, the others can carry on with the preparations. **Action point:** Form interagency committee **Point person:** Mary

Step 4: Once the exercise is completed, someone in the group should copy the lessons learned into a notebook in which the results of the exercise are recorded each time it is carried out. Thus, in future meetings or lessons learned sessions, the lessons from the past can be reviewed in order to see if they have been put into practice or not.

Appendix I: Tools for Implementing Step 5

BCC intervention monitoring checklist[3]

Objective

The aim of the BCC checklist is to reinforce the BCC objectives of the project and to ensure that the main standards for BCC are being met in delivering the interventions.

Directions

The BCC checklist should be used by the BCC steering committee or any advisory /management group overseeing project BCC activities. Ideally this group should include community members from key populations at risk of HIV/AIDS, as well as other stakeholders, to ensure a range of perspectives. The checklist should be used at quarterly meetings to monitor the design and implementation of one or more BCC interventions. Before beginning to use the checklist, the group should review the objectives of the project's BCC interventions and changes in knowledge, attitudes, and/or behaviors expected.

BCC intervention(s) to be monitored: _____

_____

Standard 1: Interventions should focus on well-characterized, specific key communities at risk.

The primary community for this BCC intervention is: *(tick all that apply)*

- ❑ In-school youth (primary and secondary)
- ❑ In-school youth (tertiary)
- ❑ Out-of-school youth
- ❑ Armed forces
- ❑ Police
- ❑ Female sex workers
- ❑ Transport workers
- ❑ Faith-based individuals
- ❑ Orphans and vulnerable children
- ❑ Vulnerable women
- ❑ PLHA
- ❑ Men who have sex with men (MSM)
- ❑ Intravenous drug users
- ❑ Others (please specify)_____

[3] Adapted from Coupal 2001.

This intervention addresses the needs of other people who influence the primary community: *(tick all that apply)*

- ❑ Community leaders
- ❑ Politicians
- ❑ Top-level decision-makers
- ❑ Parents
- ❑ Media
- ❑ Police
- ❑ Gatekeepers
- ❑ Religious leaders
- ❑ HCPs
- ❑ Merchants
- ❑ Educators
- ❑ Others (please specify) _____

Standard 2: HIV/AIDS prevention and care interventions facilitate dialogue, problem solving, and decision-making related to HIV/AIDS by members of communities at risk of HIV/AIDS.

The intervention facilitates dialogue and problem solving related to risk reduction and HIV/AIDS prevention and care: *(tick all that apply)*

- ❑ Enabling individuals to ask questions about HIV/AIDS that are important to them.
- ❑ Facilitating two-way exchange and learning between me and community members.
- ❑ Facilitating dialogue and exchange amongst community members.
- ❑ Helping community members recognize their own risk of HIV/AIDS.
- ❑ Helping community members identify barriers to HIV risk reduction.
- ❑ Helping community members identify options and solutions to address their key concerns and barriers to risk reduction.

The intervention engages community members in HIV/AIDS prevention communication: *(tick all that apply)*

- ❑ Collaborating closely with community members in key populations at risk of HIV/AIDS.
- ❑ Helping community members understand how power and gender dynamics influence risk of HIV/AIDS.
- ❑ Encouraging community members to receive information about HIV/AIDS prevention.
- ❑ Encouraging community members to engage in a two-way dialogue on HIV/AIDS prevention.
- ❑ Encouraging community members to share decision-making in HIV/AIDS prevention.
- ❑ Empowering community members through a transfer of resources and decision-making related to HIV/AIDS prevention.

Standard 3: HIV/AIDS prevention interventions and messages must be crafted to motivate and appeal to the needs, beliefs, concerns, and readiness of the specific community at risk.

The main messages used in this intervention are aimed at reducing the risk behavior(s) the primary community at risk is practicing: *(tick all that apply)*

- ❑ Not abstaining from sexual relations.
- ❑ Not being faithful to one's spouse.
- ❑ Having sex with many partners.
- ❑ Not using condoms.
- ❑ Not seeking proper treatment of STIs.
- ❑ Use of unsterilized skin-piercing equipment.

The intervention and the messages are planned so that they fit with the specific stage in the community at risk's movement in the behavior change process, which is the: *(tick all that apply)*

- ❑ Stage of providing appropriate information and dispelling myths.
- ❑ Stage in which assessing personal risk of infection is crucial.
- ❑ Stage of learning behavioral and condom negotiation skills.
- ❑ Stage of trying new behavior.
- ❑ Stage at which reinforcement of messages is appropriate.
- ❑ Stage of becoming an advocate for HIV/AIDS prevention

This intervention uses a combination of communication channels, including:
(tick all that apply)

- ❑ Interpersonal
- ❑ Small group
- ❑ Newspapers
- ❑ Community networks
- ❑ Radio
- ❑ Traditional and folk media
- ❑ Small media, newsletters, and pamphlets
- ❑ Posters
- ❑ Magazines
- ❑ Television
- ❑ Other (please specify) _____

Standard 4: At-risk individuals must be provided with both skills and services to prevent HIV.

This intervention provides for development of the following skills: *(tick all that apply)*

- ❑ How to discuss safer sex with partner(s).
- ❑ How to refuse to engage in unsafe sex.
- ❑ How to discuss condom use with partner(s).
- ❑ How to obtain condoms.
- ❑ How to use a condom correctly.
- ❑ How to dispose of a condom correctly.
- ❑ How to discuss abstinence.
- ❑ How to recognize need for STI treatment.
- ❑ How to find professional STI treatment.
- ❑ Other (please specify)_____

Standard 5: A supportive environment needs to be created for HIV prevention and care and for the protection of those infected with HIV.

This intervention tries to influence the social, cultural, environmental, political, and/or organizational influences on the environment for HIV prevention and care. For example, does it: *(tick all that apply)*

- ❑ Try to support traditional and cultural values that encourage low-risk behaviors?
- ❑ Try to persuade government officials to change public health policies?
- ❑ Try to influence organizational/corporate officials to discontinue discriminatory practices or policies?
- ❑ Try to mobilize support among the general public to work for changes in public policy?
- ❑ Try to promote alternatives to risk behaviors?
- ❑ Try to protect human rights of all people affected by HIV/AIDS?
- ❑ Try to actively fight discrimination/stigmatization?
- ❑ Try to educate the whole community for care, compassion, and prevention?
- ❑ Try to encourage activities that help dispel misconceptions and misinformation on HIV/AIDS?
- ❑ Other? Please describe: _____
  _____
  _____
  _____
  _____

Standard 6: Mechanisms need to be created to maintain and sustain HIV prevention behaviors and activities over time.

