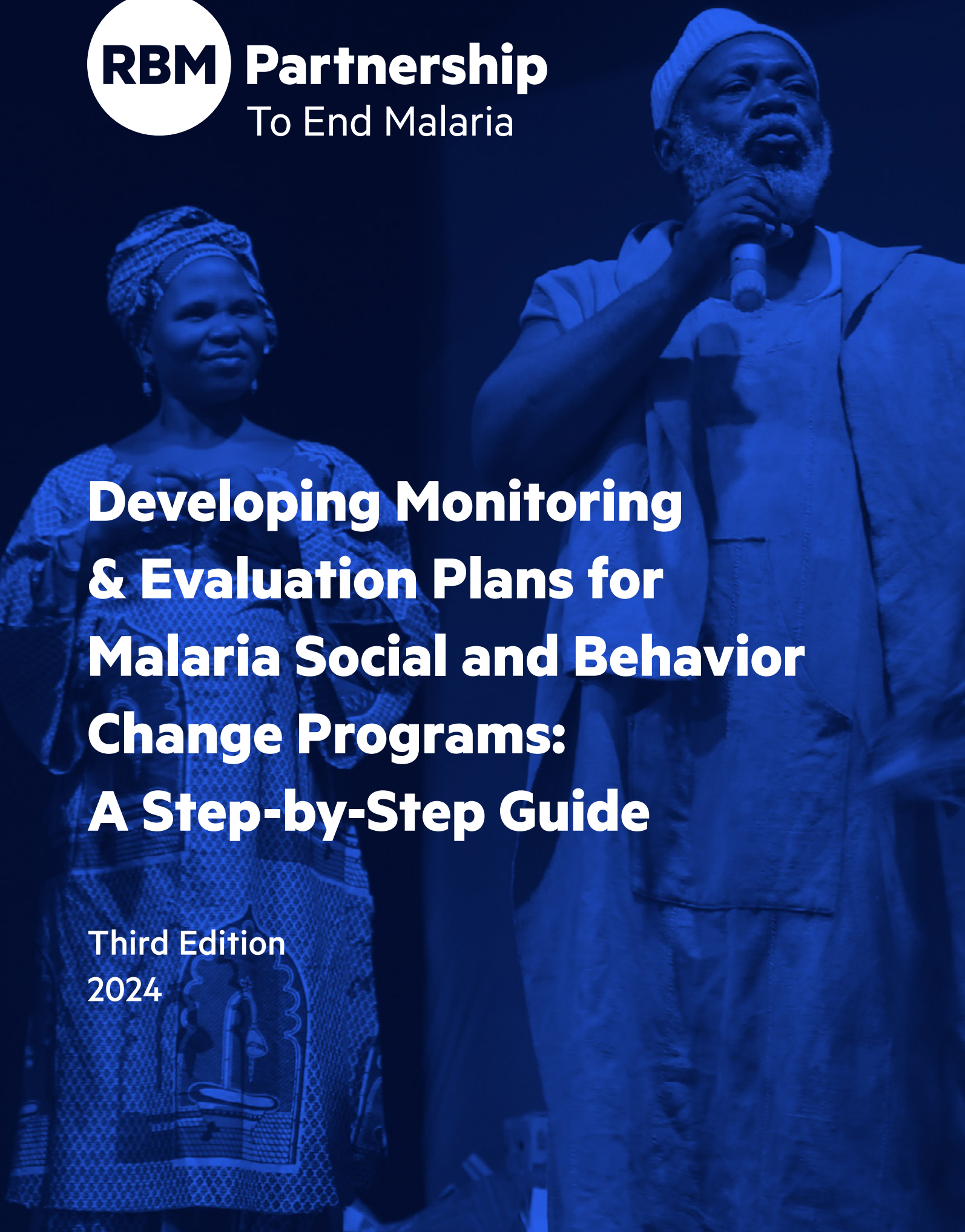
RBM Partnership
To End Malaria



Developing Monitoring & Evaluation Plans for Malaria Social and Behavior Change Programs: A Step-by-Step Guide

Third Edition
2024

Contents

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Acronyms

CHW	Community Health Worker
DHS	Demographic and Health Surveys
HMIS	Health Management Information System
ITN	Insecticide-treated Net
KAP	Knowledge, Attitudes, and Practices Surveys
M&E	Monitoring and Evaluation
MIS	Malaria Indicators Surveys
MICS	Multiple Indicator Cluster Surveys
MBS	Malaria Behavior Surveys
SBC	Social and Behavior Change

Introduction

How to use this guide

This document provides guidance on how to develop a monitoring and evaluation (M&E) plan and to assist users with completing the illustrative template for an M&E plan (Annex 2). This document should be used with the Malaria Social and Behavior Change Indicator Reference Guide, which provides detailed information on indicator selection and measurement and potential data sources.

Purpose of an M&E plan

Social and behavior change (SBC) is a vital part of malaria programs; it helps ensure that communities seek prevention, diagnostic, and treatment services; and use malaria medicine and insecticide-treated nets (ITNs) properly (Koenker et al., 2014). To be successful, SBC programs need to encompass more than just the design and printing of materials. As the figure below shows, a comprehensive monitoring and evaluation (M&E) system must be the foundation of an SBC program (RBM Partnership to End Malaria, 2017).

Formative research identifies the context-specific barriers to behavioral and social change and is used to inform program design. A mix of quantitative and qualitative sources are usually used. This can involve data collection, or at the very least, the analysis and review of existing data. Baseline evaluation data, when available, can be used for this purpose as well.

Pretesting is a process for determining an audience's reaction to and understanding of draft SBC materials and approaches before they are finalized. Pretesting checks if the materials or approaches are understood, liked, and resonate with audiences.

SBC programs should be **monitored** to ensure they are implemented well (***process monitoring***) and to track whether the desired changes are beginning to take effect (***outcome monitoring***). Monitoring data is used to make refinements during implementation.

Evaluations are designed to rigorously answer questions such as, "Did it work?" and **monitoring** data can contribute to the question of, "What aspects contributed to success or failure?"

Monitoring and Evaluation Needs During the Life of a Program

The entire M&E system ideally occurs as a loop, where evaluations contribute to the formative evaluation for subsequent phases of a project.

Ultimately an M&E plan is a management tool that shows staff, donors, and stakeholders how program data will be collected and transformed into information that allows for evidence-based decision making at all stages of the program. It does so by describing the process of collecting, analyzing, and using data; setting timelines; and outlining planned deliverables.

