

Background

There is wide consensus that the need for a standardized monitoring and evaluation framework for HIV education projects conducted as part of infrastructure projects is essential for building an evidence-base and shaping policy.

This M&E framework provides the following tools, found in the sleeves at the end of this section, to help you monitor and evaluate your project:

- program logic models
- baseline survey forms
- monitoring reporting forms (Tables 1, 2, 3)
- monitoring survey forms (Tables 1, 2, 3)
- pre- and post-test for the training component
- daily evaluation form for training sessions

The quality, quantity, and gender-responsive design of inputs that may not be controlled by the Road to Good Health campaign will also have impact on the overall success of the program. These factors include funding, policies, availability and quality of counseling and testing, care and treatment, sustainable access to condoms. If monitoring indicates these are issues impacting program success, evaluation results can be used to advocate for better policies and services at the local, regional and national levels. As an example of limitations experienced in the East Asia and Pacific Region a recent report¹ shared the following 2005 findings:

- 1/4 of interviewed positive people experienced discrimination in health settings
- 1/3 have had the confidentiality about their HIV status breached
- 15% have been refused medical treatment due to being HIV positive

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¹ Reported in: The Role of HIV Testing and Counseling in Universal Access in Asia and the Pacific Countries for Regional Technical Consultation on HIV Testing and Counseling, 4 June 2007, Phnom Penh, Cambodia, JVR Prasada Rao, Director, RST AP. Findings are based on surveys conducted in India, Indonesia, the Philippines and Thailand reported by S. Paxton, AIDS-related discrimination in Asia, AIDS Care, May 2005.

Challenges for accessing services often include differences in types of facilities (for example, pre-natal vs. STI testing facilities), accessibility (which may be more difficult for young people), service fee charges, and the capacity of the staff to handle the number of patients and the quality of staff. Other challenges include assuring a quick turn around of HIV test results - including whether rapid test kits are available, real or perceived stigma and discrimination toward people living with HIV and AIDS or their family members, and lack of referral facilities to appropriate service delivery points.

Results-Based Monitoring & Evaluation

The World Bank Global AIDS Monitoring and Evaluation Team (GAMET) promotes a results-based approach to monitoring and evaluation. This involves following six simple steps, adapted from: Planning and Managing for HIV/AIDS Results: A Handbook, developed by GAMET²:

- 1) Know your epidemic.
- 2) Determine appropriate targets (results).
- 3) Conduct baseline survey.
- 4) Develop intervention.
- 5) Monitor at regular intervals.
- 6) Evaluate.

Know your epidemic

It is important to structure interventions and performance targets that are appropriate for the epidemic. In general, workers and sex-workers are traditionally considered populations who are “most-at-risk” for HIV. This Toolkit also targets community members – men and women of 15-49 years of age - living in communities directly affected by the transport/road/infrastructure project. However, modern day responses should also take into account risk behavior and vulnerability analysis, rather than only considering responses that target ‘groups’. A recent Malaysian study³ found that housewives are more likely contract HIV than sex workers are. Addressing gender inequality is something this Toolkit sets out to do – however your project should also consider *who* is most vulnerable – ie. What can be done to reach the wives of construction workers? In identifying who is most vulnerable to HIV you may need to draw on HIV surveillance data, or consult groups engaging in sero-surveillance within your pilot area or province. You need to know about the epidemic within your project area/district/province in order to accurately adapt this M&E framework to the local setting.

HIV surveillance is done on a national level in most countries every two years. A list of Sources for Assessment Data can be found in Section 7: Other Resources. You can use

² For more information you can access GAMET’s handbook and CD Rom at ‘www.worldbank.org/aids’ (follow links to M&E): Planning and Managing For HIV/AIDS Results: A Handbook, Global AIDS Monitoring and Evaluation Team – GAMET, World Bank Global HIV/AIDS Program, September 2007.

³ *Women and Girls: Confronting HIV and AIDS in Malaysia*, Ministry of Health Malaysia and UNICEF Malaysia, 2008.

these to learn more about what is already known about the epidemic in your area.

As part of your project's pre-construction assessment phase you will learn about who the most vulnerable are and why?, the number of communities near construction sites, the number of anticipated construction sites, existing entertainment sites where informal and/or informal sex work may be taking place, as well as ethnicity and language of your target groups.

Determine appropriate targets

Performance targets are developed by using the current level of performance (your baseline data) to determine the level of performance desired by the target date.

Performance targets should be established early in the planning process for each activity. The M&E framework provided suggests that you develop separate performance targets for the three primary target groups for The Road to Good Health—construction workers, community residents and sex workers. You may want to add additional target groups for your M&E plan – as we noted in the previous section (ie. wives of construction workers, other vulnerable groups)

Performance targets are developed by using the current level of performance (your baseline data) to determine the level of performance desired by the target date. For example, if condom use in a community is 10% in 2008 and you decide to set a 50% increase in two years as a target, your target level of performance is 15% condom use in 2010. You should then set a target for 2009 that is less ambitious, perhaps 12% condom use.

The M&E framework provided assumes a 2-year program strategy. If it is longer you will add additional columns in the tables found below for program planning. Because most interventions are relatively short the M&E framework may not be able to measure with accuracy long-term impacts. Such impacts may not become evident for several years.

A baseline survey is very important as a way of providing you with a measure of program success. A survey instrument is provided that will measure general knowledge, attitudes and behavior relating to HIV. Or, you may want to conduct a more in-depth baseline survey that measures each of the indicators you will be tracking over the period of the project.

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You will have to determine the size and composition of your M&E sample. Things to consider include:

- What is the ethnic, linguistic, cultural, religious variation present in your populations?
- Are there both rural and urban locations you will be targeting?

