



SIMPLE METHODS OF MONITORING AND EVALUATING FOR LGBTQI ADVOCATES EVERYWHERE

**ROBERT
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M•PACT
GLOBAL ACTION
FOR GAY MEN'S HEALTH & RIGHTS

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INTRODUCTION

Funders expect us to engage in monitoring and evaluation, also referred to as “M&E”, to show them that we did what we promised. We also engage in M&E for ourselves. We use it to hold ourselves responsible to our communities transparently, learn how to do our work better, help others understand what our advocacy entails, and make the case that we are effective.

We intend this toolkit for LGBTIQ-led community-based organizations that are advocating for high quality, accessible, and rights-based sexual health programs, practices, and policies to better serve LGBTIQ people. The toolkit provides support to staff in these organizations as they consider whether and how to evaluate their work. We provide information on useful techniques for those who are new to monitoring and evaluating advocacy and illustrate how these can help answer important questions about advocacy activities.

Why is another toolkit on evaluation necessary? There are many informative resources available online and in print on how to conduct evaluations of many different types and for many different purposes. Sorting through the wealth of

information available on evaluation to best prepare LGBTIQ advocates to choose approaches tailored to their work can be overwhelming. We created this toolkit with the very specific nature of rights-based advocacy for LGBTIQ people in mind. In putting this toolkit together, we also took into consideration the very limited financial, personnel, and other resources that are typically available in the community-led organizations that take on this critical work. We selected low-cost tools that can be used by staff who do not have formal technical training in evaluation or applied research.

The first part of this toolkit provides you with a basic orientation to evaluation. In this section, we provide you with foundational concepts. The second part of the toolkit introduces six techniques that are suitable for the beginner to evaluate their advocacy. The third part of the toolkit addresses practical considerations including when to bring in an expert and how to budget for evaluation. Finally, we provide an annotated list of online resources on advocacy evaluation.

We use icons throughout this toolkit to highlight valuable information that can help you to make decisions about whether and how to evaluate your advocacy efforts:

We draw our examples from a recent project we conducted in which we and our partners used many of the strategies we present. Project ACT was a 20-month advocacy demonstration project to eliminate barriers to access to HIV care for gay and bisexual men and transgender women. Our partners selected diverse advocacy strategies to improve HIV healthcare access through changing national and institutional policies, eliminating stigmatizing and discriminatory practices and behaviors, and reducing violence. Our partners are in Burundi, Cameroon, Côte d'Ivoire, Dominican Republic, Ghana, Jamaica, and Zimbabwe. We also partnered with a professional evaluator to help us learn from the project because of its strategic importance for our future advocacy work. We wanted professional guidance on how we could include more and better evaluation strategies into our ongoing advocacy.

We rely on the definitions of monitoring and evaluation that are most common across the world’s 160+ voluntary organizations of professional evaluators:

Monitoring is the routine tracking of how we implement our actions. It helps us to diagnose problems and stick to what we promised in our workplan. Monitoring is a management tool to keep us on track.

Evaluation is the systematic process of determining merit, worth, and significance. Evaluation examines the quality and societal value of our work using systematically gathered evidence. Evaluation examines what is and is not working, how and why things are or are not working, and what, if anything, of value is being achieved. It also examines harms. Evaluation helps us know if we are doing our work well and if what we are doing is the right thing to do.

Monitoring and evaluation are each important as they answer very different types of questions. The table below, adapted from the work of evaluation expert E. Jane Davidson, illustrates these differences.

MONITORING AND EVALUATION:
WHAT IS THE DIFFERENCE?

How is “M” different from “E”? Finding an answer to this question can be difficult because experts do not always agree.






EXPERT ADVICE: This symbol is used to identify tips and suggestions from evaluation experts.



EXAMPLES: This symbol is used to identify an example from our own or our partners’ work.



ADVANCED TECHNIQUES: This symbol indicates that a technique requires an advanced skill or that an advanced version of a technique is available.

	MONITORING	EVALUATION
If we have questions about.....	We might ask <u>monitoring</u> questions such as.....	We might ask <u>evaluation</u> questions such as.....
 The design and implementation of our activities and services (Our Processes)	Did we carry out our activities in accordance with our plan? At the expected cost? What actions and activities did we perform? What are the characteristics of those who participated in our actions and activities?	How well did we carry out our activities? Did we use the best methods we could have? How well did we do in accessing those in our community who possess the greatest need? Who did we miss? Why did we miss them?
 Our activities and services, promised deliverables, and reach (Our Outputs)	How many people did we reach or serve through our actions and activities? Did we reach or serve the number of people we planned to?	Were the right people reached? Did we reach enough people?
 Things that changed because of our actions, activities, and services (Our Outcomes)	How much change occurred relative to our predetermined targets?	How substantial and valuable were observed changes? How well were the important needs in our community met? Were the changes socially and practically significant? Equitable? Just? Do the changes we observed reflect a meaningful difference in people’s lives and well-being? Were changes worthwhile relative to any harm we caused? In terms of the time, money, and effort required to contribute to change?

HOW IS EVALUATING LGBTQI RIGHTS-BASED ADVOCACY DIFFERENT FROM EVALUATING OTHER KINDS OF ACTIVITIES?

Advocacy evaluation presents us with unique challenges that many traditional approaches to evaluation are simply not well suited to meet.

Many traditional approaches to evaluation assume that you know exactly what changes to look for in advance. In advocacy, it is very difficult to predict what changes are reasonable to expect. Signposts of progress may also be hard to detect.

Many traditional approaches to evaluation assume that you know exactly when change will happen. In advocacy, it is very difficult to know when a change might occur. The timescale for change is long and uncertain.

Many traditional evaluation approaches assume what we are doing will change little during an evaluation process. In advocacy, the work changes constantly in response to events, opportunities, and changes in our political, cultural, social, and economic context. We often need to throw our workplan out or revise it dramatically.

Many traditional approaches to evaluation assume that it is easy to isolate our effect on a change and that we have sole or primary control over it. In advocacy, we rarely operate in isolation of others. Many people contribute to effects. Attributing changes solely to our effort can be impossible and may distort understanding of what effective advocacy requires.

Many traditional approaches to evaluation take for granted that no one is actively trying to undermine, push back against, or oppose actions. In advocacy, we expect vigorous blowback and, in the case of LGBTQI rights, rejection of the very idea that we are rights holders.

Many traditional evaluation approaches assume that a lack of success means an effort is not worthwhile. In advocacy, lack of success and setbacks may occur more often than progress; tangible gains are hard-won and slow to come by. Lack of progress does not necessarily bear on the moral value of advocating for our rights.

Many traditional evaluation approaches take for granted that workers and their constituents are not placed at special risk simply from doing the work. In advocacy, safety and security

are always of paramount concern.

In addition to these special considerations, it is also the case that many traditional M&E approaches originate in mechanistic and colonizing techniques and ways of making sense of the world. They may not fit indigenous or culturally specific ways of obtaining evidence, sensemaking, and learning.

As global advocates, we need specialized evaluation approaches designed for the nature of our work.

BASIC EVALUATION CONCEPTS AND TERMS

Just as advocacy, HIV, sexual health, and LGBTQI issues each have their own language, so does evaluation. Here we define some of evaluation’s most basic concepts.