Box 1. Enhancing M&E plans through outcome monitoring

Not all SBC programs require or are suitable for evaluation due to their size, scope, resource constraints, or because the effectiveness of a type of intervention is already well-established. However, many programs may still benefit from process and outcome monitoring to track activities and identify mid-course corrections.

Outcome monitoring involves tracking changes in intermediate outcomes and behaviors to see if there is any indication that the desired changes are happening. Outcome monitoring:

- Demonstrates **more plausible links** between the program and the results.
- Allows for **timely corrections**, since it occurs during, not after a program.
- **Builds stakeholder support** for the program since emerging results can be communicated in a timelier fashion.
- Ideal when resources for evaluation are limited, making it **feasible** for many organizations.

Typically, outcome monitoring involves tracking changes in a population over time. Unlike evaluations, there is less need to establish and maintain a separate control group (which is difficult to do well). Outcome monitoring often relies on simpler and more frequent data collection methods, such as intercept surveys, referrals, or feedback mechanisms implemented on a quarterly, semi-annual, or annual basis. Evaluations collect data less frequently (e.g. baseline, midline, or endline).

As Figure 2 shows, it is important that M&E plans for SBC programs include indicators for intermediate and behavioral outcomes. While process monitoring will show whether activities were implemented as intended, outcome monitoring will demonstrate whether they reached the target audience, and whether the desired changes are starting to occur.

For more information on outcome monitoring approaches, visit the e-course called, "Monitoring Malaria SBC Programs," available on SBC Learning Central.

Recommended steps for developing an M&E plan

1. Assemble a core team comprised of M&E staff and SBC team members. Following a consultative approach with SBC team members increases the chances of obtaining their participation in M&E processes, ensuring the relevance of the alignment of the M&E plan with the program's objectives, and securing resources for M&E. Furthermore, the M&E plan may affect where and how activities will be conducted (for example, the choice of implementation and comparison areas), so it is very helpful to consider M&E early on in program design.
2. Assess the information needs of SBC program managers, donors, the National Malaria Program (NMP), and other stakeholders. The team should participate in SBC strategy discussions to ensure they understand the objectives of the program and its activities, and to identify what information stakeholders need to make decisions
3. Identify, prioritize, and define indicators and data sources. Do not collect information that will not be used and try to build on existing systems instead of establishing parallel ones.
4. Discuss what measures will be taken to ensure data quality.
5. Define what data products will be developed, how often, and how they will be used.
6. Develop and cost a work plan and feasible timeline for set-up, data collection, and dissemination.
7. Orient stakeholders such as SBC, M&E, and leadership teams to ensure they are aware of the indicators being tracked, the targets, the data sources, how the data will be used, and their roles in data collection, data quality, reporting, and use. This also provides the core team with another opportunity to obtain feedback on the plan.
8. Revise the plan.
9. Following approval, share the M&E plan with stakeholders and implement it.
10. Update the M&E plan on a regular basis and as needed in response to changes in the program or the implementation context.

Best practices for reporting

SBC program results and experiences should be presented in ways that communicate the following:

- The SBC program's approaches and content.
- The intermediate and behavioral outcomes observed and the magnitude of these effects.
- The contextual factors that contributed/hindered the program's effectiveness.
- The methods used to reduce bias and measure the effects.

Below is a checklist created by the RBM SBC Working Group that summarizes best practices for documenting SBC program results. It is intended to ensure that presentations, reports, and publications contain sufficient information for documenting lessons learned, synthesizing the evidence base, and draw attention to the potential rigor of well-designed and implemented SBC studies and programs. **Note: it is a best practice to plan with the end in mind. In other words, this checklist should also be used in the beginning as one starts to design an SBC program and its M&E plan, not just when developing dissemination products.**

✓	Checklist for SBC Program Results Documentation
	SBC PROGRAM DESIGN: The report…
	1. Describes the behavioral problem that the SBC program was intended to address.
	2. States whether the SBC program was informed by formative research and elaborates on the specific findings that guided its design.
	3. Describes target audiences in a way that enhances readers' understanding of the behavioral context. For example, briefly describe their demographics, the extent to which they practice the desired behavior, and factors that influence their behavior.
	4. Mentions the theory or conceptual model that was used to develop the SBC program and/or conduct the analysis. Describe how the approaches used incorporated this model. For example, if the socio-ecological model was used, describe the how the SBC program sought to create change at the individual, interpersonal, community, and higher levels. Provide links to materials, resources, and research if available.
	5. Mentions whether SBC approaches were tested with target audiences before rollout and describe how testing was conducted. The extent of community and stakeholder involvement can also be described in this section.
	6. Provides a description of the duration, frequency, and quantity of SBC activities. Include the qualifications of those delivering the intervention.
	7. Describes, ideally, the costs associated with the program, particularly the major drivers of costs. It also mentions any existing structures or resources leveraged by the program.
	MONITORING AND EVALUATION METHODS AND RESULTS: The report…
	8. Utilizes indicators recommended by the RBM Malaria SBC Indicator Reference guide. The four main types of indicators (program outputs, reach or coverage, intermediate outcomes, and behavioral outcomes) are present.
	9. Reports all results on all the key indicators, including positive, null, and negative results. Effect sizes and confidence intervals are provided for each result.
	10. Utilizes appropriate data sources (such as those mentioned in this guide) and analyses, triangulating relevant sources as feasible and appropriate to enhance the validity of findings. Complexity-aware methods were used for SBC programs that were fluid, rapidly evolving, or had complex and unquantifiable outcomes.
	11. Describes the process of selecting units (e.g., households, communities, facilities). If units were not randomized, measures taken to minimize the risk of selection bias are described.
	12. When baseline information is available, the report compares socio-demographic characteristics and outcomes for each study group. Any statistical methods used to control for baseline differences are described.

