



# SAT

*Monitoring & Measuring Progress:*

*Procedures for SAT staff & SAT partners*

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## INTRODUCTION

Over the course of SAT Phase III, we are committed to significantly increase our monitoring and evaluation work. **This is essential if SAT and its partners are to**

- Stay at the forefront of the response to HIV and AIDS in the region.
- Advocate others to adopt our approaches, such as capacity building and School Without Walls.
- Become more accountable for the investment the Canadian government is making in SAT's work in the region – we want to show that what we do makes a difference and should continue to be supported.
- Further improve the quality of the capacity building relationships and processes that are already in place.

As we have developed our plans to make this commitment a reality, we have consulted with many SAT partners and other stakeholders. The reaction has been very positive – there seems to be a general feeling that the time has come to take monitoring and evaluation seriously and develop systematic and strong ways of demonstrating the impact of our work. There seems to be a shared understanding that improved M&E can greatly assist us to improve our programmes and helps build the confidence of our stakeholders (including our donors) in our work.

During 2002, SAT successfully introduced new tools for conducting baseline studies of community competence and organisational capacity. By the end of that year, all partners contracted within the previous two calendar years had taken part in baseline studies. During 2003, there will be a rolling programme of conducting baseline studies for SAT's older partners until all ongoing partners have been reached. Even some partners that are ready for graduation might find the processes useful. At the same time, we also introduced new systems of monitoring our School Without Walls activities and our partners' work with children affected by HIV and AIDS. This has been expanded further with the introduction of two new indicators that track the work that our partners do in counselling and home based care. The monitoring systems for these new indicators will start operating as from April 2004.

With this increased emphasis on M&E come some exciting new challenges and also some new burdens and responsibilities that must be shared by SAT and its partners. This document gives an overview of the SAT III results framework and describes our new approaches to M&E in relation to core aspects of SAT's work with partners. In particular, we highlight areas where SAT and partners must collaborate to make a success of the M&E work.

**The document is intended as a practical guide so that SAT staff and SAT partners are clear about expectations, requirements, procedures and how data will be used.**

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## SAT III RESULTS FRAMEWORK

<b>GOAL</b>			
<i>To increase the HIV competence of selected communities in programme countries</i>			
<b>Purpose 1</b>		<b>Purpose 2</b>	<b>Purpose 3</b>
<p>To improve the ability of partner organisations to:</p> <ul style="list-style-type: none"> <li>➤ Encourage behaviour changes that result in decreased HIV transmission;</li> <li>➤ Help communities care for men, women, and children living with AIDS;</li> <li>➤ Help communities support families and children affected by AIDS;</li> <li>➤ Create and sustain comprehensive responses to the needs of the communities they serve and, in particular, better meet the needs of children affected by HIV and AIDS;</li> <li>➤ Mobilise sufficient resources to ensure their sustainability and ability to meet increasing (and increasingly comprehensive) needs; and,</li> <li>➤ Help create a social climate of reduced vulnerability to HIV and AIDS by promoting gender equality and respect of human rights and of children's rights.</li> </ul>		<p>To broaden the international response to AIDS by documenting the effectiveness and relevance of promoting community HIV competence and by disseminating and promoting this strategy within Africa and internationally.</p>	<p>To secure and sustain its operations and impact beyond the current project phase, SAT achieves independent status and develops a multiple donor base.</p>
<b>Outcome 1</b>	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>
<p>Supported AIDS service organisations, community based organisations and self-help groups in the five programme countries are more effective, efficient, relevant and financially viable in dealing with HIV issues at the community level</p>	<p>Supported national and regional advocacy and co-ordinating groups in the five programme countries are more effective and relevant in linking gender equality, human rights, children's rights and HIV-related issues</p>	<p>Organisations working in the field of HIV and development in Africa and beyond will have a better understanding of the effectiveness and a higher level of acceptance of the SAT III strategy of promoting community HIV competence</p>	<p>SAT develops its capacity and establishes structures and procedures to improve programme performance and sustain its operations and impact beyond the current project phase</p>

# 1 COMMUNITY COMPETENCE

Community competence is a complex idea. For practical purposes of M&E, however, SAT proposes that we view community competence as comprised of three broad components.

- Presence of, and activation of, feelings of **solidarity** and **willingness to serve** the community
- Presence of, and access to, **sustainable resources**
- (Community) **Empowerment and skills**

## 1.1.1 *Solidarity and willingness to serve the community*

This component focuses on the strength and closeness of relationships within a community, the motivations of community members to respond to the challenges and impacts of HIV and AIDS. Key aspects here are compassion, mutual reliance and feelings of mutual benefit, trust, altruism, common values, unity and social cohesion – the things that bring people together and compel them to care for or assist each other.