Inputs: Evaluators often refer to inputs. These are the resources necessary to do the work. Typical inputs are people, office and meeting spaces, transportation, and supplies and materials. In the context of LGBTQI sexual health advocacy, inputs could be condoms, lube, dental dams, oral HIV testing kits, and the people necessary to distribute materials or provide oral HIV tests, compose policy briefs, train health care workers, and document stigma and discrimination.

Processes: Evaluators use this word to refer to actions and activities. Processes are the events, trainings, meetings, and other actions that you take to produce a result. In the context of LGBTQI sexual health, a process could be holding an HIV testing event or distributing condoms in a park or convening a gender-based violence support group. A process might be preparing and distributing a policy brief. It might be training and deploying community members to document stigma and discrimination.

Outputs: Outputs are the products of the activities we engage in that are necessary to attain the results we desire. Outputs of a testing event might be tests administered and people receiving their test results. An output of a condom distribution event might be condoms distributed. Outputs of a support group might be that people attend and meetings are held. Outputs of distributing a brief might be that Parliamentarians receive a copy or read it.

Outcomes: Outcomes are the actual changes that we hope to see that result from outputs. Evaluators think of outcomes

as occurring along a timeline from those that are immediate or near-term to those that are very long-term. We want the person who obtains his HIV positive test-result to access medical care and begin anti-retroviral therapy (immediate), remain engaged in care and compliant (intermediate), and achieve viral suppression (long-term). We want the person who receives a condom or dental dam to use it in their next sexual encounter (immediate), in their subsequent encounters (intermediate), and remain HIV negative and free from other sexually transmitted infections or an unwanted pregnancy (long-term). We want the support group participant to believe that they are not responsible for their assault (immediate), cease to engage in self-harming thoughts (intermediate), and internalize self-love (long-term). We want the Parliamentarian to change their attitude and understanding of the issues (immediate) and, in turn, to revise their policy position (intermediate), and pursue policy change (long-term).

Types of Evaluation: Evaluations can be done at any stage of an advocacy effort. Depending upon when and why they are done, they will have very different purposes and uses. For instance:

Formative evaluations are carried out to make decisions about which of several options is the most promising to carry forward. Formative evaluations are said to be like a chef tasting the soup before serving it to guests to determine if the soup is likely to please.

Summative evaluations are conducted to determine if a program is achieving what it should and is adding something of societal value. Summative evaluations are said to be like determining how the guests reacted to the chef’s soup after digesting it; whether it sat well in the guests’ stomachs and ultimately improved their health.

Evaluations can focus on questions about what needs must be addressed (**needs assessment**), how well an initiative is conducted and in what ways it might be improved (**implementation and process evaluation**), for improving individuals’ well-being and benefiting society (**outcome and impact evaluation**).

Experts agree, however, that evaluations are always best designed when an advocacy campaign or action is designed and that evaluations should be carried out from the very start. This is especially important advice if the questions that you want to answer are questions about how people or situations change over time and you want to document your contribution to those individual, institutional, policy, or contextual changes.

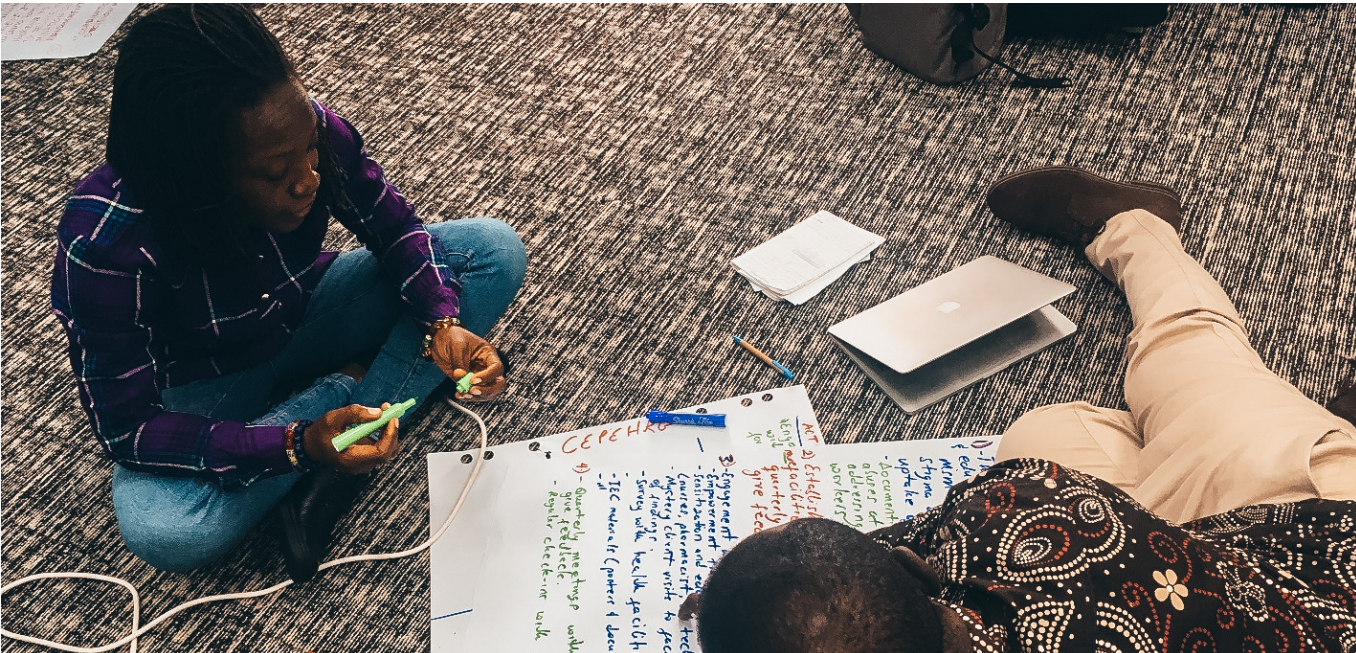


Figure 1. Partners from CEPEHERG in Ghana work on their story of change. December 2019

EVALUATION PLANNING TOOLS

LOGIC MODELS AND LOG FRAMES

Logic models and log frames are tools that you can use to lay out how your processes, outputs, and outcomes are linked together. Both can be used to identify what kinds of evaluation questions are relevant to ask and suggest when and how those

questions might be answered. These tools are designed to depict your assumptions about how what you do is expected to lead to results. They are very similar in their content but organize and display that content differently. Of the two, the logic model is more flexible. However, many international development donors rely on log frames. A log frame’s advantage is that it forces you to identify how you would measure what you hope to accomplish and where you would obtain that information.

Logic models are visual displays that are often (but not always) drawn linearly. A logic model shows a sequential and

consequential logical progression of how your work contributes to results. Logic models typically use text boxes and arrows to connect your inputs, processes, outputs, and outcomes into a visual theory or map of how what you do will leads to the results you desire. Logic models can be read as “if we do this, then this will happen, and then this will happen, and then this will happen.” They can be especially useful for spotting implausible connections and activities that are dead ends. Every element can be in a box of its own with arrows connecting it to the appropriate boxes further down the chain of presumed events. You can also use simplified strands, as shown in the example below.