This intervention has follow-up mechanisms to reinforce and encourage sustained changes in attitudes and behaviors, including: *(tick all that apply)*

- ❑ Periodic follow-ups and retraining PEs.
- ❑ HIV prevention messages being repeated in the curriculum at all grade levels.
- ❑ Campaigns that include reinforcement messages focused on maintaining new behaviors.
- ❑ Periodic meetings for organizations working in the HIV prevention area.
- ❑ Meetings organized to discuss "lessons learned."
- ❑ Others (please specify) _____
  _____
  _____

Standard 7: BCC planners should identify and use opportunities to engage members of key communities at risk of HIV in the planning, implementation, and monitoring of the program.

This intervention actively encourages community participation at every stage of the intervention including: *(tick all that apply)*

- ❑ Community members conducted the initial mapping of the project implementation site using participatory methods.
- ❑ Community members regularly take part in the project's communication activities.
- ❑ Community members regularly access project services.
- ❑ Community members are represented in the decision-making body of the project.

Standard 8: BCC planners should identify and use opportunities to collaborate with different sectors of the community.

This intervention actively collaborates with other partners and implementing agencies.

❑ Yes ❑ No

This intervention takes into consideration other activities and materials aimed at this community at risk by other organizations.

❑ Yes ❑ No

This intervention is designed to involve the resources and expertise of other organizations and/or the public and private sectors, including: *(tick all that apply)*

- ❑ Commercial sector
- ❑ News media
- ❑ Industrial sector
- ❑ Armed forces
- ❑ Police
- ❑ ministry of health
- ❑ Ministry of education
- ❑ Ministry of agriculture
- ❑ Ministry of women and social welfare
- ❑ Ministry of justice
- ❑ Local government service commissions
- ❑ Other government institutions
- ❑ NGOs not specifically focusing on HIV
- ❑ Other (please specify)_____

Standard 9: Monitoring and evaluation are essential processes of effective BCC programming.

Regular monitoring allows you to see if the project is proceeding according to plan or if it needs to be changed. Evaluation indicates if the project is achieving its objectives.

❑ Yes ❑ No

This intervention has staff available for monitoring and supervision.

❑ Yes ❑ No

The monitoring instrument takes into account the following recommended indicators:[4] *(tick all that apply)*

- ❑ Change in audience who recall hearing or seeing a specific message.
- ❑ Change in audience that know of a product, practice, or service.
- ❑ Change in audience with a specific attitude (toward the product, practice, or service).
- ❑ Change in audience who believe that spouse, friends, relatives, and community approve (or disapprove) of the practice.
- ❑ Change in audience that perceive risk in a given behavior.
- ❑ Change in audience who experience a strong emotional response (to the communication).
- ❑ Change in audience that are confident they could adopt the behavior.
- ❑ Change in nonusers who intend to adopt a certain practice in the future.
- ❑ Change in audience who have encouraged (discouraged) friends and relatives to adopt the practice.
- ❑ Change in audience who have adopted the behavior.
- ❑ Other_____

The BCC steering committee has identified new directions or changes to this intervention as a result of monitoring.

❑ Yes ❑ No

[4] Bertrand J, Escudero G 2001.

The spider web: assessment of collaboration

A program tool to assess the management of bcc programs

Purpose

The spider web is a participatory monitoring (PM) tool that can be used by management groups for behavior change communication (BCC) programs to assess their coordination of BCC activities that promote the prevention of HIV/AIDS. The spider web is used because the threads that comprise a woven web symbolize the key components necessary for effective collaboration. If any of the threads in the web are weak, the collaboration may not function effectively or be sustainable. The key components, or "threads," used to assess collaboration for HIV/AIDS prevention include collaboration, participation/representation, monitoring, strategic planning and action, and resource mobilization.

This tool can be adapted to assess various types of advisory committees and groups. Groups are encouraged to adapt this tool according to their own needs, experiences, and priorities by revising the key components they wish to monitor and strengthen.

Directions

The key components, or "threads," prioritized for prevention of HIV/AIDS are shown in the charts below. The questions related to these components are listed in the table below. Each component has its own section with several questions. The questions can be answered by determining the best answer, listed to the right of each question. Each answer has a score associated with it, on a scale from one to four, as indicated in the top of each column. One indicates low capacity; four indicates high capacity. Each possible answer has been detailed to enable the groups to honestly pick the answer that best relates to their current capacity to promote prevention of HIV/AIDS. Once scoring has been recorded for all the questions, a spider web should be drawn according to the score for each component or thread. The visual should resemble a spider web, highlighting strengths and weaknesses, according to the length of the threads. The goal is to have all threads as long as possible and approximately equal in length, symbolizing stability and sustainability!

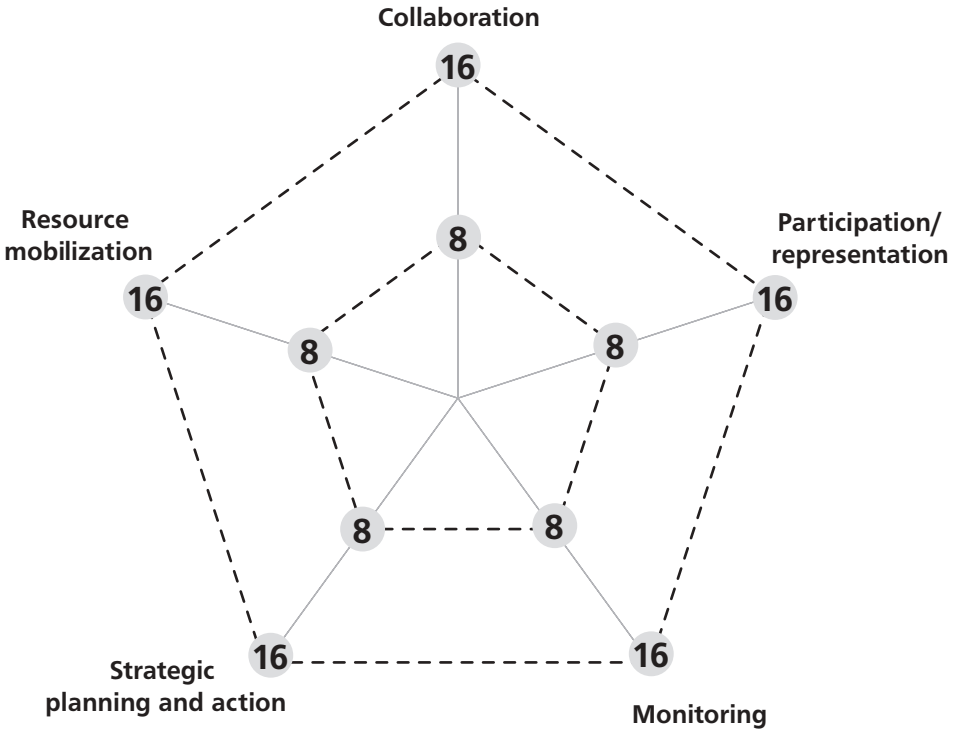
Step 1: Go through the questions and answer each one. Record your score (1, 2, 3, or 4).