## 1.1.2 *(Sustainable) Resources*

Caring and motivated people require resources to be able to effect change. Resources are defined broadly, to include physical, financial, human and institutional resources. Physical resources might include a place to meet, land to cultivate, information materials, blankets, livestock, thatch for housing, etc. Financial resources include money, savings and access to credit. Human resources include the necessary people to undertake necessary work, i.e. volunteers and staff. Institutional resources include schools, clinics, churches, etc. This component focuses on the acquisition and mobilisation of resources to respond to the challenges and impacts of HIV and AIDS.

## 1.1.3 *(Community) Empowerment and skills*

Even caring and motivated people with relevant resources at their disposal, will have a minimal impact if they are not sufficiently empowered and skilled to plan and implement meaningful actions. This component focuses on the capacity of the community to generate and maintain sustainable response systems characterised by a high level of self-reliance, development of own resources and ability to mobilise external resources, capacity to assess their own needs and problems and respond to them, capacity to self-organise and self-monitor their actions.

## 1.1.4 *“True” community competence*

It is a core belief at SAT that all communities are, to some extent, competent. Our work is to support the increase of community competence, not its creation. However, the three components interact in various ways resulting in varying levels and types of community competence. “True” community competence exists when there is an overlap between all three components. Simply stated, SAT’s work seeks to support the expansion of that area of overlap.

## 1.1.5 *Approach to measuring community competence*

Measurement of community competence will take the form of:

- Baseline data collection at the start of new partnerships
- Periodic evaluation some years into the partnership
- Occasional, ad hoc surveys as identified in SAT operations research plans

## **1.2 SATCOMP – SAT Community Competence Baseline Assessment Tool**

This involves a one-day workshop with community stakeholders, facilitated by SAT staff and staff/volunteers from the relevant SAT partner. Participatory activities are used throughout.

### *1.2.1 Participants*

- Aim for a maximum group size of 20
- Participants should represent a cross-section of the community
- Participants should have knowledge and understanding of how the community is responding to HIV and AIDS
- Participants should be long term residents in the community - they should have resided there for at least 3 – 5 years.
- Participants need to be sufficiently confident and comfortable to participate and express their views.
- Socio-economic status – aim to have representation from both poor and powerful/higher status community members
- Age profile – aim to have at least some representation from youth and elderly
- Gender - aim for a 50/50 gender balance
- Community representatives –May include: volunteers, beneficiaries, community health workers, church leaders, community leaders, local administrators/politicians, members/workers from development organisations, youth, traditional healers.
- Partner representation – max. 2 or 3 participants from the SAT partner CBO/NGO
- CPOs and SAT Partners to discuss and agree on participant list before invitations are made

### *1.2.2 Facilitation*

Facilitated by SAT staff, supported by SAT Partner staff/volunteers where necessary, e.g. help with local languages.

### *1.2.3 Venue*

Venue to be a relevant local meeting place, suitable for group size and group work (i.e. floor space for mapping and for ladder of empowerment exercise. To be organised by SAT Partner.

### *1.2.4 Organisation*

- Primarily the responsibility of the Partner, in consultation with the SAT CPO
- Reasonable teas and lunches to be provided
- Reasonable transport costs can be covered for participants, where necessary

### 1.2.5 Programme template

	Session timings	Session topic
Morning		Introductions and admin
	@ 45 mins to 1 hour	Problem tree
	@ 2 hours	Mapping community resources
	@ 45 mins to 1 hour	Focus group discussion
Afternoon	@ 45 mins	Lunch
	@ 45 mins	Empowerment activity
	@ 1 hour	Ownership activity
		Thanks and close of proceedings

## 2 ORGANISATIONAL CAPACITY

Organisational capacity is also complex. We have prioritised seven areas for our M&E work with partners. These areas are to be used both in baseline studies, evaluation processes, and also in routine monitoring, i.e. they provide both snapshot data and also measures of change.

- Strategic and operational planning
- General human resources
- Resource mobilisation and management
- Advocacy and networking
- Volunteer management
- Governance
- Learning and sharing

### 2.1.1 Approach to measuring organisational capacity

Measurement of organisational capacity will take the form of:

- Baseline data collection at the start of new partnerships
- Regular monitoring updates on progress / challenges
- Periodic evaluation some years into the partnership

## 2.2 SOCAT – SAT organisational capacity assessment tool

This involves a one-day workshop with SAT partner organisations, organised by the partner and facilitated by SAT staff. The workshop takes the form of a focus group discussion using a checklist as a guide. The group is facilitated by a SAT staff member (usually the Country Programme Officer) and is made up of a range of stakeholders from the partner organisation (i.e. Board, Director / Management team, staff, volunteers).

The tools are designed to guide a group discussion about organisational and programmatic strengths and weaknesses in relation to the six core subject areas. Again, we are linking the processes of M&E and ongoing partner support and capacity building. Ultimately, the workshop is designed to enable SAT and the partner to identify whether the partner has achieved the following key “standards” of organisational capacity:

- **Strategic and Operational Planning:** Long term 3-5 year strategic plan and systems of regular review and updating in place
- **Volunteer Management:** Systems for recruiting, training, managing and retaining volunteers in place.
- **General Human Resources:** General human resources system (recruiting, training, salary and appraisals) established and operational.
- **Governance:** Governance structures (role of board, director/management team, and governance systems) in place.
- **Resource Mobilisation and Management:** The organisation has established systems for mobilising resources to meet the needs of the organisation and its work.
- **Learning and Sharing:** The organisation has demonstrated ability to translate skills acquired through SWW into programming
- **Advocacy and Networking:** The organisation’s advocacy and networking activities effectively link issues of HIV and gender equality, human rights and child rights.