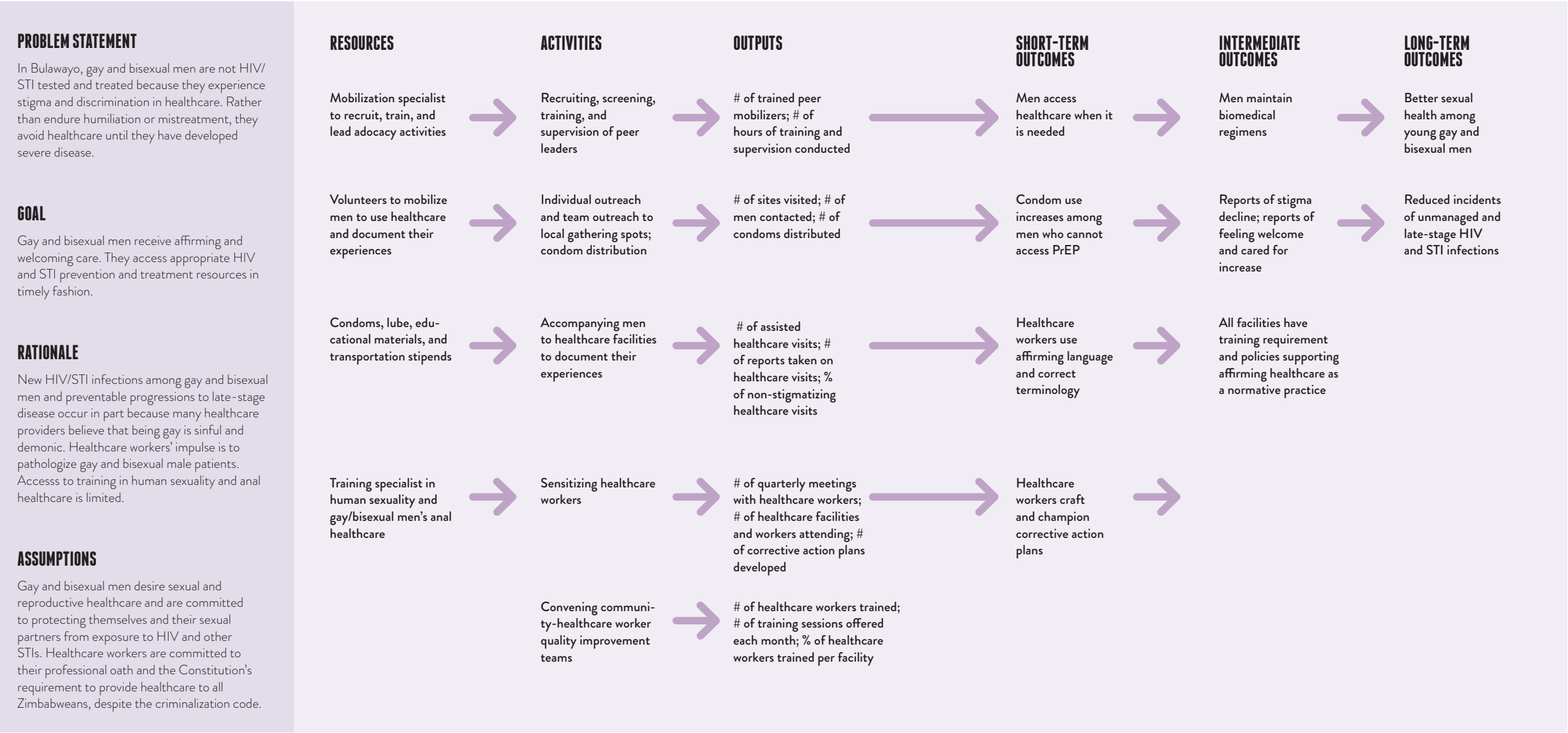
The logic model we offer as an example is based on the work of our colleagues at the Sexual Rights Centre in Zimbabwe. We also created a log frame



based on the same project, which is shown on the next page. We created both in Excel.

Log frames convey information in tabular form. They include a plan for measuring outputs and outcomes. The simplest log frames are represented as a 4x4 table. It does not matter if you arrange your table vertically or horizontally. Your first row (or column) will contain the overall goal of your advocacy, outcomes, outputs, and activities. Your columns will contain measurable indicators, sources of information to verify those indicators, and the critical risks and assumptions that may influence whether you can achieve and measure your desired ends. Some log frames also include columns to indicate baselines, if these are known, and targets, as in the example on the following page.

LOGIC MODEL: DELAYED DIGNITY IS A RIGHT DENIED ADVOCACY PROJECT, SEXUAL RIGHTS CENTRE



LOG FRAME: DELAYED DIGNITY IS A RIGHT DENIED ADVOCACY PROJECT, SEXUAL RIGHTS CENTRE

RESULTS	INDICATORS	BASELINE	TARGET	MEANS OF VERIFICATION	RISKS/ASSUMPTIONS
Goal: Gay and bisexual men receive affirming and welcoming care. They access appropriate HIV and STI prevention and treatment resources in timely fashion.	These indicators will clearly show that our objectives have been achieved.	Where is the indicator currently?	Where we would like it to go?	We can verify acheivement of our objectives from these sources.	We must take these factors into account.
Objective 1: Gay and bisexual men will achieve better sexual health	Annual HIV incidence		At least a decline of 25% in 2 years.	Clinic and hospital medicalrecords	Facilities may not maintain accurate records on gay/bisexual identity or patient engagement in male- to-male sexual behavior. We assume we can access deidentified patient records.
	Annual anal condyloma incidence		At least a decline of 50% in 2 years.		
	% of HIV-infected gay and bisexual men with undetectable viral loads		At least an increase of 30% in 2 years.		
Objective 2: Healthcare officials and workers will take responsibility for ensuring healthcare services are accessible to young gay and bisexual men	# of facilities with employee sensitization training policies and enforcement measures	Zero	At least 3 facilities in the greater Bulawayo area will have written policies that they enforce	Document review of clinic and hospital policy and procedures manuals for personnel.	Officials may support the work but may not say so publicly because of the risk of loss of financial support for the hospital and out of safety and security concerns
	# of clinic and hospital administrators expressing public support for LGBTQ-affirming care policies and practices	One	At least 1 facilities' administrative officials have made visible public statements of support	Review of facility websites and media reports of speeches, press releases, and annual reports	
	# of new facilities signing on as collaborators	Zero	At least 1 new facility has been added to the collaboration each year	Review of email correspondence and Memorandum of Agreements	
	# of healthcare workers actively engaged in change at their facilities	Two	At least 20 healthcare workers are involved in actively seeking to improve care at their facilities	Interviews	
Outcome 1: Timely use of HIV and STI services at local healthcare facilities by young gay and sexual men will increase	# of healthcare visits by young gay and bisexual men per quarter		At least 25 young men visit one of the two facilities per quarter	Clinic and hospital medical records and records kept by outreach workers	Records may not be accurately kept because of stigma and poor knowledge on how to ask about young men's sexual identity and behavior; young men may also limit disclosure.
	# of first-time visits by young gay and bisexual men to healthcare facilites		At least 50 young men per year	Clinic and hospital medical records and records kept by outreach workers	
	% of late-stage HIV and STI infections diagnosed		At least a decline of 15% in two years	Clinic and hospital medical records	
	# of men prescribed and compliant with biomedical prevention and treatment regimens		100% of men are offered treatment and at least 75% of men are compliant with their regimen	Clinic and hospital medical records and interviews with young men	
Outcome 2: Experiences of stigma and discrimination in healthcare facilities will decline.	% of corrective actions to incidents of stigma taken by healthcare facilities		At least 80% of incidents of stigma are acted upon each quarter	Meeting minutes and interviews with healthcare officials	Personnel matters are confidential so some actions may not be disclosed
	Change in healthcare worker knowledge		At least 75% of training attendees answer 85% of items correctly on a 2-week follow-up post-training test of knowledge	Post-workshop knowledge test	These kinds of tests are not precise indicators of knowledge gain or ability to apply new knowledge in practice
	# of new healthcare worker champions		At least 2 new healthcare workers will become champions per quarter	Interviews with program staff	The kinds of assessments are prone to bias because people know what we hope they will respond.
	% of healthcare wokers with favorable attitudes toward gay and bisexual men		At least 60% of those trained will reportthey have a more favorable attitude on a 2-week follow-up survey		A shift in attitude or knowledge may not change workplace behavior because of fear of stigma from other co-workers.
Output 1: Peer educators will be recruited and trained to mobilize young men to seek healthcare	# of peer educators	Zero	At least 10 young men are recruited	Administrative records	Budget may limit recruitment.
	# and frequency of peer educator supervision meetings and trainings	Zero	At least one training is offered per quarter and every peer educator has one group or individual supervision monthly	Administrative records	Young men's other commitments to school and work may affect their level of participation
Output 2: Peer eductors will accompany young men on healthcare visits to systematically record the quality of care provided	# of outreach and mobilization events	Zero	At least 5 events are held monthly and each worker makes 10 individual outreach contacts per month	Administrative records	Limits on transportation stipends, flucutating fuel costs, and government lockdowns may limit how many events can be held
	# of young men reached at mobilization events	Zero	At least 100 contacts are made per month	Administrative records	Young men may be willing to seek care but prefer to go alone
	# of accompanied healthcare visits	Zero	At least 20 assisted health care visits per quarter	Administrative records	Young men may chose not to disclose honestly
	# of completed patient quality care monitoring forms	Zero	At least 18 reports are made per quarter	Administrative records	
Output 3: Reports on quality of care will be shared with healthcare facilities	# and frequency of meetings with healthcare facilities and # of healthcare workers participating	Zero	At least one meeting is held with each facility per quarter	Administrative records	Measurement unreliability may under or overestimate stigmatizing interactions
	# and % of documented reports of stigma presented at meetings	Zero		Administrative records	
Output 4: Workers in healthcare facilities will be sensitized on human sexuality	Number of facility partnerships established	Zero	At least two partnerships are established in the first 6 months	Administrative records	Holidays and limits on transportation stipends may effect training frequency and attendance
	Number and frequency of trainings	Zero	At least one training is offered monthly	Administrative records	
	Number of healthcare workers trained	Zero	At least 30 workers are trained each month	Administrative records	