Step 2: Calculate your score for each key component by adding up all the recorded scores for that section. For example, the first section, collaboration, can have anywhere from the lowest score of 4 (4 questions x 1 point for each = 4), to the highest score of 16 (4 questions x 4 points = 16).

Step 3: Transfer your score for each component to a spider web visual, as shown on the next page.

Step 4: Analyze the spider web. The scores were developed through experience and reflection. Next formulate conclusions and develop lessons learned. The lessons developed from this exercise should inform current and future programming. Keep the spider web visual, scores, and additional notes for report writing/documentation. The visual should also be used for comparison, as the tool is used periodically to assess collaboration for HIV/AIDS prevention.

The spider web of collaboration



Spider web questions

Collaboration	1	2	3	4
Do implementing agencies (IAs) conduct joint BCC activities?	IAs have not conducted joint activities.	Less than half of IAs have conducted joint activities.	More than half of IAs have conducted joint activities.	All IAs have conducted joint activities.
Do IAs visit each other's projects?	IAs have not conducted interproject visits.	Less than half of IAs have conducted interproject visits.	More than half of IAs have conducted interproject visits often.	All IAs have conducted interproject visits.
Is the group coordinating with mass media?	The group has a low level of coordination with mass media.	The group has below average coordination with mass media.	The group has above average coordination with mass media.	The group has close collaboration coordination with mass media.
Is the group collaborating with government at various levels?	The group has a low level of coordination with government.	The group has below average coordination with government.	The group has above average coordination with government.	The group has close collaboration coordination with government.

Participation/ representation	1	2	3	4
Do members attend meetings regularly?	Members do not attend meetings.	Less than half of the members attend meetings.	More than half of the members attend meetings.	All members attend meetings.
Do members participate in group decision-making?	There is no group decision-making.	Decisions are made by less than half of the members.	Decisions are made by more than half of the members.	All members have equal input into decision-making.
How often are group meetings held?	Group meetings are held annually.	Group meetings are held every six months.	Group meetings are held quarterly.	Group meetings are held monthly.
Is the group composed of persons who belong to the different categories of the risk groups? (e.g., gender, age, class, ethnicity, socio-economic status)	The group is not representative.	Less than half of different community at risk perspectives are represented.	More than half of different community at risk perspectives are represented.	All community at risk perspectives are sought, represented, and respected.

Monitoring	1	2	3	4
Does the committee review monitoring information?	The committee rarely reviews monitoring information.	The committee occasionally reviews monitoring information.	The committee reviews monitoring information on a quarterly basis.	The committee reviews monitoring information on a monthly basis.
Does the committee monitor individual IA activities?	No monitoring of activities occurs.	Monitoring occurs occasionally.	Monitoring occurs often.	Revision occurs on a frequent and planned basis.
Does the committee determine lessons learned based on monitoring information?	No determination of lessons learned occurs.	Determination of lessons learned occurs annually.	The group determines lessons learned on a quarterly basis.	The group determines lessons learned on a monthly basis.
Does the committee review BCC strategies and reinforce key behavioral objectives?	No review and reinforcement occurs.	Review and reinforcement occurs occasionally.	Review and reinforcement occurs often.	Review and reinforcement occurs on a frequent and planned basis.

Strategic planning and action	1	2	3	4
Does the group have clear objectives and an action plan?	No planning takes place.	Less than half of the activities are based on a strategic plan.	More than half of the activities are based on a strategic plan.	All activities are based on a strategic plan.
Do group members who belong to other organizations report on their activities to their member agencies in a transparent manner?	Group reporting is not transparent.	Group reporting has a low level of transparency.	Group reporting has an above average level of transparency.	Group reporting has a very high level of transparency.
Does the group review its activities to identify actions to improve performance?	Group never evaluates activities.	Group occasionally evaluates activities.	Group often evaluates activities.	Group always evaluates activities and determines lessons learned.
Do the BCC activities of IAs reinforce the same goals?	Activities are not reinforcing the same goals.	Less than half of the activities are reinforcing the same goals.	More than half of the activities are reinforcing the same goals.	All activities are reinforcing the same goals.

Resource mobilization	1	2	3	4
Has the BCC group identified the organizational skills and resources of each IA?	The group has not identified member organizations' skills and resources.	Less than half of member organizations' skills and resources identified.	More than half of member organizations' skills and resources identified.	All member organizations' skills and resources identified and used as appropriate.
Do member organizations utilize the resources available to them for BCC group activities?	Members do not utilize the resources available to them for group activities.	Less than half the members utilize the resources available to them for group activities.	More than half the members utilize the resources available to them for group activities	All members utilize the resources available to them for group activities.
Has the group been successful in mobilizing government resources for BCC activities?	No government resources mobilized.	Group has been a bit successful in mobilizing government resources.	Group has been fairly successful in mobilizing government resources.	Group has been very successful in mobilizing government resources.
Has the group been successful in mobilizing other external resources?	No other external resources mobilized.	Group has been a bit successful in mobilizing other external resources.	Group has been fairly successful in mobilizing other external resources.	Group has been very successful in mobilizing other external resources.

Peer educator/outreach worker training needs self assessment

Purpose

The objective of this self-assessment tool is to enable PEs and ORWs to assess their own attitudes, knowledge, behavior, and skills related to promoting HIV/AIDS prevention and care. This will help these workers appreciate their own strengths and weaknesses, and identify areas in which they may need more training to better carry out activities.

Overview

There are six categories of skills identified below related to a PE or ORW's ability to work effectively with the community. These "skill sets" are (1) facilitating dialogue and problem solving, (2) engaging community members in HIV/AIDS prevention communication, (3) involving individual community members in increasing their knowledge and actions to promote HIV/AIDS prevention, (4) facilitating groups in problem solving to promote HIV/AIDS prevention and care, (5) having the knowledge base to promote others' learning and action, and (6) having the skills to promote others' learning and action.

Instructions

Step 1: Think about your work with peers and how you link to communities and health workers as you read each statement below.

Step 2: Decide whether your present skills are: (l) in need of improvement, (2) satisfactory, or (3) strong. In the space to the left of each statement write 1, 2, or 3 depending on your response.

Step 3: The total score for each section should be between 6 and 18. Give yourself a score for each skill set according to the scale below:

6–8 = Needs considerable training

9–11 = Needs some training

12–15 = May need training in specific areas

16–18 = No training needed

Step 4: Discuss your scores with your supervisor, so he/she can help you decide what type of training you need to improve your abilities. No matter how good your scores are, you can always improve your efforts.

Step 5: Keep your scores so that you can compare your progress over time. Give a copy of the scores to your supervisor.

Step 6: Think about your experiences and share them with others to formulate conclusions and improve the training programs for other PE/ORWs.