✓	Checklist for SBC Program Results Documentation
	13. If a comparison or control group exists, the report provides a detailed description of the comparison group, including what types of interventions they may have received. Efforts made to prevent contamination are described.
	14. Provides a clear timeline of when data is collected before, during, and after the course of SBC program implementation. Measures taken to ensure the quality of the data are described.
	DISCUSSION: The report…
	15. Takes into consideration multiple criteria for causal attribution, such as consistency with other studies and behavior change theory, dose-response (larger intervention doses producing larger effects), and temporality (effects observed only after the intervention) during the interpretation of the results.
	16. Explains how the SBC program brought about the observed effects (i.e., proposes a potential mechanism or causal pathway without over-stating its impact).
	17. Compares the extent to which the findings align with previous research.
	18. Explores alternative explanations for findings, taking into consideration issues like access, the influence or presence of other programs, unmeasured demographic or psychosocial variables, and contextual events. Describes any discrepancies between program design and actual implementation.
	19. Identifies the factors that facilitated or hindered the implementation of the program.
	20. Discusses the extent to which the results can be generalized and includes considerations for cost-effectiveness, scalability, adaptability, and sustainability.
	21. Outlines the implications of the study's findings for future research, SBC programs, and policy.

Content of an M&E Plan

Program Summary

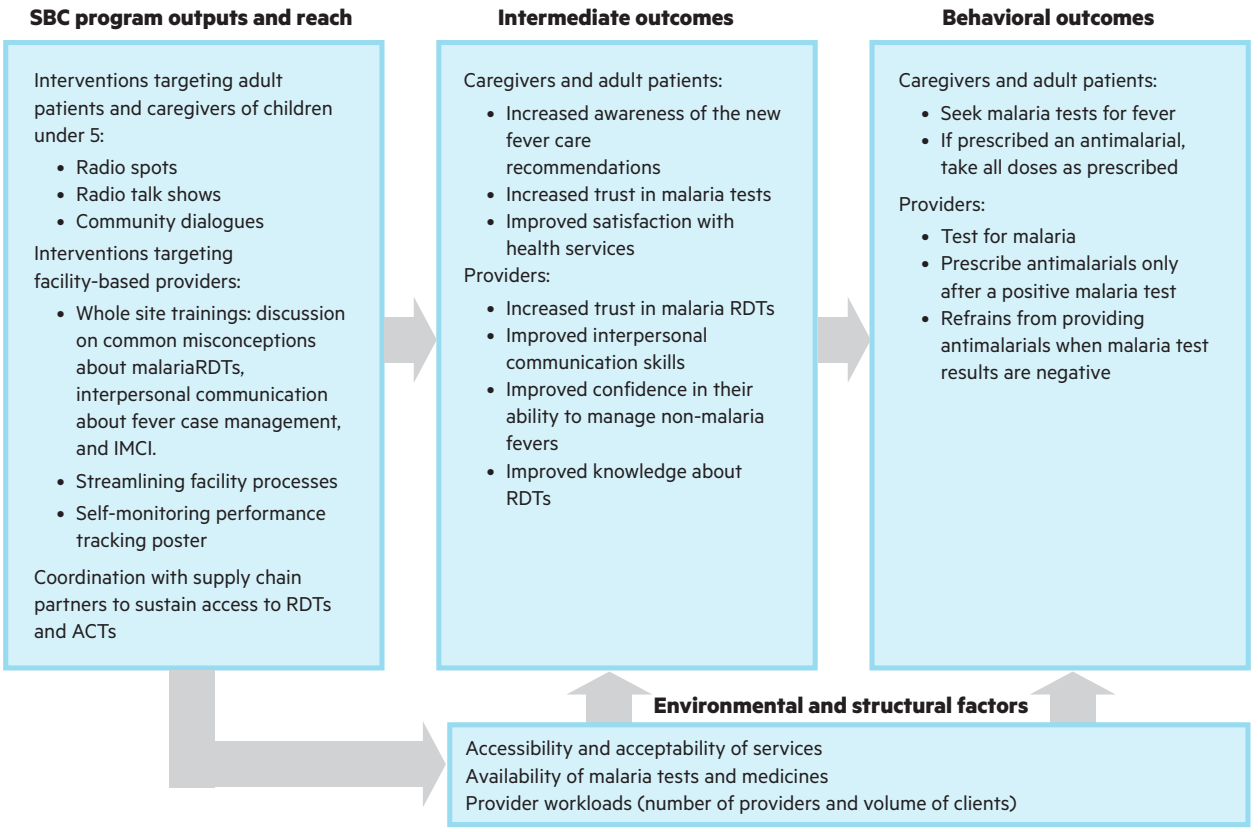
The program summary section provides basic information on the SBC program for which the monitoring and evaluation plan was developed. List the name of the program, the start and end dates, the partners involved, the program's objective, geographic scope, and funding source. Ideally, provide a rough estimate of the total value of the program. Programs with large budgets will likely need more M&E support, and vice versa. Programs with a strong mandate for innovation (which should come out in the objectives section) would also need more M&E support.

Conceptual Model

A conceptual model, logic model, theory of change, or framework illustrates the logical progression between SBC activities and the expected results. It should show the full chain of causality. This includes immediate outputs and reach of the SBC program, intermediate outcomes, and changes in the target audience's behavior (see definitions below). Conceptual models or frameworks should draw from behavioral theories, many of which are described in Annex 1 of the RBM Malaria SBC Indicator Reference Guide.

It is possible for SBC programs to use more than one conceptual model or framework in their M&E plans. One framework may be a part of their funding agreement and spell out the expected results at a higher level, while a conceptual model may provide more granular information such as desired changes at the attitudinal level for different target audiences.

Figure 2. A sample conceptual model for an SBC program designed to increase malaria testing and adherence



Indicator Definitions and Measurement

M&E plans should include a table listing all the indicators for which data will be collected. Indicator tables can be placed in the body of an M&E plan or at the end, as an annex. Each indicator should be accompanied by their definitions (numerators and denominators), means of disaggregation, data sources, and baseline and target values. An example is provided in Annex 1.

The choice of indicators is very important. Changes in behavior may take time to be evident—time many programs may not have. Monitoring program outputs, reach, and intermediate outcomes provide early indications of progress and effectiveness. They allow programs to assess if they are on the right track toward achieving their behavioral objectives.

Using relevant technical standard indicators increases the credibility and reliability of planned M&E activities and makes it possible to compare findings across programs. Relevant indicators can be found in resources such as the RBM Malaria SBC Indicator Reference Guide and Household Survey Indicators for Malaria Control. A country's National Malaria Strategic Plan, M&E Plan, and National Malaria SBC Strategy are also possible sources of indicators.

Figure 2 shows the types of indicators that should be included in an M&E plan for malaria SBC. As much as possible, all these types of indicators should be included.

