

**Ensuring our BCC  
interventions are on track**

# Purpose of Monitoring

- It lets you know what if your strategy is not working as expected.
- It reveals if the materials have been delivered in time, to the correct people, at the correct place.
- It lets you correct the plan when you find it is in error or inadequate.

# Monitoring vs Evaluation

**Answers these questions:**

What is happening to the delivery system/training?

Why is it happening? (flaws, gaps)

What are the interim effects? (in the target audience, in health workers)

How can it be fixed, corrected, redesigned?

**Answers these questions:**

What happened as a result of the intervention?

What behavior change took place?

What proportion of the target audience adopted the new behavior?

What was the health impact on target audience?

## Monitoring:

- To correct, re-orientate, or redesign delivery systems
- To readjust communication strategy and messages

## Evaluation

- To determine the level of behavior adoption
- To determine program impact on health status

## Monitoring

Monitoring begins as soon as possible when a BCC strategy is implemented and continues through the intervention

Data are collected periodically, and frequently, at preset intervals or when the occasion permits it.

Monitoring is customarily done by the same people implementing the BCC activities.

Data are analyzed as needed and used immediately for program correction.

## Evaluation

Data are generally collected at different points that permit a comparison; for example:  
Before the BCC strategy begins to establish a baseline  
After a longer period (frequently more than a year or two) to make the post intervention comparison

Data collection is planned to allow sufficient time for intervention impact to take place.

Research is most often conducted by internal researchers not directly involved in the BCC activities.

Data are analyzed and used at a central level after program completion.

# Elements of a monitoring system

- ▶ **Decide what you will monitor**
  - Logistics
  - Interim effects
  - Target Behavior
  - Health Improvements

# Logistics & Interim effects

- Logistics: distribution of print materials, mass media broadcasts, health education talks, distribution of supplies/products, training plan
- Interim effects: Once you are assured that your logistics are working as planned, you can begin to look at the interim effects of your intervention: knowledge and reactions.

# Knowledge & Reactions

- **Knowledge:** How many community members recall DRR or health education talks or radio messages? You may have to change when you broadcast, the stations, or time.
- **Reactions:** Is there evidence the audience is reacting negatively to the messages or behavior promoted?



# Target Behavior Monitoring

- Once you are sure that the interim effects are in place, you may begin to look at changes of behavior in your target audience. Findings about behavior changes can help you change or adapt your strategy.
- NB. It is not important to demonstrate statistically significant changes in behavior.

# How to monitor

- Regular audits of materials at distribution points
- Listening to broadcasts
- Regular field trips to distribution points to check on availability of products or supplies
- Observations at service delivery points or training sessions using monitoring guides
- Focus group discussions to investigate the impact of promotional messages and to detect possible confusion

# Monitoring interim effects

- Exit interviews
- Site visits
- Individual interviews

# How to use monitoring results

- To correct, re-orientate, or redesign delivery systems
- Use immediately for program correction
- Monitoring is chronological: monitor the logistics first , then the interim effects, then the target behavior

# Concrete benefits

- Changing the sites where the graphic material is displayed
- Redistributing materials
- Reshaping training sessions
- Changing elements of a message strategy

Thanks