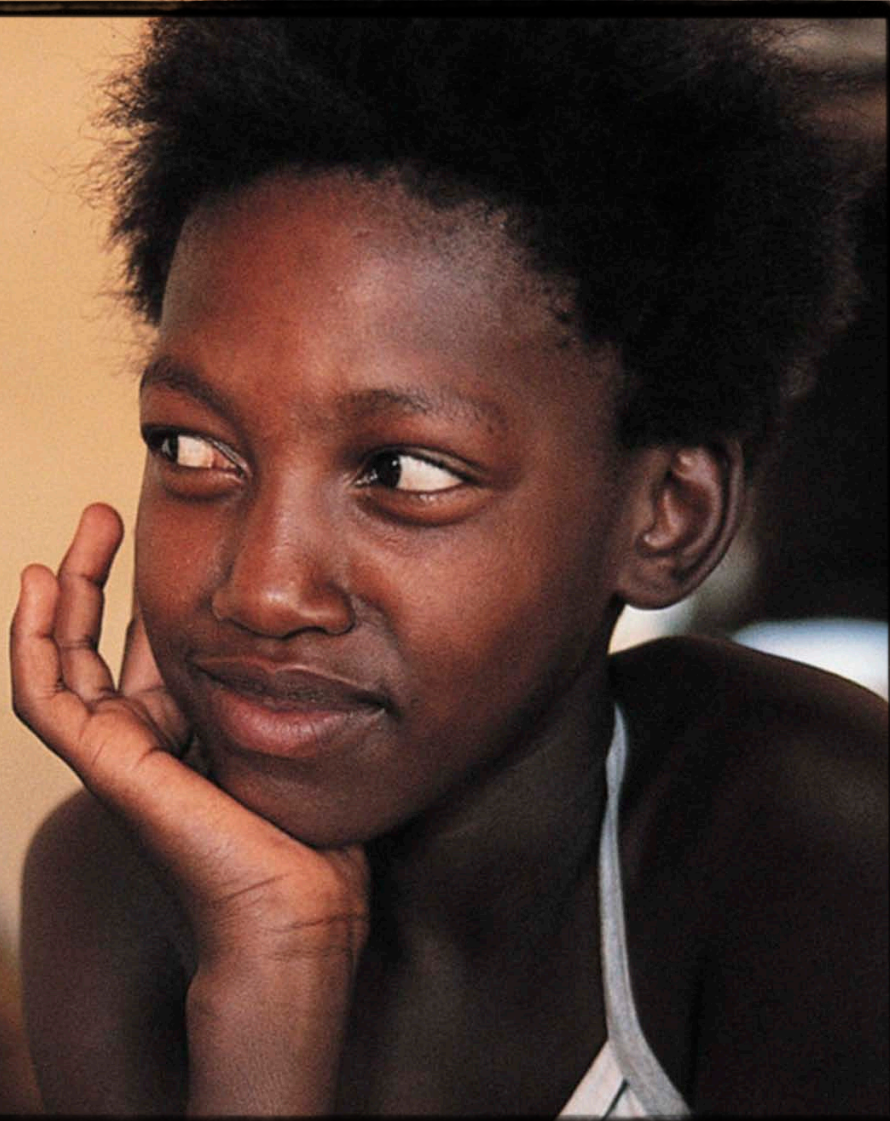


ARE YOU ON THE RIGHT TRACK?

SIX STEPS TO MEASURE
THE EFFECTS OF YOUR
PROGRAMME ACTIVITIES



RutgersWPF



Colofon

Authors

The Netherlands: Rutgers WPF, STOP AIDS NOW
Zimbabwe: Insiza Godlwayo Aids Council (IGAC), Patsime, Uzumba Orphan Care (UOC), Umzingwane AIDS Network (UAN), Young Africa.



Photography

Adriaan Backer (page 8, 16, 27 and cover)

Training and support

If you are interested in training or other support, and you live in Zimbabwe, you can contact:

Enet Mukurazita of Young Africa
enet.mukurazita@youngafrica.org

If you have any suggestions, and/or if you are interested in training or other support, and you live outside Zimbabwe, you can contact:

Miriam Groenhof STOP AIDS NOW!
mgroenhof@stopaidsnow.nl
Joanne Leerlooijer Rutgers WPF
j.leerlooiier@rutgerswfpf.nl

Send your feedback

Your feedback and comments can help us to improve this Workbook. We intend to evaluate the usefulness of this publication. If you are planning to use this Workbook, please send an e-mail to mgroenhof@stopaidsnow.nl and we will inform you about our evaluation.

Please visit the website of Rutgers WPF or STOP AIDS NOW! for many interesting resources, including this Workbook:

Rutgers WPF
Oudenoord 176-178
3513 EV UTRECHT
The Netherlands
www.rutgerswfpf.org

STOP AIDS NOW
Keizergsacht 392
1016 GB Amsterdam
The Netherlands
www.stopaidsnow.org/downloads

Rutgers WPF is a renowned expert centre on sexual and reproductive health and rights. Its activities are mainly carried out in the Netherlands, Africa and Asia. Its aim is to improve sexual and reproductive health and rights throughout the world, specifically focussing on young people, women and vulnerable groups like the disabled or chronically ill. Rutgers WPF supports partner organisations and professionals in their work, increasing their expertise on sexuality.

STOP AIDS NOW! works on expanding and enhancing the quality of the Dutch contribution to the AIDS response. Besides we stimulate and support innovative initiatives. Our projects focus on youth, children and women in countries hardest hit by the epidemic. Annually, we reach around 400,000 people who are affected by HIV and AIDS. In STOP AIDS NOW! five organisations, the Aids Fonds, Cordaid, Hivos, ICCO and Oxfam Novib have joined forces.

ARE YOU ON THE RIGHT TRACK?

SIX STEPS TO MEASURE THE EFFECTS OF YOUR PROGRAMME ACTIVITIES

a workbook to design your tailor-made outcome monitoring
and evaluation plan for sexual and reproductive health and
HIV prevention programmes for young people



RutgersWPF

CONTENTS

| | |
|--|-----------|
| ACKNOWLEDGEMENTS | 5 |
| ABBREVIATIONS | 6 |
| HOW TO USE THIS WORKBOOK | 7 |
| BASIC INFORMATION AND DEFINITIONS | 9 |
| - SRHR/HIV prevention | 9 |
| - Outcome Monitoring and Evaluation plan | 9 |
| - Measurement on outcome level versus output level | 10 |
| - Ethical aspects of outcome M&E | 11 |
| - Behaviour change | 11 |
| - Sexuality | 14 |
| - Sexuality education | 14 |
| - Educators | 14 |
| - Participants and respondents | 14 |
| - Rights based | 14 |
| - Process evaluation | 14 |
| - Tool | 15 |
| HOW TO COMPLETE THE WORKSHEET | 17 |

| | |
|---|---------------|
| WORKSHEET – | 18 |
| SIX STEPS TO DESIGN YOUR OUTCOME MONITORING AND EVALUATION PLAN | |
| - Step 1: Select indicators > What behavioural changes do you want to see in young people? | 28 |
| - Step 2: Select the M&E design > What Outcome M&E plan suits you? | 30 |
| - Step 3: Design tailor-made tools > What questions do you select for your data collection? | 36 |
| - Step 4: Collect the information > How will the data be collected and by whom? | 41 |
| - Step 5: Analyse the information > How will you draw your conclusions? | 43 |
| - Step 6: Write a report > What is an attractive and useful way of documenting your findings? And how can you use the results? | 46 |
| APPENDICES | 49 |
| - Appendix 1: Checklist Outcome M&E Capacity | 50 |
| - Appendix 2: Determinant Objectives | 55 |
| - Appendix 3a: Qualitative data collection tools | 57 |
| - Tool 1 – Focus group discussion guide for young people | 57 |
| - Tool 2 – Interview guide for young people | 60 |
| - Tool 3 – Interview/focus group discussion guide for educators, parents, health care providers, and community leaders | 64 |
| - Tool 4 – Observation form | 66 |
| - Tool 5 – Lesson evaluation form | 68 |
| - Appendix 3b: Quantitative data collection tools | 70 |
| - Tool 6 – Questionnaire for young people | 70 |
| - Tool 7 – Questionnaire for educators | 75 |
| - Appendix 4: Suggestions for entry and analysis of quantitative data | 82 |
| - Appendix 5: Outline for a report | 86 |
| REFERENCES | 88 |



ACKNOWLEDGEMENTS

This workbook was developed by eight organisations who were partners in a STOP AIDS NOW! project on **Improving the quality of Life Skills & HIV Prevention Programmes for youth, in Zimbabwe**. It is a product developed by organisations working with young people on Sexual Reproductive Health and HIV prevention. I would like to convey my sincere gratitude to the following organisations for their commitment and hard work in the development of this workbook: African Regional Youth Initiative (ARYI), Bekezela Home Based Care, Family Aids Caring Trust Mutare (FACT), Insiza Godlwayo Aids Council (IGAC), Patsime Edutainment Trust, Uzumba Orphan Care (UOC), Umzingwane AIDS Network (UAN) and Young Africa.

The workbook would not be a reality without the technical assistance from Joanne Leerlooijer of Rutgers WPF, the Netherlands who worked together with Ellen Eiling and Miriam Groenhof to integrate the practical experiences of the organisations in Zimbabwe. The development of this workbook was a success through the technical and financial assistance of STOP AIDS NOW!

The input we received during the development phase was very much appreciated. In this light we would like to thank: Restless Development, SafAids, Center for the study of Adolescence (Nairobi), STOP AIDS NOW! and Rutgers WPF. Additionally we want to acknowledge some existing toolkits and guidelines that inspired us:

- International Planned Parenthood Federation (2009). Putting the IPPF Monitoring and Evaluation Policy into practice; a handbook on collecting, analyzing and utilizing data or improved performance. London: IPPF.
- Family Health International (2000). A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs.
- International Fund for Agricultural Development (2002). A guide for project M&E; managing for impact in rural development.
- Leerlooijer, J.N. (2009). Evidence-based planning & support tool for SRHR/HIV-prevention interventions. The Netherlands: World Population Foundation & STOP AIDS NOW!.

We hope that this workbook will be used by all organisations working with young people on Sexual Reproductive Health and HIV prevention, in Zimbabwe and beyond, to improve the quality of their programmes so that young people can make their own healthy decisions and choices.

Enet Mukurazita

Director Young Africa

On behalf of the STOP AIDS NOW! partnership Zimbabwe

ABBREVIATIONS

| | |
|----------------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| FGD | Focus Group Discussion |
| HIV | Human Immunodeficiency Virus |
| M&E | Monitoring and evaluation |
| SRH | Sexual and reproductive health |
| SRHR | Sexual and reproductive health and rights |
| STI | Sexually transmitted infection |
| SPSS | Statistical Package for Social Sciences |

HOW TO USE THIS WORKBOOK

Do you work for an organisation in a developing country which focuses on young people's sexual behaviour? Do you want to go beyond counting numbers and actually measure change in life's of young people? If so, this Workbook might be of great use to you.

This Workbook is a hands-on instruction manual for developing an **outcome monitoring and evaluating plan** (outcome M&E Plan) that fits your organisation's specific situation. The Workbook demonstrates the six steps you need to take to create your own tailor-made plan. Your outcome M&E Plan enables you to measure the achievements of your organisation's activities related to Sexual and Reproductive Health and Rights and HIV prevention (SRHR/HIV prevention). The results will give you insight in the effects of your work and possible programme changes.

The hub of the Workbook is the **Worksheet (page 18)**, which is the actual framework of your outcome M&E plan. Also a number of practical tools, such as questionnaires and interview guides, are provided. However, we strongly advise you to first familiarise yourself with the contents of the theoretical sections: 'Basic Information and Definitions' and 'How to Complete the Worksheet'. These sections are short and to the point, and will not take too much of your time.

Who can use this Workbook?

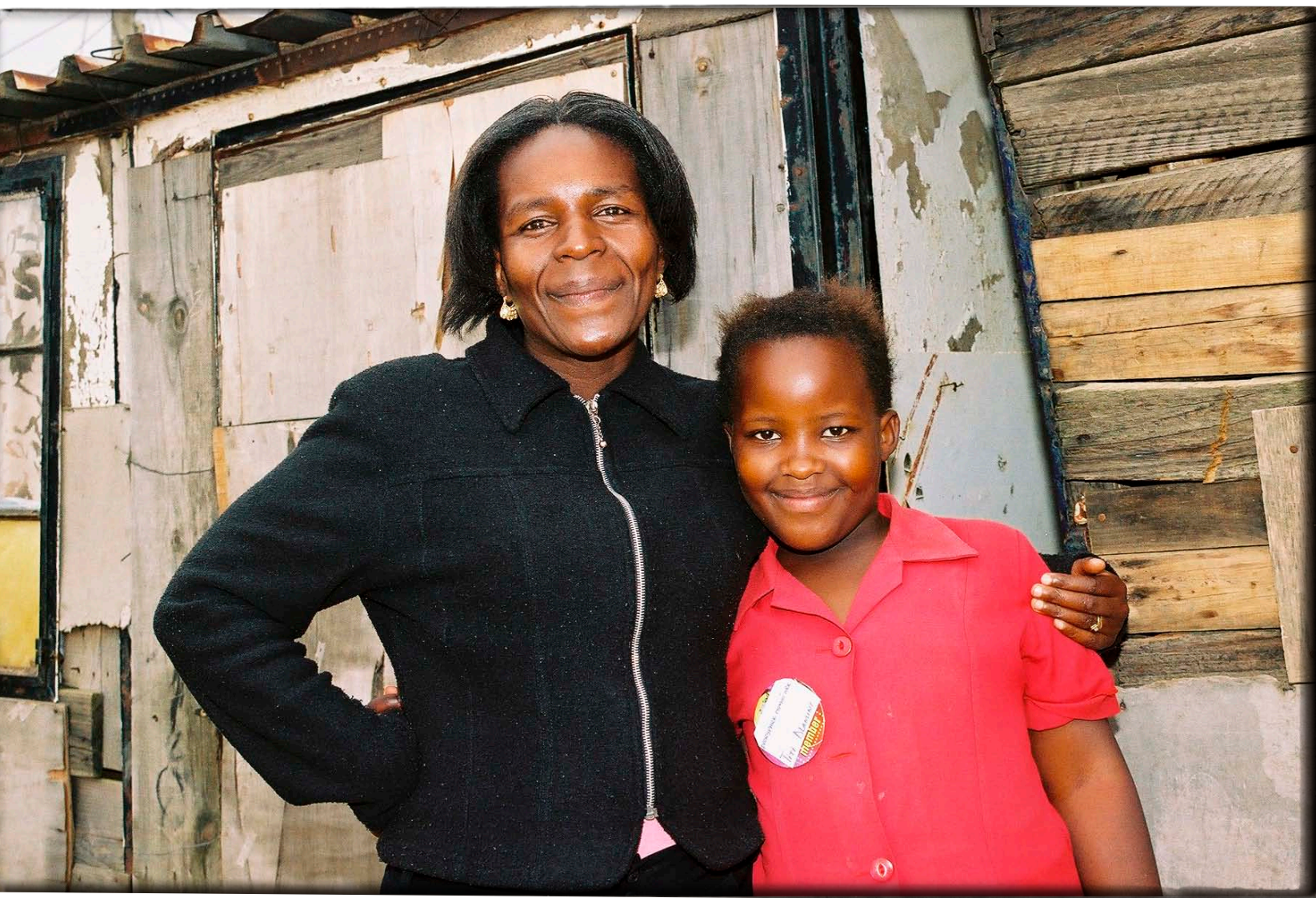
The Workbook is developed for staff of organisations that implement SRHR/HIV prevention interventions for young people, including project directors, M&E officers, project officers, and project managers. If you do not have any experience at all with M&E, do not worry. The Workbook provides various options, from minimal to optimal ways of doing monitoring and evaluation, and is of great value to inexperienced organisation staff as well.

Why use this Workbook?

- The Workbook assists in the development of your own tailor made monitoring and evaluation plan.
- The Workbook supports organisations to measure on outcome level instead of output level. (*Outcome* and are explained in the 'Basic Information and Definitions' section)
- The Workbook combines existing evidence with practical experiences.
- The Workbook can be used by any person interested in doing M&E, regardless of experience.

'Working with this Workbook really opened our eyes. So far we were only measuring the effect of our activities on one level, being knowledge. We saw knowledge increasing, but the pregnancies among young girls kept on rising as well. We didn't understand where we were going wrong. Now we know that behaviour is not only influenced by knowledge but also by skills and social influences. Since we started measuring the other two determinants as well, we see where gaps are. This makes it much easier to determine our focus and improve our activities!'

Enet Mukurazita, Young Africa



BASIC INFORMATION AND DEFINITIONS

Do you want to make the most of this Workbook and your outcome M&E Plan? Then carefully read through this chapter, before starting your design. It provides very useful information and explanations of key concepts.

SRHR/HIV prevention

SRHR/HIV prevention stands for Sexual and Reproductive Health and Rights and HIV prevention. It includes life skills programmes, Information Education and Communication materials, HIV and AIDS prevention, pregnancy prevention, sexuality and relationship education, family life education, reproductive health education, and abstinence only programmes. Many young people, especially those in developing countries, face challenges such as HIV and AIDS, other sexually transmitted infections (STIs), unplanned teenage pregnancies, gender inequality and discrimination. Numerous organisations worldwide have developed interventions to address these challenges, in this Workbook referred to as SRHR/HIV prevention interventions.