There are lots of ways to create a logic model or a log frame. You can create them through a group process using tear sheets and sticky notes. You can fill out a worksheet or template from one of the many workbooks available online for free. You can interview people and create a map of what they say. Whatever process you choose to create your logic model or log frame, experts agree that it is better to start with the long-term result and move backwards in time to the present, step by step. Doing so allows for a stronger assessment of what is truly feasible. It helps you get rid of unnecessary detail. As you revise your model, make sure that it coherently, logically, and clearly communicates the big picture.

Here are examples of the kinds of indicators that can make sense for different types of advocacy. This is not an exhaustive list, but can be helpful in thinking about creating a log frame or turning a logic model into an evaluation plan that identifies what you will measure, when, and how:

Quantitative Indicators	Qualitative Indicators
Number of media contacts	Types of invitations to speak as an expert
Number of media appearances	Types of constituencies among our allies
Number of partnerships or allies	Participation of high-profile individuals in activities
Number of new actors signing on to advocacy campaigns	Types of people exposed to messages
Number of new advocates recruited	Types of media engaged
Number of Twitter or Facebook followers	Skills in communicating evidence
Number of champions cultivated	Media skills
Number of speaking invitations	Partnership strength
Percentage of people willing to take an action	Agenda alignment
Number of officials offering public support	Champions' actions and activities
Number of officials mentioning an issue in speeches	Awareness of advocacy messages
Number of favorable votes on an initiative	Nature of policies introduced
Number or participants at rallies and marches	Nature of policies revoked
Number of donors	Nature of policies blocked
Amount of monetary support	Nature and sources of funding commitments

ADVOCACY INDICATORS

Indicators are an important measurement concept in monitoring and evaluation. The term refers to a piece of information that is measurable or verifiable. Indicators do not have to be quantitative or something that can be counted. They must only be things that we can precisely define and readily observe in a consistent manner. One of the special challenges we face in evaluating advocacy is that the kind of indicators that make sense for our work is not what many people think of when they hear the term “indicator” or are dissimilar to indicators with which they are familiar.

SIX ADVOCATE-FRIENDLY
SIMPLE METHODS
OF MONITORING AND
EVALUATING

Name of Method	Brief Description
Activity tracking	Monitors advocacy outputs
Media tracking	Monitors changes in the amount of news coverage of an issue
Intense period debriefs	Documents periods of intense policy or legislative advocacy
Critical incident timelines	Depicts relationships among activities, outcomes, and historical events
Appreciative inquiry dialogues	Documents the conditions that enable success
Most significant change storytelling	Documents outcomes and why and to whom they matter

ACTIVITY TRACKING

What it is: Activity tracking refers to capturing the activities that are necessary to achieving change by monitoring advocacy outputs. Tracking activities, as we noted earlier, is a managerial tool to help stay on target. It can quickly alert you to implementation challenges that require immediate attention. Activity tracking has other benefits. Because activity tracking records your planned and unplanned activity, it can help you enrich your understanding of what type of effort and how much effort is required to achieve results. Accurate understanding of what is required to produce results can assist you in communicating to prospective funders what resources they must invest for you to succeed. It can help you decide if you need to change tactics. Documenting activities well also paves the way for developing a more sophisticated understanding of what is most and least successful. Finally, having solid documentation ensures that when you engage in

other types of evaluation or in reflection on your work, you have a complete and accurate record of output available to you.

Key assumptions and requirements: People will enter activities routinely and often. Someone will monitor that activities are being input accurately and promptly. You are willing to invest the time to identify what is most useful to track. You have access to spreadsheet software such as Excel and minimum skills in its use.

How it works: Activity tracking requires that you design a tracking tool, typically a simple spreadsheet made in software like Excel or Google Docs, and routinely enter information into the tool. If you have a team entering data, Google Docs may be better than Excel.

Deciding on what to track is step one in the design process. Basic elements of your tracker might include:

- Who is inputting the entry on the activity into the tracker
- The date of the activity
- The type of activity (e.g., policymaker education, rally, briefing, workshop, research, proposal development)
- Target of the activity
- The number of participants in the activity
- The advocacy issue being addressed
- The length of the activity
- The staff involved in the activity
- A description of the activity

Deciding precisely what is most useful and relevant to track may take time and discussion among the team. The list above is a point of departure for making those decisions.

Step two is to set up the sheet. The sheets can be set up in a variety of ways, but at a minimum you will have different pieces of information in every column and every row will be dedicated to a discrete activity.

Step three is to train staff in using the spreadsheet and setting expectations for who, when, and how often data will be entered into it.

An example of a simple activity tracker for Project ACT appears below. This was made in Excel.



An advantage to using spreadsheet applications is that if you have advanced skills in using them, you can easily create dropdown lists using the data validation function. This can help to ensure data are entered accurately and in a consistent format across entries. It works well for lists such as the names of staff people or

activities. It also works for numerical entries when you know that a limited set of numbers are valid entries. You can use the formulas in the program to calculate simple statistics such as counts and percentages rather than adding these up by hand. That reduces the possibility of making a mistake when you perform your calculations. If you have someone on staff with very advanced skills, they can use these programs to create what is called a dashboard. A dashboard allows you to monitor activity over time. An example of a dashboard made in Excel is below.

