



**Section 4:** 

### **COLLECTING MONITORING DATA**





## Data sources for output monitoring

- Program records and reports
- Means you have to design monitoring forms to capture this data to feed into the reports
- And assign people to track this data regularly





Date	WT (kg)	BP (mmHg)	Urine Protein	ıgar	Gest. Age in Weeks	Fundal Height (cm)	Pres.	Descent	FH	Supply of Iron & Folic Acid Tabs (weeks)	Complaints and Treatment	Name & Signature			
												4.7			
Insecticide Treated Net (ITN)					Date s	upplied									
INTERM	INTERMITTENT 1st dose			Ges	stational		d dose		tation						
TREATMENT (IPT) For Malaria		(Direction of the Control of the Con	ctly ved	age in weeks		(1 month) after 1st dose (Directly Observed Therapy)			e in eeks	(1 mon 2nd dose Obs	th) after e (Directly erved rapy)	age in weeks			
TETANUS IMMUNIZATION		N,	andai 🔀	Previou	revious TT		1		Current TT						

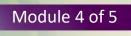




		Immuni	zations and	Vitamin A		
Age Period	Vaccine	Date Given	Batch No		Place Given	Date of
At Birth	BCG					Next Visi
	Polio					
	Hepatitis B					
6 Weeks	Polio					
	DPT/Hep B/ Hib 1 (5 in 1)		V:	D:		
	Pneumococcal			В.		
	Rotavirus					
10 Weeks	Polio					
	DPT/Hep B/ Hib 2 (5 in 1)	A STREET	V:	D:		
	Pneumococcal			D.		
	Rotavirus					
14 Weeks	Polio					
	DPT/Hep B/ Hib 3 (5 in 1)		V:	D;		
	Pneumococcal			Ь.		
6 Months	Vitamin A					
Months	Measles 1		V:	D:		
	Yellow Fever			D,	Ţ	
2 Months	Vitamin A					
8 Months	Vitamin A					
	Measles 2		V:	D:		
	Treated Net (LLIN)			<u> </u>		

V - Vaccine Batch Number

D - Diluent Batch Number





	CHV EVENT	REPORT FORM		
TODAY'S DATE NAME OF THE ( WARD SETTLEMENT CHV PHONE NO	СНУ			
EVENT TYPE	Road Show  Market Storm  Community Dialogue  Visit to Health Center  Drama performance	EVENT DATE START TIME END TIME EVENT LOCATI	DD/MM/YY HH:MM HH:MM	
TOPICS				
DISCUSSED	LLINs are valuable			
Check all topics	Careful handling of LLINs			
that apply:	Careful hanging of LLINs			
	Putting LLINs out of reach in the	he morning		
	Inspecting for holes regularly			
	Correct washing of LLINs (who	en & how)		JHU•



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Н	low to repair holes in	1 LLINS		12.4				
R	tepair small holes qu	ickly						
P.	lease support the Ne	tCaRe campai						
О	Other	=======================================						
ATTENDANCE			Children:	Adults:				
			Age 10-17	Age 18+	Do not count children			
Number of special		Males	14 Febr. 27 1446000 1607756		under 10 years old			
guests who attended _		Females			Grand Total			
		Total						
<b>ITEMS ON DISPLAY</b> Write in the quantity of each item:		Leafle	ts	Other material				
COMMENTS								
AUTHORISATION (C	Campaign Manager/	(Coordinator)						
AUTHORISATION (C	Campaign Manager/	(Coordinator)	Official Stam	p:				



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# Household visit log

NAME OF THE CHV	AUTHORISATION (Campaign Manager/Coordinator)
WARD	Name
SETTLEMENT	Signature
CHV PHONE NO.	Date

No.	Date	No. of adult men	No. of adult women	No. of c	hildren <b>10-17</b>	No. of materials given, if any		Mobile number of ONE (1) household member	Topics discussed during house visit
		reached	reached	years	years	Posters	Leaflets	(1) household member	nouse visit
1									
2									
3									
4									
5									
6									
7									
8		7							
9									
10									

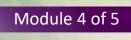
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### **Media monitoring**