### 2.2.1 Participants

- Aim for a maximum group size of 10-15
- Participants should represent a cross-section of the organisation
- Governance/hierarchy – aim to have representation from the Board, management, staff and volunteers
- Gender - aim for a 50/50 gender balance, if possible
- CPOs and SAT Partners to discuss and agree on participant list

### 2.2.2 Facilitation

Facilitated by SAT staff.

### 2.2.3 Venue

Venue to be the Partner's premises (or if necessary, a relevant local meeting place, suitable for focus group discussion)

### 2.2.4 Organisation

- Primarily the responsibility of the Partner, in consultation with the SAT CPO
- Reasonable teas and lunches to be provided

### 2.2.5 Programme template

	Session timings	Session topic
Morning	3 – 4 hours (including break for tea)	Organisational capacity focus group discussion.
Afternoon	@ 45 mins	Lunch
	@ 1- 1.5 hours	Follow up with partner organisation management team: highlighting strengths and areas for improvement. Clarification of issues and exploration of implications for capacity development.

### 3 SCHOOL WITHOUT WALLS

#### 3.1 One system for all SWW events

SWW can involve a range of different activities / events / processes, such as:

- Skills training workshops
- Lesson sharing workshops
- Thematic network meetings
- Study visits
- Mentoring visits/relationships
- Etc

*Starting immediately*, all SWW activities will be monitored using a simple feedback form (see the Appendix for a copy of the form):

- The same form is to be used for **all types of SWW activities**.
- **Every participant** in an event should be given a copy of the SWW feedback form and given time to complete it.
- The aim is to ensure that we **systematically monitor and report on SWW** (even if the data we are gathering is fairly basic).
- SAT is happy for partners to continue using their own monitoring methods for SWW *in addition* to this new SAT system, if they so wish.

#### 3.2 Partner responsibilities

In the case of **workshops and network meetings**, it is the responsibility of the **host partner to manage the feedback process**, including:

- Ensuring sufficient photocopies of the feedback form are ready
- Creating a specific space within the event programme for participants to give their feedback
- Collecting the feedback forms once they are completed
- Summarising the feedback data
- Retaining a copy of the summary for the partner's own information and purposes
- Submitting all the participants' forms *plus* the overall summary to the SAT Country Programme Officer within one week (by post or by hand).

In the case of **study visits and mentoring relationships**, **both partners** are required to complete the forms and submit them separately to the SAT Country Programme Officer **each time an event takes place**.

#### 3.3 SAT responsibilities

- The relevant SAT Country Programme Officer will provide the monitoring form template (hard copy and file copy, if required) to all relevant partners.
- The relevant SAT Country Programme Officer will receive and verify the summary data provided by partners and send the aggregated data (as a computer file) through to the SAT Regional Office in Harare.
- SAT staff in Harare will collate SWW data from across all countries and provide regular feedback to partners and other stakeholders.

## 4 CHILDREN AFFECTED BY HIV AND AIDS

### 4.1 Increasing commitment to CABA

SAT is committed to increase its focus on the needs of children affected by HIV and AIDS. In order to assess our progress together in this vital aspect of programming, all SAT partners are now required to collect and report data on the numbers of children affected by HIV and AIDS they are reaching.

Many partners will already be collecting such data for their own purposes. However, SAT's requirements might be slightly or significantly different to our partners' existing monitoring procedures. Therefore, it is important for us to spell out exactly what is required.

We require CABA data from partners at regular intervals during the partner's capacity development contract. This new monitoring system became operational in April 2003. CABA indicators

SAT requires partners to use two indicators for regular monitoring and reporting. Our methods have been chosen to ensure that **relevant and useful data can be collected** with a **reasonable and feasible investment of the partners' time and resources**.

In identifying the core, relevant indicators to measure SAT support, SAT has decided to modify indicators developed by USAID<sup>1</sup>.

	CABA 1	CABA 2
<b>Indicator</b>	Number of children affected by HIV and AIDS receiving support funded directly by SAT.	Number of children affected by HIV and AIDS supported by SAT partners.
<b>What it measures</b>	This indicator measures the number of CABA supported through SAT's partner's action and financed directly by SAT.	This indicator measures the number of CABA supported through action by SAT's partners, <b><i>even if that work was not directly and explicitly funded by SAT.</i></b>
<b>How to measure it</b>	We need to record the number of CABA who received assistance provided by SAT partners that was <b><i>directly and explicitly funded in the Capacity Development Contract.</i></b>	We need to record the number of CABA who received assistance provided by SAT Capacity Development Contract partners.