What is your name? _____

Which organization trained you? _____

Score yourself on the following:

Feeling confident about having the skills to facilitate dialogue and problem solving:

___ I can enable individuals to ask questions about HIV/AIDS that are important to them.

___ I can facilitate two-way exchange and learning between community members and myself.

___ I can facilitate dialogue and exchange amongst community members.

___ I can help community members recognize their own risk of HIV/AIDS.

___ I can help community members identify barriers to HIV risk reduction.

___ I can help community members identify options and solutions to address their key concerns and barriers to risk reduction.

___ **Skill set score**

Feeling confident about having the appropriate attitudes, values, and analytical skills to engage community members in HIV/AIDS prevention and care communication.

___ I am comfortable working with community members in key populations at risk of HIV/AIDS.

___ I share/understand the attitudes and values of the communities with which I work.

___ I recognize the relationship between power and gender dynamics and risk of HIV/AIDS.

___ I can help community members understand how power and gender dynamics influence risk of HIV/AIDS.

___ I can encourage community members to take active part in HIV/AIDS prevention communication.

___ I can encourage community members to take a decision-making role in HIV/AIDS prevention communication.

___ **Skill set score**

Involving individuals in improving their knowledge and taking action to prevent HIV/AIDS:

___ I can help every individual to learn about HIV/AIDS prevention and care.

___ I work closely with my peers to prevent HIV.

___ I understand the feelings and concerns of my peers about HIV/AIDS prevention and care.

___ I help my peers to identify and solve their problems related to prevention of HIV.

___ I motivate my peers to take action to prevent HIV.

___ I mobilize my peers to initiate new approaches related to HIV/AIDS prevention and care.

___ **Skill set score**

Helping groups solve problems related to HIV/AIDS prevention and care:

___ I bring different people together to discuss HIV prevention and to learn from each other.

___ I have my peers' trust and confidence to freely discuss and assist in solving their problems.

___ I believe that peers and peer educators can work together to prevent HIV.

___ I correct wrong information on HIV/AIDS during peer education sessions.

___ I encourage groups to take part in BCC activities to promote HIV/AIDS prevention and care.

___ I motivate groups to take the lead in new BCC initiatives to promote HIV/AIDS prevention and care.

___ **Skill set score**

Feeling confident about having the knowledge to promote others' learning and action:

___ I answer questions on the transmission of HIV.

___ I answer questions related to the risk factors for HIV transmission.

___ I answer questions related to the prevention of HIV.

___ I answer questions related to the signs and symptoms of HIV/AIDS.

___ I answer questions related to the treatment of HIV/AIDS.

___ I mobilize and refer my peers to appropriate services.

___ **Skill set score**

Feeling confident about having the skills to promote others' learning and action:

___ I promote condom use and negotiation.

___ I promote abstinence and mutual fidelity.

___ I promote voluntary counseling and testing.

___ I promote care for people infected and/or affected by HIV/AIDS.

___ I record the questions asked by my peers about HIV/AIDS and note how the questions change over time.

___ I practice the safe sexual behaviors that I counsel others to adopt.

___ **Skill set score**

Health care provider training needs self assessment

A self-assessment monitoring tool

Purpose

The objective of this self-assessment tool is to enable health care providers (HCPs) to assess their own attitudes, knowledge, and skills related to promoting HIV/AIDS prevention and providing nursing care and clinical management of PLHAs. This will help them to appreciate their own strengths and identify areas in which they may need more training to more effectively counsel clients on HIV prevention and provide clinical care and support to PLHAs.

Overview

There are three categories of skills related to an HCP's ability to work effectively with community members. These "skill sets" are (l) ability to involve individual community members in increasing their knowledge and actions to promote HIV/AIDS prevention, (2) ability to provide quality services, and (3) ability to provide the necessary drugs and referrals.

Instructions

Step 1: Reflect on your work providing health care to clients and your links to the communities as you read each statement below.

Step 2: Decide whether your present skills are (l) needing improvement, (2) satisfactory, or (3) strong. In the space to the left of each statement write the corresponding number (1, 2, or 3) depending on your response.

Step 3: Total up your score for each skill set. The numbers will be between 5 and 15. Score yourself for each skill set according to the following scale:

5–6 = Needs considerable training

7–9 = Needs some training

10–12 = May need training in specific areas

13–15 = No training needed

Step 4: Discuss your scores with your supervisor so that he/she can help you decide what type of training you need to improve your abilities as an HCP. No matter how good your scores are, you can always improve your efforts.

Step 5: Keep your scores so that you can compare your progress over time. Give a copy of your scores to your supervisor.

Step 6: Reflect on what your experiences have been and share them with others to discuss important concerns and improve training programs for other HCP.

What is your name? _____

Which organization/institution trained you? _____

Score yourself on the following:

Feeling confident about having the skills to facilitate dialogue and problem solving:

___ I am comfortable working with community members in key populations at risk of HIV/AIDS.

___ I can facilitate two-way exchange and learning between community members and myself.

___ I can help community members recognize their own risk of HIV/AIDS.

___ I can help community members identify barriers to HIV risk reduction.

___ I can help community members identify options and solutions to address their key concerns and barriers to risk reduction.

___ **Skill set score**

Knowledge and ability to take action to prevent HIV/AIDS/STIs:

___ I believe I can help every individual to learn about HIV/AIDS/STI management and care.

___ I work closely with my colleagues and clients to prevent HIV/AIDS/STIs.

___ I help my clients to improve health-seeking behavior to prevent HIV/AIDS/STI.

___ I motivate clients/doctors/nurses to take action to prevent HIV/AIDS/STIs.

___ I understand the feelings and concerns of my clients about HIV/STIs transmission.

___ **Skill set score**

Ability to provide quality STI, nursing, and clinical care services to PLHA:

___ I have the skills to use syndromic approach to STI management.

___ I have the skills to provide clinical care to PLHAs.

___ I have the skills to provide good nursing care for PLHAs.

___ I encourage my clients to come for follow-up, as required.

___ I keep regular records on the services I provide to my clients according to standard procedures.

___ **Skill set score**

Ability to provide drugs and referral services:

___ I have access to adequate supplies of quality drugs for treating STIs using syndromic approach.

___ I have the skills and knowledge to prescribe and administer antiretrovirals (ARVs).

___ I have access to adequate supplies of ARVs.

___ I know when and where to refer PLHAs.

___ I know when and where to refer STI clients.

___ **Skill set score**

Ability to provide quality counseling services:

_____ I have adequate time to attend to each client.

_____ I assure the client of confidentiality.

_____ I ask about the client's feelings and concerns.

_____ I show respect and encourage my client.

_____ I show care and empathy (put self in position of client).

___ **Skill set score**

Summary checklist for questions asked

A tool for ia community sensitization/mobilization activities and peer educator sessions

Purpose

This tool is intended for the staff from implementing agencies (IAs) and outreach workers (ORWs) or supervisors of peer educators (PEs) during community sensitization and mobilization activities, special events, and group PE sessions. It will help IA staff and supervisors monitor how the questions communities are asking are changing over time, and whether the level of discussion about HIV/AIDS is deepening with more BCC activities. The tool is divided into two sections. Section 1 describes how to harvest questions asked in the field. Section 2 provides guidelines on how to analyze the questions asked.