Outcome Monitoring and evaluation plan

This Workbook demonstrates the step by step design of an outcome Monitoring and Evaluation Plan (outcome M&E Plan). 'Monitoring' refers to the tracking of programme activities by measuring on a regular, ongoing basis whether planned activities are being carried out according to the schedule or plan. 'Evaluation' is a process that measures whether programme outcomes are achieved, and determines the impact of the programme in the target population. An M&E plan is the entire design of monitoring and evaluation, including methods and timing. It also contains decisions such as whether to include a comparison group or not, to do a pre-test and/or a post-test, which groups and how many will be involved, and how to select the respondents. Keep in mind that this Workbook does not address the day to day monitoring of outputs and activities of the programme. It provides practical guidance and examples to measure the changes that have taken place in young people on outcome level.

Measurement on outcome level versus output level

The focus of this Workbook is on measuring results on the outcome level. 'Outcome' refers to changes within people, while 'output' is about numbers. Many organisations are good at collecting information on output level: the number of young people that have participated in their programmes and the number of educators that were trained, for instance. However, there is an increasing need to go beyond numbers and find out whether these outputs have resulted in change in the young people themselves. It is possible to measure change in the factors that shape people's behaviour, such as knowledge, attitude, risk perception, and skills. This is the outcome level.

In general, organisations want to upgrade young people's knowledge, change their attitudes, and train their skills, so that they can take their own decisions regarding their sexuality and sexual behaviour. These are the short term objectives of SRHR/HIV prevention interventions. The assumption is that if these determinants change, it is likely that behaviour also changes. The first and most important reason for evaluations is to know whether programmes are effective and in which areas improvement is needed.

The findings of outcome M&E can be used for different purposes:

- **Learning:** The results can lead to changes in the content, delivery, materials, and activities of the programme.
- **Decision making:** The results can lead to strategic or programmatic decisions in the organisation.
- **Accountability:** The findings can help to account for received funding and support from donor organisations, government and other stakeholders.
- **Dissemination of findings:** Findings and lessons learned can be disseminated and shared within the own organisations and with others.

Measuring change in HIV prevalence or pregnancy rates, for example, as direct result of SRHR/HIV prevention programmes is usually difficult, as there are too many factors that can influence HIV infection and pregnancy. The same holds for measuring sexual behaviour change among young people, especially in a short term. Behaviour change takes time, and during the evaluation period many young people have not been able to bring into practice what they have learned in the education programme.

It is important to realise that when you implement outcome M&E, you need to be curious, and have to be aware of your own attitudes, ideas and expectations. And you should be able to set these aside when you interact with respondents and analyse the information. You also need to be respectful to respondents and keep information confidential, especially when it relates to personal and sensitive topics related to sexuality.

And keep in mind the following reason for measuring on outcome level. Internationally there is an increasing need to show the relevance and effectiveness of SRHR/HIV prevention interventions for young people and the impact it can have on young people's lives. More and more, donor organisations want to know whether their funding has impacted the lives of people. This is a very understandable request and it is important that if we want to work more effectively and cost effectively, we need to know what works and what does not.

Ethical aspects of outcome M&E

When you conduct research with young people, it is very important to take into account the ethical aspects of doing this, especially when you talk about personal and sensitive topics. The International Planned Parenthood Federation (IPPF) M&E handbook provides a clear list of rights of respondents in evaluations or other research:¹

- **Right to information:** Respondents are entitled to know the purpose of evaluation and the feedback they will receive after the process is completed.
- **Right to nonparticipation:** Respondents have the right to express freely if they do not want to answer any questions or do not want to participate in a discussion.
- **Right to privacy:** Respondents should be able to provide information in a private setting.
- **Right to anonymity and confidentiality:** Respondents should be assured of confidentiality of any information they provide. Anonymity means that names and addresses are not recorded and therefore specific information can not be traced back to any respondents. In situations where tracing back is necessary for credibility or follow up purposes, this needs to be mentioned clearly at the very beginning.
- **Right to own opinion:** Respondents have the right to express their own opinion no matter how much it contradicts with that of the evaluator or other participants.
- **Right to dignity:** Respondents have a right to be treated with respect, courtesy and consideration for their time. They also have the right to the undivided attention of the interviewer.

An important part of the rights of respondents is that you have to ask for consent to participate in the study. Each individual respondent has to give consent to participate, preferably on paper or orally on tape. In addition to asking individual consent of young people, it might be necessary to ask consent from parents or from the school head master when information is collected in schools.

Behaviour change

Behaviour change refers to the transformation of a person's conduct and activities. This Workbook focuses on young people's behaviour change in relation to sexual and reproductive health and rights (SRHR) and HIV prevention. Examples of health promoting behaviours of young people that prevent transmission of HIV and other sexually transmitted infections, prevent unplanned pregnancy, and prevent sexual abuse and harassment, are:

- Young people **make their own decisions** about sexual and reproductive health (SRH), sexuality and growing up.
- Young people who never had sexual intercourse, **delay** their first sexual intercourse.
- Young people **abstain** from sexual intercourse, or from sex in general.
- Young people who are sexually active, **use a condom** every time they have sexual intercourse.
- Young people only have **consensual sex** and never force their partner to have sex.
- Young people **seek help and support** if they need this.

If we look at international literature, one theory about behaviour change is most common: the Theory of Planned Behaviour.² This theory can also be applied to sexual behaviours. In this Workbook, we use an adapted version of this theory to explain and make use of a behaviour change approach in outcome M&E.

According to the Theory of Planned Behaviour, **BEHAVIOUR** is influenced by the following factors or 'determinants':

1. KNOWLEDGE

All knowledge that is necessary to take decisions. Some knowledge is not correct – there can be many misconceptions and myths when it comes to sexuality, sexual behaviour and sexual and reproductive health and rights.

2. RISK PERCEPTION

The perception of one's actual risks, which is different from knowing about the risks. People tend to underestimate their own risks, and overestimate the risks of others. For example, you know that you can get pregnant when you do not use a condom during sexual intercourse. However, even though you know that the risk is quite high, you may perceive the risk for yourself as very low. A result can be that you will not use a condom.

3. ATTITUDES

Perceived advantages and disadvantages, and perceived barriers and benefits of a certain behaviour. For example, the barriers and benefits of using a condom.

4. SOCIAL INFLUENCE

The positive and negative influence of others, such as norms in society or peer pressure. Social influence has two components: 1. actual influence, and 2. perceived influence. For example, you may think that your boyfriend or girlfriend wants to have sex (perceived influence), whereas in reality this is not the case (actual influence).

5. SELF-EFFICACY

The confidence that one is able to perform a behaviour. For example, the confidence that one can use a condom, even in difficult situations when a partner does not want to use a condom. Research shows that self-efficacy is the most important predictor of behaviour: if self-efficacy is high, behaviour is more likely to happen. Self-efficacy strongly relates to skills and in the Workbook we combine the two determinants.

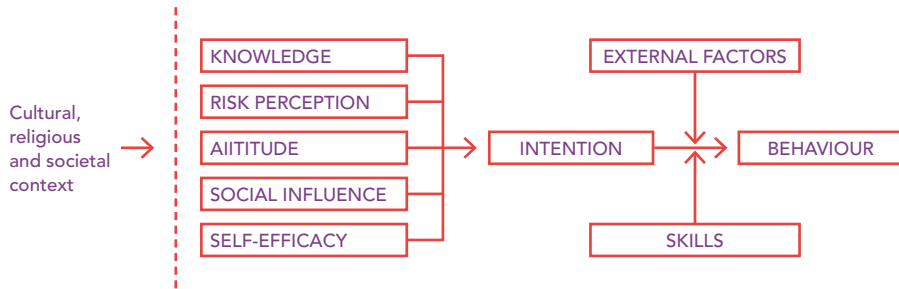


Figure 1: Theory of Planned Behaviour model with behaviour and determinants

6. INTENTION

The above five determinants influence an intention to behaviour. For example, the combination of sufficient and correct knowledge about condom use, realistic risk perception, a positive attitude towards condom use, positive social influence, and self-efficacy/confidence that you can actually use a condom even in difficult situations, will lead to an intention to use a condom when having sexual intercourse.

However, a positive intention does not automatically lead to the behaviour. There are two determinants that have to be positive as well:

7. SKILLS

All skills that are needed to perform a behaviour, such as negotiation skills, refusal skills, assertiveness skills, but also very practical skills such as skills to correctly use a condom. Skills are very closely related to self-efficacy. More skills in general also lead to more self-efficacy/confidence.

8. EXTERNAL FACTORS

All factors outside the control of a person that influence behaviour. For example, you have the intention to use a condom, but if condoms are not available or are too expensive, you are not able to use a condom during sexual intercourse. Other external factors can relate to policies and laws, and the availability, accessibility, and affordability of services.

9. CONTEXT

Finally, our cultural, religious, and societal context explicitly and implicitly influences our ideas, norms, and attitudes. The context is often difficult to change, but one needs to be aware of its influence.

Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. (Definition of World Health Organization)

Sexuality education

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality from the 1. cognitive domain, 2. affective domain, and 3. behavioural domain. (Definition of Sexuality Information and Education Council of the United States)

Educators

Educators are people who deliver or facilitate SRHR/HIV prevention interventions to young people, including teachers, peer educators, community workers, trained experts, and health workers.

Participants and respondents

In this Workbook we refer to participants when we talk about people who participate in a programme, intervention, or educational activity. We refer to respondents when we talk about the people who provide information during a data collection effort, for example, by completing a questionnaire.

Rights based

Most SRHR/HIV prevention interventions are developed from a rights based approach. One of the elements of a rights based approach is that young people have the right to correct information. Another element is that young people have the right to take their own decisions about their own sexuality and sexual behaviour. This means that SRHR/HIV prevention interventions should support and guide young people to take these decisions, by providing them with correct information, help them develop their attitudes, and develop their skills. When a young person is fully aware of all possibilities and consequences, he or she is able to decide what is the best option.

Process evaluation

During a process evaluation, you measure how the programme was implemented. Be aware that this can have a strong effect on the results. For example, when an educator is not very interested, he or she might not implement the planned activities. When you measure the effects of your programme, this information is very important to know, as it may explain why you did or did not find effects. It is, therefore, essential to also do some research whether the programme is successfully implemented: whether target groups are being reached, educators are adequately qualified, and whether the programme activities are implemented according to the objectives and plan. All this is referred to as process evaluation. The findings of the process evaluation will help to understand the findings of the outcome evaluation, and will also provide information to improve the programme and its implementation.

A process evaluation can be done from minimal to very detailed. In this Workbook we provide you with some topics and questions in the tools that can bring basic information on the table. A process evaluation can include four main topics.

1. Appreciation of the programme

It is important to know whether the programme was liked and appreciated by the young people, and also by the educators and other stakeholders, such as community leaders and school administrators.

2. Quality of implementation by the educators

If educators have left out certain topics or activities, this can explain why certain changes are not found. For example, if the educators have not discussed condom use, you may not find young people more likely to use a condom after the intervention.

3. Attitudes and skills of educators to implement the programme

Lack of skills may also explain why the programme may not have impacted on young people's determinants. For example, if educators are not able to talk to young people in a friendly manner, young people may not be open to learn from what the educator says.

The tools in this Workbook include questions to collect information for the process evaluation. Other information, generated in day-to-day monitoring can also be used to answer the questions above.

Tool

This Workbook contains a number of tools, which can be found in the appendices. They are the instruments for data collection, such as questionnaires and interview guides.





HOW TO COMPLETE THE WORKSHEET

The Worksheet (page 18) in this Workbook guides you through six steps. Once you have gone through all steps, your outcome M&E plan is finished and you can start your measurements. These are the steps to be taken:

Before filling in your Worksheet we advise you to first read the explanation given for each step.

Step 1: Select indicators

What behaviour changes do you want to see in young people?

Step 2: Select the M&E design

What outcome M&E plan suits you?

Step 3: Design tailor-made tools

What questions do you select for your data collection?

Step 4: Collect the information

How will the data be collected and by whom?

Step 5: Analyse the information

How will you draw your conclusions?

Step 6: Write a report

What is an attractive and useful way of documenting your findings? And how can you use the results?

Worksheet

Six steps to design your outcome monitoring and evaluation plan

Title of the project/intervention:

Outcome M&E plan written by:

Others who have been involved in development of this plan:

Summary of your SRHR/HIV prevention intervention

Target group:

Goal of your intervention:

Location of intervention:

Description of your activities:

Step 1: What behavioural changes do you want to see in young people?

Select indicators

1. In this first and most important step of your outcome M&E What are the reasons for you to do outcome monitoring and evaluation?

[illegible]

2. Which behaviours of young people are addressed by the programme?

Read the section on 'Behaviour Change' on page 11 and check out the examples on page 28 in Box 1.1. What is the focus of your programme? What behaviours do you address? Now it is time to select. It will be important to involve your colleagues in this process, especially those who implement the programme and or who have developed the programme.

List the behaviours in the table on page 20. See Box 1.1. Examples of behaviours on page 28 for examples. Not all behaviours may be relevant for your programme, and you may need to add behaviours.

- ### 3. Which determinants are addressed by the programme?

List the determinants for each behaviour. See Appendix 1 (page 50): Determinant Objectives for examples of determinants for each behaviour. Not all determinants may be relevant, or maybe you miss certain determinants. Complete the table below.

4. Which topics will be included in the process evaluation (see page 14 and 15)?

- ☐ Appreciation of the programme by educators and young people
- ☐ Quality of implementation by the educators
- ☐ Attitudes and skills of educators
- ☐ Other topics:

| BEHAVIOUR (B) | INTENTION (I) | KNOWLEDGE (K) | RISK PERCEPTION (RP) | ATTITUDE (A) | SOCIAL INFLUENCE (SI) | SKILLS (S) |
|------------------|------------------|------------------|-------------------------|-----------------|--------------------------|---------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Step 2: What outcome M&E plan suits you?

Select the M&E design

On page 30 you can read all about M&E designs. To select the one that suits you best, we provide you with a checklist (Appendix 2). This helps you to choose your design: minimal, good, or most optimal.

5. Will you do pre- and post-test in your M&E design?

- ☐ Post- test only
- ☐ Pre- test and post-test

6. Will you have a comparison group in your M&E design?

- ☐ Yes
- ☐ No

7. Who are your respondents?

- ☐ Young people
age: _____
gender: _____
rural/urban: _____
location: _____
- ☐ Others

- ☐ Others

8. Will you do sampling, or will you select all participants in your programme?

- ☐ All
- ☐ Selection

9. How large is your sample size?

- ☐ Young people: _____
- ☐ Others: _____
- ☐ Others: _____
- ☐ Others: _____

10. Will you randomly select the sample?

- ☐ Yes
- ☐ No

11. Which M&E design have you selected?

- ☐ Option 1. Minimal
- ☐ Option 2. Medium
- ☐ Option 3. Optimal

Step 3: What questions do you select for your data collection?

Design tailor-made tools

Now, it is time to select your tools to collect the data. What questionnaire will you use? What questions do you ask in a focus group discussion? The appendices in this Workbook (page 49) provide examples of questionnaires and focus group guides. You can select the method and questions that are most suitable for your target group.

12. What method will you use to collect data?

- ☐ Questionnaire for young people
- ☐ Questionnaire for teachers
- ☐ Focus group discussions
- ☐ Interviews
- ☐ Observations

13. Do the questions in the tools match with the behaviours and determinants identified in Step 1?

- ☐ Yes
- ☐ No

14. Will you translate the tools?

- ☐ Yes
- ☐ No

15. Will you pilot test the tools?

- ☐ Yes
- ☐ No

16. What questions have you selected, adapted, or added?

This image shows a single sheet of white paper with horizontal blue lines, similar to standard notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Step 4: How will the data be collected and by whom?

Collect the information

Go to page 41 to read more about how to collect the information.

17. Do you have consent from all stakeholders to collect the information?

- ☐ Yes
- ☐ No

18. Data collection will be done by:

19. Data collectors will be trained by:

20. Did you make all efforts to create a safe environment for data collection?

- ☐ Yes
- ☐ No

21. Who will collect the data and when?

| Name | Date | Location | Comments |
|------|------|----------|----------|
| | | | |
| | | | |
| | | | |

22. Which equipment is needed for data collection?

| Name | Date | Location | Comments |
|------|------|----------|----------|
| | | | |
| | | | |
| | | | |

Step 5: How will you draw your conclusions?

Analyse the information

Go to page 43 to read more about how to analyse the collected information.

23. Who will do the data entry?

☐ Quantitative

☐ Qualitative

24. Who will do the data analysis?

☐ Quantitative

☐ Qualitative

24. Perhaps, you have an idea what your main conclusions will be. What do you expect?

Outcome M&E:

Process evaluation (see page 14 and 15 for more information):

Step 6: What is an attractive and useful way of documenting your findings?

Write a report

Go to page 46 for some practical tips.

Think about how you will write the report and how you intend to use the information. Discuss it with your director and perhaps with some of your colleagues.