#### 4.1.1 Reach and rationale of indicators

The rationale for **CABA 1** is self-evident. It tracks the work with children that the partner does with funds allocated by SAT for that purpose.

At first glance, **CABA 2** seems to be measuring work that SAT has no right to claim ownership of. However, both in terms of finance and other forms of support (skills training and mentoring, etc) SAT's relationship with a partner provides holistic support, rather than a narrow, legalistic, contractual relationship. Partner grants through Capacity Development



<sup>1</sup> USAID indicators on CABA were recently clarified through a lengthy consultative process. Source: USAID "Guidance on indicators for USAID programs to benefit orphans and other vulnerable children", draft 10 - 7/29/02.

Contracts always include a contribution to organisational core support (i.e. grants do not only finance service delivery) and SAT's mentoring and SWW support to the partner focuses comprehensively on organisational capacity strengthening.

Therefore, SAT can legitimately consider the wider work done by its partners as an indirect measure of SAT's support. In this way, CABA 2 is justified as a relevant indicator.

#### *4.1.2 Definition of children affected by HIV and AIDS*

This has two components: (i) what it means to be affected by HIV and AIDS, and (ii) who counts as a child.

##### **Definition of "affected by HIV and AIDS"**

In a very real sense, all children in the southern African region are in some way affected by HIV and AIDS - their parents are sick with HIV, and/or they have lost relatives to AIDS, and/or they are infected themselves, and/or they are at risk of becoming infected, etc. Therefore, SAT sees all relevant work with children at community level as work that meets the needs of children affected by HIV and AIDS. We propose a practical, community-led definition of "CABA", primarily and practically decided by each SAT partner in consultation with the SAT Country programme Officer (advised and supported, where necessary, by senior SAT staff - Technical Officer for M&E, Technical Officer for SWW, Programme Officer for SWW).

##### **Definition of "child"**

What is the age group covered by the term "child"? SAT proposes to adopt the standard definition contained in the UN Convention on the Rights of the Child, namely that "below the age of 18 years". SAT does this, whilst recognising that at community level there is often a considerable degree of uncertainty about the exact age of children.

#### *4.1.3 Definition of "support"*

We propose a broad definition of "support", which includes and recognises the diverse ways in which community partners meet the needs of CABA. These might include orphan care, youth peer education, support groups for children, counselling for survivors of child abuse, youth-focused income generation, etc.

All SAT partners will determine what constitutes "support" in their own community context, in consultation with the SAT Country Programme Officer (again – advised and supported, where necessary, by relevant SAT staff).

#### *4.1.4 Record keeping issues*

Although there is flexibility over how partners define support, it is necessary for partners to distinguish between two different sorts of programming relationships they may have with children

- **Ongoing in-depth relationships with specific individual children** – this is common in orphan support, home care, counselling and some street children programmes. The partner organisation will tend to see the same child regularly or a number of times over a period of time, and provide them with individual support. In most cases partners would tend to keep a **register** or some other form of individualised records for each child receiving support. The experience of SAT partners is that a well maintained register is a most valuable tool in ensuring good quality programming and record keeping.

- **More occasional, more ad hoc or less in-depth relationships with children in groups** – this is common in youth awareness and prevention programmes, and some street children programmes. The partner organisation will tend to work with groups of children. In most cases partners would tend to count or estimate the number of children receiving the service, rather than collect individual names for checking against a register.

This distinction will be necessary for SAT monitoring purposes.

	<b>CABA 1</b>	<b>CABA 2</b>
<b>Indicator</b>	Number of children affected by HIV and AIDS receiving support funded directly by SAT.	Number of children affected by HIV and AIDS supported by SAT partners.
<b>Ongoing in-depth relationships with specific individual children</b>	<b>A</b> Here, the partner is required to record the cumulative total number of children that have been on the register (of only those programmes directly funded by SAT).	<b>C</b> Here, the partner is required to record the cumulative total number of children that have been on the registers of all their programmes (regardless of funder).
More occasional, more ad hoc or less in-depth relationships with children in groups	<b>B</b> Here the partner is required to record or estimate the total number of children reached by their activities (of only those programmes directly funded by SAT).	<b>D</b> Here the partner is required to record or estimate the total number of children reached by their activities (regardless of funder).
	<b>Total CABA 1 = A + B</b>	<b>Total CABA 2 = C + D</b>

#### 4.1.5 Cumulative totals

In boxes **A** and **C** above, we use the term “cumulative total”. This basically means that the number can never be reduced through the financial year (April to March). For example, even if a child ceases to receive a service after three months on the register, the records should still show that child as part of the total. This is because we are looking for data on:

***“the total number of children that have received support through the year”.***

#### 4.1.6 Double counting

In using these indicators, SAT partners will need to take steps to avoid double counting as much as possible. As the USAID document highlights, two main problems of double counting occur:

*“First, a child who receives more than one kind of care/support should only be counted once. (E.g. a child who receives food aid, a scholarship, and regular visits should be counted as a single beneficiary, not as three beneficiaries.)*

*Second, a child who receives the same kind of care/support multiple times within a fiscal year should only be counted once. (E.g. a child who visits a feeding program several times should only be counted once.) Each program will have to develop controls that prevent these types of double-counting.”*

SAT will guide and support partners to avoid these pitfalls, but we also accept that in practice it can be difficult and time consuming to avoid them.