Program outputs refer to the activities, products or services developed by the SBC program while reach, or coverage describe the extent to which the intended population participated in, received, or benefited from the program. Program outputs and reach influence behavior by changing the factors that influence the practice of the target behavior. These factors are called intermediate outcomes and may include psychosocial factors such a knowledge, perceived risk and severity, self-efficacy, response efficacy, norms, and attitudes or structural factors such as availability, cost, or user-friendliness. Finally, SBC programs should track changes in behaviors, which are called behavioral outcomes.

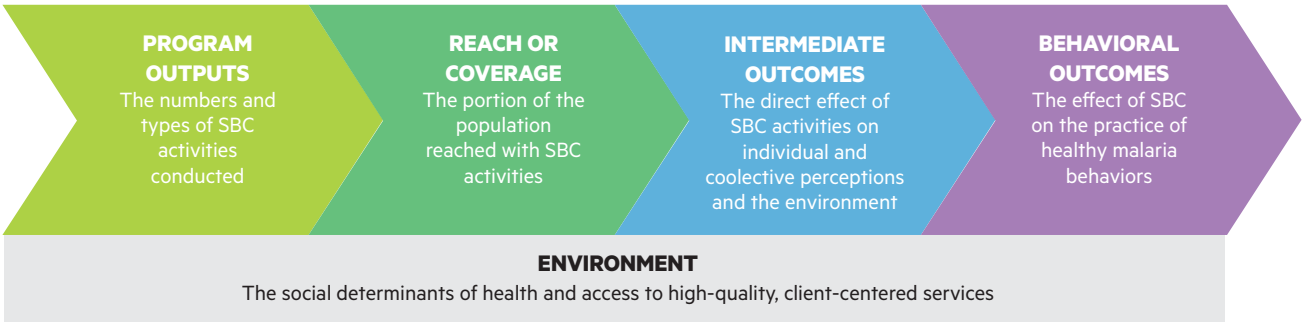
In situations when SBC programs do not seek to change the environmental or structural conditions, they may still find it useful to monitor these conditions since they can hinder

program success. For example, an SBC program wishing to boost the uptake of intermittent preventive therapy in pregnancy may find it useful to monitor the availability of sulphadoxine-pyrimethamine.

The selected indicators should be clearly derived from the SBC program's theory or conceptual framework. In other words, all the elements that the SBC program is expected to change should be reflected, including behavior, AND intermediate outcomes.

Targets provide a concrete measure by which to judge whether the SBC program is progressing as it should. One should select targets based on baseline results, past trends, expert opinion, research results, and the team's understanding of the capacity of the system or audience to change within that period. Programs should set targets that are on the aspirational end of achievable. Expecting to reach 80% rates of a behavior when it is 30% at baseline is rarely realistic.

Figure 3. The types of indicators in an M&E plan for malaria SBC



Monitoring Plan

Monitoring gives stakeholders a general idea of the program's progress toward its targets, enabling them to make mid-course corrections to SBC activities. Monitoring is also helpful for sustaining program activities, particularly when fiscal planning takes place one or more years in advance. Monitoring data allows donors and program teams to secure funds to ensure the program can be replicated or continued with minimum interruption. Finally, SBC monitoring can help inform future programs, because it can help document the elements that are key to success.

This section describes the data sources used, plans for collecting and using monitoring data, and key tasks required to establish a functional monitoring system.

In this section, provide a one-paragraph description of each data source mentioned in the indicator table.

- For each source, state what types of tools will be used, how often the data will be collected, by whom, what data.
  quality assurance methods will be used, how data flows up the system, where it is stored, and who is responsible for it.
- Where relevant, describe how this and other data sources will be reviewed to assess progress and threats to achieving the SBC program's objectives.
- Lastly, if possible, provide an estimated cost for the data source to help stakeholders understand which data sources provide the most return on investment.

As a rule, keep the number of data sources in the M&E plan feasible. The M&E plan should include only data sources for which there are resources to measure.

Table 1. summarizes potential data sources. An in-depth description of each can be found in the RBM Malaria SBC Indicator Reference Guide.

Table 1. Potential data sources for malaria SBC

FORMATIVE RESEARCH	PRETESTING	PROCESS MONITORING	OUTCOME MONITORING	EVALUATION
Literature review: • Published and grey literature • National policies and guidelines **Qualitative data:** • Semi-structured interviews • Focus groups* • Observations • Content analysis **Quantitative data:**** • Household surveys such as DHS, MIS, MICS, and MBS • KAP surveys for specific populations • Omnibus surveys • Intercept surveys • Phone surveys **Facility data:** • HMIS data • Facility registers and forms • Inventory of facility equipment, staff, and supplies • Client feedback forms or exit interviews • Mystery client visits **SBC data nested in other malaria programs:** • Post-campaign surveys • ITN durability monitoring surveys	**Qualitative data:** • Semi-structured interviews • Focus groups • Observations • Content analysis **Quantitative data:** • Intercept surveys **Facility data:** • Client feedback forms or exit interviews • Mystery client visits	**SBC program data:** • Activity reports • Attendance registers • Media monitoring reports • Supervision forms • Call records • SMS analytics • Social media analytics • Referral forms **Sources of SBC data frequently nested in other malaria programs:** • Campaign registration data • Health facility, CHW, or distribution registers	**Qualitative data:** • Semi-structured interviews • Focus groups • Observations • Content analysis **Quantitative data:** • Omnibus surveys • Intercept surveys • Phone surveys **Facility data:** • HMIS data • Facility registers and forms • Inventory of facility equipment, staff, and supplies • Referral forms **Client data (in addition to those listed above):** • Client feedback forms or exit interviews • Mystery client visits **Sources of SBC data frequently nested in other malaria programs:** • Post-campaign surveys • ITN durability monitoring surveys	**Qualitative data:** • Semi-structured interviews • Focus groups • Observations • Content analysis **Quantitative data:** • Household surveys such as DHS, MIS, MICS, and MBS • KAP surveys for specific populations • Omnibus surveys • Intercept surveys • Phone surveys **Facility data:** • HMIS data • Facility registers and documents • Inventory of facility equipment, staff, and supplies **Client data (in addition to those listed above):** • Client feedback forms or exit interviews • Mystery client visits **SBC data nested in other malaria programs:** • Post-campaign surveys • ITN durability monitoring surveys

* Variations on focus group discussions that can be mined for data include: community scorecard discussions, outcome mapping with stakeholders, and quality improvement meetings with providers.