26. Who will write the report?

27. How will you use the information for

Learning

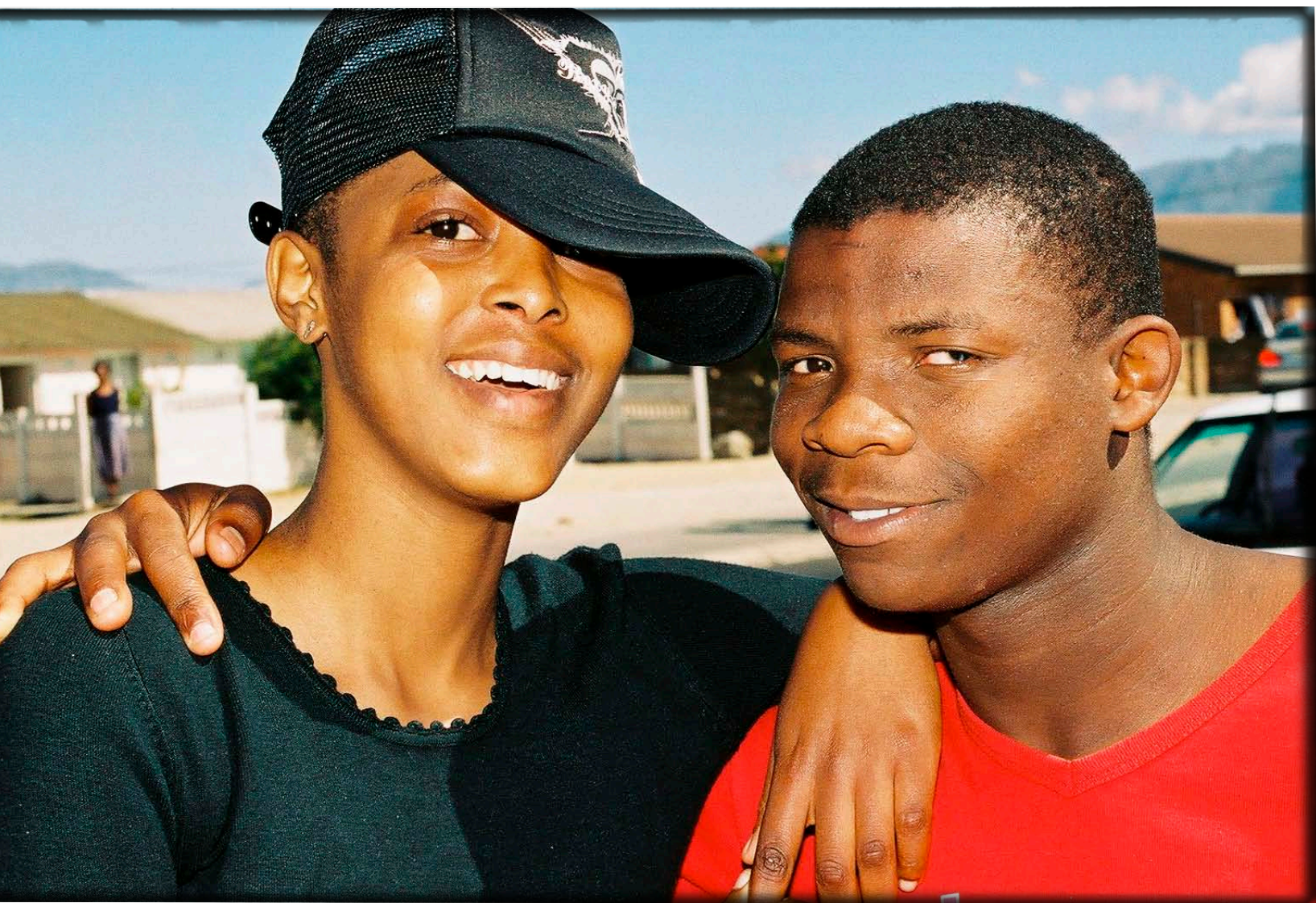
Accountability

Decision making

Dissemination of findings

This image shows a full page of blank white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general note-taking. There are no margins, text, or other markings on the page.





Step 1: What behavioural changes do you want to see in young people?

Select indicators

In this first and most important step of your outcome M&E Plan, we will assist you in identifying the focus of your programme: What **behaviours** do you address? We provide examples of the most common behaviours that organisations like yours focus on. The second element of this step is selecting **determinants**. Determinants are factors which influence behaviour, such as skills, knowledge, attitudes, and social norms. Finally, you select the **topics** for your process evaluation. Don't worry, it is less complicated than it seems.

Tools

- Appendix 1: Determinant Objectives (page 50)
- Worksheet: questions 1-4

To do outcome M&E, you need to have a clear overview of what you want to achieve with your SRHR/HIV prevention programme, that is the change you want to see in young people after their participation in the intervention. These are your indicators. In this Workbook, determinants of behaviour are your indicators.

Identify behaviours

The first task is to identify which preventive behaviours are addressed in your SRHR/HIV prevention intervention. Condom use is an example of preventive behaviour. See Box 1.1 for more examples of preventive (sexual) behaviours. Do you address all these behaviours in your programme, or are some left out? If there are more behaviours than the ones listed in this box, you can add them to the list of behaviours. For example,

some programmes also include 'Use of clean needles in intravenous drug use' or 'Decreased use of alcohol and drugs' as preventive behaviours.

Be aware that the selection process is crucial, because it does not make sense to include behaviours in your outcome M&E plan if you do not address them in your programme. This means that if condom use is not part of the education, it can be left out of the list of indicators.

Identify determinants

In SRHR/HIV prevention interventions, you most likely try to increase young people's knowledge, help them to develop their attitudes, and train skills such as communication skills. You do all this to help young people to change their (sexual) behaviours. As behaviours take time to change and are difficult to measure, you are more likely to change and measure the changes in knowledge, risk perception, attitudes, and skills, in a shorter term.

Table 1 gives an overview of determinants for behaviour, so you can check whether you have included that in your programme or not. See Appendix 1 for an overview of possible determinants. Table 1 contains some examples related to the behaviour 'Young people seek help and support if they need this'. Remember to only include determinants that your programme addresses. Your specific overview of determinants is needed to develop the tools for the outcome evaluation. (Also see the section 'Behaviour change' on page 11.)

Box 1.1

Example of preventive behaviours

Behaviours

1. Young people **make their own decisions** about SRH, sexuality and growing up
- 2a. Young people who never had sexual intercourse, **delay** their first sexual intercourse
- 2b. Young people **abstain** from sexual intercourse, or from sex in general
3. Young people who are sexually active, **use a condom** every time they have sexual intercourse
4. Young people only have **consensual sex** and never force their partner to have sex
5. Young people **seek help and support** if they need this

| BEHAVIOUR (B) | KNOWLEDGE (K) | RISK PERCEPTION (RP) | ATTITUDE (A) | SOCIAL INFLUENCE (SI) | SELFEFFICACY AND SKILLS (SE&S) |
|--|---|--|--|--|---|
| Young people seek help and support if they need this | <p>Increasing knowledge about STIs and where they can get help and support</p> <p>Identify people or organisations who can assist them with SRH</p> | Explain that STIs can be treated well if diagnosed soon enough | Express a positive attitude towards going to a health service provider | Describe how parents and peers and other community members view young people seeking help at a health service provider | Express confidence of going to a health care provider or counsellor |

Table 1: Example of determinants for behaviour

Step 2: What outcome M&E plan suits you?

Select the M&E design

In the second step of your outcome M&E plan, you will identify the design that best suits you and your organisation. Appendix 2 provides a list of useful questions that helps you to make the right choice. Options are: a minimal, good, or optimal design. Furthermore, you will decide on the target group and how to select the respondents. It will be helpful to involve your management when deciding about your M&E Plan.

Tools

- Appendix 2: Checklist outcome M&E Capacity (page 55)
- Worksheet: questions 5-11

Complete the checklist

Appendix 2 on page 55 contains questions that refer to your organisation's capacity for M&E. Every question can be answered with a number, 1 to 5. The higher the score the more capacity you have. The advice refers to the level of design, that is minimal, good, and optimal design. This is related to when you collect your data and how you collect your data (qualitative or quantitative, focus group discussion, questionnaire, and/or observation forms).

Decide about a minimal, good, or optimal design

There are three options when you collect the information of your outcome M&E, depending on your capacity, budget, and time. The three options go from minimal to optimal outcome M&E: post-test only, pre-test and post-test, and pre-test and post-test and comparison group.

M&E design 1: Only after the programme (post-test)

The most easy option is to only collect information after young people have participated in the SRHR/HIV prevention intervention (see Figure 2). The disadvantage of only doing a post-test is that you do not know what the situation was before implementation. In this case it is essential to ask young people in the post-test whether they have observed any change. For instance you can ask a participant of your programme: "What has changed for you after participating in the programme?"

IMPLEMENTATION

POST-TEST

Figure 2: Only measuring after the SRHR/HIV prevention intervention

M&E design 2: Both before (pre-test) and after (post-test) the programme

Collecting information before and after implementation of a programme is a better design (see Figure 3). This will help you to compare a group before and after they have participated in a programme, and measure whether the programme has changed anything.

PRE-TEST

IMPLEMENTATION

POST-TEST

Figure 3: Measuring both before and after the SRHR/HIV prevention intervention

The pre-test can best be done two to four weeks before young people start participating in the programme. The post-test can be done just after implementation. Another option is to do a second post-test, for example one year after implementation was finished. This will give you more reliable information about the changes in the long run. However, a second post-test can practically be difficult, as you need to be able to track down the same group of respondents.

If you decide to include a pre-test, the best way is to collect information with the same respondents in the pre-test and in the post-test. In some evaluations, individuals in the pre-test are different than individuals in the post-test. This is an option, although it makes your results less strong and reliable. The reason is that you are not sure whether the respondents in both pre-test and post-test are similar with regard to age, socio-economic background, and other characteristics. For example, if the group at post-test is younger than the group at pre-test, you may find changes in the evaluation that are not due to the programme, but are due to the age of the respondents.

M&E design 3: Both before (pre-test) and after (post-test) the programme, and with inclusion of a comparison group

You can also decide to include a comparison group (see Figure 4). The comparison group does not receive the SRHR/HIV prevention intervention at the time of evaluation. For ethical reasons, you have to provide the comparison group with information and education after the evaluation study is finalised, because they have a right to information as well. Another option is that you do give the comparison group education, but not as much as you do with the group that participates in the SRHR/HIV prevention intervention.

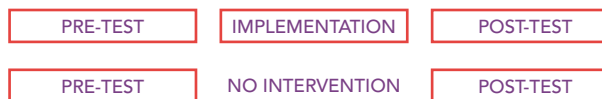


Figure 4: Measuring both before and after the SRHR/HIV prevention intervention, with comparison group

A comparison group needs to be 'comparable'/similar on important criteria, for example, living conditions, age, level of education, school, socio economic status, rural/urban, to your intervention group who participates in the programme.

The reason for including a comparison group is that you can better assess what your own programme has contributed to change among the participants in your programme. As the comparison group is not exposed to the programme, you expect them to change less than the young people who did participate. Both groups are likely to change, as they are not only influenced by the programme, but they also get information through media and other sources. But the changes in the intervention group are expected to be bigger than in the comparison group. You can then say that that is a result of your programme.

See Figure 5 for an example. The level of self efficacy is the same at pre-test for intervention and comparison group, and self efficacy of both groups has increased. However, the intervention group increased more than the comparison group.

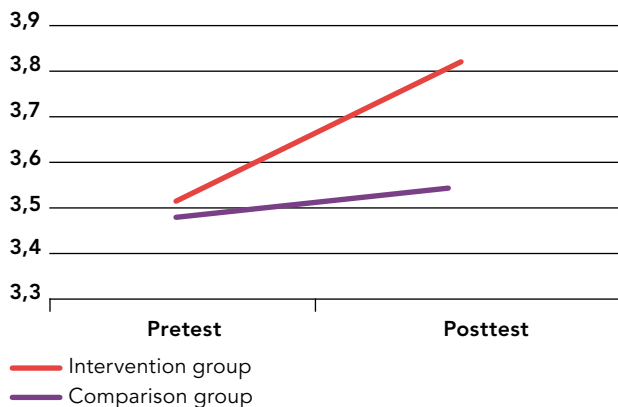


Figure 5: Increase in self efficacy for the intervention group, compared to the comparison group

There are two groups of respondents in the outcome evaluation: 1) young people and 2) others who can give information about young people. Both groups of respondents can be part of each of the three M&E designs described in the previous section.

Young people

The participants in the SRHR/HIV prevention interventions, young people and adolescents aged 10-24 years, are the primary respondents in the evaluation study. They can complete a questionnaire and/or participate in focus group discussions and interviews during pre-test and post-test.

For the questionnaire, you can select a group of young people of whom you know that they will participate in your SRHR/HIV prevention intervention. Before the first session, you provide them with the questionnaire. This group participates in the SRHR/HIV prevention intervention, and after the last session, you again ask them to complete the questionnaire, to see whether the programme has created any change.

With regard to the process evaluation, the young people can be asked, during post-test measurement, whether they liked the programme or not, and what should be changed or improved in their view.

Other stakeholders

To make the evaluation study stronger, it is also useful to get information about change in young people from relevant stakeholders. You can include them in the post-test measurement to verify the changes that were reported by young people. Those include:

- **Community leaders:** What changes have community leaders (for example, District AIDS Counsel staff) seen in the sexual behaviour and decision making, as well as knowledge, attitudes, and skills of young people?
- **Educators:** What changes have the teachers, peer educators, community workers, trained experts, health service providers, or other educators seen among the young people as a result of the programme?
- **Health service providers:** Have they seen any change among young people's health seeking behaviour, sexual behaviour, and questions they ask the health service providers?
- **Parents:** As a result of the programme, have the parents noticed any change among their children?

Those you want to involve in the evaluation study depends on the kind of project you implement. If you implement a programme in schools, it is useful to involve teachers and other staff members of the school. But if you implement in health service settings, you can involve staff of health service facilities.

Select the respondents

If you implement a programme in which a large number of young people (for example more than 2,000) are involved, it is questionable whether it is useful to collect information from all young people. If you decide to only collect information among a smaller selection of them, you can do that by sampling. Sampling saves you a lot of work in terms of collecting the information and in analysing the information. Sampling can be done for the selection of each of the groups: young people, educators, parents, and other stakeholders.

‘Sampling’ means that you select a representative group out of the whole group of participants. ‘Representative’ means that your selection represents all the participants, in terms of, for example age, gender, rural/urban living environment, in/out of school, tribal background, and socio-economic background. For focus group discussions and interviews, it is wise to intentionally select respondents that represent your whole target group. This holds both for the selection of young people and the selection of other respondents such as educators.

The selection of the sample can be done with or without randomisation. ‘Randomisation’ means that respondents are selected by chance. This can be done by putting the names of all the participants of your programme in one box and select randomly 200 names out of the box. Random sampling increases the credibility of the data and the conclusions that you draw from the data. Selection of the sample can also be done without randomisation, by intentionally selecting 200 respondents out of the 2,000. See chapter 6 of the Family Health International guide³ for a more elaborate overview of sampling methods.

Sample size

There is a practical rule to decide about the size of the sample. It says that for each sub-group, you should have at least 30 individuals. So, for example, if you want to take gender into account in the analysis, you need at least 30 boys and 30 girls in the sample size. But if you also like to see the differences between young boys and older boys, this doubles the sample size:

| Gender | Boys | Boys | Girls | Girls | Total |
|--------|-------|-------|-------|-------|-------|
| Age | 10-14 | 15-19 | 10-14 | 15-19 | |
| Number | 30 | 30 | 30 | 30 | 120 |

If within these subgroups, you also want to compare between rural and urban young people, the number of respondents again doubles and comes to 240. Each time you add another criteria, the number of respondents doubles.

If you expect a high level of dropout of the programme, it is wise to select more respondents than the abovementioned, to make sure that in the end you have a sufficient number in your sample.

The most optimal way of sampling is to include young people in your sample that participate in the SRHR/HIV prevention intervention, and who can complete both pre-test and post-test.