Section 1: harvesting questions in community/group peer educator sessions

This section provides guidelines for the process of harvesting questions from a group discussion or group PE sessions.

Community

IA staff or ORWs/supervisors of PEs should "harvest" questions during group gatherings of:

- Community members.
- Participants at religious gatherings.
- Participants at youth meetings.
- Participants at a rally/educational/entertainment events.
- Group PE sessions.

Directions for IAs

1. Organize a community sensitization and mobilization meeting.
2. Discuss some of the key issues raised by the event or of current relevance to community members.
3. Initiate discussions among the community members about these issues.
4. Allow the community participants to ask questions. Have a staff person facilitate the answering of the questions.

5. During the question and answer session in a community meeting, have one IA staff write down all the questions that participants ask. If it is not possible to have a staff member write down the questions during the session, record the questions during or immediately after the meeting. Do not write down the questions that the facilitator (IA staff member) asks unless community members raised them first. Remember that we are interested in recording what the participants want to know, not what we want to teach.

Directions for ORWs/PE supervisors

1. Organize a group PE session with secondary school PEs.
2. Collect the monthly reports from all the PEs.
3. From the monthly reports, review the sections on questions asked by peers. Make a complete list of all the questions collected by the PEs.
4. Ensure that PEs properly understand the process of harvesting questions asked. Explain that PEs should only write down questions that were asked by peers on their own initiative. Remember that we are interested in recording what the peers want to know, not what we want to teach.

Section 2: analysis of questions asked

This section provides guidelines on how to analyze the questions harvested during community group discussions or group PE sessions.

Implementer of the tool

This tool is intended for use by IA staff and supervisors of PEs. Where possible, supervisors and IA staff should work closely with PEs and other staff and volunteers in using this tool. This will help them to understand how the depth of discussion is changing over time.

Directions

1. After the conclusion of the group, use this tool to summarize the type of questions raised by community members or peers.
2. Fill in the date, type of activity, and location.
3. Compare the complete list of questions asked by the community/peers to the attached checklist.
4. Put one tick next to the question asked according to the number of times a similar question was asked. (Thus, the number of ticks next to a question indicates the number of times a similar question was asked.)
5. For questions not included in the checklist, write them down in the relevant section under "Other." Attach the complete list of questions asked to the summary checklist.

Every three months, compare the types of questions asked in different community sensitization and mobilization activities or group PE sessions. Discuss the following:

- Is the type of question asked changing over time?
- What does the nature of the questions tell you about the community's knowledge, attitudes, and practices?
- Are additional sensitization sessions on specific topics needed to promote community understanding and problem solving related to other areas of HIV/AIDS?

Develop plans for your next community sensitization and mobilization activities to promote discussion around new topic areas not currently raised in community question and answer sessions.

Every year, review the checklists of questions asked for the year. Analyze the changes in the questions according to the issues listed above. Also consider:

- How is the depth of discussion increasing over time?
- What are the new concerns that appear to be gaining importance for communities/students?
- How should community activities/PE sessions and refresher training for IAs/PEs change to promote further learning and progress in the understanding and skills of communities and students?

These questions may be modified according to what is relevant in a particular community.

Name of IA	
Date	
Community	
Location	
Type of Activity	
Population at risk	

Origins and nature

- ❑ What is HIV?
- ❑ What is AIDS?
- ❑ What is the difference between HIV and AIDS?
- ❑ What is the origin of HIV?
- ❑ Where did the first person get infected with HIV?
- ❑ Other_____

Transmission

- ❑ How is HIV contracted?
- ❑ Can mosquitoes transmit HIV?
- ❑ Can HIV be transmitted through kissing?
- ❑ How long does the virus survive outside the body?
- ❑ Is it true some people have a natural immunity to HIV?
- ❑ Are some blood groups resistant to HIV?
- ❑ What is the relationship between sexually transmitted infections (STIs) and HIV/AIDS?
- ❑ Other_____

Signs, symptoms, and progression

- ❑ What are symptoms of AIDS?
- ❑ How can a person know if he/she has HIV/AIDS?
- ❑ How long does it take to get AIDS after contracting HIV?
- ❑ How long does it take a person to die after showing the first symptoms of AIDS?
- ❑ Other_____

Risk factors

- ❑ Who is at risk?
- ❑ How do I know if I am at risk?
- ❑ Why are STIs important in HIV infection?
- ❑ Other_____

Prevention

- ❑ How can HIV infection be prevented?
- ❑ If both sexual partners are infected, is it necessary for them to use condoms?
- ❑ What are the prevention methods that women can control?
- ❑ Other_____

Condoms

- ❑ Is a condom the only means of protection against HIV/AIDS?
- ❑ How do I discuss using a condom with a partner?
- ❑ What do I do if my partner refuses to use condoms?
- ❑ Is it okay for a woman to carry condoms?
- ❑ Are there condoms for females?
- ❑ Do condoms have holes?
- ❑ Which brand of condom is the best?
- ❑ Other_____

Abstinence and mutual fidelity

- ❑ If a person thinks his/her partner is not faithful, what should he/she do?
- ❑ How can you stop your partner from straying?
- ❑ How is it possible to abstain?
- ❑ Is it possible for me to abstain after losing my virginity?
- ❑ Does abstinence cause sickness?
- ❑ Other_____

Treatment

- ❑ Can AIDS be cured?
- ❑ Is there a treatment for HIV/AIDS?
- ❑ Where can you get treatment for AIDS?
- ❑ Is there an effective alternative treatment for HIV/AIDS?
- ❑ What is the cost of treatment?
- ❑ Other_____

Counseling and testing

- ❑ Why should someone go for counseling and testing?
- ❑ Where can you go for testing?
- ❑ Is my confidentiality assured?
- ❑ How long after contracting HIV does it take to show up in tests?
- ❑ How often should you go to get tested?
- ❑ What comes next after the test?
- ❑ Other_____

Care of people living with HIV/AIDS

- ❑ What advice can be given to people living with HIV/AIDS?
- ❑ How can the community help people living with HIV/AIDS?
- ❑ What services are available for people living with HIV/AIDS?
- ❑ How can I protect myself while caring for people living with HIV/AIDS?
- ❑ How can an HIV-positive woman get pregnant by an HIV-negative man?
- ❑ Other_____

Rights of people living with HIV/AIDS

- ❑ How can someone who is HIV positive be allowed to mix freely with people?
- ❑ Can an HIV-negative person marry an HIV-positive person?
- ❑ Can a person living with HIV/AIDS continue to stay in the work environment?
- ❑ Other_____