**DHS = Demographic and Health Surveys; MIS = Malaria Indicators Surveys; MICS = Multiple Indicator Cluster Surveys, and MBS = Malaria Behavior Surveys; KAP = Knowledge, Attitudes, and Practices Surveys; HMIS = Health Management Information System; ITN = Insecticide-treated Net; CHW= Community Health Worker.

Box 2. Illustrative description of data sources

- **Activity reports:** The program will collect activity data on a monthly basis during routine supervision meetings with community health workers at health facilities. Community health workers are already submitting their reports to health facility supervisors. Existing monthly reporting forms will be used to compile data on the number of households reached and on which topic. Supervisors will check for completeness and plausibility relative to planned activities. Costs: None; it is a part of the routine structure of the monthly review meetings. The program will also use training reports and supervision reports to monitor quality of training and CHW activities.
- **Referral forms:** CHW referral forms will be compared with the referral slips collected by health facilities to compare referral completion rates. The numbers of completed referrals will be compared with the number of clients documented through the Health Management Information Systems allowing the project to understand the extent to which they are contributing to changes in demand for services. Costs: Level of Effort for monitoring officer; printing.
- **Omnibus surveys:** The program will use a marketing firm that conducts omnibus surveys every quarter. The program will buy into this routine omnibus every six months, with data being analyzed by the data manager and results presented semi-annually during routine program management meetings. Cost: $25,000 per round (approx. 25 questions).

Research and Evaluation Plan

Research is a process conducted to generate new knowledge. SBC formative research, for example, is typically conducted at the beginning of a program to understand the target audience better and therefore improve SBC program design. On the other hand, evaluation is a specific term used to describe activities conducted to assess the effectiveness of specific interventions, typically at specific points in time, with a goal of informing decision making and accountability. Some SBC programs may be tasked with multiple separate objectives and may need to consider using multiple studies.

The research and evaluation section should describe plans for conducting formative research and evaluation. Include information such as:

- The purpose of the study and how the results will be used.
- The research/evaluation questions.
- Who will carry out research design, data collection and analysis. If research will be led by an organization that does not have research and evaluation capacity, it should be clear that they intend to source this capacity for the research plan to be credible.

Credit: Breakthrough ACTION-Nigeria

Recording a malaria radio program in Benue State, Nigeria.

Table 2. Illustrative description of a planned research activity

Health facility assessment[1]	
Purpose	To assess the quality of malaria case management and related determinants at the provider, client, facility, and other levels, and consequently, develop SBC interventions for providers.
Research questions	What factors affect provider behavior, thereby impacting the quality of malaria case management? How do the factors that affect provider behavior vary across different healthcare settings and regions within the country?
Design	Repeated cross-sectional survey design, with facility audit, exit interviews, and direct observations
Timing	Years 2 and 5
Geographic Scope	In 12 project districts, two per region, approximately 235 facilities
Roles	A service delivery partner will lead the study. The SBC program will provide technical assistance to conceptualize the study and develop and analyze questions to measure the factors that influence provider behavior.
Budget	$30,000

In addition to providing basic information such as each study's purpose, methods, and cost, the research and evaluation plan should demonstrate **rigor** and **financial prudence**. Reviewers may look for the following:

- **Whether planned research and evaluation activities can inform program management and stakeholders in a timely manner**. Evaluations take a long time to be designed, implemented, and analyzed. Large, long-term (e.g., five-year) programs may benefit the most from baseline, midline and endline evaluations. Short-term programs may find that secondary analyses and rapid assessments, while not as robust, may need to serve in their place.

  Sometimes, project activities need to be designed around evaluation questions. For example, specific groups may be assigned to certain activities while others do not. Establishing this linkage between evaluation questions and program design at the outset allows the project to make judicious use of resources.

  Baseline surveys are often considered formative research when conducted before implementation to inform intervention design. Baseline, midline, and endline data can be used together to evaluate a program by showing trends over time, and, when data on exposure and intermediate outcomes are included, to determine the extent to which observed changes can be attributed to the program. When surveys are conducted during implementation, they can also be used for outcome monitoring (that is, to make course corrections).

- **Evaluation plans are appropriate given the type of SBC interventions employed**. SBC programs encompass a wide range of interventions: from mass media campaigns to community engagement activities, to performance-based incentives for health providers, and many others. Randomized controlled trials, where contamination or leakage to control groups can be prevented, will rarely be feasible and appropriate. Quasi-experimental and experimental designs, as well as statistical approaches to creating control groups such as propensity-score matching may be more appropriate (see Box 4 on Page 10).

  SBC programs that are fluid or evolve rapidly (often due to changing needs or opportunities), or programs with complex or unquantifiable outcomes may be more suited to complexity-aware methods (see Box 3).

- **The ability of the planned studies to explain the process of behavior change.** Formative research, literature reviews, and secondary analysis can be used to identify factors that help or hinder behavior change and inform the development or refinement of the program's theory of change**.** Once they have been identified, evaluation plans should track factors in the program's theory of change. Employing statistical approaches such as multivariate causal attribution (Box 4) and logistic regressions as well as qualitative methods can help identify which factors the SBC program influenced and which should be targeted in the future.

[1] This is essentially a formative research study. Once the new SBC activity is developed, the M&E plan should be updated. M&E plans are living documents that should be updated on a regular basis as SBC programs shift either to accommodate new objectives and populations or to incorporate new approaches.

- **The use of multiple data sources to strengthen the validity of the results (triangulation), reduce costs, and increase depth of understanding**. Programs that plan M&E activities at the outset can build some data collection into existing systems or buy into other programs' planned assessments. Outcome monitoring methods and secondary analyses of other data sources can strengthen evaluators' understanding of the current program's impact and assumptions about how it contributed to behavior change.
- **Justification for the level of resources (time, money, and effort) required to implement the research and evaluation plan.** Programs with a mandate for innovation may need more research and evaluation activities compared to programs that implement more established or mainstream activities. Similarly, programs operating in contexts with little to no data about the target audience may need to conduct formative research.
- Last but not least, **the indicator table should show which indicators will be informed by the studies in the Research and Evaluation section of the M&E Plan**.

Box 3. The utility of complexity-aware methods for documenting qualitative, complex, or unexpected outcomes

Complexity-aware methods are especially helpful for situations when cause-and-effect relationships are uncertain; when stakeholders bring diverse perspectives to the issue, making consensus impractical; or when contextual factors are likely to influence the type of and outcome of programming. SBC programs that were fluid, evolved rapidly, or programs with complex or unquantifiable outcomes may find these approaches useful.