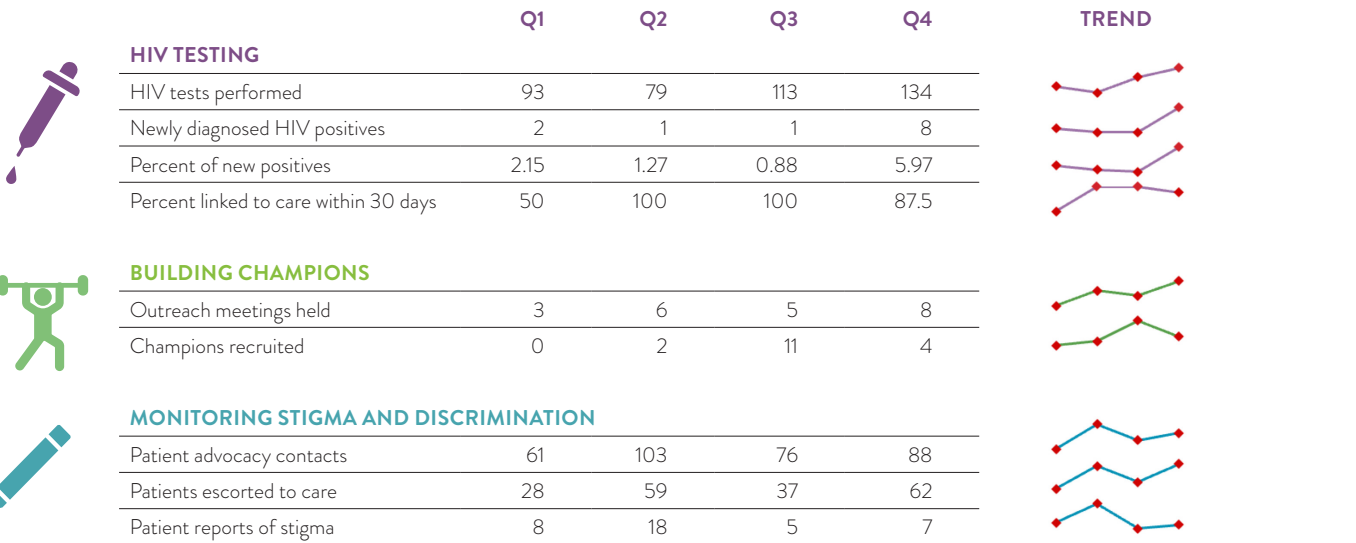
PROJECT ACT TRACKING TOOL

AUTHOR	ACTIVITY START DATE	ACTIVITY LENGTH	ACTIVITY TYPE	NUMBER OF PARTICIPANTS	TYPE OF PARTICIPANTS	ACTIVITY DESCRIPTION	COMMENTS
Nadia Rafif	4/14/2018	1.5 hours	Webinar	10	CBO representatives	Webinar introduced Project ACT to prospective partners. We addressed timelines, expectations, and introduced the MPact Project ACT team.	Some partners had technical challenges using the platform. Will need to investigate which platforms work best once final partner selections are made.
Mohan Sundararaj	6/6/2018	3 days	Advocacy Training	16	CBO representatives and translators	Training covered development of an advocacy workplan, provided partners with team-building opportunities, and mentored time to develop workplans	Partners wanted more time to work on their workplans in light of group feedback. We did not allocate enough time and shortchanged coverage of some topics to accommodate this preference. We will need to estimate time requirements more effectively for our next workshop.
Nadia Rafif	6/20/2018	3 hours	Staff Meeting	6	MPact Country Leads and Chief Financial Officer	Reviewed financial risk assessments and proposed workplans to make final Project ACT partner selections	

ADVOCACY ACTIVITY DASHBOARD

DECEMBER 2019

This dashboard shows the quarterly status of each of our primary areas of activity. We use this dashboard to see if we need to change our strategies.



MEDIA TRACKING

What it is: Media tracking is a technique for studying how the issues that you advocate for are covered by the media over time. Media tracking is useful for understanding whether your issues are getting increased coverage.

Key assumptions and requirements: Simple media tracking methods assume that how topics are covered in the media is not your primary interest. Advanced versions of media tracking do involve analyzing the content. Media tracking requires that you can access media tracking databases that include the sources of interest to you. Some of these databases require a subscription fee.

How it works: The first step in media tracking is to select the types of media sources that you intend to monitor. You might, for instance, decide only to track broadcast coverage or only print coverage.

The second step is to select the specific outlets to track. If you are tracking broadcast coverage, for example, there may be a defined number of radio stations on your list.

The third step is to pick the time periods that you want to examine. You might want to monitor coverage every quarter, including several quarters before you start a campaign.

The next step is the most difficult. In step four must you pick a list of words or phrases that reflect your advocacy messages. Picking the right words is important because you will use those words to search for articles or broadcasts that are relevant in databases that keep track of news coverage. You must pick words that will identify relevant material but that are not so broad that you cast your net too widely.

Experts suggest that you test out your words to see if they capture the right material.

The final step is to enter your search terms into a database that tracks media. For instance, LexisNexis has a large worldwide searchable database of print and broadcast media. You can make a simple count of how many articles or programs addressed your issues during the periods of interest.

If you want to take your analysis to an advanced level, you can also examine how the issues are being covered. You can use an approach to qualitative data analyses called content analysis to tally up things about the content of the coverage. For example, you can identify things such as if the content on your issues in each article or program was long or short, framed adequately or inadequately, relied upon credible or inexperienced sources, or whether you or your allies are mentioned. This is more time consuming. It also requires that you have

a very clear definition of each of your codes. An even more advanced technique is to keep a scorecard, very much like the report cards you earned in school, drawing comparisons between coverage related to you as compared with others or tracking other qualities of how your issues are covered.

THE INTENSE PERIOD DEBRIEF 1

What it is: The Intense Period Debrief capitalizes on the fact that advocacy cycles from periods of relative quiet to periods of intensive activity. The lulls that follow an intense period of activity provide an ideal time to capture critical information on the political and social context surrounding the intense period, document what happened and what outcomes were attained, and identify what advocates might change about their strategies and tactics in view of what they learned during the intense period.

Key assumptions and requirements: The approach focuses on legislative or policy advocacy. It can be adapted to other kinds of advocacy campaigns. The approach requires a safe place to gather for group discussion, preferably one that can provide participants with privacy. It requires a facilitator guide the discussion to ensure that everyone can contribute their reflections and feel safe doing so. It requires a note taker or other method of capturing what is said.

How it works: The debrief follows the procedures of a focus group or structured discussion. It is scheduled as soon after the intense period has ended as possible.

The discussion or focus group follows a standard formula of questions:

1. Briefly describe the context of the recent intense period.
2. Describe in detail the advocacy actions.
 - How was strategy set? Who was involved in those meetings?
 - How was strategy communicated to the broader field? Who was responsible for that communication?
 - What roles did leadership and others play during this intense period?
 - What were the actions?
3. Which parts of the response worked well? Which parts could have been improved?
 - Strategy?