Pregnancy and HIV/AIDS

- ❑ Why is it important for pregnant women to know their HIV status?
- ❑ Can an HIV-positive mother infect her unborn child?
- ❑ What can be done to prevent mother-to-child transmission of AIDS?
- ❑ How can someone who has AIDS tell their partner about it?
- ❑ Other_____

Beliefs and norms

- ❑ Can certain leaves cure HIV?
- ❑ Where was HIV during the time of our ancestors?
- ❑ Is AIDS the sickness of irresponsible people?
- ❑ Other_____

Other topics

Did the questions demonstrate:

- Incorrect beliefs about the causes of HIV/AIDS?
- Negative attitudes towards people living with HIV/AIDS?
- Negative attitudes towards condoms?
- Interest in:
  - Discussing HIV status with partner?
  - Condom use?
  - Counseling?
  - Testing?
  - Treatment?
- Experience with:
  - Discussing HIV status with partner?
  - Condom use?
  - Counseling?
  - Testing?
  - Treatment?

Supervisor's Checklist for Observation of Counselor[5]

Objectives

The objectives of the tool are to enable the supervisor of counselors:

- To assess the adequacy of institutional support and facilities that enable counselors to carry out their duties effectively.
- To assess counselor's ability to demonstrate appropriate counseling techniques.
- To assess counselor's ability to cover essential information during counseling.
- To assess counselor's ability to establish rapport with clients.
- To assess the counselor's use of and ability to explain relevant BCC materials during counseling.

Purpose

The tool will help counselors to improve their work by:

- Serving as a reference guide for how to conduct counseling activities.
- Identifying potential gaps and counseling needs.
- Enabling them to assess themselves after feedback

Directions

1. The supervisor should observe the counselor during counseling sessions.
2. For each indicator, he/she should put a tick in the column marked "Observed" for those that were observed during the session, or which, in the case of institutional support, are true.
3. For those that were not observed or are not true, he/she should put a tick in the column marked "Not observed." The indicator list follows on the next page.

[5] Adapted from Bertrand October 1996

Indicator list for use in observing counselors

Indicator	Observed	Not observed
1. Adequacy of institutional support and physical environment for individual counseling		
Counseling procedures are provided to the counselor in written form.		
Counselors have enough time to attend each client.		
Staff who are trained in counseling remain in relevant positions.		
In case of turnover, replacement staff receive similar training in counseling.		
Other professional and support staff are trained/oriented in counseling to create a supportive environment.		
A private area is used for all counseling sessions.		
Client information kept confidential.		
2. Demonstration of appropriate counseling techniques. The counselor:		
Introduces himself/herself to the client and explains his/her role as a counselor.		
Assures the client of confidentiality.		
Asks the client about his/her needs and/or reason for visit and takes relevant history.		
Asks about the client's feelings and concerns.		
Explains the client's options.		
Helps client decide between alternatives.		
Explains how to practice the behavior or act on the selected option correctly.		
Asks the client to repeat key information on how to practice the behavior or act on the selected option.		
Encourages the client to return as needed.		
Asks if the client has any questions.		
Responds appropriately to the client's questions.		

Indicator	Observed	Not observed
3. Coverage of essential information during counseling. The counselor:		
Covers essential points (outlined during training) for the type of consultation.		
Gives accurate, relevant information on the behavior/selected option of interest to the client.		
Gives information on other relevant health issues and services.		
Refers the client to appropriate services, where necessary.		
Agrees with the client on appropriate return visit schedule.		
4. Socio-emotional rapport. The counselor:		
Gives full attention to client with no interruptions.		
Shows respect and compliments the client.		
Asks mainly open-ended questions.		
Encourages the active participation of the client.		
Expresses caring and empathy (puts self in position of client).		
Legitimizes and reassures client's concerns.		
Uses appropriate nonverbal communication (appearance, posture, gestures, facial expressions, tone, etc.).		
5. Use of BCC materials during counseling. The counselor:		
Routinely provides relevant BCC materials to the client.		
Encourages questions based on the materials.		
Allows the client to examine the materials on his/her initiative.		
Discusses with the client the meaning of the BCC materials, including drawings.		

Supervisor's checklist for observation of peer education[6]

Objective

The objective of the tool is to enable the supervisor of PEs:

- To assess the adequacy of institutional support to enable PEs to carry out their duties effectively.
- To assess PEs' ability to demonstrate appropriate counseling techniques.
- To assess PEs' ability to cover essential information during PE sessions.
- To assess PEs' ability to establish rapport with clients.
- To assess the PEs' use of and ability to explain relevant BCC materials during PE sessions.

Purpose

The tool will help PEs to improve their work by:

- Serving as a reference guide for how to conduct PE activities.
- Identifying potential gaps and PE needs.
- Enabling them to assess themselves after feedback.

Directions

1. The supervisor should observe the PE during PE sessions.
2. For each indicator, he/she should put a tick in the column marked "Observed" for those that were observed during the session, or which, in the case of institutional support, are true.
3. For those that were not observed or are not true, he/she should put a tick in the column marked "Not observed." The indicator list follows on the next page.

[6] Adapted from Bertrand October 1996

Indicator list for use in observing PEs

Indicator	Observed	Not observed
1. Adequacy of institutional support		
Peer education procedures are provided to the PE in written form.		
Trained PEs work in relevant locations.		
In case of turnover, replacement PEs receive similar training in peer education.		
2. Demonstration of appropriate counseling techniques. The PE:		
Assures the client of confidentiality.		
Asks if the client has any questions.		
Responds appropriately to the peer's questions.		
Encourages dialogue among risk group members.		
Shows evidence of problem solving ability.		
Able to deal with unexpected comments or questions.		
3. Coverage of essential information during PE sessions. The PE:		
Covers essential points outlined during training.		
Gives accurate, relevant information on the behavior/selected option of interest to the peer.		
Gives information on other relevant health issues and services.		
Refers the client to appropriate services.		
4. Socio-emotional rapport. The PE:		
Gives full attention to peer with no interruptions.		
Shows respect and encourages the peer.		
Asks mainly open-ended questions.		
Encourages the active participation of the peer.		
Compliments and reassures peer's concerns.		
Uses appropriate nonverbal communication (appearance, posture, gestures, facial expressions, tone).		

Indicator	Observed	Not observed
5. Use of BCC materials during PE sessions. The PE:		
Routinely provides relevant BCC materials to the peer.		
Encourages questions based on the materials.		
Allows the peer to examine the materials on his/her initiative.		
Discusses with the peer the meaning of the BCC materials, including drawings, and picture codes.		
Encourages the use of audiovisuals.		

Local level tracking tool[7]

In the table below, list and describe the BCC activities that project stakeholders participated in during the last reporting quarter.