#### *4.1.7 Quantity and quality*

SAT is aware that these CABA indicators are quantitative measures – they do not reveal the quality of support for children affected by HIV and AIDS. SAT will be willing to assist partners to develop and improve their own community-specific indicators of quality. For SAT’s own results reporting, we will explore quality issues in more detailed evaluation and operations research studies.

We believe this balance between support for diverse and community-specific approaches, routine quantitative monitoring, and periodic in-depth qualitative evaluation, offers us the best approach given available resources.

## 5 NEW DATA TO BE COLLECTED AS FROM APRIL 2004

In our endeavour to monitor and evaluate our work to support the response to HIV and AIDS SAT has identified two areas of the response where new indicators are needed and has set up mechanisms for the collection of the new data. These mechanisms are expected to be operational as from April 2004.

The areas of the response and the new indicators are:

- Numbers of clients receiving counselling support (both pre- and post-test counselling, as well as ongoing supportive counselling wherever that takes place (i.e. at the organisation's base, a clinic or in the community)
- Number of people receiving home based care

The burden of caring and supporting those infected and affected by HIV and AIDS is primarily the responsibility of communities themselves. The new SAT indicators are designed to give a picture of the number of affected people who are being reached through counselling and home based care services.

### 5.1 Counselling Indicators

SAT requires partners to use two indicators for regular monitoring and reporting on the number of people reached through counselling services.

	Counselling 1	Counselling 2
<b>Indicator</b>	Number of people receiving counselling <u>funded directly</u> by SAT.	Number of people receiving counselling supported by SAT partners.
<b>What it measures</b>	This indicator measures the number of people receiving counselling services through SAT's partner's action and financed directly by SAT.	This indicator measures the number of people receiving counselling services supported through action by SAT's partners, <b>even if that work was not directly and explicitly funded by SAT.</b>
<b>How to measure it</b>	We need to record the number of people who received counselling services provided by SAT partners that was <b>directly and explicitly funded in the SAT Capacity Development Contract.</b>	We need to record the total number of people who received counselling services provided by SAT's partners.

## 5.2 Home Based Care Indicators

SAT requires partners to use two indicators for regular monitoring and reporting on the number of people reached in their home based care programmes.

	Home Based Care 1	Home Based Care 2
<b>Indicator</b>	Number of people receiving home based care funded directly by SAT.	Number of people receiving home based care provided by SAT partners.
<b>What it measures</b>	This indicator measures the number of people receiving home based care through SAT's partner's action and financed directly by SAT.	This indicator measures the number of people receiving home based care support through action by SAT's partners, <b>even if that work was not directly and explicitly funded by SAT.</b>
<b>How to measure it</b>	We need to record the number of people who received home based care support provided by SAT partners that was <b>directly and explicitly funded in the Capacity Development Contract.</b>	We need to record the number of people who received home based care support provided by SAT Capacity Development Contract partners.

### 5.2.1 Reach and rationale of Counselling and Home based care indicators

The rationale for **Counselling 1 and Home based care 1** is similar to that for **CABA 1**. It tracks the work with people that the partner does with funds allocated by SAT for that purpose.

Just as with, **CABA 2, Counselling 2 and Home based care 2** seems to be measuring work that SAT has no right to claim ownership of. However, both in terms of finance and other forms of support (skills training and mentoring, etc) SAT's relationship with a partner provides holistic support, rather than a narrow, legalistic, contractual relationship. Partner grants through Capacity Development Contracts always include a contribution to organisational core support (i.e. grants do not only finance service delivery) and SAT's mentoring and SWW support to the partner focuses comprehensively on organisational capacity strengthening.

Therefore, SAT can legitimately consider the wider work done by its partners as an indirect measure of SAT's support. In this way, **Counselling 2 and Home based care 2** are justified as a relevant indicator.

## 5.3 Implications of the collection of new data

The introduction of data collection on the new indicators will lead to the introduction of a new data collection form which combines the three sets of indicators i.e. CABA indicators, Counselling indicators and Home Based Care indicators.