M&E plans tend to focus only on tracking the direct relationship between outputs, outcomes, and impact. They may fail to identify unintended outcomes (positive or negative), alternative explanations (such as other actors or events), or indirect outcomes. Complexity aware methods can assist with identifying these blind spots. Examples of recent applications include advocacy and capacity building.

The **Most Significant Change** method involves collecting and analyzing stories from stakeholders about the most significant project outcomes and why they consider them to be significant, while **Outcome Harvesting** uses desk reviews and interviews to first identify what outcomes emerged and then working backward to determine whether and how an intervention contributed. While the other two methods frequently take place retrospectively, **Outcome Mapping** takes place prospectively, with potential outcomes identified at the outset and their emergence (as well as that of unexpected outcomes) qualitatively reviewed and documented on an ongoing basis. For example, an SBC program may conduct quarterly or biannual meetings with stakeholders and implementers to review emergent outcomes, explore how they compared to the potential outcomes identified at the outset, and discuss the factors that contribute to their success. These are then recorded using a standard template (see the Outcome Mapping Facilitation Manual for more information).

Regardless of which complexity-aware method a program chooses, it is important to plan for it early on. A prospective approach like Outcome Mapping would be highly beneficial for demonstrating progress and obtaining support during implementation, as well as for obtaining feedback from beneficiary populations and stakeholders and could thus serve both monitoring and evaluation purposes. However, time and resources need to be set aside for these discussions, and good record-keeping will be essential. Similarly, sufficient time and human resource capacity (or funds to source that capacity) is needed to collect stories, analyze them, verify them, and dialogue with stakeholders on emerging themes when undertaking the Most Significant Change Approach.

Credit: Breakthrough ACTION-Nigeria

A health provider holds a referral card she received from a patient who was referred by a malaria SBC program for intermittent preventive treatment in pregnancy.

Box 4. When a baseline survey or control group is not possible: the use of statistical methods for assessing attribution and creating randomized control groups

Due to costs and the difficulty of preventing the spread of messages and ideas, being able to create control groups and keep them separate from intervention groups is often impossible for SBC programs. Fortunately, statistical methods exist that can help bridge this gap with cross-sectional endline surveys. **Multivariate causal attribution** (MCA) is a combination of statistical methods that provides an alternative to creating randomly assigned control groups. It can also be used to understand the effects of an SBC intervention. It is a powerful way to answer if a program worked and ***how***.

In this approach, cross-sectional survey respondents are asked whether they had seen or heard malaria SBC messages within a period, such as the past three or six months. They are then categorized as either exposed or unexposed to the program based on their response. **Propensity score matching** can then be used to create statistically matched control groups, based on known confounders—such as age, education, sex, and rural or urban residence. A sensitivity analysis can be applied to test the effect of unmeasured confounders, helping ensure that all key confounders are controlled. Then, **mediation analysis** enables researchers to test the extent to which specific changes in knowledge and attitudes can be mapped and linked to behavior change.

Data Use and Knowledge Management

Collecting data is important, but using data to communicate results, manage the current program, and inform the design of future programs is the most important part of M&E. Each SBC program should plan to create appropriate data products and timely feedback loops for each key audience. Dissemination methods should also facilitate discussion of lessons learned and access to tools or materials created.

This section should describe the key deliverables that the SBC program plans to produce to inform decision making. Plans for strategic collaboration and exchange with stakeholders during the course of the program and at its conclusion should also be outlined.

Table 3. Examples of data products and the audiences and decisions involved during the life of an SBC program

Data Products Needed	Purpose	Intended Audience	Dissemination Method
Presentation featuring formative research and literature review results	Inform the selection of behaviors to be addressed and target audiences, the prioritization of factors influencing behavior, and choice of SBC activities to implement	SBC team and stakeholders (such as technical partners,* government, donors, and target audience representatives)	Strategy design workshop
Reports with results from rapid prototyping and testing of SBC activities and their related materials	Inform how SBC activities should be adjusted to enhance their cultural appropriateness, understandability, acceptability, appeal, and motivational impact	SBC team	Design meetings
Monthly and/or quarterly reports showing, against targets: activities completed, trends in service utilization; results from intermediate or behavioral outcome monitoring activities	Identify the extent to which SBC activities appear to have the intended effect on intermediate and behavioral outcomes. Decide on adjustments needed for contracts and budgets and the number and type of planned activities for the next reporting	SBC team, donor	• Quarterly and annual review meetings • Email
Materials that summarize results and lessons learned, using a variety of short and long formats. These include: • Results presentations • Abstracts • Publications • Implementation toolkits (containing SBC and training materials, supervision, and M&E tools, etc.) • Technical guidance notes • Case studies • Funding proposals	Support discussions around results and lessons learned, and what variations of the program to test in the future. Enable other programs' to consider how they might use the approach in their own programs	SBC team and stakeholders Broader SBC community of practice	• National and sub-national technical working group meetings • Listservs • Website • Conferences • Journals
Materials to guide evidence-based policymaking: • Policy briefs • Publications • Cost-benefit analyses • Expert testimonies/ statements • Public opinion data • Regulatory analysis explaining legal implications, gaps, and options	Support decision making related to scale-up and institutionalization	Policymakers	• Advocacy meetings • Presentations to both relevant technical working groups at national and global level and decision makers within ministries

*Technical partners include implementing partners, research institutions, and other stakeholders with expertise in the subject matter or target audience.

M&E Workplan and Budget

M&E plans need to be actionable. Failure to resource appropriately or to plan within available resources may mean that M&E efforts become ineffective or impractical, leading to compromised data quality and limited insights into program performance.

The workplan provides a detailed overview of activities and milestones. It should include all M&E activities, including important tasks needed to set up the M&E system, such as:

- The creation of monitoring forms, reporting tools, and a database that can store project data and generate summaries.
- Obtaining an access code for the health management information system database.
- Integrating questions into other partners' existing/ planned data collection activities.
- Establishing a data-sharing agreement with another agency.
- Contracting with monitoring or research firms.
- Obtaining institutional review board approval.

The objective of this section is to help planners develop a plan that is feasible and ensure that no key tasks are overlooked.

Budget considerations have been discussed throughout this document. Programs that use outcome monitoring methods benefit from having timely, actionable data to guide program adjustments for less than the cost of endline evaluations.