- Implementation (e.g., coordination, task-sharing, communication)?
 - Partnership dynamics?
4. What was the outcome of the intense period? What was and was not achieved?
- As a result of the intense period, what new opportunities have presented themselves for the legislative campaign going forward?
 - What insights will you take away from that experience that could inform strategy development going forward?
 - What would you do differently in the future?

An advanced version of this technique is called the 360-degree debrief. In this approach, a 360-degree set of interviews with people who reflect a broad range of views and voices, including opponents, is conducted after a win or an intense period. We recommend it only be done with the help of an expert because of its many challenges. It should be used very cautiously, especially if debriefing with opponents might undermine your efforts.

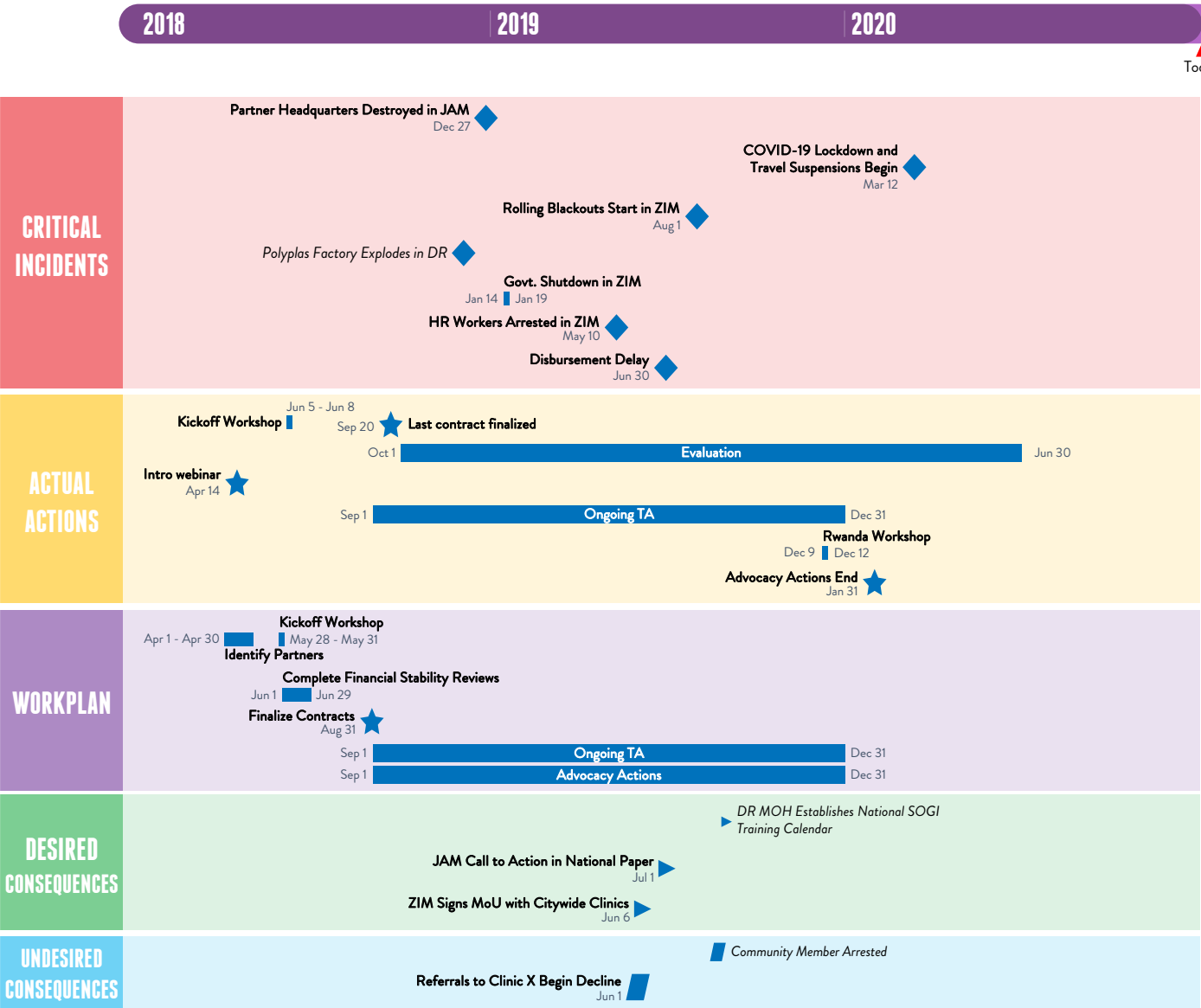
CRITICAL INCIDENT TIMELINES

What it is: Critical incident timelines depict actions and achievements over time. They show strategies, actions, and results in their temporal and historical perspective. They are useful for depicting all the key moments that set us back, move us forward, and prompt shifts in strategy. Critical incident timelines show how advocacy works.

Key assumptions and requirements: The choice to use this kind of timeline assumes that depicting cause-effect is not important. There are no special requirements other than time, thought, and a way to draw out timelines by hand or in a software application.

How it works: To create a timeline, you can use documents, including your activity tracker. You can also interview people individually or design a group activity to build a timeline. Your goal in reviewing these sources of information is to identify the sequence of events leading up to the consequences of your actions and the most significant factors that influenced progress toward results.

A sample critical incident timeline is below. This timeline depicts only a few elements of the



experience of conducting Project ACT at the transnational level. A complete timeline would cover the entire length of the project and consider each of the major planned activities.

APPRECIATIVE INQUIRY 2

What it is: Appreciative inquiry (AI) is an organizational development process that uses structured dialogue to identify the conditions and best practices that are necessary to optimize chances for success. The approach gets its name from its strengths-based orientation. AI has been adapted to evaluation to help document achievements and identify precisely what needs to be in place to support future success.

It can also be used for developing other types of plans, such as an evaluation plan that is based on when evaluation has been most helpful to you.

Key assumptions and requirements: The approach requires a safe place to gather for group discussion, preferably one that can provide participants with sufficient space to break off in pairs and small groups. It requires a facilitator to guide the session. It requires flip charts, white boards, or another method of capturing what is said. It also requires a handout that helps guide people in organizing the notes they take in step one of the process.

How it works: The appreciative inquiry is multi-step structured process that includes time working in pairs, time reporting out, and time in group discussion. The facilitator begins the session with an instruction such as the following:

“Choose a partner. You are going to take turns interviewing one another for up to 15 minutes each. When you are the interviewer, you must listen carefully to your partner’s story. Listen closely for memorable quotes. Ask questions. You should take notes as you will be responsible for telling your partners’ story to others. They will also be responsible for telling your story. When you are being interviewed, you will tell a success story. To prepare to be interviewed, I would like you to reflect on the achievements of our advocacy to date. What has been done successfully so far? Pick one achievement that stands out and that we must capture in an evaluation. That achievement can be from work in progress or something that was completed. It can be from work with problems and challenges or from work without any. Tell the story of that one achievement to your partner. As you tell your story be sure to

include the following:

1. What happened? Provide your partner with details of the story.
2. Who was involved in the success? What roles did they play? What role did you play?
3. Why do you think this experience was a success? What specific elements led to this success?
4. What did you value most about the effort?
5. If you had three wishes to ensure that every advocacy campaign that you are involved in would be as outstanding as the one you just described, what would your wishes be?”

The facilitator reminds the notetaker to take good notes on their partner’s story, including story details, best quotes, and wishes. The facilitator has the pairs begin to share and times the storytelling so that partners have adequate time to switch storytelling and notetaking roles.