## SAT monitoring: CABA, counselling and home based care data

	<b>CABA 1</b>	<b>CABA 2</b>
<b>Indicator</b>	Number of children affected by HIV and AIDS receiving support funded directly by SAT.	Number of children affected by HIV and AIDS supported by SAT partners.
<b>Ongoing in-depth relationships with specific individual children</b>	<b>A</b> Here, the partner is required to record the cumulative total number of children that have been on the register (of only those programmes directly funded by SAT).	<b>C</b> Here, the partner is required to record the cumulative total number of children that have been on the registers of all their programmes (regardless of funder).
<b>More occasional, more ad hoc or less in-depth relationships with children in groups</b>	<b>B</b> Here the partner is required to record or estimate the total number of children reached by their activities (of only those programmes directly funded by SAT).	<b>D</b> Here the partner is required to record or estimate the total number of children reached by their activities (regardless of funder).
	<b>Total CABA 1 = A + B</b>	<b>Total CABA 2 = C + D</b>
	<b>Counselling 1</b>	<b>Counselling 2</b>
<b>Indicator</b>	Number of people affected by HIV and AIDS receiving counselling funded directly by SAT.	Number of people affected by HIV and AIDS receiving counselling supported by SAT partners.
	<b>E</b> Here, the partner is required to record the total number of people receiving counselling (of only those programmes directly funded by SAT).	<b>F</b> Here, the partner is required to record the total number of people receiving counselling from all their programmes (regardless of funder).
	<b>Home based care 1</b>	<b>Home based care 2</b>
<b>Indicator</b>	Number of people on home based care receiving support funded directly by SAT.	Number of people on home based care supported by SAT partners.
	<b>G</b> Here, the partner is required to record the cumulative total number of people on home based care that have been on the register (of only those programmes directly funded by SAT).	<b>H</b> Here, the partner is required to record the cumulative total number of people on home based care that have been on the registers of all their programmes (regardless of funder).

### 5.3.1 Cumulative totals

In boxes **A, C, E, F, G** and **H** above, we use the term “cumulative total”. This basically means that the number can never be reduced through the financial year (April to March). For example, even if a person ceases to receive a service after three months on the register, the records should still show that person as part of the total. This is because we are looking for data on, for example for CABA indicators:

***“the total number of children that have received support through the year”.***

and for counselling and home based care indicators:

***“the total number of people that have received support through the year”.***

### 5.3.2 Quantity and quality

SAT is aware that the CABA, counselling and home based care indicators are quantitative measures – they do not reveal the quality of support for people affected by HIV and AIDS. SAT will be willing to assist partners to develop and improve their own community-specific indicators of quality. For SAT’s own results reporting, we will explore quality issues in more detailed evaluation and operations research studies.

We believe this balance between support for diverse and community-specific approaches, routine quantitative monitoring, and periodic in-depth qualitative evaluation, offers us the best approach given available resources.

## 5.4 Partner responsibilities

The starting point for data collection in the monitoring and reporting system remains at the partner level.

- All partners are required to introduce and maintain the necessary systems to collect and record SAT monitoring: CABA, counselling and home based care data.
- Provide training to the programme staff responsible for collecting and recording the data.
- Designate a staff member responsible for the collation of CABA, counselling and home based care data.
- Starting in April 2004 all partners will be required to complete the **SAT CABA, Counselling & Home Based Care: Partner Monitoring Form** every month and submit their data to the SAT Country Programme Officer every quarter.

## 5.5 SAT responsibilities

- SAT will organise a partner meeting to discuss and clarify monitoring requirements and share lessons on how systems can be introduced.
- The relevant SAT Country Programme Officer will provide partners with ongoing guidance on the introduction of **CABA, Counselling and Home Based Care** monitoring, on request, and through routine monitoring and support visits.
- The relevant SAT Country Programme Officer will receive and verify the summary data provided by partners and send the data (as a computer file) through to the SAT Regional Office in Harare.
- SAT staff in Harare will collate **CABA, Counselling and Home Based Care** data from across all countries and provide regular feedback to partners and other stakeholders.

## **6 OPERATIONS RESEARCH & EVALUATION STUDIES**

SAT is committed to ethical, participatory, research activities that link directly to and support the strengthening of community HIV competence.

### **6.1 Strategic approaches and themes**

The extent and focus of SAT's operations research work will be guided by the following underlying principles

- Critical analysis and measurement of SAT's work and SAT's methods.
- Deepening understanding of the dynamics of community HIV competence, especially in the communities served by our partners.
- Practical testing of programmatic ideas in an iterative way under real conditions.
- Sharing research skills and improving research capacity for SAT staff and partners.

Over the next four years SAT will have three main strands to its research and documentation strategy:

### **6.2 Partner-focused research and documentation**

This falls into two main categories: baseline research and partner evaluations.

#### *6.2.1 Baseline research*

In 2003, there will be a rolling programme of baseline research with all existing partners and their communities. From 2004-2007, baseline research will consist of SATCOMP and SOCAT exercises with potential new SAT partners.

#### *6.2.2 Partner evaluations*

SOCAT evaluations of partners, led by SAT staff, will be planned with relevant partners, especially those close to graduation from SAT's financial support or those where serious problems hamper performance.

### **6.3 SAT-focused research and documentation**

The major SAT-focused research activity during FY03 will be an evaluation of School Without Walls. This is important in exploring the impact, relevance and cost effectiveness of SWW and ways in which the SWW approach can be propagated.