You can take the following steps in sampling:

- Have a good overview of your target group; make a list of criteria, including age, gender, rural/urban living environment, in/out of school, tribal background, and socio-economic background.
- Decide whether you like to be able to get information specifically for each of these sub-groups, and calculate the sample size. Keep it manageable.
- Select (if possible randomly) respondents that represent the criteria you have set. For example, select an equal number of girls and boys, and select young people from all age groups.

| | Capacity in organisation | Pretest / Posttest | Respondents | Tool | Comparison group | Process evaluation |
|-------------------------|---|----------------------|---|-----------------|--------------------------|---|
| M&E Design 1 | <ul style="list-style-type: none"> - good way to start with outcome M&E - no experience with questionnaires - does not require much time and funding | Posttest only | Young people | FGD's | NA | FGDs questions 5-12 |
| | | Posttest only | Educators | FGD | NA | Observation form Lesson evaluation form |
| M&E Design 2 | <ul style="list-style-type: none"> - requires skills and experience with qualitative and quantitative data collection and analysis - takes time and funding - commitment of the organisation is important - having some experience with outcome M&E | Pretest and Posttest | Young people | Questionnaire | Without comparison group | None |
| | | Posttest only | Young people | FGDs Interviews | NA | FGDs questions 5-12 |
| | | Posttest only | Educators | FGD Interviews | NA | Questionnaire Observation form Lesson evaluation form FGD |
| | | Posttest only | Parents, Community leaders, Health care providers, Etc. | FGDs Interview | NA | |

| | Capacity in organisation | Pretest / Posttest | Respondents | Tool | Comparison group | Process evaluation |
|-------------------------|---|----------------------|---|---|--------------------------|--|
| M&E Design 3 | <ul style="list-style-type: none"> - requires quite some experience and skills in quantitative data collection, using questionnaires - requires methodological skills of random selection of respondents - requires commitment of the organisation and funding | Pretest and Posttest | Young people | Questionnaire | Without comparison group | None |
| | | Pretest and Posttest | Young people | FGD Interview | NA | FGDs questions 34-37 |
| | | Pretest and Posttest | Educators | Questionnaire Observation FGD Interviews | NA | Questionnaire Observation form Lesson evaluation form FGD |
| | | Posttest only | Parents, Community leaders, Health care providers, Etc. | FGD Interview | NA | |

Summary

In the table above you find an overview of each design. It shows what capacities are needed for design number 1, 2 and 3, when you should test, who to involve in your evaluation, which tools to use, if you want to include a comparison group in your evaluation or not and which questions are useful for your process evaluation.

Step 3: What questions do you select for your data collection?

Design tailor-made tools

In Step 3, you make the tools in this Workbook tailor-made, so that they fit the work of your organisation. Therefore, you need to select the questions for your data collection. And you have to decide about making use of a questionnaire, a focus group discussion, or in-depth interviews with your target group. You will also decide on questions that are relevant for your programme and target group. Moreover, if necessary, you remove or add questions. And, perhaps, you decide to translate the set of questions in another language. Possibly, you also pilot the tool.

Tools

- Appendix 3a: Qualitative data collection tools (page 57)
- Appendix 3b: Quantitative data collection tools (page 70)
- Worksheet: questions 12 - 16

Your choice of tools depends on your indicators in Step 1. Below, examples of comprehensive tools are provided. However, it is up to you to see whether these match your objectives and programme and can be used in your context, or whether they need to be adapted or contextualised.

Using more than one source of information increases the quality of outcome M&E. You can get information from different people, young people and educators, and also by using different tools to collect information from one group of respondents. For example, a questionnaire cannot tell you how and why a certain change in young people took place. Changes usually happen gradually. To find out how young people have benefitted from the programme, this information

can better be collected among young people with interviews or group discussions.

The Internet provides a lot of information about methods and tools of data collection, its advantages and disadvantages. For example, the handbook of the International Fund for Agricultural Development (IFAD) provides brief explanations of various methods in one of its annexes.⁴

The tools in this Workbook primarily aim at measuring change in the determinants of young people's sexual behaviour, including knowledge, attitudes, and skills. Box 1 gives some tips and advice on how changes in determinants can be measured in the tools.

Overview of tools in this Workbook

This Workbook contains a number of tools, which are listed in Table 2. Each tool includes some questions that generate information for the process evaluation. This is indicated in the last column of the Table 2. Tool 4 and 5 specifically generate information that is relevant for measuring the quality of implementation for the process evaluation.

Box 1: Tips and advice to measure change in determinants

If you measure increase in KNOWLEDGE, try to find questions related to topics that young people do not know about before they participate in the programme, and that are addressed in your programme. Otherwise you run the risk that you do not measure increase in knowledge. On the other hand, also make sure not to measure only sensitive topics, as it is questionable whether educators have addressed them in their lessons.

If you measure RISK PERCEPTION, you can ask for the severity of the health problem and the chance of getting the health problem. If people perceive them both as high, risk perception is high. For example: if you are 15 years old and you think that being pregnant at this age is a problem, and you think the change of getting pregnant in a relationship is high, then you have a high risk perception.

If you measure ATTITUDES, try to pay attention to different aspects which may have contradictory aspects (for example: A condom protects me from health risks (positive), but I do not like to use it (negative).

| Qualitative/ quantitative data collection | Tool | Respondents | Topics measured | About whom | Topics for process evaluation |
|---|--|--|-------------------------------------|--------------|-------------------------------------|
| 1. Qualitative data collection | Focus group discussion guide | Young people | Determinants behaviour | Young people | Questions 5-12 |
| 2. | Interview/focus group discussion guide | Educators, Parents, Health care providers, Community leaders | Determinants behaviour | Young people | Questions 5-12 |
| 3. | Interview guide | Young people | Determinants behaviour | Young people | Questions 30-33 |
| 4. | Observation form | Observers | Attitudes and skills Implementation | Educators | All questions |
| 5. | Lesson evaluation form | Educators | Implementation | Educators | All questions |
| 6. Quantitative data collection | Questionnaire | Young people | Determinants behaviour | Young people | None |
| 7. | Questionnaire | Educators | Attitudes and skills | Educators | All questions, except question 73 |

SOCIAL INFLUENCE measurement focuses on how important the opinion and influence of others is in the perception of the young people, such as peers and parents. It also measures how young people perceive the behaviour of others and whether they feel supported or not.

Measuring SELF-EFFICACY AND SKILLS in a questionnaire is difficult, and can therefore better be discussed in interviews and/or focus group discussions. Also ask questions about their confidence to practice these skills.

INTENTION always relates to behaviours. If you measure intentions, you ask what young people are planning to do in future.

Table 2: Overview of tools in this Workbook

This Workbook includes both quantitative and qualitative tools. Both approaches complement each other. **Quantitative tools**, such as questionnaires are usually more useful to measure knowledge, risk perception, and attitudes. When questionnaires are anonymous, people may feel free to be open and honest about their personal experiences, ideas and intentions. Quantitative tools are also useful to be able to compare between pre-test and post-test. **Qualitative tools**, however, give more insight in the change processes of people and can be used to measure skills and attitudes. Another advantage of qualitative tools is that they can generate stories and unexpected outcome results. Note that if you select design number 1, you can only do qualitative measurements, while if you opt for design 2 or 3, you can do both quantitative and qualitative measurements.

Qualitative data collection tools (for design 1,2 and 3)

Tool 1: Focus Group Discussion Guide for Young People

Focus group discussions are used to collect general information, clarify details, or gather opinions about an issue from a small group of selected people (four to eight) who represent different viewpoints. Focus groups are good for assessing opinions of change, assessing the quality of a programme, and identifying areas of improvement. Find more information about the characteristics of focus group discussions in the International Fund for Agricultural Development handbook.⁵

You can do the focus group discussions with young people after the implementation of the programme (post-test). The guide is quite long and may need adaptation, based on the programme's objectives.

If the focus group discussion tool in this Workbook seems to be too elaborate, restrict yourself to asking this question to young people: 'What has been the most significant change for you as a result of this programme?'

Tool 2: Interview Guide for Young People

The purpose of an interview is to gain information face-to-face from an individual or small group, using a series of broad questions to guide the conversations, but allowing for new questions to arise as a result of the discussion.

In the interviews we have used elements of the Most Significant Change method.⁶ In short, this method aims to measure 'the most significant change' in people's life, for example, behaviour and health, as a result of a particular programme. The method as such is very comprehensive and detailed, but in this Workbook we use the element of asking people's perception of changes and have included this in various qualitative tools.

Interviews can be used to make case studies about how individual people deal with change and why change occurs in specific ways. Case studies can be used to learn about people's experiences, dreams, and obstacles for the future. Case studies are generally not considered representative, and can therefore be used in combination with other methods.

If the Interview Guide for Young People in this Workbook seems to be too elaborate, restrict yourself to asking this question to young people: 'What has been the most significant change for you as a result of this programme?'

Tool 3: Interview/Focus Group Discussion Guide for Educators, Parents, Health Care Providers, and Community Leaders

The Interview/Focus Group Discussion Guide for Educators, Parents, Health Care Providers, and Community Leaders generates information about how they perceive the changes in young people.

If the guide is too much, you can ask the question: 'What has been the most significant change in young people as a result of this programme?'

Tool 4: Observation Form

The Observation Form can be used by data collectors who will observe the implementation of a lesson by an educator. It is not necessary to do observations for each educator and for each lesson.

Tool 5: Lesson Evaluation Form

A Lesson Evaluation Form can be completed by educators after each lesson. It will provide information about the extent to which the educator has covered the elements in the educators' guidebook. You can provide the educator with a lesson evaluation form for each lesson, and ask him or her to complete the form after every lesson.

Quantitative data collection tools (for design 2 and 3)

Tool 6: Questionnaire for Young People

The purpose of using a questionnaire is to get information from a large number of people in a structured way. The questionnaire in this Workbook includes questions about determinants of sexual behaviour, including knowledge, attitudes, and skills. The questionnaire can be used in pre-test and in post-test measurement. The questionnaire can be adapted depending on what an organisation aims to achieve with its SRHR/HIV prevention interventions. See Appendix 4 for an example of the questionnaire. The questionnaire can be self-administered and it can be administered group-wise. The latter means that the facilitator asks the questions and each respondent responds individually by filling in answers on paper. And it can also be done in a one-to-one interview.

Tool 7: Questionnaire for Educators

This questionnaire is to measure the attitudes and skills of educators related to SRHR/HIV prevention. It does not directly measure changes in young people, but generates information about the quality of implementation. Thus it can demonstrate whether the programme needs to be improved. The questionnaire can be submitted to educators after they have implemented the programme. Another option is to measure change in the attitudes and confidence of educators, by submitting the questionnaire before and after implementation (pre-test and post-test).

Design your tailor-made tools

All SRHR/HIV prevention interventions are different. Each intervention targets a particular group of people, with a specific background and specific needs. Therefore, the questions in the tools may vary depending on the intervention. For example, if your programme does not address condom use, you can remove the questions about condom use from the questionnaire and the topic guides for focus group discussions and interviews.

The adaptation of the tools comprises the following steps:

1. **Look at the selected indicators** for your programme (the determinants) in Step 1 and assess whether they match with the questions and topics in the tools in this Workbook.
2. If necessary, **remove from, or add questions** to the tools.
3. If necessary, **translate the tools** to another language, but be aware that key words, such as sexuality, are translated correctly.
4. **Pilot the** (new/ adapted) **tools** with a small number of respondents to check whether the tool is understandable and whether the questions are appropriate and useful in your setting. For a questionnaire, ask ten young people to fill in the questionnaire, analyse whether their answers give the right information and ask them for feedback. For the guides for focus group discussions and interviews, ask 1 or 2 respondents to give feedback whether these are understandable and useful.

Step 4: How will the data be collected and by whom?

Collect the information

In this fourth step, you will reflect on who will collect the data. Perhaps, you can link up with other organisations and ask them to assist you. Or you need to select and train data collectors. Furthermore, you have to decide on the logistical arrangements. And it is also important to think about how to create a safe environment for the data collection.

Tool

- Worksheet: questions 17-22

When the preparations as described in Step 1, 2 and 3 are finalised, you can start collecting the data. If you wish to include a pre-test measurement, you have to organise this before the start of the implementation. We distinguish a number of tasks in the collection of information. They are given below.

Decide who will collect the information

The decision about who will collect the information depends on the capacities and resources available, and also depends on the type of information you like to collect. Handing out questionnaires, explaining how to complete them, and collecting them afterwards, requires different skills than those required for conducting interviews or focus group discussions. And for conducting an focus group discussion you may need two people, that is the facilitator of the discussion and a note taker. In most cases, it is preferable to select trained and qualified data collectors.

In some settings it is preferable for female data collectors to collect data among females, and males among male respondents. And young people may be more willing to open up towards peer youth than towards adults. Some other criteria for the selection of data collectors are skills to talk openly and explicitly about sexuality (especially in focus group discussions and interviews), setting a safe atmosphere, acting open and non-judgmental, asking open ended questions, probing further whenever needed, and the skill to record information during focus group discussions and interviews.

Train the data collectors

Data collectors should be sensitised or trained to be able to understand what the data collection is aiming for and how to use the tools. Elements that should be part of training include:

- Introduction to the purpose of the data collection.
- Skills building on open communication about sexuality, and awareness of own opinions.
- Ethics of data collection.
- How the information will be used.
- Piloting the tools with a small number of respondents, to see whether the tools are appropriate, acceptable, understandable.
- Exercises to introduce the questionnaire and be prepared for questions of the respondents (quantitative data collection).
- Exercises to build interviewing skills (qualitative data collection).

A training of data collectors can take between one to three days, depending on the size of the study. Many organisations are specialising in training and in data collection. Try to link up with these organisations. Perhaps, they can do a training for you, or you can make use of their data collectors.

Make a data collection plan

The next step is to make a data collection plan. This includes amongst others making efforts to get consent from schools or communities to conduct the data collection, preferably on printed forms, and making an overview of whom will collect information and where.

During data collection, in the interview or group discussion, respondents often raise questions. If you give answers right away, this may influence the rest of the interview or group discussion. It is therefore advisable to do this after the session is completed. If the interview, discussion, or questionnaire has raised questions, problems or concerns that may need direct solving, be prepared how to handle this. One option is to solve this at the spot by taking time to answer questions or have individual talks, or taking along information, education, and communication materials to distribute. Another option is to refer young people to people or health services who can assist them with services or counselling. Find below some tips for quantitative and qualitative data collection.

Quantitative data collection

Questionnaires usually have questions about personal, sensitive topics. It is very important for the data collectors to be confidential and take good care of the questionnaires that were completed. When you use questionnaires, it is useful to develop an organised system to file the questionnaires from one school or one youth group, to avoid mixing the questionnaires from different groups. Give a unique number to each questionnaire.

Qualitative data collection

When you use interviews or focus group discussions, these are preferably recorded on a recorder. If this is not possible, there should be in each interview of group discussion a person who records on paper what is said during the interview or group discussions. Make sure you do this as accurately as possible. This increases the validity of the information you collect.

Also see the section on quantitative and qualitative research in the 'Basic Information and Definitions' section of this Workbook.

Create a safe environment for data collection

Creating a safe environment for the respondents to be open and honest can be supported by:

- Anonymous questionnaire: respondents do not have to write their name on the questionnaire.
- Data collectors repeated emphasise that no one will know what the respondents have answered.
- Safe space, with minimal interference from others such as adults or others.
- A space where each respondent can sit on his or her own, without interference from fellow respondents.

Step 5: How will you draw your conclusions?

Analyse the information

You have arrived at Step 5. So you are nearly finished with the outcome M&E Plan. Actually, this is the most interesting part, because it will provide you with new valuable insights. Now, it is time to decide on how to enter the collected data, to do the analysis, and to draw your conclusions. Below are tips and advice. Involve others, because together you see and know a lot more. You might even involve a consultant with analytical skills to do the data analysis.

Tools

- Appendix 4: Suggestions for Entry and Analysis of Quantitative Data (page 82)
- Worksheet : questions 23-25

Enter Data

After the data collectors have gone to the field and collected all the data, you now have to organise this information in such a way that you can use it for analysis. Data entry is the first step to do this. A clear explanation is given in Appendix 4: Suggestions for Entry and Analysis of Quantitative Data

Qualitative data entry

If the interviews and discussions are recorded on a recorder, you can transcribe them: listen to the responses of the people you interviewed and write them in a word document.⁷ If you made notes on paper during the interviews and discussions, you can also type these in a document. Having the text in a document will help to cut and paste the information, which will help in analysis. The observation tool is also a qualitative

tool and the responses to the open ended questions can be entered into a document.

Quantitative data entry

There are some options to enter the data from a questionnaire, including software like Epi-data (available for free on the Internet⁸), Excel, and the Statistical Package for Social Sciences (SPSS). SPSS is probably the best option for data entry and data analysis, but requires skills and this is not addressed in the Workbook. Appendix 10 provides suggestions for data entry of the Questionnaire for Young People in the Workbook.

Analyse data

This section provides some basic advice about how to conduct quantitative and qualitative data analysis.

Qualitative data analysis

When you start analysing the interviews and focus group discussions, do it step by step. Start with the analysis of the focus group discussions with young people. Follow the steps described below and write the findings down in one section. Then continue with the interviews with young people and follow the same procedure, and then analyse the interviews with the other stakeholders.

Tasks to accomplish:

- Review the notes that were taken during the interview or focus group discussion.
- Number each respondent.
- Create a coding guide of your responses. Also see Appendix 4 for an explanation. When you analyse qualitative data, look out for themes, categories, patterns and relationships. The easiest way for analysis is to use the topics in the topic guide, for example use the headings. But also be aware of topics that are raised, but were not part of your guide.
- Make different categories of topics and responses (cut and paste) from all interviews or focus group discussions with young people and other stakeholders, so that the information is classified according to topics.
- Interpret the data for each topic: what are common opinions, what are contradictions and how can you explain these?
- Mark all important quotes to emphasise certain points.

Tip: If you get stuck, ask a colleague to look at the topics you selected. Would he or she make the same ones?

The report outline in Appendix 5 provides a structure on how to report the qualitative data, by linking them to the determinants and questions in the process evaluation.