Other cost-effective measures include conducting secondary analyses, triangulating multiple data sources, and adding questions to other existing data collection activities. Programs with a mandate for innovation may need more research and evaluation activities compared to programs that implement more established or mainstream activities. Similarly, programs operating in contexts with little to no data about the target audience may need to conduct formative research. These points can be stated in other parts of the M&E plan to justify and obtain resources for the proposed data sources and studies.

Because of the wide range of contextual factors and data collection activities that affect costs, this document does not suggest specific amounts for M&E, but, instead, provides a list of items to be factored into the budgeting process. The budget for the SBC program should include money and personnel for M&E activities. The program may require access to at least one senior M&E person or consultant with experience in designing research on SBC. It will also need one or more junior M&E staffers who can assist with collecting and managing data and/or provision for agencies that can provide such support. The budget should also allow for printing M&E forms; software for tracking program activities; software for data analysis; data review and dissemination meetings; fieldwork for data collection and supervision; and layout and dissemination for data use products like case studies, policy briefs, research reports and publications, guides, and project reports.

Credit: Sarah Hoiback/MENTOR Initiative

World Malaria Day in Liberia in 2008.

USAID/RTI: StopPalu+

A trained community member checking for holes in a mosquito net after one year of use by a household in Cameroon.

Table 4. Illustrative workplan

M&E Activities	Timeline												Budget	Roles
	1	2	3	4	5	6	7	8	9	10	11	12		
Develop M&E plan	X												Level of Effort	M&E and SBC units to collaborate
Develop and test monitoring tools	X	X											$500 for travel	M&E unit to develop with input from SBC
Procure services of market research firm		X	X										$40,000 for firm	Operations unit
Participate in M&E training of SBC field staff				X									$500 for travel	M&E unit to present
Support pre-testing of materials				X										
Implement SBC activities					X	X	X	X	X	X	X	X		SBC unit to implement
Omnibus survey				X					X				See above	Market research firm to implement
Collect and validate activity data					X	X	X	X	X	X	X		$3,500 for travel	M&E unit to implement
Technical Working Group presentation												X	Level of Effort	M&E to provide and analyze data and SBC unit to develop presentation

Table 5. Budget items for monitoring and evaluation activities

M&E Area	Illustrative Activities	Budget Items
Development of M&E plan	Meetings between M&E and SBC staff	Staff time
Formative research	Literature review Quantitative and/or qualitative study	Staff time Researcher or data analyst fees Per diem, lodging, and transport for data collectors Data entry assistants or hardware Data management and analysis software
Pretesting	Pretesting	Staff time[1] Per diem, lodging, and transport for traveling to audience sites Venue and refreshments for participants Mockups of SBC materials to be tested
Process and outcome monitoring	Media monitoring Activity reports Training reports Supervision reports Omnibus or SMS surveys Client exit interviews Intercept interviews Secondary analysis of HMIS data	Staff time Fees for agencies that conduct media monitoring, omnibus surveys, and SMS surveys Per diem, lodging, and transport for supervisors and M&E staff to collect and check source data Database development and maintenance Data analyst fees
Evaluation, including secondary data analyses	Quantitative and/or qualitative study	Staff time Researcher or data analyst fees Per diem, lodging, and transport for data collectors Data entry assistants or hardware Data management and analysis software
Data use	Data review meetings Case studies Reports and briefs Presentations	Staff time Writer or editor fees Meeting venue, refreshments, travel expenses Layout, translation, and printing Journal publication fees

[1] Pretesting is usually integrated in the design process and is seldom explicitly outlined as a separate activity in M&E plans. Nevertheless, M&E staff are frequently called upon to assist with pretesting, thereby influencing M&E budgets, particularly in staffing plans.

References

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USAID/RTI: StopPalu+

Mariama Djoulde Diallo (4 years old) and her aunt Mariama Laoubhe Diallo (58 years old) are happy that the little one has taken her dose of SP-AQ to protect herself against malaria. SP-AQ is a malaria prevention medication given to young children prior to the rainy season, with malaria transmission is high.

Annex 1. Illustrative indicators for an SBC program designed to increase net use

Sample Indicators and Definitions	Data Source	Disaggregation	Frequency	Baseline	Endline	Target
Behavioral Outcomes						
Proportion of people who practice the recommended behavior (specifically the ITN use-to-access ratio) Numerator: The proportion of household members who used nets the previous night Denominator: The proportion of household members who have access to nets within their household	MIS	By province	Year 1 and Year 4	0.75		0.90
Intermediate Outcomes						
Proportion of people who name only mosquitoes as the cause of malaria Numerator: Number of respondents who name only mosquitoes as the cause of malaria—and do not cite any incorrect causes of malaria Denominator: Number of respondents surveyed	Omnibus	By province and gender	Annually	65%		90%
Proportion of people who believe the majority of their friends and community members currently practice the behavior Numerator: Number of respondents who believe that their friends and community members are practicing the recommended behavior Denominator: Number of respondents surveyed	MIS Omnibus	By province and gender	Annually	65%		90%

Sample Indicators and Definitions	Data Source	Disaggregation	Frequency	Baseline	Endline	Target
Proportion of people with a favorable attitude toward the product, service, or behavior (such as net use) Numerator: The number of respondents with a mean attitude score of greater than zero Denominator: Number of respondents surveyed	MIS Omnibus	By province and gender	Annually	50%		80%
Reach Or Coverage						
Proportion of people who recall hearing or seeing any malaria messages within the last six months Numerator: Number of respondents who recall hearing or seeing any malaria messages Denominator: Number of respondents surveyed	MIS Omnibus	By province and gender	Year 1 and Year 4	40%		65%
Number of people/ facilities/community groups participating in or reached by SBC activities Numerator: Simple count of people/facilities/community groups participating in or reached by SBC activities Denominator: N/A	Activity reports	By type of activity and gender	Monthly	0		150,000
Program Outputs						
Number of SBC activities carried out Numerator: Simple count of interventions implemented (e.g., radio spots, community events, social media posts, SMS) Denominator: N/A	Activity reports Media monitoring reports	By type of activity	Monthly	0		60 dialogues, 500 spots
Number of materials or approaches developed Numerator: Simple count of materials or approaches Denominator: N/A	Activity reports	By type of material and audience	Monthly	0		20

Sample Indicators and Definitions	Data Source	Disaggregation	Frequency	Baseline	Endline	Target
Number of people trained, by type and topic Numerator: Simple count of individuals trained (e.g., religious leaders, community health workers, district educators) Denominator: N/A	Training reports	By type of person trained	Monthly	0		200

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A lead mother observing a caregiver administer SMC medication to her child during the SMC campaign in Zamfara state, Nigeria.