The main approaches and components of the process will involve:

- Documentation of SWW, how it began and has evolved.
- Participatory self-evaluation of SWW by SAT staff and partner organisations.
- Large scale survey of current or past partner organisations, exploring process and impact issues.

- Field visits to a sample of current or past partner organisations to document case studies and add detail to survey findings.

The evaluation team will include SAT staff and a consultant researcher/writer with experience of capacity development with community groups in Southern Africa.

## 6.4 Programming-focused research and documentation

The focal themes for programming-focused research are:

### 6.4.1 Gender

SAT research will focus on exploring the actions of community groups that have explicitly tackled gender inequalities, in particular measures linked to women's economic (and social) empowerment and men's greater involvement in care roles traditionally ascribed to women.

### 6.4.2 Stigma, denial and discrimination

SAT research will focus on exploring means of reducing HIV and AIDS related stigma, i.e. how community groups have managed to support communities to overcome the stigma/discrimination directed towards people infected and affected by HIV and AIDS.

### 6.4.3 Children affected by HIV and AIDS

SAT research will explore the evolving ways in which communities are coping with and caring for increasing numbers of orphans and sick children, and ways that community groups are working with communities to meet the needs of orphans and other vulnerable children affected by HIV and AIDS.

## 6.5 Research approaches for programming-focused research and documentation

SAT's programming-focused research has two distinct components:

### 6.5.1 Lesson learning

SAT's portfolio of partners<sup>2</sup> include organisations that have important lessons to be documented from their activities to tackle gender issues, stigma and discrimination and/or meet the needs of children affected by HIV and AIDS. "**Lesson learning**" involves a relatively short process in which SAT M&E staff visit the partner and document what has been achieved.

### 6.5.2 Lesson testing

Similarly, SAT has many partners that offer a fertile testing ground for lessons learned by others. SAT refers to the process of adapting and applying lessons and researching the results as '**lesson testing**'. It involves SAT staff working with the partner to design and agree the operations research project and conduct baseline data collection; making periodic



<sup>2</sup> For SAT, 'Partners' include: Implementing Partners on capacity development contracts; SWW partners, including organisations that have graduated from being Implementing Partners; and Strategic Partners, including regional and international peers.

follow up and support visits to help the ongoing process of learning and documentation; and a major role in end of project results measurement and documentation.

## 6.6 Annual projects and plans

SAT's plans for lesson learning and lesson testing projects during the financial year 2003-4 are as follows:

Theme	Issue	Lesson Learning	Lesson Testing
Gender	Mobilising men for care	LL1: Word Alive Ministries, Blantyre, Malawi. (completed 2002-3)	LT1: FACT Rusape, Rusape, Zimbabwe
	Income substitution for CSW	LL2a): Mutare City Health Dept., Zimbabwe LL2b): Women's Neighbourhood Association, Morogoro, Tanzania	LT2: Lado Lado, Xai-Xai, Mozambique
	Encouraging gender sensitivity in national policy	LL3: Tanzania Gender Network Programme, Tanzania	LT3: Young Women's Association YWCA, Lusaka, Zambia
Stigma	Tackling stigma through community outreach	LL4: Nkhotakhota Aids Support Organisation, Malawi	LT4: Kikocet, Moshi, Tanzania
Children	Re-integration of street children	LL5: Faraja Trust Fund, Morogoro, Tanzania	LT5: Active Youth Initiative for Social Enhancement, Blantyre, Malawi
	Youth-led initiatives	LL6: Lessons from regional SWW workshop / Community Lessons 2	LT6: Umzingwane AIDS Network, Zimbabwe

**Endnote:**

We are very aware that we are placing some new burdens on our partners. But there is a clear desire from partners to improve M&E and work together to improve our work, strengthen our organisations, and demonstrate impact.

SAT wishes to thank all partners for their commitment to make these new M&E procedures a success.

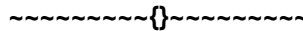
**“We thank you for your continued support and partnership”**

## **APPENDIX A: CABA MONITORING FORMS**

(note: the use of this form will be discontinued as from April 2004)



## Children Affected by HIV & AIDS: Partner Monitoring Form



Partner organisation:

Country:

Quarter:

Contact person:



SAT constantly monitors and evaluates its work to support the response to HIV and AIDS. As part of our commitment to increase the response to children affected by HIV and AIDS, we require the following monitoring data from partners on a quarterly basis.

Please add your monitoring data in the appropriate boxes below and feel free to give us written feedback on any aspect of your work with children affected by HIV and AIDS.