Quantitative data analysis

The analysis of quantitative data (with answer options such as 'yes', 'no', and 'I don't know') is preferably done with a data analysis programme such as SPSS or Excel. We will not discuss quantitative data analysis here, but you can read more about it in Appendix 4.

Draw your conclusions from the data

When all information is analysed and the results are clear, the next step is to draw conclusions. You have to filter out information and bring it to a higher level. To start formulating your main conclusions, discuss the findings with colleagues and stakeholders, both respondents and experts, by answering the following questions:

- What was supposed to happen? (your objective/target)
- What has actually happened? (what were the outputs/ and outcomes)
- Which factors contributed to reaching the objectives?
- Which factors were possible barriers in reaching the objectives?
- What have we learned about what worked and what didn't work so well?
- How will/can we use these lessons learned in our programme? (recommendations and adaptations)

Elements of a conclusion

A good conclusion:

- Gives an answer to the question and a short explanation of why and how.
- Is logical (the relationship between cause and effect is clear).
- Is complete, including positive as well as negative results, and information on what is not found (for instance, no stories of safer sex).
- Is based on strong arguments which in turn are based on sufficient and truthful data.
- Includes a reflection on the limitations of the research, including how reliable and valid the data are (see the section below).
- Includes recommendations, or is followed by a paragraph that formulates recommendations; if possible, includes the respondents in making recommendations.

Checking validity and reliability

When you draw conclusions, make sure you have collected sufficient and truthful data. Here are the questions to check validity and reliability of data:

- How much consensus is there on a particular topic or explanation?
- For which topics did you find conflicting data?
- Does the answer/conclusion count for all respondents, regardless context, age and gender?
- What do you think of the overall 'honesty' of the informants (with regard to specific topics). For example, are the data based on the informants' own observations, experiences, or is it hearsay? And where would you suspect some social desirable answers, for example, with the very sensitive, more personal topics?
- Would the answers be different if the data collector had been male/female, older/younger, had interviewed the informants in a different setting, for instance in their homes, school, a clinic?

Step 6: What is an attractive and useful way of documenting your findings?

Write a report

We have arrived at the final step. Now you will compose a report on the data you collected. This document contains all the information you have collected, how it was collected, and the conclusions and recommendations. A report is only useful when it is clear and readable, and the findings and recommendations are accessible for others.

Tools

- Appendix 5: Outline for a Report (page 86)
- Worksheet : questions 26-27

When the preparations as described in Step 1, 2 and 3 are finalised, you can start collecting the data. If you wish to include a pre-test measurement, you have to organise this before the start of the implementation. We distinguish a number of tasks in the collection of information. They are given below.

Outline of your report

In order to use the information in future, the results and conclusions of the data collection should be properly documented in a report. Appendix 5 provides an outline of a report. The outline provides specific guidelines how to report the results of the study. See Box 2 for the main elements of a report.

Use the collected data

Of course, you and others should use the collected data in future work. Therefore, the findings have to be practically translated. Often, evaluation studies are conducted, reports are written, and everyone continues in another project. To make sure that the information of the study is used in practice, it is necessary to make monitoring and evaluation part of a project plan, and to allocate funding for, for example, written materials.

Learning, decision making, accountability, and dissemination

Information generated in outcome M&E can be used for various purposes. First of all, the information can be used for **learning**. Some relevant questions include: what does your organisation learn from the M&E? Is it necessary to change the programme, based on your conclusions? What can others learn from the evaluation? The outcome M&E itself is also a source for learning: what was learned from the whole process, is it something to continue doing? What can be done differently with regard to M&E and the tools used for data collection?

Box 2: Outline of a report

Report Outline

- 1.0 Summary
- 2.0 Introduction
- 3.0 Objectives of the study
- 4.0 Outcome M&E
 - 4.1 Methodology
 - Questionnaire, FGD, interviews
 - 4.2 Sample
 - 4.3 Analysis
 - 4.4 Results
 - Change in determinants of young people
 - Quality of implementation
- 5.0 Conclusions
- 6.0 Recommendations

In a meeting, the findings and conclusions can be shared with organisation staff. This is a good opportunity to brainstorm about the lessons learned, and about possible changes that are necessary for the programme and its implementation. Try to involve all relevant stakeholders, including young people and educators.

Based on the lessons learned, the information also has to be used for **decision making** about the future of the programme as well as strategic decisions. The findings are also used for **accountability** to donor organisations, government and other stakeholders. And finally, the lessons learned should be shared with others who might be interested in learning about them (**dissemination of findings**). Lessons learned should be shared with the young people and all relevant stakeholders. In monitoring and evaluation processes we tend to collect information, but it has to be planned for to also give back information and lessons learned from the research done.

Your tailor-made outcome M&E plan is ready. Check one more time if all parts of the design are consistent and if any changes are needed. Now, present your plan to your colleagues and perhaps the management of your organisation. Others might have some good suggestions.

Congratulations with your outcome M&E plan!



APPENDICES

Appendix 1

Determinant objectives

Appendix 2

Checklist outcome m&e capacity

Appendix 3a

Qualitative data collection tools

Tool 1 - Focus group discussion guide for young people

Tool 2 - Interview guide for young people

Tool 3 - Interview guide/ focus group discussion for educators
(parents/ healthcare providers)

Tool 4 - Observation forms

Tool 5 - Lesson evaluation form

Appendix 3b

Quantitative data collection tools

Tool 6 - Questionnaire for young people

Tool 7 - Questionnaire for educators

Appendix 4

Suggestions for entry and analysis of quantitative data

Appendix 5

Outline for a report

Appendix 1: Determinant objectives

| BEHAVIOUR (B) | INTENTION (I) | KNOWLEDGE (K) | RISK PERCEPTION (RP) | ATTITUDE (A) | SOCIAL INFLUENCE (SI) | SELF-EFFICACY AND SKILLS (SE&S) |
|---|------------------|---|---|---|--|--|
| 1. Make own health-promoting decisions about sexuality and growing up. | — | <ul style="list-style-type: none"> - Explain the right to their own decision-making and self-expression and how this differs from person to person. - Describe how rights and responsibilities are related and list two responsibilities; - Acknowledge that all young people, both boys and girls, have the right to education, protection, youth-friendly, non judgemental health services and to participate in policies and programmes concerning youth. - Explain changes that take place in their bodies as they grow up. | <ul style="list-style-type: none"> - Describe the risks for young people when their rights are violated. | <ul style="list-style-type: none"> - Argue that all people, including young people, have the right to be supported, protected and cared for by their families, the community and the government; - Value and respect their own rights and those of other people. - Recognise how these rights apply to their own life and community and to act if these rights are violated. - Are convinced that young persons can make own decisions by themselves. | <ul style="list-style-type: none"> - Explain who in society influences young people's rights, positively and negatively. - Explain who in society helps to make health promoting decisions. - Explain that their parents or care givers treat boys and girls in the family equally. | <ul style="list-style-type: none"> - Demonstrate step-by-step to make own decision. - Provide a scenario for how they would defend their sexual and reproductive rights and advocate their own rights. - Express that they talk about sex, HIV and pregnancy with others. |

| BEHAVIOUR (B) | INTENTION (I) | KNOWLEDGE (K) | RISK PERCEPTION (RP) | ATTITUDE (A) | SOCIAL INFLUENCE (SI) | SELF-EFFICACY AND SKILLS (SE&S) |
|--|---|--|---|--|--|--|
| 2. Delay the onset of sexual intercourse/ increased abstinence from sexual intercourse. | <ul style="list-style-type: none"> - Have the intention to delay first sexual intercourse. - Have the intention to abstain from sexual intercourse. | <ul style="list-style-type: none"> - Explain that a girl can get pregnant when she has unprotected sexual intercourse, even if it is only once or the first time she has sexual intercourse. - Explain the routes of HIV transmission. - Identify the factors that influence one's ability to resist partner pressure to have sexual intercourse (e.g. financial independence, self esteem, communication skills). - List the criteria for being "ready" to have a sexual relationship. - Explain abstinence explicitly. - Explain what safe sex is. | <ul style="list-style-type: none"> - Describe themselves as vulnerable to pregnancy, abortion, STIs, and HIV when having unprotected sexual intercourse - Explain that boys and girls may have different expectations of being private with someone of the other sex. - Explain that having occasional sex within a steady relationship can both lead to health risks. | <ul style="list-style-type: none"> - List four perceived benefits of abstinence at your age. - Express a positive attitude towards abstinence of sexual intercourse. - Express that boys and girls can be friends without having a sexual relationship or having sex. | <ul style="list-style-type: none"> - Describe their perception of the norms of significant others (peers, parents) related to sex and abstinence. - Discuss the norms that enable or make it difficult for one to say no to sex. - Express that the majority of their friends do not have sexual intercourse - Identify two people in society that support abstinence from sexual intercourse. | <ul style="list-style-type: none"> - Express confidence in own skills to resist sexual intercourse. - Explain step by step how to avoid and to get out of a situation that could lead to sexual intercourse - Explain step by step how to refuse and persuade the partner not to have sexual intercourse. |

| BEHAVIOUR (B) | INTENTION (I) | KNOWLEDGE (K) | RISK PERCEPTION (RP) | ATTITUDE (A) | SOCIAL INFLUENCE (SI) | SELF-EFFICACY AND SKILLS (SE&S) |
|---|--|---|---|--|---|--|
| 3. Use condoms correctly and consistently during sexual intercourse. | <ul style="list-style-type: none"> - Have the intention to use condoms during sexual intercourse. | <ul style="list-style-type: none"> - List two places where they can obtain or buy condoms. - Check expiry dates before use. - Explain that condoms are a very safe way of protection, if used correctly and consistently. - Mention both male and female condoms. - Explain the benefits of using condoms. | <ul style="list-style-type: none"> - Identify three health risks when having sexual intercourse without a condom. - Explain how condoms prevent HIV transmission. | <ul style="list-style-type: none"> - Bust myths about not using condoms and provide counterarguments for disadvantages of condom use. - Express a positive attitude towards use of condoms during every time when having sexual intercourse. - Describe their feelings about discussing condom use with a partner. - Explain that condom use is important both in steady relationships as well as in occasional sex. | <ul style="list-style-type: none"> - Explain norms, related to condoms, of significant others like parents, close friends, teachers. - Express that the majority of their friends use condoms when having sexual intercourse. - Discuss with peers whether carrying condoms is acceptable, and especially for a girl. - Discuss the responsibility of each partner in initiating and maintaining discussions about condom use. - Adduce arguments countering proposals to have unsafe sex. | <ul style="list-style-type: none"> - Describe step by step how to buy or obtain condoms. - Express confidence to deal with embarrassment when buying or obtaining a condom. - Describe a plan of where to carry condoms in different situations. - Explain step by step how to negotiate condom and contraceptive use with a sexual partner. - Express confidence to successfully use condoms every time of having sexual intercourse. - Express confidence in practicing safe sex in difficult situations. - Explain step by step how to use condom correctly. |

| BEHAVIOUR (B) | INTENTION (I) | KNOWLEDGE (K) | RISK PERCEPTION (RP) | ATTITUDE (A) | SOCIAL INFLUENCE (SI) | SELF-EFFICACY AND SKILLS (SE&S) |
|---|------------------|---|--|---|---|---|
| 4. Engage only in consensual (sexual) relationships. | — | <ul style="list-style-type: none"> - Explain that each person has the right to only have sex when he or she wants it and is ready for it. - Explain that when someone forces someone else to have sex, that person should be reported to the police. - List two ways to escape a situation that may lead to unintended sexual contact. - List two reasons not to engage in transgenerational sex. | <ul style="list-style-type: none"> - Explain which situations can lead to non-consensual sex. | <ul style="list-style-type: none"> - Express a positive view of themselves, only wanting to have sex when they feel ready for it and feel comfortable with the sexual partner. | <ul style="list-style-type: none"> - Describe norms in community, among parents and peers about having sexual relationships. - Describe norms in the community about forced sex. - Describe norms in the community about having transgenerational sex. | <ul style="list-style-type: none"> - Explain step by step what to do when approached by someone to have sexual intercourse, but are not ready or feel not good about it. - Express confidence that they will report to the police about forced sex. |

| BEHAVIOUR (B) | INTENTION (I) | KNOWLEDGE (K) | RISK PERCEPTION (RP) | ATTITUDE (A) | SOCIAL INFLUENCE (SI) | SELF-EFFICACY AND SKILLS (SE&S) |
|--|---|---|--|---|---|---|
| 5. Seek help and support for SRH needs. | <ul style="list-style-type: none"> - Have the intention to seek health services when needed. | <ul style="list-style-type: none"> - Explain the symptoms of STIs and that STIs can be treated well. - List three places where youth friendly health services are provided. - Identify people or organisations who can assist them with SRH. | <ul style="list-style-type: none"> - Explain that if they have an STI or suspect they have HIV, they must seek health services and testing. - Explain that if they have unprotected sex they must get tested for STI and HIV. - Explain that waiting to get tested can increase risks of HIV or STI can increase the problem. - Explain that STIs can be treated well if tested soon enough. | <ul style="list-style-type: none"> - Express a positive attitude towards going to a health service provider. - Express that young people have the right to good health provision. | <ul style="list-style-type: none"> - Describe how parents and peers and other community members view young seeking help at a health service provider. - Describe that health care providers are friendly and approachable for young people. | <ul style="list-style-type: none"> - Expressing confidence of going to a health care provider or counsellor. |

Appendix 2: Checklist outcome M&E capacity

Instructions

You can give a rating to each question, ranging from 'not doing well yet' up to 'doing very well or having systems in place'. This self-evaluation is for your own good, so be as honest as possible. You can do this on your own, but you can also do this with your colleagues and compare whether all have a similar

impression about M&E capacity in the organisation. The M&E capacity relates to the M&E design that fits best to you and your organisation. See STEP 2 (page 30) for an overview of three designs, ranging from minimal to optimal.

| QUESTIONS | RATING | | | | |
|--|------------|------------|--------|--------------------|---------|
| | not at all | not really | partly | yes, quite well | yes |
| | Minimal | Minimal | Good | Good | Optimal |
| ORGANISATION | | | | | |
| Is your organisation willing to use and integrate the results of your outcome evaluation in programming? | | | | | |
| Does the organisation have experience with outcome monitoring & evaluation, instead of output M&E only? | | | | | |
| Are sufficient financial resources allocated to conduct outcome M&E? | | | | | |
| Do you have sufficient time in the organisation to conduct outcome M&E? | | | | | |

| QUESTIONS | RATING | | | | |
|-----------|------------|------------|----------------------|--------------------|---------|
| | not at all | not really | neither yes or no | yes, quite well | yes |
| | Minimal | Minimal | Good | Good | Optimal |

ATTITUDES

| | | | | | |
|---|--|--|--|--|--|
| Can you set aside your own values and ideas and listen with an open mind and without judgement to what respondents want to say? | | | | | |
|---|--|--|--|--|--|

CAPACITY

| | | | | | |
|--|--|--|--|--|--|
| Do you have capacity or experience with conducting focus group discussions or interviews? | | | | | |
| Do you have capacity or experience with surveys or questionnaires for outcome evaluation? | | | | | |
| Do you have skills in analysing focus group discussions and interviews (qualitative data)? | | | | | |
| Do you have skills in analysing surveys or questionnaires (quantitative data)? | | | | | |

TOTAL

- How many times have you ticked a box in the 'Minimal', 'Good' or 'Optimal'?
- Are most of your marks in the 'Minimal', zone?
We advice you to select a Minimum design

- Are most of your marks in the 'Good' zone?
We advice you to select a Good design
- Are most of your marks in the 'Optimal' zone?
We advice you to select an Optimal design

Appendix 3a: Qualitative data collection tools

Tool 1 – Focus group discussion guide for young people

Instructions for the interviewer

This guide can be used to conduct focus group discussions with small groups of young people (four to eight people).

Note that this guide must be adjusted:

- to fit the objectives of your programme (see for more information Step 1 of this Workbook); and
- to suit the different age groups of young people.

If the group does not easily come up with a discussion about the topic you raise, you can 'probe' certain topics to increase the discussion. These are marked as 'probe'.

Date

Facilitator

Translator

Male/ Female/ Mixed group

Number of participants

Age range

INTRODUCTION

I am interested in learning about some of the health needs of young people living in your community. I would like to ask your permission to ask you questions about sexual reproductive health, gender issues, HIV/AIDS, life skills, and other issues related to health. Your answers will be confidential.

The information will help us to identify the gaps with regard to sexual reproductive health and related issues and how to best assist you as youths.

This discussion will take about 45 minutes. If you feel that there are related issues that are relevant and important, you are most welcome to raise these issues during the discussion. The discussion will be taped, and transcribed at a later stage for analysis. Only members of the evaluation team will have access to this material.

General questions

1. Age of all respondents
2. Gender of all respondents

Programme

3. Have you ever participated in sexual reproductive health education? If yes, which programme?
4. Are there other ways that you heard about sexual reproductive health, HIV/AIDS, rights, how to protect yourself, life skills?
 - Probe – Media, parents, school, health service, etc.

I would like to ask you some questions about the programme [name SRHR/HIV Prevention intervention].