- Ratings data and viewership
- Broadcast logs
- Media content analyses

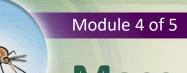




# Mass media—Radio example

				_																
			Missed																	
	¬			MG		21		22		23		24		25		26		27		28
	_!					Sat		Sun		Mon		Tue		Wed		Thu		Fri		Sat
						Jac		Juli		11011										Juc
Channel	Programme	Day	Star Time	End Time	Edit															
						2-Feb	red	3-Feb	Aired	Fe	8	5-Feb	8	- E	8	÷e	red F	Feb	Air od	£
Star Plus	Ek Hazaron Mein Meri Behna Hai	Mon-Fri	2030	2100	40	2.	Air	÷	3	4	Ą	Š	Ā	é	ķ	7.	Ą	œ	3	6
Star Plus	Ek Hazaron Mein Meri Behna Hai	Mon-Fri	2030	2100	60 20							1	1							
Star Plus	Ek Hazaron Mein Meri Behna Hai	Mon-Fri	2030	2100	60							<u> </u>	<u> </u>	_	_				-	
Star Plus	Ek Hazaron Mein Meri Behna Hai	Mon-Fri	2030	2100	20										_			1	1	
Star Plus	Kaali	Mon-Fri	2000	2030	60									_	_			<u> </u>	<u> </u>	
Star Plus	Kaali	Mon-Fri	2000	2030	20									1	1					
Star Plus	Kaali	Mon-Fri	2000	2030	60									_						
Star Plus	Kaali	Mon-Fri	2000	2030	20															
Star Plus	Kaali	Mon-Fri	2000	2030	60															
Star Plus	Kaali	Mon-Fri	2000	2030	20															
Star Plus	VEERA	Mon-Fri	2230	2300	60															
Star Plus	VEERA	Mon-Fri	2230	2300	20									1	1					
Star Plus	VEERA	Mon-Fri	2230	2300	60															
Star Plus	VEERA	Mon-Fri	2230	2300	20															
Star Plus	VEERA	Mon-Fri	2230	2300	60															
Star Plus	VEERA	Mon-Fri	2230	2300	20															
Star Plus	RODP	Mon-Fri	700	900	60					1				- 1	2					
Star Plus	RODP	Mon-Fri	700	900	20							2	2	1	1	1	1	- 1	2	
Star Plus	RODP	Mon-Fri	700	900	60									1	1			1	1	
Star Plus	RODP	Mon-Fri	700	900	20					1	1						1			
Star Plus	RODP	Mon-Fri	700	900	60					1	1	1					1	2	2	
Star Plus	RODP	Mon-Fri	700	900	20								1			1	1			
Star Plus	RODP	Sat-Sun	700	1900	60	1	1	1												2
Star Plus	RODP	Sat-Sun	700	1900	20	1		1	1											- 1
Star Plus	RODP	Sat-Sun	700	1900	60	1	1	1												- 1
Star Plus	RODP	Sat-Sun	700	1900	20	1	1	1												- 1
Star Plus	RODP	Sat-Sun	700	1900	60			1	2											
Star Plus	RODP	Sat-Sun	700	1900	20	1		1	1											- 1
Star Plus Tot						5	3	6	4	4	3	4	4	5	6	2	4	5	6	6
Movies OK	RODP	Mon-Fri	900	1200	60					1	1			1	1			1	1	
Movies OK	RODP	Mon-Fri	900	1200	20									1	1					
Movies OK	RODP	Mon-Fri	900	1200	60															
Movies OK	RODP	Mon-Fri	900	1200	20					1	1			1	1			1	1	
Movies OK	RODP	Mon-Fri	900	1200	60															

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# Mass media—TV example





### Data sources for audience monitoring

- Omnibus surveys
- Rapid or LQAS surveys
- Sentinel sites
- Health facility exit surveys
- Existing large household surveys
  - Demographic and Health Surveys (DHS)
  - Malaria Indicator Surveys (MIS)
  - Multiple Indicator Cluster Surveys (MICS)



### **Omnibus surveys**

#### Pros:

- Occur quarterly or biannually to track indicators throughout the year
- Relatively inexpensive to add questions
- National-level sample

- May be biased toward urban areas
- Not as robust as large household surveys
- Limited ability for multi-level analysis



### Rapid surveys

#### Pros:

Can be done relatively inexpensively and rapidly

- Sampling frame drawn from households already registered – so unregistered households aren't included in the results
- Sampling quality can be highly variable and dependent on training; hard to reach areas often 'skipped'



### LQAS surveys

- Lot Quality Assurance Sampling
- Pros:
  - Can be done relatively inexpensively and rapidly
  - LQAS tell you whether your selected indicators for a given sample are above or below a specified cut-off point, giving an estimate of 'good'/'poor'

- Sampling quality can be highly variable and dependent on training; hard to reach areas often 'skipped'
- LQAS provides a range, not a point estimate, less useful for tracking trends over time



### Sentinel sites

- Monitor a few sites more closely on a routine basis
- Pros:
  - Provide snapshot of specific activities in a given area
- Cons:
  - Work intensive to set up
  - Results are not generalizable





# Health facility exit surveys or observations

#### Pros:

- Can assess quality of care and client-provider interactions
- Can combine exit surveys with observations
- Can measure trends over time if routinely collected

#### Cons:

Not generalizable to all health facilities



### **Existing large household surveys**

#### Pros:

- Large sample size representative of national picture (e.g., DHS, MICS)
- Little to no expense for the program if survey is already planned, funded and implemented by other organization/partners

- Difficult to add all the questions you want to the questionnaire
- Occur only every 2-3 years, therefore not useful for ongoing monitoring





### Wrap up: Collecting data

- Use the right tools for the job
- There's no one method that will work for every situation
- Tailor your data collection methods to your program – and your budget





### In summary . . .

- Monitoring should . . .
  - Demonstrate that your planned activities took place as scheduled
  - Demonstrate that your activities reached the intended target audience
- This can be accomplished by . . .
  - Using SMART indicators
  - Using process monitoring to track activities
  - Using audience monitoring to assess if those activities are having the intended effects



### **Additional resources**

- PMI BCC and social mobilization resources
  - http://www.fightingmalaria.gov/technical/bcc/index.html
- PMI M&E Strategy for BCC
  - http://www.fightingmalaria.gov/technical/bcc/docs/bcc\_strateg\_ y020612.doc
- Spot On Malaria: A Guide to Adapting, Developing, and Producing Effective Radio Spots (Chapter 7)
  - www.rbm.who.int/toolbox/docs/rbmtoolbox/spotonguide.pdf
- FHI: Monitoring HIV/AIDS Programs: Module 6, Monitoring and Evaluating Behavior Change Communication Programs
  - http://gametlibrary.worldbank.org/FILES/559 Monitoring%20B
     CC%20Programs%20(facilitator) FHI%20Mod06.pdf