Annex 2: Monitoring and Evaluation Plan Template

Program Summary

Program Title	*Name of the program*
Start and end dates	*Period of implementation*
Partners	*Organizations involved*
Program objectives	*Describe the objectives of the program, and as part of that, specify the behaviors the program seeks to improve/change.*
Geographic area	*Geographic areas covered by the program*
Target populations	*Populations the program aimed to reach*
Cost (optional)	*Total estimated cost of the program. This can be a useful measure for developing M&E plans. Programs with large budgets will likely need more M&E support, and vice-versa.*
Funding source	*This is useful to know because each funder may have their own stipulations regarding indicators and data collection methods that impact an M&E plan.*

Conceptual model

Provide a brief description of the SBC program's conceptual model, framework, or theory of change. Include a graphic illustration of the model.

Indicator Definitions and Measurement

Sample Indicators and Definitions	Data Source	Disaggregation	Frequency	Baseline	Timepoint	Target
Behavioral outcomes						
State the indicator Numerator Denominator	Source of the data	Categories the indicator will be broken into (e.g., by gender)	How often the data will be reported	Value of the indicator at baseline	Value of the indicator at each timepoint	Estimated value of the indicator expected on the target date
Intermediate outcomes						
Reach and coverage						
Program outputs						

Monitoring Plan

Data Sources

For each monitoring data source listed in the indicator table, provide a one-paragraph description. Research and evaluation data sources will be covered in the next section.

Data Source A : *Narrative description of the types of tools to be used, frequency of data collection, by whom, means of data quality assurance, and how the data will be reviewed, and where, applicable, triangulated or compared to results from other sources. Provide an estimated cost.*

Data Source B : *Narrative description of the types of tools to be used, frequency of data collection, by whom, means of data quality assurance, and how the data will be reviewed, and where, applicable, triangulated or compared to results from other sources. Provide an estimated cost.*

Data Source C : *Narrative description of the types of tools to be used, frequency of data collection, by whom, means of data quality assurance, and how the data will be reviewed, and where, applicable, triangulated or compared to results from other sources. Provide an estimated cost.*

Research Plan

Study name	
Purpose	
Research Questions	
Design	
Timing	
Geographic Scope	
Roles	
Budget	

Data Use and Knowledge Management

Data Product	Purpose	Intended Audience	Dissemination Methods

M&E Workplan and Budget

M&E Activity	Timeline												Budget	Roles
	1	2	3	4	5	6	7	8	9	10	11	12		

Additional Resources

Courses on M&E for Social and Behavior change

- Monitoring malaria SBC programs
- Evidence-based malaria social and behavior change communication (SBCC): from theory to program evaluation
- Measuring provider behavior change
- Monitoring and evaluating SBC approaches
- Measuring SBC program or campaign exposure

Formative Research

- ITN use-to-access data for different countries
- Example of media review to identify misinformation in the media

Pretesting

- How to conduct a pretest
- Virtual pretesting during the time of COVID-19 technical brief

Monitoring

- Social and behavior change monitoring guidance
- Community-led monitoring brief and video
- Community score cards
- Social listening
- Rumor-tracking methods that leverage existing structures
- Using SMS and integrated voice response (IVR) surveys
- Dipstick method for monitoring malaria SBC in Uganda
- Compass for SBC: Trending topic on real-time monitoring

Indicators

- RBM Malaria SBC Indicator Reference Guide
- MIS SBCC Module: 14-question optional SBCC module in the MIS

Research and Evaluation

- Malaria Behavior Survey guides and reports
- DHS Malaria SBCC Module guides and reports
- Compass for SBC: Trending Topic on low-cost monitoring and evaluation
- Strategies to reduce [evaluation] costs
- Humanitarian needs assessment: The good enough guide
- Costing and cost-effectiveness examples from malaria and family planning
- Complexity-aware monitoring
- Most Significant Change description of approach and example
- Outcome mapping
- Outcome harvesting

M&E for Provider Behavior Change

Blueprint for applying behavioral insights to malaria service delivery

Breakthrough RESEARCH legacy area: Provider behavior change

Statistical Approaches and Evaluation Examples

Babalola, S., & Kincaid, D. L. (2009). New methods for estimating the impact of health communication programs. *Communication Methods and Measures*, 3(1-2), 61-83. https://doi.org/10.1080/19312450902809706

Do, M. P., and D. L. Kincaid. (2006). Impact of an entertainment-education television drama on health knowledge and behavior in Bangladesh: an application of propensity score matching. *Journal of Health Communication*, 11(3), 301–25. https://doi.org/10.1080/10810730600614045

Malaria SBC Evidence Database: Search for publications about malaria SBC interventions. Some examples:

Keating, J., Hutchinson, P., Miller, J. M., et al. (2012). A quasi-experimental evaluation of an interpersonal communication intervention to increase insecticide-treated net use among children in Zambia. *Malaria Journal*, 11, 313. https://doi.org/10.1186%2F1475-2875-11-313

Chung, A. M., Case, P., Gosling, J., et al. (2020). Scaling up malaria elimination management and leadership: A pilot in three provinces in Zimbabwe, 2016-2018. Malaria Journal, 19(1), 185. https://doi.org/10.1186/s12936-020-03255-z Okoh, O. M., Olapeju, B., Oyedokun-Adebagbo, F., et al. (2021). The role of ideation on the effect of an SBC intervention on consistent bed net use among caregivers of children under 5 years in Nigeria: A multilevel mediation analysis. *BMC Public Health,* 21, 1-16. https://doi.org/10.1186/s12889-021-11709-5

Orji, B. C., Bryce, E., Odio, B., et al. Retrospective evaluation of referral by community health workers on the uptake of intermittent preventive treatment of Malaria in pregnancy in Ohaukwu, Ebonyi State, Nigeria. *BMC Pregnancy and Childbirth*, 22(1), 599. https://doi.org/10.1186/s12884-022-04921-7

Haqqi, F., Acosta, A., Sridharan, S., et al. (2022). When knowledge is not enough: applying a behavioral design approach to improve fever case management in Nigeria. *Global Health: Science and Practice*, 10(6):e2200211; https://doi.org/10.9745/GHSP-D-22-00211