5. What did you like most about the programme?
6. What did you not like?
7. Which topics (content) did you like most?
8. Which topics did you not like?
9. Which activities and materials did you like most?
10. Which activities and materials did you not like?
11. What can be done differently in the programme?
12. What has been the most significant change for you as a result of this programme?
 - Probe – How has it changed you? Try to write down the 'change processes' What exactly happened with the respondent?

I want to ask some questions about school, work and activities.

13. Do all of you attend school?
14. Do girls and boys attend school in equal numbers? If not, how is attendance different and why is it different?
15. How do you see the difference between boys and girls in your community? Is there a difference in what they do, are allowed to do?

16. What did you learn in the programme with regard to puberty and growing up? [knowledge]

- Probe
- Physical changes
- Emotional changes

17. Has the programme contributed to your self esteem/confidence? [self-efficacy and skills]

18. Has the programme contributed to your skills?

- What did you learn? [self-efficacy and skills]
- Communication/negotiation skills

Now, I want to ask some questions about relationships.

19. At what age do youths usually start engaging in sex? [behaviour]

20. Can boys/girls be friends without having sexual intercourse? [attitude]

21. How can you negotiate for safe sex with your boyfriend/girlfriend? [self-efficacy and skills]

22. Can a boy/girl say no to sex? Why (not)? [attitude]

23. How can boys refuse? How can girls refuse? [knowledge]

24. Can boys have sexual relationships with boys or girls with girls?

Now I want to talk about sexually transmitted infections and HIV/AIDS.

25. Have you heard of AIDS? Do you believe it exists? [knowledge]

26. Tell me all of the ways in which you believe a person can get HIV/AIDS? [knowledge]

27. Are girls/boys worried about getting AIDS? Do you think your friends are at risk of getting the AIDS virus? [social influence]

28. Do you know of anyone with AIDS? Do you know anyone who died of AIDS? [social influence]

29. What can be done to prevent AIDS? [knowledge]

30. Do you think young people like you can also be infected with the HIV virus? [risk perception]
- Why (not)?
31. Do you know of any infections one can get through sexual intercourse? [knowledge]
- What kinds?
(HIV/AIDS, Gonorrhea, Syphilis, Chancroid, Chlamydia, Genital warts, herpes, Hepatitis B, Vaginitis, Other?)
32. Is there anything a girl/boy can do to avoid getting sexually transmitted infections? What? [knowledge]
33. Can you tell by looking that another person has a sexually transmitted infection? [knowledge]
34. What do girls/boys do if they think they have a sexually transmitted infection? Do they see a health worker?
- Why/why not? [social influence]

I would also like to ask some questions about (sexual) violence.

35. Do you know of girls/boys who have sex for money, protection or food? [social influence]
36. With whom do they have sex? [social influence]
- What do you know and think about this kind of situation? [attitude]
37. Do you think that any of your friends have frequented a commercial sex worker? If yes, how many of them? [social influence]
38. Do you know of girls/boys who were forced to have sex with others (soldiers, teachers, others in position of authority)? [social influence]
39. What do you think rape is? [knowledge]
40. If a girl/boy was raped here, who would she/he tell; who would she/he go to for help? [knowledge]
- What services are available if a girl/woman has been beaten?

I have some questions about finding help for certain health issues.

41. If you had a sexual health problem (for example, you suspect you are infected with HIV, or have signs of an sexually transmitted infections or pregnancy), what would you do? [behaviour]
42. Would you have a health provider to go to? Who else would you see? [behaviour]
43. Are there any centres that are just for adolescents/ youth? [knowledge]
44. Have you ever visited a centre that is specifically targeted for youth? [behaviour]
- If yes, what attracts you to the centre? [attitude]
45. Are condoms available to young people who are having sex? If so, from where? [knowledge]
46. Are young people using them? Do girls use them? Do boys use them? If not, why not? [social influence]
47. Can a girl get pregnant the first time she has sex? Can a girl get pregnant if she has sex only once? [knowledge]
48. Are there any health risks of boys having sex with boys and girls having sex with girls? [knowledge]

Do you have any questions?

Tool 2 – Interview guide for young people

Instructions for the interviewer

This guide can be used to conduct interviews with individual young people.

Note that this guide must be adjusted:

- The number of questions is most likely too long, so select only those questions that are relevant for your programme and respondents.
- To fit the objectives of your programme (see for more information Step 1 of this Workbook).
- To suit the different age groups of young people.

INTRODUCTION

I am interested in learning about some of the health needs of young people living in your community. I would like to ask your permission to ask you questions about sexual reproductive health, gender issues, HIV/AIDS, life skills, and other issues related to health. Your answers will be confidential.

The information will help us to identify the gaps with regard to sexual reproductive health and related issues and how to best assist you as youths. I expect our conversation to last about one hour. If you feel that there are related issues that are relevant and important, you are most welcome to raise these issues. The interview will be taped, and transcribed at a later stage for analysis. Only members of the evaluation team will have access to this material.

General questions

1. Age
2. Gender

Programme

3. Have you ever participated in SRH education?
If yes, which programme?
4. Are there other ways that you heard about SRH, HIV/AIDS, rights, how to protect yourself, life skills?
- Probe – Media, parents, school, health service, etc.

I would like to ask you some questions about the programme [name SRHR/HIV Prevention intervention]

5. What did you like most about the programme?
6. What did you not like?
7. Which topics (content) did you like most?
8. Which topics did you not like?
9. Which activities and materials did you like most?
10. Which activities and materials did you not like?
11. What can be done differently in the programme?
12. What has been the most significant change for you as a result of this programme?
- Probe – How has it changed you? Try to write down the 'change processes'. What exactly happened with the respondent?

Health seeking behaviour

13. Have you ever visited a health service because you had concerns about your health? [behaviour]
14. What was the reason for you to go there? (if you do not want to tell, please do not!) [attitude]
15. How were you treated by the health service provider?
[social influence]

Knowledge

16. Do you know places where you can obtain sexual and reproductive health services?

Attitude

17. What is your view on sexual and reproductive health services (give examples, voluntary counselling and testing, sexually transmitted infection treatment, obtaining contraceptives, condoms etc.)? Do you expect good services from them? Why (not)?
18. What are reasons for you not to go there?
19. What are reasons for you that you would go there?

Social influence

20. Do you know of friends who go to health services if they need it?
21. Which services do they seek?
22. How would your friends respond if they knew that you visit the sexual and reproductive health services?
23. How would your parents respond if they knew that you visit the sexual and reproductive health services?

Skills

24. To what extent are you able to make your own decision to go to a health service provider or not?
25. Can you describe what you do when your friends or parents discourage you to go there?

External factors

26. What do you think of the quality of health services in your community? Are the care providers friendly to you?
- Probe – Do they ensure confidentiality for you? Do you feel judged? Etc.
27. Are the health services affordable and accessible?

Intention

28. Do you plan in future to seek sexual and reproductive health services if you would need them?
29. Has this programme helped you to seek for services if you would need them?
- Probe – Any change in knowledge, attitude, skills?

Abstinence

Behaviour

30. Have you ever had a boyfriend or girlfriend?
31. Have you ever had sex? If yes, what type of sexual activity, and how old were you?
32. Do you have a boyfriend or girlfriend now?
33. Are you in a sexual relationship with him or her? If yes, what type of sexual activities? What do you do to protect yourself? Your partner? How often do you use condoms?
- (It is important to explore safe and unsafe sexual practices from kissing, fondling, mutual masturbation up to penetrative anal and vaginal sex.)

Knowledge

34. What is safe sex in your opinion?
35. What is abstinence? What do you do when you abstain?
36. Are you aware of the consequences of having unprotected sex? If yes, what are they?
37. Do you feel that the information you have received has been adequate? Are there any gaps or anything you would like to find out more about?

Attitude

38. Do you think it is possible for young people to abstain?
Why (not)?
39. Up to when should young people abstain from sexual intercourse? Why?
40. If you think about abstinence, what is your first response? Does it provoke something positive or something negative? And why?
- Probe – Age, education finished, marriage, etc.
41. If you think about sexual intercourse, what is your first response? Does it provoke something positive or something negative? And why?
- Probe – Age, education finished, marriage, etc.
42. Should intercourse always take place in marriage? Why (not)?
43. Is it possible/ok for young people to have sex if they want to and are ready for it?

Social influence

44. What do your friends think about abstinence? Why?
45. What do your parents think about abstinence? Why?

Skills

46. Did you ever talk with your partner about sexuality and what you want/do not want to happen?
47. How was it for you to talk about this?
48. What do you do when someone wants to have sex with you, but you don't want to?
- Probe – Did that ever happen to you? How did you respond to that person? What do you want to do when this would happen again?
49. Do you feel confident to refuse someone who wants to have sex (and you don't want)?
50. Has the programme changed you with regard to abstinence (behaviour, attitude, intention)? What has been the most significant change?
- Probe – Any change in knowledge, attitude, skills?

Condom use

Knowledge

51. How safe do you think condoms are to protect you from HIV/AIDS, sexually transmitted infections, and pregnancy?

Attitude

52. If you think about condoms, what is your first response? Does it provoke something positive or something negative? And why?
53. If you would have a sexual relationship now, would you use a condom during intercourse? Why (not)?
54. Would you discuss condom use with your partner? Why (not)?
55. What would be reasons for you to use a condom?
56. What would be reasons for you not to use a condom?

Social influence

57. What do your friends think about condom use? Why?
58. How would they respond to you if they would find out you have used condoms?
59. What do your parents think about condom use? Why?
60. How would they respond to you if they would find out you have used condoms?

Skills

61. Can you explain to me how you negotiate condom use with your partner?
- Probe – How do you convince him or her?
62. Can you explain to me how you would use a condom?
- Probe – Steps in condom use (check expiry date, take out of package, etc.)

External factors

- 63. Would it be easy or difficult to buy or obtain condoms?
- 64. Are condoms easily accessible in your community?
Why? What would make it easier?

Intention

- 65. If you have a sexual relationship, do you intend to use a condom during sexual intercourse?
- 66. If you do not have a sexual relationship, do you think you would use a condom when having sexual intercourse?
- 67. With regard to condom use, what has been the most significant change for you after participating in the programme?
- Probe – Any change in knowledge, attitude, skills, condom use behaviour?

Behaviour

- 68. Have you ever experienced sex in a way that you did not feel comfortable or did not want to?
- 69. Have you ever forced or convinced someone to have sex with you, while he or she did not want to?

Knowledge

- 70. Are you aware of the safety nets in your community (the police, parents, community leaders, health providers, etc.)?
- 71. Do you know of any youth friendly corners and the services they provide?

Attitude

- 72. Do boys and girls have equal rights to go to school?
Why (not)?
- 73. Is it normal for girls and women to have a job?
- 74. What do you think about forcing a partner to have sex with you? Is this sometimes allowed? When is it allowed and by whom?
- 75. Do you feel ready to have sex? When would you be ready?

Social influence

- 76. What do your parents think about the rights of boys and girls? Do they treat boys and girls equally?
- 77. What do your friends think about the rights of boys and girls?
- 78. What do your friends think about who can decide to have sex or not?
- 79. What do your friends think of forcing someone else to have sex?
- 80. What do your friends think about same sex relationships?

Skills

- 81. Can you explain what you could do when you would be forced to have sex?

Intention

- 82. With regard to consensual sex, what has been the most significant change for you after participating in the programme?
- Probe – Any change in knowledge, attitude, skills, intention, and behaviour?
- 83. With regard to equal rights of boys and girls, what has been the most significant change for you after participating in the programme?
- Probe – Any change in knowledge, attitude, skills, intention, and behaviour?

Tool 3 – Interview/focus group discussion guide for educators, parents, health care providers, and community leaders

Instructions for interviewer/facilitator

This guide can be used to interview parents, educators (including teachers and peer educators), health care providers, and community leaders. The guide can be used for focus group discussions and for individual interviews.

The aim of these interviews/focus group discussions is to get to know how important others perceive changes among young people as a result of the SRHR/HIV prevention intervention. It is indicated in the guide which questions can be asked to which people.

We have also indicated for all relevant questions to which determinant the question relates. In this guide, many of the questions relate to social influence. Attitudes of parents, for example, are part of the social influence experienced by young people.

INTRODUCTION

We like to thank you for participating in this interview. It is a part of an evaluation exercise. The evaluation aims at measuring the effectiveness of the intervention strategies on young people with regard to their sexual reproductive health.

The reason for having these discussions is to find out your views on the behaviour of youths when it comes to their sexual and reproductive health. Your opinions are important in identifying gaps and means of intervention as well as measuring the effectiveness of the intervention strategy. We want you to be critical and open. We would like to learn from you about the situations that young people in this community/school face.

This discussion will take about 45 minutes. If you feel that there are related issues that are relevant and important, you are most welcome to raise these issues during the discussion. The discussions will be taped, and transcribed at a later stage for analyses. Only members of the evaluation team will have access to this material.

Age

Male/female

Marital status (single, married, divorced, widowed)

Education level (primary, secondary, high school, tertiary)

Health care providers

Health

01. How many youths are coming into the clinics seeking reproductive health?
02. Are youths still being affected by sexually transmitted infections ?
03. What are the statistics of early pregnancies like now in comparison to before the intervention?

Sexual and health seeking behaviours [behaviour]

04. On average, how many youths are collecting condoms from the health providers?
05. If there has been a change in obtaining of condoms, whom do you think it can be attributed to? If there hasn't been any change, why do you think this is so despite the intervention?

Parents/educators/community leaders, etc.

06. Do you think boys and girls are being treated equally in this school/community? [social influence]
07. Do the youth ever come to you for advice on sexuality matters? [behaviour]
08. If so what do you tell them? [social influence]
09. Do you encourage them to openly discuss about sexuality? If yes, how? If no, why not? [social influence]
10. When do you think they should start having sex? [social influence]
11. What do you think are the key health problems faced by adolescents in this area and what advice do you give them if they have such problems? [social influence]
12. Is HIV a relevant concern in this particular school/ community?
13. What do you think of the quality of health services in your community? [social influence]
14. Are the health services affordable and accessible? [social influence]

15. How would you feel if your child goes to seek health services? [social influence]
16. Do you allow them to go seek health services? [social influence]
17. Do you promote health seeking behaviour, why (not) and how? [social influence]
18. What type of assistance do you require to be able to assist young people with issues on sexual reproductive health? [social influence]
19. Do you think young people are having same sex relationships?
20. And do you think young people have anal sexual intercourse?
21. Can you describe how this intervention had impacted on the youths in the school/community? Was it in a positive or negative way?
22. Have you seen any change among young people after the programme? If this was the case, what is in your view the most significant change?
23. Are the youths more receptive/open to communication about sex now after the programme? [behaviour]
24. How has this been realised?
25. Has there been any behaviour change amongst the youths? [behaviour]
 - a. Onset of sexual intercourse
 - b. Use of condoms among young people
 - c. Seeking health services or other help
 - d. Consensual sexual activities/forced sex
26. Have you observed a change in knowledge? [knowledge]
 - Probe – What kind of knowledge has particularly improved?
27. Have you observed a change in attitudes? [attitude]
 - Probe – Condom use, sexuality
 - Probe – Interaction between boys and girls, gender
28. Have you observed a change in peer influence? [social influence]
29. Have you observed a change in skills of young people? [self-efficacy and skills]

Questions about the educators

- 30. Was there a guideline for this programme?
- 31. Which lessons did the educators implement? What did they not implement?
- 32. Which topics did they address? Which did they leave out?
- 33. Which activities did they implement? Which did they leave out? And why?

Questions about quality of implementation

- 34. Are there any lessons you have for us from what you have observed from the youths?
- 35. What do you think could be improved in our intervention?
- 36. Which factors have influenced implementation positively or negatively?
 - a. Positive
 - b. Negative
- 37. Did the following people/groups influence the quality of implementation positively or negatively?
 - Ministry of Education/Ministry of Health
 - Community/school environment
 - Parents
 - Health services
 - Implementing organisation

Tool 4 – Observation form

Instruction

This Observation Form can be completed by observers, such as research assistants. It will provide information about the extent to which the educator was able to implement the activities as described in the educator's guidebook.

To do:

- Adapt the observation form if needed.

Name observer

Date

School/community group

Class/group

Educator

Name of lesson observed

| | Excellent | Above average | Average | Below average |
|---|-----------|---------------|---------|---------------|
| 1. Educator's clarity and understanding of unit objectives | | | | |
| 2. Ability to encourage participation of young people in the learning process | | | | |
| 3. Receptiveness to feedback of young people | | | | |
| 4. Ability to simplify and explain subject matter | | | | |
| 5. Organisation and planning of lesson | | | | |
| 6. Flexibility in the use of resources and materials | | | | |
| 7. Ability to facilitate role plays (or group discussion etc. | | | | |
| 8. Ability to answer questions or to help young people answer their own questions | | | | |
| 9. Integration of lessons with contemporary issues | | | | |
| 10. Knowledge of subject matter (accurate information) | | | | |
| 11. Degree to which curriculum is followed | | | | |

12. What were the objectives of this lesson?
Were they met?

13. Provide information on: (a) lesson content, (b) equipment/
resources/materials, (c) classroom environment?

14. Identify the teaching strategy used in the delivery of this lesson (e.g. discussion, role play, brainstorm, lecture) and comment on its effectiveness with the class in educating the information/skills.