- Are there socio-economic and educational differences within and between the target groups?
- Has one area been exposed to outside media, while others have been isolated?

You will want your sample to include representation across this variety, in relative proportion to the make-up of the overall population. Further decisions must be made about the sex and age of your sample. The Road to Good Health targets construction workers, who are primarily, but not exclusively men, ranging in age from 16 to mid-40s; community members of both sexes, adolescents and adults; and female sex workers who are almost all young. The M&E framework is set up to survey both men and women, ranging in age from 15-49. This can be adjusted as needed.

Sample-size and composition recommendations

Recommended sample sizes vary depending on the degree of confidence you hope to have in your analysis. For the purpose of this intervention you probably do not need precise statistical estimates.

Sample size:

Our recommendations for sample size are as follows:

- Majority population, based on language, education, socio-economic status: 5% of population (50 people per 1000)
- Minority groups, based on language, education, socio-economic status: 5% of population, with a minimum of 32 people for each group
- Urban/rural: Appropriate percentages based on relative population sizes
- Media exposure: If some of your population lives in an area with high media exposure, and the rest of the population does not, you may consider separating this as a different target group so that it does not skew your results.
- A caveat to our 5% recommendation is that if your results do not distribute somewhat evenly on either sides of the mean value (meaning if charted they would form something like a bell curve) you need to do more sampling. In other words, if you have extreme variation in responses, you should use a larger sample.

You will want your sample to include representation across the ethnic, linguistic, cultural and religious variation of the population.

Women/men:

- Construction workers: Typically you will have a workforce that is 95% men. You might sample 5% of the men, but more of the women to learn more about them.
- Community residents: 50% men, 50% women
- Female sex workers: 100% women (be sure to note in your report that you sampled only female sex workers)

If you want to conduct a survey that assures confidence in your findings, you need to calculate a precise sample size. Helpful web-based tools for this are as follows:

- *Family Health International*
The How-To's of Monitoring and Evaluation
Appendix 2: How to Calculate Sample Size Requirement
<http://www.fhi.org>
- *The Survey System*
<http://www.surveysystem.com/>
Go to: Research aids. This site provides a calculator that automatically calculates sample size and/or confidence interval given a sample size based on the size of the population.

Develop intervention

The program model for The Road to Good Health provides a generic model for implementing an HIV education campaign as part of an infrastructure project. The campaign includes providing interactive, participatory education and an IEC campaign to three primary target groups (construction workers, community members, sex workers), as well as ensuring that target groups have access to prevention, care and treatment services.

The campaign promotes education relating to the basic facts and knowledge about HIV prevention, care and treatment for people living with HIV and AIDS, as well as information about gender-related and human rights issues for all target groups. Sessions for construction workers and sex workers provide more in-depth sessions topics such as condom negotiation and alcohol use and HIV.

You will develop additional interventions based on what you learn about the prevalence of HIV among the specific populations you are targeting. These may need additional indicators and targets that can be added to the M&E framework provided.

The program model charts included at the end of this section show a logical flow of key inputs, activities, services, educational activities, IEC campaign materials and activities. A summary of anticipated outcomes is provided below:

Outcomes: Short-term

- Increased knowledge of HIV and how it impacts workers, communities, and others
- Increased motivation to have HIV education reach target populations
- Implementation of M&E framework

Intermediate

- Increased implementation of HIV education component in contracts
- Increased supervision/quality of HIV education component of contracts

Long-term Impact

- Reduced HIV incidence
- Increase gender equality
- Reduce stigma & discrimination
- Human rights for people with HIV & AIDS

Monitor at regular intervals

It is anticipated that monitoring will be done on an annual basis, with regular monthly reporting for outputs.

The M&E framework is organized to provide data that is disaggregated by target group, age, and sex. You may decide to further disaggregate this by ethnic groups. The framework is intended to measure outputs, short-term and intermediate outcomes. In addition, indicators are provided to assess activities and services, which may be considered inputs into the program.

It is anticipated that monitoring will be done on an annual basis, with regular monthly reporting for outputs. For a program that extends beyond two years additional columns can be added.

Monitoring reporting forms

The tables below include three reporting forms. Table 1 is designed to measure Inputs—how useful and effective were the IEC materials and training, and does the quality of services meet the project's expectations and people's needs. The focus is on reporting the quality of the project activities and supportive services.

Table 2 will be used to measure Outputs. The number of IEC materials distributed, the number of training events held, and so on are reported on these forms.

Table 3 is used to report on Outcomes. That is, what changes the project has been able to achieve. In some instances, the changes will be clear; in other cases, the changes occur only slowly and may not be fully evident within one year or even two years.

Evaluate

The ultimate goal of evaluation is to improve results.

Monitoring involves collecting data about what is being accomplished, measured by progress against the indicators selected for use in the M&E framework. Evaluation is a process of analyzing that data to help us explain how and why an intervention is achieving, or not achieving, target performance results. The ultimate goal of evaluation is to improve results.

Evaluation must look at several factors including how the intervention was implemented (data collected in Table 1 and 2), what outcomes were achieved (data in Table 3), as well as outside influences that might impact the program.

In addition to data collected through the monitoring process, focus groups and key informant interviews can provide important information about these factors.

Once all data is collected it is important for key stakeholders to spend time together analyzing, discussing and articulating achievements, challenges, lessons learned, and recommendations for improvement.

For more information you can access GAMET's handbook and CD Rom at [HYPERLINK "http://www.worldbank.org/aids"](http://www.worldbank.org/aids) www.worldbank.org/aids (follow links to M&E): Planning and Managing For HIV/AIDS Results: A Handbook, Global AIDS Monitoring and Evaluation Team – GAMET, World Bank Global HIV/AIDS Program, September 2007.