In the next stage of the process, partners share with the group the story that they were told by their partner. The facilitator records themes on the flip chart to capture achievements, the key elements that supported success, values, and wishes. If the group is large, the facilitator can put two or more pairs into small groups for this part of the inquiry. The facilitator should assign someone in each small group to record and report the themes to the larger group when it is reconvened.

In the final stage, the group engages in a reflective dialogue about the stories and elements needed to ensure future success. The facilitator asks the participants to review the themes from the stories, the values, and the wishes. They are then asked to use the themes to envision what they want advocacy to look like in the immediate future and to identify specific affirmative action steps that can be taken to make that vision a reality. This final step can also be done in smaller working groups that report out to the whole group.

MOST SIGNIFICANT CHANGE STORYTELLING³

What it is: Most significant change storytelling is a participatory evaluation technique for gathering information on outcomes. The data that are collected are change stories told by people who were affected by a project. Stories undergo a hierarchical yet transparent selection process to identify a small number of stories or the single story that reflects the most valuable outcome(s). The approach is suited to advocacy because it does not require predetermined indicators. It captures expected and unexpected outcomes, as well as those that are desirable and undesirable. A major advantage of the technique is that sharing stories is natural to most people and common across cultures.

Key assumptions and requirements: The approach assumes that people are willing and able to share stories. The approach requires that someone elicit and collect stories. It also requires that panels be chosen and convened to review stories. Certain stories may merit verification through additional data collection.

How it works: The first step in using the most significant change technique is to define who will be asked to tell a change story and engage their willingness to participate. Typically, in this approach the people in the community who are affected by our advocacy and those who implement advocacy actions are the principal storytellers. The next step is to define the

period of interest for documenting changes in the form of stories.

Once participants are identified, change stories are collected. Stories can be collected as part of a workshop, in individual interviews, through field workers writing down unsolicited stories in diaries, or through asking people to record or write stories.

In most significant change storytelling, stories are usually guided by a set of prompts such as the following:

1. Looking back over the last 6 months, what do you think was the most significant change in access to sexual health care resulting from Project ACT?
2. Why is this change significant?
3. How did Project ACT contribute to this change?
4. How do you know this change occurred?
5. What else happened because of this change?

People can have the prompts on a standardized form to help them ensure that their story is specific and detailed.

After stories are collected, panels are assembled to review the stories. The goal of the panel review process is to narrow the pool of stories to those that represent the most significant changes of all. Panels can select stories within domains (e.g., policy, violence reduction, elimination of stigma and discrimination), if that is appropriate to the advocacy campaign that you are conducting or focus on one single change.

The panels are typically composed so that storytellers are not on the panels, nor are their close associates. Panels may reflect existing structure, such as senior staff of an organization reviewing stories, followed by a review by an organization’s Board of Directors or a panel of its funders. Alternatively, a panel of outside experts in advocacy and LGBTQI rights could be assembled.

Panels are convened for a group session. Panelists read the stories. They then have an in-depth discussion about what stories they believe are most significant and why. It is important that the panels are at liberty to freely discuss and debate about what stories are significant, whether these be stories of things that reflect a desired result or not. The panel discussions and the reasons they choose certain stories are documented. The process of choosing can be done in many ways, such as by majority consensus, iterative voting,



Figure 2. Project ACT partners sharing at a post-project evaluation workshop. December 2019

ballots, or assigning stories a score. Part of the usefulness of this technique come from the rich discussion about what is significant and why and by having a well-told story to depict a valued outcome.



The stories that are not selected as finalists are kept because they are useful data. The story content can be analyzed for key themes. Stories can be grouped into categories such as undesirable and desirable outcomes and analyzed to understand how advocacy contributed to each type of outcome. Stories can also be quantified. For example, you can count the number of stories about certain kinds of change or about certain types of people or institutions to obtain a picture of which kinds of outcomes are most and least common in general and across different subgroups.



In Project ACT, we used a variation on the most significant change story telling activity to identify accomplishments and lessons learned. The exercise took roughly 3 hours. We instructed participants to work as a country-level team to generate two stories of change. We asked that the stories be detailed but concise, include information on the sources of evidence of the change, and describe why the change was significant. We allowed people about 30 minutes of time to write out their two stories on tear sheets. Once the stories were completed, we had participants post these on the walls around the room. Participants then moved around the room, reading each of the stories. For every country, they were asked to place a colored dot on the story that they thought reflected the most significant change in that country. We then gave them another dot of a different color and asked that they place it on the one story that they thought was the most significant of all 14 stories generated.

Top voted stories were about:

- Increases in quality of services (Zimbabwe)
- A transgender community Universal Periodic Review submission (Jamaica)
- Establishments of a formal partnership between the National AIDS Control Committee, National Human Rights Committee, and our partner, Affirmative Action (Cameroon)
- Increases in service demand and uptake (Dominican Republic)

- Increases in number of qualified affirming facilities and stigma-free zones (Ghana)
- Decreases in homophobic news coverage (Cote d'Ivoire)

In the discussion that followed the exercise, participants observed that the most highly rated stories focused on the direct value added of advocacy to LGBTQI community members and changes in the practices and behaviors of health care institutions and workers. Stories that required overcoming serious challenges and that were large in scale also stood out. Each of the standout stories came about through strategies that were adaptable and scalable. They were also rooted in strong, trusting partnerships.

Participants were surprised that their peers often voted for the story that they would not have chosen for themselves. The exercise helped participants connect processes and outcomes. They said that it forced them to reflect on their work in a way they do not ordinarily take the time to do. And, as one observed, most significant change storytelling provided an opportunity to better understand how to produce a meaningful accomplishment for their community.

ADDITIONAL CONSIDERATIONS

SAFETY, SECURITY, AND PRIVACY

Carrying out evaluation requires that you respect the privacy, dignity, and safety of staff, constituents, and anyone else who has a stake in your work or its evaluation. Although there is no global standard for how to conduct an evaluation ethically, advocates are wise to consider how they will ensure any evaluation they conduct is fair to all who could be helped or harmed by it and that every step of the process is psychologically, physically, legally, and socially safe for anyone about whom or from whom you collect information.

People who are participating should freely agree to be part of the evaluation. They should know exactly what you will do with the information that they provide to you. They should know how you will protect the privacy of that information too. They should know who else can access their individual



Figure 3. Participants at workshop in Kigali, Rwanda present their stories of change. December 2019

information besides the person who collects it. The latter is especially important as we do not want to identify people and their information to others who have no essential need to know it. We want to store information safely and only permit those who must see it in its raw form to analyze it and combine it with information from others. We always want to share what we learn without any information that could be used to identify from whom it came. For techniques like most significant change storytelling, we must be especially vigilant because stories may be told in ways that identify the people in them, including people other than the storyteller. Especially if we are collecting sensitive information or information that might place someone at legal risk, we may want to set up additional procedures to ensure completely anonymous participation.

Another way to respect people is to allow them to change their mind about your use of any information that they provide to you and to honor their decisions not to answer questions that

they do not want to. And we must always remind people that if they are part of a focus group or another kind of group data collection activity that we cannot promise to protect their privacy, even if we ask every member of the group to keep what is said in the room in the room.

We urge you to be extremely mindful of digital safety. Even if you write nothing down, an audio recording can identify someone because their speaking voice is unique to them. Having the wireless on for your cellphone or your laptop while you are meeting with someone can trace your location. An IP address on a computer identifies it and thereby the person or persons who use it routinely. Digital data collection should be done with an awareness that digital communications are easily surveilled. Where we keep data and how we transport it from the field to our office is also important. Laptops are easily stolen. External storage drives are easily lost. We never want to have our evaluation data stored insecurely.