15. What would you consider the major strengths of this lesson?

16. What would you consider the major weaknesses of this lesson?

17. Additional comments:

Tool 5 – Lesson evaluation form

Instruction

This Lesson Evaluation Form can be completed by educators after each lesson. It will provide information about the extent to which the educator has covered everything that is described in the educator's guidebook.

To do:

- Provide for each lesson in your guidebook the name of the lesson or topic addressed in the table below.
- Add in the table the names of the activities in each lesson, for example 'group discussion about friendships' or 'making a group definition about HIV'.
- Provide the lesson evaluation form for all the lessons to the educator and ask the educator to complete the form after each lesson.

Name educator

Name school/community

Class/ group

For each activity in each lesson, circle the number that best describes how much of the material in the educators' guidebook was covered.

Lesson 1 [heading/ topic of the lesson]

Date

| | No coverage | | | Complete coverage | | |
|-------------|-------------|---|---|-------------------|---|--|
| | 1 | 2 | 3 | 4 | 5 | |
| Activity 1: | | | | | | |
| Activity 2: | | | | | | |
| Activity 3: | | | | | | |

Lesson 2 [heading/ topic of the lesson]

Date

| | No coverage | | | Complete coverage | | |
|-------------|-------------|---|---|-------------------|---|--|
| | 1 | 2 | 3 | 4 | 5 | |
| Activity 1: | | | | | | |
| Activity 2: | | | | | | |
| Activity 3: | | | | | | |

Lesson 3

etc.

Appendix 3b: Quantitative data collection tools

Tool 6 – Questionnaire for young people

Adapt the questionnaire if needed. Some suggestions for adaptation:

- Check whether the questions on the 'Instructions for the data collectors' are relevant. If not, adapt or remove the questions.
- Check all questions whether they are relevant for your programme. If the programme has not addressed certain topics, consider to remove those questions.
- Check questions whether they are understandable and appropriate in your context, for example the question 'Is it acceptable in your community for people of the same sex to have a sexual relationship?'.⁹
- Include the questions at the end only in the post-test questionnaire, as they are about how students appreciated the programme. The questions are only relevant for the intervention group.

INSTRUCTIONS for the data collectors

To be completed by the data collector

0-1. Questionnaire number (e.g. A 01 01 001)⁹

0-2. Pre-test or post-test

- ☐ Pre-test
☐ Post-test

0-3. Intervention/comparison group

- ☐ Intervention group
☐ Comparison group

0-4. Name of data collector

0-5. Date

0-6. Collected in school or community

- ☐ School
☐ In community

0-7. Name of school/community

0-8. Grade(s)/class(es)/club

0-9. Boys/girls/mixed groups (Please tick only one box)

- ☐ Boys
☐ Girls
☐ Mixed

INSTRUCTIONS for young people

Please help us by filling in this questionnaire. Your responses are very important to us and will help us to make good programmes for young people

- Do not write your name on this questionnaire. **All the information you give us will be kept private.** Nobody will know who filled in this questionnaire. Your teachers, neighbours, family, and schoolmates will not see your answers.

- This is not a test and there are no right or wrong answers. **PLEASE BE HONEST IN YOUR ANSWERS.** Do NOT give us answers that you think we want from you. We need to know what you and other young people **really** think, so that we can give young people in Zimbabwe the information they need.

- Filling in this questionnaire is completely **voluntary**. If it makes you feel uncomfortable, you can stop at any time.

- If you have any questions, please raise your hand and ask the project staff who are present.

- Take your time and answer carefully. There is enough time to complete the questionnaire.

1. **Give your consent for participation in the study by ticking this box:** ☐

2. **Sex**

- ☐ Female
☐ Male

3. **Age**

4. **What is the highest level of education you have completed?**

- ☐ No formal education
☐ Primary school
☐ Secondary school
☐ College/university
☐ I don't know

5. **With whom do you live most of the time?**

- ☐ Both parents
☐ One parent
☐ Guardian
☐ On my own
☐ Other:

WHAT DO YOU KNOW? [KNOWLEDGE]

Below are some questions about pregnancy, HIV/AIDS and other sexually transmitted infections. Please tick the box that best represents what you think.

6. **A girl can NOT get pregnant the first time she has sexual intercourse.**

- ☐ Yes
☐ No
☐ I don't know

7. **A person can always tell by looking that another person has a sexually transmitted infection.**

- ☐ Yes
☐ No
☐ I don't know

8. **Can a person contract HIV by having anal sex?**

- ☐ Yes
☐ No
☐ I don't know

9. Is homosexuality a disease?

- ☐ Yes
- ☐ No
- ☐ I don't know

10. How can one protect oneself from HIV transmission?

Tick all the answers that you think are correct.

- ☐ Condom use
- ☐ Contraception
- ☐ Faithfulness
- ☐ Non penetration sex
- ☐ Both partners take HIV test before sex
- ☐ Abstinence
- ☐ Bathing immediately after sex
- ☐ I don't know

WHAT DO YOU THINK? [RISK PERCEPTION]

11. HIV/AIDS is a big threat against my personal health

- ☐ Yes
- ☐ No
- ☐ I don't know

12. I am likely to get HIV infected if I have unprotected sex

- ☐ Yes
- ☐ No
- ☐ I don't know

13. I am (for girls)/my girlfriend (for boys) is likely to get pregnant when we have sex without using condom

- ☐ Yes
- ☐ No
- ☐ I don't know

14. Getting pregnant during teenage years is a very serious problem

- ☐ Yes
- ☐ No
- ☐ I don't know

15. Having anal sex is a safe way to protect oneself from sexually transmitted infections, including HIV

- ☐ Yes
- ☐ No
- ☐ I don't know

WHAT IS YOUR OPINION? [ATTITUDE]

16. What is the ideal age for you to have sexual intercourse for the first time?

- ☐ between 12-15 years
- ☐ between 16-20 years
- ☐ 20 years and above

17. If a girl dresses in revealing clothes (miniskirts, figure hugging), she is asking to be raped?

- ☐ Yes
- ☐ No
- ☐ I don't know

18. If a girl refuses to have sex with her boyfriend, is it okay for him to use force or pressure?

- ☐ Yes
- ☐ No
- ☐ I don't know

19. Can boys and girls be friends without having sexual intercourse?

- ☐ Yes
- ☐ No
- ☐ I don't know

20. Do you think that all young people should always use a condom during sexual intercourse?

- ☐ Yes
- ☐ No
- ☐ I don't know

21. Is it acceptable in your community for people of the same sex to have a sexual relationship?

- ☐ Yes
- ☐ No
- ☐ I don't know

WHAT ARE YOUR PLANS? [INTENTION]

22. Do you think that you will have sexual intercourse within the next six months?

- ☐ Yes
- ☐ No
- ☐ I don't know

23. Will you seek health services if you would need them?

- ☐ Yes
- ☐ No
- ☐ I don't know

24. Do you plan to use a condom when you have sexual intercourse in future?

- ☐ Yes
- ☐ No
- ☐ I don't know

WHAT ARE YOUR SKILLS? [self-efficacy and skills]

25. Your friend is undecided whether to have sex with her boyfriend or not. What advice would you give her/him?

[DECISION MAKING SKILLS]

(Give more than one answer if needed)

- ☐ Tell them they are too young
- ☐ To use condoms
- ☐ To abstain from sex
- ☐ To wait until they get married
- ☐ To wait until are older
- ☐ Go ahead
- ☐ Give advice about the risk of getting pregnant or HIV infected

26. Describe what one can do when he/she is forced to have sex [REFUSAL SKILLS]

(Give more than one answer if needed)

- ☐ Report to the police
- ☐ Shout for help
- ☐ Break the relationship
- ☐ Report to the parents
- ☐ Inform the teacher
- ☐ Fight the person to free yourself

27. Describe how one can negotiate for safe sex with your boyfriend/girlfriend [NEGOTIATION SKILLS]

(Give more than one answer if needed)

- ☐ Sticking to own ideas
- ☐ A no should be a no
- ☐ Use a condom
- ☐ Contraception
- ☐ I would not be able to convince him or her

28. How can one avoid situations which can lead to sexual intercourse? [DECISION MAKING SKILLS]

(Give more than one answer if needed)

- ☐ Being alone in an isolated place with the opposite sex
- ☐ No touching or kissing each other
- ☐ Not wearing revealing clothes
- ☐ Not being in a relationship

HOW DO OTHER PEOPLE INFLUENCE YOU?

[SOCIAL INFLUENCE]

29. I have friends who have had sexual intercourse

- ☐ Yes
- ☐ No
- ☐ I don't know

30. I have friends who have used a condom during sexual intercourse

- ☐ Yes
- ☐ No
- ☐ I don't know

31. I have friends who abstain from sex

- ☐ Yes
- ☐ No
- ☐ I don't know

32. Do people in this community/school encourage girls and boys to have sex with older men or women?

- ☐ Yes
- ☐ No
- ☐ I don't know

33. Have you ever talked with any adult about sex, HIV, and pregnancy?

- ☐ Yes
- ☐ No
- ☐ I don't know

34. Who do you most talk to about sex?

- ☐ Parents
 - ☐ Teacher
 - ☐ Peer educator
 - ☐ Health worker
 - ☐ Friends
 - ☐ Others:
-

35. Do your parents/ guardians treat boys and girls equally?

- ☐ Very much
- ☐ Moderate
- ☐ No
- ☐ I don't know

36. Are the health care providers in your community friendly/approachable?

- ☐ Very much
- ☐ Moderate
- ☐ No
- ☐ I don't know

37. In which of the following SRHR/HIV prevention programmes have you participated?

- ☐ Name of your own programme
 - ☐ Name of a programme 1
 - ☐ Name of a common programme 2
 - ☐ Name of a common programme 3
 - ☐ Other:
-

38. What did you like most about the programme?

39. What did you not like?

40. Which lesson did you like most?

41. Which lesson did you not like?

Tool 7 – Questionnaire for educators

Instructions

The questionnaire for educators can be used to collect information about the attitudes and skills of educators, including teachers and peer educators. The information can be used to assess the quality of implementation for the process evaluation. Adapt the questionnaire if needed. Remove all the questions that are not relevant for your programme. For example, if educators in your programme do not provide condom demonstrations, it does not make sense to include the question in the questionnaire that relates to this.

THIS QUESTIONNAIRE IS STRICTLY CONFIDENTIAL

Answers to all questions are completely confidential

Dear educator,

Thank you for completing this questionnaire. We are trying to find out better ways to support educators in implementing sexual and reproductive health programmes for young people. By doing so, we hope to get a better insight in our sexuality education programme, so we can improve and adjust the programme. This will help us to better help young people in making the right decisions.

This questionnaire is completely anonymous. Please do not write down your name on this questionnaire. All the information you give us will be kept private, and nobody will know who filled in this questionnaire. No one will see your answers.

This is not a test and there are no right or wrong answers. PLEASE BE HONEST IN YOUR ANSWERS. Do NOT give us answers that you think we want to hear. We need to know what you really think!

Completing this questionnaire is entirely voluntary. If filling in the questionnaire makes you feel uncomfortable, you can stop at any time. Please take your time and answer carefully.

If you have any questions, please raise your hand and ask the project staff.

THANK YOU VERY MUCH FOR YOUR HELP!

SOME PERSONAL DETAILS

Before you start filling in the questionnaire, please give your consent for participation in the study by answering the following question:

I complete this questionnaire on a voluntary basis, and I understand that I can stop at any time.

(Please tick only one box)

- ☐ Yes
☐ No

1. Are you male or female?

(Please tick only one box)

- ☐ male
☐ female

2. What is your age?

YOU AND YOUR SCHOOL

3. What kind of school are you teaching at?

(Please tick only one box)

- ☐ Boarding school
☐ Day school
☐ Mixed boarding & day school

4. What kind of school are you teaching at?

(Please tick only one box)

- ☐ Girls school
☐ Boys school
☐ Mixed boys and girls school

5. What is/are your main teaching subject(s)

6. Has your school implemented the [name of programme] programme last year?

- ☐ Yes
☐ No

ATTITUDES IN SEXUALITY EDUCATION

The next questions are about your attitudes towards sexual behaviour of young people.

To what extent do you agree with the following statements related to young people and decision making?

- | | ++ + +/- - -- |
|--|---------------|
| 7. Young people have the right to make their own decisions on their sexual life | _____ |
| 8. If young people have the right to make sexual decisions on their own, they will abuse it | _____ |
| 9. I consider my students rather to be (young) adults than children | _____ |
| 10. Young people are not able to decide for themselves what is good for them regarding sexuality | _____ |

To what extent do you agree with the following statements related to consensual sex?

- | | ++ + +/- - -- |
|--|---------------|
| 11. It is best for young people not to be involved in sexual behaviours if they are not ready for it | _____ |
| 12. If young people have sex, both the girl and the boy should be willing | _____ |
| 13. Forcing somebody to have sex is okay | _____ |
| 14. If the female partner does not want sex, it is acceptable that the male partner uses some pressure to persuade her | _____ |

To what extent do you agree with the following statements related to sexuality of young people?

| | ++ | + | +/- | - | -- |
|---|----|---|-----|---|----|
| 15. If young people have sexual intercourse it is important that the girl takes oral contraceptives like the pill | | | | | |
| 16. Girls who are not virgins anymore, cannot get married | | | | | |
| 17. If young people have sexual intercourse, it is important that they use condoms all the time | | | | | |
| 18. It is difficult to be friends with the opposite sex without being sexually involved | | | | | |
| 19. Premarital sex is a reality that has to be acknowledged | | | | | |
| 20. Homosexuality is a Western phenomenon | | | | | |
| 21. Information on homosexuality may encourage students to experiment with this | | | | | |
| 22. Abortion should always be allowed | | | | | |
| 23. Sexuality is something positive and enjoyable | | | | | |

The next questions are about your attitudes towards sexuality education at schools.

To what extent do you agree with the following statements?

| | ++ | + | +/- | - | -- |
|--|----|---|-----|---|----|
| 24. It is important to talk about sex with young people in an open way | | | | | |
| 25. A lot of problems can be prevented by providing sexuality education | | | | | |
| 26. Sexuality education may lead to problematic sexual behaviour | | | | | |
| 27. It is necessary to teach young people my own norms and values as guidelines on sexual behaviour | | | | | |
| 28. In sexuality education we should avoid teaching young people about the pleasure of sex | | | | | |
| 29. We have to teach young people to abstain from having sex because of the side effects of condoms and other contraceptives | | | | | |
| 30. Sexuality education should not legitimate condom use | | | | | |
| 31. We have to teach young people about condoms | | | | | |
| 32. We have to teach young people about contraceptives (e.g. the oral pill) | | | | | |

CONFIDENCE IN TEACHING SEXUALITY EDUCATION

The next questions are about your confidence in teaching sexuality education among your pupils. First, we would like you to answer some general questions. Secondly, we ask some questions about teaching methods.

How confident do you feel about educating the following topics in the classroom?

| | ++ + +/- - -- |
|---|---------------|
| 33. Educating pupils about sexual development and puberty | _____ |
| 34. Educating pupils about sexual relationships | _____ |
| 35. Educating pupils about sexually transmitted diseases | _____ |
| 36. Educating pupils about contraception | _____ |

How confident do you feel about discussing the following topics in the classroom?

| | ++ + +/- - -- |
|--|---------------|
| 37. Discussing hetero-/bi-/homosexuality in a neutral way | _____ |
| 38. Discussing attitudes towards people with AIDS | _____ |
| 39. Discussing sexual activities other than sexual intercourse | _____ |
| 40. Discussing condoms | _____ |
| 41. Discussing differences between roles of boys and girls | _____ |
| 42. Discussing the right of young people to take their own decisions about sexuality | _____ |
| 43. Discussing masturbation | _____ |
| 44. Discussing building up pupils' self esteem | _____ |
| 45. Discussing helping young people to develop their decision-making skills | _____ |

How confident do you feel about dealing with the following situations in the classroom?

| | ++ + +/- - -- |
|--|---------------|
| 46. Dealing with pupils' questions about sex in front of the class | _____ |
| 47. Dealing with pupils' expectations that you will disclose your own sexual behaviour | _____ |
| 48. Dealing with signalling individual problems of students | _____ |
| 49. Dealing with referring individual students to a counsellor or health service | _____ |
| 50. Dealing with cultural differences | _____ |

How confident do you feel about doing the following methods in the classroom?

| | ++ | + | +/- | - | -- |
|---|----|---|-----|---|----|
| 51. Giving a demonstration on condom use | | | | | |
| 52. Organising role plays, for instant on resistance skills | | | | | |
| 53. Guiding class discussions about sensitive issues, such as sexuality | | | | | |
| 54. Using small group work to teach sexuality education | | | | | |
| 55. Inviting students to give input in the lessons | | | | | |

How confident do you feel about your own involvement in providing education?

| | ++ | + | +/- | - | -- |
|--|----|---|-----|---|----|
| 56. Maintaining class discipline when delivering interactive sexuality education | | | | | |
| 57. Staying true to your own personal values, when they differ from the values of the life skills programme, when delivering sexuality education | | | | | |
| 58. Being open to your students about personal norms and values | | | | | |
| 59. Not imposing own norms and values on the students | | | | | |
| 60. Non-judgemental teaching of sexuality | | | | | |
| 61. Creating an atmosphere of confidentiality | | | | | |

BARRIERS IN TEACHING SEXUALITY EDUCATION

The following questions are about possible barriers or difficulties you might come across when teaching sexuality education. Secondly, we will ask you about support or pressure you experience in your environment.