Type of BCC activity	Date(s) of the activity	Organizations involved in planning and implementing activity	Location of event	Stakeholder who participated	Organization that funded or provided resources to activity	Newspaper clippings or photograph attached
Total _____ (Put number of BCC activities.)			**Total** _____ (Put number of sites where BCC activities took place.)			

Add more rows, if needed.

[7] Adapted from White Ribbon Alliance 2004.

Appendix II: Participatory monitoring orientation training module

Participatory monitoring orientation training module

This section of the guide provides the essential elements of a training on participatory monitoring. Included in this training module are:

- Expectations and ground rules.
- Sample goals and objectives.
- A sample training agenda.
- Icebreaker and refresher exercises.
- Methods for monitoring and evaluating your training program.
- Training exercises.

These resources are intended to give you sample materials and ideas for how you might conduct a training workshop on PM for your program. They will need to be adapted for your participants' and programming needs.

Expectations and ground rules

1. Start the training program with a discussion about the participants' expectations for the workshop. List them on a flip chart.
2. On another page of the flip chart, ask participants for ground rules for the workshop. If the participants determine the rules, they are more likely to help ensure that the workshop runs smoothly.

Goal and objectives

1. Share the goal and objectives of the training workshop with the participants. (See the sample goal and objectives below.)
2. Compare these with participants' expectations. If there are significant differences or additions, work with the participants to adjust the workshop goals and objectives.

Sample goal

To engage local implementing agencies and communities in gathering and using information to improve their programs.

Sample objectives

- Participants will become familiar with the definition and purpose of PM.
- Participants will learn how to apply PM tools in their work.
- Participants will develop appropriate formats for feedback to local partners and communities.

Ice breakers and refresher exercises

1. Conduct an icebreaker exercise to help introduce participants to each other and break the ice at the beginning of the workshop. The exercise is particularly effective if the icebreaker encourages humor. For instance, you can ask participants to introduce themselves to the group and tell one surprising, little known fact about themselves (for example, their love of waltzing or surfing).
2. Throughout the workshop, particularly in the afternoons, take short breaks to do refresher exercises.
3. Ask participants to volunteer to lead their own ideas for refresher exercises. You might include one refresher related to M&E, such as the one on the next page.

Refresher related to monitoring and evaluation

This refresher gets participants out of their seats and is a quick (and, hopefully, fun) way of gathering information about the participants related to their experience with M&E.

Directions

Ask all participants to stand up. Point to a long empty space along the length of the room and explain that it represents a scale, with zero on one end and the highest point of the scale (20+) on the other. You would like all participants to line up along the scale according to their answer to the following questions:

- How many years have you been working on HIV/AIDS?
- How many years have you been working on BCC?
- How many years have you been working on M&E?
- How many times has your program been evaluated?
- How many evaluations have you helped to conduct?
- How many tens of miles have you traveled to get to this workshop (scale = 0–200+)

Ask participants to remark on what they have learned about each other from the exercise.

(Adapted from INTRAC 2003)

Sample agenda for PM training workshop
(For participants familiar with basic concepts of M&E)

Day 1	Day 2	Day 3	Day 4
8:30–9:00 - Welcome and introductions 9:00–9:30 - Expectations and ground rules 9:30–9:40 - Workshop goal and objectives 9:40–10:00 - Tea break 10:00–12:00 - PM approaches 12:00–12:30 - Introduction to PM tools 12:30–1:30 - Review of PM tools	8:30–9:00 - Recap: Chart of participants likes and dislikes 9:00–9:40 - Identification of gaps, concerns, and potential additional tools 9:40–10:00 - Tea break 10:00–11:30 - Identification of gaps, concerns, and potential additional tools 11:30–12:00 - Field testing of tools logistics	8:30–9:00 - Recap 9:00–9:40 - Presentations of findings from field testing 9:40–10:00 - Tea break 10:00–12:00 - Presentations of findings from field testing (10 minutes per group) 12:00–1:30 - Finalization of tools	8:30–9:00 - Recap: Chart of participants likes and dislikes 9:00–9:40 - Feedback 9:40–10:00 - Tea break 10:00–10:30 - Key recommendations on Feedback 10:30–11:30 – Role-play 11:30–1:30 - Documentation issues
1:30–2:30 - Lunch	12:00–evening - Field testing of tools	1:30–2:30 - Lunch	1:30–2:30 - Lunch
2:30–3:50 - Presentations on review of tools 3:50–4:00 - Wrap-up		2:30–3:50 - Feedback issues 3:50–4:00 -Wrap-up	2:30–3:50 - Finalization of tools and follow-up 3:50–4:00 - Wrap-up
Timekeeper: *Rapporter:*	*Timekeeper:* *Rapporter:*	*Timekeeper:* *Rapporter:*	Timekeeper: Rapporter:

Sample Agenda for PM Training Workshop (With introductory exercises on M&E for participants unfamiliar with basic concepts of M&E)			
Day 1	**Day 2**	**Day 3**	**Day 4**
8:00–8:45 - Welcome, introductions and expectations 8:45–9:00 - Workshop goals 9:00–9:15 - Ground rules 9:15–10:15 - Breakout groups: discovering PM exercises (and tea break) 10:15–11:15 - Discovering PM exercises and report back 11:15–12:00 - Measuring success – card sorting exercise	8:00–8:30 - Recap and review of participants' likes and dislikes (2 participants) 8:30–9:15 - Getting the information you need—fish and boulders exercise, report back 9:15–10:15 - Presentation: How to do PM: steps 1–3, defining questions, needed information and who to involve (and tea break) 10:15–10:30 - Energizer 10:30–12:00 - Matrix and Stone Counting Exercise	8:00–8:30 - Recap and review of participants' likes and dislikes (2 participants) 8:30–9:45 - Breakout groups: brainstorming about problems and existing forms 9:45–10:15 - Tea break 10:15–11:15 - Report back 11:15–12:00 - Introduction to new tools	Field testing of tools
12:00–2:00 - Lunch	12:00–2:00 - Lunch	12:00–2:00 - Lunch	12:00–2:00 - Lunch
2:00–3:15 measuring success–card sorting exercise and report back 3:15–4:15 - Presentation: What is a participatory approach to m&e and why do it? (And tea break) 4:15–5:45 - Getting the information you need—fish and boulders exercise 5:45–6:00 - Wrap-up and likes and dislikes cards	2:00–2:15 Energizer (participants) 2:15–4:15 - Presentation: How to do PM: Steps 4–6: Gathering, analyzing, and sharing information and refining programs (and tea break) 4:15–4:30 - Energizer (participants) 4:30–5:45 - Presentation: Feedback/speed back 5:45–6:00 - Wrap-up/likes and dislikes card	Introduction to new tools	Report back 4:00–5:00 - Wrap-up

Monitoring and evaluation of the training

Daily monitoring and feedback

End each day with an exercise to monitor the activities of the day. This enables participants to give their input and allows facilitators to be responsive to participants' needs during the course of the workshop.