A final word of advice is that countries vary in the rules regarding whether minors can participate in interviews, focus groups or other forms of data collection without the written consent of a parent or guardian. Countries also vary in their rules about whether an evaluation study must be registered with and approved by the government or require an ethics review. The latter typically applies to larger evaluation studies and not to simple self-evaluations and monitoring activities but knowing what the rules are in your own country is wise.

CALLING IN THE EVALUATION EXPERT

The techniques we cover here are techniques that most organizations can use without a lot of training or personnel time. However, they may not be ideal to answer important questions that you or others have about your work. There are many other approaches suited to LGBTQI advocacy evaluation. These include outcome monitoring, outcome harvesting, champion tracking, contribution analysis, and a host of other excellent strategies. There are any number of techniques that are more advanced or that are better done by an outside expert. A professional evaluator will know how to conduct a productive interview with an opponent, for instance. They will know how to complete advanced techniques such as developing a suitable sampling strategy to support generalizing findings, performing simple and complex statistical analyses, conducting trustworthy qualitative analyses, and creating reliable and valid measurement tools. They will also know how to facilitate a process that results in an evaluation that is useful, feasible, timely, and accurate.

Evaluators are typically trained in areas that are not part of ordinary research training. If you do choose to hire a professional evaluator, it is very important to explore their training and experience. Multiple professional organizations around the world have defined what a competent evaluator should know, which is one way to check. Another is to examine whether your evaluator is an active member of one or more of the many professional associations of evaluators around the

world. These associations are often country-level, but there are also regional associations. A few worth knowing are listed in the resources section, along with several global networks of evaluation professionals through which evaluators can be identified.

BUDGETING

Evaluation services can be expensive. That is mostly because it takes many years of graduate training to become an expert evaluator and because the bigger the evaluation, the greater the number of advanced personnel required. The nature of the questions you have, the kind of data and records you can make available to an evaluator, whether the evaluation starts when the work starts (which is ideal) or only comes at the end, and the speed with which you need answers to your questions are among the many factors that affect the cost of an evaluation. Although some people have suggested that you should set aside 5-15% of your program costs for an evaluation, that may not be enough to hire an expert if your program costs are very low. It may be more than you need, however, to do a self-evaluation. Simple evaluations might be budgeted by multiplying the daily rate of a professional with the right qualifications by an estimated number of days to do the work. For example, a weeklong desk review – which means that an evaluator comes in and reviews the records and data you have in house, could cost \$2,500 US plus the cost of travel. Thankfully, there is a good online resource that you can use to step through the process of planning to hire and work with an expert, including figuring out what you should budget ([Managers’ Online Interactive Guide to Evaluation](#)). The other thing to keep in mind is that a good evaluator will tell you exactly what they need to provide you with a feasible, useful, timely, ethical, and accurate evaluation. They will also negotiate with you over what they and cannot do with the budget that you have.

EVALUATION RESOURCES

If you are interested in more advanced techniques or in templates and guides to help you with the techniques described here, there are many helpful online resources available to you. We highlight several of these below.

Overall Guidance on Evaluation and Evaluation Techniques and Approaches:

There are many good online resources on evaluation, but the most comprehensive and accessible is called Better Evaluation ([Better Evaluation](#)). Better evaluation has direct links to original materials and workbooks on techniques introduced here, including appreciative inquiry and the most significant change storytelling technique. We made ample use of this website in creating the current toolkit.

Templates and Tools for Logic Modeling:

These simple guides are designed to help you facilitate a logic modeling workshop. You will have to adapt these to your issues, but each gives you a good idea of how to work with your staff or community members to develop a logic model or theory of how your advocacy is designed to work.

[Logic Model Workshop Toolkit](#)

[Theory of Change Facilitator’s Source Book](#)

Other Advocacy Evaluation Toolkits:

There are many toolkits available that focus on assessing advocacy capacity and conducting advocacy evaluation, but few address the topic with an international lens. These two, one developed by CARE International for its constituents and the second from UNICEF, are exceptions. The UNICEF Toolkit includes many advanced techniques that you can adapt, whereas the CARE International Toolkit is simpler. It contains links to templates and Excel worksheets that can be modified to your needs. For example, it has an Activity Tracker worksheet in Excel.

[UNICEF Advocacy Toolkit](#)

[CARE International](#)

Resources for Finding Evaluators:

Every region of the world has voluntary organizations of professional evaluators. For instance, major regional networks exist in Africa, Canada, Eastern and Western Europe, Latin America, North America, and Southeast Asia. As of 2020, more than 160 local and regional groups were known to exist. Some country-level groups are very small, but others boast over 7,000 members. Many have mechanisms to help you identify professional assistance and resources to guide you in thinking about what qualifications you should be looking for in a professional. The number of people in any of these networks who have specific background in advocacy or LGBTQI evaluation may be small. However, some associations include small interest groups of evaluators who do have this expertise. For instance, the American Evaluation Association has an interest group in each of these areas. Keep in mind that many evaluators are members of multiple associations. It is not uncommon that someone might be a member of an evaluation group in Africa and a member of one in Europe or North America or that they are a member of a group located in a different region of the world from where they do most of their evaluation work.

To identify a professional association in your region, one place you can look is the website for EvalPartners. EvalPartners is a transnational cooperative endeavor of professional evaluation associations from every part of the world. [EvalPartners](#)

Another useful website for identifying professionals is called EvalCommunity. This website is mostly used to help people who need an evaluator identify a professional and to post evaluation jobs. [EvalCommunity](#)

Some of the major regional and country-level associations of professional evaluators are listed below. This list is not comprehensive but can help you make initial connections to the community of professional evaluators. Many of these groups hold conferences and offer professional development opportunities. Keep in mind that country-level associations are often members of regional associations. AfrEA, for example, maintains a list of country-level and sub-regional associations in Africa.

- African Evaluation Association (AfrEA) [AfrEA](#)
- American Evaluation Association (AEA) [AEA](#)
- Aotearoa New Zealand Association (ANZEA) [ANZEA](#)
- Australian Evaluation Society (AES) [AES](#)

- Canadian Evaluation Society (CES) [CES](#)
- Caribbean Evaluators International (CEI) [CEI](#)
- European Evaluation Society (EES) [EES](#)
- The Latin American and Caribbean Network of Evaluation (ReLAC) [ReLAC](#)
- The Middle East and North Africa Evaluators Network [EvalMENA](#)

- South African Monitoring and Evaluation Association (SAMEA) [SAMEA](#)
- Southeast Asia Evaluation Association (SEA) [SEA](#)

Again, just because your region may not be listed above, does not mean there are not regional and country-level associations where you live and work. Check EvalPartners if your region is not among those listed above.

ENDNOTES

- 1 The Intense Period Debrief was created by the Innovation Network.
- 2 Appreciative Inquiry was created by David Cooperrider and first adapted to evaluation by Hallie Preskill, Tessie Catsambas, and Ana Coghlan.
- 3 Most Significant Change Storytelling was developed by Rick Davies and Jess Dart.

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MPact Global Action for Gay Men's Health and Rights was founded in 2006 by an international group of activists who were concerned about the disproportionate HIV burden being shouldered by gay and bisexual men. We have since expanded our work to focus on the broader sexual health and human rights needs of all men who have sex with men.

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