(Please indicate to what extent you agree to each of the statements (62-71))

Which practical barriers do you experience in providing education?

| | ++ | + | +/- | - | -- |
|--|----|---|-----|---|----|
| 62. The classes are too big | | | | | |
| 63. We don't have enough time | | | | | |
| 64. There is not enough money available to fully implement the programme | | | | | |
| 65. There are not enough materials available at our school | | | | | |

Which other barriers do you experience in providing education?

| | ++ | + | +/- | - | -- |
|--|----|---|-----|---|----|
| 66. The students are unwilling or unable to discuss about sensitive issues such as sexuality | | | | | |
| 67. The students are not respectful towards each other | | | | | |
| 68. Parents have a negative attitude towards sexuality education | | | | | |
| 69. My colleagues are not supporting the programme | | | | | |
| 70. The school administration is not supporting the programme | | | | | |
| 71. Parents are not supporting the programme | | | | | |

72. After teaching sexuality education, you feel that

(You can have more than one answer)

- ☐ Young people can make their own decisions about sexuality and growing up
- ☐ Young people can delay their first sexual intercourse
- ☐ Young people can abstain from sexual intercourse
- ☐ Young people who are sexually active can use condoms every time they have sex
- ☐ Young people have consensual sex and never force their partners
- ☐ Young people can seek help and support if they need it

Thank you very much for completing this questionnaire!

Appendix 4: Suggestions for entry and analysis of quantitative data

Below, are practical suggestions for entering and analysing quantitative data. As Excel is available for most organisations, we have developed a template for the questionnaire in Excel, which includes 1. a codebook, 2. the database, and 3. the analysis sheet.

Data entry

Here are some steps in data entry and cleaning:

1. Make a **code book** and indicate for each question and each code what it means.
 - For example, if a question has the answer options 'yes' and 'no', and 'I don't know', you can give the following codes: 1 = No, 2 = Yes, and 3 = I don't know.
 - If information is missing (people did not fill in the particular question) or the answer is not correctly given (people ticked all boxes instead of one), you have to indicate that correct information is missing. You can use the number '99' to indicate missing information: 99 = Missing.
 - The codebook also indicates the preferred answers. For example, it shows the correct answers to knowledge questions, preferred answers to attitude and risk perception questions.

| | A | B | C | D |
|----|--|--|-----------------------|---|
| 1 | | | | |
| 2 | | Completed by the data collector | | |
| 3 | 0-1 Questionnaire number | | [open] | |
| 4 | 0-2 Pre-test or post-test | | 1 Pre-test | |
| 5 | | | 2 Post-test | |
| 6 | 0-3 Intervention or comparison group | | 1 Intervention group | |
| 7 | | | 2 Comparison group | |
| 8 | 0-4 Name of data collector | | [open] | |
| 9 | 0-5 Date of data collection | | [open] | |
| 10 | 0-6 Collected in school or community | | 1 School | |
| 11 | | | 2 Community | |
| 12 | 0-7 Name school/ community | | [open] | |
| 13 | 0-8 Grade/ class | | [open] | |
| 14 | 0-9 Boys/ girls/ mixed group/ school | | 1 Boys | |
| 15 | | | 2 Girls | |
| 16 | | | 3 Mixed | |
| 17 | | | | |
| 18 | | Characteristics of respondents | | |
| 19 | 1 Male/ female | | 1 male | |
| 20 | | | 2 female | |
| 21 | | | 99 Missing | |
| 22 | 2 Age | | [open] | |
| 23 | | | 99 Missing | |
| 24 | 3 What is the highest level of education you have completed? | | 1 no formal education | |
| 25 | | | 2 primary school | |
| 26 | | | 3 secondary school | |
| 27 | | | 4 college/ university | |
| 28 | | | 5 I don't know | |
| 29 | | | 99 Missing | |
| 30 | 4 With whom do you live most of the time? | | 1 Both parents | |
| 31 | | | 2 One parent | |
| 32 | | | 3 Guardian | |
| 33 | | | 4 On my own | |
| 34 | | | 5 Other ... [see 4-A] | |
| 35 | | | 99 Missing | |

2. Develop a sheet which includes all the questions in the questionnaire and where you fill in the responses for each individual questionnaire.
 - A coding system should have been developed for the numbering of respondents. For example, 01 01 001 = school/community number, starting from 01; class/group starting from 01; respondent number starting from 001.
 - If the questionnaire includes an open question or the answer option 'Other, ' (see for example question 4 'With whom do you live most of the time?'), a separate box is made to be able to fill in that information. The column is named '4-A'.

3. The next step is to clean the data. Remove all data and respondents that are not reliable enough to keep in.

Make sure that you save the original copy of the data set before you start cleaning! For instance, respondent number A203005 has missing values on gender (male/female), on age and on highest level of education completed. This might be a reason to remove this respondent from the data set, depending on whether also other important information is missing or not. Respondent A101005, for example, only misses information on the level of education and for now can be left in.

The result after data entry of the questionnaires is a database with information of all questionnaires, which is now ready for analysis.

Data analysis

In step 2, we have proposed two M&E designs in which you can use a questionnaire for young people for data collection:

- M&E design 2. Pre-test and post-test
- M&E design 3. Pre-test and post-test, including a comparison group

| | A | B | C | J | K | L | M |
|----|----------------------|-----------------------|----------------------------------|--------------|-----|--|-------------------------------------|
| 1 | | | | | | | |
| 2 | 0-1 | 0-2 | 0-3 | 1 | 2 | 3 | 4 |
| | Questionnaire number | Pre-test or post-test | Intervention or comparison group | Male/ female | Age | What is the highest level of education you have completed? | With whom you live most of the time |
| 3 | | | | | | | |
| 4 | A101001 | 1 | 1 | 1 | 14 | 3 | |
| 5 | A101002 | 1 | 1 | 2 | 16 | 3 | |
| 6 | A101004 | 1 | 1 | 1 | 15 | 2 | |
| 7 | A101005 | 1 | 1 | 1 | 16 | 99 | |
| 8 | A101006 | 1 | 1 | 2 | 15 | 2 | |
| 9 | A101007 | 1 | 1 | 2 | 17 | 5 | |
| 10 | A102002 | 1 | 1 | 2 | 18 | 3 | |
| 11 | A102003 | 1 | 1 | 1 | 13 | 3 | |
| 12 | A102004 | 1 | 1 | 1 | 14 | 3 | |
| 13 | A102006 | 1 | 1 | 1 | 16 | 3 | |
| 14 | A103001 | 1 | 1 | 1 | 15 | 2 | |
| 15 | A201003 | 1 | 1 | 2 | 14 | 3 | |
| 16 | A201004 | 1 | 1 | 2 | 14 | 4 | |
| 17 | A202001 | 1 | 1 | 1 | 16 | 4 | |
| 18 | A203005 | 1 | 1 | 99 | 99 | 99 | |
| 19 | A301007 | 1 | 1 | 1 | 18 | 4 | |
| 20 | A303008 | 1 | 1 | 1 | 15 | 2 | |
| 21 | A303009 | 1 | 1 | 2 | 12 | 5 | |
| 22 | A303010 | 1 | 1 | 2 | 14 | 1 | |
| 23 | A401002 | 1 | 1 | 1 | 13 | 3 | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |
| 32 | | | | | | | |

M&E design 2. Pre-test and post-test

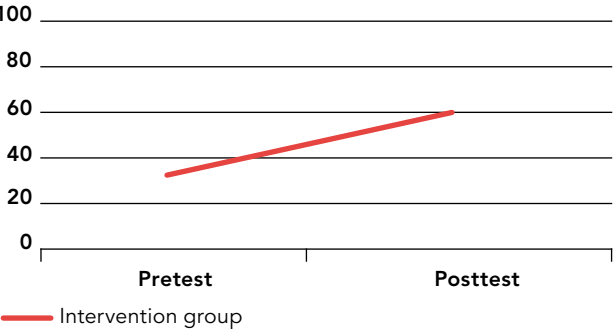
In the analysis you compare pre-test data with post-test data and see whether the post-test data show better results than the pre-test.

For example, in the pre-test 100 young people (out of the total number of 300 respondents) gave the correct answer to a knowledge question. In the post-test 150 gave the correct answer. This means that 50 more young people did well. Of course you have to take into account the total number of respondents, so you will get percentages:

| | Pre-test | Post-test |
|------------------------|------------|------------|
| No (correct answer) | 100 (33%) | 150 (60%) |
| Yes (incorrect answer) | 200 (67%) | 100 (40%) |
| Total | 300 (100%) | 250 (100%) |

Concluding: 33% gave a correct answer in the pre-test, and 60% gave correct answer in the post-test. And we see that the number of respondents decreased from 300 to 250. The 50 may have dropped out of the group or school, or just have missed the completion of the post-test. You can do these calculations for each question in the questionnaire. And you can do these calculations for sub-groups, for example for boys and girls.

In a graph¹⁰ it looks like this:



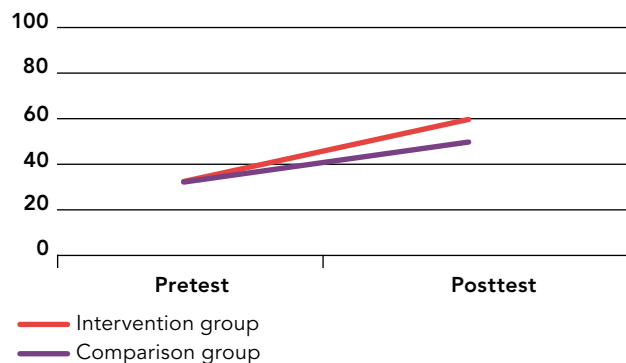
M&E design 3. Pre-test and post-test, including a comparison group

If you also include a comparison group, you want to find out whether the group that had received the intervention has actually improved more than the comparison group. The comparison between pre-test and post-test is done for both groups. See the table below.

| | INTERVENTION | | COMPARISON | |
|------------------|--------------|------------|------------|------------|
| | Pre-test | Post-test | Pre-test | Post-test |
| Correct answer | 100 (33%) | 150 (60%) | 100 (33%) | 125 (50%) |
| Incorrect answer | 200 (67%) | 100 (40%) | 200 (67%) | 125 (50%) |
| Total | 300 (100%) | 250 (100%) | 300 (100%) | 250 (100%) |

Ideally, the scores on the pre-test are the same for intervention and comparison groups. This means that you have selected a good match of both groups. They all have equal starting points. In reality this is not always the case, but by careful (random) selection of the respondents, you can influence this.

The table above shows that the score for the post-test is higher for the intervention group than for the comparison group. This means that the programme has influenced the young people who have participated in the programme. This results in the following graph.



Note that the results from this kind of analysis (without doing significance tests and with a small sample not larger than 100 respondents) have to be interpreted very carefully, and effectiveness cannot simply be claimed if you find a 10% increase in knowledge or skills.

If there are hardly any results or if the comparison group changes more positively than the intervention group, one should analyse why this is the case. Some reasons can be that the design of the study was not good enough, or that the implementation of the programme was not of good quality, or influences from the social environment were so strong that little change was possible in the target group.

Appendix 5: Outline for a report

The outline below assists to document process and findings of the outcome M&E study, and helps you to write a report.

1. Summary (1 page)

- The summary provides a short description of each chapter in the report, with an emphasis on the most important conclusions of the evaluation.
- A summary should not include new information that is not mentioned in the report.

2. Introduction

- Background information about the context:
 - What is young people's situation in the particular context or country, regarding young people's sexuality, sexual behaviours and sexual and reproductive health problems (such as HIV/AIDS, sexually transmitted infections, pregnancy rates)?
 - To what extent do young people receive comprehensive sexuality education in the country? Who provides this? What is the government's policy?
 - What are the common social norms with regard to sensitive topics such as condom use, sex before marriage, masturbation, sexual orientation, etc.
- Background of the SRHR/HIV prevention intervention.

3. Evaluation objectives

- The main objective of the evaluation is to measure whether the programme has resulted in change among young people, particularly in their knowledge, attitudes, skills, social influence, risk perception, and intentions for future behaviour.
- The second objective is to evaluate the implementation process, to get to know why changes have or have not happened among young people.

4. Methods and results

4.1 Methodology

- Describe the tools that were used, for instance, questionnaires, focus group discussions, interviews, and refer to them in an appendix.
- Describe the steps in data collection (selection and training of data collectors, piloting and adaptation of tools, field work, etc.).
- Describe how the study was made ethically sound.

4.2 Sample

- Describe how the sample of respondents was selected.
- Provide a short description of the respondents (male/female, age, school/not in school).
- In case of both intervention and comparison groups, describe both groups and to what extent they were similar at pre-test.

4.3 Analysis

- Describe the process of data entry and data cleaning, and how the quality of data was secured.
- Describe how the data were analysed, both qualitative and quantitative data.

4.4 Results

- Describe the results of the evaluation according to the two research questions:
 - a. Did the programme create positive change among the intervention group?**

Describe for each determinant the findings from the questionnaire, focus group discussions, interviews with young people, as well as the perceptions of others with regard to young people's change due to the programme in their behaviour, knowledge, risk perception, attitudes, skills, social influence, intention.
 - b. Describe the results related to the quality of implementation of the programme**

Describe for each element the findings from the focus group discussions and interviews with young people, as well as the perceptions of others with regard to the quality of implementation. Topics:

 - Appreciation of the programme (topics, content, activities, materials, approaches)
 - Quality of implementation by the educators (which topics and activities did they implement and what not, why)
 - Attitudes and skills of educators (interaction with young people, attitudes, and skills)
 - Other factors that have influenced the implementation (promoting and inhibiting)

5. Conclusions

- Description of the most important conclusions of the report.
- Provide answers to the research objectives (see part 2 on objectives).
- The conclusions section has a paragraph on the strengths and limitations of the study. This helps the reader to get a good idea how valid and strong the conclusions are.

6. Recommendations

- Best practices: something you recommend to be used in other projects/programmes because of the good results.
- Lessons to be learned from the information and recommendations on how to use these lessons learned.
- Impact on the project, if relevant describe changes to the project objectives/strategies or planning.
- Work plan for the coming period.

REFERENCES

- 1 International Planned Parenthood Federation (2009). Putting the IPPF Monitoring and Evaluation Policy into practice; a handbook on collecting, analyzing and utilizing data for improved performance. London: IPPF.30
- 2 Ajzen, I. (1991). The Theory of Planned Behaviour. Organizational Behaviour and human decision processes, 50(2), 179-211. Theories that are similar to the Theory of Planned Behaviour are 'Theory of Reasoned Action' and the 'ASE-model' (Attitude, Social influence, Self-Efficacy model).
- 3 Family Health International (2000). A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs. See: www.fhi.org/en/Youth/YouthNet/Research/monitoringevaluation.htm
- 4 International Fund for Agricultural Development (2002). A guide for project M&E; managing for impact in rural development. See Annex D – M&E methods: www.ifad.org/evaluation/guide/annexd/d.htm
- 5 See: www.ifad.org/evaluation/guide/index.htm
- 6 Davies, R. & Dart, J. (2005). The Most Significant Change (MSC) Technique; a guide to its use. See: www.mande.co.uk/docs/MSCGuide.pdf
- 7 On the Internet, a free download programme is available to transcribe data that are recorded on mp3. The name of the programme is 'f4'.
- 8 See for example www.who.int/chp/steps/resources/EpilInfo/en/ and follow the steps to install the programme on your computer
- 9 A 01 01 001 = pre-test (A) or post-test (B), school/ community number starting from 01; class/ group starting from 01; respondent number starting from 001
- 10 Graphs can easily be made with MS Powerpoint and copied to any other document.

Are you on the right track? Data CD

On the CD enclosed you will find interesting background information as well as user friendly versions of the worksheet and questionnaires.

Do you work for an organisation in a developing country which focuses on young people's sexual behaviour? Do you want to go beyond counting numbers and actually measure change in life's of young people? Then this Workbook might be of great use to you.

The Workbook **Are You On The Right Track** is a hands-on instruction manual for developing an outcome monitoring and evaluating plan that fits your organisation's specific situation. The Workbook presents six steps to set up your own tailor-made plan. An outcome M&E Plan enables you to measure the achievements of your organisation's activities related to Sexual and Reproductive Health and Rights and HIV prevention (SRHR/HIV prevention). The results will give you insight in the effects of your work and possible programme changes.

The Workbook is developed for staff of organisations that implement SRHR/HIV prevention interventions for young people, including M&E officers, project officers, and project managers. If you do not have any experience at all with M&E, do not worry. The Workbook is very easy to use and provides various options, from minimal to optimal ways of doing monitoring and evaluation.

Why use this Workbook?

- The Workbook assists in the development of your own tailor made monitoring and evaluation plan
- The Workbook supports organisations to measure on **outcome** level instead of **output** level
- The Workbook combines existing evidence with practical experiences
- The Workbook can be used by any person interested in doing M&E, regardless of experience
- The results give you insights in what works and what doesn't. It helps you to improve your programmes!