1. A simple way to get positive and negative feedback from participants is to give each participant two index cards.
2. Ask them to write a plus sign at the top of one card, and in large letters below it, one thing they liked about the workshop.
3. On the other card, ask them to put a negative sign at the top of the card and one thing they disliked or feel could be improved about the workshop below it.
4. Collect the cards and review the feedback to decide if any changes should be made in the plans for the rest of the workshop.
5. Ask one participant to post the cards on the wall and present the findings at the beginning of the next day. If there are many participants, similar cards should be grouped together, or feedback can be summarized into a bar chart on likes and dislikes and displayed on an overhead projector.

Final evaluation

An evaluation at the end of the workshop gives participants a chance to report their response to the workshop as a whole. The evaluation can be done informally, as a group, on flip charts, or individually on written forms that are handed to facilitators.

Questions for an evaluation could include the following:[8]

- Did the workshop meet your expectations?
- Did the workshop meet its goals and objectives?
- What did you learn?
- What did you find most useful?
- What did you find least useful?
- What could be improved about the workshop?
- What knowledge or skills learned from the workshop do you plan to use, or how do you plan to follow-up?

Participants could also be asked to rate the workshop (e.g., on a scale of one to five, with five being the highest) on the following:

- Usefulness
- Amount learned
- How enjoyable
- Likelihood of applying knowledge or skills learned in the future

Training exercises

For participants who are unfamiliar with basic concepts of M&E, include exercises to introduce these concepts to the training workshop.

For all participants, conduct the "Community mapping" and "Fishes and boulders" exercises. The overall objective of these exercises is to explore existing communication patterns and gaps in the community and program. Participants will list sources of information such as voluntary counseling and testing centers, persons, and printed materials and will identify gaps or obstacles to getting the information needed to improve the program. Gaps they identify could include low-literacy skills of community, poor motivation of community, unnecessary information not contributing to behavior change, etc. The participation and sharing of perspectives that occur during these exercises help contribute to a more complete understanding of the barriers to risk reduction related to HIV/AIDS and their potential solutions. Brainstorming about solutions is an important aspect of the process.

The "Community mapping" and "Fishes and boulders" exercises follow.

[8] Chambers 2002

Tool: Community and program mapping

Objective

The objective of community mapping is to explore sources of information on BCC.

Materials needed

- Flip chart sheets (newsprint) 2 per group
- Colored markers

Directions

1. Divide participants into small groups of 10 or less.
2. Ask participants to draw a map of their community and identify clinics, district offices, institutions, gathering places, or persons from which they get information about BCC related to HIV/AIDS.
3. Ask participants to discuss what kind of information these places and persons provide.
4. Ask participants to draw another map of the flow of information about BCC for their program. This map should show how information flows among the main sources of information identified in their community mapping, including all program staff and volunteers involved in communication or the collection of information (e.g., community members, peer educators, supervisors, monitoring and evaluation officers, program managers, district health offices, clinics). Include in the map where participants send information about changes in behavior related to their communication efforts.
5. Specify the direction of the information flow by using arrows between the different sources of information. A double-headed arrow (←→) indicates a two-way flow of information. The type of arrow should identify how well the information flows:
   - Use a solid arrow if the flow of information is good →.
   - Use an arrow with a broken line if the flow of information is problematic →.
6. Ask participants to choose one or two sources of information and discuss whether the information they receive is sufficient and timely, necessary to do their job, difficult to understand, etc.
   - Have participants talk about additional information they could use to improve their jobs.

Tool: Fishes and boulders exercise

Objective

The objective of this exercise is to explore obstacles and solutions to getting the information related to behavior change communication you need to effectively do your job.

Materials needed

- Flip chart sheets (newsprint)
- Colored paper cut into the shapes of fishes, boulders, and stars in various sizes
- Tape
- Markers

Directions

1. Ask the group to first decide on a key question (from the card-sorting exercise or other indicator).
2. On the flip chart sheet, ask the group to draw a river from one end of the paper to the other; the left side represents the beginning of the river and the right side represents the opening to the ocean. Write the key question at the opening to the ocean. This is the fishes' winning line.
3. Using their community mapping, ask the group to identify the resources from which they can get the answer(s) to their key question. If no such resource exists, then identify the resource that could offer the information. Fishes will represent these resources. Write the name of each resource on different sizes of fish, giving more important resources the larger sizes.
4. Ask the group to identify obstacles to getting information or any other obstacles to appropriately address the problem. Examples are taboos about discussing sex, misconceptions about HIV/AIDS, inadequate data collection, clinics that do not respect privacy, etc. Boulders will represent these obstacles. Write the name of the obstacle on the boulders, giving the most difficult obstacles the larger sizes of boulders.
5. Tape the fish and the boulders along various places in the river. Discuss possible solutions to the obstacles. Write any bright ideas on the star-shaped pieces of paper and tape these on the flip chart paper.

Tool: Matrix

Objective

The objective of the matrix is to demonstrate a way to collect and organize information so that it can be easily analyzed by groups.

Materials needed

- Flip chart sheets (newsprint) 2 per group
- Colored markers

Directions

1. Explain to participants the objective of the exercise: to demonstrate a way to collect and organize information so that it can be easily analyzed by groups.
2. Explain some background about a matrix. A matrix is a rectangular arrangement or table consisting of rows and columns that allows a group to rate, visualize and analyze group results. A matrix can help explore people's preferences, priorities or levels of satisfaction. For example it can assess satisfaction with types of health services, curriculums, or other activities provided by a health program. It can also be used for non-health-related issues, simply to get to know a group's preference, for example about what they like to drink at different times of the day.
3. Show participants some examples of a matrix (see next page).
4. Divide participants into groups of 10 people. Ask them to develop a matrix using any subject matter they would like to discuss. After deciding what subject matter they want to measure, they should draw a matrix and write the subject of concern and measurements along the first row and first column, and tally the count for each cell in the body of the matrix.
5. Together as a group, discuss and analyze the results. What does the group think about the results? What does the group think about how or why these results came about? What may have influenced these results?
6. Each group should then discuss how the matrix affected their ability to gather and analyze the information. How did it help or hinder the process?

Samples of a Matrix

Beverage preferences during time of day					
	Breakfast	**10:00**	**Lunch**	**4:00**	**After work**
Tea	lll	l	ll		
Coffee	ll	llll	l	ll	
Sodas			ll	lll	
Milk					
Beer					lllll

Likes and dislikes of HIV education activities			
	Discussion groups	**Theatre**	**Radio**
Like	lll	lllll	l
Satisfactory	l		llll
Dislike	l		

Rating of difficulties in changing behavior related to HIV/AIDS			
	Negotiating condom use	**Going to VCT center**	**Talking about sex**
Difficult	ll		
Difficult but able to do	lll	ll	
Easy		lll	lllll

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