	CABA 1: "Number of children affected by HIV and AIDS receiving support funded directly by SAT"	CABA 2: "Number of children affected by HIV and AIDS supported by SAT partners (regardless of funder)"
<b>CABA Register:</b> "Ongoing in-depth relationships with specific individual children"  E.g. orphan support, home based care, counselling.	Definition: Cumulative total number of children that have been on the register of your programmes directly funded by SAT.  DATA:	Definition: "Cumulative total number of children that have been on the registers of all your programmes regardless of funder."  DATA:
<b>Other responses:</b> "More occasional, more ad hoc or less in-depth relationships with children in groups"  E.g. youth HIV awareness and prevention programmes	Definition: Record or estimate of total number of children reached by your activities of only those programmes directly funded by SAT.  DATA:	Definition: Record or estimate of total number of children reached by your activities regardless of funder.  DATA:
Column TOTALS		

Comments

## **APPENDIX B: SWW FEEDBACK FORM**



# SAT

Southern African AIDS Training Programme

Supporting Community Responses to HIV and AIDS in Southern Africa

## School Without Walls: Participant Feedback Form



SWW event:

Date:

Location:



SAT constantly monitors and evaluates its work to support the response to HIV and AIDS. We are always looking to increase the success of our work and to improve areas of weakness. Your feedback on this SWW event is therefore very important to us. Please tick the appropriate boxes below and feel free to give us written feedback on any aspect of the event overleaf.

<b>Relevance:</b> How relevant was this event to your organisation's needs?	Not relevant	Quite relevant	Very relevant
<b>Learning:</b> How much did you learn by participating in this SWW event?	Didn't learn	Learned a little	Learned a lot
<b>Application of learning:</b> To what extent will you be able to apply what you have learned to improve your work?	Low	Medium	High
<b>Facilitation:</b> How well was the event facilitated?	Poor	Satisfactory	Good
<b>Event planning &amp; organisation:</b> How well was the event planned and organised?	Poor	Satisfactory	Good

COMMENTS

**APPENDIX C: CABA, COUNSELLING & HOME BASED CARE:  
PARTNER MONITORING FORM**

(note: this form is applicable as from April 2004)



# SAT

Southern African AIDS Training Programme

Supporting Community Responses to HIV and AIDS in Southern Africa

## CABA, Counselling & Home Based Care: Partner Monitoring Form

~~~~~{}~~~~~

Partner organisation:

Country:

Quarter:

Contact person:

~~~~~{}~~~~~

SAT constantly monitors and evaluates its work to support the response to HIV and AIDS. As part of our commitment to increase the response to HIV and AIDS, we require the following monitoring data from partners on a quarterly basis.

Please add your monitoring data in the appropriate boxes overleaf and feel free to give us written feedback on any aspect of your HIV and AIDS work involving CABA, Counselling and Home Based Care in the comments section below.

COMMENTS

|   |   |  |
|---|---|--|
| CABA INDICATORS   | <p><b>CABA 1:</b></p> <p>“Number of children affected by HIV and AIDS receiving support <b>funded directly by SAT</b>”</p>  | <p><b>CABA 2:</b></p> <p>“Number of children affected by HIV and AIDS supported by SAT partners (regardless of funder, including SAT)”</p>   |
| <p>CABA Register:</p> <p>“Ongoing in-depth relationships with specific individual children” E.g. orphan support, home based care, counselling.</p>                      | <p>Definition: Cumulative total number of children that have been on the register of your programmes directly funded by SAT.</p> <p>DATA:</p>   | <p>Definition: “Cumulative total number of children that have been on the registers of all your programmes (regardless of funder, including</p> <p>DATA:</p>   |
| <p>Other responses:</p> <p>“More occasional, more ad hoc or less in-depth relationships with children in groups E.g. youth HIV awareness and prevention programmes.</p> | <p>Definition: Record or estimate of total number of children reached by your activities of only those programmes directly funded by SAT.</p> <p>DATA:</p>  | <p>Definition: Record or estimate of total number of children reached by your activities (regardless of funder, including SAT).</p> <p>DATA:</p>   |
| Column Totals For CABA Indicators   |   |  |
| COUNSELLING INDICATORS  | <p><b>COUNSELLING 1</b></p> <p>“Number of people affected by HIV and AIDS receiving counselling <b>funded directly by SAT</b>”.</p>   | <p><b>COUNSELLING 2</b></p> <p>“Number of people affected by HIV and AIDS receiving counselling supported by SAT partners (regardless of funder, including SAT)”.</p>  |
|   | <p>Definition: Record the total number of people receiving counselling (of only those programmes directly funded by SAT).</p> <p>DATA:</p>  | <p>Definition: Record the total number of people receiving counselling from all programmes (regardless of funder, including SAT).</p> <p>DATA:</p>   |
| HOME BASED CARE INDICATORS  | <p><b>HBC 1</b></p> <p>“Number of people on home based care receiving support <b>funded directly by SAT</b>”.</p> <p>Definition: Record the cumulative total number of people on home based care that have been on the register (of only those programmes directly funded by SAT).</p> <p>DATA:</p> | <p><b>HBC 2</b></p> <p>“Number of people on home based care supported by SAT partners (regardless of funder, including SAT)”.</p> <p>Definition: Record the cumulative total number of people on home based care that have been on the registers of all programmes (regardless of funder, including SAT).</p> <p>DATA:</p> |

